Review article

Clinician descriptions of communication strategies to improve treatment engagement by racial/ethnic minorities in mental health services: A systematic review

Neil Krishan Aggarwal[a,*], Matthew C. Pieh[b], Lisa Dixon[c], Peter Guarnaccia[d], Margarita Alegría[e], Roberto Lewis-Fernández[a]

[a] Columbia University Department of Psychiatry and The Center of Excellence for Cultural Competence at The New York State Psychiatric Institute, New York, USA
[b] Columbia University College of Physicians and Surgeons, New York, USA
[c] Columbia University Department of Psychiatry and The New York State Psychiatric Institute, New York, USA
[d] Institute for Health. Health Care Policy & Aging Research. Rutgers,The State University of New Jersey, New Brunswick, USA
[e] Center for Multicultural Mental Health Research and Harvard Medical School, Somerville, USA

ABSTRACT

Objective: To describe studies on clinician communication and the engagement of racial/ethnic minority patients in mental health treatment.
Methods: Authors conducted electronic searches of published and grey literature databases from inception to November 2014, forward citation analyses, and backward bibliographic sampling of included articles. Included studies reported original data on clinician communication strategies to improve minority treatment engagement, defined as initiating, participating, and continuing services.
Results: Twenty-three studies met inclusion criteria. Low treatment initiation and high treatment discontinuation were related to patient views that the mental health system did not address their understandings of illness, care or stigma. Treatment participation was based more on clinician language use, communication style, and discussions of patient-clinician differences.
Conclusion: Clinicians may improve treatment initiation and continuation by incorporating patient views of illness into treatment and targeting stigma. Clinicians may improve treatment participation by using simple language, tailoring communication to patient preferences, discussing differences, and demonstrating positive affect.
Practice implications: Lack of knowledge about the mental health system and somatic symptoms may delay treatment initiation. Discussions of clinician backgrounds, power, and communication style may improve treatment participation. Treatment continuation may improve if clinicians tailor communication and treatment plans congruent with patient expectations.

© 2015 Elsevier Ireland Ltd. All rights reserved.

Contents

* Corresponding author at: The New York State Psychiatric Institute, 1051 Riverside Drive, Unit 11, New York, NY 10032, USA. Fax: +1 646 774 8326.
E-mail address: aggarwa@nyspi.columbia.edu (N.K. Aggarwal).

1. Introduction

The low treatment engagement of racial and ethnic minorities with mental illness is a major public health problem in multicultural societies. Engagement has been defined as how patients initiate, maintain, and participate in treatments such as pharmacotherapy and psychotherapy [1]. Disparities persist along this entire pathway as racial/ethnic minorities are 20–50% less likely to initiate mental health care [2–4], 40–60% less likely to fill prescriptions [5,6] and 40–80% more likely to end treatment prematurely for mood, anxiety, and psychotic disorders [7–9].

The problems with engaging minorities into mental health treatment are multifactorial and occur at individual, organizational, and systemic levels. They include a lack of health information to make treatment decisions [1] (individual), unequal access to evidence-based practices [10] or language-matched services [11,12] (organizational), and communities without the resources to fund health services (systemic) [13]. However, poor engagement continues even in cases of free or subsidized language-matched treatment after patients have initiated care [14–16], emphasizing the role of the individual patient-clinician interaction. Studies of patient–clinician communication demonstrate that the interaction can be improved since clinicians often involve racial/ethnic minority patients less in treatment participation activities such as clinical decision-making [17], rapport building [18], and friendly conversation [19]. Clinicians are also frequently unaware of patient cultural interpretations around preferred illness labels [20], perceived illness causes [21], and treatment preferences [22,23]. Minorities who perceive that clinicians do not understand their cultural views have seven-fold higher odds of ending treatment [24], but participate in treatment with greater retention (OR = 2.78, 95% CI = 1.33–5.79) and follow-up (OR = 1.29, 95% CI = 1.16–1.43) with clinicians who understand their views [25].

Patient–clinician communication may therefore act as a key mechanism of action for treatment engagement. Medical encounters can be divided into those that are intra-cultural when clinicians and patients share the same culture and ethnicity and those that are intercultural when their cultures and ethnicities differ [26]. Although definitions of culture have evolved throughout the social and behavioral sciences based on intellectual trends [27], we understand culture according to the latest definition created by the Cultural Issues Subgroup of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, based on systematic literature reviews.

Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems. Cultures are open, dynamic systems that undergo continuous change over time; in the contemporary world, most individuals and groups are exposed to multiple cultures, which they use to fashion their own identities and make sense of experience [28].

One model of medical communication posits two targets for intervention: (1) the clinician's elicitation of patient cultural interpretations of illness and treatment preferences, and (2) improved clinician communication behaviors such as proactively building rapport, answering patient questions, showing positive

Table 1
Search resources.

Databases	Journal hand search	Grey literature
PubMed	Cultural mental health journals	New York Academy of Medicine Grey Literature Report
PsycInfo	Transcultural psychiatry	System for Information on Grey Literature in Europe
Embase	Culture, Medicine, and Psychiatry	Clinical Medicine & Health Research
CINAHL	International Journal of Culture and Mental Health	University of York Centre for Reviews and Dissemination
Cochrane library	Cultural Psychology	Proquest Digital Dissertations
	Culture & Psychology	
	Journal of Cross-Cultural Psychology	
	Cultural Diversity & Ethnic Minority Psychology	
	Social sciences and mental health journals	
	Medical Anthropology	
	Medical Anthropology Quarterly	
	Anthropology & Medicine	
	Social Science & Medicine	
	Health communication journals	
	Patient Education and Counseling	
	Journal of Communication in Healthcare	
	Communication & Medicine	
	Journal of Intercultural Communication Research	
	Journal of Health Communication	
	Western Journal of Communication	
	Communication Studies	
	Health Communication	
	Language & Communication	