

## Addressing Minority Mental Health Challenges in Minnesota: How Primary Care Can Help

July is National Minority Mental Health Awareness Month. While anyone can develop a mental health problem, unmet needs and other barriers like homelessness, exposure to violence, and unemployment can cause people from minority communities to experience more severe forms of mental health conditions.

According to the National Alliance on Mental Illness (NAMI):

- ✦ Across a recent 15-year span, suicide rates increased 233 percent among African Americans aged 10-14 compared to 120 percent among the white population in the same age group across the same span of time
- ✦ Mental illness is frequently stigmatized and misunderstood in the African American community
- ✦ African Americans are much more likely to seek help through their primary care doctors as opposed to accessing specialty care
- ✦ The words “depressed” and “anxious” are absent from some American Indian and Alaska Native languages. A culturally



different expression of illness, such as ghost sickness and heartbreak syndrome, do not correspond to Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses

- ✦ Prevalence of depression is higher in Latino women (46 percent) than Latino men (19.6 percent)
- ✦ Among Latinos with mental disorders, fewer than one in 11 contact mental health care specialists, while fewer than one in five contact general health care providers

### This Issue

- Clinical Corner 3
- News and Resources 4
- Events, Contacts 5

- ✦ In one of the a small number of studies of serious or major mental illness among lesbian, gay, bisexual, and transgender (LGBT) people, researchers found that GBT men were less likely to report psychotic disorders, such as schizophrenia, but more likely to report mood disorders, such as depression and bi-polar disorders
- ✦ African and Southeast Asian refugees are at risk for posttraumatic stress disorder associated with their experiences before and after immigration to the U.S.

In a 2014 collection of articles published by the American Psychological Association, psychologists, physicians, and other health care experts wrote that primary care that includes mental health screenings and treatments that consider a patient’s language and cultural background can help address mental health care disparities among ethnic minorities.

Cynthia Fashaw, children's programs and multicultural outreach director, NAMI Minnesota, elaborates on the role primary care providers can play in connecting minority patients to mental health services: "It's not that providers need to know all the cultures," said Fashaw. "They just need to know their patients. The words their patients use to express mental illness, how their mental illness manifests itself, and how their patients wish to handle their illness."

Fashaw said that, for example, providers may hear someone talking about a spirit that they annoyed or did something to. Or, in some cultures in which people don't even have a word for mental illness, it is not uncommon to hear mental illness referred to as a type of learning disability.

"Some patients may come in with somatic problems like stomach ache, and headache," she said. "Others may come in with cases where they've rubbed their skin as a sign of distress. Others may come in for completely unrelated issues, and hope that they'll be asked something that will help them open up to talk about the symptoms they're experiencing."

### **Old models, new models, and barriers to communication**

Fashaw tells of a recurring theme identified from 30-plus focus groups she recently conducted around the state with cultural and diverse communities: Many participants in these groups said their providers either did not give them information to help them manage their mental illness, or gave them information they could not understand.

For example, instead of a discussion about their mental health, many

participants said they were given printed pamphlets on the subject. Many participants preferred to receive mental and physical health information directly from their provider rather than receiving pamphlets.

Having adequate time to spend with patients is important especially when you have patients who may experience comprehension issues, or who may not be literate in English or their native

***"It's not that providers need to know all the cultures. They just need to know their patients. The language their patients use to express mental illness, how their mental illness manifests itself, and how their patients wish to handle their illness."***

language. In these instances, providing a pamphlet does not guarantee that the patient has been provided needed information.

Providers not having enough time to spend with patients is a major factor. Fashaw said that, over time, the responsibilities of physicians and nurses have multiplied so that there is less time to sit down and talk to patients about their physical or mental health conditions.

To address these barriers to quality mental health care, many primary care providers are integrating behavioral

health care services into their practice. Models are being implemented that include the use of care managers and behavioral health consultants, among others.

There are a number of reasons why this approach is beneficial. First, a system that has dedicated staff for providing information and navigation to needed services demonstrates a team approach that lets the patient know they are not managing their illness alone. Second, integrated behavioral health services can avoid the stigma attached to going to a mental health center. "Huge stigma, particularly for cultural communities," said Fashaw. "But to go to your primary care doctor and have them just step out of the room and get the behavioral health specialist, it bypasses that level of stigma."

### **The importance of person-centered care for all cultures**

Across all the cultures in her focus groups, Fashaw said that trust and communication consistently were cited by participants as being the most important elements for effectively treating their mental as well as physical health. "I asked one African American man who is medication and therapy compliant to describe his experience. Here's what he said: He had a doctor, a provider that talked to him, gave him 10 or 15 extra minutes, and asked him about his life, about his medication. The provider gave him information, gave him his personal number and said if you have any questions, you call me." She also said that in most cultural communities, the majority of patients want to arrive at medication management, instead of starting with it. Most would rather start

[Continued on Page 3 >>](#)

with practical things they can do first: mindfulness, diet, exercise, and evidence based practices. If those don't work providers can move to medication management. Fashaw recommended providers stay up to date on some practical strategies that they could talk to patients about during an exam. "If a provider says 'Have you tried yoga? I tried it and this is what I got out of it.'" A lot of focus group participants, particularly in the African American and American Indian communities, said they believed if a provider shared some of who they were, it really helped promote trust and a relationship. Fashaw said that whether or not the patient tries these strategies is beside the point, it's the sharing a part of who you are and breaking down that hierarchy of provider and patient that can lead to better care for minority patients.

## RESOURCES

### [Behavioral health homes – Minnesota Department of Human Services](#)

Behavioral health homes is Minnesota's version of the federal "health home" benefit designed to better coordinate care for Medical Assistance (MA) enrollees with chronic mental health conditions. DHS is developing a framework for behavioral health home services with input from stakeholders. The framework will require a standard of integrated care that includes behavioral and physical health. It will also consider multiple conditions, social factors, social function, and preferences of MA enrollees and families to personalize care.

### [NAMI Multicultural Action Center](#)

Culturally relevant information and resources about mental illness, treatment options, recovery and support for diverse communities.

Videos, fact sheets, and research for African American, American Indian, Asian and Pacific American, LGBT, Latino, and other diverse communities.

### [SAMHSA Center for Integrated Health Solutions](#)

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Integrated Health Solutions promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, in both behavioral health and primary care provider settings.

### [LGBT Therapists MN](#)

A network of lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and allied/affirming mental health and social service workers in Minnesota.

## CLINICAL CORNER

### Online Cognitive Behavior Therapy Tool Helps Manage Symptoms of Clinical Depression



HealthPartners has launched an online program to help patients deal with mild depression, stress, and anxiety. Using cognitive behavioral therapy, the tool helps users determine the factors or events triggering their conditions and manage how they will respond to

them. "As many as eight in ten people with symptoms of clinical depression are not receiving any treatment and this tool can increase access to treatment that we know works. It can also prevent symptoms from getting worse for people who have minor stress or anxiety," said Karen Lloyd, PhD, HealthPartners Senior Director of Behavioral Health and Resilience. The program is available at no cost to their plan members and clinic patients. [More >>](#)

### AHRQ Findings Show Gap Closing for Some Health Disparities, Widening for Others



Five measures, including the rate of children ages 19–35 months who received a measles-mumps-rubella vaccine, showed elimination of disparities for different groups, according to findings from AHRQ's Chartbook on Healthy

Living. Some health measures showed a widening of disparities. For example, in four of the five most recent years, black adult smokers were less likely than white adult smokers to receive advice to quit smoking during a checkup. Of the 38 measures included in the Healthy Living Chartbook, 18 showed improvement, 17 indicated no change, and three worsened. [More >>](#)

## NEWS AND RESOURCES

### Enrollment Now Open for Certificate in Diversity Management Program

The Institute for Diversity in Health Management is now accepting applications for the fifth cohort of students in our Certificate in Diversity Management (CDM) program, designed to help diversity practitioners develop leadership competencies needed to bring about change in their organizations and communities. This 12-month program includes online classes and on-site learning forums taught by some of the nation's leading hospital-based diversity practitioners. Among other areas, the CDM program provides strategies to promote a culturally competent workforce, enhance language services, decrease disparities, and increase supplier diversity. The CDM is a recognized credential by the American Hospital Association, American Leadership Council for Diversity in Healthcare, and the Health Research & Educational Trust. [More >>](#)

### Study Highlights the Consequences of Negative Patient-Provider Interactions in LGBT Health Care

More than one third of African American lesbian or bisexual women reported a negative experience with a health care provider and many of those women did not seek medical care the next time they were ill, according to a study published in *LGBT Health*, a peer-reviewed journal. Who might be at risk for a negative experience and how that could impact health care utilization and future health outcomes is explored in the article, "Predictors and Consequences of Negative Patient-Provider Interactions Among a Sample

of African American Sexual Minority Women." [More >>](#)

### New Culturally-Specific Advance Care Planning Videos Available

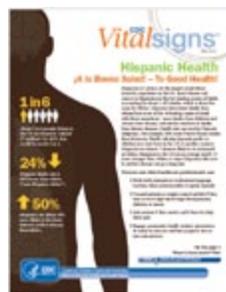


"Voices of Advance Care Planning" is a series of three multicultural videos from Honoring Choices Minnesota

designed to meet the needs of Latino/Hispanic, Hmong, and Somali patient, family, and individual community use. Each video is under 10 minutes in length for easy viewing. All are created by and for individuals within these communities.

This new video collection helps Spanish, Hmong, and Somali speaking viewers begin an Advance Care Planning (ACP) conversation and complete a health care directive. Each video is created in its respective language with English or same language subtitles. A users guide for clinics, homes and communities is also included. [More >>](#)

### New CDC Report on Hispanic Health Disparities



The Centers for Disease Control and Prevention (CDC) released the first comprehensive report about health disparities in the Latino population, which includes data on subgroups of Hispanics. The data presents an

interesting picture of an overall population with a death rate that is 24 percent lower than non-Hispanic whites, but much higher death rates for certain conditions, like diabetes and liver disease, which are 50 percent higher. [More >>](#)

### Toolkit Available to Reduce Disparities in Depression Medication Management

Each year millions of Americans face the reality of living with a mental health condition. July is Minority Mental Health Awareness Month. Five health plans—Blue Plus, Health Partners, Medica, Metropolitan Health Plan/Hennepin Health, and UCare—launched the Antidepressant Medication Management project in spring of 2015. Interventions include working with providers and partners to support efforts to improve adherence to antidepressant medication, with a particular focus on reducing ethnic and racial disparities.

The collaborative has developed a provider toolkit with resources for providers working with culturally diverse patients experiencing depression. The toolkit includes resources on: best practices for depression care, mental health resources for providers and patients, cultural competency, and shared decision-making.

In addition to the toolkit, the health plan collaborative will sponsor webinars later this year on various topics, including real world experience with cultural issues and shared decision making.

The toolkit and information about the webinars can be accessed and downloaded from the [Stratis Health website](#).

## EVENTS

### July is National Minority Mental Health Month

Taking on the challenges of mental health conditions, health coverage and the stigma of mental illness affects all of us. In many communities, however, these problems are increased by less access to care, cultural stigma, and lower quality care.

[More >>](#)

### August is National Immunization Awareness Month

National Immunization Awareness Month (NIAM) highlights the need for improving national immunization coverage levels and encourages all people to protect their health by being immunized against infectious diseases.

[More >>](#)

### Healing Powwow Thursday, August 13, 2015 Bemidji, MN

Sanford Bemidji Medical Center, Red Lake and Cass Lake IHS Hospitals, and White Earth Health Center invite you to help honor the physicians, health care workers, and holistic healers who are all dedicated to promoting physical, mental, and spiritual health. For more information, call 218-333-5745.

### Ensuring Access and High-Quality Care for LGBT Patients August 20, 2015 12:00–1:00 p.m. CT

This free Hospitals in Pursuit of Excellence and Equity of Care webinar will focus on how organizations can create more affirming and inclusive

care environments for lesbian, gay, bisexual, transgender (LGBT) people through research and evaluation, education and training, and public health advocacy.

[More >>](#)

### September is National Sickle Cell Awareness Month.

This event calls attention to sickle cell disease (SCD), which affects an estimated 100,000 people in the U.S.

[More >>](#)

### American Diabetes Association Expo Saturday, October 10, 2015

This event includes leading experts talking about diabetes management, research, and prevention.

[More >>](#)

## STRATIS HEALTH CONTACTS

**Mary Beth Dahl, RN, CPC,**  
CPHQ, Program Manager  
mdahl@stratishealth.org  
952-853-8546

**Katie Carleton**  
Program Coordinator  
kcarleton@stratishealth.org  
952-853-8541

**Cathy Weik, MAL, SPHR,**  
CCEP, Program Lead Health  
Disparities  
cweik@stratishealth.org  
952-853-8519

**Mark Benjamin**  
Editor  
mbenjamin@stratishealth.org  
952-853-8578

**President and CEO**  
Jennifer P. Lundblad, PhD, MBA

**Director, Medical Affairs**  
Jane Pederson, MD, MS

**Board of Directors**  
Donna Anderson, MPH  
Kathleen D. Brooks, MD, MBA,  
board chair  
Connie Delaney, PhD, RN  
Myron Falken, PhD, MPH  
Huda Farah, MSc  
Renee Frauendienst, RN, BSN  
Ken Johnson, MBA  
Stephen Kolar, MD, FACP  
Mary Jo Kreitzer, PhD, RN  
Jan Malcolm  
Beth Monsrud, CPA  
Craig Svendsen, MD  
Stella Whitney-West, MBA  
Mike Wilcox, MD  
Gary Wingrove

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

### Stratis Health

2901 Metro Drive, Suite 400  
Bloomington, MN 55425-1525  
952-854-3306 +952-853-8503 (fax)

Email: [info@stratishealth.org](mailto:info@stratishealth.org)  
[www.stratishealth.org](http://www.stratishealth.org)

[Subscribe to the Culture Care Connection newsletter](#)

Culture Care Connection is  
Produced with Support from



We make lives better.