

### Improving Quality by Eliminating Behavioral Health Disparities

DMHAS strives to provide and fund accessible and highly effective prevention, treatment and recovery support services for people with mental illness and substance use conditions. Recovery-oriented services are person-centered—they pay attention to the individual’s race, culture and gender. Why? Because focusing on these factors contributes to better outcomes. Consistent with this effort, we are beginning to identify and eliminate health disparities and benchmarking our success using quality performance measures.

#### What are Health Disparities?

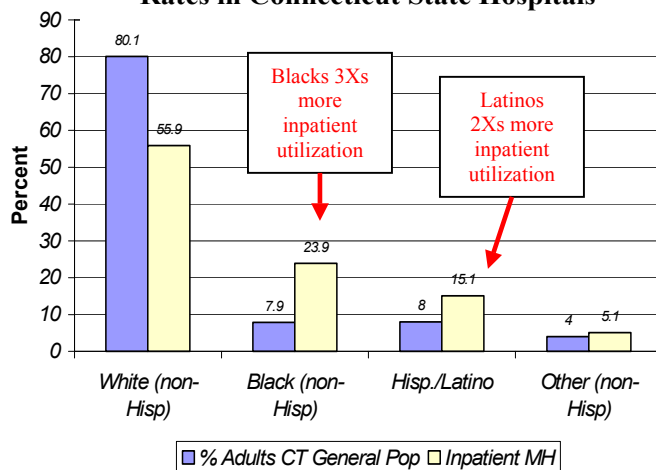
**In physical healthcare**, the term “Health Disparities” refers to systematic differences in the *incidence* and *prevalence* of diseases among various population groups. For example, Black Americans are known to have much higher rates of heart disease than are Whites. However, the situation in behavioral health is different. Most behavioral health disorders are found at roughly the same rates across racial-cultural groups with few exceptions. For example, Blacks have significantly lower rates of depression and substance use disorders than Whites (*Source: [www.samhsa.gov](http://www.samhsa.gov)*).

**In behavioral healthcare**, health disparities can be defined as systematic differences in healthcare practices and service utilization patterns related to *race, culture or gender*, and not due to a health condition.

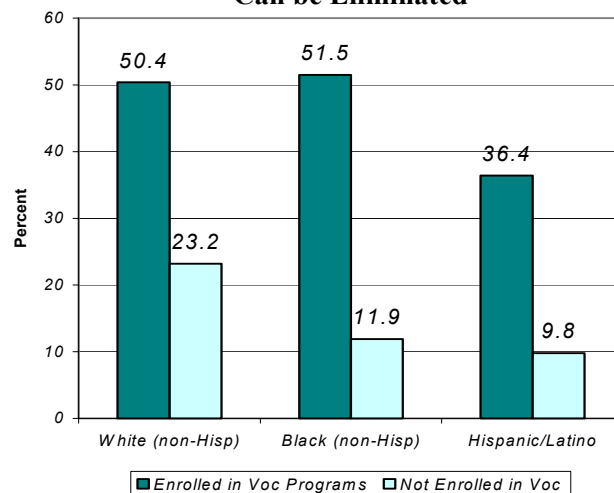
#### The Evidence for Behavioral Health Disparities is Compelling

- Blacks with schizophrenia were twice as likely to be overmedicated and twice as likely to be denied antidepressants as Whites, even though the suicide rate among people with schizophrenia is very high. (*Lehman, 1995, 1998*)
- Whites with schizophrenia and other psychotic disorders were found to be more likely to receive more effective new generation antipsychotic medications (e.g., Clozapine) than Blacks and Latinos in a study of 32,000 inpatient episodes. (*Ganju and Schacht, 2002*)

Figure 1 Disparities in Psychiatric Hospitalization Rates in Connecticut State Hospitals



Behavioral Health Disparities Can be Eliminated Figure 2



DMHAS strives to reduce and eliminate Health Disparities, but we still have more work to do. Figure 1 shows state psychiatric hospitalization rates where Latinos and Blacks can be found at 2 and 3 times their numbers in the state’s general adult population, respectively. Figure 2 shows that health disparities can be eliminated. Here, we see that Whites and Blacks enrolled in DMHAS funded vocational programs had comparable employment rates (and a big improvement for Latinos) compared with those who were not enrolled in such programs.

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