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Addressing Barriers to Access and Engagement in Mental Health Treatment

Examining Critical Mental Health Issues Across the Reproductive Life Cycle: A Webinar

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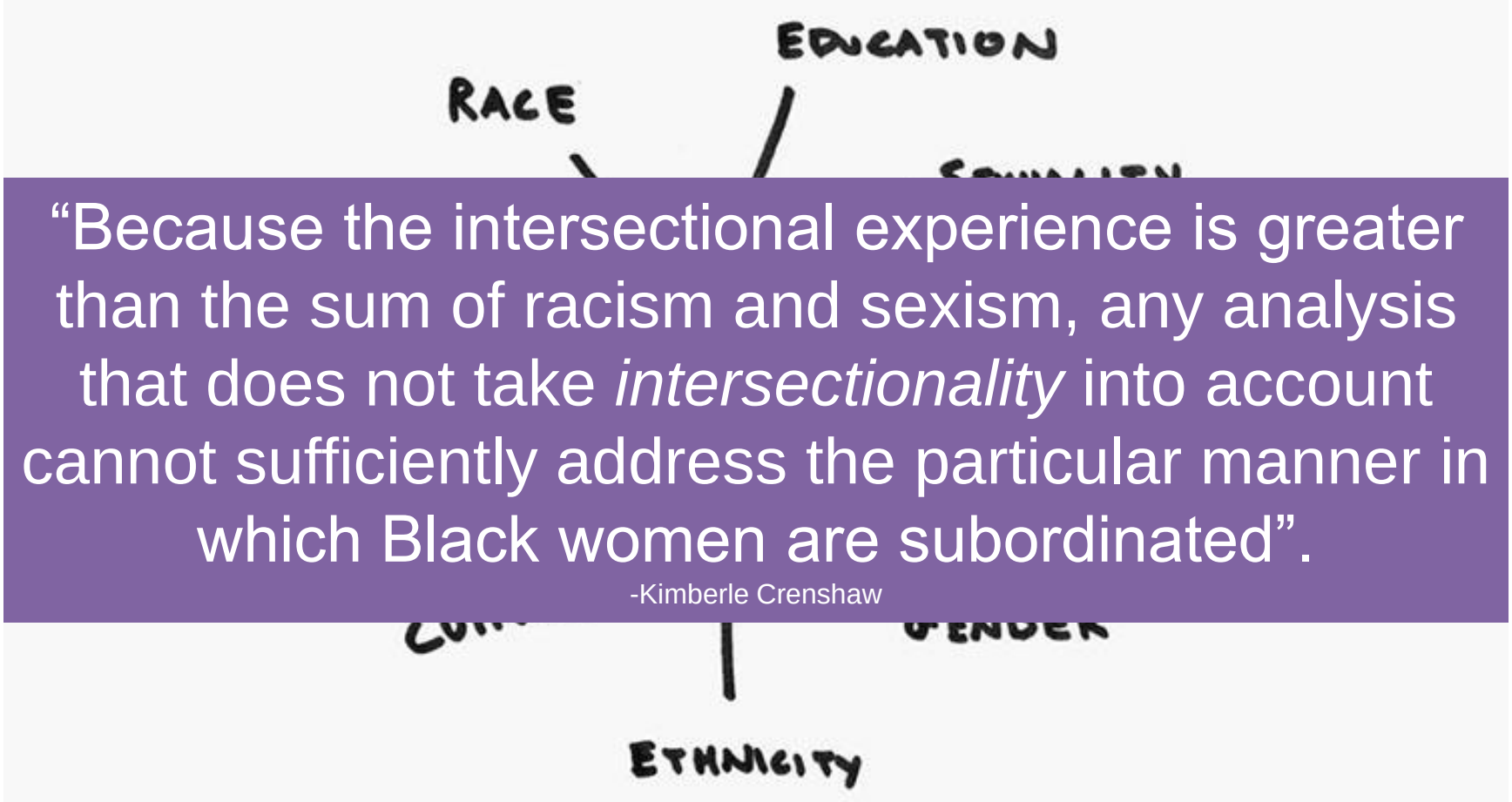
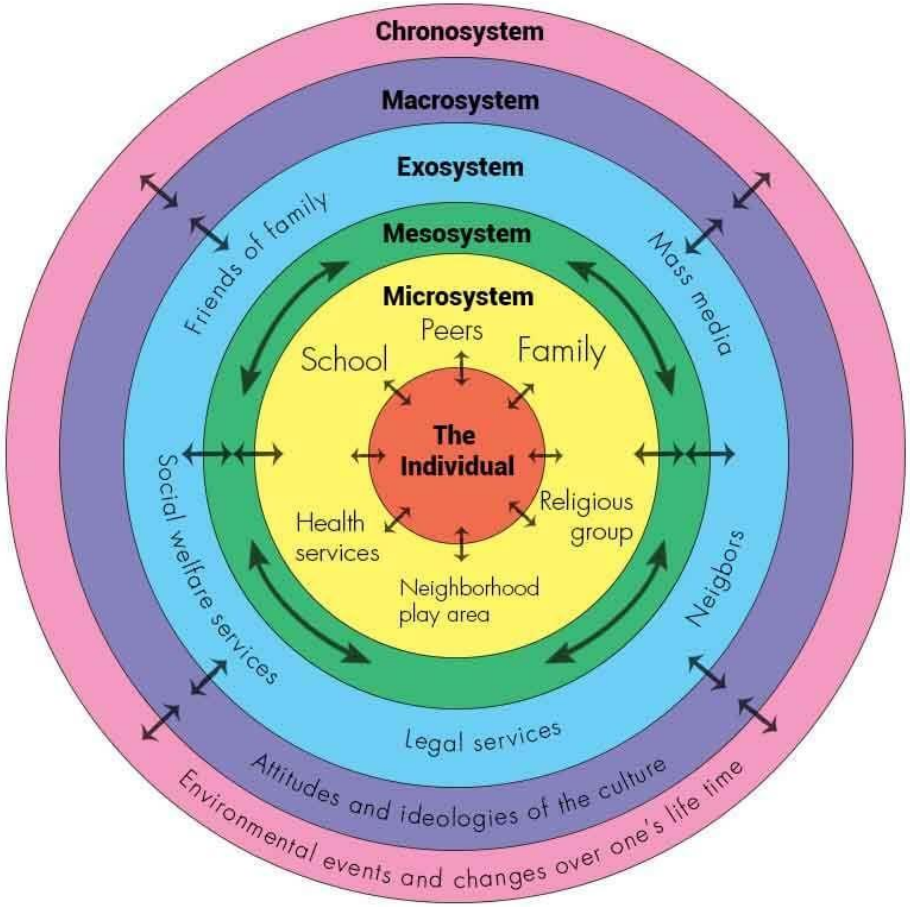
Intersectionality is understanding the ways that multiple forms of inequality or disadvantage compound themselves



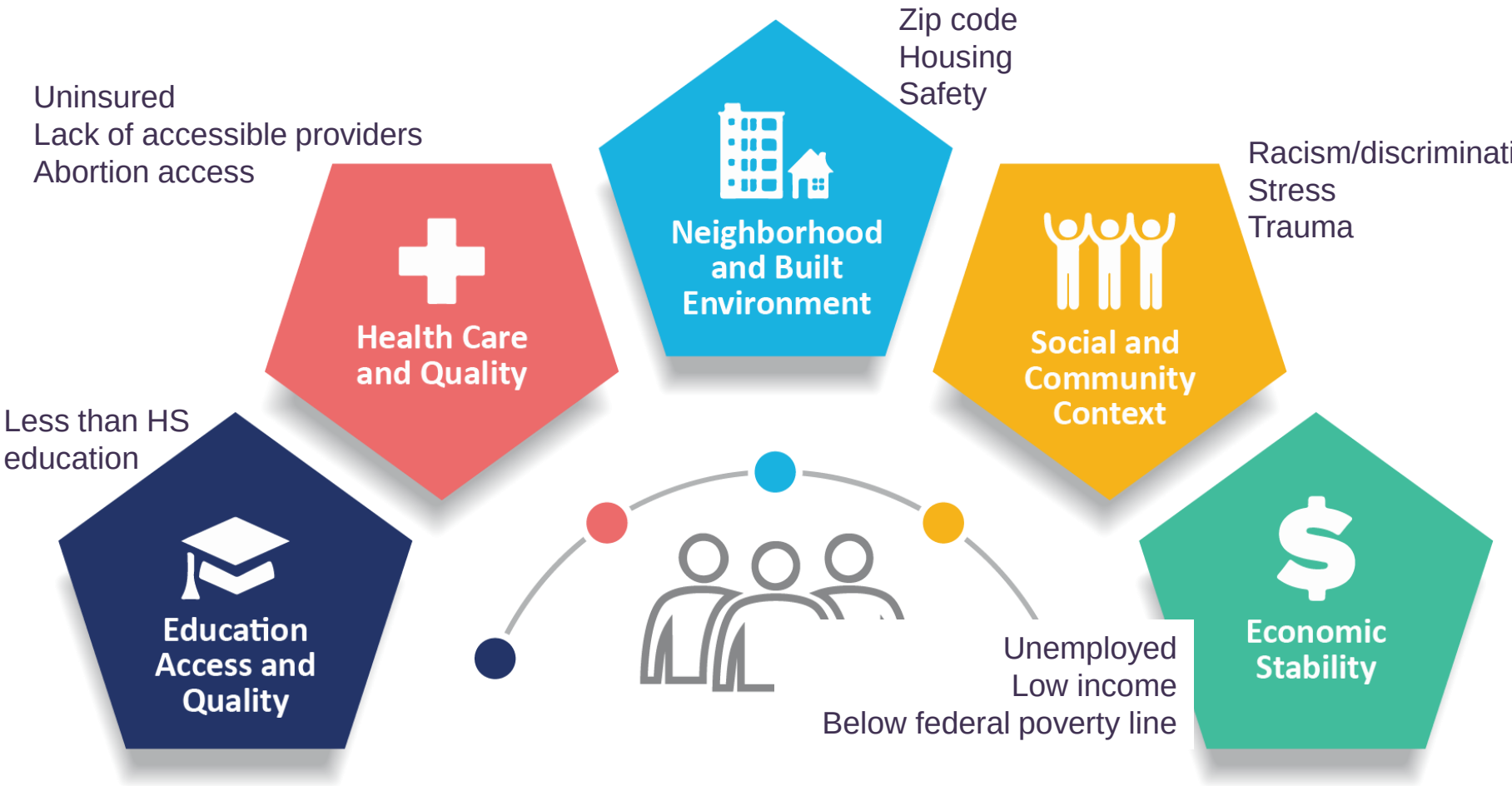
"Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take *intersectionality* into account cannot sufficiently address the particular manner in which Black women are subordinated".

-Kimberle Crenshaw

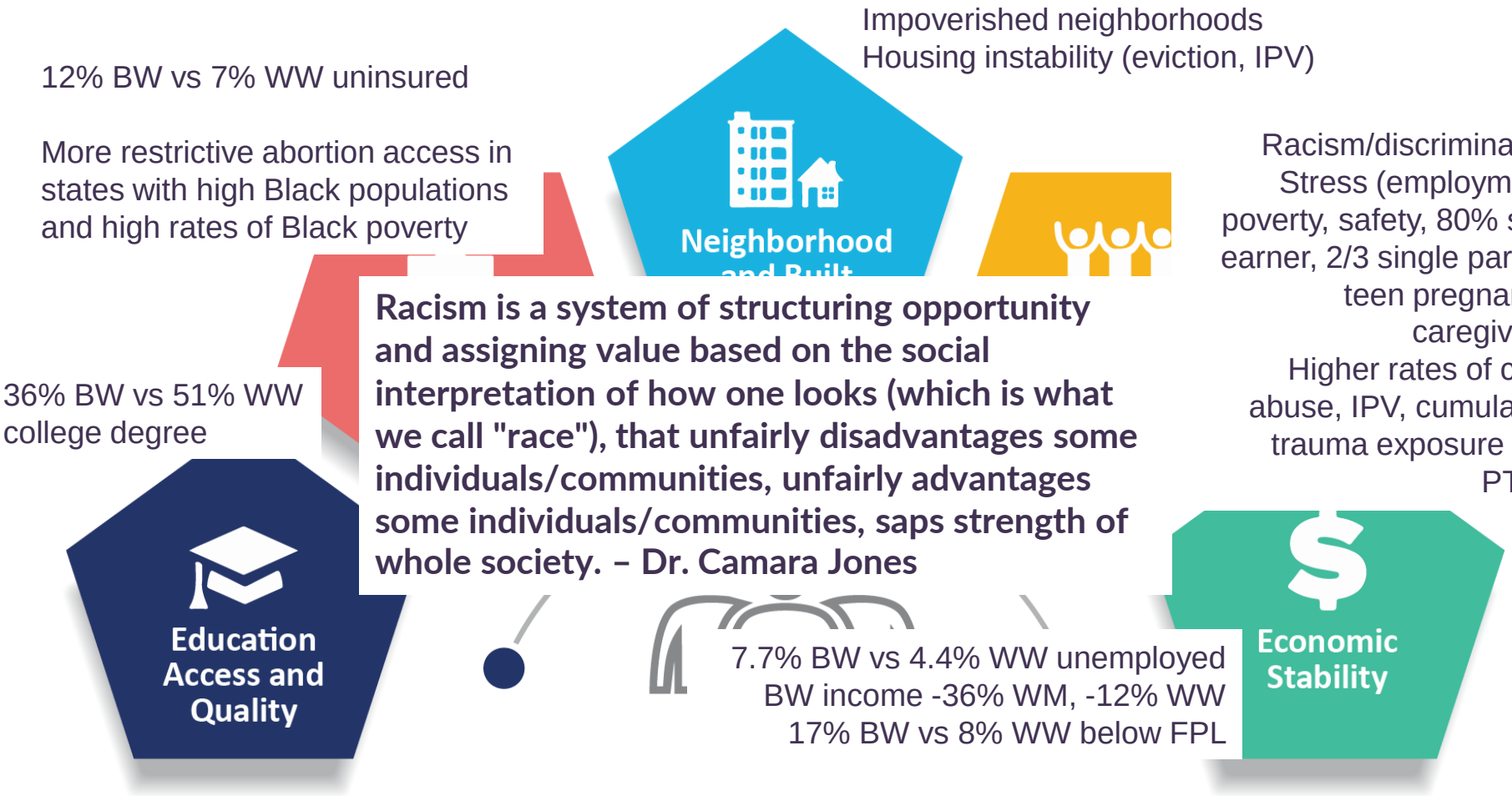
Person in Context



Social Determinants of Health as Risk Factors for Mental Illness



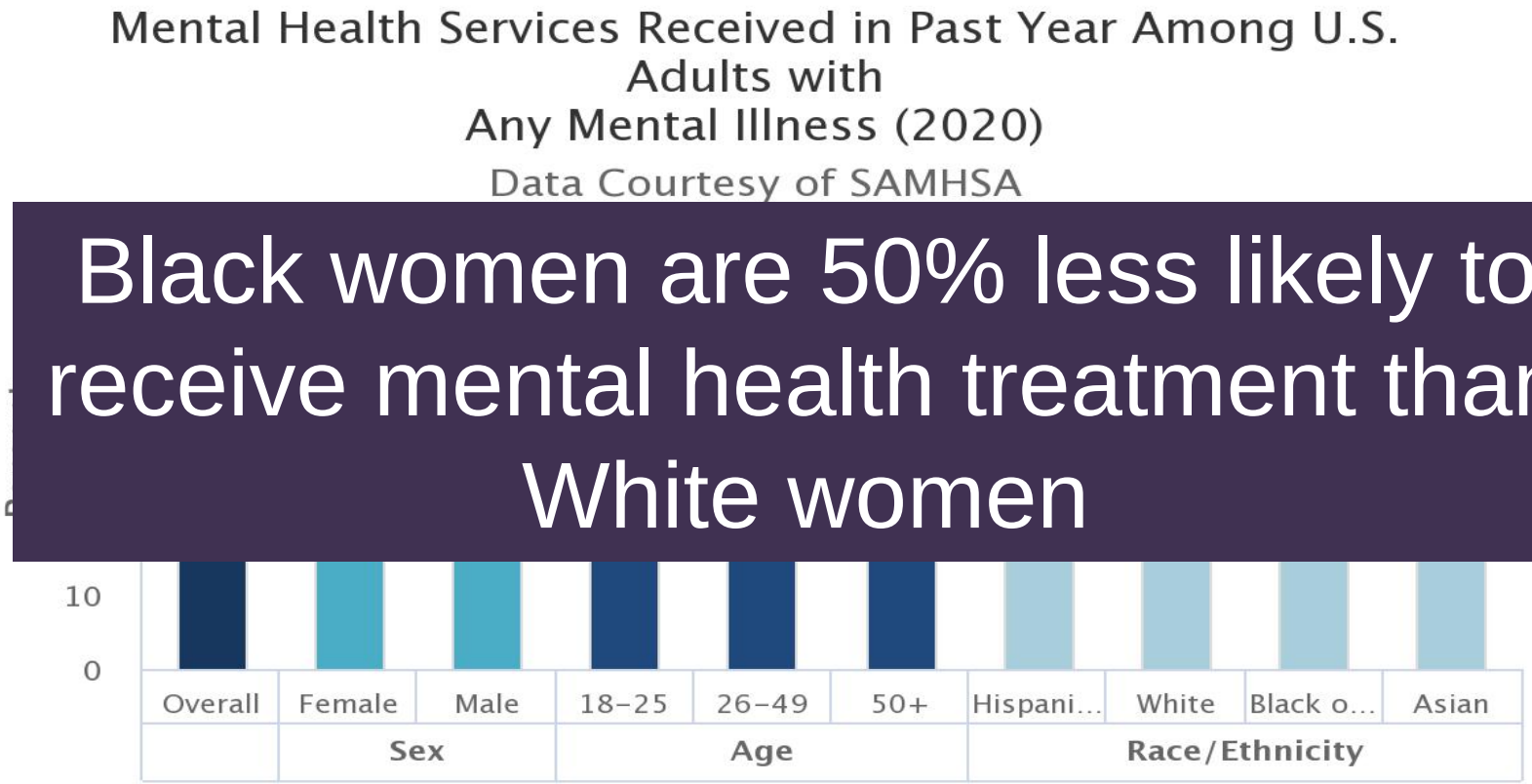
Social Determinants of Health as Risk Factors for Mental Illness Among **Black Women**



Prevalence of Mental Illnesses Among **Black Women**

- **McKnight-Eily et al (2009)**
  - Phone survey
  - 14.9% Lifetime Depression DX by a health provider
- **Lacey et al (2015)**
  - National Survey of American Life (NSAL)
  - MDD Lifetime 14.6%
  - Anxiety Lifetime 5.5%
  - PTSD Lifetime 12.0%
- **Jones et al (2020)**
  - National Survey of American Life (NSAL)
  - MDD 14.4% Lifetime; 8.2% Past-year
  - GAD 5.6% Lifetime; 3.2% Past-year
  - PTSD 12.2% Lifetime; 4.9% Past year

Disparities in Mental Health Service Utilization



Black women are 50% less likely to receive mental health treatment than White women

Social Determinants of Health as Barriers to MH Treatment

Ethnic Identity May Be a Barrier to Mental Health Treatment

Ethnic Identity, Acculturation, and 12-Month Psychiatric Service Utilization Among Black and Hispanic Adults in the U.S.

Inger Burnett-Zeigler, PhD
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Abstract

A cross-sectional study design was used to examine the associations of ethnic identity, acculturation, and psychiatric service utilization among Wave 2 respondents of the National Epidemiologic Survey on Alcohol Related Conditions with 12-month psychiatric disorders who self-identified as Black (6587, 19%) and Hispanic (6359, 18%). Weighted multivariable regression analyses were conducted to examine the relationships between ethnic identity, acculturation, and 12-month psychiatric service utilization. Stronger ethnic identity was associated with decreased odds of using psychiatric services among Black (AOR = 0.956; CI = 0.923–0.991) and Hispanic individuals (AOR = 0.967; CI = 0.945–0.990). Greater acculturation was associated with an increased odds of psychiatric service utilization for Hispanic individuals (AOR = 1.025; CI = 1.000–1.050). These findings suggest that a sense of pride, belonging, and attachment to one's racial/ethnic group and participating in ethnic behaviors is associated with lower rates of participation in psychiatric services; alternatively, acquiring key elements of the U.S. culture is associated with greater participation in psychiatric services.

- Higher ethnic identity scores associated with ***decreased odds*** of using psychiatric services for those who are Black or Hispanic
  - identification with others of same ethnicity
  - most friends are of same ethnicity
  - more socially comfortable with others of same ethnicity
  - ethnic background plays a big part in social interactions
  - Shared values attitudes and behaviors
- Higher acculturation scores associated with ***increased odds*** of using psychiatric services for those who are Hispanic
  - Race/ethnic social preference
  - Not born in US less likely to use services

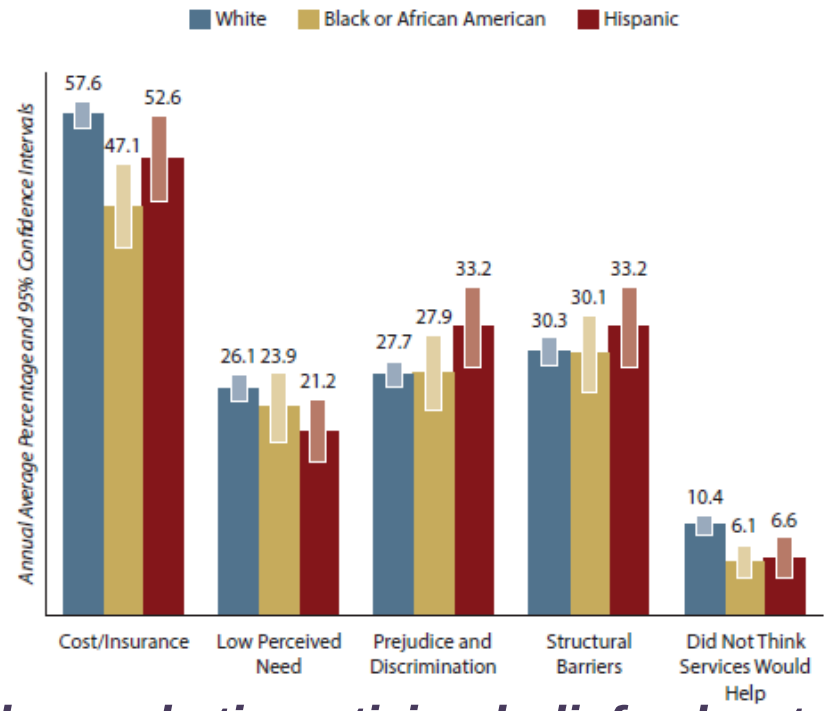
The Strong Black Woman and Mental Health

Black women who experienced more ACEs and felt a stronger obligation to present an image of strength indicated more stress anxiety, and depressive symptomology (Leath 2021)

Negative attitudes and beliefs about mental health treatment

- Do not perceive a mental health problem or a need for treatment
- Believe the problem will get better on its own
- Want to solve the problem on one's own
- Believe that mental health treatment will not be effective
- Shame/embarrassment
- Fear of being identified as "crazy" or "weak"
- Medication is addictive
- Concern about side effects
- Fear of judgment/feeling misunderstood
- Mistrust of the mental health system, privacy

FIGURE 4.7 Reasons for Not Using Mental Health Services among Adults with Any Mental Illness Who Had an Unmet Need for Services in the Past Year, by Race/Ethnicity, 2008-2012[29]



Black adults have more negative attitudes and stigmatizing beliefs about mental illness and treatment, experience more shame and self-blame associated with treatment seeking and higher levels of medical mistrust

Social Determinants of Health as a Framework for Implementation

Identification of MH need
Implementation in areas with no MH services

Diverse provider pool
Culturally appropriate interventions

Attitudes and beliefs about mental health treatment
Cultural strengths

Future directions:

- Healthcare policy
- Distribution of resources ->> community violence, trauma, access to healthcare, healthy food, green space, housing
- Address inequities in education, employment, healthcare, criminal justice, children and family services