Hogg Foundation *for* Mental Health

National Institute for Mental Health
Request for Information: Fostering Innovative Research to Improve Mental Health Outcomes Among Minority and Health Disparities Populations
December 3, 2020

The Hogg Foundation for Mental Health applauds the National Institute for Mental Health for addressing the need to improve mental health outcomes for communities of color. Institutional racism, disparities, and inequities exacerbate already existing trauma, anxiety, depression, PTSD, substance use, and other mental health conditions. Communities of color also face discrimination that prevent them from accessing mental health and substance use treatments/services. The global COVID-19 pandemic and subsequent economic downturn disproportionately impacted communities of color and heightened those disparities. Additionally, the murders and shootings of George Floyd, Jacob Blake, Breonna Taylor, Ahmaud Arbery, and numerous other Black Americans in 2020 has sparked global unrest against racism and police brutality. Policy solutions must address these systemic barriers to equitable mental health outcomes.

Hogg Foundation Recommendations:

1. **States should establish an Office of Health Equity to correct the inequities inherent in the systems of services and supports. This office could provide the resources needed to:**
    a. **Collaborate across agencies working to identify and eliminate systemic barriers to accessing healthcare services, including those that support mental well-being;**
    b. **Provide training and technical assistance to agencies and communities;**
    c. **Collect and analyze data to identify barriers and develop potential solutions;**
    d. **Provide programmatic assistance to help organizations implement changes; and**
    e. **Disseminate information that promotes health equity.**
2. **Establish increased outreach and educational programming in communities of color to reduce stigma around obtaining mental healthcare services.**
3. **States should expand Medicaid to provide low-income individuals with coverage for mental health and substance use treatments and supports.**
4. **All state agencies should review policy initiatives, rules, statutes, programs, and services through an equity lens to ensure that existing disparities are addressed and new disparities are not being created.**
5. **Ensure communities have greater availability of a continuum of resources for individuals with mental health and substance use conditions, including harm reduction strategies, prevention, treatment, recovery housing, and community-based aftercare.**
6. **Decrease disproportionality in classroom removals and exclusionary school discipline by requiring disparities and discipline improvement plans, and by directing state education agencies to identify best-practices and technical assistance for evaluating policies and procedures through an equity lens.**
7. **Reduce trauma caused by gun violence in communities by: codifying safe storage mandates, implementing extreme risk protection orders that allow for due process and assess for dangerousness (not mental health diagnoses), and requiring criminal background checks to be conducted on firearm transactions by unlicensed firearm sellers (with few exceptions).**

8. **Address the inequitable impacts of police brutality on the mental wellbeing of people of color by:**
    a. **Codifying reoccurring implicit bias trainings into law enforcement curriculums. Trainings should cover racial bias, de-escalation, and prejudices, especially when officers are potentially dealing with people with mental health conditions.**
    b. **Banning chokeholds and no-knock warrants by law enforcement officers, requiring officers to intervene and render aid if a colleague is using excessive force, and weakening qualified immunity to allow victims of police brutality to hold officers more accountable.**

One way to address the social determinants of mental health is to reduce trauma in communities. This would bring a population health approach that supports community resilience, mental health, and well-being. Given that stress, depression, irritability, fear, confusion, frustration, boredom, stigma, anxiety disorders, and other emotions are prevalent during pandemics, the mental wellness of people of color is at particular risk because of existing racial health disparities heightened by COVID-19.[1] [2] Individuals living in communities where violence is prevalent are at increased risk for a broad range of negative health and behavior outcomes.[3] Exposure to trauma stemming from community violence has been linked to mental health concerns that negatively impact emotional well-being.[4] Overwhelming evidence suggests that community and other forms of trauma may cause illnesses or aggravate existing conditions.[5] Gun violence exposure in particular impacts community well-being, and chronic exposure leads to anxiety, depression, PTSD, constant agitation, sleep disturbances, hopelessness, and other mental health conditions.[6] Research consistently links this exposure to less healthy and safe communities, as well as decreased economic investment from businesses, employment opportunities, completion of schooling, and maintaining employment.[7]

Communities of color are also affected by racial trauma, which accumulates throughout a person's life and leads to activation of stress responses and hormonal adaptations. This increases the risk of non-communicable diseases and biological aging.[8] Racism causes trauma, making it a mental health issue.[9] Racial trauma is transmitted intergenerationally and affects the offspring of those initially affected through complex biopsychosocial pathways.[10] Lower rates of access to mental health services, lower usage of these services for those who do have access, and numerous health disparities makes the burden of trauma incredibly harmful to people of color.

Under-usage of mental health treatments by people of color with mental healthcare coverage is a major barrier. A 2014 study indicated that African Americans are more likely than White Americans to terminate treatment prematurely.[11] Of all adults with a diagnosis-based need for mental health or substance abuse care, only 22.4 percent of Latinxs and 25 percent of Black people received treatment, compared to 37.6 percent of Whites. Overall spending for Blacks and Latinxs on outpatient mental health care was about 60 percent and 75 percent of White rates.[12] Black and Latinx children also have the highest rates of unmet need for mental health services.[13]

There are several reasons people of color are less likely to use clinical mental healthcare services. These include: high uninsured rates, financial and healthcare restraints caused by systemic racial oppression, long-held stigmas against seeking help within the community, preferred reliance on faith-based practices, and the inability of some healthcare providers to establish themselves as credible and reliable sources of support.[14,15] The history of discrimination in healthcare, especially against Black women, has led many people of color to hold a fundamental mistrust of some healthcare providers and services.[16] In order to reduce disparities and treat mental health conditions within communities of color, policies should not only expand access to care, but also incentivize these services to be utilized by providing better outreach and education. Policies should also leverage the use of spirituality and faith-based practices to enhance mental wellness, lead to more diverse hiring and trainings for the mental health workforce, and work to increase the quality of mental health care.[17]

Submitted by The Hogg Foundation for Mental Health. For additional information, please contact Sean Walker, MPAff, Policy Fellow, sean.walker@austin.utexas.edu, Colleen Horton, MPAff, Director of Policy, colleen.horton@austin.utexas.edu, or Shannon Hoffman, MSW, Policy Specialist, shannon.hoffman@austin.utexas.edu.

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