# A Black Paper

Addressing Disparities in Access and Utilization of Mental Health and Substance Use Services Among Blacks and African Americans: **Solutions from Community Stakeholders**

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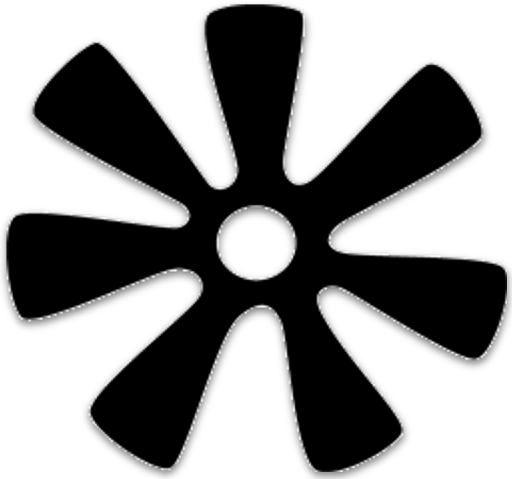
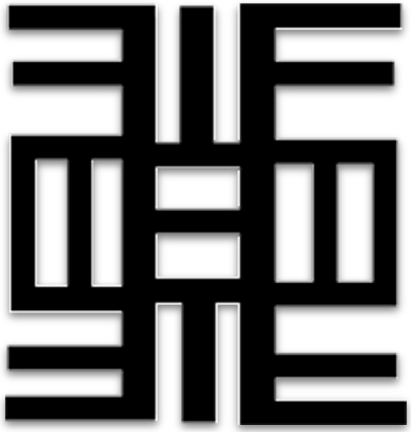
# Four Main Goals

**Goal 1:** Increase the capacity of mental health and substance use treatment systems to provide outreach, engage, retain, and effectively care for B/AA people.



# Four Main Goals

**Goal 2:** Improve dissemination of up-to-date information and culturally appropriate evidence-based practices/approaches for B/AA people.



**KNOWLEDGE**

# Four Main Goals

**Goal 3:** Increase workforce development opportunities focused on implicit bias, social determinants of health, structural racism and other factors that impede high quality care for B/AA people.

**JUSTICE**

# Four Main Goals

**Goal 4:** Increase collaboration [to develop] Training Technical Assistance (TTA) organizations to infuse culturally appropriate information on B/AA people [to a wide variety of providers].

**COLLABORATIVE UNITY**

# The Problem or Challenge

Black Provider to Patient Ratio = 57 to 1 (30 to 1 is FTE)

Gen Pop US Mental Health Provider to Patient Gap = 6,398

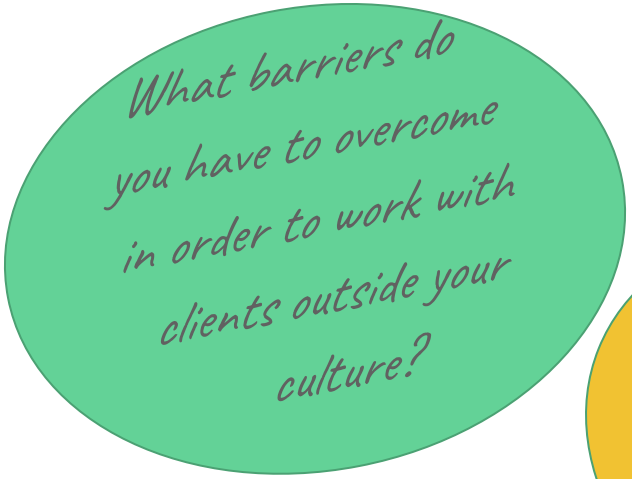
BHSD reports that we are only meeting 28% of the need in NM, in general.

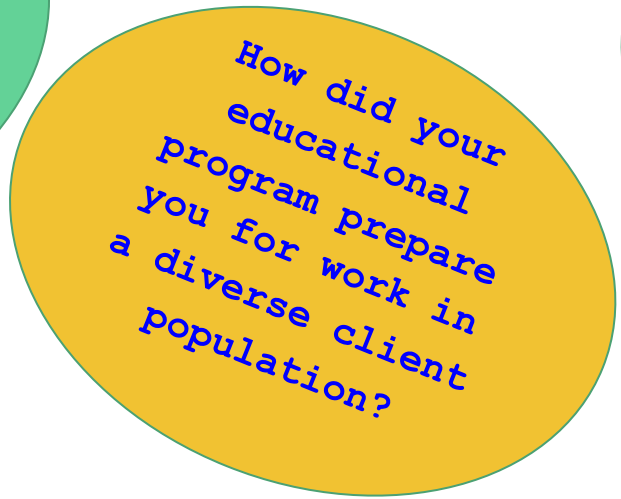
1.05

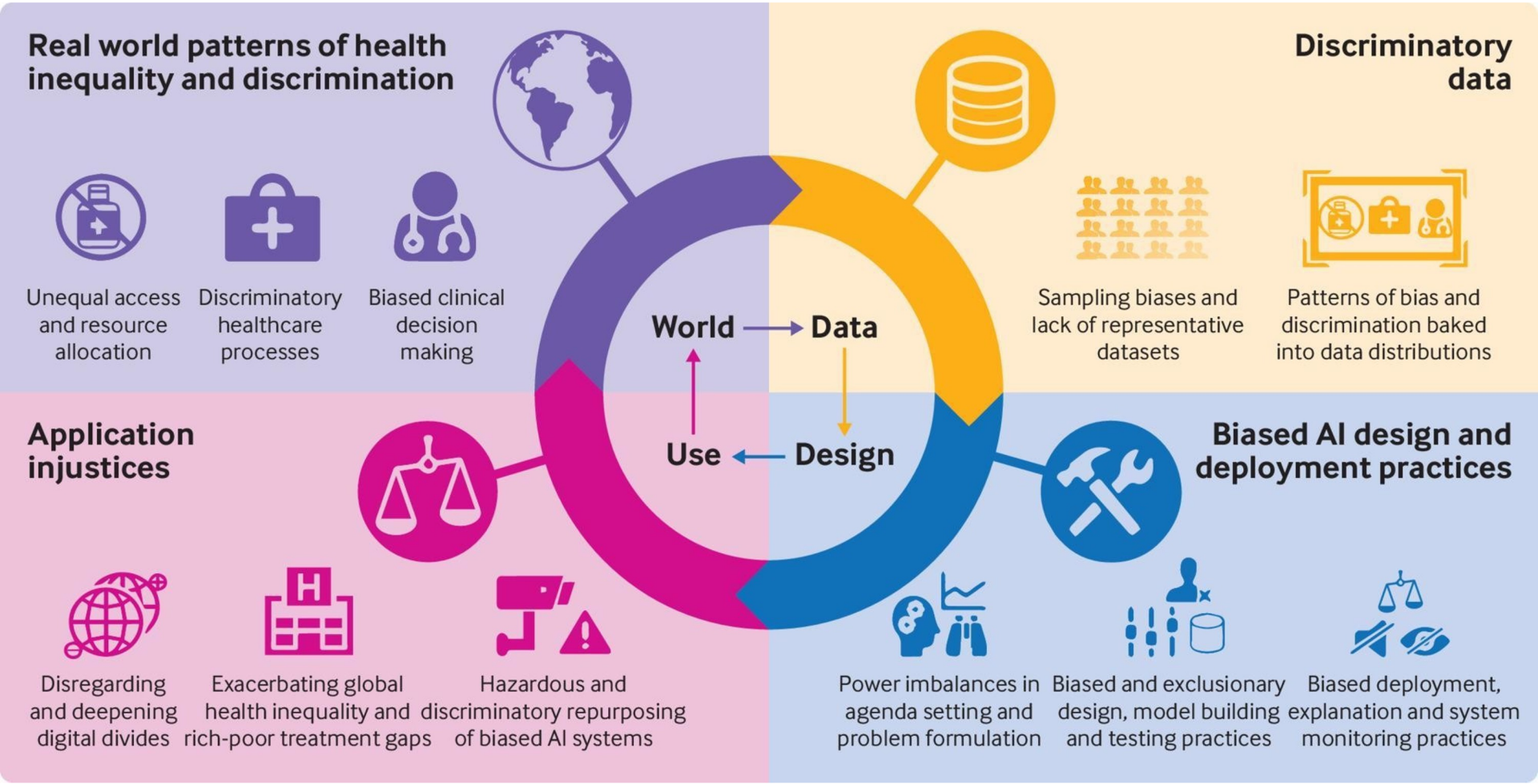
# The Hope

We each take oaths or adhere to codes of ethics that do not change based on the ethnicity of the client. **Black clinicians serve EVERYONE.**

# A Culturally Competent Provider Culture



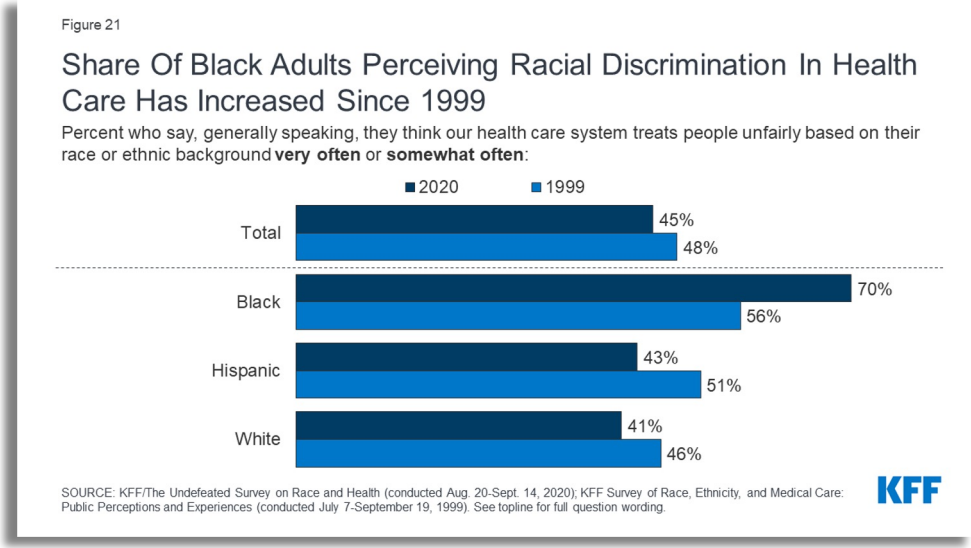


Real world patterns of health inequality and discrimination
Unequal access and resource allocation
Discriminatory healthcare processes
Biased clinical decision making
Discriminatory data
Sampling biases and lack of representative datasets
Patterns of bias and discrimination baked into data distributions
World
Data
Use
Design
Application injustices
Disregarding and deepening digital divides
Exacerbating global health inequality and rich-poor treatment gaps
Hazardous and discriminatory repurposing of biased AI systems
Biased AI design and deployment practices
Power imbalances in agenda setting and problem formulation
Biased and exclusionary design, model building and testing practices
Biased deployment, explanation and system monitoring practices

# RACIAL BIAS/STEREOTYPING

1. Data suggests that racial bias and stereotyping may also play a significant role in these disparities.

2. In a study that assessed racial attitudes, 50% of White medical students and residents had non-scientific beliefs regarding fundamental biologic differences between B/AA and White individuals.

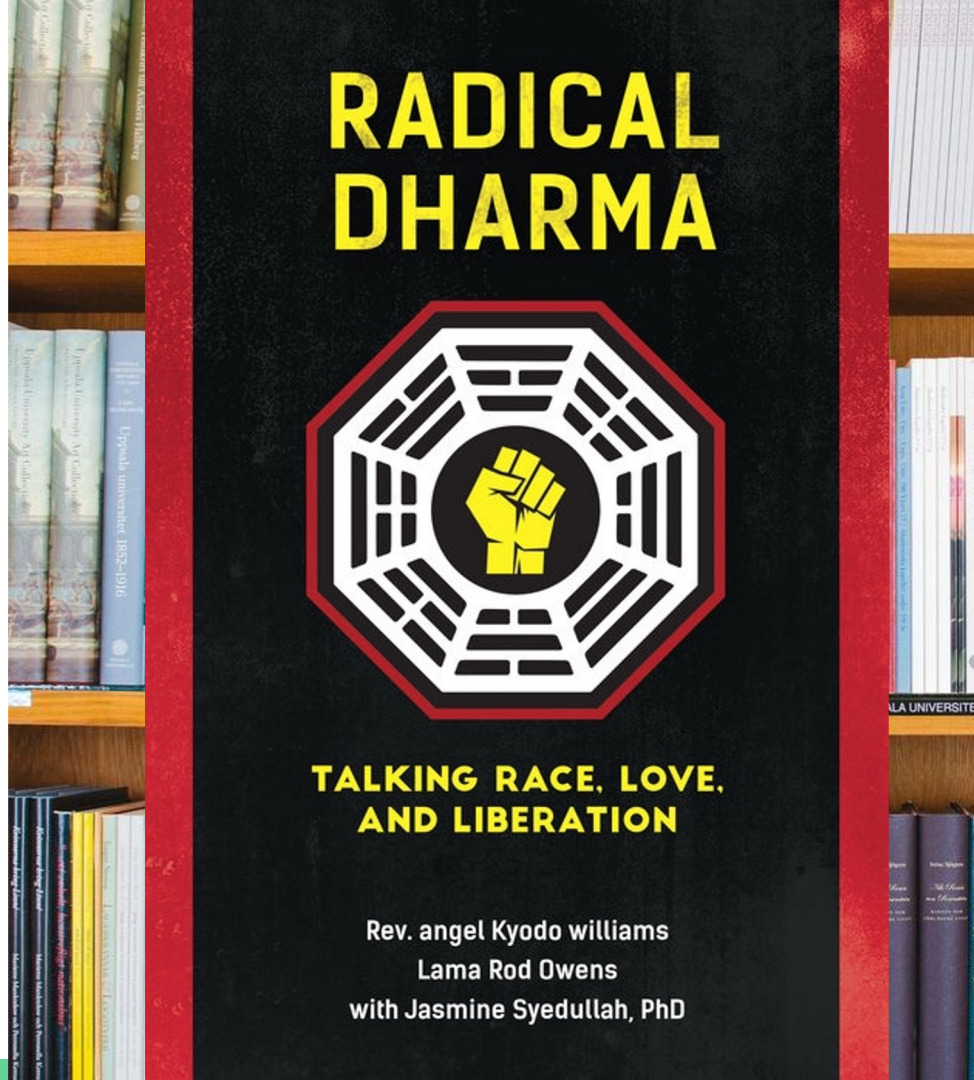
3. B/AAs are more likely to experience miscommunication regarding their pain with medical providers



"'*Tell me your story*' for African Americans really translates into *'**tell me what has happened to you.**'* There's a big difference from our typical clinical assessment of trying to determine what's wrong to truly being interested in what's happened to you, again particularly for people of color."

# Key Findings via Focus Group

*The “onus [should not be on the individual but] on the system to do a better job to serve them.



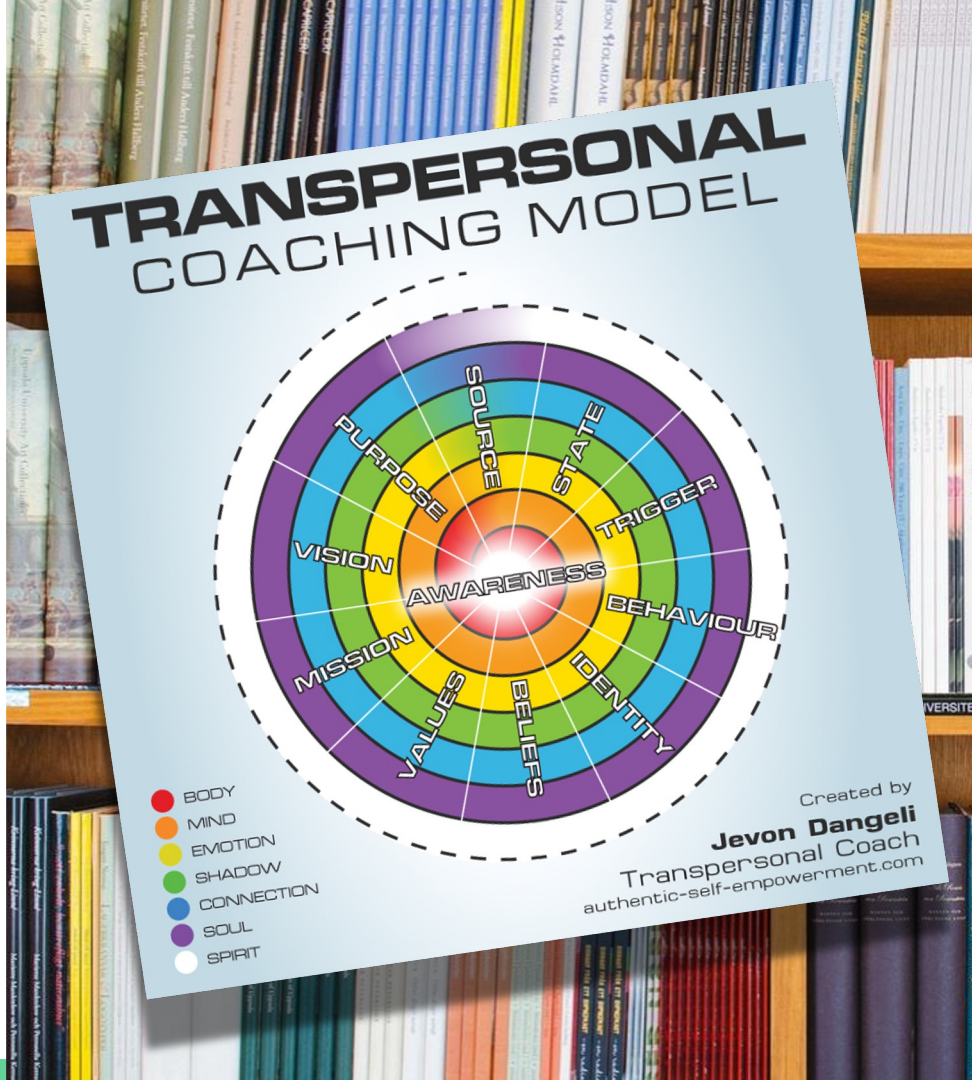
# Key Findings via Focus Group

*We don't see enough of Black psychiatrists, psychologists, therapists - there are case manager, but they are so burnt out because they have too many in their caseload. *Jay's Presentation will include how to more quickly expand and build allied professional partnerships in cultural communities.*

# Key Findings via Focus Group

## Lived Experience

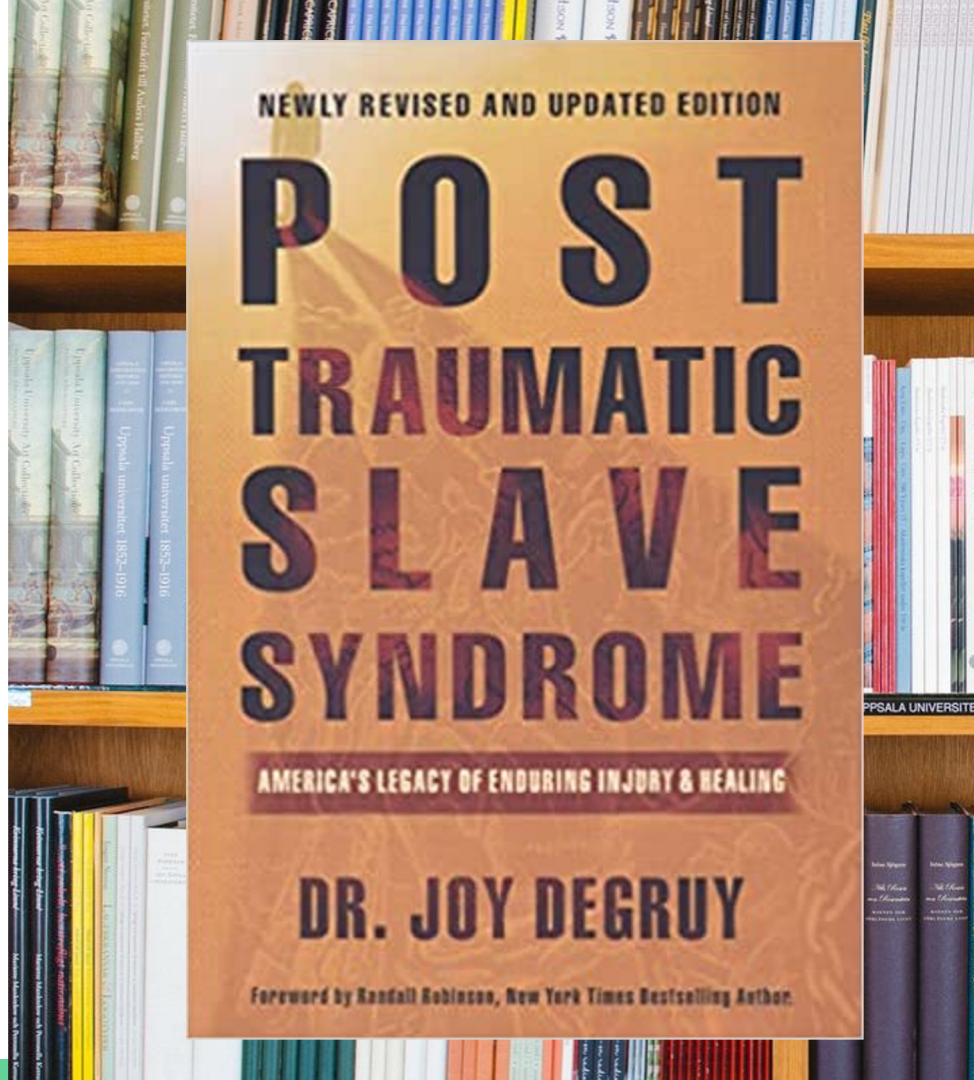
*The attribute of personal identity or health experiences of the provider as a factor potential clients use to choose a provider.*



# Key Findings via Focus Group

*Learn tools that address trauma from a diverse cultural perspective.

***"The data on intergenerational trauma is focused on holocaust survivors, and we choose not to look at or publish intergnerational trauma on indigenous and Black people."***



# What will I do next?

- Refer to the best of my ability
- Treat to the best of my competence