Investing in Research to Reduce Mental Health Disparities

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Investing in Research to Reduce Mental Health Disparities

- Defining disparities
- The need for mental health disparities research
- Research activities to reduce mental health disparities
A population is a health disparity population if, as determined by the Director of the Center* after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the general population.” Public Law 106-525, Nov 22, 2000

NIH-recognized health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, and rural populations

*National Center on Minority Health and Health Disparities, redesignated the National Institute on Minority Health and Health Disparities by P.L. 111-148
• Defining disparities
• The need for mental health disparities research
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“Too many Americans who struggle with mental health illnesses are still suffering in silence, rather than seeking help.”

President Barak Obama

Figure Legend:
Number of Years Lived With Disability by Age for 20 Broad Groups of Diseases and Injuries in the United States in 2010 for Both Sexes Combined
“Now is the time to bring conversations about mental health into school auditoriums, community centers, houses of worship, and kitchen tables across the country. Together, we can bring mental illness out of the shadows.”

HHS Secretary Kathleen Sebelius

Members of racial/ethnic minority groups are

• Less likely to access mental health services *Wang et al 2005 Arch Gen Psychiatry*

• More likely to receive lower quality care *Alegria et al 2008 Psych Services*

• More likely to use inpatient hospitalization and emergency rooms; less community mental health service use *Samnaliev et al 2009 J Health Care for Poor and Underserved*
Depression Care and Disparities

Figure 2.32. Adults (left) and adolescents (right) with a major depressive episode in the past year who received treatment for depression in the past year, by age and race/ethnicity, 2008-2010

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008-2010.

AHRQ, 2012
Geographic Disparities in Mental Health Care in the United States

Rural residents experience:

- Longer periods of time without health insurance
- Few mental health care providers
- Higher rates of suicide
- High rates of psychiatric co-morbidity with substance use

*Smalley et al, 2010*
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<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2001</td>
<td>NIMH issues 5-year strategic plan for reducing mental health disparities</td>
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<tr>
<td>2003</td>
<td>First NIH Strategic Research Plan to Reduce and Ultimately End Disparities issued; IOM issues <em>Unequal Treatment</em></td>
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<td>2006</td>
<td>The IOM issued <em>Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business</em></td>
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<td>2008</td>
<td>NCMHD hosted the first NIH Science of Eliminating Health Disparities summit</td>
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<td>2010</td>
<td>NIMH creates Office for Research on Disparities and Global Mental Health</td>
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NIMH Domestic Disparities Investment Principles

- **Equity**
  - Address well-established disparities in health care (availability, access, engagement, adherence)
  - Invest in longer term efforts to understand differences in mental health status across groups

- **Scientific Opportunity!**

- Research capacity-building in diverse populations
A Strategy for Studying Disparities

- What causes or prevents disparities?
  - Root causes, risk & protective factors
- Identify mechanisms
- Specify intervention targets
- Intervention development & refinement
- Efficacy & effectiveness testing
- Implementation & Dissemination
Initiatives

Mechanisms Explaining Differences in Depressive and Anxiety Disorders Across Racial/Ethnic Groups (R01)

RFA-MH-12-090
Studies Funded in Response to RFA-MH-12-090

• *Effects of Social Context, Culture and Minority Status on Depression and Anxiety*

• *Neurobiological Reactivity, Allostatic Load and Depression in Mexican Youth*
Initiatives

Competitive Revision Applications for Targeted Research on Mental Health Disparities

NOT-MH-10-021
Studies Funded in Response to NOT-MH-10-021

- The Role of Social Networks in Treatment Engagement for Minorities

- Placebo Controlled Trial of Sertraline and IPT for Postpartum Depression

- Randomized Trial of Achieving Healthy Lifestyles in Psych Rehabilitation

- Supplement to the Center for Culture, Trauma, and Mental Health Disparities

- Understanding Mechanisms of Mental Health Care Disparities
Moving to Implementation

CLOSING THE GAPS
Scaling up to Reduce Mental Health Disparities in the U.S.

September 12–13, 2013
Neuroscience Center
Conference Room B1/B2

Testing Innovative Strategies for the Implementation of Collaborative Care for Management of Mental Disorders and Reduction of Racial and Ethnic Disparities in Mental Health Care

BAA-HHS-NIH-NIDA (MH) 13-038
NIMH Mission and Strategic Plan

Mission

To transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure.

Objective 1: Promote Discovery in the Brain and Behavioral Sciences to Fuel Research on the Causes of Mental Disorders
    Pathophysiology

Objective 2: Chart Mental Illness Trajectories to Determine When, Where, and How to Intervene
    Prediction

Objective 3: Develop New and Better Interventions for Mental Disorders that Incorporate the Diverse Needs and Circumstances of People with Mental Illness
    Personalization

Objective 4: Strengthen the Public Health Impact of NIMH-Supported Research
    Partnerships
NIMH Disparities Research Examples: Pathophysiology

• Identifying Biomarkers for Post-partum Depression in African American Women
• Gene Expression in an African American Schizophrenia Dataset
• Genetic and Trauma-Related Risk Factors for Posttraumatic Stress Disorder
• Multi-Ethnic Genome-Wide Study of Bipolar Disorder
NIMH Disparities Research Examples: Prediction

• Depression Surge in Adolescence & Gender Differences: Biocognitive Mechanisms

• Effects of Social Context, Culture and Minority Status on Depression and Anxiety

• Predictors and Mechanisms of Conversion to Psychosis
NIMH disparities research examples: personalization

- Advanced Center for Intervention Services Research for Late-Life Depression Prevention
- Improving PTSD Management in Primary Care
- Informed Consent for Latinos with Schizophrenia
- Mental Health Research Network: A Population-Based Approach to Transform Research
- Depressed Mothers in Rural Areas: Web-Facilitated Cognitive Behavioral Treatment
- Internet CBT for Depression: Comparing Pure, Guided, and Stepped Care
NIMH Disparities Research Examples: Partnerships

• Center for Collaborative Inner City Mental Health Services Research (CCCR)
• Barriers and Facilitators of Mental Health Services Utilization Among Latinos
• Treatment of Maternal Depression in Home Visitation: Mother and Child Impacts
• Partnership for Implementation of Evidence-Based Practices in Rural Primary Care
• The Recognition and Referral of Mental Disorders within Religious Congregations
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