No Health Without Mental Health

The NIMH Perspective on Disparities

Tom Insel M.D.
Director, NIMH/NIH/DHHS
Differences, Disparities, and Discrimination

- Clinical Appropriateness
- Need
- Patient Preferences
- Healthcare Systems
- Legal & Regulatory
- Discrimination: Biases, prejudice, stereotyping and uncertainty

Adapted from IOM 2003
Burden of Disease (DALYs)
U.S., Canada, and Western Europe 15-44 years old

- Mental Illness*
- Injuries, including self-inflicted
- Alcohol and drug use
- Malignant neoplasms (cancer)
- Cardiovascular disease
- Respiratory disease
- Musculoskeletal disease
- Sense organ disease
- Digestive disease

Source: WHO World Health Report 2002
Burden of Disease by Specific Illness – DALYs
United States, Canada, and Western Europe
15-44 years old

Source: WHO World Health Report 2002
Mental Illnesses: Why the high morbidity?

- Prevalent (6% U.S. - serious)
- Disabling (largest population on public assistance)
- Chronic disorders of young people
Public Health Impact: 
Early Mortality in Individuals with 
Major Mental Illness (MMI)

• Data from outpatient and inpatient pts diagnosed with MMI

• Average age at time of death: 56 years

• Increased likelihood of dying from suicide

• Increased likelihood of dying from cardio-pulmonary disease

Adapted from Colton and Manderscheid, 2006, Prev Chronic Dis
What Are The Disparities in Mental Health?

- Differences in prevalence?
- Differences in access?
- Differences in care?
- Differences in outcome?
## Disparities in Mental Health Service Use

### Correlates of 12-Month Mental Health Service Use

<table>
<thead>
<tr>
<th>Variable</th>
<th>Any Treatment</th>
<th>Variable</th>
<th>Any Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td><strong>Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>1.5*</td>
<td>Married</td>
<td>1.0</td>
</tr>
<tr>
<td>30-44</td>
<td>2.1*</td>
<td>Previously married</td>
<td>1.7*</td>
</tr>
<tr>
<td>45-59</td>
<td>1.8*</td>
<td>Never married</td>
<td>1.2</td>
</tr>
<tr>
<td>≥60</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1.6*</td>
<td>Low</td>
<td>1.0</td>
</tr>
<tr>
<td>Male</td>
<td>1.0</td>
<td>Low average</td>
<td>0.7*</td>
</tr>
<tr>
<td><strong>Race-ethnicity</strong></td>
<td></td>
<td>High average</td>
<td>0.8</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>1.0</td>
<td>High</td>
<td>1.0</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>0.5*</td>
<td>Large city</td>
<td>2.1*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.6*</td>
<td>Small city</td>
<td>2.0*</td>
</tr>
<tr>
<td>Other</td>
<td>0.5*</td>
<td>Large Suburbs</td>
<td>2.0*</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td><strong>Urbanicity</strong></td>
<td></td>
</tr>
<tr>
<td>0-11</td>
<td>1.0</td>
<td>Small Suburbs</td>
<td>2.2*</td>
</tr>
<tr>
<td>12</td>
<td>0.9</td>
<td>Adjacent area</td>
<td>1.9*</td>
</tr>
<tr>
<td>13-15</td>
<td>1.1</td>
<td>Rural</td>
<td>1.0</td>
</tr>
<tr>
<td>16+</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wang et al. *Arch Gen Psych* 2005
# How Are Racial/Ethnic Minorities Underserved?

*Predictors of 12-Month Service Use*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Any Treatment</th>
<th>Health Care Treatment Among Patients With Any Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>0.5*</td>
<td>0.4*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.6*</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>0.5*</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Adjusted for age, sex, education, marital status, family income, county urbanicity, and insurance.

Wang et al. *Arch Gen Psychiatry* 2005
Most Americans Do Not Receive Adequate Treatment for Serious Mental Illness (SMI)

<table>
<thead>
<tr>
<th></th>
<th>% With Any Treatment</th>
<th>% With Minimally Adequate Treatment</th>
<th>% Without Minimally Adequate Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorder</td>
<td>39.4</td>
<td>48.5</td>
<td>81.1</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>45.8</td>
<td>48.2</td>
<td>78.2</td>
</tr>
<tr>
<td>Non-affect Psychosis</td>
<td>55.9</td>
<td>7.3</td>
<td>95.9</td>
</tr>
<tr>
<td>Any of the Above</td>
<td>40.0</td>
<td>38.9</td>
<td>84.7</td>
</tr>
</tbody>
</table>

## How Are Racial/Ethnic Minorities Underserved?

**Predictors of Not Receiving Adequate Treatment for SMI**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Not Receiving Minimally Adequate Treatment, Among Those with SMI</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic black</td>
<td></td>
<td>3.3*</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>3.6</td>
</tr>
</tbody>
</table>

Adjusted for age, sex, income level, education, urbanicity, region of the country, employment status, and marital status.

Wang et al. *Am J Public Health* 2002
What are potential sources of disparities in care?

- Health care system factors:
  - Cultural and linguistic barriers to access
  - Structure of delivery systems
  - Financing

- Patient-level factors
  - Patient preferences
  - Refusal of treatment
  - Poor adherence

- Clinical encounter

Adapted from IOM 2003
How Can Disparities Be Eliminated?

**Summary of IOM Recommendations**

**AWARENESS**
- general public
- key stakeholders
- providers
- patients

**EDUCATION**
- increase underrepresented minority health professionals
- integrate cross-cultural education into training programs

**LEGAL, REGULATORY, POLICY**
- enforce civil rights laws
- avoid fragmenting health plans along socioeconomic lines

Adapted from IOM 2003
How Can Disparities Be Eliminated?  
Summary of IOM Recommendations

**HEALTH SYSTEMS**  
- Promote consistency & equity with evidence-based guidelines  
- Structure payments to ensure services for minority patients and limit provider incentives that promote disparities  
- Provide financial incentives for practices to reduce barriers  
- Promote use of interpretation services where needed

**DATA COLLECTION AND MONITORING**  
- report access, utilization, and quality by race, ethnicity, primary language and subgroups where possible  
- monitor progress toward eliminating disparities

**NEEDED RESEARCH**  
- identify sources of disparities  
- assess promising quality improvement intervention strategies, e.g., community health workers & multidisciplinary care teams

Adapted from IOM 2003
“We will be judged as a nation not by how we provide for those with the greatest assets but how we support those with the greatest needs.”

John F. Kennedy
Paving the Way for Prevention, Recovery, and Cure

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