



Medical Mistrust and Racial Disparities in Mental Health Outcomes During the COVID-19 Pandemic



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Introduction

- Racial disparities in healthcare access and clinical outcomes have been exacerbated during the COVID-19 pandemic.
- Medical mistrust reflects individuals' suspicion toward the healthcare system and medical professionals and captures perceived discrimination and lack of support.
- We examined whether Black/African American participants reported higher medical mistrust than White participants, and whether medical mistrust was then associated with anxiety symptoms, depressive symptoms, and problematic drinking.

Methods

Participants

- 250 adults from the 2-year anniversary survey of the NIAAA COVID-19 Pandemic Impact on Alcohol Study
- Mean Age = 47.3 (SD = 14.6) years
- 50.0% Male; 52.8% White, 31.6% Black/African American, 15.6% other racial groups
- 26.8% positive COVID-19 infection history
- 32.0% individuals with an AUD

Measures

- Medical Mistrust:** Group-Based Medical Mistrust Scale (GBMMS; Thompson et al. 2004)
- Anxiety Symptoms:** Generalized Anxiety Disorder-7 (GAD-7)
- Depressive Symptoms:** Patient Health Questionnaire-9 (PHQ-9)
- Problematic Drinking:** Alcohol Use Disorders Identification Test (AUDIT)

Statistical Analyses

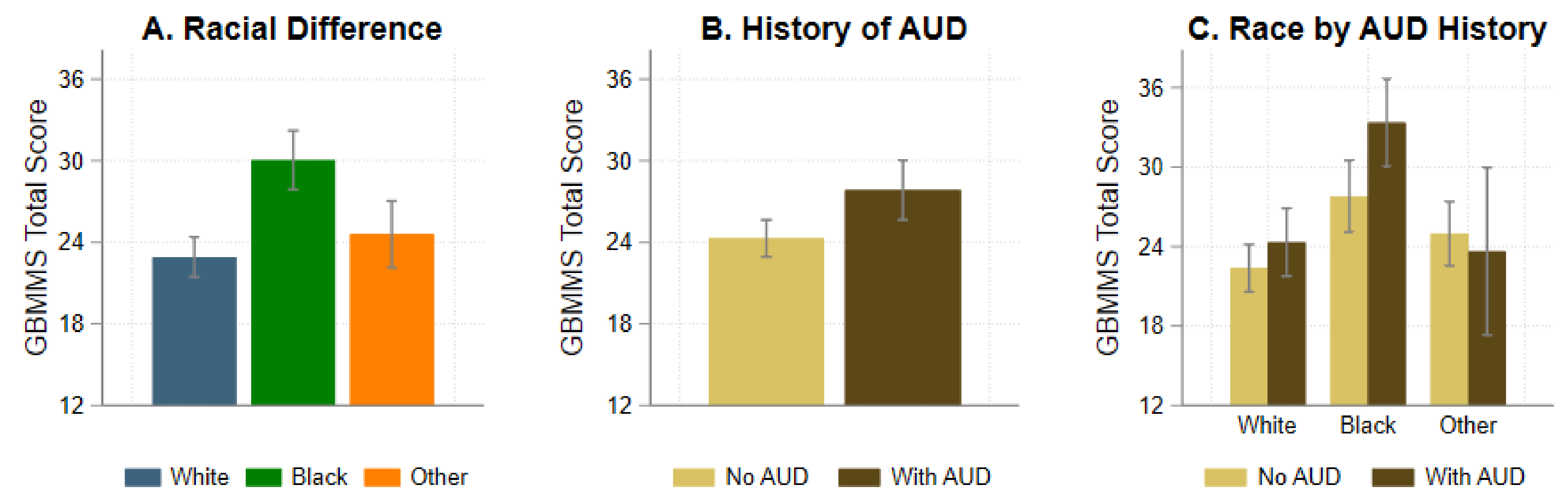
- Path analyses covarying for age, gender, and household income

Discussion

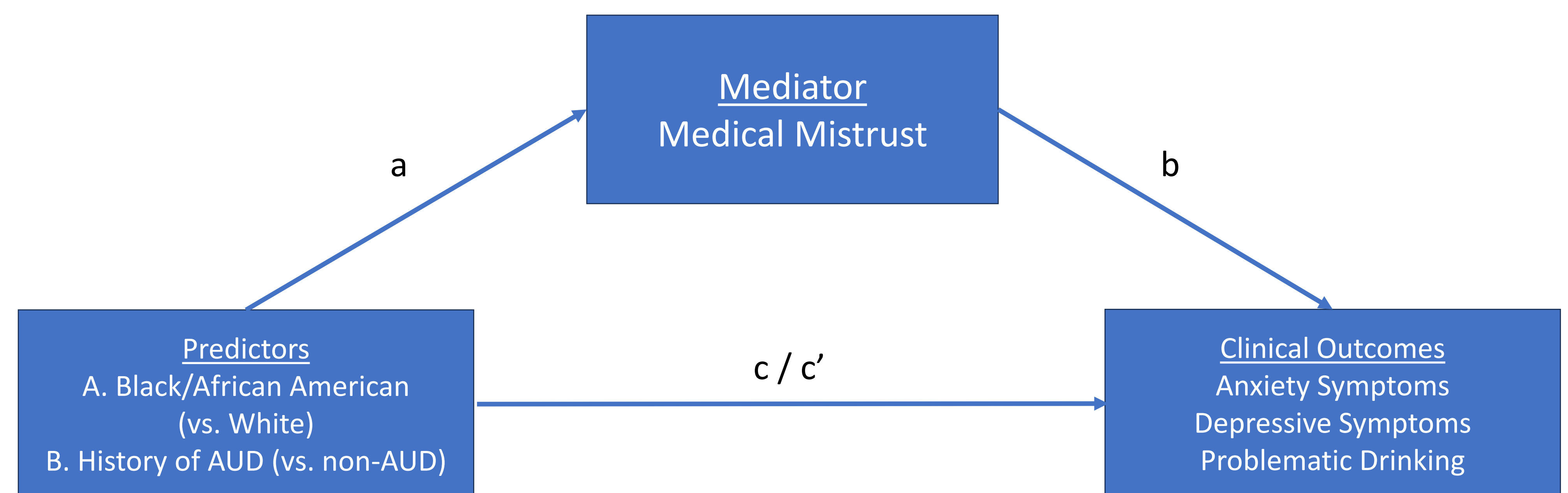
- The GBMMS was initially validated in a sample of cancer patients. This is the first comprehensive investigation in relation to mental health and problematic drinking as outcomes.
- Significant mediation effects were found for mental health outcomes but not for problematic drinking.
- Study limitations include convenience sample and small sample size leading to limited generalizability.
- Future research can further examine other types of medical mistrust, stigma, and discrimination.

Results

Racial Differences in Medical Mistrust and Associations with Clinical Outcomes



Path Analyses Testing Medical Mistrust as a Mediator to Inform Intervention



A. Effects of Black/African American Race on Clinical Outcomes

	Anxiety Symptoms		Depressive Symptoms		Problematic Drinking	
	β	(95% CI)	β	(95% CI)	β	(95% CI)
Path a coefficient	0.323	(0.187, 0.449)	0.323	(0.187, 0.449)	0.323	(0.187, 0.449)
Path b coefficient	0.274	(0.136, 0.401)	0.189	(0.046, 0.325)	0.000	(-0.126, 0.132)
Indirect effect (a x b)	0.088	(0.039, 0.162)	0.061	(0.016, 0.127)	0.000	(-0.041, 0.046)
Direct effect (c')	-0.228	(-0.348, -0.099)	-0.206	(-0.328, -0.072)	-0.127	(-0.234, -0.006)
Total effect (c)	-0.140	(-0.266, -0.003)	-0.145	(-0.274, -0.011)	-0.127	(-0.232, -0.009)

B. Effects of History of AUD on Clinical Outcomes

	Anxiety Symptoms		Depressive Symptoms		Problematic Drinking	
	β	(95% CI)	β	(95% CI)	β	(95% CI)
Path a coefficient	0.138	(0.013, 0.264)	0.138	(0.013, 0.264)	0.138	(0.013, 0.264)
Path b coefficient	0.274	(0.136, 0.401)	0.189	(0.046, 0.325)	0.000	(-0.126, 0.132)
Indirect effect (a x b)	0.038	(0.006, 0.087)	0.026	(0.003, 0.071)	0.000	(-0.019, 0.023)
Direct effect (c')	0.174	(0.057, 0.289)	0.179	(0.047, 0.295)	0.496	(0.387, 0.592)
Total effect (c)	0.211	(0.093, 0.333)	0.205	(0.076, 0.324)	0.496	(0.385, 0.593)

Conclusions

- Medical mistrust is an important construct that contributes negatively to mental health outcomes among Blacks/African Americans and individuals with a history of AUD.
- Addressing medical mistrust in a clinical setting may enhance quality of healthcare services, especially among minorities and marginalized groups.
- More research is needed to identify effective clinical strategies to reduce medical mistrust.