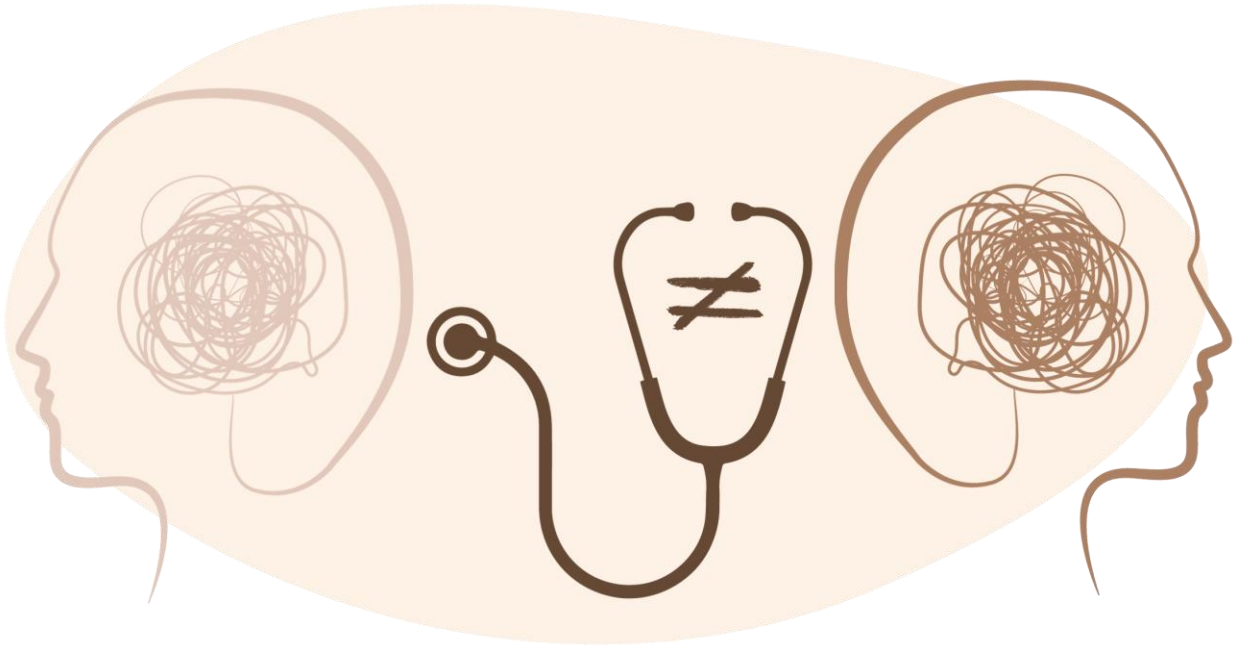
Caring for all?

Biases, ethnicity and mental health care

The case of general practice



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June 18, 2024

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Definitions

Migrant

Someone who has left their country of birth and now **resides in another country**, temporarily or permanently, for different reasons (education, labour, family, conflicts)

Ethnic minority

Social constructions that shaped how society categories individuals in terms of religion, culture, language, skin colour, ...

Race & Ethnicity

Race related to mix **physical features** (skin colour, hair texture, ...) which reflect your geographical origin
Ethnicity: related to shared cultural background

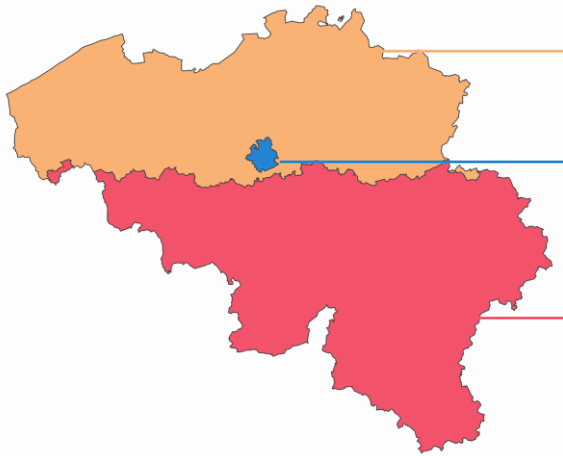
Discrimination

Behaviours that systematically advantage or disadvantage a group.

In Belgium

2022

2.5 million were Belgians with **foreign origin** (21% of Belgian's total population)



15.8% in Flanders

39.7% in Brussels

24.4% in Wallonia

Source: Statbel, 2022 & Hanssens 2017

Source points for discrimination

Labour market

Housing

Criminal justice

Education

Treatment

Mental health care

Access

Movement through the domain

Mental health

Depression

25%

First leading causes of disability
Everyone is concerned

Consequences

- Morbi-mortality
- Employment
- Social integration
- Direct and indirect costs

Migrants and ethnic minorities

Exposed to various factors
- SES
- Migration journey
- Settlement and integration
- Stigmatisation & discrimination

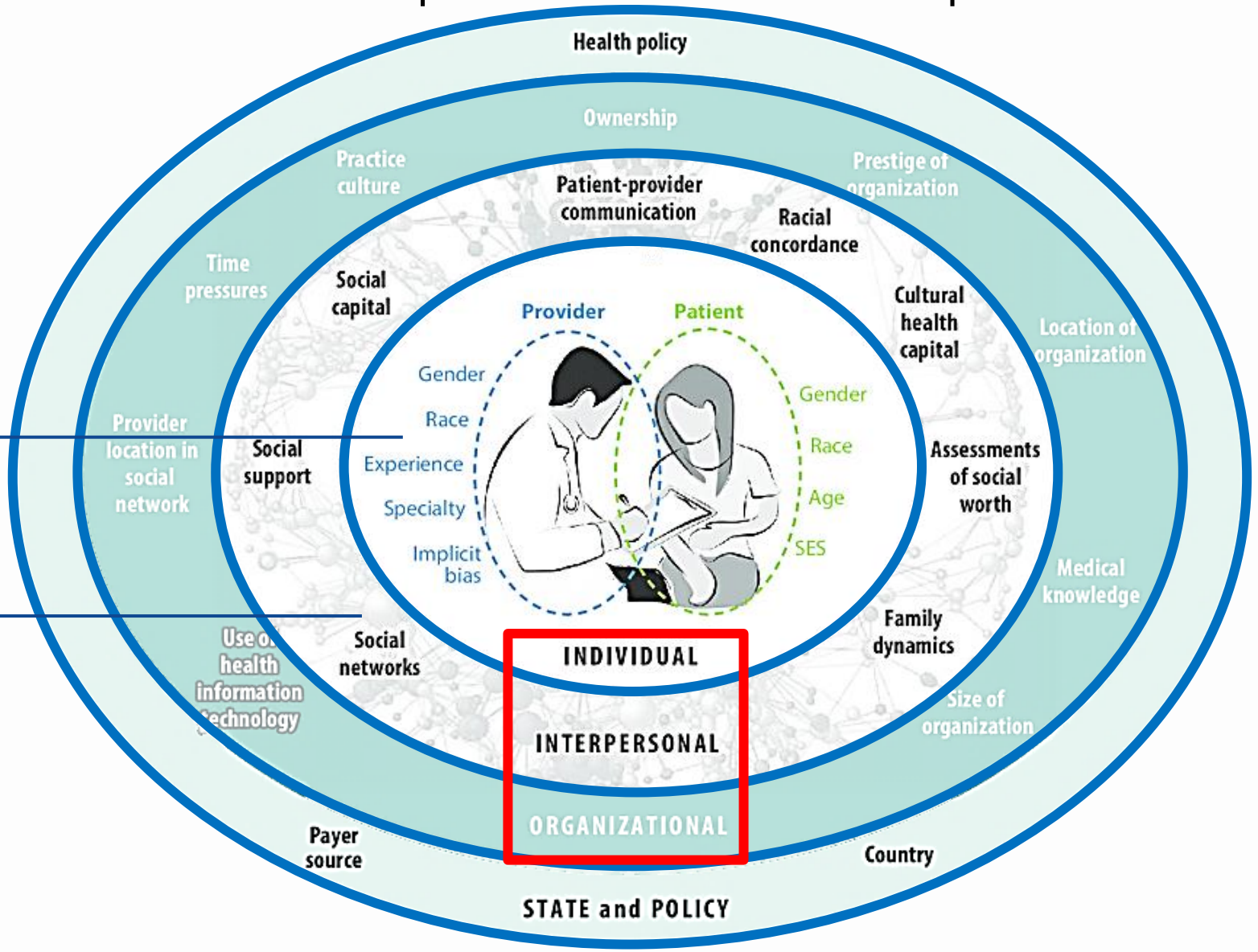
Higher prevalence and incidence

Common mental disorders
- Depression
- Anxiety
- PTSD

Various factors explain these disparities

Cultural competence

Trust in the patient



Knowledge gaps

The case of general practitioners (GPs)

More and more diverse society, first contact, synthetise medical and sociodemographic information in complex situation

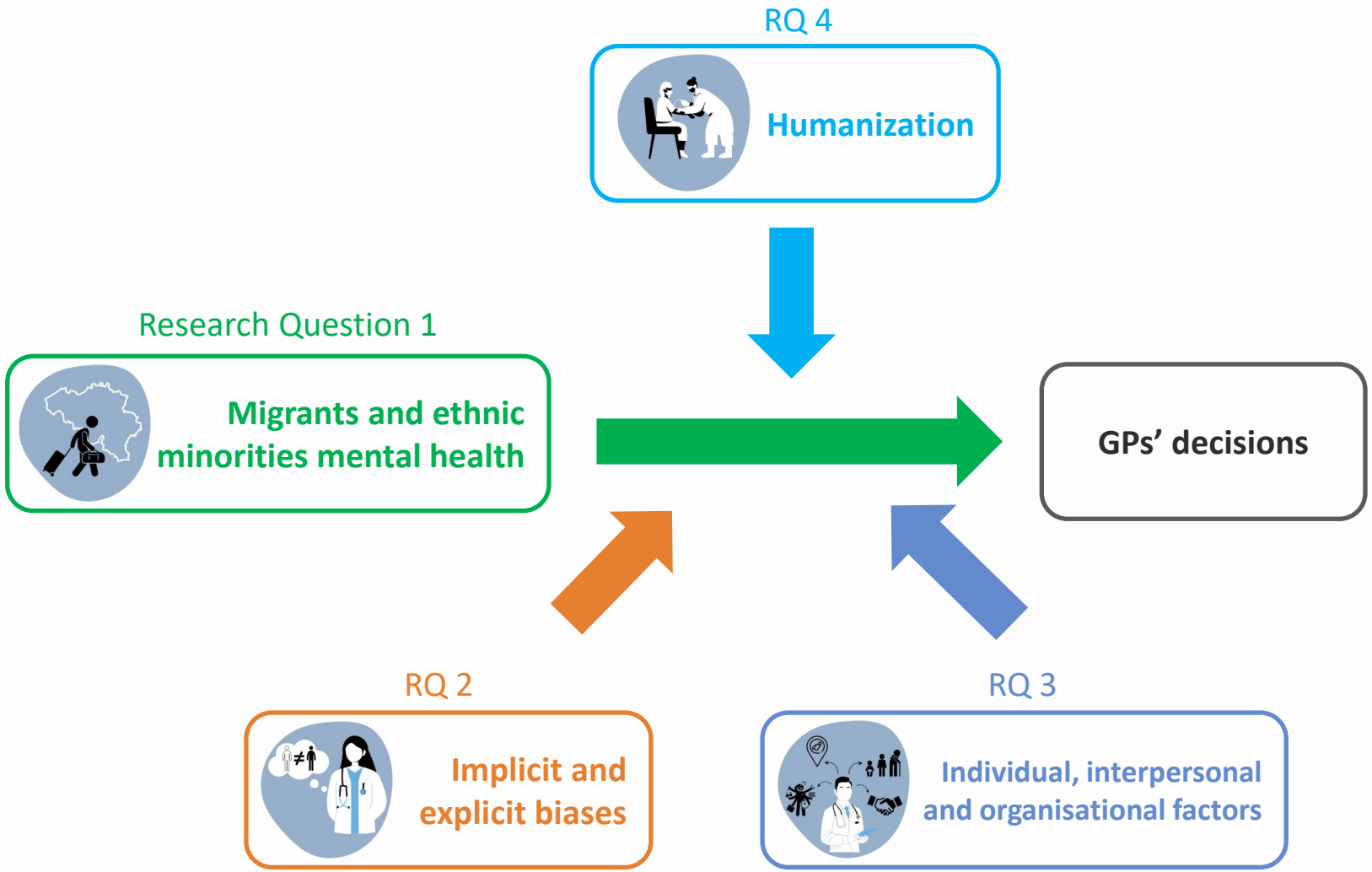
European context, with a focus on Belgium

Prevalence of depression: higher among people with a Moroccan and Turkish background
Discriminatory practices are more prevalent in Belgium (Missinne & Bracke, 2012)

Ethnic biases and humanization intervention in primary health care

Assessing the extent of the issue: implicit and explicit ethnic biases in general medicine
Patient's life story as opposed to categorization, to reduce ethnic disparities

General structure of the research



RQ 1

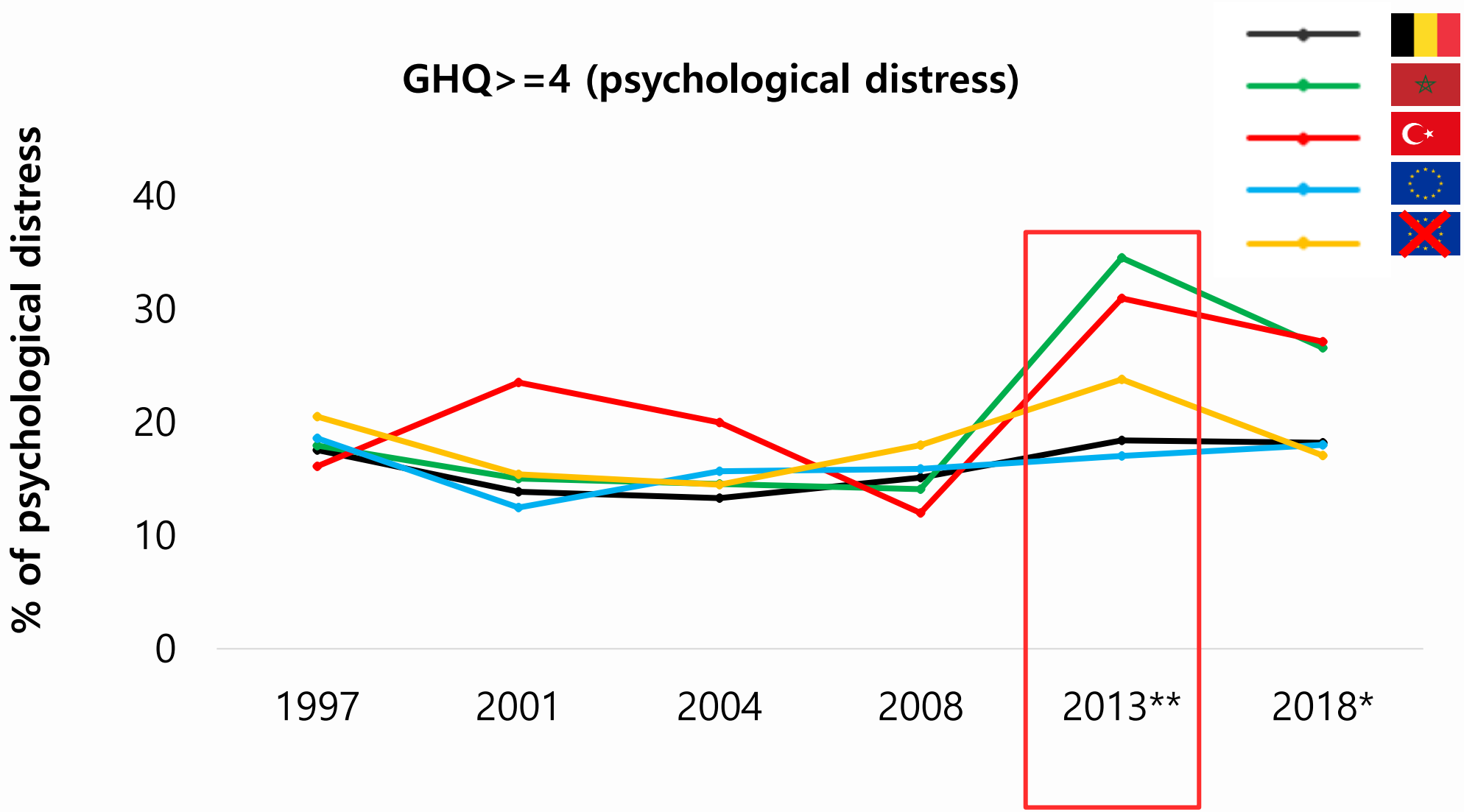
Objective:
To understand the evolution of mental illness prevalence in MEM groups when SES and parents' country of birth are controlled for

Results:

Methods:
- 6 waves of BHIS from 1997 to 2018
- Belgium, Morocco, Turkey, EU-country, and non-EU country
- Parents' country of birth: Belgium, EU and non-EU country for 2013 and 2018
- GHQ-12

Duveau, C., Smith, P., & Lorant, V. (2023). Mental health among people with a migration background in Belgium over the past 20 years: how has the situation evolved? *Archives of Public Health*(81), 176. https://doi.org/10.1186/s13690-023-01187-z

Results


GHQ>=4 (psychological distress)
% of psychological distress
40
30
20
10
0
1997
2001
2004
2008
2013**
2018*

RQ 1

Objective:

To understand the evolution of mental illness prevalence in MEM groups when SES and parents' country of birth are controlled for

Results:

Increased risk of MI among Moroccan and Turkish populations

SES explained the major ethnic differences in MI prevalence

Second-generation migrants: higher risk of MI

Methods:

- 6 waves of BHIS from 1997 to 2018
- Belgium, Morocco, Turkey, EU-country, and non-EU country
- Parents' country of birth: Belgium, EU and non-EU country for 2013 and 2018

Strengths and limitations:

- First repeated cross-sectional nationwide community-based results
- Representativeness of migrants and ethnic minorities not optimal
- Not enough data on ethnicity and parents' country of birth

Duveau, C., Smith, P., & Lorant, V. (2023). Mental health among people with a migration background in Belgium over the past 20 years: how has the situation evolved? *Archives of Public Health*(81), 176. https://doi.org/10.1186/s13690-023-01187-z

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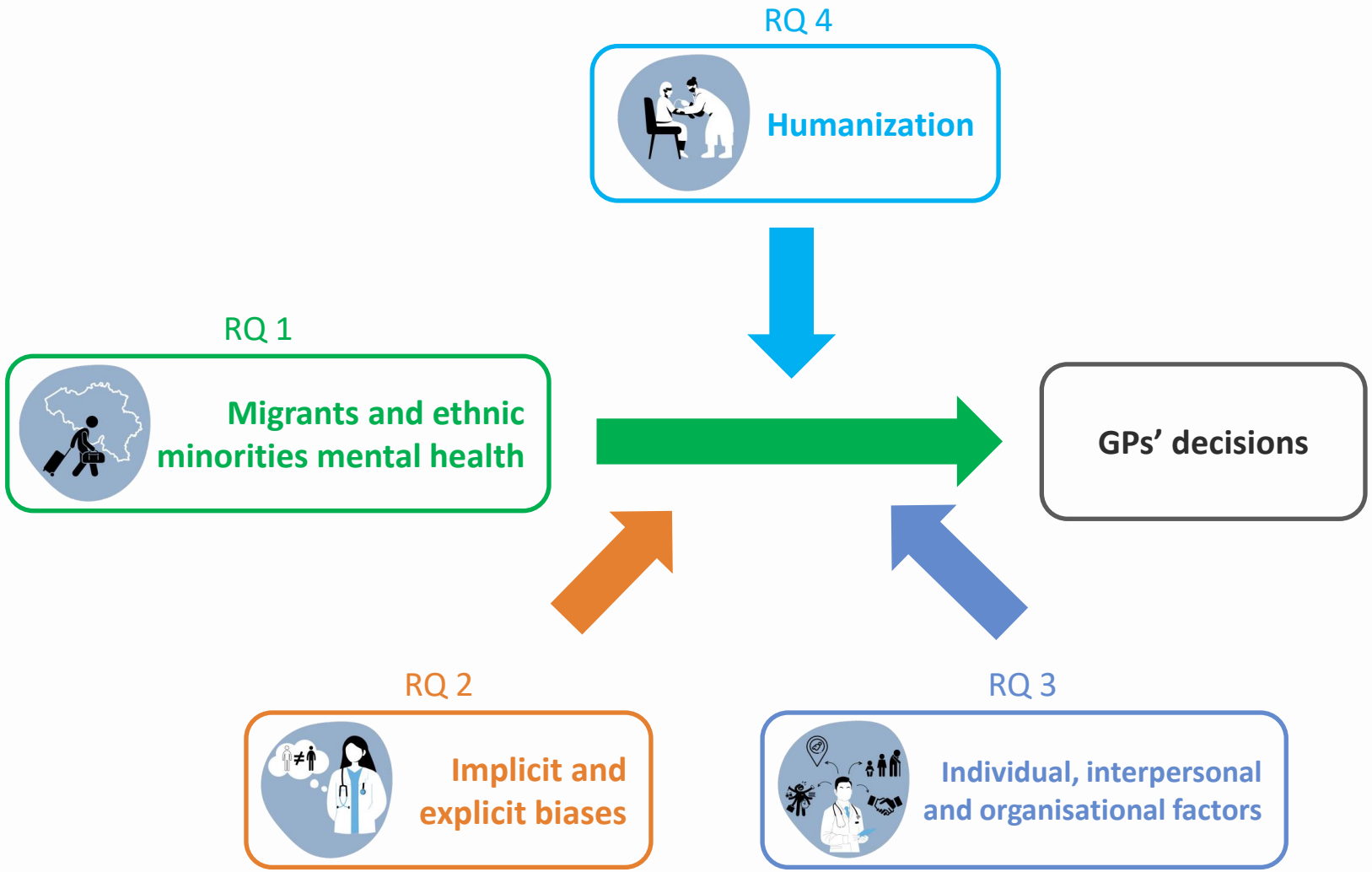


RQ 2

Objective:
Evaluate the magnitude of implicit & explicit ethnic biases

Results:

Methods:
- Implicit Association Test for implicit biases
- Hudelson scale for explicit biases
- Feedback sharing
- 207 Trainee GPs

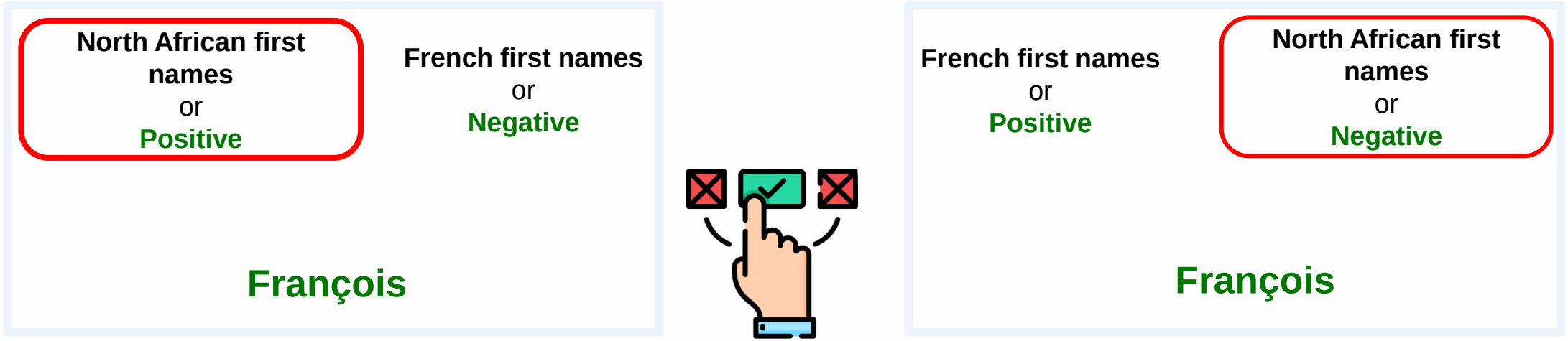
Duveau, C., Demoulin, S., Dauvrin, M., Lepièce, B., & Lorant, V. (2022). Implicit and explicit ethnic biases in multicultural primary care: the case of trainee general practitioners. *BMC Primary Care*, 23(1). https://doi.org/10.1186/s12875-022-01698-8

Results

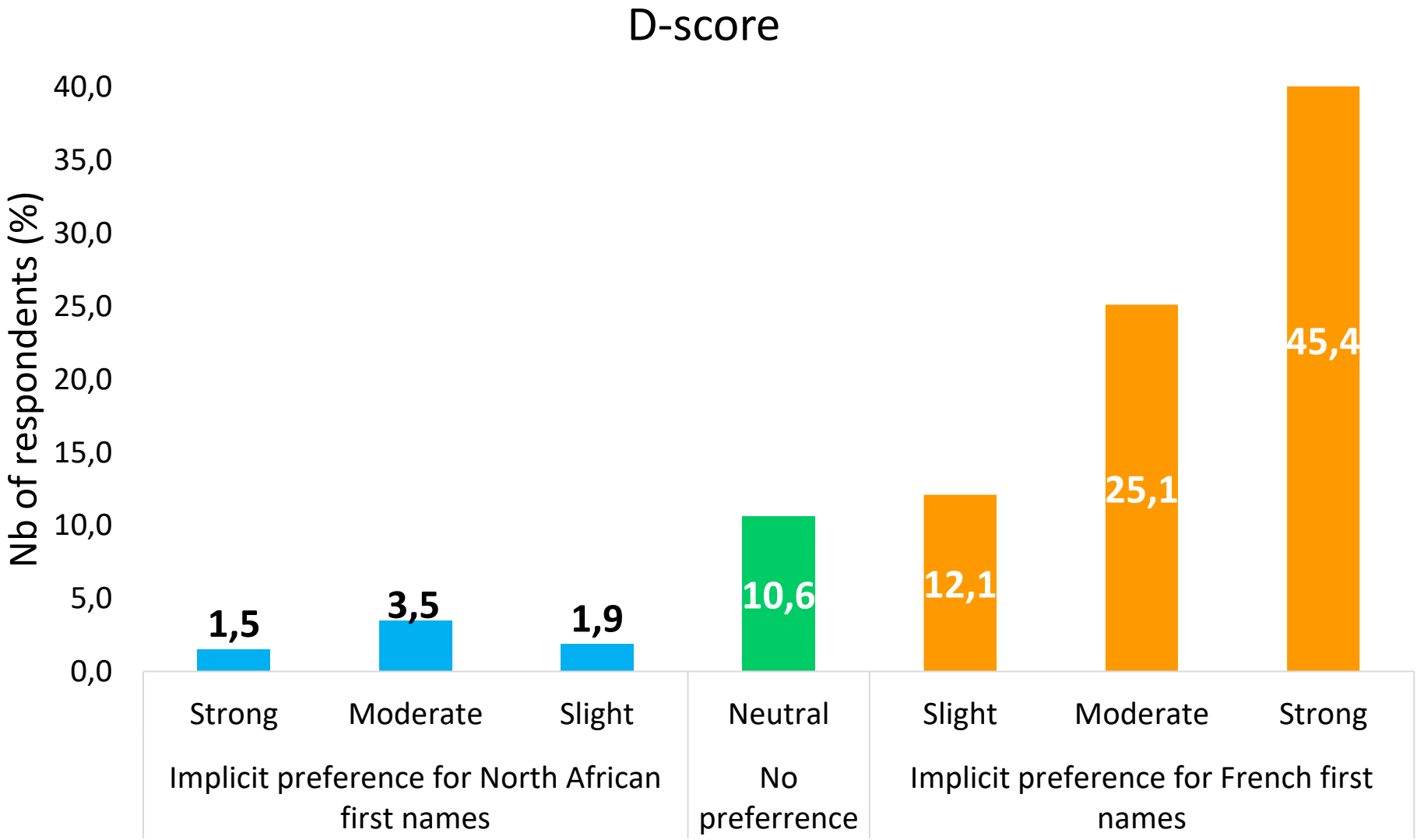
Thinking mechanisms → Influence judgment

Implicit VS Explicit biases

Implicit Association Test



Implicit Association Test

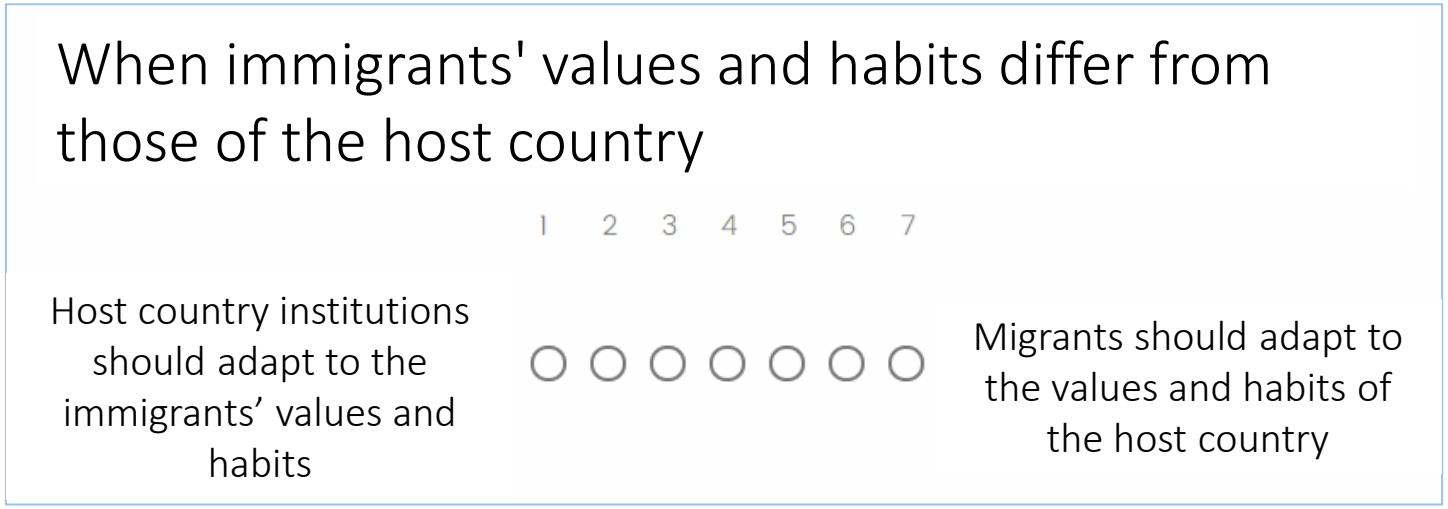


Hudelson scale

Ability to work and communicate effectively with people with different cultural background

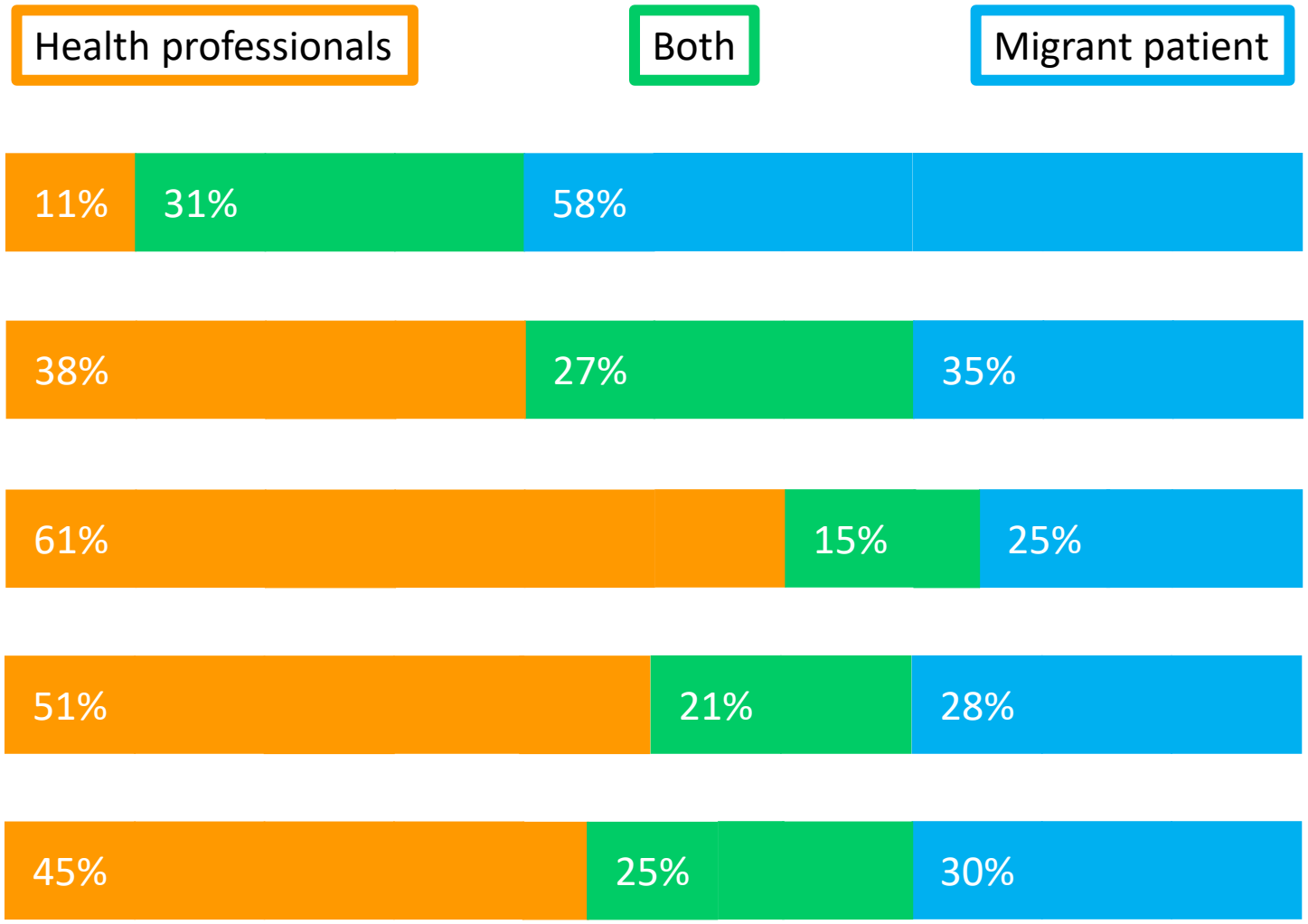
Whose responsibility is it to adapt to interethnic situations?

5 different situations



The responsibility is on:

Differences in:



RQ 2

Objective:
Evaluate the magnitude of implicit & explicit ethnic biases

Results:
- Frequent implicit ethnic associations favouring in-group members
- Limit willingness to adapt care to migrants
- Right-wing ideology and stronger biases

Methods:
- Implicit Association Test for implicit biases
- Hudelson scale for explicit biases
- Feedback sharing
- 207 Trainee GPs

Strengths and limitations:
- Made trainee GPs aware of their biases
- Use the IAT and Hudelson scale as training tools in general medicine
- Representativeness of the trainee GPs

Duveau, C., Demoulin, S., Dauvrin, M., Lepièce, B., & Lorant, V. (2022). Implicit and explicit ethnic biases in multicultural primary care: the case of trainee general practitioners. *BMC Primary Care*, 23(1). https://doi.org/10.1186/s12875-022-01698-8

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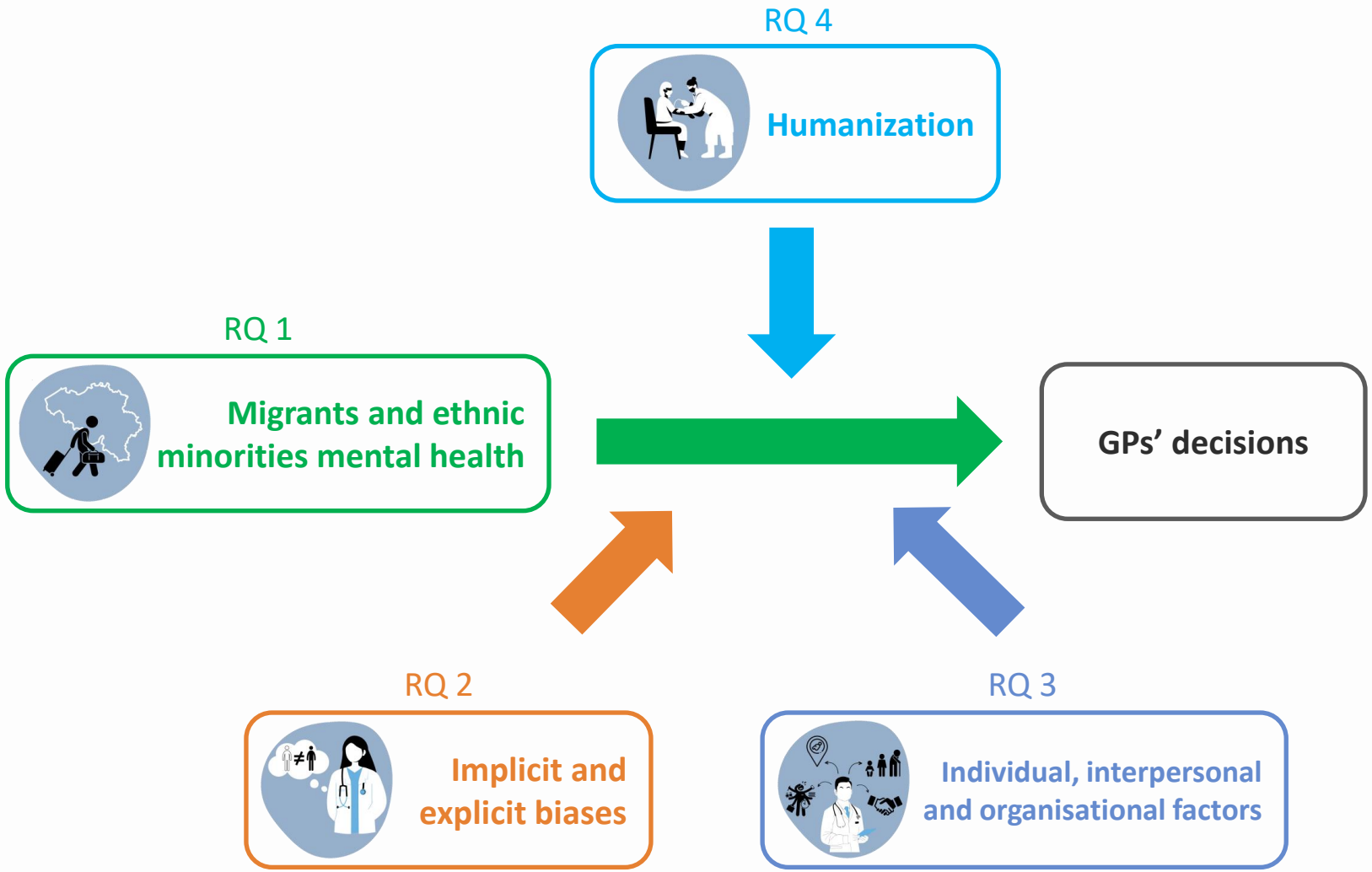


RQ 3

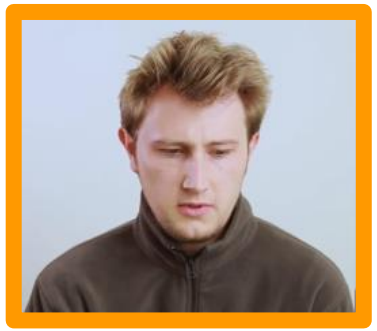
Objective:
What explains disparities in mental health care?

Results:

Methods:
- Experimental design with video vignettes
- 797 GPs (including in training)
- REMEDI online survey
- Diagnostic, treatment, referral

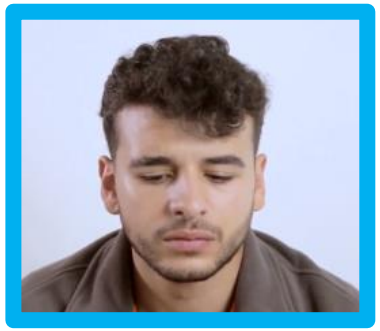
Duveau, C., Wets, C., Delaruelle, K., Demoulin, S., Dauvrin, M., Lepièce, B., Ceuterick, M., De Maesschalck, S., Bracke, P., & Lorant, V. Individual, interpersonal, and organisational factors associated with discrimination in medical decisions affecting people with a migration background with mental health problems: the case of general practice. *Ethnicity & Health*. https://doi.org/10.1080/13557858.2023.2279476

Results



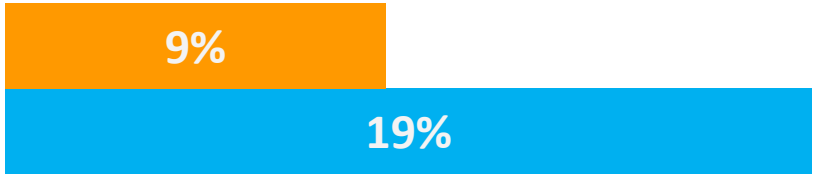
Non-migrant

VS

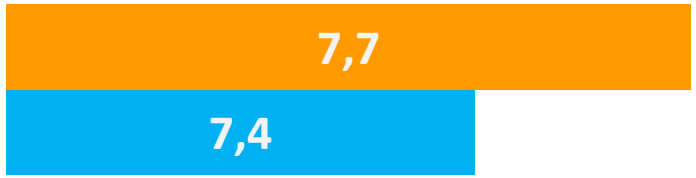


Migrant

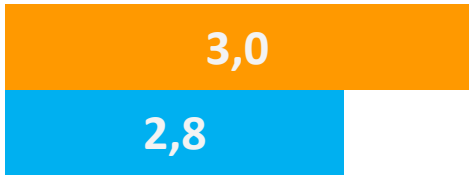
PTSD
Prevalence



Symptom severity
/10



Treatment
/4
1 not likely to
4 very likely



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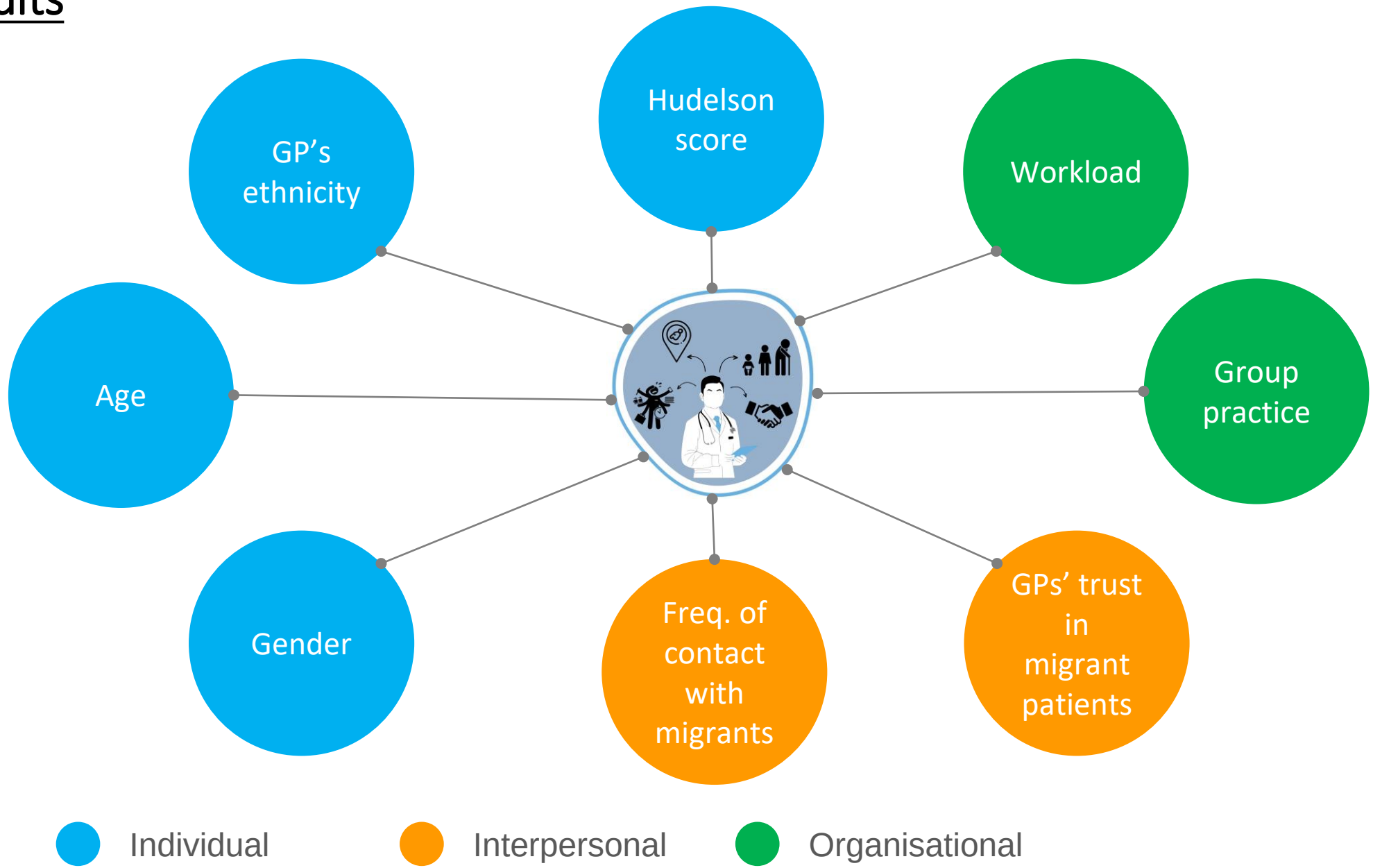
GP's ethnicity
Hudelson score
Workload
Age
Group practice
Gender
Freq. of contact with migrants
GPs' trust in migrant patients
Individual
Interpersonal
Organisational

RQ 3

Objective:
What explains disparities in mental health care?

Results:
- Ethnic disparities in PTSD diagnosis, symptom severity and treatment prescription but small effect size
- More disparities for less trusting older GPs without a MB and with a heavier workload

Methods:
- Experimental design with video vignettes
- 797 GPs (including in training)
- REMEDI online survey
- Diagnostic, treatment, referral

Strengths and limitations:
- Experimental design suppresses confounding factors
- Sample composition: might have underestimated the ethnic disparities

Duveau, C., Wets, C., Delaruelle, K., Demoulin, S., Dauvrin, M., Lepièce, B., Ceuterick, M., De Maesschalck, S., Bracke, P., & Lorant, V. Individual, interpersonal, and organisational factors associated with discrimination in medical decisions affecting people with a migration background with mental health problems: the case of general practice. *Ethnicity & Health*. https://doi.org/10.1080/13557858.2023.2279476

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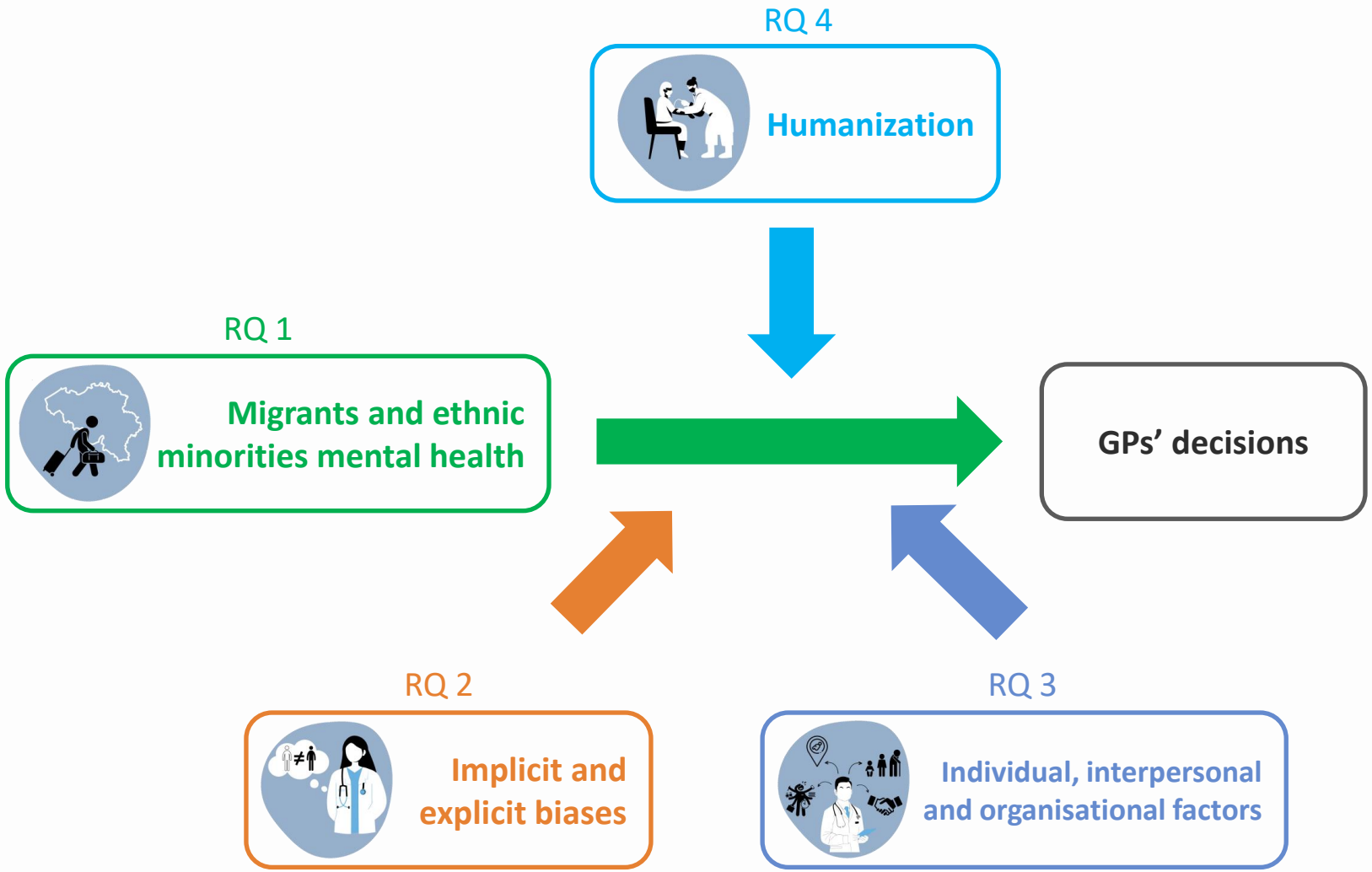


RQ 4

Objective:
Does humanization reduce unintentional discrimination in mental health care?

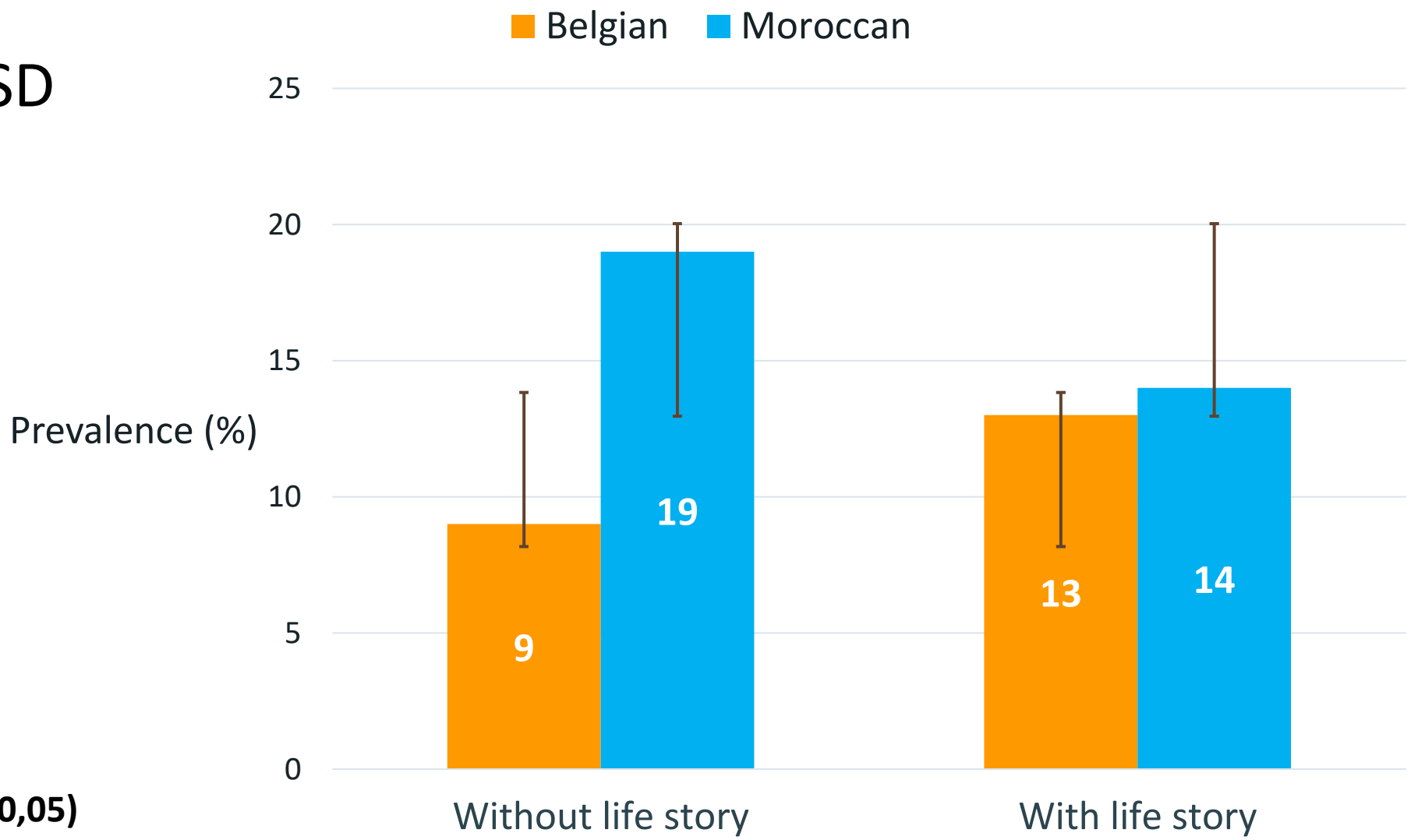
Results:

Methods:
- 2 x 2 experimental study using video vignettes
- 797 GPs (including in training)
- REMEDI online survey
- Diagnostic, treatment, referral

Duveau, C., Wets, C., Delaruelle, K., Demoulin, S., Dauvrin, M., Lepièce, B., Ceuterick, M., De Maesschalck, S., Bracke, P., & Lorant, V. (2023). Unintentional Discrimination Against Patients with a Migration Background by General Practitioners in Mental Health Management: An Experimental Study. *Administration and Policy in Mental Health and Mental Health Services Research*, 50, 450-460. https://doi.org/10.1007/s10488-023-01250-5

Results

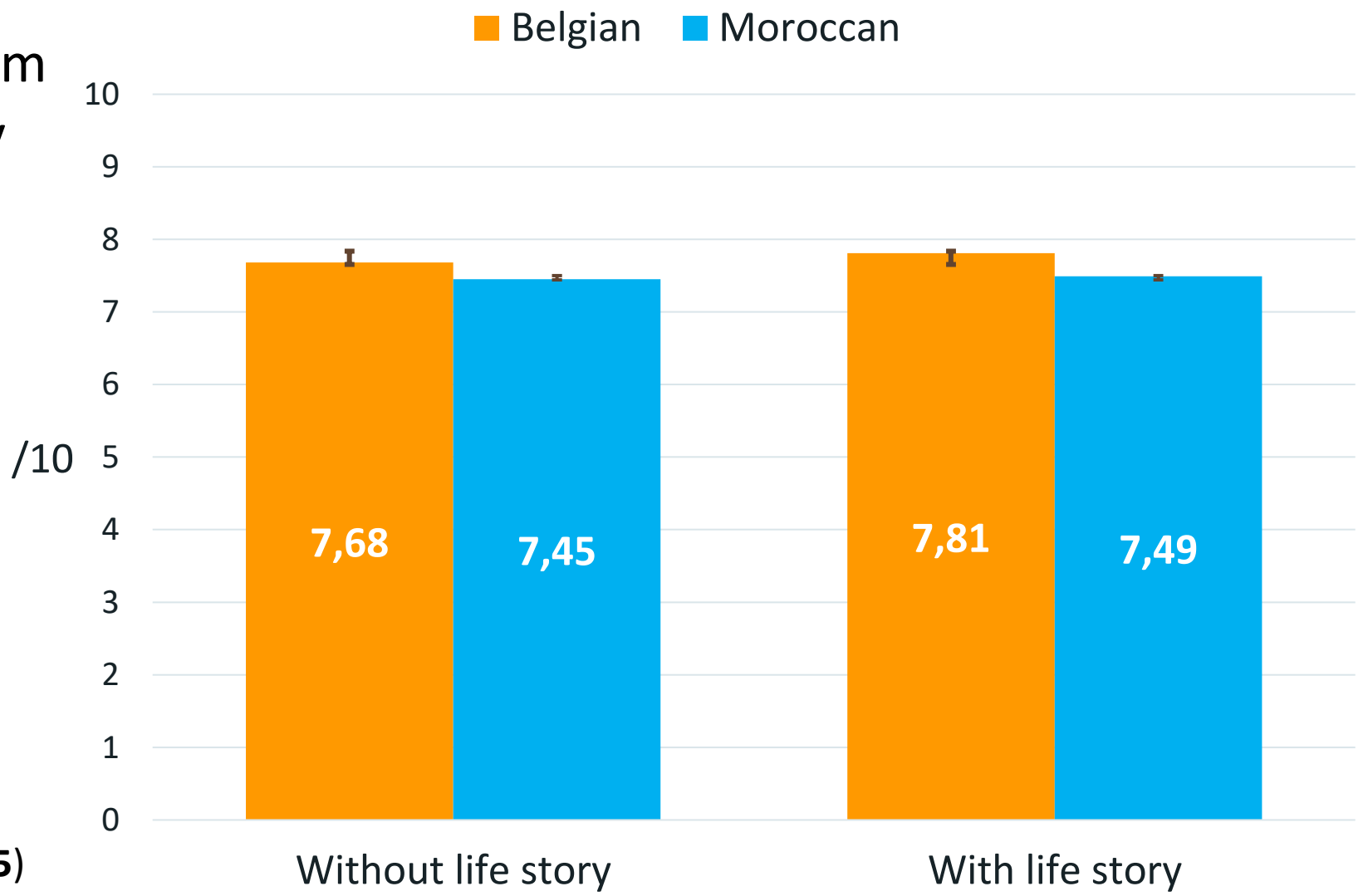
PTSD



Ethnicity F=4,55 **(<0,05)**
Life story F=0,13 (<0,72)
*Ethnicity*Life story* F=3,97 **(<0,05)**

Results

Symptom severity



Ethnicity: F= 7,71 (<**0,005**)
Life story: F=0,81 (0,37)
No interaction effect

RQ 4

Objective:
Does humanization reduce unintentional discrimination in mental health care?

Results:
- Overall: little effect of life story on medical decisions
- Except on duration of consultation and on PTSD diagnosis

Methods:
- 2 x 2 experimental study using video vignettes
- 797 GPs (including in training)
- REMEDI online survey
- Diagnostic, treatment, referral

Strengths and limitations:
- First experimental study designed to assess the effect of humanization in interethnic primary mental health care
- The controlled experimental environment did not replicate the real-life of GPs

Duveau, C., Wets, C., Delaruelle, K., Demoulin, S., Dauvrin, M., Lepièce, B., Ceuterick, M., De Maesschalck, S., Bracke, P., & Lorant, V. (2023). Unintentional Discrimination Against Patients with a Migration Background by General Practitioners in Mental Health Management: An Experimental Study. *Administration and Policy in Mental Health and Mental Health Services Research*, 50, 450-460. https://doi.org/10.1007/s10488-023-01250-5

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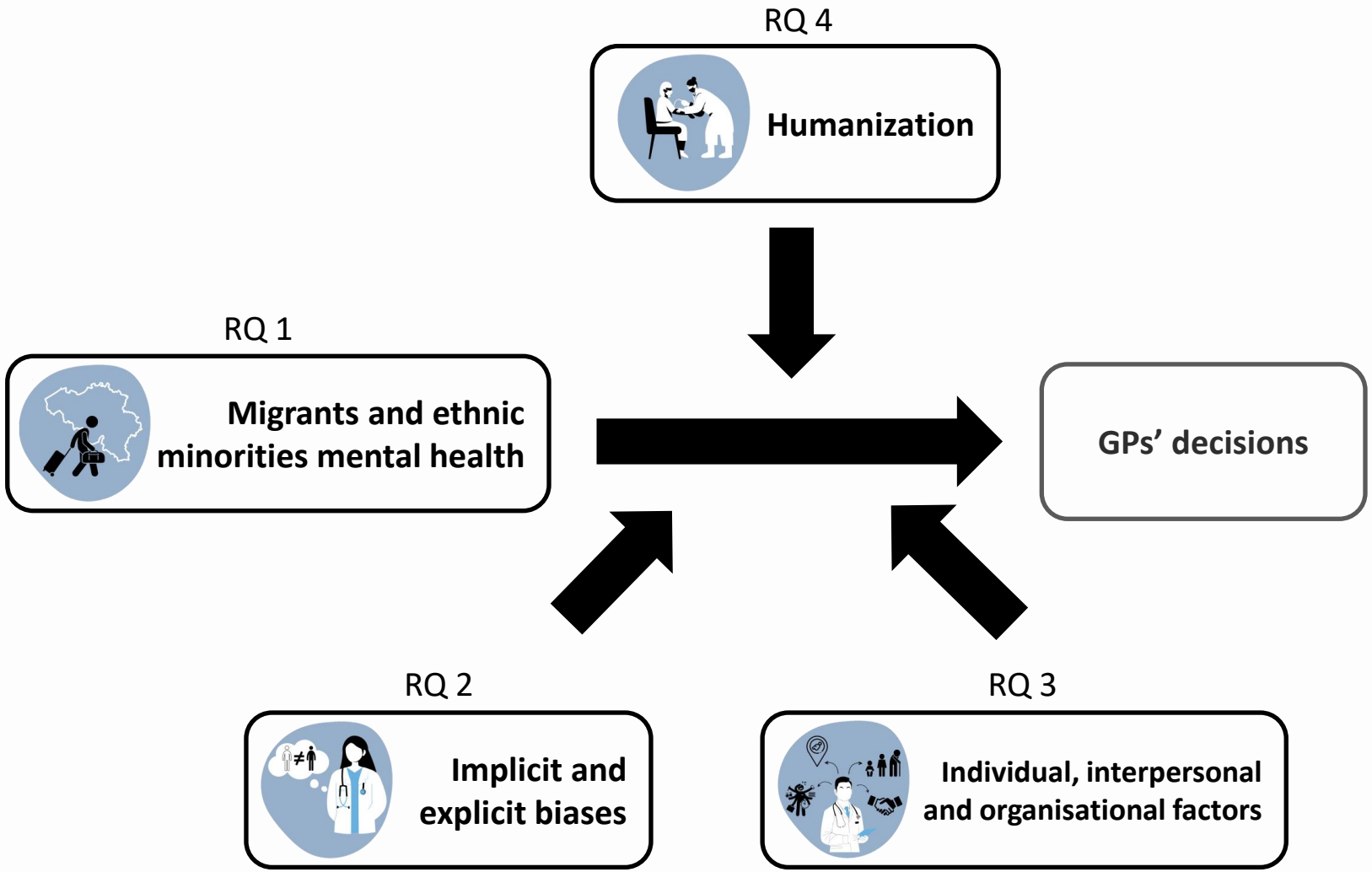
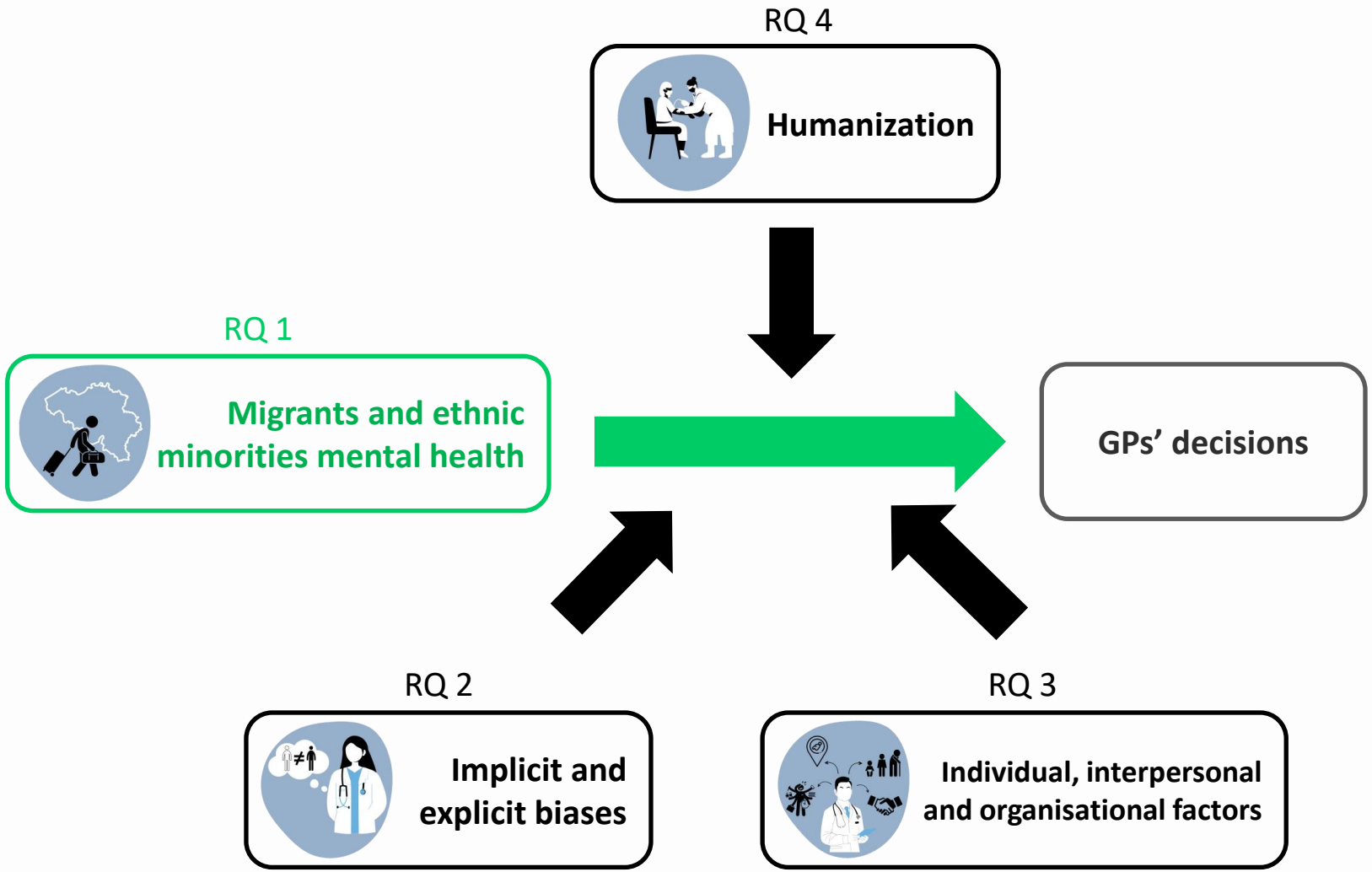

RQ 4
Humanization
RQ 1
Migrants and ethnic minorities mental health
GPs' decisions
RQ 2
Implicit and explicit biases
RQ 3
Individual, interpersonal and organisational factors

Summary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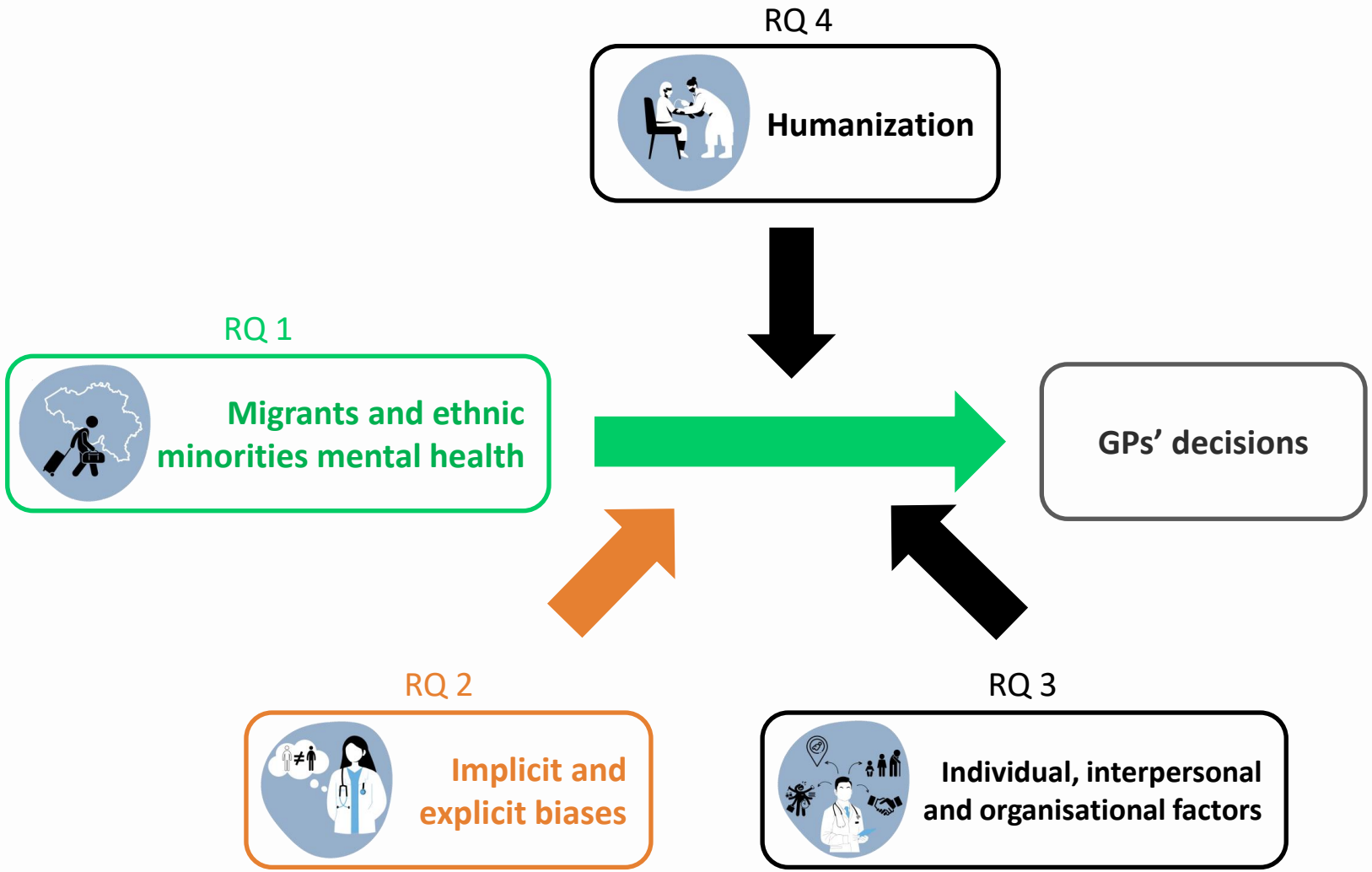
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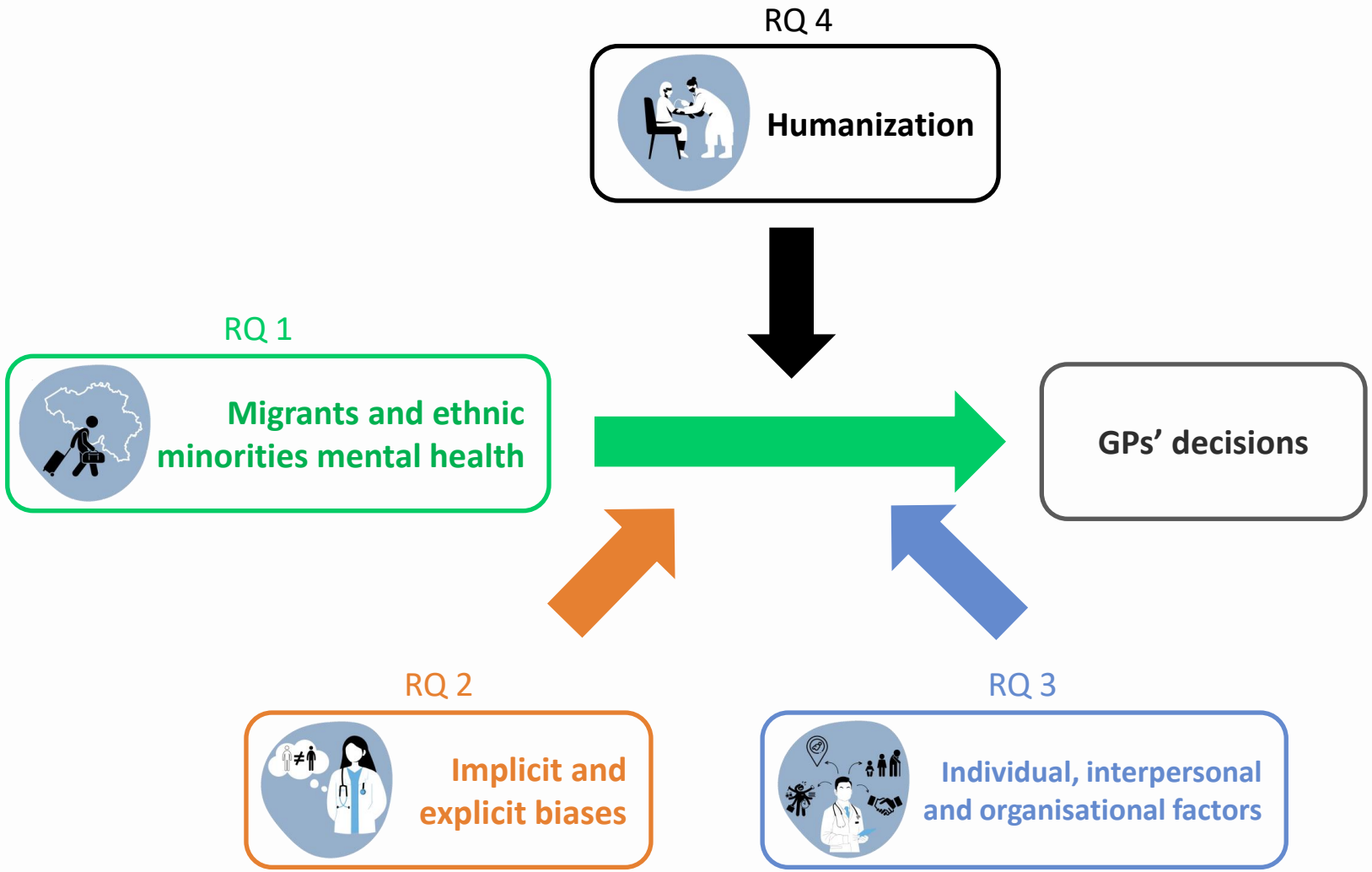
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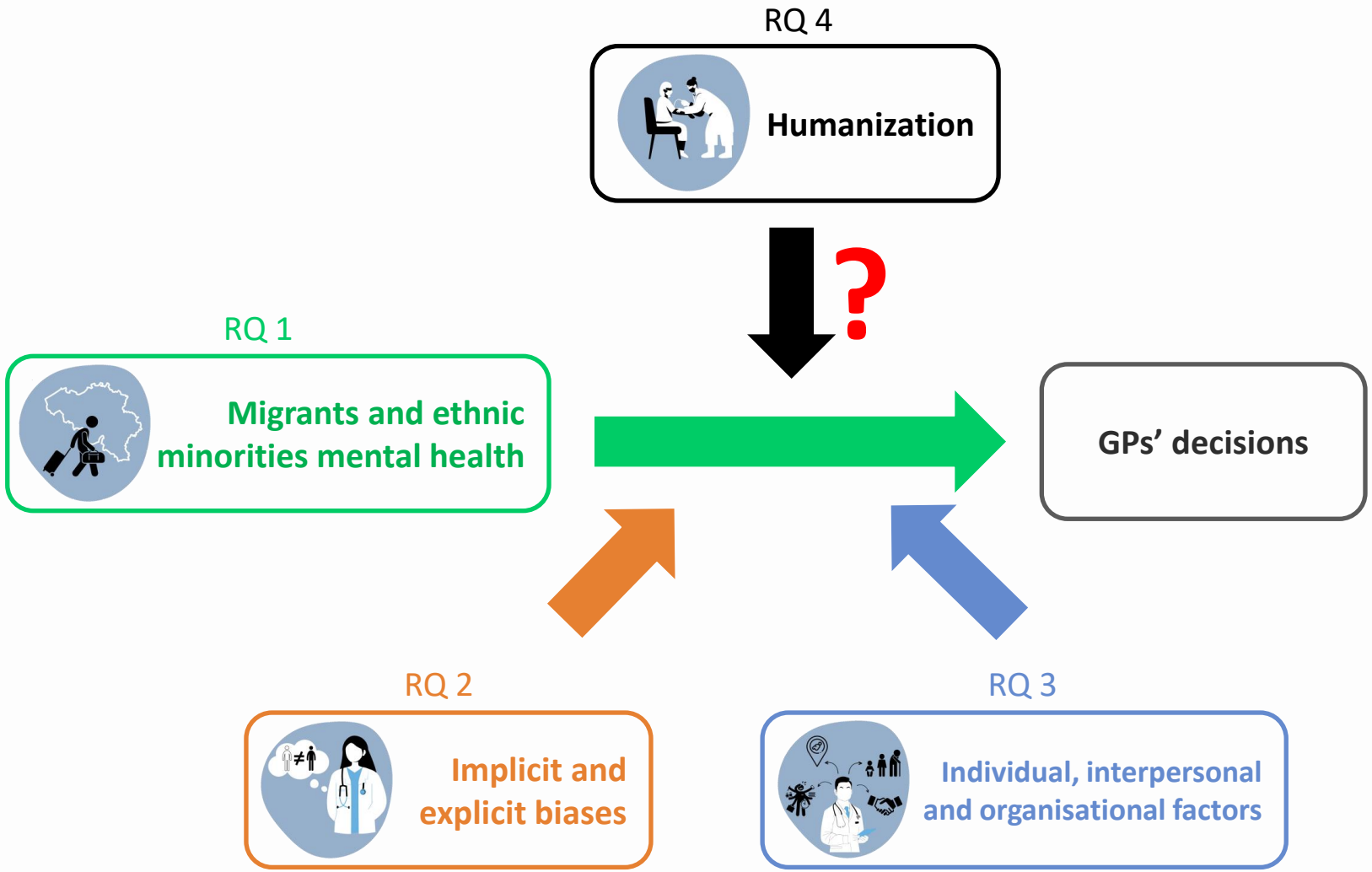
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Humanization
?
RQ 1
Migrants and ethnic minorities mental health
GPs' decisions
RQ 2
Implicit and explicit biases
RQ 3
Individual, interpersonal and organisational factors

Limitations

Availability of data on ethnicity

- Lack of data on ethnicity and oversampling certain MEM groups

Experimental design

- Artificiality of the vignettes which may not replicate the real-world conditions of GPs
- May limit the generalisability of the results

Sampling of GPs

- Other healthcare providers
- Mainly younger female GPs

Recommendations

Practice

- Make GPs aware of their biases as a crucial starting point to reduce unintentional discrimination in mental healthcare

Research

- Develop and test effective interventions
- Assess their effectiveness using the IAT and Hudelson scale to evaluate implicit and explicit ethnic biases in the routines of GPs to reduce unintentional discrimination

Take home messages

We all have biases!

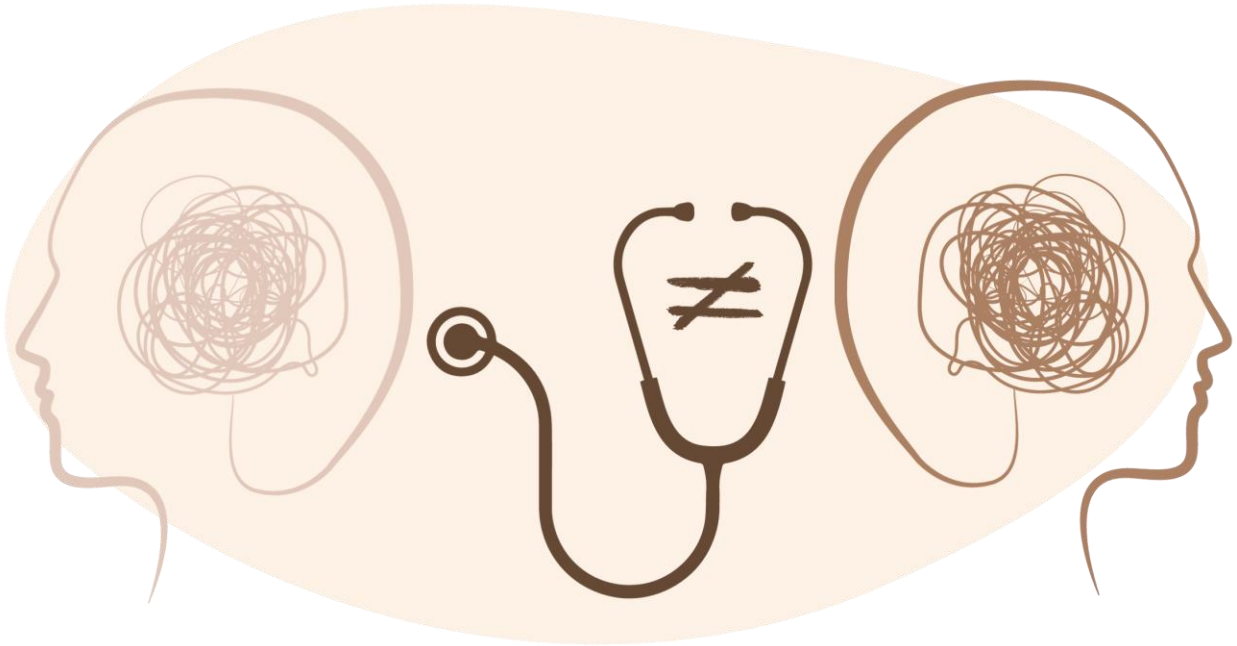
The objective was never to blame GPs

Conclusion

Ethnic differences in diagnosis and treatment but can we conclude to discrimination?

Thank you for your attention!

Any questions?



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