Psychological Issues in Medically Underserved Patients

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KEYWORDS

• Underserved • Psychosocial • Mental health • Depression • Primary care • Suicide

KEY POINTS

- Multiple populations in the United States face increased social and environmental stressors. These populations often seek mental health care from their primary care physician. Recommendations are outlined to improve their care experience.
- Recognize that subgroups of underserved populations that face additional stigma are at increased risked psychosocially (eg, based on race, age, and SES). Culturally sensitive programs help patients feel supported by their treatment team.
- Increase comfort using behavioral screening tools, such as Patient Health Questionnaire–9, to assess for mood disorders in underserved populations to more effectively identify and provide help for mental health conditions.
- Identify ways to support engagement in behavioral health (eg, having colocated care, ability to conduct a warm hand-off).
- Identify a team member who can support practical needs (eg, completion of paperwork, referrals to community resources), such as a social worker or care manager.

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INTRODUCTION

Improving the health of underserved populations is an ongoing focus of many medical industries including the US government. One critical problem with underserved populations is their potential for increased suffering from psychosocial stressors/mental health disorders. Practicing family physicians have many day-to-day interactions with psychosocial issues as part of their primary care practice workload. It has been identified that about half of the care for common mental disorders is delivered in general medical settings, leading Nordquist and Regier[1] to describe general medical settings as the "de facto mental health care system" in the United States. This article describes categories of underserved populations, including racially and culturally diverse; pediatric; geriatric; refugee; rural; and lesbian, gay, bisexual, or transgender (LGBT) individuals. Each section defines the population is being presented, identifies the mental health problems each is likely to encounter, explores the barriers that prevent access to care, and identifies potential methods to minimize such barriers. The following sections differentiate the ways in which psychiatric issues vary in underserved settings compared with the general population. Recommendations are offered for primary care physicians (PCP) to support improved recognition and management of psychosocial stressors and psychiatric illness among the underserved, who frequently present to primary care settings for such care.

Prevalence of Mental Health Diagnoses Identified in Primary Care

Recent analyses suggest that approximately 8% of adults in the United States suffer from current depressive symptoms. Prevalence rates for a lifetime diagnosis of depression suggest that nearly 16% of adults have suffered from depressive symptoms. Additionally, 4% endorse having suffered from a lifetime diagnosis of anxiety without evidence of depressive symptoms.[2] These rates are significantly influenced by patient demographic factors, including age, sex, race and ethnicity, education, employment status, and place of living. It is in this context that understanding the unique needs of the underserved is important to best care for the populations described next.

UNDERSERVED POPULATIONS IN THE UNITED STATES

Racially and Culturally Diverse Individuals

Racial minorities in the United States include Hispanics (12.5%), African Americans (12.3%), and Asians (3.6%), and account for one-third of the US population.[3] Racial minorities often suffer from poorer health and are overrepresented in drug-induced death, infant mortality, preterm birth, homicide rates, periodontitis, tuberculosis, obesity, and human immunodeficiency virus.[4] Racial health disparities are influenced by several other factors, including cultural identity, psychosocial stressors (eg, poverty), environmental factors (eg, violence), and unmet health needs.[5,6] The higher prevalence of mental health problems among racial minority individuals is largely accounted for by social determinants.[5]

Research to create and improve effective therapeutic interventions for racial minatory groups emphasizes understanding mental health stigma and the impact of perceived discrimination among these individuals.[7,8] Each individual has a different life experience rooted in culture and history, and different perceptions of his or her care needs. For example, barriers to care include "self-reliance and self-silence" coping among African American women,[9] and low perceived need despite significant psychosocial trauma among subgroups of immigrant Latinos.[10] Research on racial matching and culturally sensitive treatments highlights the need to consider how racial and cultural experiences influence interest and engagement in care.[11]

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