

Perceptions, referrals by medical providers affect mental-health treatment disparities

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Disparities in mental-health treatment are known to be associated with patients' racial and ethnic backgrounds. Now, a large study by researchers with UC Davis has found one possible reason for those disparities: Some racial and ethnic minorities are less likely to be assessed and referred for treatment by their medical providers.

The study of more than 9,000 diverse individuals, including Latinos, African-Americans, Asian-Americans and non-Hispanic whites, found that [patients](#) of different racial and [ethnic backgrounds](#) reported experiencing differing [treatment](#) approaches from medical providers, such as primary-care physicians and specialists, including referrals to mental-health care and medications, and that these differences were associated with race.

The research, "Disparities in Assessment, Treatment, and Recommendations for Specialty Mental-Health Care: Patient Reports of Medical Provider Behavior," is published online today in *Health Services Research*, a journal of the Health Research and Educational Trust of the American Hospital Association.

It found that when compared with non-Hispanic white patients, Asian-Americans patients were the least likely to be assessed or counseled for mental-health or substance-abuse problems, and also were less likely to receive recommendations for treatment with medication. These differences were resolved after factors such as education, income and clinical diagnosis were taken into account, said Oanh Meyer, a post-

doctoral scholar in the UC Davis Department of Neurology.

"These findings are especially important for medical providers treating racial and ethnic minorities," Meyer said. "Minorities are far more likely to seek treatment for their mental-health problems from their primary-care physicians. Since these providers are the source of referrals to mental-health professionals, they serve as the gatekeepers."

The study draws from a broad population including a large sample of Asian-American and Latino patients, two of the largest and fastest-growing groups in the United States. Uncharacteristically, it also distinguishes between immigrants and U.S.-born individuals.

The findings also showed that African-American patients were less likely to report receiving recommendations for medications, when compared with non-Hispanic whites, and Latinos were more likely to report having been counseled and received recommendations for specialty care, i.e. counseling by a psychologist.

The study raises concerns over medical providers' approaches to assessing and recommending treatment for mental-health conditions among Asian-Americans and African-Americans. The findings are more hopeful for Latino patients in medical settings. However, more research is needed, Meyer said.

"This line of inquiry deserves more investigation to determine the reasons for our findings," she said. "For example, we know that disparities in mental-health service utilization still exist for Latino patients, even though there doesn't appear to be a disparity in our study. So we have to ask, 'at what point in the treatment-seeking process does the disparity emerge?'"

The study also found [disparities](#) in the care approach for U.S.-born and

foreign-born patients, in that foreign-born patients reported being less likely to receive a medication recommendation for mental-health problems.

For all of the populations, individuals with health insurance were more likely to be counseled regarding alcohol or drug misuse and other mental-health disorders, when compared to those with no health insurance. The finding supports the premise that uninsured individuals are less likely to obtain mental-health treatment, raising concerns about access to quality care received by these individuals, and adds to existing research that has found differential assessment and treatment by medical providers, based on patient characteristics, such as race, ethnicity and insurance status.

Provided by UC Davis

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