SMIAdviser
A Clinical Support System for Serious Mental Illness

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In Partnership with

TREATMENT ADVOCACY CENTER

# Engaging Black American Participants in AOT

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AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA Substance Abuse and Mental Health Services Administration

**Recognizing Health Disparities Among Black Americans with SMI**

Black Americans who have serious mental illness (SMI) – major depression, bipolar disorder, and schizophrenia – tend to have vastly different experiences when they engage with mental health treatment and services. For example, the estimate for outpatient mental health service use among adults who have SMI is greater for white consumers compared to Black Americans (46.2% for white consumers with SMI, 40.6% for Black American consumers with SMI).[1] This is in part because Black Americans tend to be disproportionately affected by the lack of access to mental health services. They are also usually more reluctant to seek treatment due to mental health stigma in their respective communities. In addition, racial and ethnic minorities tend to be less satisfied with their professional mental health services and, as a result, tend to have higher treatment dropout rates.[2]

Individuals who have SMI may be hesitant to seek treatment for their mental health. This is because of their lack of trust that the treatment will appropriately cater to their needs. They may not seek treatment due to a lack of insight about their symptoms or diagnosis, which is experienced by 50% of individuals living with schizophrenia.[3] However, Black Americans who have SMI also face additional challenges that create mental health disparities and cause them to be less engaged with mental health treatment.[4]

Additional major challenges that create mental health disparities for Black Americans include:

1. **Internal Fear and External Stigma.** Black Americans who have serious mental illness often battle stigma within their own communities, which prevents them from being vocal about their needs and seeking treatment services. Fear of disclosing their symptoms to others results in suffering in silence.[5]
2. **Lack of Trust in Medical Professionals.** Due to a long history of medical exploitation, there is widespread mistrust of mental health care providers in the Black American community.[6] Black Americans fear being discriminated against and receiving substandard care compared to other ethnicities.[7]
3. **Limited Choice and Access Due to Cost and Location of Services.** Financial barriers, transportation, and access to resources pose significant challenges for Black Americans when they seek mental health services.[8]
4. **Limited Knowledge About Treatment Options.** Members of the Black American community often lack knowledge of evidence-based treatment options and services that would help them reach their recovery goals. Lack of knowledge about treatments and their availability can result in substance misuse, interpersonal conflicts, and other damaging self-medicating practices.[9]

5. **Incarceration and Legal Challenges.** Black Americans are overrepresented in the criminal justice system, which results in further stigma and inadequate access to high quality and evidence-based mental health services. Community-based mental health interventions and services such as diversion programs are proven to strengthen mental health outcomes among Black Americans who have SMI.[10]
6. **Lack of Culturally Informed Care.** Black Americans may rely solely on informal support due to a feeling that providers do not understand their culture. Culturally tailored interventions can enhance outcomes in treatment.[6] This includes individuals feeling they can express themselves authentically with providers to share their spirituality, familial backgrounds, self-care practices, and communicate authentically without judgement.[11]
7. **Mental Health is Seen as Secondary to Physical Health.** When Black Americans seek care, medical providers often minimize mental health symptoms and attribute them solely to physical health issues. Additionally, Black Americans prioritize medical conditions over mental health issues.[11]

**Addressing the History of SMI and Law Enforcement**

Black Americans who have SMI may have a strong distrust or fear of law enforcement. They are often the first responders during a mental health crisis and are responsible for transporting people to hospitals and emergency departments when they experience a mental health crisis. In general, any police interaction – especially those that involve arrests and use of force – can be traumatic. Yet the risk of being killed when stopped by law enforcement is 16 times higher for people who have untreated SMI when compared to other civilians.[12] In particular, Black Americans who have SMI may have a unique fear and distrust of the police as a result of their long history of police-involved trauma that includes police brutality and racial profiling. These kinds of interactions with law enforcement have the potential to reduce emergency service utilization and discourage help-seeking behaviors among Black Americans who have SMI.[13]

Effective methods for partnership between providers and law enforcement include:

1. **Crisis Intervention Training (CIT).** Mental health providers can assist in structured training of law enforcement staff on how to assess and then intervene to support individuals who experience mental health crises. This entails procedures and strategies for supportive listening and de-escalation. Training also includes recognition of best practices and abandonment of unhelpful techniques that could lead to further harm and trauma for individuals who are in crisis.[14]
2. **Expanding Community Outreach Services.** Educational workshops, networking events, and community gatherings help bridge the gap between community members and law enforcement agencies. As healthy relationships are established, trust can grow between community members and those who protect and serve. This allows for successful support at the time of need.[15]

3. **Co-Responder Programs.** When mental health providers pair with law enforcement to respond to people in need, it can bridge the gap between community and agency. Responding to crisis situations as a team allows each person to leverage their expertise to help de-escalate crisis situations. Co-responder programs support appropriate and coordinated responses as opposed to the use of unwarranted force or preventable arrests.[15]
4. **Establishing Joint Protocols and Operating Procedures.** It is important to allow community members and other key stakeholders who have lived experience with mental health issues and crises to have input on policies that ensure a cohesive and sensitive response to mental health crises. This strengthens trust in law enforcement and creates a holistic approach to mitigate challenging situations.[14]

**Increasing Engagement of Black American participants in Assisted Outpatient Treatment**

Assisted Outpatient Treatment (AOT) is a mental health intervention that encompasses the practice of community-based mental health treatment under civil court commitment. AOT helps individuals who have difficulty with compliance under voluntary treatment. It also allows providers to focus on participant engagement to enhance treatment outcomes.

A large part of how to enhance engagement with mental health services among Black Americans who have SMI is providing recovery oriented AOT that prioritizes the personal goals of the participant. This treatment should:

- Strive to build trust with participants.
- Develop treatment plans with the participants' current life circumstances in mind.
- Involve family members in decision-making processes.
- Provide psychoeducation on mental illness and treatment to reduce stigma and increase understanding of the treatment goals.

Trauma-informed care is an essential approach in AOT. It is possible that a participant's recovery journey includes involuntary inpatient treatment that may have involved seclusion, restraints, or medication over objection. Physical and emotional safety should be a priority for the individual, clinical staff, and all members of the team.

To provide effective treatment and increase participation, the treatment team must:

1. **Nurture a Strong Therapeutic Alliance.** Reinforce specific procedures that result in the participant having a warm handoff between providers and varying levels of care. Therapeutic alliance is imperative and warm handoff protocols foster strong continuity of care practices.[16]

2. **Implement Effective Evidence-Based Interventions.** Be open to receive feedback from the team and the participant on the effectiveness of the intervention tailored to the participant.[7]
3. **Establish and Maintain Open and Transparent Communication.** Open communication is essential among providers, legal representatives, and other key stakeholders in the participant's treatment team. Direct communication helps ensure that critical information is not missed and helps build trust that providers have the participant's best interest in mind.[17]

**Shawnta is a 28-year-old Black woman diagnosed with schizophrenia, living in a public housing high-rise with her mother. At age 21 she began to withdraw from social activities, miss work, and would mutter to herself around the house. Shawnta's mother became aware of her behavior and addressed the situation with Shawnta. This lead to Shawnta becoming agitated, shouting "You're working with the feds to monitor me," and threatening her mother with a lamp. Her mother called 988 and a specially trained police officer responded along with a social worker. They assessed Shawnta and determined she needed hospitalization.**

**Two days after discharge, Shawnta's case manager, Ali, scheduled a home visit with the family to develop a treatment plan. Ali began by sharing information about schizophrenia such as symptoms and treatment. He took special care to address lack of insight as a symptom — and not a character flaw. It was clear that her family was important to her and she asked that they be involved in her care. So the treatment plan and psychoeducation included Shawnta, her mom, and her uncle.**

**While Shawnta wanted to work full-time and live independently, her family was concerned that living independently would result in relapse. Ali reaffirmed that Shawnta's goals were achievable. They discussed how medication non-adherence might interfere with her dreams and connected past job loss with a psychiatric crisis that was likely the result of her stopping her medications. Ali worked with Shawnta, her mom, and her uncle to develop a crisis plan that would limit her contact with law enforcement. Ali also included other illness management skills that would allow her to work, such as skill building, medication monitoring, and supported employment services. After seven months working on her recovery, Shawnta had a part time job that she loved; a job coach who regularly checked in with her, and less frequent meetings with Ali. At one-year post-discharge, Shawnta continued to thrive and the treatment team decided to let the court order lapse.**

AOT should always be implemented in a manner that is culturally and linguistically appropriate. The process begins with ensuring the team is representative of the community in race and ethnicity and uses culturally responsive care.[18] The implementation of this approach in AOT involves:

- Hiring program coordinators, case managers, directors, and monitors that are from diverse backgrounds, as participants are likely to be more trusting and comfortable around people who look like them.
- Offering participants and their loved ones guides to care in their primary language.

In the long run, this approach to AOT can help reduce health disparities and promote health equity among Black Americans who have SMI when implemented alongside a commitment to understand the social determinants of health (race, class, gender, etc.) that produce patterns of health inequity. This requires the challenging of stigmatizing narratives that surround SMI and educating oneself about health disparities experienced by Black Americans. Lastly, it is important to acquire a knowledge of different cultural attitudes toward mental illness and help-seeking patterns among people of color. This is a necessary factor to develop culturally competent treatment services and encourage engagement among a historically underserved population.

**Completing an Accurate Assessment**

**Black American individuals have a unique psychosocial history that affects many aspects of their everyday life.** When providing AOT, an accurate biopsychosocial assessment is imperative for the following reasons:

1. **Historically, Black Americans have been misdiagnosed when seeking mental health services.** Misdiagnoses lead to further reinforcement of stigma, inappropriate interventions, and poor treatment outcomes for the individual seeking care.[7]
2. **Building rapport and therapeutic alliance begins with an in-depth assessment.** Lack of rapport leads to participants disengaging and becoming guarded, particularly if working with Black Americans who need care for SMI.[19]
3. **Black Americans have cultural practices that can be misinterpreted/misunderstood by providers lacking cultural competence.** Cultural competence helps to ensure that spirituality, religion, and additional cultural norms for Black Americans are considered when conducting assessments.[16]
4. **Black Americans may mask common symptoms and display them in unique ways.** Black Americans may exhibit symptoms in various manners that providers who assess them are not familiar with.[5]

5. **Failure to assess accurately may result in traumatizing the patient while gathering information.** Utilizing tact and a person-centered approach is necessary to avoid traumatizing the participant inadvertently when intentions are to provide support.[20]
6. **Appropriately involving family and community members proves helpful for gathering collateral information.** Family members can assist with addressing cultural barriers and support compliance with treatment. In these instances, it is important that providers acquire the necessary signatures and forms to ensure confidentiality and HIPAA practices are properly enforced.[9]

**Seeking Appropriate Supervision as a Provider**

Supervision is imperative when practicing as a mental health provider, particularly when working with SMI in the Black American community.

These are some of the main reasons why supervision is important in the mental health field.

1. **Helps Manage Ethical and Legal Dilemmas.** Mental health providers have ethical guidelines and legal standards to uphold while they provide care. Supervision provides a platform to discuss unique challenges and ensure providers adhere to ethical and legal standards while they provide care. Supervision protects the participant and the provider, particularly when there are complex mental health problems that involve safety of the participant and others.[21]
2. **Reduces Burnout and Stress.** Providing services to participants who have SMI can become stressful and emotionally demanding. Compassion fatigue can impact treatment. Supervision allows space to receive guidance and professional support on how to mitigate stress while providing care.[22]
3. **Elevates Clinical Skills and Recognize Biases.** Supervision enhances self-awareness and allows providers to receive feedback. This is essential for quality evidence-based treatment. Self-reflection practices in supervision encourage mental health providers to embrace accountability and identify areas for improvement.[23] Providers can better recognize and reduce their biases and become more aware of countertransference and personal backgrounds that may disrupt the therapeutic process.[17]
4. **Facilitates Interprofessional Collaboration.** Practicing on a multidisciplinary team strengthens relationships between providers so they can better serve the participants. Communication is stronger and results in quality coordination of care. This can result in identifying blind spots that providers may overlook without supervision.[23]
5. **Enhances Provider Confidence and Professional Growth.** Providing care to people who have SMI can be challenging, particularly for newer providers in the mental health field. Supervision allows providers to develop competence and professional development, while remaining knowledgeable of the latest research and evidence-based practices.[22]

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