



**Helping diverse populations
overcome mental health
care hesitancy**



Almost everything and everyone could use a tune-up sometimes.

We take our cars to the shop, our bodies to the doctor's office, and our pets to the vet. Our mental and emotional well-being is no different — at least, it shouldn't be.

But when it comes to mental or behavioral health, a person may hesitate or fear seeking help. This is true for some groups of people more than others.

Optum is working to address disparities in care that prevent people from different racial and cultural backgrounds from getting the emotional and mental health care support they may need. Our teams are focused on what we can accomplish in the near term and on large-scale, long-term goals.

Understanding the problem

Research shows that a greater percentage of Blacks and Latino Americans lack treatment for mental illness and substance use disorders than the overall population.¹

The American Psychiatric Association (APA) lists populations who may struggle to get the mental health care they need. The list includes American Indian and Alaska Native, Appalachian, Asian American and Pacific Islanders, LGBTQ+, Muslim, refugee and recent immigrant populations.²

The pandemic added to the problem. Latino and African American people, women and people with lower incomes reported higher stress, anxiety and sadness rates due to problems from COVID-19 than their counterparts. Everyone faces unique challenges, but cultural factors can impact people in different ways.³

People may find it tough to find a provider who shares or understands their specific experiences. There may be a stigma around seeking help: some may see mental health challenges as a weakness or someone's fault. Family and community perceptions can impact the support someone receives. People from different backgrounds may describe symptoms differently. This can make it harder for health care providers to identify someone struggling with a mental health or substance use condition.

Long- and short-term health equity goals

Optum believes more culturally diverse people will be able to get help if they have the option to work with providers who share their backgrounds.

Optum is working to diversify our provider network through recruitment and by establishing professional mentorship programs. We'll see the results of these efforts in the next few years.

Optum also believes in supporting providers in their cultural competency. More immediate improvement opportunities focus on enhancing access to cultural competency training. Optum provides cultural competency education through partnerships with the [Boris Lawrence Henson Foundation](#) and the [Trevor Project](#).

“We’re very methodical and intentional in bringing the best of the best to the forefront for our network and our members,” says Yusra Benhalim, MD. Dr. Benhalim is senior national medical director at Optum and a board-certified adult, child and adolescent, and addiction psychiatrist.

“We’re taking a deep dive with industry leaders. We’re learning from the experts and bringing it all together to offer the most well-informed approach and solutions,” she says.

Part of any approach recognizes that there’s no one-size-fits-all solution for delivering equitable mental and behavioral health care. But there are some practices people of all backgrounds can expect and providers can offer.

Three pillars of equitable behavioral health care

1. Creating a safe space

What works in the health care system is a therapeutic alliance — when a clinician and a patient can build a safe base of trust. To build that trust, the patient needs to experience a sense of safety, understanding and respect from the provider.

The therapeutic alliance is essential to establishing effective communication. Without it, the patient may not share the important information the clinician needs to best help the patient. It can also impact how the patient responds to the clinician — and whether they follow through on the treatment plan.

This is particularly important in the primary care setting. General practice and family medicine nurses and physicians may be the first stop for someone in need of mental health support, especially if the person doesn't know they need help. Providing a safe space for all people to share their concerns can lead to conversations that support mental health care and highlight its benefits.

For the many people without a primary care doctor, a mental health crisis might send them to the emergency department. Staff at these facilities can recognize the effects of long waits, crowds and noises. They can work to provide a safe place to rest and relax, counselors with personal experience and de-escalation skills, and referrals to resources.

Virtual care settings, like video calls and telephone conversations, may help establish a sense of comfort and safety for some patients. In a recent survey, two-thirds of respondents said the pandemic increased their willingness to try virtual care.⁴ According to the APA, the ease of scheduling an appointment online or talking with a therapist from the privacy of the home is a huge draw.⁵

Optum saw a big increase in virtual care utilization during the pandemic. Continued outreach and improved telehealth access are important to make sure vulnerable groups aren't left behind.

2. Removing barriers

Some shared barriers among Blacks and Latinos to effective and equitable mental and behavioral health care include:

- Cost
- Lack of culturally competent providers
- Language
- Clinic hours that conflict with work hours
- Long wait times for an appointment
- Distrust of the health care system

For instance, Latinos may appreciate an explanation of the biological underpinnings of mental health disorders. They

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- Removing barriers
- Recognizing risk factors



may benefit from more family involvement in their care. Both can help remove any perceived shame.

The American Foundation for Suicide Prevention says African Americans can benefit from receiving positive mental health care messages from trusted faith leaders.⁷

Providers and clinicians need to speak a language that resonates with the disparities, struggles and experiences of different ethnic groups.

3. Recognizing risk factors

Providers may miss signs of mental health issues in culturally different people. The challenge is to recognize different kinds of symptoms and risk factors.

Optum is working to help our clinicians and primary care providers be more supported and skilled in effective behavioral health screenings.

A review of research found that people of color are more likely to suffer long-term, chronic, debilitating depression than white people. And these cases are more likely to go undiagnosed, partly due to subtle differences in how the condition presents in different groups.⁹

African Americans may describe physical symptoms such as headaches, backaches or stomach problems when talking about depression.¹⁰ Latinos may be more likely to describe feeling “nervous” when talking about anxiety.¹¹ A health care provider who is not culturally competent might not recognize these as symptoms of a mental health condition.

Quality screenings should also account for other factors like age and risk. For example, African American children under the age of 13 may need to be screened differently for depression because their suicide risks are different. Their rate of suicide is double that of white children. An editorial in [JAMA Pediatrics](#) says African American youth with depression may be more likely to describe physical symptoms or talk about relationship difficulties.¹²

25%

of people who screened positive for depression have no depression history.⁸



Improving overall well-being through equitable access

Improving equitable access to mental health and behavioral health care can improve overall health and well-being.

Good mental health may reduce the risks of certain medical conditions. In contrast, conditions left untreated can lead to worse outcomes and struggles to manage chronic illnesses.

Optum believes helping care providers integrate strategies — providing a safe space, increasing access, reducing barriers and recognizing risk factors — with evidence-based treatments will help ensure that ethnically diverse people can get the mental and behavioral health support they need to deal with their stressors.

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11000 Optum Circle, Eden Prairie, MN 55344

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