

Title of Presentation: The Philadelphia Consortium for Psychiatric Disparities: Qualitative Results from Partnerships Addressing Inequities in Mental Health Treatment

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The Philadelphia Consortium for Psychiatric Disparities (PCPD) is a confederation of organizations, agencies and individuals from academic, policy, community and advocacy arenas. The PCPD's purpose is to reduce disparities in mental health treatment and outcomes through research, education and enhanced care. Formed in 2003 through a grant from the Pennsylvania Department of Health, the intent of the PCPD is for members to collaborate on mutually beneficial projects that will ultimately improve the health and well-being of the populations served by member agencies. Members of the PCPD include Penn's Center for Mental Health Policy and Services Research (CMHPSR), Penn's Center of Excellence for Diversity Education and Research, Lincoln University, four community mental health agencies (Horizon House Inc., Community Council, The Consortium, Hall Mercer CMHC), and The Philadelphia Behavioral Health System.

The PCPD's first project is "Reducing Disparity in Severely Mentally Ill African Americans." This study provides technical assistance and resources and disseminates information and expertise from Lincoln University and the University of Pennsylvania to four Philadelphia Community Mental Health Centers to assist the agencies in optimally meeting the needs of their consumers. It provides a forum for the agencies to communicate about issues related to the realities of caring for Philadelphia's community

mental health center consumers with an audience of researchers and policy makers. Although national and citywide data point to differences in mental health care received by African Americans, little is known about the exact causes and precise nature of these disparities. The activities of this project are designed to better understand the causes of differences in care, where they exist, and to evaluate possible remedies. The four main components of this initial study include the following.

Automated prescription software: evaluating the process and impact of implementing automated prescription systems at four mental health agencies.

Provider intervention: using “academic detailing” (or physician peer support) to assist psychiatrists to better understand prescription patterns and choices, especially as this relates to standardizing care across ethnic/racial groups.

Client intervention: providing social skills training to clients (diagnosed with major depressive disorder or schizophrenia) to facilitate improved client-clinician communication and client adherence to treatment plans.

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Qualitative research: conducting a systems-level evaluation of organizational change to better understand the barriers to and potentials of automated prescription systems, as well as getting a more in depth understanding of how each agency has adapted to respond to the needs of its client population.

This presentation will present the findings of the qualitative research to-date which includes ethnographic methods, including surveys and focus group findings from Community Mental Health Center psychiatrists, consumers, staff persons and advocates who have participated in the study’s interventions.
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