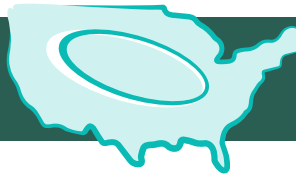


Mental Illness and Tardive Dyskinesia Among Racially and Ethnically Diverse Communities

52.9 million

U.S. adults experience mental illness each year¹



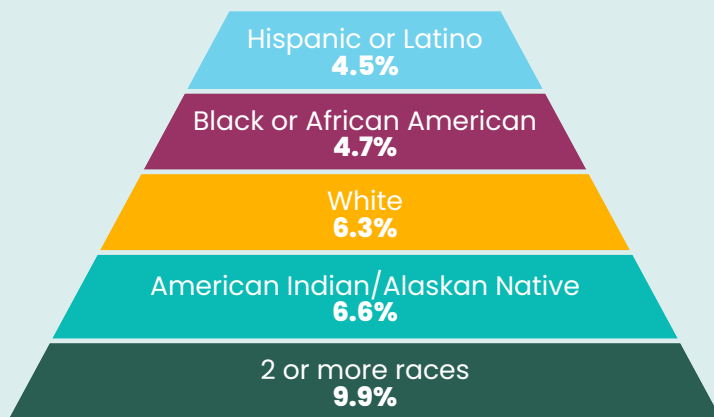
14.2 million

U.S. adults live with a serious mental illness (SMI)¹

Serious mental illness (SMI) is a mental, behavioral, or emotional disorder resulting in serious functional impairment, interfering with one or more major life activities.²

Disparities in Care

PERCENTAGE OF ADULTS DIAGNOSED WITH A SMI²



Overall, **35.5% of U.S. adults diagnosed with a SMI have not received treatment.**¹ Further, treatment rates are significantly lower for racially and ethnically diverse adults. Only³:

- 51.7% of Hispanic or Latino people,
- 55.8% of Black or African American people, and
- 57.6% of American Indian or Alaskan Native people have received treatment.
- In comparison, 69.8% of White people with a SMI have received treatment.³

Living with a mental illness can impact all aspects of a person's life. However, minority populations often face **increased systematic barriers** to receiving **diagnosis and treatment**.

Factors that could contribute include⁴:

- Lack of diversity or cultural understanding, including language barriers, by healthcare providers
- Stigma of mental illness among minority groups
- Lack of insurance or underinsured
- Distrust in the healthcare system

SMI affects all populations, regardless of race or ethnicity, and available treatments are prescribed across racially and ethnically diverse groups.^{2,5} Antipsychotics are most commonly prescribed to treat SMI, such as bipolar disorder, schizophrenia, schizoaffective disorder, and/or major depressive disorder, and can cause **drug-induced movement disorders (DIMDs)** after prolonged use.^{6,7} It's important that people taking antipsychotic medication be monitored by a specialist, such as a neurologist or psychiatrist, for DIMDs. However, as a result of disparities in treatment, Black or African American and Hispanic or Latino people are **significantly less likely to see a specialist** (30% and 40%, respectively).⁸



About Tardive Dyskinesia (TD)

TD is a **DIMD** associated with prolonged use of antipsychotic medications.^{7,9-11} It is characterized by **uncontrollable, abnormal, and repetitive movements** of the face, torso, and/ or other body parts.^{9,11,12}

Older (first generation) antipsychotics are more likely to cause TD than newer (second

TD affects approximately **600,000** people in the U.S.^{10,13}

generation) antipsychotics (30% vs 21%).¹⁴ Black or African American patients are prescribed older antipsychotics nearly **twice as often** and are significantly more likely to **receive higher potency medications**.⁵

This may be contributing to the fact that Black or African American patients have about twice the risk of TD.¹⁵

The uncontrollable movements of TD may include^{9,12}:



Lip puckering or smacking



Tongue darting or pushing inside of cheek



Excessive blinking



Jaw biting, clenching, or side-to-side movements



Twisting hands or dancing fingers and toes

Disparities in Access to Care and In-Person Screenings

It is important that people who are taking antipsychotic medication be monitored for **DIMDs**, such as TD, as these conditions can impact patients physically, socially, and emotionally.¹⁶ The American Psychiatric Association's (APA) clinical guidelines for the treatment of schizophrenia recommend **screening for TD at least every 6 months** in high-risk patients and at least every 12 months for others at risk of developing TD.¹⁷



Additionally, although the recently enhanced availability of telemedicine has increased access to care for some, structural inequities have not allowed it to reach minority populations as effectively: Black or African American and Hispanic or Latino people are **35% and 51% less likely**, respectively, to use telemedicine.^{18,19}

Yet, minority populations have been found to use audio-only telemedicine at higher rates.²⁰ Audio-only screenings, however, can place substantial **limitations on a provider's ability to conduct a thorough examination** for DIMDs, which may exacerbate existing health disparities.²⁰

While SMI may affect all populations, systematic disparities do not allow equal treatment opportunities for those from racially and ethnically diverse communities.^{2,4} Advocating for systematic change can help bring relief to those living with a mental illness.

Educate your state agencies on these issues to improve diagnosis and care for all adults living with a SMI.

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