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Health Equity Coverage Recommendation Form

Title:	**Health Equity in Mental and Behavioral Health**
Date of Last Review:	5/1/24

Research Section

Background

The World Health Organization defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.[1] It underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to another. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being. Individual psychological and biological factors such as emotional skills, substance use, and genetics can make people more vulnerable to mental health problems. Exposure to unfavorable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality and environmental deprivation – also increases people's risk of experiencing mental health conditions. Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighborhoods, and community cohesion, for example.

Inequities discussed on the Office of Minority Health Website[2]

***Mental and Behavioral Health and Black/African Americans*:[3]**

- In 2020, suicide was the third leading cause of death, respectively, for Black/African Americans, ages 15 to 24.
- The death rate from suicide for African American men was four times greater than for African American women, in 2018.
- The overall suicide rate for Black/African Americans was 60 percent lower than that of the non-Hispanic white population, in 2018.
- Black females, grades 9-12, were 60 percent more likely to attempt suicide in 2019, as compared to non-Hispanic white females of the same age.

- Poverty level affects mental health status. Black/African Americans living below the poverty level, as compared to those over twice the poverty level, are twice as likely to report serious psychological distress.
- A report from the U.S. Surgeon General found that from 1980 - 1995, the suicide rate among African Americans ages 10 to 14 increased 233 percentage, as compared to 120 percent of the non-Hispanic white population.

Mental and Behavioral Health and American Indians/Alaska Natives:[4]

- In 2019, suicide was the second leading cause of death for American Indian/Alaska Natives between the ages of 10 and 34.
- American Indian/Alaska Natives are 60 percent more likely to experience the feeling that everything is an effort, all or most of the time, as compared to non-Hispanic white Americans.
- The overall death rate from suicide for American Indian/Alaska Native adults is about 20 percent higher as compared to the non-Hispanic white population.
- In 2019, adolescent American Indian/Alaska Native females, ages 15-19, had a death rate that was five times higher than non-Hispanic white females in the same age group.
- In 2018, American Indian/Alaska Native males, ages 15-24, had a death rate that was twice that of non-Hispanic white males in the same age group.
- Violent deaths, unintentional injuries, homicide, and suicide, account for 75 percent of all mortality in the second decade of life for American Indian/Alaska Natives.

Mental and Behavioral Health and Asian Americans:[5]

- Suicide was the leading cause of death for Asian/Pacific Islanders, ages 15 to 24, in 2019.
- Asian American males, in grades 9-12, were 30 percent more likely to consider attempting suicide as compared to non-Hispanic white male students, in 2019.
- In 2018, Asian Americans were 60 percent less likely to have received mental health treatment as compared to non-Hispanic white Americans.
- Southeast Asian refugees are at risk for post-traumatic stress disorder (PTSD) associated with trauma experienced before and after immigration to the U.S. One study found that 70 percent of Southeast Asian refugees receiving mental health care were diagnosed with PTSD.[2]
- The overall suicide rate for Asian Americans is less than half that of the non-Hispanic white population**.**

Mental and Behavioral Health and Hispanic/Latino Americans:[6]

- The death rate from suicide for Hispanic men was four times the rate for Hispanic women, in 2018.
- However, the suicide rate for Hispanic Americans is less than half that of the non-Hispanic white population.
- In 2019, suicide was the second leading cause of death for Hispanic Americans, ages 15 to 34.
- Suicide attempts for Hispanic girls, grades 9-12, were 30 percent higher than for non-Hispanic white girls in the same age group, in 2019.
- In 2018, Hispanic Americans were 50 percent less likely to have received mental health treatment as compared to non-Hispanic white Americans.

- Poverty level affects mental health status. Hispanic populations living below the poverty level, as compared to Hispanic populations over twice the poverty level, are twice as likely to report serious psychological distress.

Review of current, peer-reviewed evidence from established sources

Widely cited examples of peer-reviewed journal articles discussing mental health disparities among racial minorities emphasize the following:[7,8,9,10]

- **Culturally Competent Care**: Culturally competent care that acknowledges the unique needs, values, beliefs, and experiences of minority populations. This includes understanding cultural context, language proficiency, and incorporating culturally appropriate assessment and treatment approaches.

- **Access to Care**: Addressing disparities in access to mental health services is a crucial recommendation. The articles highlight the need for improved outreach efforts, reducing barriers to care (such as language, stigma, and cost), and ensuring availability of culturally and linguistically appropriate services for minority populations.

- **Diverse Representation**: It is emphasized that research, clinical practice, and policy development should involve diverse representation from minority populations. This can help in better understanding their specific mental health needs and experiences and inform the development of effective interventions and policies.

- **Tailored Interventions**: The articles stress the importance of tailoring interventions to the cultural and social contexts of minority populations. This may include adapting evidence-based practices to be more culturally sensitive, engaging community stakeholders in intervention development, and addressing intersectional factors such as race, ethnicity, gender, and socioeconomic status.

- **Training and Education**: The need for cultural competency training and education for mental health professionals is consistently highlighted. This involves equipping professionals with the knowledge, skills, and attitudes necessary to effectively engage with diverse populations and provide culturally responsive care.

Review of clinical practices guidelines from professional associations and societies in regard to these findings

- American Psychiatric Association (APA): The APA has published clinical practice guidelines that address the mental health care needs of specific minority populations, such as African Americans and Hispanic/Latino Americans. These guidelines provide recommendations for assessment, diagnosis, and treatment, taking into account cultural factors and disparities in mental health care.[11]

- Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA has developed numerous resources and guidelines that focus on providing culturally competent mental health services to various minority groups. They have guidelines specifically tailored to Asian American, Native Hawaiian, and Pacific Islander populations, as well as Native American and Alaska Native communities.[12]

- National Institute for Health and Care Excellence (NICE): In the United Kingdom, NICE has published guidelines that address the mental health needs of people from different ethnic and cultural backgrounds. These guidelines provide recommendations for improving access to mental health services and ensuring culturally appropriate care for minority populations.[13]

- National Network to Eliminate Disparities in Behavioral Health (NNED): NNED is a collaborative network that focuses on eliminating mental health disparities among diverse racial and ethnic populations. They offer resources, toolkits, and guidelines that promote equity and culturally competent mental health care.[14]

Do any of these findings relate to any of our current policies?

None of the above findings are applicable to any of our current medical policies at this time.

Summary

While there are several clinical practice guidelines available that address mental and behavioral health for minority populations, these guidelines primarily focus on providing recommendations for clinical practices and interventions. These guidelines may offer valuable insights and strategies for delivering culturally competent care, improving access to mental health services, and acknowledging the unique needs of minority populations. However, these recommendations do not fall within the scope of medical policy.

Recommendation:	No recommended health equity updates to policies at this time. We will continue to review data and professional organization recommendations for future health equity updates.

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CORE Revision History Section	
DATE	**SUMMARY OF CHANGES**
04/18/2024	Initial review.