MANY RIVERS TO CROSS

CRITICAL CHALLENGES AND OVERARCHING GOALS FOR THE AFRICAN AMERICAN BEHAVIORAL HEALTH CENTER OF EXCELLENCE

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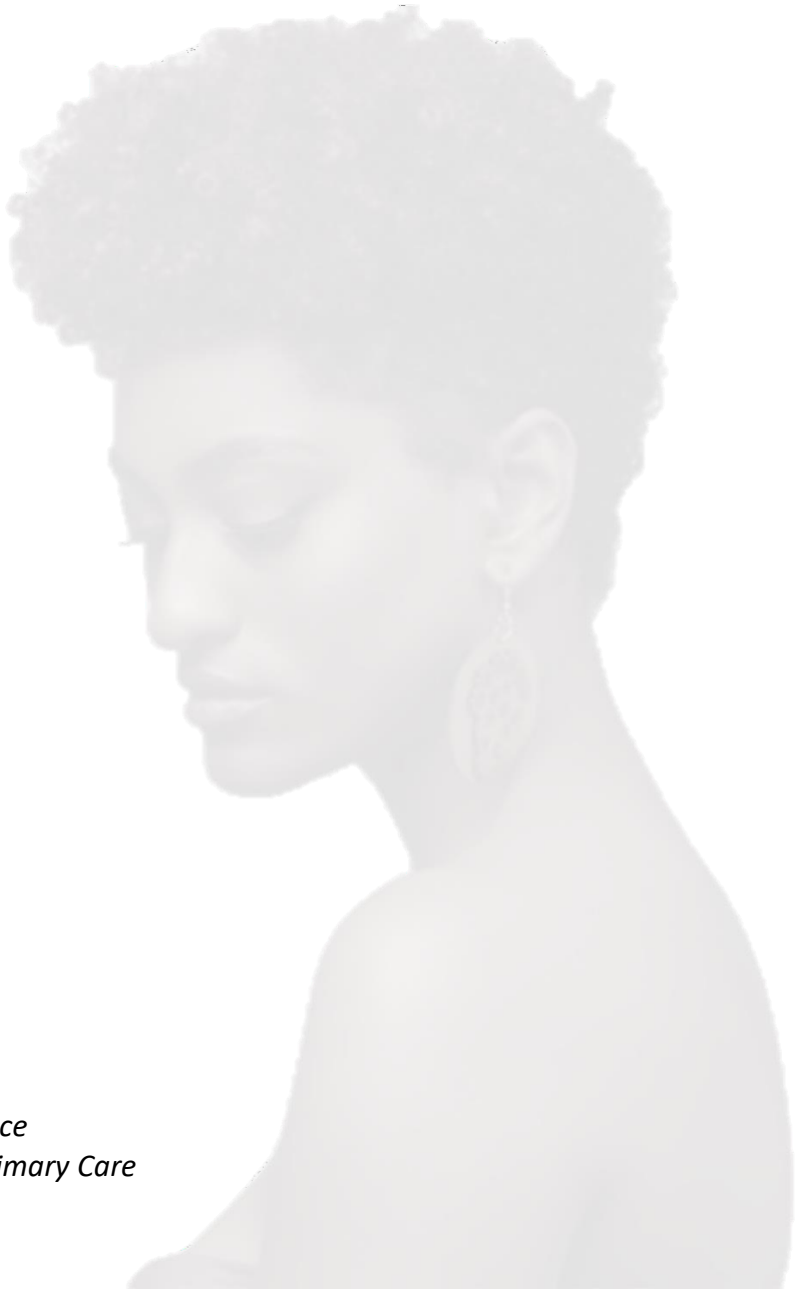

Many Rivers to Cross: Critical Challenges and Overarching Goals for the African American Behavioral Health Center of Excellence

Behavioral health disparities have long had the power to undermine the best efforts of our society, our communities, and our providers to prevent and remedy mental health conditions and substance use disorders (SUD).[1] These disparities—including higher exposure to stress and adversity and lower access to social, economic, educational, and health-related resources—have been particularly devastating in many African American communities.

African Americans tend to be more vulnerable to many kinds of acute and chronic illnesses, as witnessed most vividly in the past year's COVID-19 pandemic.[2] The consequences of chronic physical and behavioral health conditions often fan out through the human body, the family, the community, and the nation, further eroding health and further deepening the disparities.

To address the need for health equity in this large and critically affected population, the Substance Abuse and Mental Health Services Administration (SAMHSA) has established the African American Behavioral Health Center of Excellence (AABHCOE) at Morehouse School of Medicine. Tasked with providing training and technical assistance to providers and practitioners, the new Center of Excellence is determined to direct its resources toward central and critical aspects of this large and multifaceted problem.

This paper examines four major areas of challenge to behavioral health equity for African Americans, matched with four overarching goals that the new Center of Excellence will pursue to meet those challenges.

Four Areas of Challenge

For African Americans, behavioral health disparities stand stark against a 400-year backdrop of brutal oppression, trauma, serial losses, deprivation, and injustice.

- Whether or not history repeats itself, it certainly leaves its imprint on our bodies, minds, spirits, families, cultures, customs, and institutions.
- This imprint ranges from the embodied trauma instilled over 400 years of history to the danger, disrespect, and disregard embedded in many systems, policies, and everyday interactions.[3]
- It is no wonder that Black Americans—even those with higher socioeconomic status—are often more vulnerable to many health consequences than White Americans of the same or lower status.[4]

Serious disparities exist in most aspects of health, healthcare, income, opportunity, education, employment, social status, housing, safety, and justice.[5] All of this affects behavioral health,

and all these disparities are, in turn, affected by our health and by the availability of effective, culturally appropriate services and resources.

The many social and economic factors that public health experts call the "social determinants of health" are aptly named. Their effects can be profound and long lasting. Even modest study of the science of population health makes it clear why our zip codes are better predictors of health and longevity than our genetic codes, even when our behaviors have been factored into the analysis.[6]

Four areas of challenge stand out:

1. systemic inequities that block many African Americans from sufficient access to and engagement in appropriate, high-quality, culturally relevant behavioral healthcare;
2. scarcity and insufficient use of culturally appropriate evidence-based and promising approaches and interventions for African Americans;
3. minimal workforce development for behavioral health practitioners on the social determinants of health, and on subjects such as implicit bias, structural racism, stigma, and other factors that impede high-quality care for African Americans; and
4. the difficulty of reaching the full range of providers with the training and resources needed to address the variety of circumstances and challenges affecting this highly diverse population.

1. Systemic Inequities

One of the lessons our nation is slowly learning is that many of the inequities we seek to address are embedded in our formal and informal systems and policies.[7] While the untangling of all these challenges is far beyond the scope of this Center of Excellence, we can explore and shine a light on many of the systemic inequities that contribute to behavioral health disparities. We can also inspire, encourage, and inform system-level interventions.

The list of disparities rooted in systemic inequities is all too long and all too familiar. One set of challenges is characterized by external obstacles such as provider bias or limitations in resources. For example:

- African Americans are less likely than White Americans to have access to effective treatment and adequate health coverage to pay for it.[8]
- Black Americans with behavioral health conditions are more likely to be arrested, convicted, and incarcerated due to their symptoms.[9]
- Even if they do receive treatment, African Americans are more likely to be misdiagnosed and less likely to be offered high-quality treatment, including evidence-based medications and treatment interventions.[10]

Another set of challenges has to do with forces within the individual that often keep people from seeking or accepting help—forces that are often related to societal inequities. For example:

- African Americans have ample historical cause for mistrust in healthcare providers and systems,[11] and many have firsthand experience of racism in healthcare settings.[12]
- Black Americans in need of behavioral health services are also more likely to stigmatize behavioral health conditions, even—and perhaps especially—in their own lives and families.[13]
- Largely for those reasons, African Americans are less likely to seek professional help, to trust providers, or to be effectively engaged in treatment. Many people postpone help-seeking until the consequences have mounted too high, or until it is too late.[14]

Seeking or accepting behavioral health services or support requires people to surrender the illusion of freedom and control over one or more painful and frightening illnesses—often a terrifying prospect. Even one obstacle or complicating factor can be enough to derail something as delicate as the courageous decision to seek help or continue treatment under adversity. And many African Americans also experience complex combinations of obstacles that serve as additional barriers to help-seeking and access to care.[15]

2. Scarcity of Culturally Appropriate Evidence-Based Practices

On top of all the other life stressors, the high incidence of trauma (including historical trauma) and the everyday experience of disrespect and discrimination can take a particularly heavy physical, neurological, psychological, and social toll on African Americans.[16] For those who develop behavioral health conditions, there is a critical need for culturally appropriate evidence-based and trauma-informed interventions.[17] Yet the behavioral health literature is sorely lacking in information on:

- the effectiveness of evidence-based assessments and interventions with African Americans;
- evidence regarding the optimum implementation of these culturally responsive techniques; and
- evidence-based instruments for measuring the cultural safety and appropriateness of a provider's services, to motivate provider improvement and inform prospective participants.[18]

Even more sparse is the literature on strength and resilience in African American individuals and communities.[19] Well supported exploration and documentation of salient strengths and resilience factors among African Americans—including people recovering from behavioral health conditions—might help the field:

- develop more approaches and interventions that encourage and draw on those resources.

- foster a greater sense of hope and positive expectations; and
- give practitioners and participants alike more positive, affirming experiences and connections.

With far too little research attention paid to African Americans and other communities of color, our field's trove of evidence-based practices is not always evidence-based for this population.[20] Of course, there are culturally generic practices that might be suitable for adaptation to the realities and circumstances of African Americans. However, many clinicians are torn between the responsibility to maintain fidelity to the original model and the hope of stronger engagement and retention with culturally responsive adaptations and implementation.[21]

Processes of assessment, diagnosis, prescription, and treatment planning are also in need of culture-specific instruments and protocols, given the greater likelihood that clinicians will over-diagnose some conditions (e.g., schizophrenia, oppositional defiance disorder), under-diagnose others (e.g., major depression and attention deficit/hyperactivity disorder), and fail to choose the best evidence-based medicines and interventions for African Americans.[22]

3. Workforce in Need of Development

When demeaning and discriminatory practices, attitudes, and beliefs become part of the fabric of a society and its institutions, they are not quickly or easily dispelled. We all carry their legacy in one way or another, whether they have distorted our perceptions and treatment of others, of ourselves, or of both. In a country and a field whose history includes systemic racism, myths, and pseudoscience:

- true cross-cultural understanding of African American individuals, families, communities, and cultures is more the exception than the rule;
- cross-cultural communication and respect are often complicated at best;
- unconscious bias can be prominent even where no conscious bias exists; and
- one does not have to intend any harm to do significant harm to vulnerable people.[23]

The experience of structural racism, discrimination, and implicit and explicit bias can be a frequent and significant source of toxic stress for African Americans. These experiences can raise the risk of chronic physical and behavioral health conditions, lowering life expectancy and assaulting people's sense of social and emotional well-being.[24] Of all the environments an individual enters, the behavioral health setting should be free of these sorts of stressors, but often it is not. For example:

- staff's unconscious bias can shatter the sense of welcome, belonging, safety, and respect required for effective engagement and retention in care;[25]
- practitioner bias can affect diagnosis, treatment planning, and prescribing practices;[26]

- challenges in cross-cultural communication can lead people to miss or misinterpret vital information and social cues;[27] and
- the stigma attached to behavioral health conditions—even in many behavioral health settings—is often compounded by stereotypes that have been used for centuries to justify health disparities and to dehumanize and pathologize African Americans.[28]

4. Gaps in Culture-Specific Resources Within the Larger Field

For decades, a common fate of cultural competence initiatives has been a sort of compartmentalization. As the official centers of culture-specific efforts and resources, these initiatives have often operated in isolation from their organizations' or systems' other efforts. To avoid this, some organizations have decided instead to make a commitment to infusing culture-specific efforts throughout all initiatives. This makes the impact harder to assess, and cultural considerations might go by the wayside when time and resources grow short.

Our nation's population—and its behavioral health challenges and solutions—are vast and varied. So, our field and the larger culture have established a wealth of organizations, initiatives, and coalitions molded around the challenges and resources of their constituencies. But diversities of color and culture cut across all these categories. For example, the needs and realities of a Black youth struggling with issues of sexual identity may be very different from those of a White youth at the same crossroads. No organization has the time or the resources to do justice to all the intersectional issues that might arise and become important to the people it serves.

If efforts to address behavioral health disparities for African Americans are isolated from efforts focused on other issues or populations, they will benefit far fewer people. We cannot always count on the individuals serving other stakeholder groups to 1) be aware of the work we are doing, 2) take the initiative to seek out our resources, and 3) make their own insights known to us, so we can improve our work. There is a high risk of missing important connections and opportunities for collaboration and synergy.

These four areas of challenge—systemic inequities, scarcity of culturally appropriate evidence-based practices, a workforce in need of development, and gaps in culture-specific resources in the larger field—are certainly not the only challenges that keep behavioral health disparities in place. However, they are urgent, they are substantial, and our field is ready to address them in concrete ways.

Four Overarching Goals

The African American Behavioral Health Center of Excellence will help the field address the four areas of challenge described above through the pursuit of four overarching goals:

- behavioral health system transformation

- culturally appropriate evidence-based practices
- a culturally competent workforce, and
- structures of collaboration with multiple networks.

Behavioral Health System Transformation

To identify and address behavioral health disparities affecting African Americans, system leaders and system transformation teams must:

- analyze the policies, ideologies, and processes in their own structures that generate and reinforce inequities;
- identify and remove barriers to access to services, engagement in services, and retention in services;
- take steps to improve access, even at the community level, using culture-specific outreach and continuous engagement strategies;
- modify admission and other practices to make care more convenient, more readily available, more affordable, and more effectively reimbursed;
- modify policies and protocols to ensure culturally appropriate, trauma-informed, evidence-informed assessment, diagnosis, and care;[29]
- expand the focus of assessment, treatment planning, and service delivery to include a community/population health perspective and attention to the social determinants of health; and
- maximize policy and fiscal levers to integrate services, encourage meaningful cross-system collaboration, and dismantle systemic inequities that contribute to disparities.

To make systems equitable and responsive, leaders and their staff will need sufficient tools, resources, and training to support their ability to provide outreach and to engage, retain, and effectively care for African Americans. Those resources, along with ample encouragement, preparation, and support for systems-change initiatives, will be a major focus of the AABH-COE.

Culturally Appropriate Evidence-Based Practices

There is clearly a need for more research focusing on:

- the strengths, needs, and realities of African Americans with behavioral health challenges; and
- the effectiveness of a wide variety of interventions with this population.[30]

However, more study and more analysis are necessary to pinpoint where the evidence is, where the gaps are, what the opportunities are for expanding the reach of research into this population, and how to find the resources to make this happen.

dissemination of African American-specific, culturally appropriate evidence-based and emerging best practices, with frequent updates as the science and practice continue to evolve. We also need to know much more about culturally responsive adaptation of generic evidence-based practices and implementation considerations.[31] The field needs far more study and discussion of these considerations, and clear guidelines for clinicians.

If we also look at the evidence through a population health lens, we will consider, not only interventions into specific behavioral health conditions, but also ways of mitigating:

- the negative effects of the larger environment and the social and economic determinants of health and well-being;
- the effects of everyday discrimination and disrespect on individual, family, and community behavioral health; and
- the cumulative burden of a long cultural history of physical, psychological, moral, and spiritual oppression.

Given the time that has passed and the vulnerabilities that exist, it may also be important to advocate that the research community focus some energy on innovative approaches that might be particularly well suited to many African American communities, for example:

- Using elements of participatory research, to empower Black subjects and gather a greater depth of trust, level of disclosure, and quality of information and ideas;
- placing a higher priority on investigating interventions molded around cultural strengths and institutions, such as partnerships between African American faith communities and behavioral health providers; and
- increasing research attention to the emerging body of safe somatic approaches toward seeding communities with skill training for regulating autonomic reactions to stress, thus reducing the cumulative burden of stress over the lifespan.[32]

A Culturally Competent Workforce

To provide psychologically safe and culturally responsive care, the behavioral health workforce needs development in many areas, including:

- an understanding of the effects of history, structural racism, everyday discrimination, and stigma, and the implications of all these challenges for their work with African Americans;
- an understanding of the nature and effects of the range of social determinants of health;
- evidence-based tools for understanding, assessing, and addressing their own implicit biases;

- skills in cross-cultural humility, respect, communication, and problem-solving;
- tools for finding, engaging, and enhancing the individual and cultural strengths and resilience of the people they serve;
- tools for creating warm, welcoming, inclusive, psychologically safe service environments;
- tools for teaching program participants skills for modulating their autonomic responses to stress, conflict, and trauma; and
- an understanding of and partnership with the culture- and community-based resources that many African Americans seek out for strength and support.

As we increase our support for workforce development, we must also ramp up our support for the diversity and the sustainability of the workforce. The new Center's efforts will include training for existing staff, technical assistance at the organizational level, collaboration with academic institutions and employment training centers, enrichment of academic curricula, attraction of more people of color into the field, and creation of career paths that will improve the cultural responsiveness of the workforce.

Structures of Collaboration with Multiple Networks

In any effort to address behavioral health disparities, important ingredients of success include:

- multiple strong partnerships,
- subcontracts with key national organizations,
- the use of diverse subject-matter experts,
- multiple collaborative efforts, and
- the widest possible dissemination of products and services.

To that end, the new Center of Excellence has formed a number of strategic partnerships with national-level behavioral health and allied organizations and networks, with plans for collaboration and mutual dissemination of information and resources. Many of these partners are members of the Substance Abuse and Mental Health Services Administration's network of Training and Technical Assistance (TTA) providers.

Given the wide range of behavioral health-related disciplines, issues, roles, resources, and populations (e.g., women, LGBTQI individuals, Service Members and Veterans), SAMHSA has established a number of substantial TTA networks. These include the SMI Advisor, the regional Substance Abuse Prevention, Addiction and Mental Health Technology Transfer Centers; the Opioid Response Network; the Providers' Clinical Support System for Medication Assisted Treatment; the Addiction Peer Recovery Technical Assistance Center; the Family Support Technical Assistance Center; and the Service Members, Veterans, and Families TA Center). The African American Behavioral Health Center of Excellence will engage in at least one

collaborative project with each of the Centers in these networks and enlist all the networks' help in marketing and disseminating products and services.

Conclusion

It is the hope of this Center that support for behavioral health system transformation, progress toward culturally appropriate use of evidence-based practices, a workforce that is better prepared to serve African Americans, and a strengthening of knowledge-sharing and collaboration throughout multiple behavioral health networks will help position our field to significantly improve health equity and well-being for African Americans.

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