

HEALTHCARE

Report: RI mental health-care system needs more diversity among providers

G. Wayne Miller The Providence Journal

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PROVIDENCE — Rhode Island's behavioral health-care workforce, which is primarily white and English-speaking, does not reflect the racial and cultural diversity of state residents and efforts must be made to close this gap, a report by the Mental Health Association of Rhode Island says.

The report also says insurance difficulties and low reimbursement rates to clinical social workers, mental health counselors, psychologists and other providers are additional obstacles to meeting behavioral health-care needs, which have intensified during the pandemic.

The 34-page report, overseen by Dr. Ernestine Jennings, a research scientist at The Miriam Hospital and a professor at Brown University's Warren Alpert Medical School, was based on an in-depth survey of nearly 750 specialists. An overwhelming majority, 85%, were white. Fewer than 5% were Latino, with Blacks comprising 2% and Asians 1.4%.

According to the U.S. Census Bureau, 16.3% of state residents are Hispanic or Latino, 8.5% are Black or African American alone, and 3.7% are Asian alone.

"The insights of providers gathered through this survey demonstrate the need for a robust commitment to mental health parity," said Mental Health Association Executive Director Laurie-Marie Pisciotta, who lives with mental illness. "Narrow provider networks, insufficient coverage and suffocating costs continue to prevent Rhode Islanders from getting the care they need and place a cumbersome burden on an overtaxed workforce."

Staffing shortage: Rhode Island Early Intervention program for infants and toddlers in 'crisis'

Mental health group urges reforms

With all this in mind, the association is urging actions including insurance reforms, increasing reimbursement rates, and expanding the numbers of people of color and people who speak Spanish and other languages besides English. The association seeks better opportunities for minority residents to study and be trained in behavioral health care — and for school faculty members in the field to be more representative of the diverse Rhode Island population.

The association also endorses "investing in the growth of multilingual/multicultural assistance programs, which link the state's service providers with Health Equity Zones and the schools, places of worship, and

community-based organizations that have direct contact with populations most marginalized in the current system."

During a virtual interview with The Journal, Pisciotta described the impact of the pandemic on her own mental health and that of many other Rhode Islanders.

"It started off as a shock to the system," she said. "It certainly exacerbated the symptoms of my anxiety and my depression. And this is what I heard throughout Rhode Island, that people who live with mental health challenges are having heightened symptoms. Even people who didn't have a history of access to treatment for behavioral health care are reporting symptoms of anxiety and depression. We know that rates of substance use have increased. We know that rates of suicidal ideation have increased."

COVID and mental health stress: No one is immune, says Harvard professor, ex-WHO expert

'A dark cloud following us all around'

She added: "There's this pervasive sense of a dark cloud following us all around. This pandemic — when will it end? Will it end? Are we just going to have to learn to live this way for the rest of our lives? Are we going to have to be on high alert every time there's a new variant? And I think we're just all tired of it. We're tired of being home. We're tired of being afraid. We're tired of not being in person with our loved ones, tired of having holidays far away from our family. We're just tired of it."

But help is available despite the obstacles outlined in the report, Pisciotta said.

"There are providers who are taking new clients," she said. "There are providers who are offering telephone appointment or video appointments on the computer. If you can't get to see a provider because there's a waitlist ... what I would say is, in the meantime, contact a local support group in your community" — or get in touch with your primary care physician.

Also available is the 24-hour triage and crisis center BH Link, bhlink.org, or call 401--414-5465 (if under 18 years of age, 855-543-5465). In an emergency, call 9-1-1.