Center of Excellence
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"It feels like we don't matter":
Perceived discrimination and inequality in mental health care among communities of color

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Introduction

Historical segregation and discrimination of patients based on race and ethnicity continues to have lasting impact on health outcomes and delivery of care today.[1] People of color have less access to adequate healthcare, receive poorer quality of services, and lack culturally appropriate care.[2,3]

Researchers partnered with community members to implement a community-based participatory research project to identify concerns in care among diverse recovery communities. The aim of this poster is to present qualitative findings centered on racial inequity.

Methods

❖ Peer Consultants, i.e. persons in recovery with lived experience of mental health and/or substance misuse challenges, were hired to conduct listening groups in recovery communities across Massachusetts.

❖ Historically underrepresented individuals (i.e. Latinx, African Americans) were included in listening groups. Two groups were facilitated in Spanish.

❖ Participants received a gift card and lunch for their participation.

❖ Listening groups were audio-recorded, transcribed, and translated from Spanish where appropriate.

❖ Transcriptions were coded using Rapid Analysis Coding by a diverse team that included a Peer Consultant, research fellow, and clinical research coordinator.

Results

18 Listening Groups

159 Participants

❖ Ages ranged from 18 to 88 years old (mean age of 45).

❖ Slightly more than half identified as women (57%).

❖ 20% were Peer Specialists.

❖ Most participants were White (57%), followed by 14% Black/African American, 3% Asian/Pacific Islander, 2% Native American, and 6% biracial/multiracial.

❖ 28% identified their ethnicity as Hispanic or Latinx.

Figure 1. Issues of Racial Inequity Emerged Within All Primary Priorities Identified Across Listening Groups

STIGMA   ACCESS   WHOLE PERSON CARE   PEERS   QUALITY PROVIDERS

References

1. Feagin, J., & Bennefield, Z. (2013). Systemic racism and U.S. health care. *Social Science & Medicine,103*, 7-14.
2. U.S. Department of Health and Human Services. (2001*). Mental health: Culture, race, and ethnicity—A supplement to Mental health: A report of the surgeon general.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
3. Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal treatment: Confronting racial and ethnic disparities in healthcare.* Institute of Medicine. The National Academies Press. Washington, D.C.

Results (Cont.)

Table 1. Community-Identified Barriers to Care for People of Color with Example Participant Quotations

Stigma Within Cultural Groups
"Mental health for Latinos is kind of …taboo, we don't talk about it…and so I think that an effort needs to be made to help the Latino community realize that, yes, mental health is a problem, that there is help out there.

Impact of Social Determinants of Health
"The poverty, the nutrition that people can afford becomes a major issue. Not only does it affect your physical health, but it's a major problem with your attitude and mood…we need to access a healthy environment [to] have a better chance at recovery."

Perceived Discrimination by Providers
"I would like to see [a resource] where I could report any person that has discriminated me in my care."

Poor Integration of Culture in Treatment
"No therapists, doctors, workers that understand our [Latinx] culture…It's very discouraging. It feels like we don't matter."

Providers from White, Majority Groups
"One of the big issues [is] not having people of color leading mental health groups …A lot of people in the program were really outraged about that because it was just all White clinicians."

Poor Access to Services
"Therapy, alternative [approaches], instead of using medical interventions…this only happens in privileged communities…These affluent communities [get support] on how to cope with stress with a nonmedicated approach."

Figure 2. Community-Identified Solutions to Develop Equitable Culturally-Responsive Care for People of Color

Partner with Cultural Groups in Anti-Stigma Campaigns	Cultural Humility Training for Providers	Partner with People of Color in Research
Integration of Peers Across Health Services	Increase Diverse Healthcare Workforce	Increase Translation & Interpretation Services

Conclusion

People of color face complex systemic barriers that make them vulnerable to poor health and recovery outcomes. Partnering with Peer Consultants allowed researchers to access recovery communities historically underrepresented in mental health research. This valuable collaboration gave voice to experiences of institutionalized racism in healthcare and community-identified solutions. Results will be shared back to the community for continued collaboration and resource sharing. Findings will inform peer-led pilot research studies and quality improvement projects aimed to enhance cultural humility of recovery systems for diverse communities.

Funding

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