



MHSOAC RESEARCH HIGHLIGHTED AT THIS YEAR'S AMERICAN PUBLIC HEALTH ASSOCIATION CONFERENCE

THE COMMISSION'S RESEARCH TEAM

will be presenting at this year's American Public Health Association (APHA) conference in October 2020 in San Francisco, California. The APHA's Annual Conference is the largest and most influential annual gathering of nearly 13,000 public health professionals. This year's conference theme is *Creating the Healthiest Nation: Preventing Violence*.

Accepted abstracts for presentation at this year's conference are outlined in this publication and are:

- Racial/ ethnic disparities in psychiatric diagnoses among mental health consumers who report experiencing trauma
- The intersection of race/ethnicity and trauma and the impact of Full Service Partnerships on reducing criminal justice involvement
- The myth of the "violent mentally ill" individual and highlight differences in types of arrests and convictions between those that have received county mental health services and those that have not



ASSOCIATION BETWEEN PSYCHIATRIC DIAGNOSIS AND TRAUMA: RACIAL/ETHNIC DISPARITIES AMONG MENTAL HEALTH SERVICE CLIENTS IN CALIFORNIA

ABSTRACT #483386

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BACKGROUND

Mental illnesses are extremely common; they affect people from every background and may occur at any age. California's Mental Health Services Act (MHSA) provides \$2 billion annually to counties to support effective treatment models for children, adults and seniors with serious mental illness. Research has shown that trauma is associated with increased mental health disparities and can be a risk factor in the onset or course of mental illness. Few studies, however, have explored the connection between trauma and mental health disparities among a population of clients with severe mental health needs. This study describes the association between mental health diagnosis and trauma and the variation across racial/ethnic groups.

METHODS

Using client admission data from 2016-2019, we analyzed client demographics, psychiatric diagnosis codes (PDC), and self-reported experience of trauma by 1,212,653 clients.

RESULTS

A third (30%) of clients with psychiatric diagnosis reported experiencing trauma with rates varying markedly across race/ethnicity. The highest percentage of reported trauma was among American Indian/Alaskan Native (AI/AN) clients at 53%, while 42% of White clients and between 30%-32% of Latino, Black, and Asian-Pacific Islander clients experienced trauma. Compared to other racial/ethnic groups, AI/AN clients again had the highest percentage of self-reported trauma across each psychiatric disorder including anxiety/PTSD (57% vs. 31%), dissociative (73% vs. 54%), and adjustment disorder (57% vs 35%) but also schizophrenia (54% vs. 39%), bipolar and mood (54% vs 36%), and personality disorder (66% vs. 52%). We will present multivariate analyses to explore whether these differences persist when controlling by gender, age group, and region.

CONCLUSIONS

The large racial/ethnic variations in reported trauma among the severely mentally ill receiving mental health services suggest potential disparities in the diagnosis or treatment of psychiatric disorders. Clinical presentations of mental illness and coping with trauma may be unique in the AI/AN population and may lead to misdiagnosis and mislabeling as psychiatric disorder. Trauma-informed prevention, diagnosis and care needs to be offered in the context of a culturally appropriate prevention framework to ensure mental health of all Californians.

LEARNING OBJECTIVES

1. Describe California's Mental Health Services Act (MHSA, Prop 63) a state-wide transformative model to address the needs of severely mentally ill individuals
2. To list five considerations (possibilities and challenges) of using administrative databases to evaluate the impact of mental health programs
3. Describe how trauma is associated with psychiatric diagnosis by race/ethnicity
4. To review racial/ethnic disparities in the assessment and treatment of psychiatric diagnosis and trauma

“MENTAL ILLNESSES ARE EXTREMELY COMMON; THEY AFFECT PEOPLE FROM EVERY BACKGROUND AND MAY OCCUR AT ANY AGE.”



ASSOCIATION BETWEEN TRAUMA EXPERIENCE AND ARREST OUTCOMES IN PARTICIPANTS OF INTENSIVE MENTAL HEALTH PROGRAMS IN CALIFORNIA

ABSTRACT #483351

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BACKGROUND

Associations between trauma experience and antisocial behavior, including criminal activity, are well documented. Trauma experience is also associated with mental health. Despite associations between trauma and antisocial behavior, and between trauma and mental health, most people who experience traumatic events are not violent. California's Mental Health Oversight and Accountability Commission provides oversight for services funded by California's Mental Health Services Act (2005). The Commission has access to a rich body of data of clients served in programs funded by the Act.

METHODS

Data from clients served in intensive community mental health programs funded by the Act were linked to California of Department of Justice arrest data providing an opportunity to explore associations among trauma, mental health, and arrests in this unique data set.

RESULTS

Of program clients with arrests ($n=25,683$), 42% indicated trauma experience, compared to 33.9% of clients who indicated no trauma experience (the remaining participants' trauma experience was missing or unknown). Most clients who experienced trauma were not arrested (58.5%). Among program clients with arrests, African-Americans were more likely to have had trauma experience (49%), than Native Americans (40%), Asians/Pacific Islanders (29%), Latinos (40%), Whites/Caucasians (41%), and Other/Unknowns (41%), despite being less likely to report trauma experience than these other groups. We will explore associations among trauma experience, arrest types, race/ethnicity, and conviction rates using logistic regression.

CONCLUSIONS

These preliminary findings confirmed that most program clients with trauma experience were not arrested, but also that experiencing trauma may serve as a criminogenic risk factor. A potential explanation for interactions among trauma, race/ethnic group, and arrest rates include that African Americans clients with trauma experience may have fewer buffers or protective factors against trauma experience than other subgroups. It is important to acknowledge that arrest rates serve as a proxy for anti-social behavior but do not imply violence, and that not all arrests lead to convictions. These findings suggest the need for culturally responsive and trauma-informed preventative services for those in community mental health programs. Additional data limitations in these data will be addressed.

“DESPITE ASSOCIATIONS BETWEEN TRAUMA AND ANTISOCIAL BEHAVIOR, AND BETWEEN TRAUMA AND MENTAL HEALTH, MOST PEOPLE WHO EXPERIENCE TRAUMATIC EVENTS ARE NOT VIOLENT.”



THE “VIOLENT MENTALLY ILL PERSON” STEREOTYPE: AN EXAMINATION OF ARRESTS AND CONVICTIONS AMONG THOSE DEEMED INCOMPETENT TO STAND TRIAL

ABSTRACT #483411

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BACKGROUND

The stereotype of a person with mental illness as being violent is pervasive, inaccurate, and systematically contributes to bias that can affect the recovery of individuals with mental health needs. Stigma, bias, and stereotypes are further compounded for individuals with mental health needs who become involved in the criminal justice system. Individuals with unmet mental health needs may eventually be unable to participate in their own criminal defense or deemed incompetent to stand trial (IST).

Though arrest rates have decreased over the last decade, the number of individuals referred nationwide for evaluation of competency is increasing. Individuals awaiting evaluation wait unnecessarily in jails with limited mental health services. Local and state governments responsible for restoring competency struggle to address this crisis. California leaders are tackling this growing public health challenge by investing funding and implementing legislative changes to advance the use of diversion from the criminal justice system for individuals with mental health needs.

METHODS

State-level arrest and court data were linked with mental health services data from 2007-2015 to explore compounding factors among the IST population (n=7,133). Researchers conducted multivariate analyses to examine criminal justice involvement among those known and unknown to the mental health system. Analyses examined different types of arrests and convictions, including violent, property, and drug offenses. Additionally, factors preceding an IST determination, including time between arrest and IST disposition, as well as service utilization prior to arrest were examined.

RESULTS

Preliminary findings show that differences in arrests and convictions exist between those that are known to the mental health system than those who are not. Additionally, the time between arrest and an IST disposition is longer for those that are not known to the mental health system. Analyses will explore whether these differences persist when controlling for gender, age group, and region.

IMPLICATIONS

Analyses have broad implications for research, policy, and practice. Future research should explore the effects of diversion efforts on mental health outcomes. Policymakers should use data-driven approaches to advance policies that support diversion, while protecting public safety and promoting recovery. Practitioners should use data to identify areas that can be improved in their own case management practices.

“PRELIMINARY FINDINGS SHOW THAT DIFFERENCES IN ARRESTS AND CONVICTIONS EXIST BETWEEN THOSE THAT ARE KNOWN TO THE MENTAL HEALTH SYSTEM THAN THOSE WHO ARE NOT.”