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## THE IMPORTANCE OF OPEN ACCESS TO MENTAL HEALTH MEDICATIONS IN THE HISPANIC 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.”<sup>1</sup>
- 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.<sup>2</sup>
- 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.<sup>3</sup>
  - 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.<sup>4</sup>
  - 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.<sup>5</sup>
- 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.<sup>6</sup>

### ***Facts on Mental Health in the Hispanic American Community***

- Hispanic women tend to suffer from depression more often than Hispanic men.<sup>7</sup>
- Studies have found that Hispanic youth experience proportionately more anxiety-related and delinquency problem behaviors, depression, and drug use than do non-Hispanic white youth.<sup>8</sup>
- A study found that 5.5% of older Hispanic Americans without physical health problems said they were depressed.<sup>8</sup>
- In 1997, Hispanics had a suicide rate of about 6% compared to 13% for non-Hispanic whites. However, in a national survey of high school students, Hispanic adolescents

reported more suicidal ideation and attempts proportionally than non-Hispanic whites and blacks.<sup>8</sup>

- One national study found that only 24% of Hispanics with depression and anxiety received appropriate care, compared to 34% of whites. Hispanics who visited a general medical doctor were less than half as likely as whites to receive either a diagnosis of depression or antidepressant medicine.<sup>8</sup>
- One survey revealed that Hispanic Americans had the highest rate of depressive symptoms of any group with 53% of Hispanic females and 36% of Hispanic males reporting moderate to severe depressive symptoms a week prior to survey interviews.<sup>9</sup>
- Age at immigration appears to affect the onset of mental disorders in Hispanic Americans.<sup>10</sup>
  - Beginning after age 7, the older the Hispanic American at immigration, the later the onset of psychiatric disorders.<sup>10</sup>
  - Hispanic Americans who arrived later in life had lower lifetime prevalence rates than younger immigrants or U.S. born Hispanics. However, after about age 30, the risk of depressive disorders increased among these later-arriving Hispanic immigrants, whereas risk tended to decrease between ages 30-40 for U.S. born Hispanics and immigrants arriving before age 7.<sup>10</sup>
  - Hispanic Americans arriving before age 6 had very high risks of onset shortly after immigration, but after several years, their lifetime prevalence rates approached those of Hispanics born in the U.S.<sup>10</sup>

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

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

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

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

<sup>5</sup>2006 *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.

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

<sup>7</sup>David 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>.

<sup>8</sup>SAMHSA Surgeon General's Report: *Mental Health Fact Sheet Latinos/Hispanic Americans*. <http://mentalhealth.samhsa.gov/cre/fact3.asp>.

<sup>9</sup>The Commonwealth Fund 1993 *Survey of Women's Health*, as cited in Collins, Hall, and Neuhaus, *U.S. Minority Health: A Chart Book*, 1999. Chart 3-12.

<sup>10</sup>Boyce CA, Fuligni AJ. *Issues for Developmental Research Among Racial/Ethnic Minority and Immigrant Families*. *Res Hum Dev*. 2007 Jun;4(1&2):1-17, as cited on NIMH Science Update <http://www.nimh.nih.gov/press/new-insights-mental-health-culture-immigration.cfm>.