

**NATIONAL COUNCIL**  
FOR BEHAVIORAL HEALTH

# Addressing Trauma, Racism, and Bias in Behavioral Health —— Service Delivery ——

**Wednesday, September 23, 2020**

3:00 – 4:00 pm ET

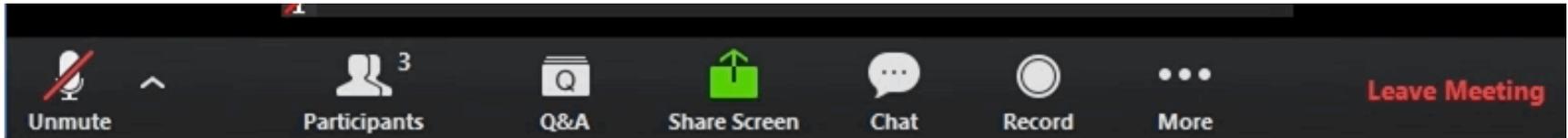


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# How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**  
Type in a **comment** in the **chat box**

Both are located at the bottom of your screen.  
We'll answer as many questions as we can at the end of  
the presentation.

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Substance Abuse and Mental Health  
Services Administration

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# Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)



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## **Poll #2: What best describes your organization? (check all that apply)**

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Use Provider
- Other (specify in chat box)



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# Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



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# Today's Presenters



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Integrated Care Consultant  
Center of Excellence for  
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**Pierluigi Mancini, PhD**  
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# Today's Agenda

- Current landscape
  - Health Disparity data
  - Social Determinants
- Health Disparities Case example:
  - Latinx experience
- Trauma
  - Adverse childhood experiences (ACEs)
  - Neurobiological Impact
- Clinical Bias
- Challenges and Solutions
- Questions/Open Discussion



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# Current Landscape

According to the National Institute of Mental Health, “members of racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use inpatient hospitalization and emergency rooms, and more likely to receive lower quality care.”<sup>1</sup>

- Within psychiatry, it has been shown that racial minorities are less likely to achieve symptom remission and are more likely to be chronically impaired given a mental health diagnosis.<sup>2</sup>
- Bias and racism have been identified as key factors contributing to these inequities. The legacy of slavery and racism, as well as the current realities of racial oppression and violence, has uniquely impacted the mental health of African Americans.<sup>3</sup>

<sup>1</sup>[https://www.ncsl.org/Portals/1/HTML\\_LargeReports/DisparitiesBehHealth\\_Final.htm#:~:text=According%20to%20the%20National%20Institute,and%20more%20likely%20to%20receive](https://www.ncsl.org/Portals/1/HTML_LargeReports/DisparitiesBehHealth_Final.htm#:~:text=According%20to%20the%20National%20Institute,and%20more%20likely%20to%20receive)

<sup>2</sup><https://academic.oup.com/swr/article-abstract/36/1/41/1646733?redirectedFrom=fulltext>

<sup>3</sup>[https://www.mededportal.org/doi/pdf/10.15766/mep\\_2374-8265.10618](https://www.mededportal.org/doi/pdf/10.15766/mep_2374-8265.10618)



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# Current Landscape

- Additionally, African Americans have higher rates of severe depression, yet lower rates of treatment compared to white populations.<sup>1</sup>
- African Americans are less likely to receive office-based counseling for psychological stressors and are more likely to be seen in emergency rooms.<sup>2</sup>
- The disproportionate diagnosis of schizophrenia among African Americans persists today, and they are more likely to be treated with antipsychotic medications that can have lasting, negative side effects.<sup>3</sup>

<sup>1</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1199525/>

<sup>2</sup><https://archive.ahrq.gov/research/findings/nhqrdr/nhdr10/nhdr10.pdf>

<sup>3</sup>[https://www.ncsl.org/Portals/1/HTML\\_LargeReports/DisparitiesBehHealth\\_Final.htm#:~:text=According%20to%20the%20National%20Institute,and%20more%20likely%20to%20receive](https://www.ncsl.org/Portals/1/HTML_LargeReports/DisparitiesBehHealth_Final.htm#:~:text=According%20to%20the%20National%20Institute,and%20more%20likely%20to%20receive)



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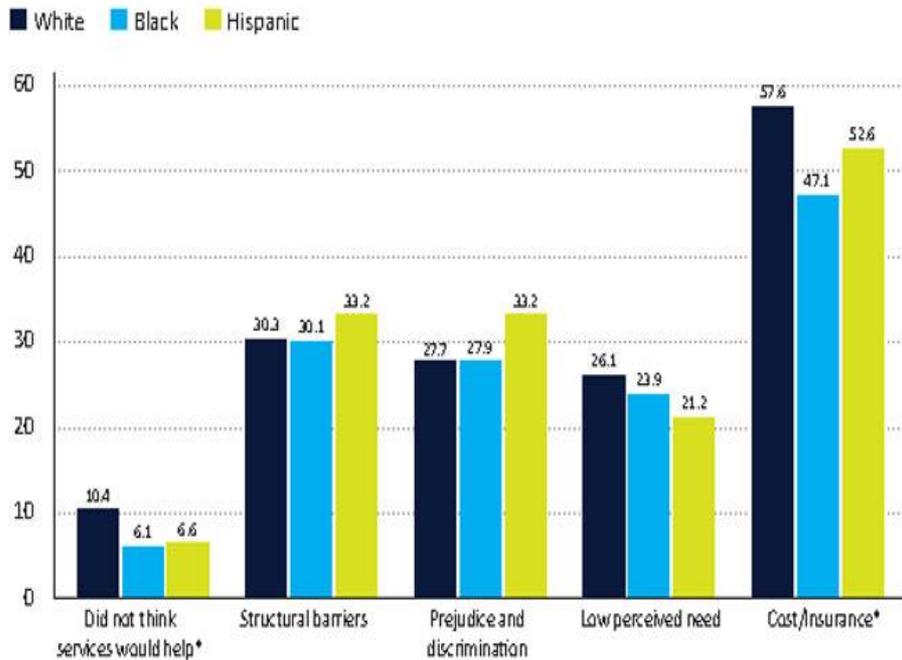
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# Service Utilization and Cost

**Figure 2. Cost is the most commonly reported barrier to using mental health services.**

Annual average percent of adults with any mental illness who had an unmet need for services, by reason for unmet need and race/ethnicity, 2008-2012

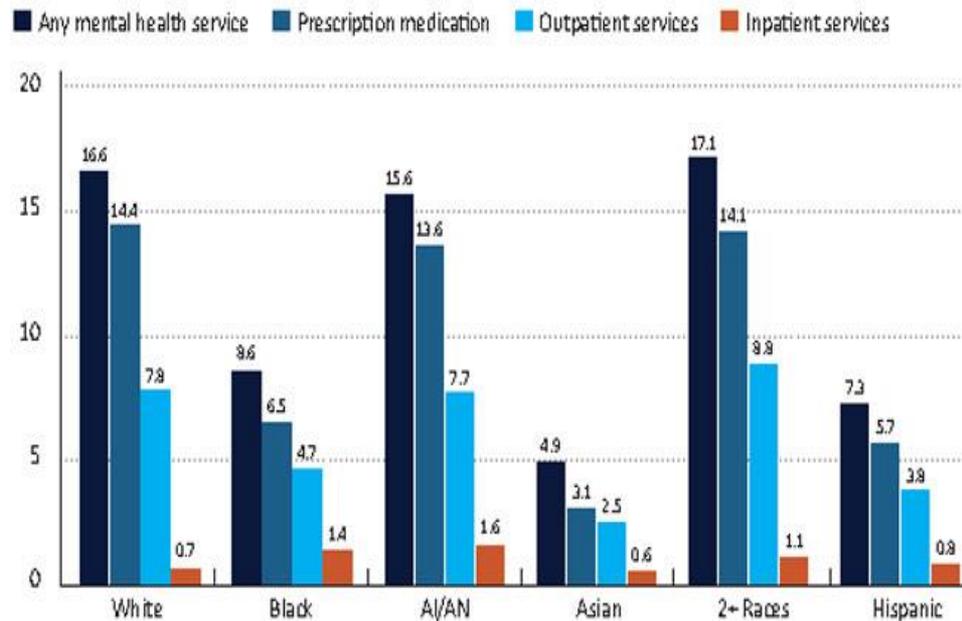


\* Indicates significant difference by race/ethnicity

Source: Substance Abuse and Mental Health Services Administration, 2015.

**Figure 3. Use of mental health services is relatively low among blacks, Asians and Hispanics.**

Annual average percent use by adults of mental health services, by race/ethnicity and service type, 2008-2012



Note: AI/AN = American Indian/Alaska Native

Source: Substance Abuse and Mental Health Services Administration, 2015.

# Societal Costs of Substance Use and Mental Illness

**\$300 Billion  
Per Year**

**UNTREATED  
MENTAL ILLNESS**

*costs due to losses in  
productivity*

**\$442 Billion  
Per Year**

**SUBSTANCE MISUSE**

*in health care costs, losses in  
productivity, and criminal  
justice costs*

Sacks, J. J., Gonzales, K. R., Bouchery, E. E., Tomedi, L. E., & Brewer, R. D. (2015). 2010 national and state costs of excessive alcohol consumption. *American Journal of Preventive Medicine*, 49(5), e73-e79.

[https://www.nami.org/getattachment/Get-Involved/NAMI-National-Convention/Convention-Program-Schedule/Hill-Day-2017/FINAL-Hill-Day-17-Leave-Behind-all-\(1\).pdf](https://www.nami.org/getattachment/Get-Involved/NAMI-National-Convention/Convention-Program-Schedule/Hill-Day-2017/FINAL-Hill-Day-17-Leave-Behind-all-(1).pdf)



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# Barriers to Care for Racial and Ethnic Minority Groups

**According to the National Alliance on Mental Illness, the following barriers prevent racial and ethnic minorities from receiving appropriate care:**

- Lack of availability
- Transportation, child-care, difficulty taking time off work
- The belief that mental health treatment “doesn’t work”
- The high level of mental health stigma in minority populations
- A mental health system weighted heavily towards non-minority values and norms
- Racism, bias and discrimination in treatment settings
- Language barriers and an insufficient number of providers who speak languages other than English
- Lack of adequate health insurance coverage (and even for people with insurance, cost sharing makes it difficult to afford)

[https://www.ncsl.org/Portals/1/HTML\\_LargeReports/DisparitiesBehHealth\\_Final.htm#:~:text=According%20to%20the%20National%20Institute,and%20more%20likely%20to%20receive](https://www.ncsl.org/Portals/1/HTML_LargeReports/DisparitiesBehHealth_Final.htm#:~:text=According%20to%20the%20National%20Institute,and%20more%20likely%20to%20receive)



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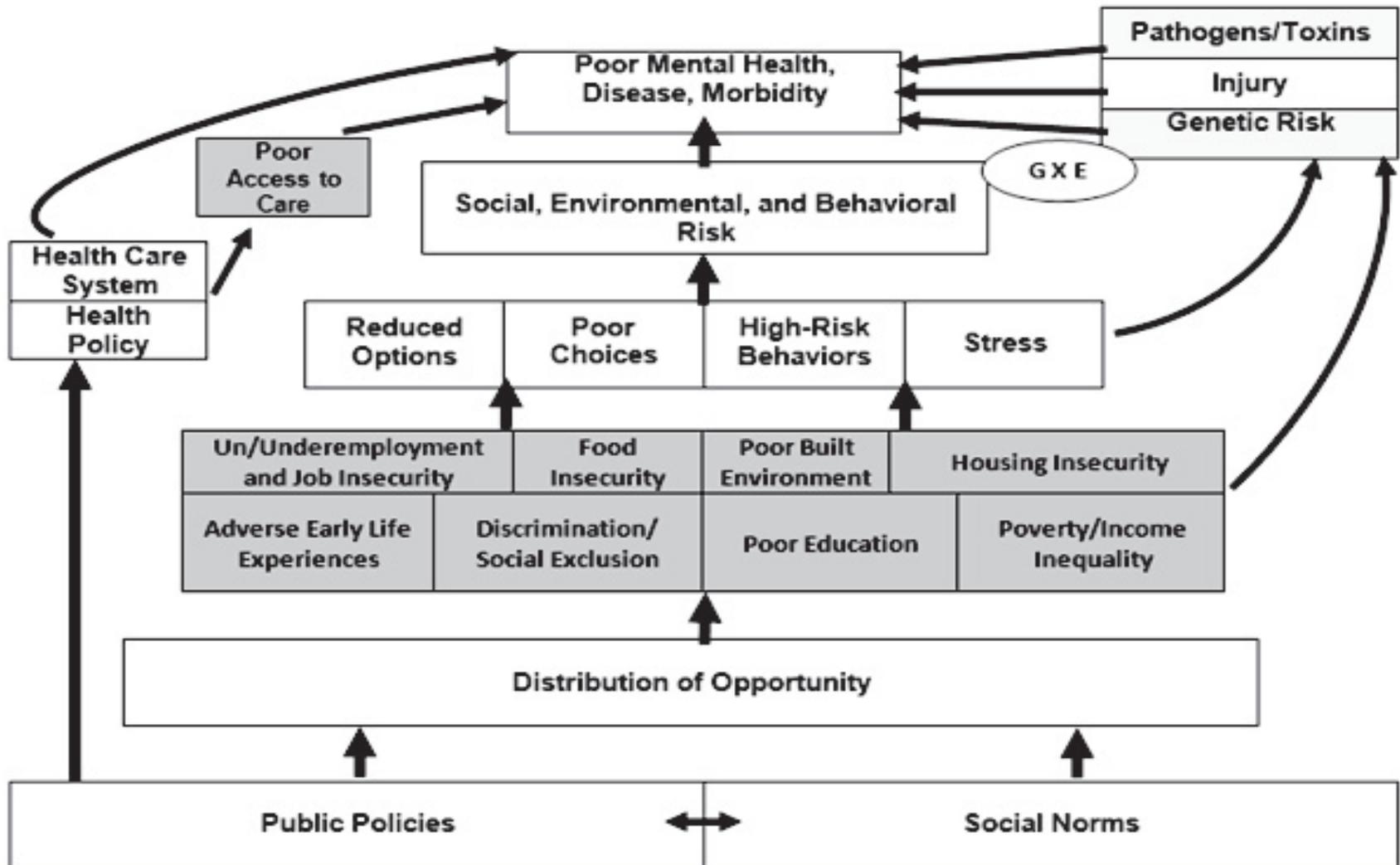
# Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Conceptualizing the Social Determinants of Mental Health



# Trauma, Intergenerational Trauma, and Systemic Trauma

**Health Disparities Case example  
Latinx experience**



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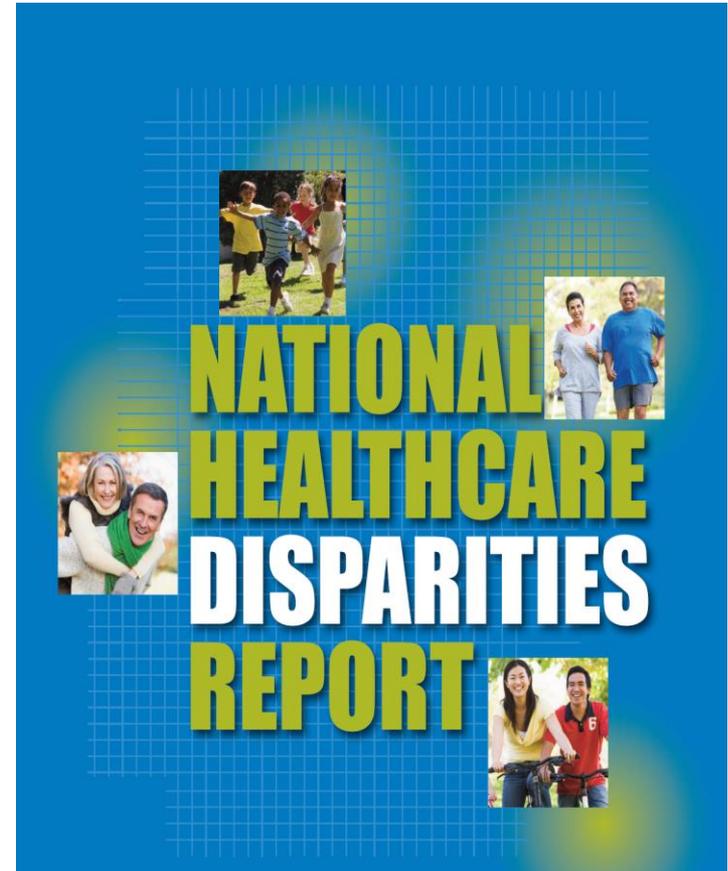
# Latinx Trauma, Racism, and Bias

## National Healthcare Disparities Report

- White patients receive better quality of care than
- 53% of Hispanic,
- 43% of African American,
- 38% of American Indian/Alaska Native, and
- 22% of Asian and Pacific Islander patients

Source: Agency for Healthcare Research and Quality. *National Healthcare Disparities Report*. Rockville, MD: 2005. [August 3 2011]. Available at: <https://archive.ahrq.gov/qual/nhdr05/nhdr05.pdf>.

Source: Agency for Healthcare Research and Quality. *National Healthcare Disparities Report*. Rockville, MD: 2010. [August 3 2011]. Available at: <https://archive.ahrq.gov/research/findings/nhqrd/nhdr10/nhdr10.pdf>.



# Latinx, Trauma, Racism, and Bias



- "Latinos are healthier . . . when they first arrive in the United States, however, they become less healthy after acculturation."
- Behavioral health is a quality of life issue; without coping mechanisms individuals are forced to have a very difficult life.



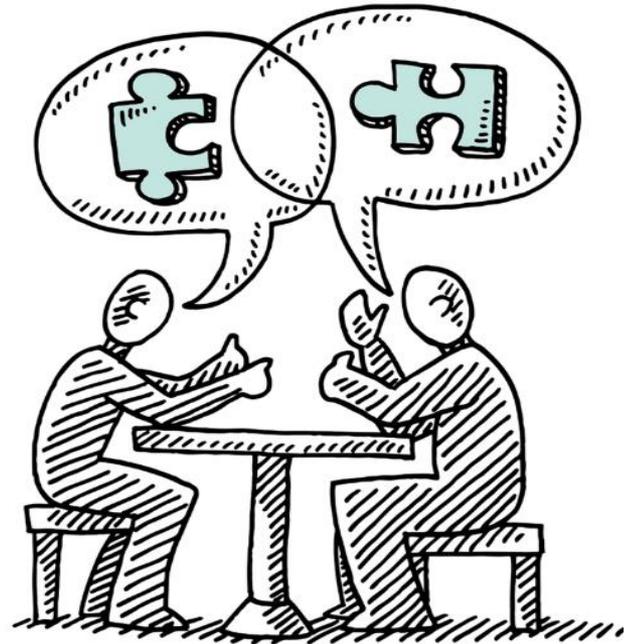
# Latinx, Trauma, Racism, and Bias

- Stereotype
- Prejudice
- Discrimination
- Attitude



# Latinx, Trauma, Racism, and Bias

- Media
- Opioids
- Systemic Issues



# Latinx, Trauma, Racism, and Bias

## Social and Cultural Factors

- Criminal justice system
- Opportunity to enter treatment



# Latinx, Trauma, Racism, and Bias

## Social and Cultural Factors

- Discrimination
- Family conflict
- Fear of deportation



# Trauma, Intergenerational Trauma, and Systemic Trauma

## Lived experience



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# 3 Realms of ACEs

ACEs Connection accelerates the global movement to prevent and heal adverse childhood experiences (ACEs), and supports communities to work collaboratively to solve our most intractable problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. The ACEs in these three realms intertwine throughout people's lives, and affect the viability of organizations, systems and communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACEsConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.



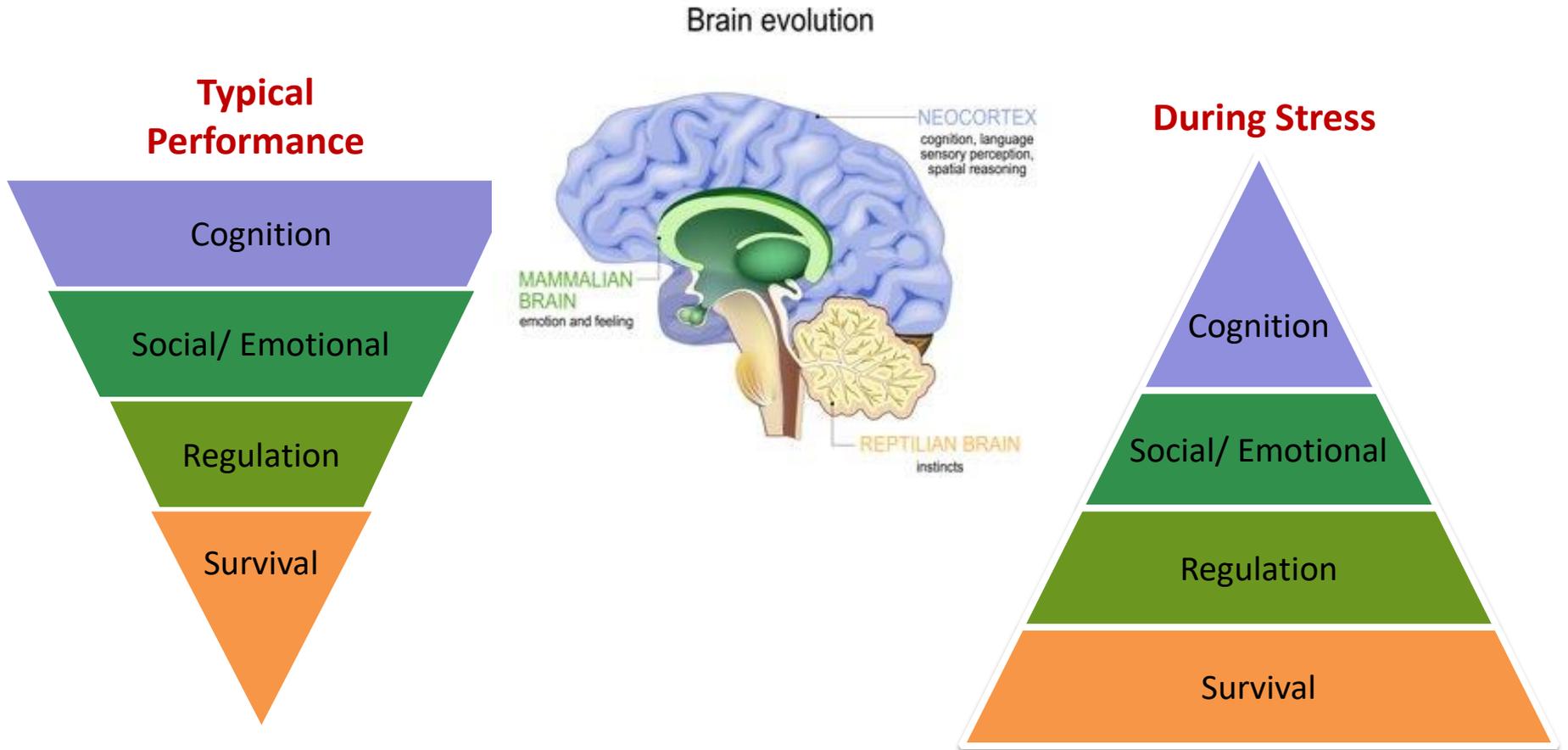
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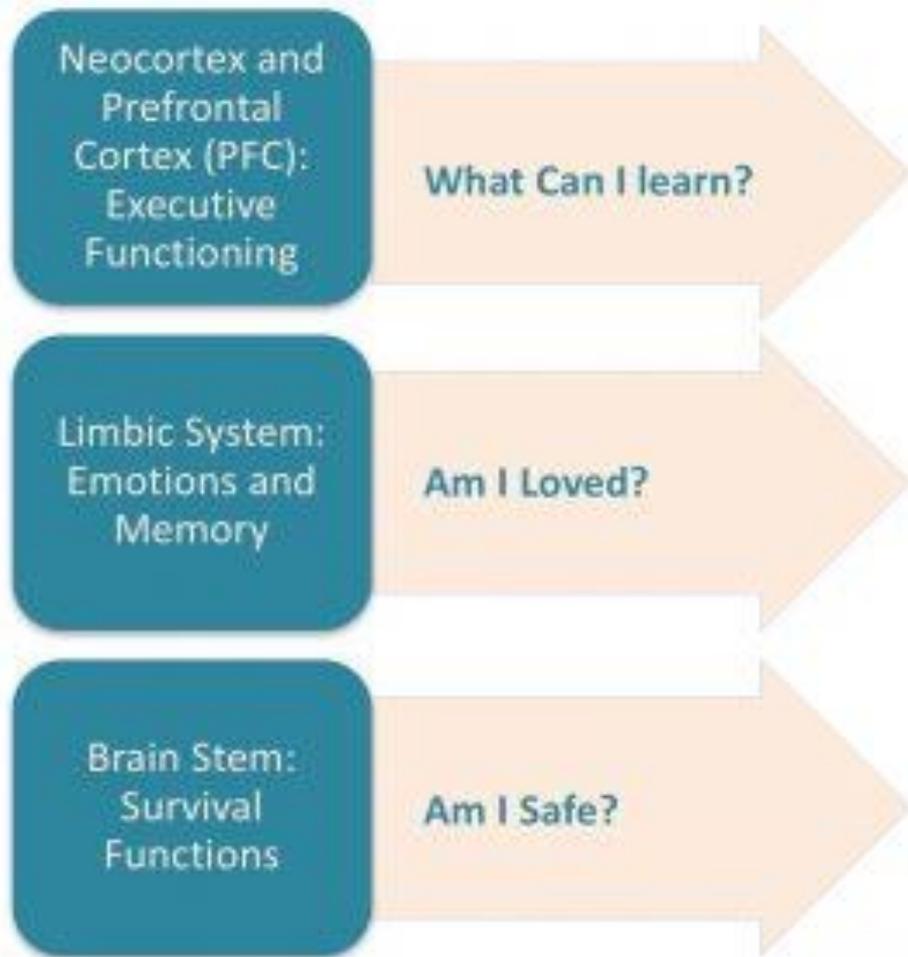
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# Impact of Stress on Brain Energy





<https://drarielleschwartz.com/neurobiology-traumatic-memory-dr-arielle-schwartz/#.X0aSxnKiUk>



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# Bias

## Understanding Cognitive Bias, Microaggressions & Stigma



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# What is Implicit Bias?

## Implicit Bias is...



Attitudes, Stereotypes, & Beliefs  
that can affect how we treat others.

Implicit bias is not intentional, but it can still impact how we judge others based on factors, such as:



Race



Ability



Gender



Culture



Language

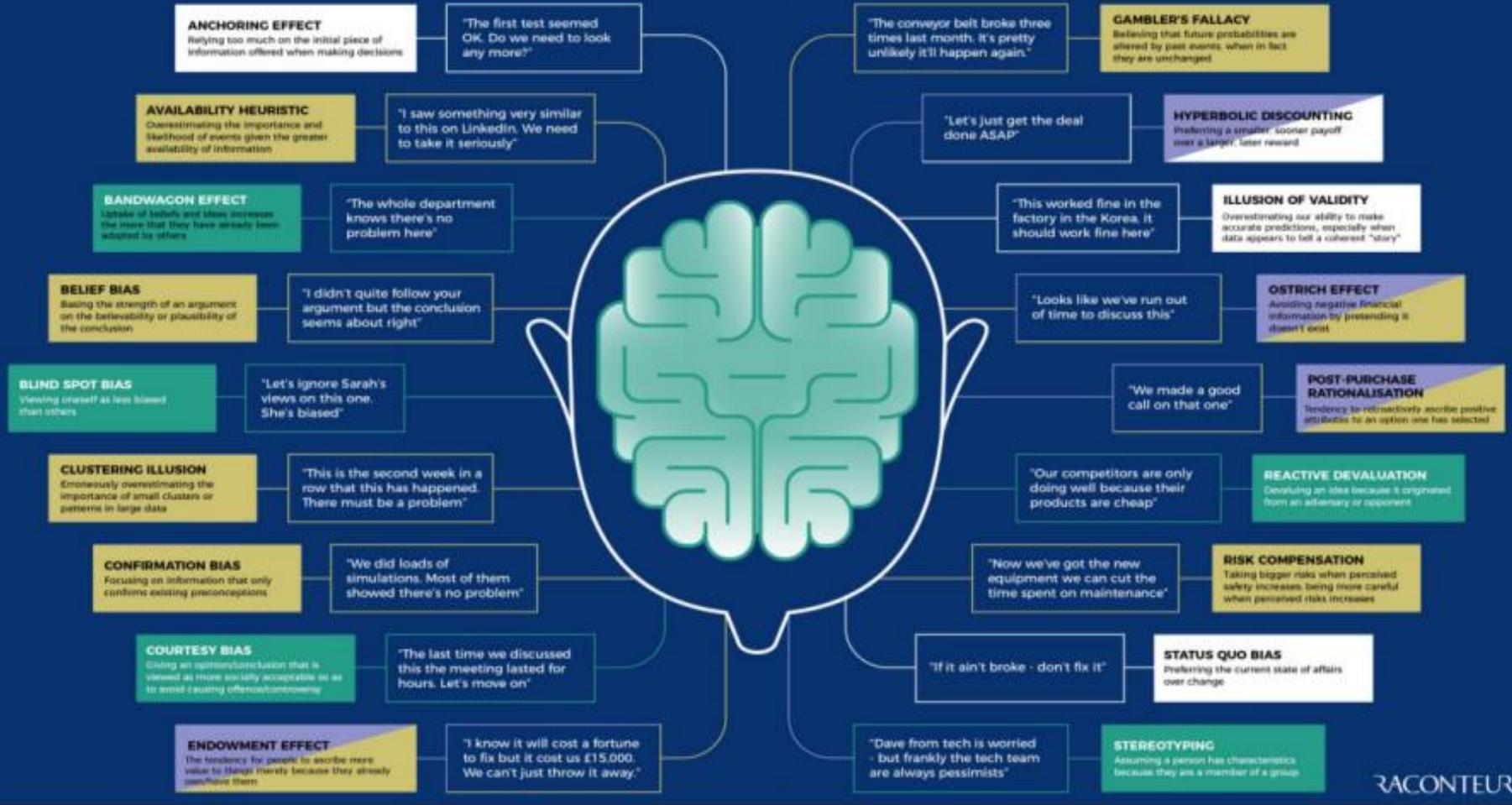
# Cognitive bias

● Social ● Financial ● Failure to estimate ● Short-termism

When it comes to assessing risk, humans often fail to make rational decisions because our brains take mental shortcuts that prevent us making the correct choice. Since the 1960s behavioural scientists and psychologists have been researching these failings, and have identified and labelled dozens of them. Here are some that can cause havoc when it comes to assessing risks in business

## ORIGIN

The notion of cognitive biases was first introduced by psychologists Amos Tversky and Daniel Kahneman in the early 1970s. Their research paper, 'Judgment Under Uncertainty: Heuristics and Biases', in the Science journal has provided the basis of almost all current theories of decision making and heuristics. Professor Kahneman was awarded a Nobel Prize in 2002 after further developing the ideas and applying them to economics.



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# Microaggressions

Microaggressions are the relatively minor offenses, insults, and experiences of exclusion that many people deal with every day.

- Using endearments
- Same behavior, different description
- Benevolent Sexism
- Underestimating
- Attribution Bias



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# Micro-Affirmations and Implicit Bias

## Implications for Action

- Managers can and should pay attention to the “small things”
- Principle of appreciative inquiry are relevant: “leading” rather than “pushing” building on strengths and success rather than first identifying faults and weaknesses
- Small things are especially important with respect to feelings
- Whenever a question is brought to us about how to change offensive behavior, own & teach the principles of changing behavior and explore options about how to do it

PEOPLE WILL FORGET  
WHAT YOU SAID,  
PEOPLE WILL FORGET  
WHAT YOU DID,  
BUT PEOPLE WILL  
NEVER FORGET HOW  
YOU MADE THEM FEEL

MAYA ANGELOU

Excerpted with permission from an article by Mary Rowe: Micro-affirmations & Micro-inequities, Rowe, M. Journal of the International Ombudsman Association, Volume 1, Number 1, March 2008.



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# Stigma

An attribute, behavior, or condition, that is socially discrediting



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# Stigma May Involve Several Elements:

1. Labeling
2. Negative stereotypes
3. Othering
4. Unequal health and social outcomes
5. Poor access to economic or political power

BG, Phelan J. Social conditions as fundamental causes of disease. J Health Soc Behav. 1995;35:80-94



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# Organizational Strategies for decreasing trauma, racism, bias, and stigma in service delivery

- Simplify and translate client-facing forms and documentation
- Adopt community-defined , promising practices
- Hire providers that represent the local community
- Client engagement- provide language support and build mental health literacy
- Develop a plan for addressing engagement during the current pandemic, and beyond



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# Organizational Strategies for decreasing trauma, racism, bias, and stigma in service delivery (cont'd)

- Develop an organizational approach to case management
- Check for patient understanding of treatment decisions and next steps
- Engage all staff, including reception and billing, in cultural and linguistic competence and humility training
- Community and patient engagement, develop an organization engagement strategy



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# Questions?

Email [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

**[www.samhsa.gov](http://www.samhsa.gov)**

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)



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# Resources

- [Racial/Ethnic Differences in Mental Health Service Use among Adults](#)
- [National Healthcare Quality & Disparities Report:2018](#)
- [The Social Determinants of Mental Health](#)

## [Health Equity and Racial Justice Webpage](#)

*National Council for Behavioral Health*

*See our page for more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice*



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# Join us to Continue the Conversation!

**Join our Office Hour session on September 30, 2-3pm ET**

**[Register here](#)**

## **During this session we will discuss...**

- Unanswered questions from today's session
- Any other questions or comments you submit during registration
- Strategies and innovative ideas for how providers can address trauma, racism, and bias in health care service delivery

**What are you considering or what have you taken as a first step to addressing disparities in behavioral health service delivery?**



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# Upcoming CoE events:

## **Addressing Trauma, Racism and Bias in Behavioral Health Service Delivery**

[Register here for the Office Hour](#) on Sept. 30, 2-3pm ET

## **Addressing Implicit Bias in Organizational Structures**

[Register here for webinar](#) on Oct. 21, 2-3pm ET

[Register here for the Office Hour](#) on Oct. 29, 3-4pm ET

## **Reentry for Citizens Needing Substance Use Disorder Treatment**

[Register here for webinar](#) on Oct. 7, 3-4pm ET

[Register here for the Office Hour](#) on Oct. 13, 3-4pm ET

## **Interested in an individual consultation with the CoE experts on integrated care?**

[Contact us through this form here!](#)

## **Looking for free trainings and credits?**

[Check out integrated health trainings from Relias here.](#)



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