The Role of Discriminatory Stress in Moderating Racial/Ethnic Differences in Psychiatric Symptom Severity and Mental Health Service Use

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BACKGROUND

- Discrimination is a common experience for individuals that may contribute to disparities in mental health and healthcare.
- U.S. Veterans are a vulnerable and increasingly ethnoracially diverse population with elevated rates of mental health conditions such as PTSD and depression and significant use of mental health services.
- Veterans experience discrimination for a variety of reasons (e.g., race/ethnicity, sexual orientation, gender).
- Perceived discrimination is significantly related to negative mental health outcomes and poorer healthcare-related outcomes (e.g., physician trust, satisfaction) among Veterans (Hausmann et al., 2013; Rickles et al, 2010).
- Discriminatory stress may have a stronger negative impact on mental health-related outcomes among ethnoracial minorities compared with Whites.
- Few studies have examined the relative impact of discriminatory stress on mental health and healthcare use among ethnoracially diverse samples of Veterans.

METHOD

Participants
- The Veterans Metrics Initiative (TVMI) Study includes a longitudinal sample of Veterans recruited within 90 days of separation from the military in fall 2016.
- White (n=4,347), Black (n=608), Hispanic/Latinx (n=901), Asian/Hawaiian/Pacific Islander (AHPI; n=287) & multiracial (n=245) Veterans.
- Eligible veterans were identified from a VA/Department of Defense repository of all separating service members.
- Participants completed six surveys administered at six month intervals online.
- The current study utilizes data from the time 1 (T1) through time 4 (T4) assessments.
- 6,480 participants are included in current analyses (18.1% female).

Measures
- To adjust for non-response at follow-up, we used a propensity score weight based on characteristics measured at T1 .
- Self-reported race and ethnicity were assessed based on U.S. Census rules.
- Discriminatory stress: "How much stress have you experienced as a result of being discriminated against because of race/ethnicity, religion, nationality, gender, sexual orientation, or physical appearance." (averaged T1-T4)
  - "This does not apply to me" to "high stress"
- Psychiatric symptom severity: Composite of PTSD, Depression & Anxiety symptoms.
  - Scales were highly correlated (.80 – .85); standardized and combined into continuous composite.
- Mental health (MH) service use: Nonuse/use of MH counseling for "mental health," "relationship issues" or "substance use" between T2 and T4.

Analyses
- Analyses conducted with STATA 8.0 using survey analysis methods to include non-response weights.
- Group differences: Design-corrected Pearson chi-squared test (categorical outcomes) or independent samples t-tests (continuous outcomes) w/effect sizes (Cohen's d).
- Main analyses: Linear (symptoms) or logistic (service use) regression for complex survey designs.
  - Symptom models measured 6-month changes in symptom severity.
  - Modeled race/ethnicity x discriminatory stress interactions.
  - Simple slopes analysis of significant interactions.
- Covariates: Gender, household income, education, rank, deployment, trauma exposure, life stress. Symptom severity included in MH service use models.

RESULTS

- Symptom severity models:
  - Sig. interaction between discriminatory stress and AHPI race (**Fig. 1**), and between discriminatory stress and Black race (**Fig. 2**).
  - Higher discriminatory stress predicted greater increases in symptom severity for AHPI (r=.20, p=.005) and Black Veterans (r=.11, p=.001).
  - Discriminatory stress did not predict change in symptom severity among white Veterans.
- MH service use models:
  - Sig. interaction between discriminatory stress and multiracial identity (**Fig. 3**).
  - Higher discriminatory stress predicted lower likelihood of mental health service use (OR=.61, p=.039) for multiracial veterans.
  - Discriminatory stress did not predict MH service use among white Veterans.

DISCUSSION

- Discriminatory stress associated with greater symptom severity in Black and AHPI Veterans.
  - May be accounted for by severity of exposure, internalization of negative messages, hopelessness, hypervigilance, coping.
- Discriminatory stress related to lower MH service use for multiracial Veterans.
  - Bifurcated identity may impact nature and stressfulness of discrimination experiences and/or comfort with seeking MH treatment.
- Future directions
  - Examine How lack of diversity among MH providers impacts findings
  - Test Interventions for reducing discriminatory stress.
  - Examine how Veterans of Color cope with discriminatory stress.

Discriminatory stress moderates ethnoracial disparities in psychiatric symptom severity and mental health service use among Veterans
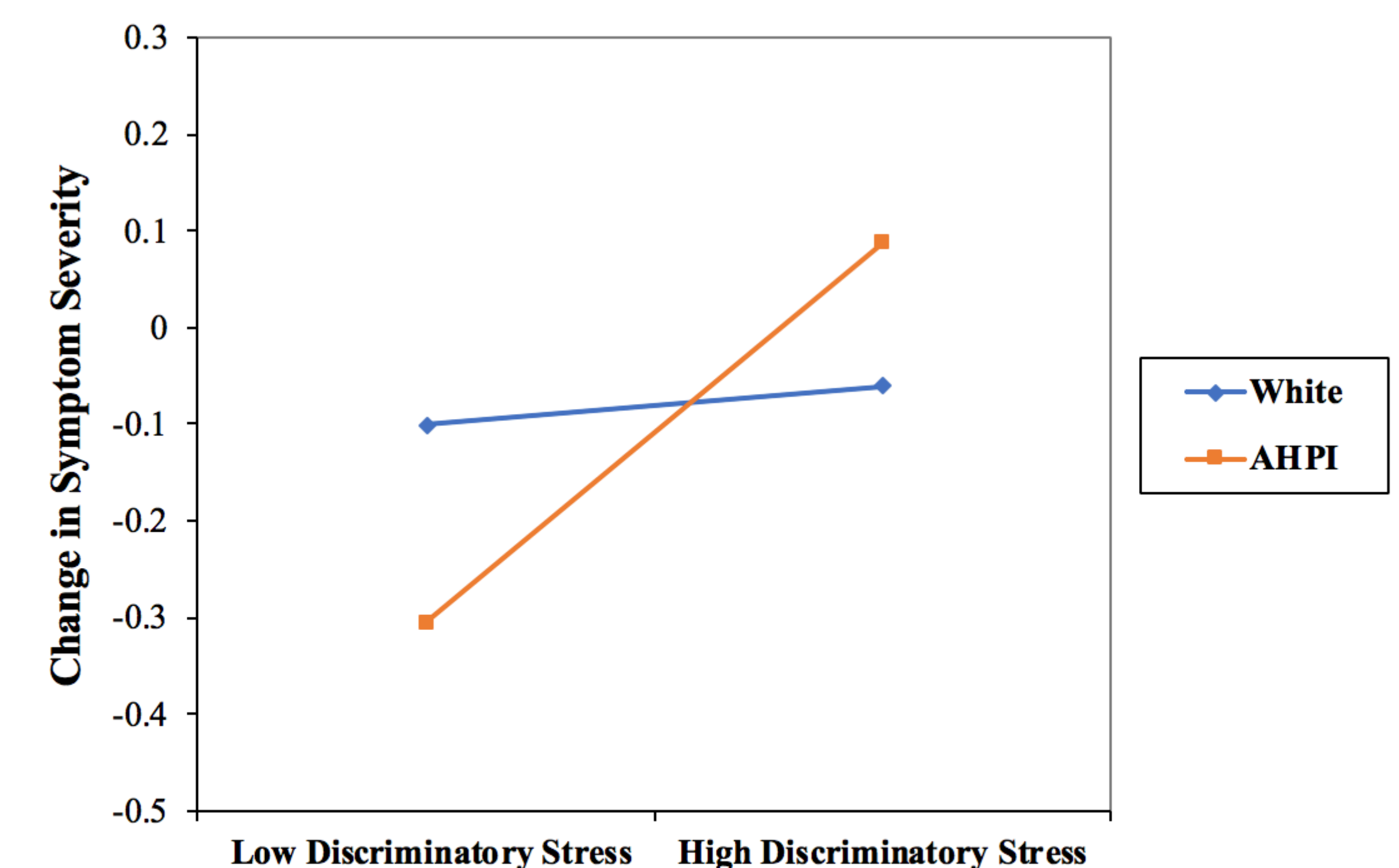
Figure 1

Fig. 1. Significant two-way interaction between AHPI race and discriminatory stress predicting increases in psychiatric symptom severity.
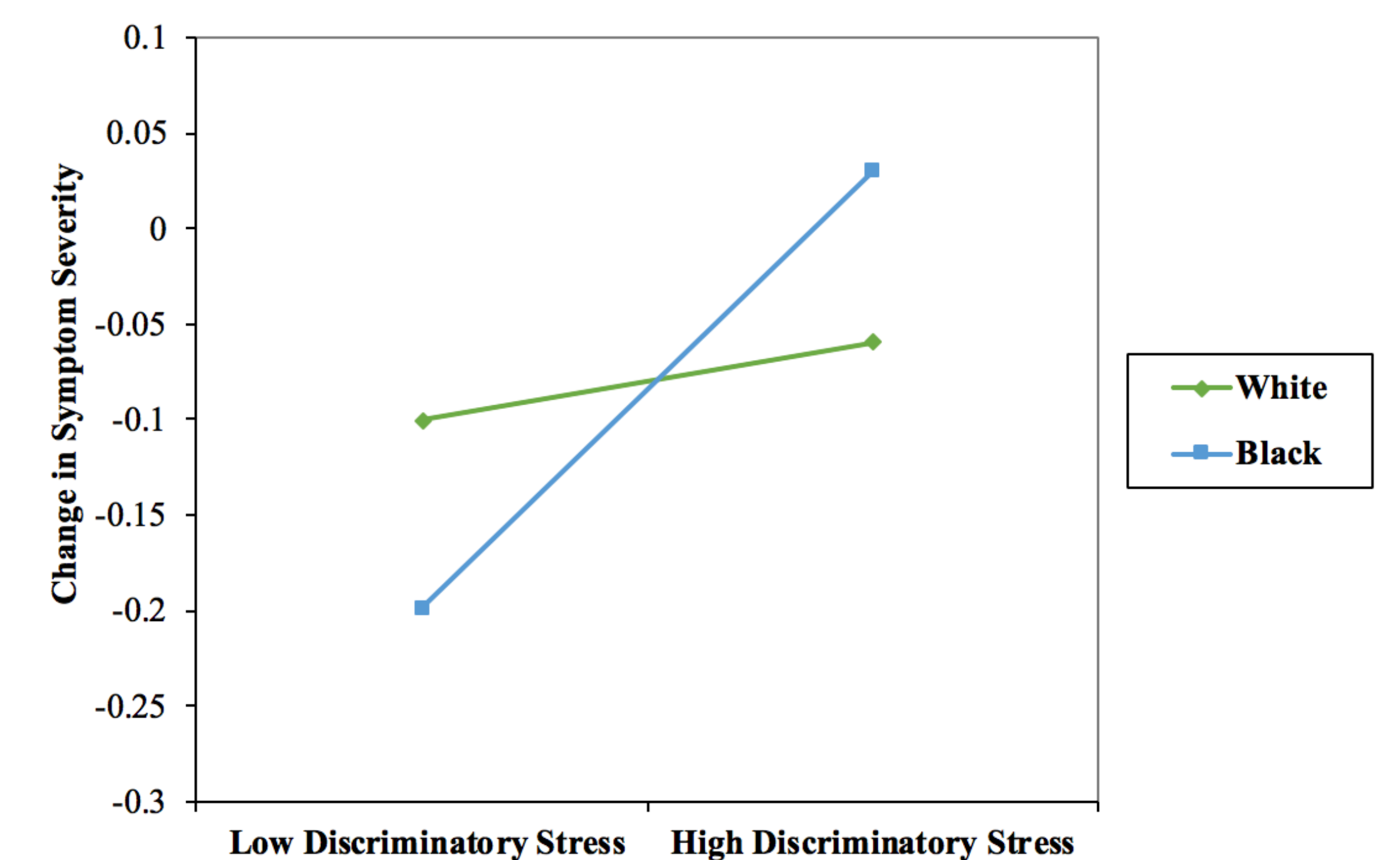
Figure 2

Fig 2. Significant two-way interaction between Black race and discriminatory stress predicting increases in psychiatric symptom severity.
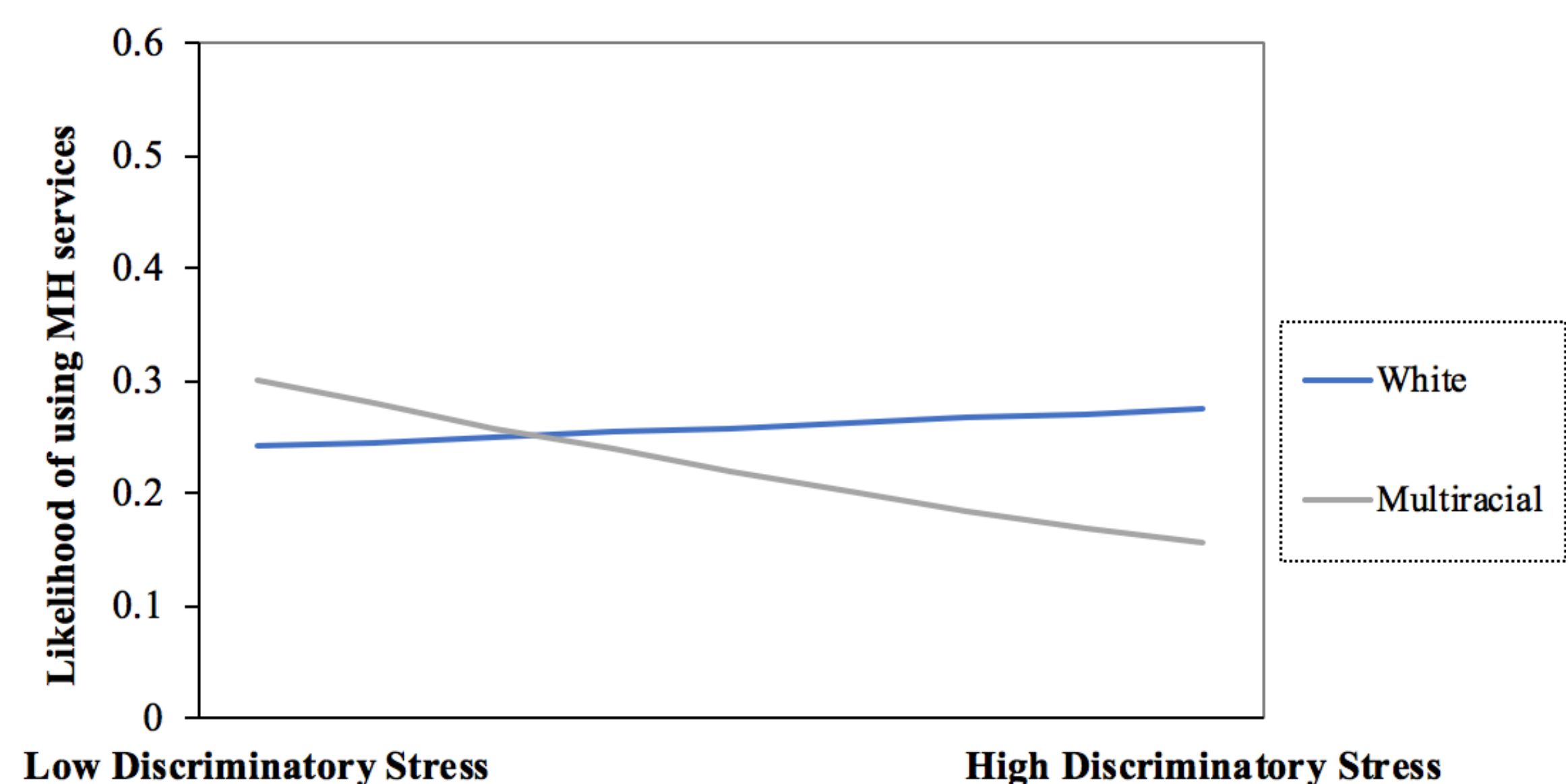
Figure 3

Fig 3. Significant two-way interaction between Black race and discriminatory stress predicting likelihood of using mental health services.