Equitable Engagement in Mental Health Care Following Injury

Theresa Skojec, LPC, Tatiana Davidson, PhD, Ken Ruggiero, PhD, & Donte Bernard, PhD

Introduction

- Annually, 3 million US adults require hospitalization following injury
- 20-40% will develop symptoms related to PTSD or depression
- Racial disparities do exist among types of injury
- Black adults are more likely to experience violent injury (e.g., physical assault, gunshot wounds) compared to white adults
- Stepped-care models are a viable means to facilitate mental health care after trauma.

TRRP Stepped Care Model

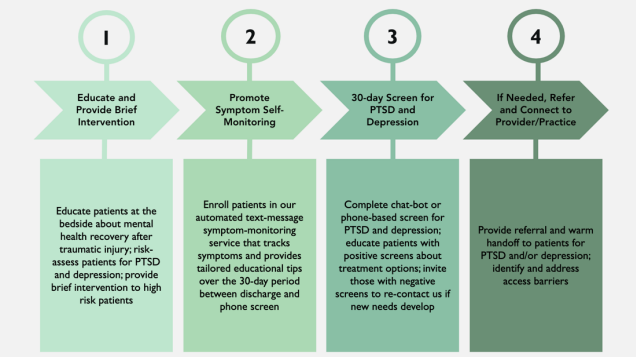

Figure 1. Trauma Resilience and Recovery Program Stepped Care Model

Patient Characteristics and Analyses

Participant Characteristics

- 1,550 patients (ages 18+) enrolled in TRRP services
- Race: 39.4% (n=611) Black, 60.6% (n=939) White
- Clinically significant distress at bedside: 148% Black, 32% White
- Clinically significant PTSD symptoms at 30-days: 43% Black, 22% White
- Clinically significant depression at 30-days: 42% Black, 31% White
- Acceptance of treatment referral: 79% Black, 62% White
- Preference for telehealth treatment: 66% Black, 69% White

Analyses

We conducted a series of logistic regressions to determine the extent to which race predicted program engagement and clinical outcomes.

There were no differences between White and Black patients in enrollment and engagement 30-day post-injury

Black patients were more likely to report PTSD and depression symptoms at the 30-day post-injury screening

For those with clinically elevated trauma symptoms, Black patient were more likely to accept mental health referrals compared to White patients

National Institute on Minority Health and Health Disparities (K23MD016168; principal investigator, D.L.B.).
The Duke Endowment Foundation (grant number 6939-SP; principal investigator, T.M.D).

Results

Table 1. Demographic Data

	Black (n = 611)	White (n = 939)
Age, mean (SD), y	40.86 (17.32)	50.01 (21.00)
Sex, n (%)		
Male	455 (74.5)	617 (65.7)
Female	156 (25.5)	322 (34.3)
Race, n (%)	611 (39.4)	939 (60.6)
Type of traumatic injury, n (%)		
Motor vehicle crash	303 (49.6)	526 (56.0)
Fall	49 (8.0)	255 (27.2)
Pedestrian vs. vehicle	44 (7.2)	53 (5.6)
Gunshot wound/stabbing	168 (27.5)	20 (2.1)
Assault	19 (3.1)	16 (1.7)
Other	28 (4.6)	69 (7.3)

Table 2. Race as a Predictor of Clinical and Treatment Engagement Outcomes

	B	SE	*p*	OR	95% CI
Treatment engagement outcome: enrolled during hospital visit (0 = no, 1 = yes)					
Race	0.68	0.49	0.17	1.96	0.75–5.16
Clinical outcome: significant peritraumatic stress (0 = no, 1 = yes)					
Race	0.63	0.17	<0.001*	1.87	1.33–2.62
Treatment engagement outcome: contacted at 30-day follow-up (0 = no, 1 = yes)					
Race	−0.06	0.11	0.59	0.94	0.76–1.17
Hospital contact	0.58	0.11	<0.001*	1.79	1.44–2.24
Clinical outcome: significant posttraumatic stress (0 = no, 1 = yes)					
Race	0.89	0.19	<0.001*	2.43	1.67–3.53
Clinical outcome: significant depression (0 = no, 1 = yes)					
Race	0.37	0.18	0.04*	1.45	1.02–2.07
Treatment engagement outcome: accept referral (0 = no, 1 = yes)					
Race	0.96	0.39	0.01*	2.62	1.23–5.58
Hospital contact	−0.48	0.43	0.27	0.62	0.27–1.44
Treatment engagement outcome: preference for telehealth (0 = in-person, 1 = telehealth)					
Race	−0.11	0.38	0.79	0.90	0.43–1.88
Hospital contact	0.50	0.40	0.21	1.65	0.75–3.61

*Statistical significance ($p < 0.05$).
Race (0 = White, 1 = Black); hospital contact (0 = no contact, 1 = contacted in the hospital).