ASSESSING ATTITUDES TOWARDS MENTAL HEALTH IN A SAMPLE OF SOCIOECONOMICALLY DIVERSE AFRICAN AMERICAN YOUTH

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Patient-Centered Outcomes Research Institute

Established in 2010 by the Patient Protection and Affordable Care Act under President Obama

PCORI seeks to fund research that involves patients and community members as stakeholders

This allows for research to be informed by individuals who will directly benefit from its outcomes
PCOR & CER

- **Patient Centered Outcomes Research**
  - Research that involves and is informed by individuals who will directly benefit from its outcomes

- **Comparative Effectiveness Research**
  - Field of research designed to compare the effectiveness of two or more interventions or approaches to health care, examining their risks and benefits

- **Community Based Participatory Research**
  - Community members, organizational representatives, and academic researchers equally contribute expertise, make decisions, and aid in the development of the research process
Our Engagement Award Project

◦ “Engaging Black Faith Communities to Address Mental Health Disparities via Curriculum Development”

◦ Goals of our EA Project:
  1. Build a network within the community
  2. Evaluate and identify factors that promote/hinder Faith Based Mental Health Promotion with African American faith leaders and youth
  3. Teach skills and support training in PCOR and CER
  4. Collaboratively develop a patient and stakeholder focused training curriculum in PCOR, CER, and CBPR for African American youth mental health.
Background

- Approximately 50% of adolescents in primary care settings screening positive for a mental health concern are referred for services
  - 33% refuse referral and fewer than 20% receive any type of follow up from a medical professional
- Greatest discrepancies are found among youth of color
- How can we improve provision of care and diminish the service provision gap across racial groups?
  - Direct examination of current levels of knowledge and attitudes of youth of color surrounding the field of mental health many inform better practices
Objective of this presentation

1. For participants to understand the details of Comparative Effectiveness Research and Patient Centered Outcomes Research
2. For participants to learn about the general knowledge and attitudes of youth of color surrounding the field of mental health treatment and research
3. For participants to understand and be able to apply the tenets of CER and PCOR in similar communities to increase mental health research engagement
Methodology

- Collected data from 203 participants (40 youth; 163 adults)
- Focus groups with adults and youth from Black faith communities
  - Transcriptions of audio-recorded focus group discussion
- Standardized surveys
  - Social Stigma for Receiving Psychological Help scale (SSRPH; Komiya et al., 2000) designed to assess levels of stigma associated with treatment seeking
  - Level of Familiarity measure (LOF; Holmes et al., 1999), designed to assess awareness and knowledge of mental illness
  - Measure assessing level of understanding of CER and PCOR (Cameron et al., 2013)
Demographic Results

- 40 socioeconomically diverse youth recruited from the Washington, DC area; Charlotte and the Raleigh/Durham area of North Carolina
- Mean age of the sample was 15 years old and 65% of participants were female

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<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>14</td>
<td>35.0%</td>
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<tr>
<td>Female</td>
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<tr>
<th>Age</th>
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<tr>
<td></td>
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<tr>
<td>Christian</td>
<td>26</td>
<td>76.4%</td>
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Results on understanding of CER and PCOR

- Majority felt neutral about the statement “I have a good understanding about how patient-centered outcomes research works” (32.5%).

- Equal percentages either felt neutral or agreed with the statement “I have a good understanding about how comparative effectiveness research works” (neutral, 25.0%; agree, 25.5%).
Results on SSRPH and LOF

- On average youth did not associate receiving professional psychological help with a greater social stigma.
- Majority of the sample disagreed or strongly disagreed with statements associating seeking help with stigma.
- Participants indicated an average of four experiences with people with mental illness.
- On average, the sample experienced a moderate level of intimate contact with a person with mental illness.

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<tr>
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<th>SSRPH</th>
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<tr>
<td>M</td>
<td>10.34</td>
<td>6.49</td>
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<tr>
<td>SD</td>
<td>2.26</td>
<td>2.79</td>
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- Total events experienced: 3.92
- Highest level of contact: 6.49
Discussion

◦ Though sample did not associate help-seeking with stigma, youth participants were aware that seeking professional help can be associated with social stigma
  ◦ 60-90% disagreed or strongly disagreed with statements that associated help-seeking with stigma

◦ On LOF, research has demonstrated that an individual is less likely to endorse stereotypes about mental illness if they have had more intimate contact with a person with a severe mental illness

◦ As sample had a moderate level of contact with individuals with severe mental illnesses it is plausible that youth of the sample would be less likely to:
  ◦ endorse negative stereotypes about mental illness
  ◦ stigmatize mental illness and stigmatize receiving help for mental illness
Conclusion

◦ Findings on SSRPH and LOF taken alongside sample’s knowledge of CER and PCOR →
  ◦ plausible to conclude that this sample would be more likely or open to receiving/participating in mental health treatment/research

◦ Future research should examine:
  ◦ additional factors that may prevent youth of color from engaging in mental health research and clinical care
  ◦ Best practices for encouraging engagement of this population and among other youth of color

◦ Our research team hopes the results of the Engagement Award study can inform our other projects with PCORI
Our PCORI Pipeline to Proposal Project

◦ “Building Capacity and Reducing Barriers to the Inclusion of the Underserved Black Youth and Families for Behavioral and Mental Health Patient Centered Outcomes Research”
◦ Our P2P project has sought to develop a partnership between researchers, patient-partners, and stakeholders
◦ We work to build capacity for community partnerships to create research questions and submit PCOR research proposals
Tiers of our P2P Project

**Tier 1 - COMPLETE**
- 9 months
- Build a sense of community.
- Develop a network.
- Establish community trust.
- Identify recruitment strategies.
- Develop CER ideas.

**Tier 2 - COMPLETE**
- 12 months
- Lay groundwork for proposal.
- Complete all PCORI trainings.
- Develop a workplan.
- Identify potential community partners.
- Develop CER questions.
- Identify other sources of funding.

**Tier 3 - CURRENT TIER**
- 12 months
- Write funding proposal based on CER questions.
- Present to the community CER questions.
- Expand community partner networks.
- Submit letter of intent of funding.

**PCORI Funding Announcement**
- Funding decision announced.
- This funding and approval will permit implementation of the intervention with Black youth.
- Implement Intervention!
Join our partnership!
References


