

Yale study finds minority patients with anxiety and depression are more likely to want doctors who share their culture

Black patients with depression want doctors who share and understand their culture but are less likely than white patients to get them, Yale study finds.

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Black patients with depression want doctors who share and understand their culture but are less likely than white patients to get them, according to a new Yale study.

The study found that Black, Asian and Hispanic patients with anxiety or depression are more likely to want clinicians who are “culturally competent,” compared to white patients with similar conditions. Culturally competent doctors are those who share or understand the patient’s culture. But ethnic and racial minorities are also less likely to receive culturally competent care. The study was published on Sept. 23 in *Lancet Psychiatry* and analyzed data from around 4,000 patients suffering from anxiety and depression across the country.

“If people are not able to find culturally competent providers, they are less likely to start treatment and stay in treatment,” said Ayana Jordan, assistant professor of psychiatry and one of the study’s senior authors. “We know that if you engage in mental health treatment early and stay in treatment, you are more likely to have improved health outcomes.”

Racial and ethnic minorities are already less likely to seek out and stay in mental health treatment, according to Jordan. The new study provides a window to improve mental health treatment for minorities by demonstrating that minorities care about cultural competence, Jordan added.

Jordan described cultural competence as the ability for doctors, or other health professionals, to interact with patients from various cultures, including those with beliefs different from their own.

“A lot of the treatment modalities, and a lot of ways in which people interact, is really based on a white supremacist framework,” Jordan said. “All I mean by that is it tends to favor white cultural norms over minoritized cultural norms, regardless of whether you are the majority race or not, it is important for all of us as mental health physicians to be able to integrate the culture of the person in front of us.”

The study found that while minority patients have a higher desire for culturally competent physicians, they have less access to them. The survey asked patients to self-report how often they get physicians who understand their culture. Black patients are 44 percent less likely to report frequently seeing culturally competent physicians, compared to white patients, according to the study.

The study is the first to directly document psychiatric patients' needs and expectations regarding their provider's cultural competence, according to Albert Powers, assistant professor of psychiatry and psychology at Yale and one of the senior authors of this study.

“If individuals who currently feel they're not getting culturally competent care receive it, I imagine their relationships with their clinicians will become more effective, they might trust them more with more problematic symptoms, and I'd hope they'd see greater improvement,” Powers said.

Hatice Nur Eken '17, the lead author of the study and a medical student at Vanderbilt University School of Medicine, said that one of the reasons for the study's findings might be that medical education isn't putting enough emphasis on cultural competence.

“We [as medical students] spend a month on biochemistry, I remember no biochemistry right now, and we don't even spend one month on treating patients from different backgrounds, or addressing health inequity, or stigma in mental health,” Eken said. “The sheer amount of time spent isn't matching the needs of what a trainee should be informed in.”

The Department of Psychiatry at Yale New Haven Hospital has incorporated cultural competency training for medical students and residents who rotate to their department. Students are taught a framework they can use to ask questions about their patient's culture. The department then holds “expert interviews” to show students how it can be done, Jordan said.

Apart from education, increasing diversity in the medical workforce is also important, according to Eken.

“It's important for everyone to be able to reach immigrant patients, Hispanic patients, Black patients, but you need Black providers, Hispanic providers and immigrant providers as well,” Eken said.

Eken added that while medical curricula are slowly incorporating cultural competence training, it is a “slow and painful process.” Moving forward, she wants to understand how medical education can better train culturally competent physicians.

In the United States, the majority of physicians are White and male — 56 percent and 64 percent, respectively — according to 2018 [data](#) from the American Association of Medical Colleges, or AAMC.