Northeast & Caribbean (HHS Region 2) ATTC
Addiction Technology Transfer Center Network

MHTTC
Mental Health Technology Transfer Center Network

Northeast & Caribbean (HHS Region 2) PTTC
Prevention Technology Transfer Center Network

Deconstructing Unconscious Bias in Behavioral Health Care

Origins of Unconscious Bias

Session 1

August 27, 2020

SAMHSA
Substance Abuse and Mental Health Services Administration

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Disclaimer

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SAMHSA
Substance Abuse and Mental Health Services Administration

Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to *develop and strengthen the specialized behavioral healthcare and primary healthcare workforce* that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.

TTCs

Northeast & Caribbean (HHS Region 2)
ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

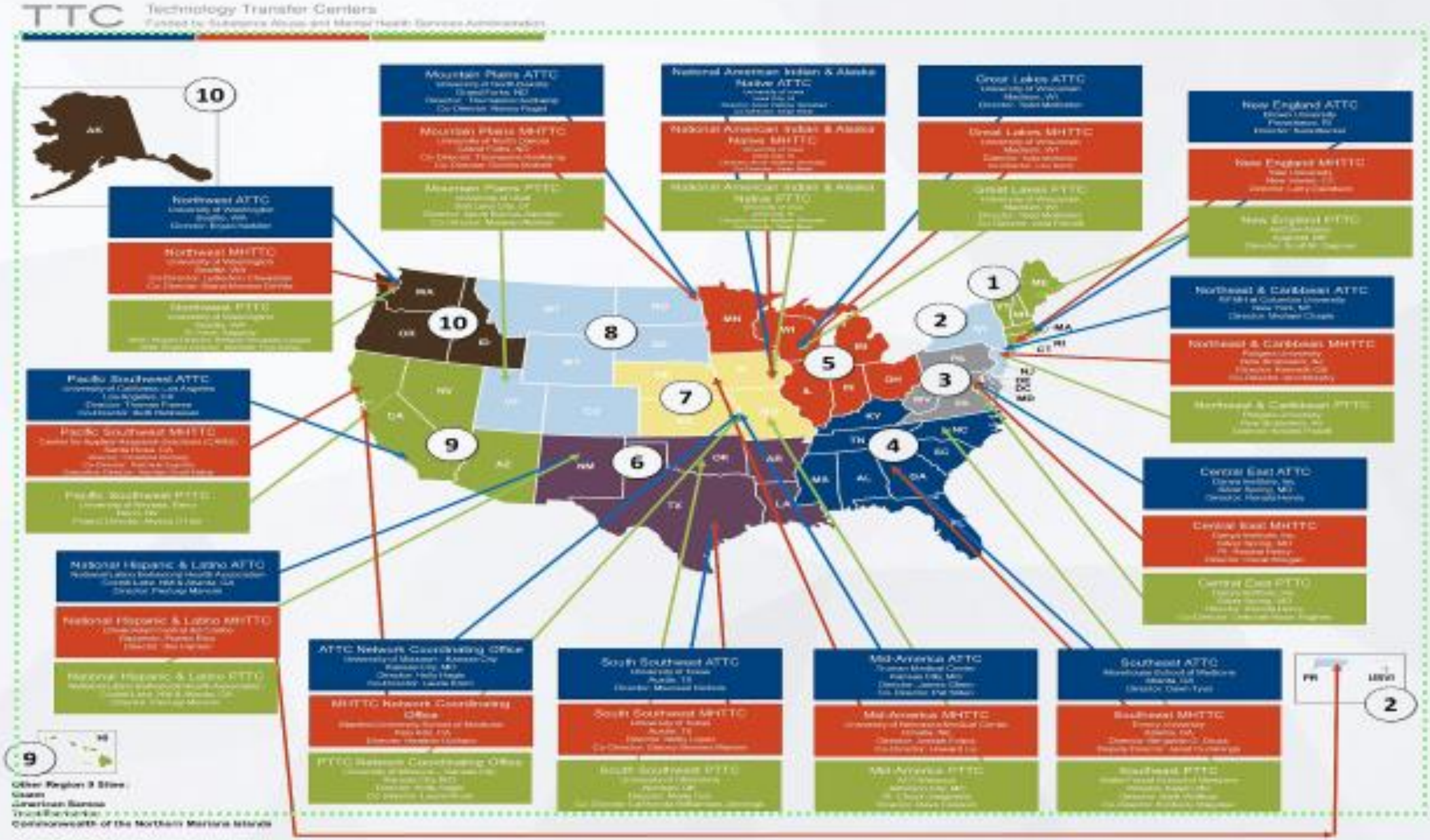
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Northeast & Caribbean (HHS Region 2)
PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Each TTC Network Includes 13 Centers*

- Network Coordinating Office
- National American Indian and Alaska Native
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)

Nation Wide TTCs



Presenter

Diana Padilla, RCR, CASAC-T
Research Project Manager
SBIRT Technical Assistance
New York State Psychiatric Institute
Department of Psychiatry, Columbia University Medical Center

Ms. Padilla has over 22+ years of public health service including curricula development and video script writing, conducts evaluation of substance use disorder treatment programs and problem-solving courts, engages in chronic disease research and prevention, and instructs behavioral health professionals, prevention specialists, and drug court practitioners on behavioral health and recovery support practices

Presenter

Amy Banko MS, CPRP
Lecturer
Integrated Employment Institute, Department of Psychiatric Rehabilitation and Counseling Professions Rutgers, The State University of New Jersey

Amy Banko has been a full-time Lecturer in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers University since 2017. In addition to providing psychiatric rehabilitation course instruction, Ms. Banko serves as a lead trainer and consultant at the Integrated Employment Institute of Rutgers. Within this role, Ms. Banko facilitates training and technical assistance for mental health practitioners on evidence-based practices that enhances social determinants of health for people with mental health conditions throughout New York and New Jersey.

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Goals

- This series was developed to provide professionals with a review of unconscious (i.e. implicit) bias and how it negatively affects interactions and service outcomes for racial and ethnic communities we work with

- Participants will become familiar with tools and activities to identify and address hidden bias in addiction, mental health, and prevention disciplines in order to collectively effect equitable outcomes for persons of color.

Four Session Blue Print

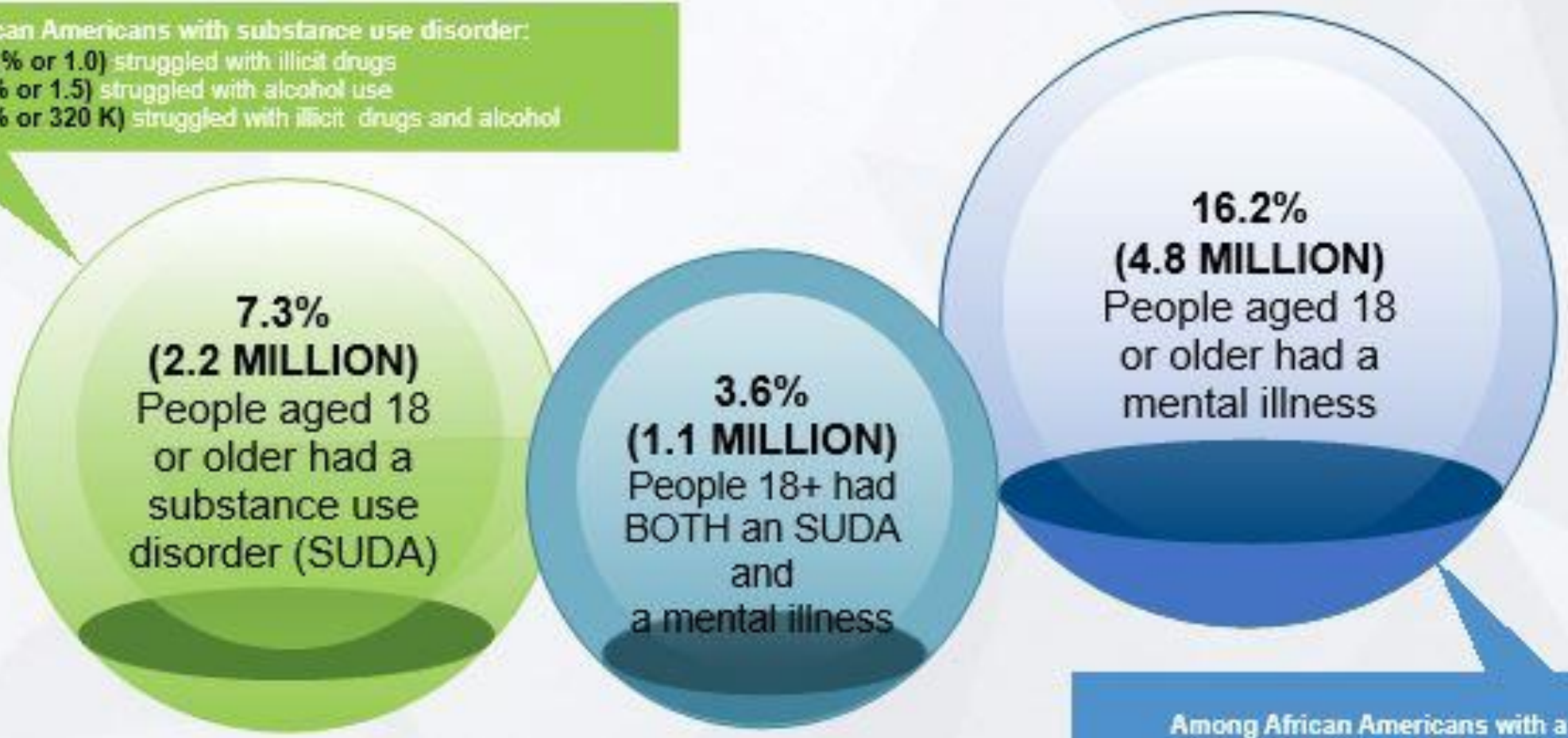
- Inequities and sources of inequities
- Focus on unconscious bias in behavioral health settings
- Understand how unconscious bias develops
- Explore hidden bias in behavioral health discipline
- Identify and mitigate bias impact
- Strategies: Cultural Humility, CLAS
- Organizational bias reducing strategies, models and leadership

Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington (DC): National Academies Press (US); 2003.

Black / African American Adults

In 2018, **5.9** African American adults had a mental and/or substance use disorder

Among African Americans with substance use disorder:
6 IN 13 (47.1% or 1.0) struggled with illicit drugs
2 IN 3 (67.6% or 1.5) struggled with alcohol use
1 IN 7 (14.8% or 320 K) struggled with illicit drugs and alcohol



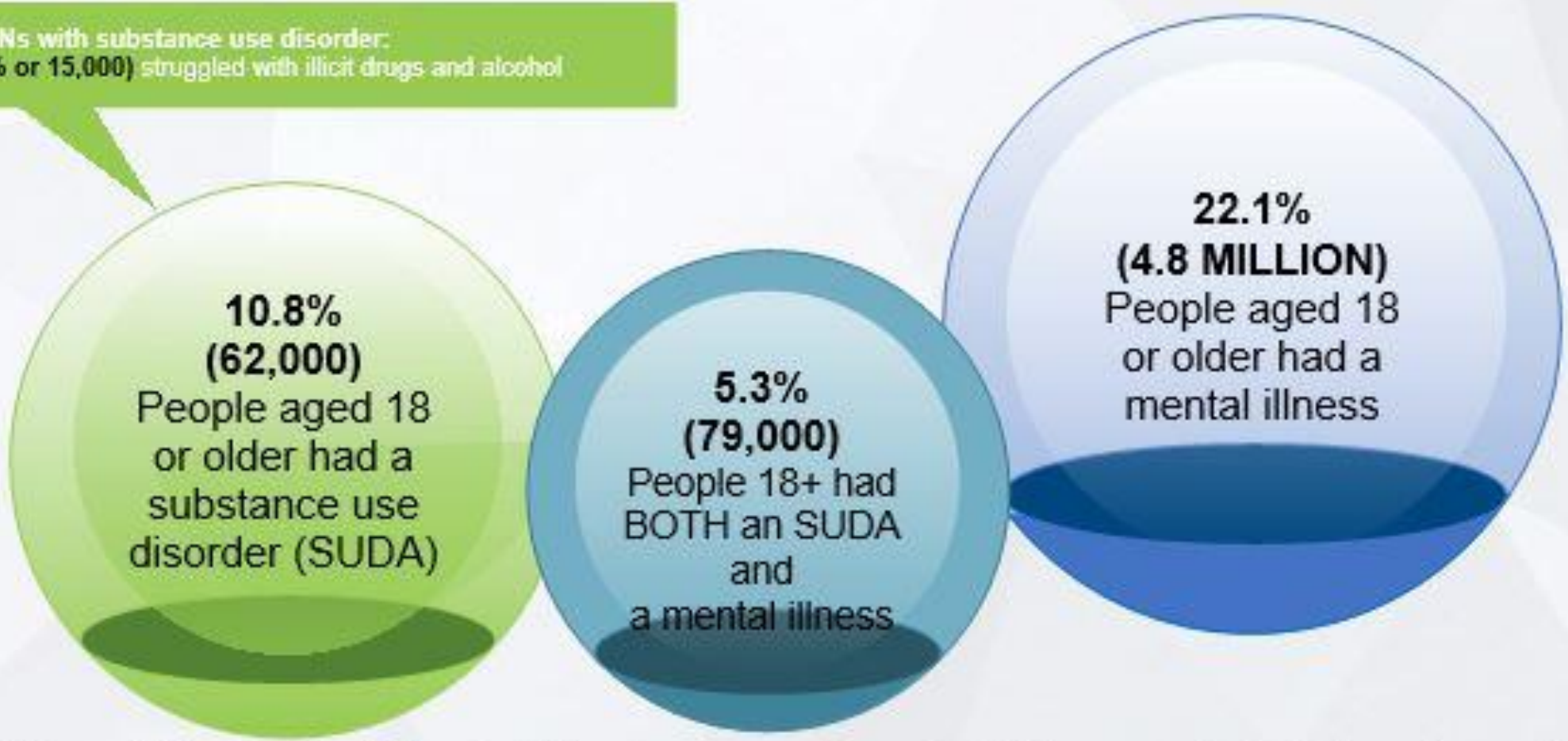
Among African Americans with a mental illness
2 IN 9 (22.4% or 1.1) had a serious mental illness

41.8% of African American (89,000) Young Adults with SOMI received treatment, 58.2% received no treatment

American Indians and Alaskan Natives

In 2018, **416,000** adults had a mental and/or substance use disorder

Among AI/ANs with substance use disorder:
1 IN 11 (9.1% or 15,000) struggled with illicit drugs and alcohol

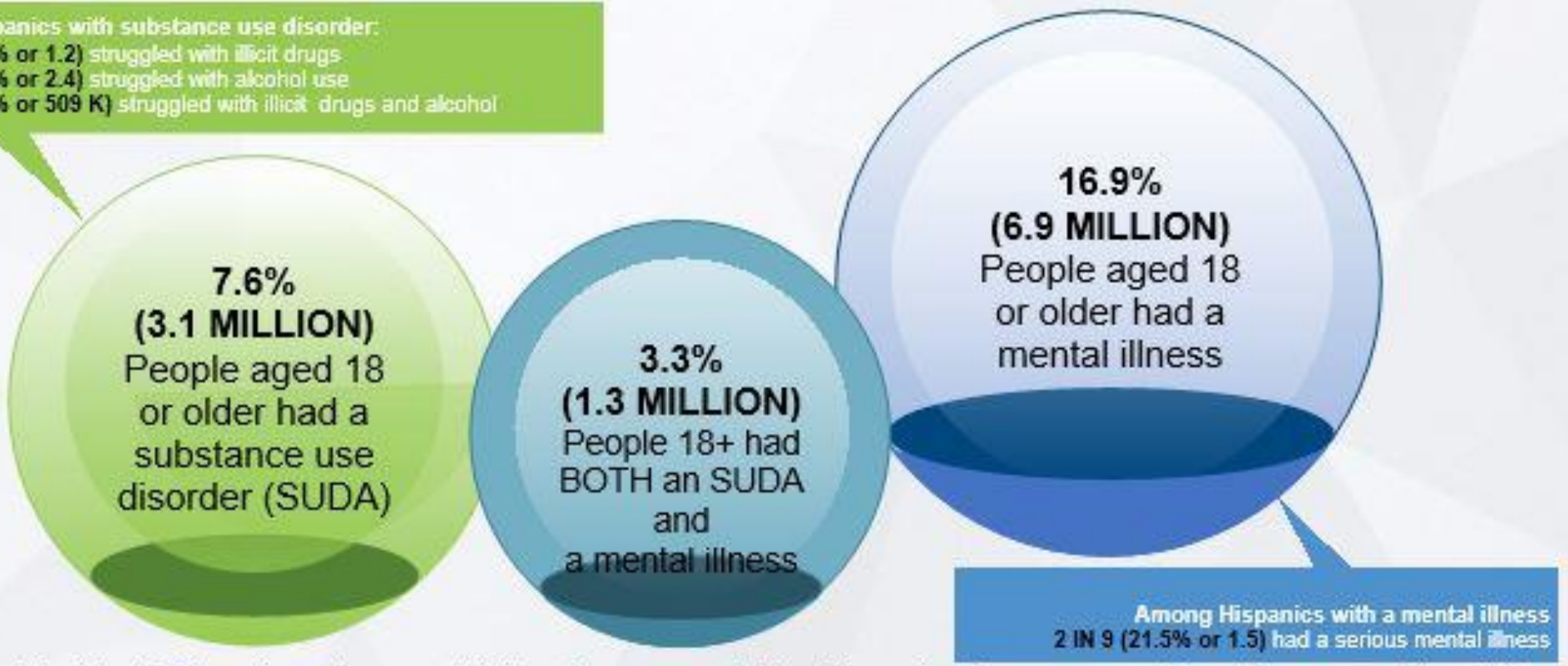


2014 the AI/AN population had the highest suicide rates among other racial ethnic groups for both the male population (27.4 per 100,000) and the female population (8.7 per 100,000)

Hispanic, Latino, Latin Adults

In 2018, **8.6** Hispanic adults had a mental and/or substance use disorder

Among Hispanics with substance use disorder:
2 IN 5 (39.5% or 1.2) struggled with illicit drugs
7 IN 9 (77.7% or 2.4) struggled with alcohol use
1 IN 6 (16.6% or 509 K) struggled with illicit drugs and alcohol



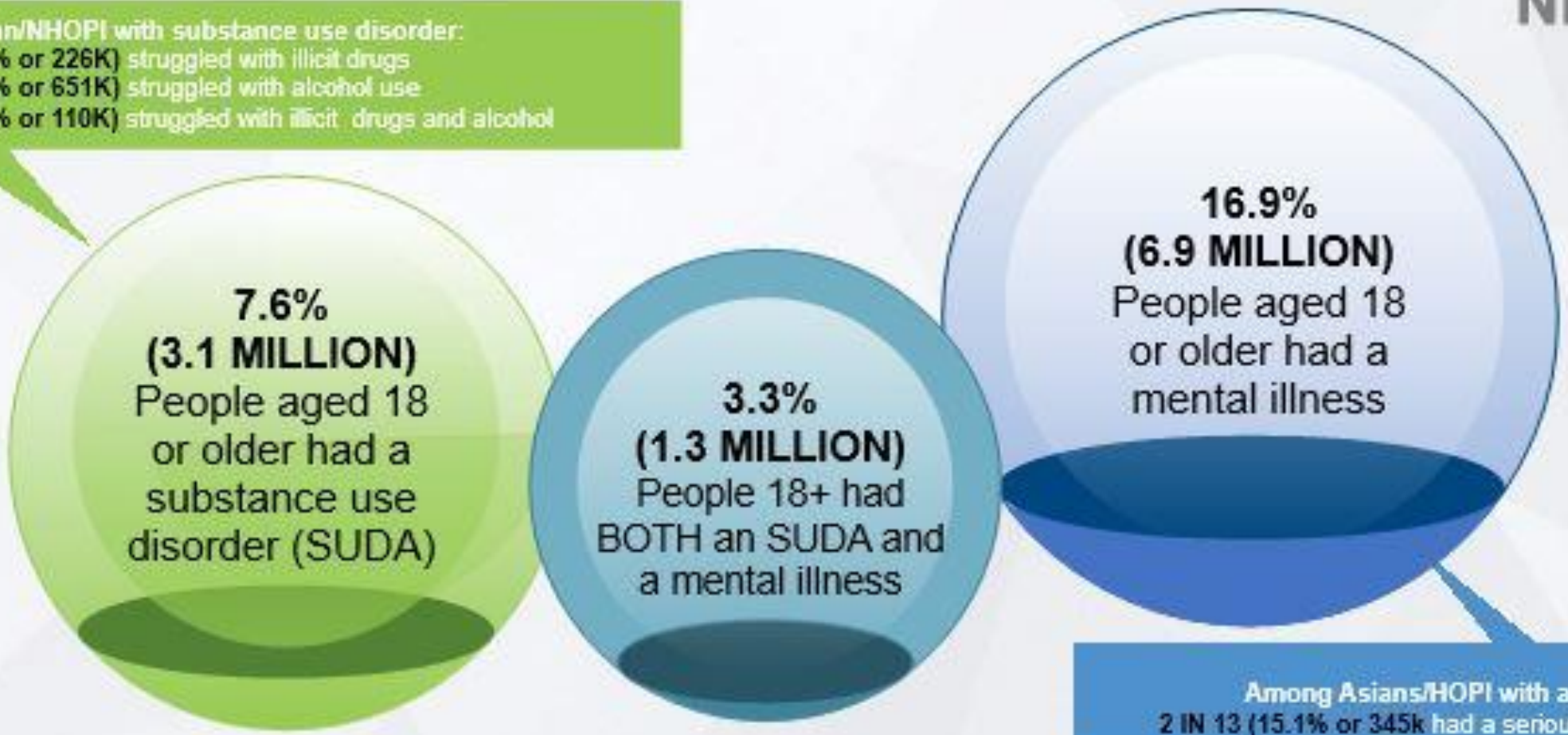
Among Hispanics with a mental illness
2 IN 9 (21.5% or 1.5) had a serious mental illness

Approximately 1 in 10 Hispanics with a mental disorder, use mental health services from a general health care provider, while only 1 in 20 receive such services from a mental health specialist.

Among Asian/Native Hawaiians and Other Pacific Islanders

NHOPI

Among Asian/NHOPI with substance use disorder:
1 IN 3 (33.0% or 226K) struggled with illicit drugs
4 IN 5 (80.7% or 651K) struggled with alcohol use
1 IN 7 (13.7% or 110K) struggled with illicit drugs and alcohol



Among Asians/HOPI with a mental illness
2 IN 13 (15.1% or 345k had a serious mental illness

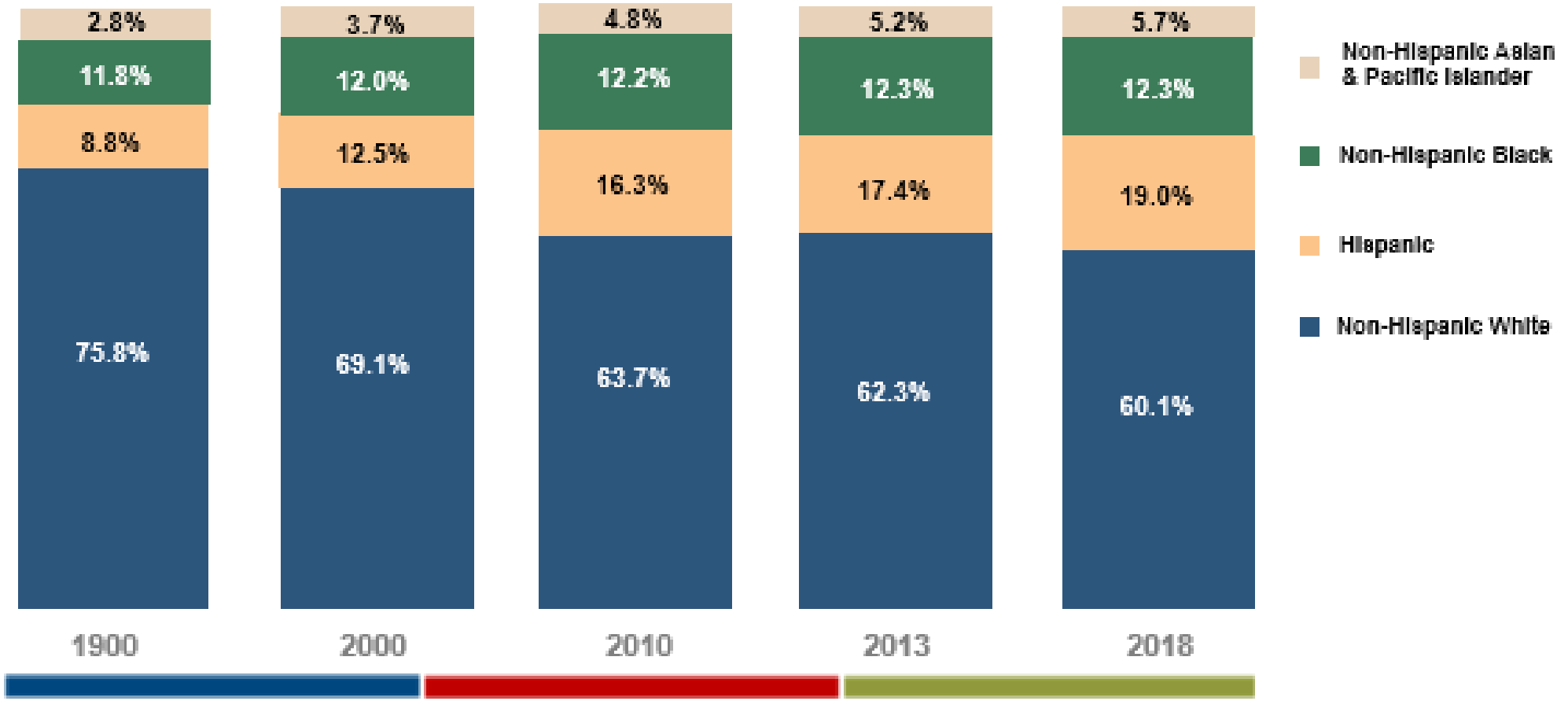
AA/PIs are least likely to seek mental health services than any other racial/ethnic group. AA/PIs are three times less likely to access mental health services than their white counterparts.

US Population 2018

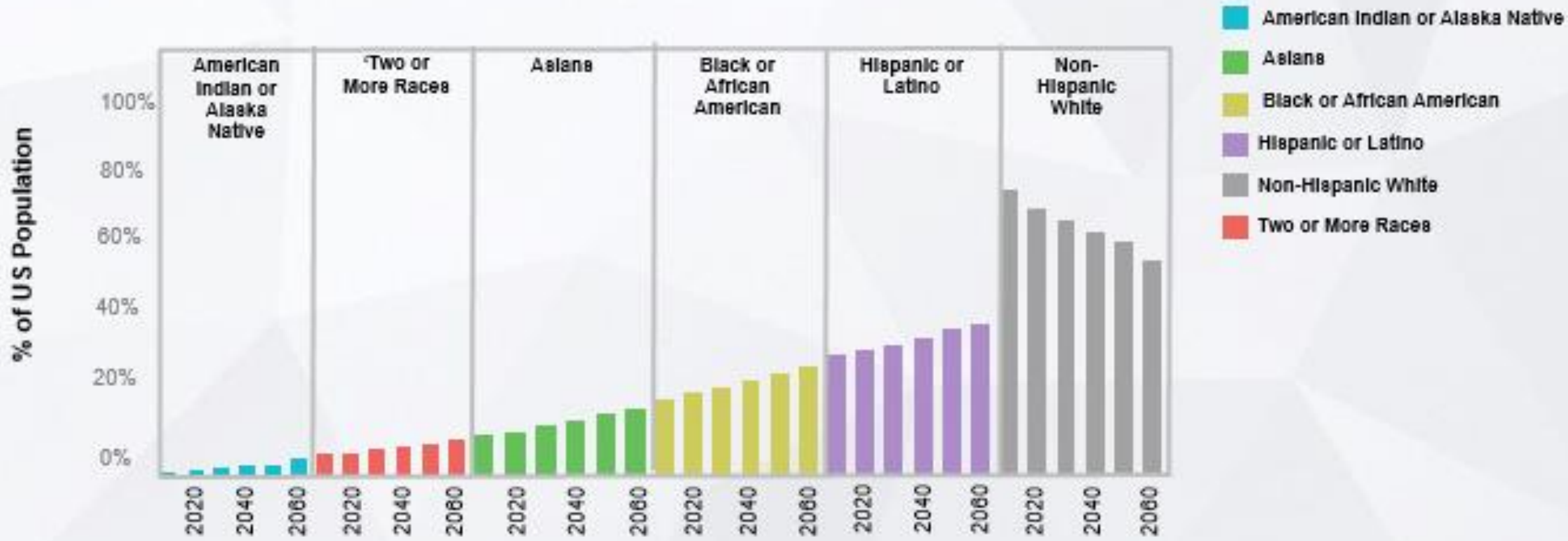
US Population Estimates, by Race / Ethnicity

% share, including Puerto Rico

Snapshots 1990 - 2018

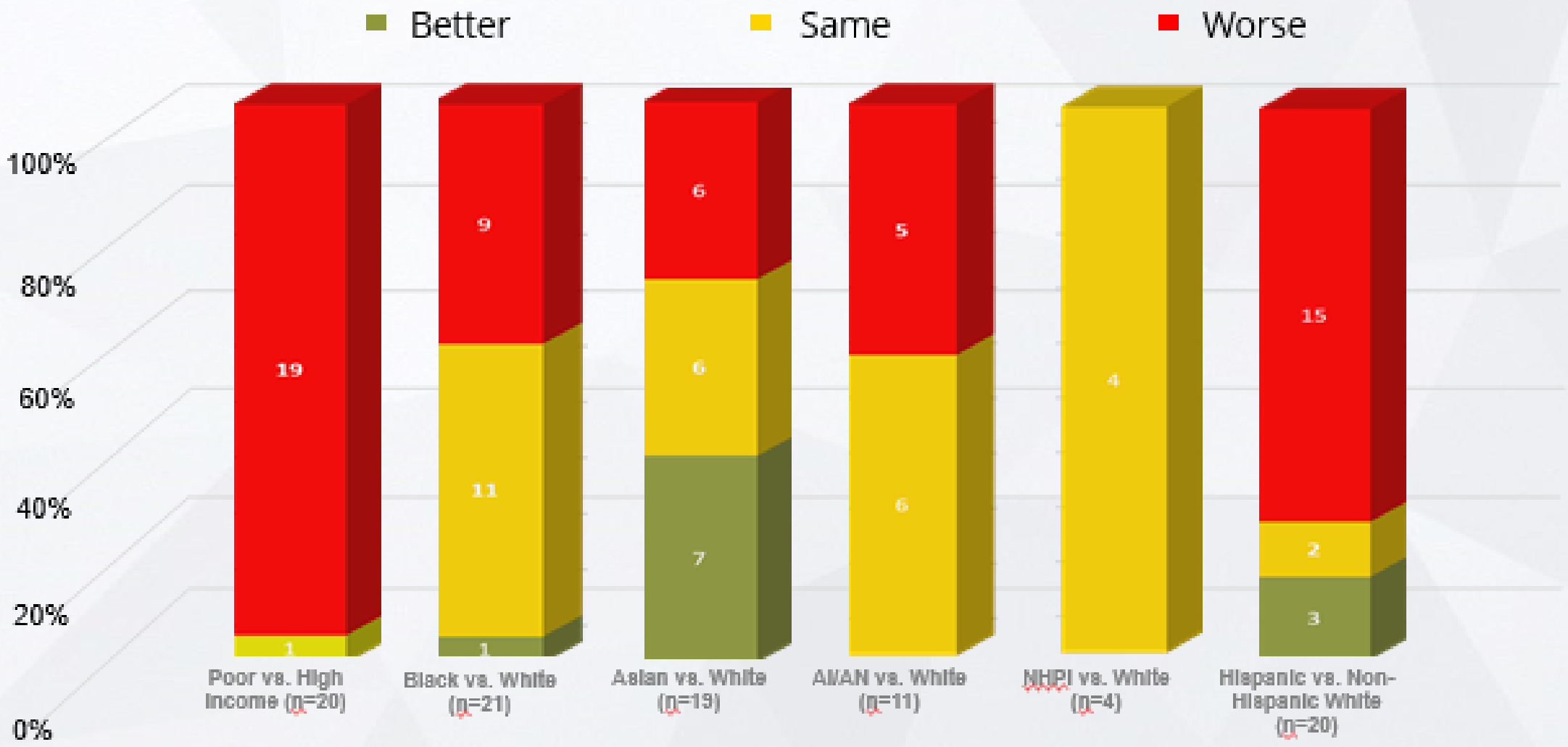


US Population by Race/Ethnicity 2016-2060



Statista. United States' population growth projections for 2015-2060, Published by Statista Research Department, Dec 31, 2014. Statista, United States' population growth projections for 2015-2060/

Better, Same, or Worse Access to Care



2018 National Healthcare Quality and Disparities Report. Content last reviewed October 2019. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/research/findings/nhqrdr/nhqdr18/index.html

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Kaiser Family Foundation, KFF, Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, May 10, 2018, https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Contributing Factors to Behavioral Health Disparities

- Structural inequities and social determinants of health including inadequate access to care, poor quality of care, community features (such as poverty and violence) and personal behavior are believed to be primary causes of health disparities.
- Communities historically impacted:
  - Racial and ethnic populations
  - People with limited English proficiency (LEP) and low health literacy
  - LGBTQ+ communities
  - People with disabilities

NCSL, National Conference of State Legislatures, Health Disparities Overview, November 19, 2015, Statista, United States' population growth projections for 2015-2060

Behavioral Health Disparities During COVID

"The latest available COVID-19 mortality rate for Black Americans is 2.4 times higher than the rate for Latinos, 2.5 times higher than the rate for Asians, and 2.7 times higher than the rate for Whites."

COVID-19 deaths analyzed by race, 04-14-2020 [Internet]. APM Research Lab. [cited 2020 Apr 16]. Available from:
https://www.apmresearchlab.org/covid/deaths-by-race

Barriers to Culturally Appropriate Care

- **Unconscious bias**
- Systems of care poorly designed for diverse populations
- Language barriers
- Patient/client fears and distrust
- Stigma and discrimination
- Poor cross-cultural communication between providers and patients
- Lack of diversity in health care leadership and workforce

Gopalkrishnan N. Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Front Public Health*. 2018;6:179. Published 2018 Jun 19. doi:10.3389/fpubh.2018.00179

Unconscious Bias

Sources of Disparities

- Systemic: those related to health system administration, financing, accessibility and geographic location)
- Patient level: the clinical appropriateness of care, patients' attitudes, preferences, and expectations regarding healthcare
- Care process level: clinician biases, stereotyping, and uncertainty

Perspectives in Care

- Patients present with varied healthcare needs, expectations, and preferences, some of which are socio-culturally determined.

- Providers: their own expectations, beliefs influenced by their professional training and experience, as well as by their social experiences and broader societal norms and structures.

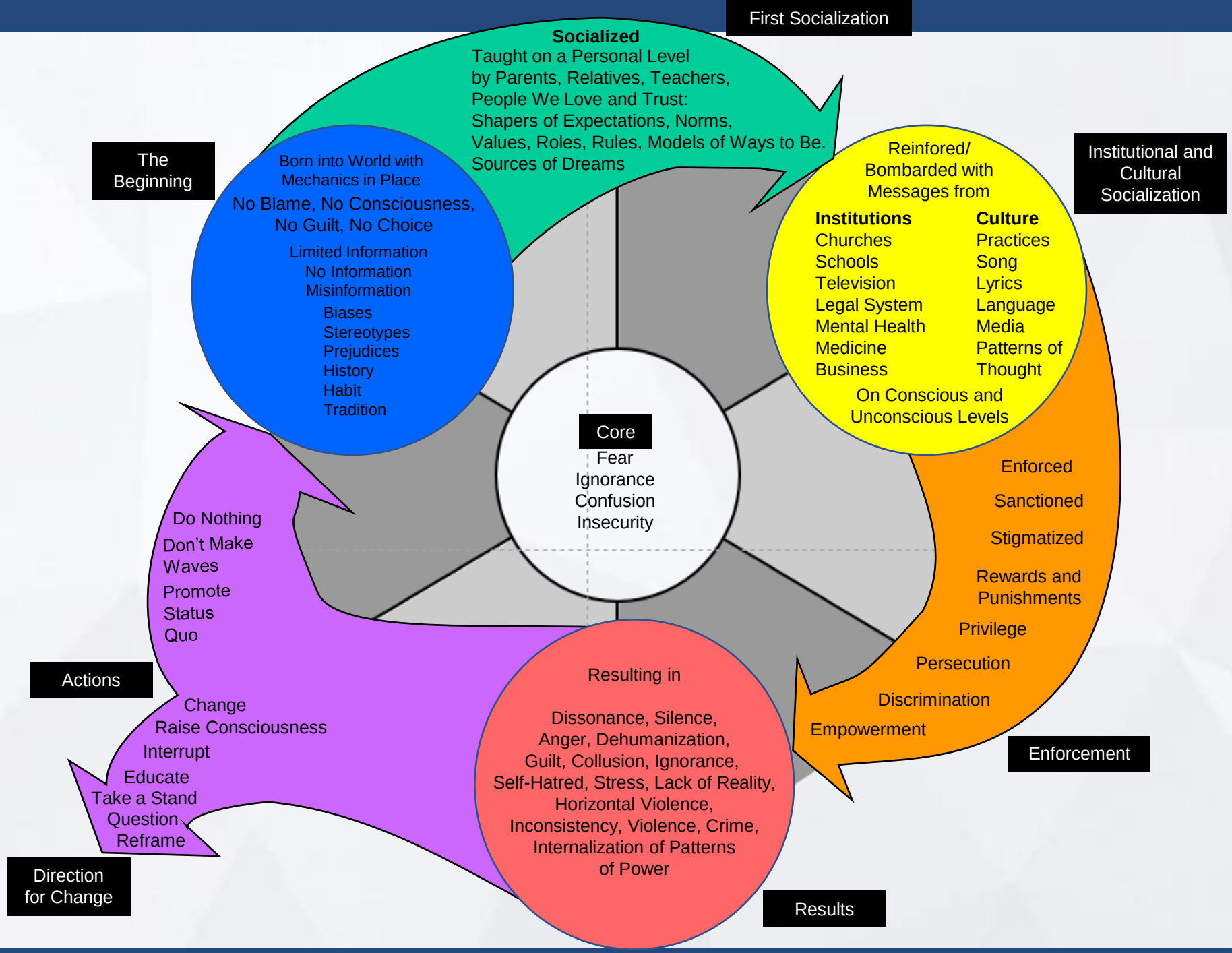
Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington (DC): National Academies Press (US); 2003.

Conditioning Dynamics

- You are conditioned since childhood to internalize the environment around you, always reading and absorbing signs and messages from your environment and people you engage with throughout your life.

- The brain both consciously and unconsciously processes information very rapidly and causes an action for a particular situation

Chart


First Socialization
Socialized
Taught on a Personal Level
by Parents, Relatives, Teachers,
People We Love and Trust:
Shapers of Expectations, Norms,
Values, Roles, Rules, Models of Ways to Be.
Sources of Dreams
The Beginning
Born into World with Mechanics in Place
No Blame, No Consciousness, No Guilt, No Choice
Limited Information
No Information
Misinformation
Biases
Stereotypes
Prejudices
History
Habit
Tradition
Institutional and Cultural Socialization
Reinforced/ Bombarded with Messages from
Institutions
Churches
Schools
Television
Legal System
Mental Health
Medicine
Business
Culture
Practices
Song
Lyrics
Language
Media
Patterns of Thought
On Conscious and Unconscious Levels
Core
Fear
Ignorance
Confusion
Insecurity
Enforced
Sanctioned
Stigmatized
Rewards and Punishments
Privilege
Persecution
Discrimination
Empowerment
Enforcement
Do Nothing
Don't Make Waves
Promote Status Quo
Actions
Change
Raise Consciousness
Interrupt
Educate
Take a Stand
Question
Reframe
Direction for Change
Resulting in
Dissonance, Silence,
Anger, Dehumanization,
Guilt, Collusion, Ignorance,
Self-Hatred, Stress, Lack of Reality,
Horizontal Violence,
Inconsistency, Violence, Crime,
Internalization of Patterns
of Power
Results

Bias

- Bias is a natural and necessary part of being human. They help us be receptive or unfriendly toward someone or something, decide if something or someone is safe or not safe.
- We all have biases that help us choose to either support or not support ideas, behaviors, philosophies, people.
- Unfortunately, our biases may result in behavior that is often unjustified.

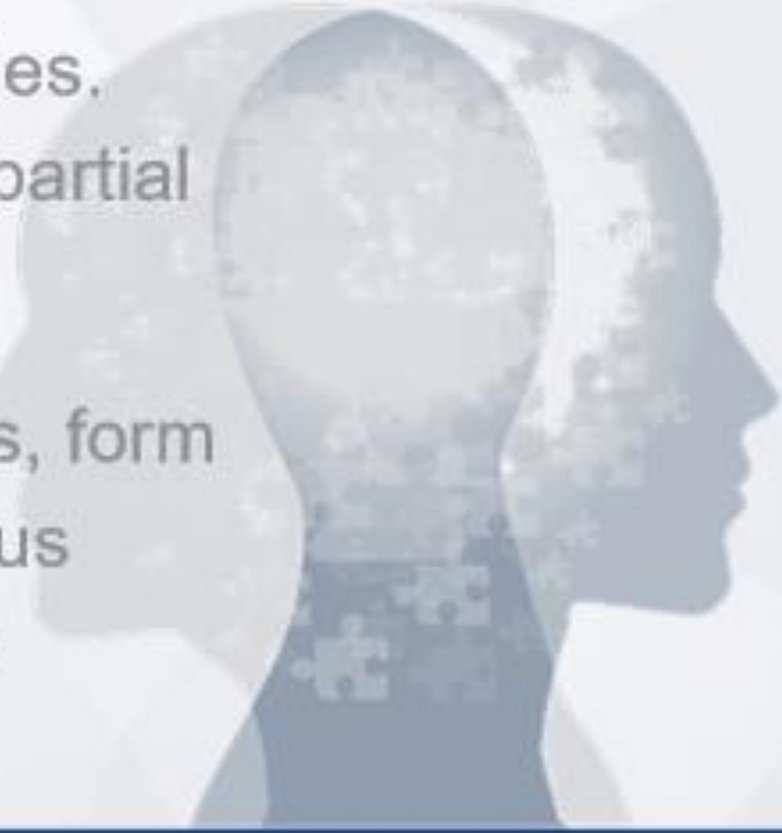
Unconscious Bias

- Implicit (unconscious) bias refers to the subconscious attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.

- These biases, which encompass both favorable and unfavorable assessments, are involuntarily activated and without our awareness or intentional control.

The Unconscious Mind

- Automatic brain (automatic processing), overrides your conscious intentions of impartiality
- Limbic system sorts information into categories. The mind fills in gaps when we receive only partial information
- Collectively, these processes called schemas, form the ‘frame’ or “frame of reference,” that help us interpret and respond to the world around us



Social Cognition

- Schemas categorize people with generalized associations of salient accessible traits such as gender, age, race, creating stereotypes create implicit social cognition guides our thinking about social categories such as people or groups
- Cognitions include attitudes that are either positive or negative
    - Positive associations (with stereotypes) = Preferences
    - Negative associations (with stereotypes) = Prejudices

The Role of Heuristics

- Mental shortcuts that help us problem solve and make judgments quickly, without much effort
- While schemas form the basis for knowledge, attitudes, or beliefs we hold…heuristics are simple rules that govern our judgment and/or decision-making

Heuristic methods often will depend upon and draw from the schemas that we have developed throughout our lives; we continually internalize our surroundings, and are always reading/absorbing signs and messages

Heuristics Can Lead to Bias

- Because they help us make fast decisions, they can also lead us to make *errors in judgment*
- Despite our intentions of fairness, and the fact that many of us explicitly reject overt racial stereotypes and discriminatory action, we are unaware that we harbor unconscious attitudes or racial associations
- Being aware of how these heuristics work as well as the potential biases they introduce should help to make more informed, accurate, and fair decisions

Take Home Messages

- These biases often arise as a result of trying to find patterns and navigate the overwhelming stimuli in this very complicated world. Culture, media, and upbringing can also contribute to the development of such biases.

- Removing these biases is a challenge, especially because we often don't even know they exist, but research reveals potential interventions and provides hope that levels of implicit biases in the United States are decreasing.

Chart


Interpersonal
Change within the Core of People about What They Believe about Themselves
Reaching Out
Movement Out of Self Toward Others Seeking Experience and Exposure Speaking Out and Naming Injustices Taking Stands, Using Tools, Exploring and Experimenting
Interpersonal
Change in How We value Others and See the World
Waking Up
Critical Incident That Creates Cognitive Dissonance
Getting Ready
Empowerment of Self:
Introspection, Education
Consciousness Raising
Gaining:
Inspiration
Authenticity
Developing:
Analysis & Tools
Dismantling:
Collusion
Privilege
Internalized Oppression
Building Community
Working With Others
A. People "Like Us" for Support
B. People "Different from Us" for building Coalitions, Questioning Assumptions, Rules, Roles and Structures of Systems
Core
Self-Love
Self-Esteem
Balance
Joy
Support
Security
Spiritual Base
Maintaining
Integrating, Spreading Hope and Inspiration, Living Our Dreams, Modeling Authenticity, Integrity and Wholeness, Taking Care of Self and Others
Coalescing
Organizing Action
Planning, Lobbying, Fund Raising, Educating, Renaming Reality, Refusing to Collude or Take Privilege, Being a Role Model, an Ally, Transforming Anger, Moving into Action
Systemic
Change in Structure Assumptions Philosophy Rules, Roles
Creating Change
Critically Transforming Institutes
And Creating New Culture
Influencing: Policy, Assumptions, Structures, Definitions, Rules, Taking Leadership, Risks, Guiding Change, Healing , "Power Shared"

Building Health Equity and Inclusion

ATTCnetwork, Building Health Equity and Inclusion, Free Resources
https://attcnetwork.org/centers/global-attc/clas-resources