## 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

Mental Health Research Network

## Overall disparities in mental health diagnoses and treatments

Psychiatric

Services Current Issue \| Archive $\vee$ \| About \| Columns \| PS in Advance \| Editor's Choice \| Podcast \| Author Resources | Author and Reviewer Guic

| Back to table of contents | Previous Article $\quad$ Next Article |
| :--- | :--- |

Articles
Racial-Ethnic Differences in Psychiatric Diagnoses and Treatment Across 11 Health Care
Systems in the Mental Health Research Network
Karen J. Coleman, Ph.D., Christine Stewart, Ph.D., Beth E. Waitzfelder, Ph.D., John E. Zeber, Ph.D., Leo S. Morales, M. D., Ph.D., Ameena T. Ahmed, M.D., M.P.H.
Brian K. Ahmedani, Ph.D., Arne Beck, Ph.D., Laurel A. Copeland, Ph.D., Janet R. Cummings, Ph.D., Enid M. Hunkeler, M.A., Nangel M. Lindberg, Ph.D., ... See all authors

- 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 <br> Where in the care process?...Bigger disparities in treatment initiation and continuing medication

Home > Journal of General Internal Medicine >Article
Original Research | Published: 08 February 2018
Treatment Initiation for New Episodes of Depression in Primary Care Settings

Beth Waitzfelder PhD , Christine Stewart PhD, Karen J. Coleman PhD, Rebecca Rossom MD, MS, Brian K Ahmedani PhD, Arne Beck PhD, John E. Zeber PhD, Yihe G. Daida PhD, Connie Trinacty PhD, Samuel Hubley PhD \& Gregory E. Simon MD.MPH
Journal of General Internal Medicine 33, 1283-1291 (2018) $\mid$ Cite this article
$\mathbf{5 7 6 3}$ Accesses | $\mathbf{3 7}$ Citations $\mid \mathbf{5 6 7}$ Altmetric $\mid$ Metrics

- 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

2 Depression and Anxiety
Research Article
ANTIDEPRESSANT ADHERENCE ACROSS DIVERSE POPULATIONS AND HEALTHCARE SETTINGS

Rebecca C. Rossom M.D., M.S. M Susan Shortreed Ph.D., Karen J. Coleman Ph.D., Arne Beck Ph.D., Beth E. Waitzfelder Ph.D., Christine Stewart Ph.D., Brian K. Ahmedani Ph.D. ... See all authors

First published: 20 June 2016 | https://doi.org/10.1002/da.22532 | Citations: 38
Contract grant sponsor: NIMH Cooperative Agreement; Contract grant number: U19MH092201.

Depression and Anxiety

RESEARCH ARTICLE
The impact of race and ethnicity on rates of return to psychotherapy for depression

John E. Zeber PhD, Karen J. Coleman PhD Heidi Fischer PhD, Tae K. Yoon MS,
Brian K. Ahmedani PhD, LMSW, Arne Beck PhD, Samuel Hubley PhD, Zac E. Imel PhD ... See all authors ~
First published: 02 November 2017 | https://doi.org/10.1002/da. 22696 | Citations: 1
Funding information: Supported by NIMH Cooperative Agreement U19MH092201

- Returning for $2^{\text {nd }}$ 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 treatmentresistant psychotic disorders
- And very rarely used

> Any Event (n=12,993)


[^0]Mental Health Research Network

## 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


[^0]:    Chi square $=61.7, \mathrm{df}=7, \mathrm{p}<.001$

