

## Educational support materials for ABIM's *Care for the Underserved* Module

### Module #6

Despite the proven efficacy of pharmacotherapy and psychotherapy for depression, several studies have found that blacks and other ethnic minorities with depressive disorders receive lower quality of care.(1,2) Disparities in depression care are related to health system factors (e.g., availability of mental health professionals), physician factors (e.g., knowledge and communication skills), and patient factors (e.g., cultural beliefs and attitudes).(1,2) Important barriers to mental health care for African-American and Latino patients identified in previous research include patients' perceptions of stigma, beliefs that life experiences are the cause of depression, that problems should not be discussed outside one's family, mistrust of health care professionals, and concerns about the effects of psychotropic medication.(3,4,5,) It is unclear whether use of spirituality, other active coping strategies, informal sources of support like family and friends, and help-seeking from clergy actually also serve as barriers to formal health care for ethnic minority patients.(6, 7,) Beliefs about religious or supernatural causes of mental illness may lead to lower mental health service use, and patient preferences are likely to play an important role.(7,8)

Compared with white patients, minority patients express stronger preferences for psychotherapy and spiritual approaches and more negative attitudes toward antidepressant medication.(8, 9, 10) However, perceived mental illness stigma is usually similar for all races and ethnicities and, in some cases, is higher among whites than among minorities.(9,10) Though many health beliefs and preferences differ across racial and ethnic groups, physicians must always confirm what is true or relevant for an individual patient.(11) An understanding of broad cultural concepts and skills and use of a patient-centered approach that takes into account the individual patient's explanatory model, illness agenda and behaviors, social context, and beliefs and skills may be used to avoid stereotyping behavior.(12)

*For further information, see the following:*

1. Borowsky S, Rubenstein L, Meredith L, Camp P, Jackson-Triche M, Wells K. Who is at risk of nondetection of mental health problems in primary care? *J Gen Intern Med.* 2000;15(6):381-388
2. Das AK, Olfson M, McCurtis HL, Weissman MM. Depression in African Americans: Breaking barriers to detection and treatment. *J Family Practice.* 2006;55(1):30-39.
3. Millet PE, Sullivan BF, Schwebel AI, Meyers LJ. Black Americans' and white Americans' views of the etiology and treatment of mental health problems. *Community Mental Health Journal* 1996; 32(3):235-242.

*This educational support material was created by the Society of General Internal Medicine's Disparities Task Force. For more information, visit [www.sгим.org/qo/disparities](http://www.sгим.org/qo/disparities)*

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4. Cooper-Patrick L, Powe NR, Jenckes MW, Gonzales JJ, Levine DM, Ford DE. Identification of patient attitudes and preferences regarding treatment of depression. *J Gen Intern Med* 1997; 12:431-438.
5. Alvidrez J. Ethnic variation in mental health attitudes and service use among low-income African-American, Latina, and European American young women. *Community Mental Health Journal* 1999;35:515-530.
6. Neighbors HW, Musick MA, Williams DR. The African-American minister as a source of help for serious personal crises: bridge or barrier to mental health care? *Health Education & Behavior* 1998; 25(6):759-777.
7. Cooper LA, Brown C, Vu HT, Ford DE, Powe NR. How important is Intrinsic Spirituality in Depression Care? A comparison of the views of White and African-American Primary Care Patients. *J Gen Intern Med* 2001; 16:634-638.
8. Dwight-Johnson M, Sherbourne CD, Liao D, Wells KB: Treatment preferences among depressed primary care patients. *J Gen Intern Med* 2000;15(8):527-534.
9. Cooper LA, Gonzales JJ, Gallo JJ, et al: The acceptability of treatment for depression among African-American, Hispanic, and white primary care patients. *Med Care* 2003;41(4):479-489.
10. Givens JL, Katz IR, Bellamy S, Holmes WC: Stigma and the acceptability of depression treatments among African Americans and whites. *J Gen Intern Med* 2007;22(9):1292-1297.
11. Givens JL, Houston TK, Van Voorhees BW, et al: Ethnicity and preferences for depression treatment. *Gen Hosp Psychiatry* 2007;29(3):182-191.
12. Carrillo JE, Green AR, Betancourt JR. Cross-cultural primary care: A patient-based approach. *Ann Intern Med*. 1999;130(10):829-834.