
THE IMPORTANCE OF OPEN ACCESS TO MENTAL HEALTH
MEDICATIONS IN THE AFRICAN AMERICAN COMMUNITY

Facts on Open Access to Medications

- A *Health Affairs* article noted that restrictions on access to medicines could “reduce appropriate care, adversely affect health status, and cause shifts to more costly types of care. For example, [access restrictions] in New Hampshire in 1990 resulted in reductions in the use of psychiatric medications but led to large increases in the use of emergency mental health services and partial hospitalization for people with schizophrenia. The average increase in service costs per patient was estimated to exceed the savings by a factor of 17.”¹
- Time consuming barriers to appropriate treatment, such as prior authorization, can cause physicians and patients to avoid the non-preferred medications. Some physicians even refuse to fill out prior authorization forms because of this added time burden.²
- Prescription drugs used to treat mental illness are not interchangeable. Doctors who treat mental illness often struggle for months or years to find the right medication for each individual patient – the medication that provides the most effective control of symptoms, limits side effects and delays relapse.³
 - About 30 percent of individuals do not respond to the antidepressant initially prescribed to them, while 70 percent of patients who initially respond to a particular antidepressant relapse and require a different medication.⁴
 - 44 percent of American caregivers who say their relative is satisfied with their current medication say it took two years or more for their relative to find a medication that works; 90 percent say that their relative tried more than two different medications before finding the one that works and 35 percent say their relative had to try more than five medications.⁵
- Research in the past few decades has uncovered significant differences among racial and ethnic groups in the metabolism, clinical effectiveness and side-effect profiles of many clinically important drugs.⁶
- Though data suggest that African Americans may metabolize psychiatric medications more slowly than Caucasians, African Americans often receive higher dosages than Caucasians, leading to more severe side effects. As a result, they may stop taking medications at a greater rate than Caucasians with similar diagnoses.⁷
 - 47 percent to 70 percent of African Americans and Asian Americans may be slow metabolizers of some drugs.⁸

Facts on Mental Health in the African American Community

- African Americans are more likely to experience a mental disorder than their Caucasian counterparts and are less likely to seek treatment.⁹
- African Americans are more likely to use emergency services or to seek treatment from a primary care provider than from a mental health specialist.¹⁰
- African Americans may be less likely to suffer from major depression and more likely to suffer from phobias than are non-Hispanic Caucasians.¹⁰
- African Americans tend to be diagnosed more frequently with schizophrenia and less frequently with affective disorders.¹⁰
- One study found that 27 percent of African Americans compared to 44 percent of Caucasians received antidepressant medication, and the newer SSRI medications that have fewer side effects are prescribed less often to African Americans than to Caucasians.¹⁰

¹Chris Koyanagi, Sandra Forquer, and Elaine Alfano. *Medicaid Policies to Contain Psychiatric Drug Costs*. *Health Affairs*. March/April 2005; 24(2): 536-544.

²Mackinnon N. J., Kumar R. *Prior authorization programs: a critical review of the literature*. *J Managed Care Pharm* 2001;7;297-302

³Fenton W.S, Blyer CR, Heinssen PK, *Determinants of Medication Compliance in Schizophrenia; empirical and clinical findings*; *Schizophrenia Bull*. 1997 234:637-51.

⁴Kaiser Commission on Medicaid and the Uninsured, "Case Study: Michigan's Medicaid Prescription Drug Benefit," Washington, D.C., January 2003.

⁵2006 *Keeping Care Complete*, survey of U.S. family caregivers developed by the World Federation for Mental Health and Eli Lilly and Company and conducted by Independent market research companies Ipsos-Insight and All Global Ltd.

⁶*Journal of the National Medical Association, Racial and Ethnic Differences in Response to Medications: Towards Individualized Pharmaceutical Treatment*, 2002; Oct. 2002.

⁷SAMHSA Surgeon General's Report: *Mental Health Fact Sheet African Americans*.

<http://mentalhealth.samhsa.gov/cre/fact1.asp>.

⁸*Ethnicity & Psychopharmacology, Review of Psychiatry Series, American*, Vol. 19, No.4.

⁹David Satcher, M.D., Ph.D., *Mental Health: A Report of the Surgeon General, 1999*, as cited on CDC Office of Minority Health Fact Sheet. <http://www.cdc.gov/omh/AMH/factsheets/mental.htm>.

¹⁰SAMHSA Surgeon General's Report: *Mental Health Fact Sheet African Americans*.

<http://mentalhealth.samhsa.gov/cre/fact1.asp>.
