

Racial and ethnic differences found in psychiatric diagnoses and treatment, according to researchers

May 18 2016



Non-Hispanic blacks are almost twice as likely as non-Hispanic whites to be diagnosed with schizophrenia, but they're significantly less likely to

receive medication for treatment, according to researchers.

These are some of the findings of a recent study published in the journal *Psychiatric Services*, which reported significant racial-ethnic differences in diagnosis and treatment of [psychiatric conditions](#) across 11 private, not-for-profit U.S. healthcare delivery systems. The organizations were part of the Mental Health Research Network, a consortium of research centers based in large not-for-profit [health](#) care systems that have a mission to improve the management of [mental health conditions](#).

"It's concerning that we saw a higher rate of diagnosis of schizophrenia and seemingly an undertreatment in terms of pharmacotherapy for that group," said Ashli A. Owen-Smith, co-author of the study and assistant professor of health management and policy in the School of Public Health at Georgia State University. "In general, pharmacotherapy is an important part of the treatment plan. That's a finding that warrants some additional research."

An estimated 25 percent of adults in the U.S. suffer from some type of psychiatric condition at any time, with the most common conditions being depression and anxiety. Psychiatric conditions lead to greater disability than other chronic illnesses and cost the U.S. as much as \$300 billion each year.

In this study, the participating healthcare systems had a combined 7.5 million [patients](#) age 18 or older, with about 1.2 million patients receiving a psychiatric diagnosis in 2011. Diagnoses included anxiety disorder, depressive disorder, bipolar disorder, schizophrenia spectrum disorder and other psychoses.

The researchers used electronic medical record databases and insurance claims to determine rates of diagnoses, prescription of psychotropic medications and formal psychotherapy sessions received by white,

Asian, black, Hispanic, Native Hawaiian/other Pacific Islander, Native American/Alaskan Native and mixed-race patients.

"We saw that prevalence rates for depression and anxiety diagnoses were lower among racial and ethnic minorities compared to non-Hispanic whites," said Owen-Smith, who worked at the Kaiser Permanente Georgia Center for Clinical and Outcomes Research when the study was conducted. "Non-Hispanic whites were consistently higher in use of pharmacotherapy compared to other race-ethnicities. For psychotherapy, interestingly, the rates were similar or sometimes higher for racial or ethnic minorities."

Additional results from the study include:

- Native American/Alaskan Native patients had the highest rate of any diagnosis (20.6 percent)
- Asian patients had the lowest rates of any diagnosis (7.5 percent)
- Non-Hispanic white patients were significantly more likely (77.8 percent) than other racial-ethnic groups to receive medication
- Only 34 percent of patients with a psychiatric diagnosis received formal psychotherapy
- Racial-ethnic differences were most pronounced for depression and schizophrenia. Compared with whites, non-Hispanic blacks were more likely to receive formal psychotherapy for their depression or schizophrenia.

"I think the other thing important to note is that the overall rate of psychotherapy treatment for people with serious mental illness was very low across all race-ethnicities," Owen-Smith said. "In general, across all the health systems, people with serious mental illness aren't getting a lot of psychotherapy as a form of treatment, and maybe that's a missed opportunity for our health systems to provide care to those patients."

Factors related to patients and providers, such as cultural preferences, could contribute to the findings. Previous studies suggest that certain groups prefer alternative treatments to traditional pharmacotherapy for health conditions, she said.

More information: Karen J. Coleman et al. Racial-Ethnic Differences in Psychiatric Diagnoses and Treatment Across 11 Health Care Systems in the Mental Health Research Network, *Psychiatric Services* (2016).

[DOI: 10.1176/appi.ps.201500217](https://doi.org/10.1176/appi.ps.201500217)

Provided by Georgia State University

Citation: Racial and ethnic differences found in psychiatric diagnoses and treatment, according to researchers (2016, May 18) retrieved 3 May 2024 from

<https://medicalxpress.com/news/2016-05-racial-ethnic-differences-psychiatric-treatment.html>

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