



REIMAGINING SOCIAL CHANGE

Advancing Behavioral Health Equity: Reconciling Our Intentions with Reality

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[FSG.ORG](https://www.fsg.org)

Welcome!

As we come together, please reflect on this question:

What is your purpose? Why are you involved in substance use and mental health efforts?

Please feel free to share your response in the chat!



About FSG

FSG is a **mission-driven consulting firm** supporting leaders in search of large-scale, lasting social change.

- **Founded in 2000** by Harvard Professor Michael Porter and Mark Kramer, specializing in strategy, research, and evaluation
- **Recognized global thought leader on practices that lead to social change** with articles published in *Harvard Business Review*, *Stanford Social Innovation Review*, and *Chronicle of Philanthropy*, among others
- **Advised over 1,000 clients** worldwide
- **160+ full-time professionals** with offices in Boston, Geneva, Mumbai, Seattle, San Francisco, and Washington, DC



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What is behavioral health equity?

Behavioral health equity means striving for a state in which everyone has a **fair and just opportunity to experience the highest level of mental wellbeing possible**

Advancing behavioral health equity requires acknowledging that individuals have **different starting places in terms of the risk and protective factors** for mental wellbeing, and therefore they **need different resources and supports** to achieve the highest level of mental health possible

Equality v. Equity

Equality



Equity



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Yet we have a system it not producing equitable outcomes

BIPOC

In 2005, African Americans were 7.3 times a likely to live in high poverty neighborhoods with limited to no access to mental health services. Higher uninsured rates among BIPOC youth also create barriers for care.

LGBTQ

46% of LGBTQ reported being unable to receive psychological or emotional counseling from a mental health professional in 2019. Affordability was the greatest barrier for LGBTQ youth seeking care.

DISABILITY

Adults with disabilities report experiencing frequent mental distress almost 5 times as often as adults without disabilities.

RURAL

77% of US counties have provider shortages. Massachusetts has as many child psychiatrists as Oklahoma, Indiana, Georgia, Mississippi, and Tennessee combined, despite these latter states having five times as many children ages 0 to 19

Disparities in health outcomes stem from differential risk and protective factors and inequitable access



Significant racial inequities exist in risk factors and access to care

- **Risk factors**
 - Intergenerational trauma
 - Wealth gaps
 - Chronic stress
- **Access to care**
 - Less likely to get care or be insured
 - More likely to be misdiagnosed
 - Less likely to receive evidence based treatment
 - Less likely to be included in research
 - Less connection and trust with providers
- **Protective Factors**
 - Higher optimism
 - Lower deaths of despair
 - Immigrant health paradox

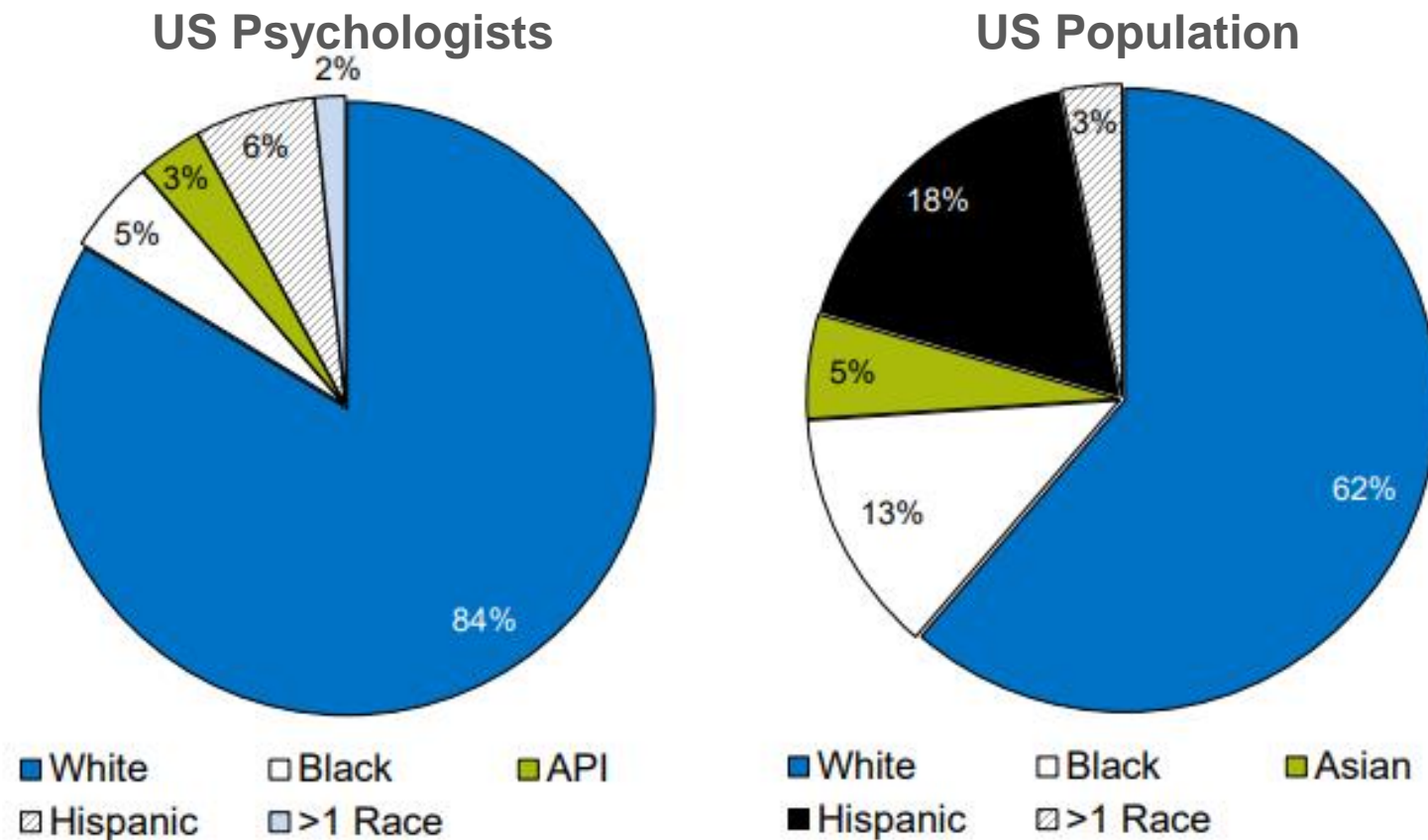
Structural inequities (1 of 3): Racism, Homophobia, and other forms of oppression

The behavioral health care system has used “**medical**” and **scientific justifications to discriminate** against and take away the voice of people of color.

The image is a composite. On the left is a 1974 advertisement for Haldol (haloperidol). The top left of the ad features the headline "Assaultive and belligerent?" above a photograph of a Black man with a menacing expression, wearing a dark jacket and holding a knife. The top right of the ad features the headline "Cooperation often begins with HALDOL (haloperidol) a first choice for starting therapy" above the "The New York Times" logo. The middle section of the ad contains two columns of text: "Acts promptly to control aggressive, assaultive behavior" and "Usually leaves patients relatively alert and responsive". The bottom of the ad includes small print with references to medical journals and a note to read the full advertisement for more information. On the right side of the composite is a photograph of a Black woman with braids, wearing a red top and a grey blazer, standing behind a black metal gate. Below this photograph is a black banner with white text that reads: "Psychiatry Confronts Its Racist Past, and Tries to Make Amends" and "But there is a lot to apologize for — from Reconstruction to today."

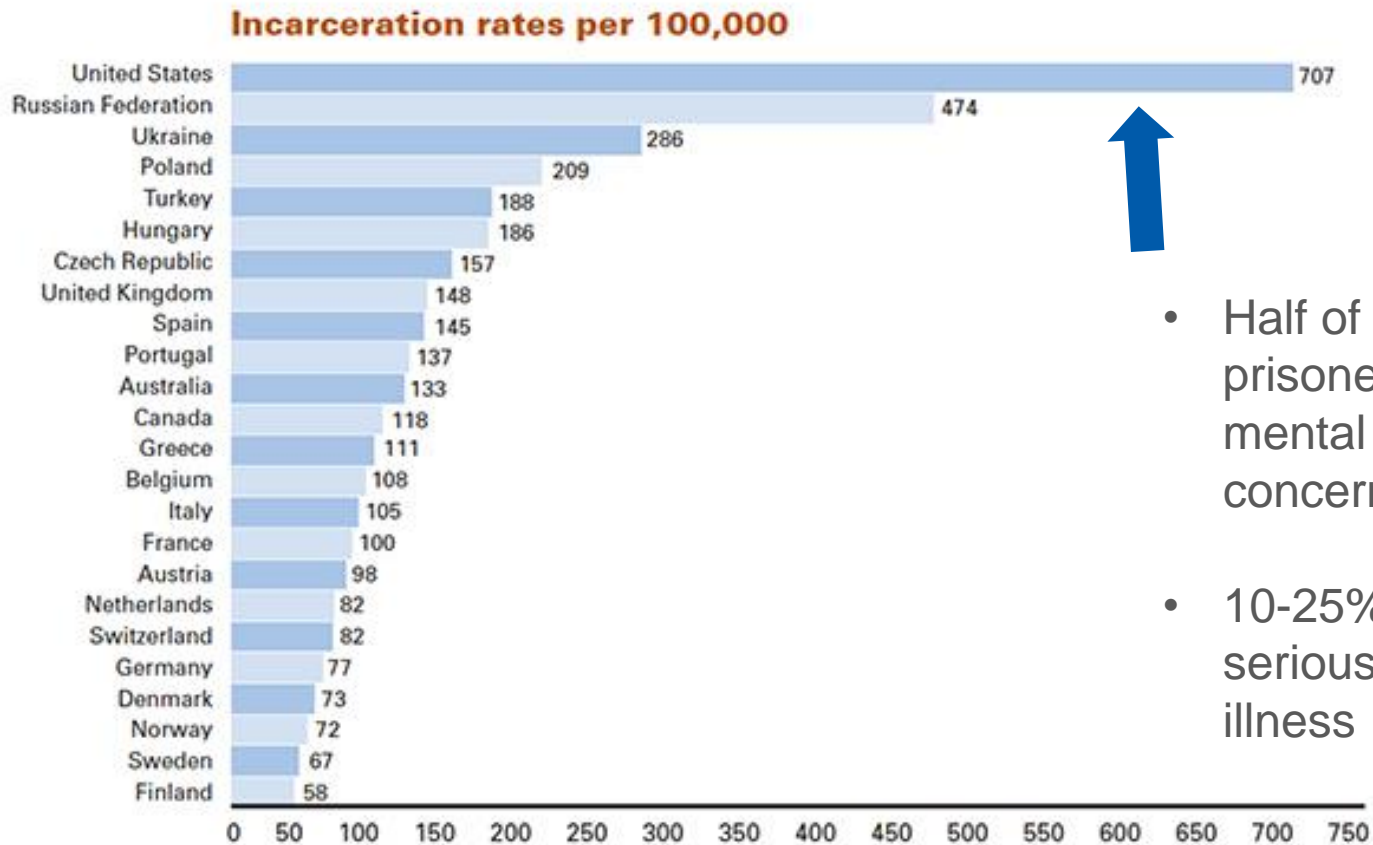
Structural inequities (2 of 3): Workforce

Today's **disproportionately white behavioral health workforce** further perpetuates the acceptability of a system of care built for white populations.



Structural inequities (3 of 3): Mass Incarceration

The behavioral health system in the US is closely **connected with our criminal justice system**.



- Half of US prisoners have mental health concerns
- 10-25% have serious mental illness

Working with an equity lens in behavioral health has no set path; instead we offer guiding principles

1. Build a greater understanding of our **history** and how it affects our current behavioral health system
2. Support ideas and organizations **led by people of color**
3. Center **the margins**
4. Leverage **lived experience** (peer support services)
5. **Support wellness** (not just treating illness)
6. **Treat** behavioral health issues **as health issues** (vs. moral or criminal issues)
7. **Look beyond** the behavioral health system
8. **Integration** of behavioral health and primary care services

Peer support is one way that organizations are advancing health equity and valuing lived experience



Peer support workers are people who are farther along in their recovery process who help others experiencing similar situations.

Peer support improves quality of care and aligns with guiding principles of health equity

Studies show that:



Peer support **increases the feeling that treatment is responsive and inclusive of patient needs.** It also leads to **higher ratings of provider relationships.**¹



Peer support **increases self-advocacy, patient activation, and feeling empowered to be outspoken** about goals.²



Participating in peer support programs **increases overall trust in medical services.**²



Peer support programs are well positioned to help **mitigate the lack of diversity in the mental health workforce**, which is currently 83% white.³



Peer recovery coaching **decreases criminal justice involvement**, including decreased charges.¹

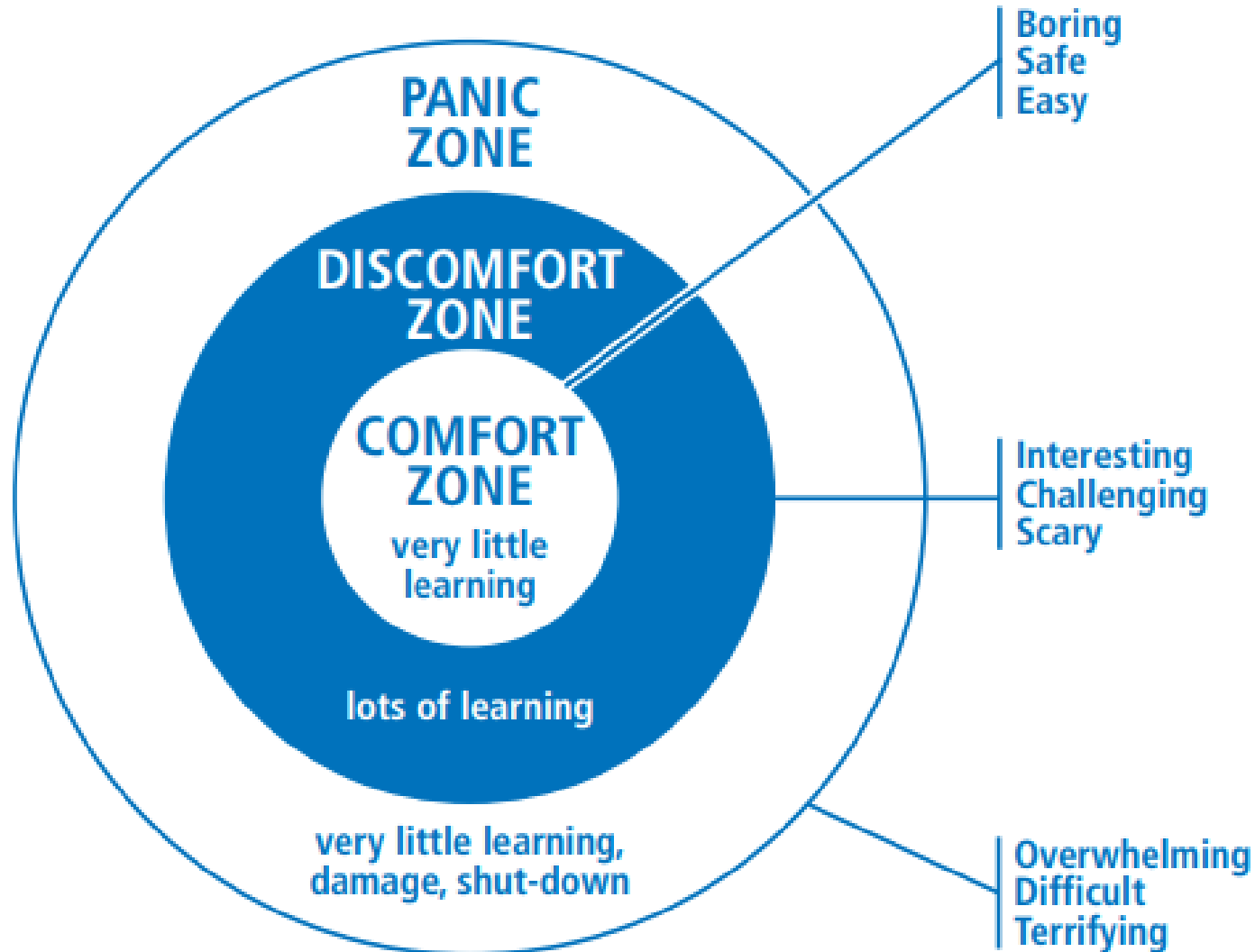
Questions



Small Group Discussions



In our equity conversations, we expect to spend time in our “discomfort” or “stretch” zones



Diversity, equity, and inclusion discussion norms

1. Sustain **commitment** and be **present**
2. **Listen** actively and do not interrupt if someone is speaking
3. What is **said** here, **stays** here; what is **learned** here **leaves** here
4. No one **knows** everything; together we know a lot
5. Make sure we hear **all voices** in the room
6. Notice your **experience, emotions, and feelings**
7. Work on expanding your capacity to sit with **discomfort**
8. When things get difficult, **turn to wonder**
9. Identify **assumptions** and **suspend judgement**
10. Speak **from the I** not for the group
11. We **cannot be articulate** all the time
12. Be aware of and allow for the difference between **intention and impact**

We are all teachers and learners

Small Group Instructions (15 minutes)

1. Introduce yourself (Name, Hometown, Role, Favorite Breakfast Food)
2. What is your workplace **doing well** in terms of advancing equity?
What is one thing you would **offer to others** in the field working to advance health equity?
3. What are the most **pressing challenges** you are facing in terms of advancing health equity? What would you most like to **learn** from others?



Share in the chat

- What is one thing you are taking away today?
- What is one thing you will do differently or want to explore more?

Thank you!

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