MHRN basics

- Established in 2010 under the umbrella of HCSRN
- Public-domain research centers embedded in 14 health systems
- Combined member/patient population approximately 22 million
- Core infrastructure funding via NIMH cooperative agreement

**Our mission:** As a national model for learning mental healthcare systems, MHRN will:

- Identify research questions that matter to patients, healthcare providers, and healthcare systems
- Efficiently answer those questions with real-world research involving real-world patients and providers
- Rapidly disseminate and implement research results
Overall disparities in mental health diagnoses and treatments

- Depression, anxiety, and bipolar Disorder diagnoses over 12 mos. approx. twice as high in non-Hispanic White as in Black, Hispanic and Asian members (smaller differences for psychotic disorders).

- Among people with depression diagnoses:
  - Psychiatric medication use moderately higher among non-Hispanic White and Asian as among Black and Hispanic patients
  - Psychotherapy treatment rates moderately higher among Black and Native American patients than among non-Hispanic White, Hispanic, and Asian patients
Questions about disparities in depression treatment

- Is this confounding by insurance status or environmental conditions?
- Where in the care process do differences arise?
- At what level (patient, clinician, health system) do differences arise?
Confounding? ....No
Where in the care process?...Bigger disparities in treatment initiation and continuing medication

- Refilling initial antidepressant prescription only 50-60% as likely in Black, Hispanic, and Asian as in Non-Hispanic White patients
- No apparent confounding by insurance type, neighborhood characteristics, and clinical history

- Only 53% with >= moderate symptoms start any treatment
- Starting any treatment 60-65% as likely in Black, Hispanic, and Asian as in Non-Hispanic White patients
- No apparent confounding by insurance type, neighborhood characteristics, and clinical history

- Returning for 2nd psychotherapy visit 85% as likely in Black, Hispanic, and Asian as in Non-Hispanic White patients
- No apparent confounding by insurance type, neighborhood characteristics, and clinical history
Focus on reducing disparities in treatment initiation:

- Highest rate of “failure”
- Marked disparities by race and ethnicity
- Accommodates differences in values and preferences
Pilot trial of outreach to reduce disparities in depression treatment initiation:

- Testing low-intensity outreach for Black, Hispanic, and Asian patients who do not initiate specific depression treatment after new diagnosis
- Two MHRN health systems:
  - Henry Ford Health
  - KP Hawaii
- Formative/qualitative research followed by moderate-scale pilot testing
- Explicit consideration of values and preferences (getting what you need vs. getting what we think you need)
Next: Racial and ethnic disparities in use of clozapine

- Universally recommended for people with more severe or treatment-resistant psychotic disorders
- And very rarely used

Chi square = 61.7, df=7, p<.001
Engaging with patient stakeholders

- Patient partners with full votes in governance
- Patient co-investigators in specific projects
- BUT may not represent those we most hope to hear from