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## How Case Management Can Improve Access to Outpatient Mental Health Clinics for Low-Income African American Women

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# Walden University

College of Management and Human Potential

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Marie Daphney Vilseant

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and that any and all revisions required by  
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How Case Management Can Improve Access to Outpatient Mental Health Clinics for

Low-Income African American Women

by

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## **Abstract**

African American women face deeply rooted systemic challenges that affect their access to mental health care treatment. There are no case management techniques that are strategic and equity driven and offer individualized support tailored to the needs of African American women, especially those from low-income backgrounds. The purpose of this study was to explore the role of case management as a potential solution to improve access to outpatient mental health services for this underserved group. The Anderson behavioral model for health care was utilized to understand access and utilization of health care services. The review question focused on case management practices that can increase and maintain access to mental healthcare for African American women. The John Hopkins quality appraisal tool was used to analyze 20 sources for relevant themes and sub-themes. The study examined how personalized case management can help reduce structural obstacles and meet client needs. Thematic analysis identified the following six main themes: (a) patient-centered care, (b) culturally competent case management, (c) trauma-informed case management, (d) strength-based case management, (e) community-based case management, and (f) integrated care coordination. Further, six subthemes were identified as follows (a) client strength, (b) empowerment focus, (c) self-efficacy, (d) cultural respect, (e) access, and (f) outcomes. Enhancing policies that embrace and increase the use of case management models that are specific and suited to African American women, especially those from low-income background, is crucial recommendation. This patient-centered case management techniques potentially increase patient engagement with health care services, thereby improving treatment outcomes and bridging the racial disparity gap.

## Part 1: Practice-Based Problem

### **Problem of Interest**

Mental health care for African American women remains inequitable despite social, economic, and political reforms to enhance the lives of African American families (Smith et al., 2023). African American women face more adverse life events and mental health risk factors including poverty, homelessness, discrimination, and stigma (Smith et al., 2023). In contrast to women from other ethnic backgrounds, African American women are more likely to report serious psychological distress; less likely to seek care; and more likely to experience problems related to access to care, accuracy of diagnosis, and appropriateness of treatment and quality of treatment outcomes (Smith et al., 2023).

African American women face various factors and challenges that magnify their needs for mental health care (Smith et al., 2023). African American women bear a mental health burden that is unique to their ethnicity, and they are less likely to seek and receive appropriate services than their dominant culture peers. African Americans may be unwilling to utilize professional mental health care services due to factors such as stigma, healthy cultural mistrust, and cultural values. At the time of the current study, researchers had paid limited attention to ways to mitigate the barriers to mental health equity (Smith et al., 2023).

African American women experience substantial disparities in mental health care (Richards, 2021). It is important to understand the reasons behind these disparities by considering the various roles Black women occupy in society and the long history of racial and social injustices they have encountered. African American women frequently

deal with a combination of racism, sexism, and financial hardship, creating barriers in access to mental health care (Richards, 2021).

There has been little focus by researchers on methods to overcome barriers to mental health equity (Smith et al., 2023). Although studies had been conducted on case management features across different areas of health care, there was less emphasis on its application to mental health equity. Research existed on case management attributes in various aspects of health care. However, there was a lack of literature on patient-tailored case management approaches that can help foster adherence to mental health treatment and potentially improve treatment outcomes for African American women from low-income backgrounds (Smith et al., 2023).

### **Health Care Administration Problem**

#### **Background**

Case management is not unique to mental health. It has been employed in child welfare, including management of long-term medically ill patients (Dinesh, 2020). Case management has taken different forms to achieve various objectives in public mental health services. The most common objective it has achieved is coordination of a mental health consumer's care and treatment and access to other services. Over time, case management has evolved as a way to restrain cost, manage oversupply, and utilize review (Dinesh, 2020).

Case management has been proven to be an essential part of community mental health care for patients who suffer mental illness and especially those with chronic mental illness (Suzuki et al., 2022). Studies have shown that there is a positive association between case management and improved outcomes in mental healthcare

treatment (Suzuki et al., 2022). Further, case management has been shown to provide flexible services to targeted patients (Supra, date).

Case management approaches are meant to be aligned with the intended outcome, in this instance African American women in dire need of treatment (Martone et al., 2022). Reducing the gap in access to mental health care has posed a huge challenge in public health care (Hindenoeh, 2023). Despite enactment of numerous policies meant to curb the racial/ethnic gap in access to mental health care, there is no comprehensive understanding on approaches to bridge these inequalities especially through case management for outpatient care (Payne et al., 2023). There were limited studies on how case management approaches can be utilized to help African American women from low-income backgrounds access mental health care services, close the racial/ethnic gap in mental health care access, and improve treatment outcomes.

### **Operational Problem**

According to data from the Substance Abuse and Mental Health Services Administration, in 2018 a significant majority of Black and Latinx adults (69% of Black adults and 67% of Latinx adults) did not receive mental health treatment (Shim, 2021). The situation was similarly troubling for those with serious mental illness, with 42% of Black adults and 44% of Latinx adults going untreated. The statistics for substance use disorders were more alarming, as 88% of Black adults and 89% of Latinx adults did not receive any form of treatment (Shim, 2021).

The issue of racial and ethnic disparity has plagued the American health care system. Access to the mental health care system presents a huge gap for African American women as compared to women of other races (Assari et al., 2018). African

American women are more predisposed to factors associated with mental illnesses, particularly women who come from low-income communities; consequently, their mental health-care-seeking behaviors are hindered by different factors including systemic injustices (Vailre et al., 2018). Lack of proper approaches in case management assignment for these women impacts mental health-care-seeking behaviors and leads to most dropping out of treatment programs, thereby creating the disparity witnessed in access to mental health care for African American women.

### **Ideal State of Operations**

The health care administration problem addressed in this study was the lack of access to mental health care services in outpatient clinics for African American women from low-income backgrounds. Evidence showed that screening and referral, colocation of primary care and mental health services, and collaborative care interventions not only improved mental health outcomes but also contributed to disparities reduction in initiation of care. Notably, six of the seven case management interventions that reduced racial ethnic disparities in initiation of mental health services primarily used an integrated care model. Each of the six interventions resulted in increased uptake of psychotherapy or antidepressant use among members of racial-ethnic minority groups compared with White participants (Lee-Tauler, S. et al., 2019).

The objective of case management has been to improve access to appropriate care and support services to people with a mental illness. One must not confuse this with the desired objective of the government to improve general access to mental health services. Case management is purported to improve access of specific consumers with mental health care needs to the services that they require (Schottle et al., 2018).

Mental health consumers have to access care and treatment from a variety of care providers and services. These consumers often have cognitive and communication deficits that can potentially decrease their ability to negotiate services. Designing patient-oriented approaches in allocation of a case manager would enable these mental health consumers to access more and better services, especially access to providers whom they are entitled to access. Case management also ensures that accountabilities within the mental health care system are clear (Dinesh, 2020). With the introduction of case management, designated agencies take over the task of coordinating care and treatment to the mental health consumer (Supra, 2020).

### **Professional Practice Gap Statement**

According to Arya (2020), case management is purported to improve access of specific consumers with mental health care needs to the services that they require. Mental health consumers have to access care and treatment from a variety of care providers and services. Approximately 21.5% of White women access mental health services as compared to 10.3% of Black women, indicating a stark disparity (Salib, 2023). The current study explored best practice approaches or case management models in assigning case managers to improve access to mental health care services for Black women from low-income backgrounds.

### **Summary of Evidence**

Statistical evidence showed that low socioeconomic status increases the risk of psychological issues especially among women of African American descent. About 10.4% to 12% of African American women are prone to suffer post-traumatic stress disorder as compared to 5% to 6% of men suffering from the disorder. A greater

percentage of those are from low-income backgrounds. African American women encounter difficulties trying to access mental health care services. The inability to access mental health care services that cater to their needs creates formidable barriers to the promotion of their mental wellness (Copeland & Snyder, 2011). Arya (2020) stated that case management has its historical roots in deinstitutionalization and the rise of community mental health services. Case management is a necessity for the public health system.

### **Purpose of the Integrative Review**

Women coming from low-income communities are predisposed to mental health disorders. There are several factors that hinder access to quality mental health care (Summers et al., 2021). These factors increase the demand for mental health care services in such communities. However, there is a disparity in access to mental health care services customized to suit the needs of African American women in low-income communities (Supra, 2021). The purpose of the current study was to examine through an integrative review how case management can mitigate the disparity occasioned in mental health care (see Browne & Mohammed, 2023). Further, this study aimed to search the existing body of literature related to access to mental health clinics with case management for Black women in low-income areas and provide best practice approaches in assigning case managers that may improve access to and utilization of mental health care services for African American women (see Browne & Mohammed, 2023).

### **Integrative Review Question**

What approaches can be implemented to improve the assignment of case workers for African American women of low-income backgrounds?

### **Theoretical and/or Conceptual Framework**

The Anderson behavioral model for health care utilization provides a theoretical structure to understand access to and utilization of health care services. The model provides for recognition of factors that influence people's decision to utilize or not utilize existing health care services. This framework systematizes the equity and inequity in access to health care services by specifying needs compared to predisposing and enabling factors. This model points out that predisposing factors are social and demographic structures. Factors such as income, access to free services, and availability of services influence people to seek and utilize services (Chen & Gu, 2020).

## Part 2: Literature Review, Quality Appraisal, and Analysis

### Literature Search Strategy

An integrative review of literature published between 2015 and 2023 was conducted. The utilized databases included the PubMed.gov, JURN, Google Scholar, ProQuest, DOAJ, World Health Organization, and EBSCO. Key search words included; *African American OR Women OR Mental healthcare OR Low-income OR community OR case management*. Keywords were linked by AND were utilized across the databases. Inclusion and exclusion criteria are outlined in Table 1.

**Table 1**

#### *Inclusion and Exclusion Search Criteria*

Inclusion search criteria	Exclusion search criteria
Mental health care	Health care in general
African American women	Women (regardless of race)
Women residing in the United States	Hispanic women
Low-income	African American population in general
Income	
Case management	
Treatment outcome	

There was limited literature addressing case management for African American women. Inclusion criteria were broadened to include relevant literature on health care case and psychology databases. The target population was African American women, with emphasis on the low-income demographic. Articles were accepted if they addressed challenges or barriers to mental health care access for African American women, as well as case management techniques used for them. The latter was highly limited.

A total of 150 articles were relevant for review. A total of 13 articles were removed due to irrelevance. Afterwards, 137 articles were screened via titles and

abstracts using the inclusion and exclusion criteria. Then 48 articles were excluded, leaving 89 articles for further analysis. After further analysis, 45 more articles were excluded because they did not focus on African American women but rather on mental health care for women generally. There were 24 more articles excluded as they focused on other demographics such as the youth and different factors affecting mental health care other than race and socio-economic status.

### **Quality Appraisal**

A total of 20 articles were included for analysis. The articles were appraised for quality using the DHA quality appraisal tool. This tool rated eleven articles as having a strength of evidence at Level 3, five had the strength of level 2 and four articles had a strength of evidence at Level 5. Of the 20 articles chosen for review, 14 were appraised as high quality, and six were appraised as good quality. Collectively the articles produced consistent results, definitive conclusions, and recommendations, including sufficiently referenced evidence (Dang & Dearholt, 2022). For more details on the quality appraisal results, see Appendix C.

### **Thematic Analysis of Literature**

The articles included focused mostly on case management models and how they were utilized to ensure patient engagement with health care, their satisfaction, and quality of outcome. A few articles addressed the satisfaction of African American women after receiving mental health treatment. Eight articles were quantitative, and a few articles were systematic reviews (Planey et al., 2019; Shims, 2021; Taylor et al., 2018). Other articles included a cross-sectional study, scoping reviews, retrospective studies, mixed methods study, and a case study involving interviews and questionnaires. Most articles

did rely on questionnaires and surveys that patients and mental healthcare professionals used to self-report on treatment satisfaction and outcomes (O'Malley, et al., 2018; Thomieer, et al., 2021).

Throughout the thematic analysis themes and subthemes were identified by considering terms that were used frequently to understand case management approaches that impact mental health treatment outcome. Several themes that were consistent throughout the analysis included: culturally competent case management, Trauma informed case management, strength-based case management, community-based case management, integrated care coordination, Access to mental healthcare and client outcome.

The articles provided insight on how HSOs can improve outcomes by making quality changes. There are limitations which however present an opportunity to further review on the topic. Authors in some of the studies highlighted the limitations occasioned in the studies which included small sample sizes, geographical location, demographic (Suzuki, et al.,2022; Lowther-Payne, et al., 2021).

### Part 3: Presentation of Results

The thematic analysis conducted on 20 articles yielded five major themes. Codes were pulled from findings for the 20 articles.

#### **Thematic Analysis Matrix**

The six major themes identified were patient-centered care, culturally competent case management, trauma-informed case management, strength-based case management, community-based case management, and integrated care coordination. The six subthemes that emerged were , Cultural respect, client strength, empowerment focus, self-efficacy, access and outcomes.

#### **Thematic/Concepts Map**

An important part of the integrative review involved creating a thematic concept map, which highlighted key themes from the analysis. The six key themes were patient-centered, culturally competent case management, trauma-informed case management, strength-based case management, community-based case management, and integrated care coordination. These themes were related to the study because they identified techniques that can be used to improve access to mental health care for African American women. When creating the thematic map, my primary focus was on patient-centered care, which was then linked to the remaining five main themes and their associated subthemes. By illustrating these connections, I demonstrated the realities of how multiple factors emerge. See Appendix E for the Thematic Concepts Map.

## **Themes and Subthemes**

### **Patient-Centered Care**

Patient-centered care ensures that the needs of patients and caregivers are respected and adequately addressed (Kwame & Petrucka, 2021). Patient-centered care is vital for achieving positive outcomes and perceptions of care quality core elements.

### **Culturally Competent Case Management**

Culturally competent case management ensures health care systems and providers are mindful of and responsive to the cultural backgrounds and perspectives of their patients. Culturally competent case management involves honoring the preferences, values, traditions, language, and socioeconomic circumstances of patients and their families (Stubbe, 2020). Inclusive practice, which is a key reason for limited access to health care, is the perception that services do not adequately include or reflect the needs of diverse populations. When health care systems fail to be inclusive, they worsen existing and preventable health disparities. Inclusivity is well-aligned with patient/person-centered care, and ought to be incorporated into mental health care services (Supra, 2020).

### ***Sub-theme***

#### ***Cultural respect***

Cultural respect is a concept that is meant to highlight the crucial components of the health care system that is sensitive to patient diversity, individual choice, and healthcare professional–patient relationship(Stubbe, 2020). A cultural respect points out towards cultural awareness, knowledge, skill, desire, and encounters. This focuses on identifying a healthcare providers own implicit biases, self-understanding, and

interpersonal sensitivity and enforcing an appreciation for the multifaceted components of each patient this include but not limited to culture, gender, sexual identity, race and ethnicity, religion, lifestyle, etc. In turn this promotes and advances patient-centered approaches to treatment. Health care professionals need to integrate this concept in practice in order effectively interact with culturally diverse patients (Supra, 2020).

Diverse patients require an Establishment of a collaborative mutual partnership which is open, self-reflective, other-centered approach to understanding which equally involves formulating the patients' strengths and difficulties and constructing the treatment plan (Supra, 2020).

### **Trauma-Informed Case Management**

Trauma-informed care presents a promising way to support African American women by helping to reduce mental health treatment disparities. This approach emphasizes strong, trusting relationships between providers and patients, and calls for health systems to adopt comprehensive, culturally responsive strategies that acknowledge and address their institutional roles within the broader community) Goldstein et. al., 2024). Minimizing re-trauma, which is recognizing individual factors that can lead to further trauma, is crucial to addressing and utilizing trauma prevention programs.

### **Strength Based Case Management**

These services improve self-efficacy, unmet needs, and general quality of life, and set more goals. SBCM services are effective in helping individuals with serious mental illness set personal goals and utilize mental health services in a better and more focused manner (Harvey, 2023).

### ***Sub-themes***

### ***Client Strength***

The strengths model of case management promotes recovery and goal achievement. It increases understanding of consumer preferences and promotes the consumer voice, thereby supporting the provision of higher quality evidence-based practice (Supra, 2023).

### ***Empowerment Focus***

The organized structure and comprehensive categories of the strengths assessment guided reflection in many areas, assist patients to identify new strengths and resources (Harvey, 2023).

### ***Self-Efficacy***

Strength based services allow patients to deeply reflect on elements of their recovery therefore improving outcomes (Harvey, 2023)

### **Community-Based Case Management**

Community based case management provides the unique opportunity to develop close relationships and contribute in a meaningful way to the client's quality of life through skills training, providing environmental adaptations, and providing emotional support and coaching. Helping clients identify and work with their strengths (Payne, et. al., 2023).

### **Integrated Care Coordination**

Integrated care emphasizes whole-person treatment planning through collaboration among healthcare providers (Arya, 2020). Multidisciplinary collaboration is a systematic strategy that involves integration of care managers and psychiatric consultants. Collaborative care increases access to mental health care and is more

effective and cost efficient than the current standard of care for treating common mental illnesses.

### ***Sub-themes***

#### ***Access***

Training healthcare professionals to effectively integrate care coordination consequently increases the delivery of person-centered care (Stanhope, et al., 2021). This is a key indicator of service quality, in mental health clinics. Such healthcare providers are more likely to orient care to meet patients' personal life goals than to manage symptoms. These practices are more likely to use clients' individual strengths and natural supports and to be based in the community, essential elements of the mental health recovery approach. This ascertains and improves the access to mental healthcare for patients of various demographic groups more so those that require patient-centered care (Supra, 2021).

#### ***Outcome***

Integrated care improves some outcomes for persons with mental illnesses. However, the quality of the relationship between the clinician and the patient greatly determines the quality of care for any health condition (Suzuki, et al., 2022). Much of the success of integration programs depends on establishing a strong clinician-patient relationship through the special attention patients receive from integrated programs, including, almost universally since case managers. There is a need to use independent tools, services, or measures to validate inclusivity practices and take a continuous quality improvement approach (summers, et al., 2021).

## **Interpretation of the Findings**

### **Patient-Centered Care**

Person-centered care is recognized as a core indicator of quality in healthcare. It is defined as delivering care that honors and responds to each patient's unique preferences, needs, and values (Stanhope, V., et. Al., 2021). This approach has become a guiding framework for mental health systems striving for more integrated models of care. Additionally, efforts to transform systems toward recovery-oriented services have increasingly adopted person-centered principles.

Effective communication between patients and providers plays a critical role in supporting recovery and delivering quality care (Kwame & Petrucka, 2021). As such, patient-centered communication is essential for achieving favorable health results, aligning with foundational healthcare principles that emphasize individualized, responsive care tailored to each patient's needs, beliefs, and circumstances (Kwame & Petrucka, 2021). Delivering healthcare services that honor and address the needs of patients and their caregivers is crucial for achieving positive health outcomes and enhancing perceptions of care quality, forming the foundation of patient-centered care (Kwame & Petrucka, 2021).

### **Culturally Competent Case Management**

Cultural competency highlights the importance of healthcare systems and professionals being mindful of and responsive to patients' diverse cultural backgrounds and perspectives (Stube, 2021). This includes honoring patient and family values, cultural traditions, language, and socioeconomic circumstances. Cultural competence and patient-centered care share significant overlap. Patient-centered care involves delivering services

that respect and respond to individual patient preferences, needs, and values, ensuring these values inform clinical decisions. Both approaches are essential to enhancing the quality of healthcare. To truly provide personalized, patient-centered care, providers must recognize and incorporate patients' diverse lifestyles, experiences, and viewpoints into shared decision-making. Patient-centered care can promote greater health equity, and cultural awareness can further strengthen its effectiveness (Stube, 2021). Incorporating cultural competence requires case managers to recognize and reflect on one's own implicit biases, fostering self-awareness, and developing sensitivity in interactions with their patients. It encourages a deeper appreciation for the complex and unique aspects of each person which supports the delivery of patient-centered care (Stube, 2021).

### **Inclusive Practice**

African American women tend to experience poorer mental and physical health outcomes than the general population due to health inequities largely driven by social determinants of health (Marjadi, et. Al., 2023). Which disadvantage their access to proper mental healthcare leading to poor treatment outcomes. Significant healthcare disparities affect racial and ethnic minority such as African American women, with one major contributing factor being their lower rates of seeking medical care (Shields, et. Al., 2023). Enhancing inclusivity within healthcare environments is essential to addressing these inequities. It's important to recognize that care cannot begin unless individuals first choose to engage with a healthcare provider. By fostering a more inclusive atmosphere, a key obstacle to care-seeking among the African American population more so African American women and other marginalized groups can be diminished (Shields, et. Al., 2023).

## **Trauma-Informed Case Management**

African American women face a wide range of disadvantageous that escalate the demand for mental healthcare services within this demographic while at the same time serving as barriers to access to mental healthcare. They are more likely to encounter experiences that activate stress response that is severe and chronic (Goldstein, et. Al., 2024). Trauma-informed care is an approach designed to foster safety across various environments, including healthcare (Goldstein, et. Al., 2024). A trauma-informed program, organization, or system acknowledges the broad effects of trauma and is aware of the different pathways to healing. It identifies trauma-related signs and symptoms in individuals, families, staff, and others within the system; applies trauma-informed knowledge throughout its policies, procedures, and practices; and works intentionally to prevent re-traumatization.

### ***Sub-theme***

#### ***Minimizing Re-Trauma***

Incorporation and utilization of trauma informed case management enable patient assessment and treatment, recognizing how trauma affects health, identifying related symptoms, exploring patient strengths, hopes, and support systems, and being informed about appropriate interventions and referral resources (Goldstein, et. Al., 2024). Case managers in this instance are better positioned to make accurate diagnoses and collaborate with patients on effective treatment plans. These approaches not only benefit all patients but are particularly valuable during periods of stress or emotional dysregulation, as they foster greater understanding of adversity, strengthen the

therapeutic relationship, reduce stigma, and support healing and recovery (Goldstein, et. Al., 2024).

Integrating trauma-informed case management principles into service delivery and treatment can enhance patient-staff interactions by helping to prevent re-traumatization and reducing the need for patients to repeatedly share their traumatic experiences (Goldstein, et al., 2024). An inclusive trauma-informed framework that involves clinicians in the planning process can support the adoption of flexible, modular, and evidence-based treatment options, improving the capacity to address diverse symptom profiles. Furthermore, therapeutic strategies that go beyond trauma-specific methods such as coordinated or integrative care can offer more holistic support for patients (Goldstein, et. Al., 2024).

### **Strength-Based Case Management**

Strength-based case management supports individuals with mental illness in their recovery by harnessing both personal and environmental resources (Tse, et, al., 2021). Growing evidence indicates that using this model leads to improved outcomes, such as greater success in employment or education, fewer hospitalizations, and enhanced self-efficacy and hope (Tse, et al., 2021). Strengths-based case management places strong emphasis on individuals' personal goals, promotes positive risk-taking, and recognizes these goals as central to the recovery process. The model prioritizes collaborative efforts among case workers and group supervision to generate solutions for service users, and actively involves service users, their families, and staff across all levels of care (Tse, et, al., 2021). allows service users to improve their perceptions of their abilities and increase

their confidence and enhances their opportunities to make and act on their own meaningful choices (Tse, et. Al., 2021).

### ***Sub-themes***

#### ***Client Strength***

A strength-based approach sees clients as the primary drivers of change (Spark, et, al., 2020). Therapists using this model actively identify and draw on clients' personal, relational, social, and cultural strengths to help them achieve their goals. This approach begins with the belief that clients possess inherent strengths that can be used to overcome challenges. Therapists must then be skilled at recognizing or drawing out these strengths as needed, and able to incorporate them into effective treatment plans (Spark, et. Al., 2020). The most challenging part is often the initial shift in mindset, as it requires moving away from traditional clinical frameworks that focus heavily on dysfunction. Without this shift, therapists may struggle to fully recognize and utilize the contributions clients bring to the therapeutic process (Supra, 2020).

#### ***Empowerment Focus***

Strengths Model Case Management approach begins with service users identifying their personal life goals (goal setting) and being supported in recognizing their strengths such as talents and available resources that can help them achieve those goals (strengths assessment) (Tse, et al., 2021). The surrounding environment or community is also utilized as a valuable source of support, offering resources that can aid in goal attainment. Rooted in strengths-based principles, this case management model aims to foster a greater sense of hope by helping individuals discover their own capabilities and build empowering relationships with others, including within their

communities and cultural contexts. This approach enhances service users' belief in their abilities, boosts confidence, and expands their capacity to make meaningful, autonomous decisions. Ultimately, the strength-based case management model promotes self-empowerment and self-determination, enabling individuals to take greater control over their own well-being (Tse, et. al., 2021).

### ***Self-Efficacy***

Strength based case management has proven to be positive and leads to improvement of the clients' quality of life, life satisfaction, and goal attainment compared with other forms of case management (Roebuck,et,al., 2022). This case management model is associated with clients' achieving higher levels of employment and education and having lower levels of hospitalization. It promotes greater well-being, and better recovery compared to usual treatment outcome.

### **Community-Based Case Management**

Community case management involves coordinating a range of collaborative services to support a client's rehabilitation and ensure they receive appropriate medical, social, and community-based care (Dallas, J. 2021). Professionals in this role demonstrate strong interpersonal skills such as empathy, active listening, and open-mindedness. The position demands excellent communication, strategic planning, and a thorough knowledge of services tailored to individual client needs. Additionally, community case managers are well-versed in state and federal laws, ethical standards, accreditation and regulatory guidelines, health insurance policies, and evidence-based practices (Dallas, J. 2021).

### **Integrated Care Coordination**

The idea of coordinated and integrated healthcare is becoming increasingly vital in today's health systems (Hudson, et al., 2022). Changes in population health especially in developed nations—along with the growing complexity of healthcare delivery, highlight the need for strategies that enhance the efficiency and effectiveness of existing systems, particularly in the absence of significant increases in funding. The core of current reforms lies in shifting from fragmented, episodic care toward a more coordinated approach, with varying levels of integration. This model aims to provide patients with continuous and comprehensive care through collaboration across healthcare, social services, and education sectors (Hudson, et. Al., 2022). Addressing these challenges is central to the coordinated and integrated care model, aspects of which are currently being introduced into Poland's healthcare system. Case management programs with integrated care coordination are designed for frequent users with complex healthcare needs are an effective approach to enhancing the patient experience of integrated care while also reducing excessive use of healthcare services and associated costs (Supra, 2022).

#### Part 4: Recommendation for Professional Practice and Implications for Social Change

##### **Recommendations for Professional Practice**

Case management is meant to ensure that mental health patients experience rational and consistent mental health treatment and do not fall between the cracks in the treatment system (Graham, & Timney, 2010). In theory, case management is meant to improve the efficiency of the treatment system by coordinating services for mental health patients. However, implementation of case management to improve treatment outcomes for African American women from low-income backgrounds remains a challenge in the health care system.

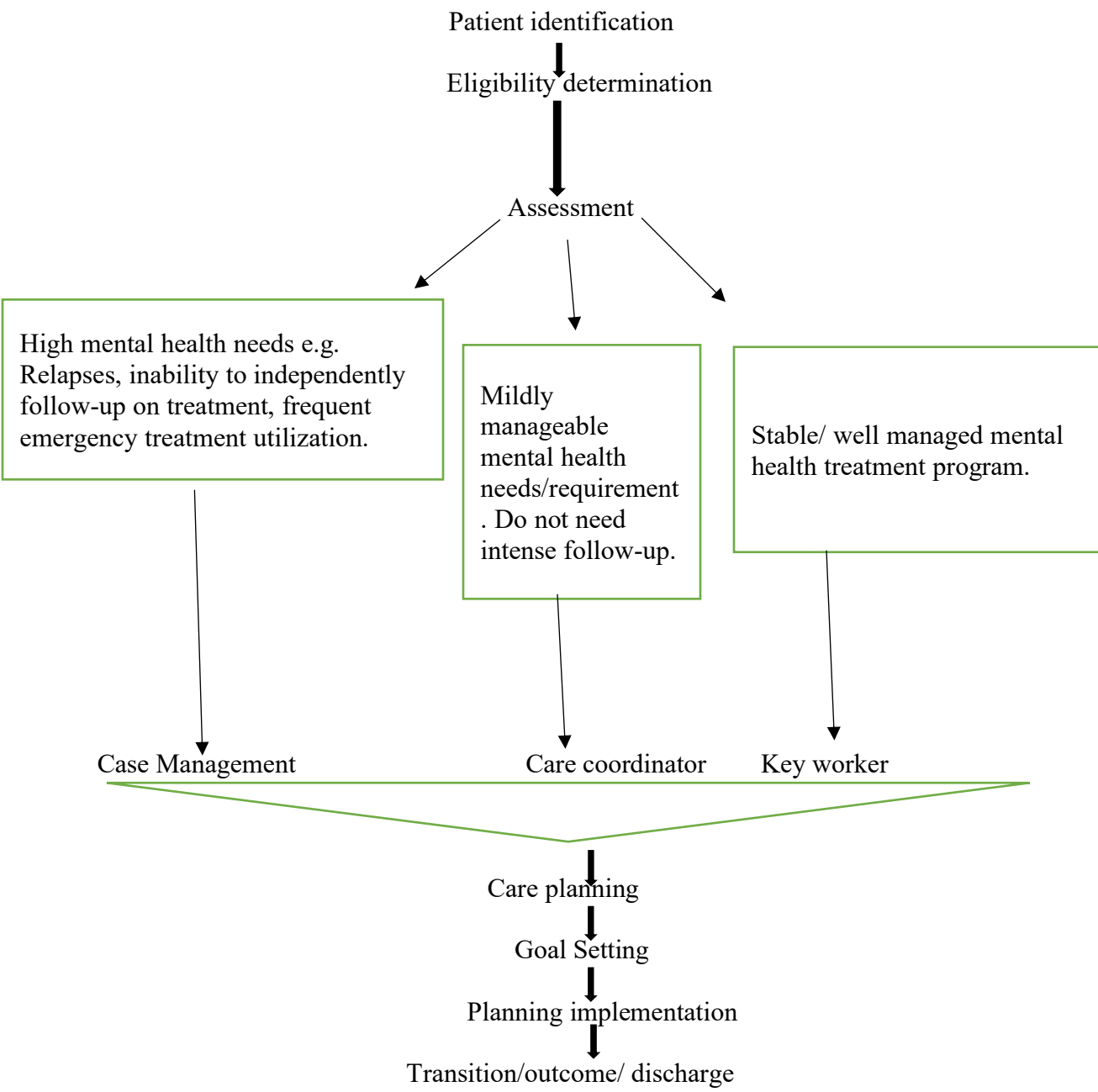
In recent years in the health care system, incorporation of case management seems to be getting more recognition. However, there is great variability in the implementation of case management integrated treatment programs. Although the need for case management services appears to be increasingly recognized in the mental health and addictions fields, the variability observed in the implementation of these programs is considerable (Giscombe, 2019).

African American women from low-income backgrounds are highly vulnerable to chronic mental illness. This is influenced by various factors. Integration of case management in mental health cases involving economically vulnerable African American women can be utilized to mitigate these factors and improve the quality of treatment (Giscombe, 2019). Health care organizations' administrations/administrators need to identify and categorize their patients to determine the best models of case management for this vulnerable population. The Case Management Society of America and the National Case Management Network of Canada described the core elements of case

management as follows: patient identification and eligibility determination, assessment, care planning along with goal setting, plan implementation, plan monitoring, and transition and discharge (Giardino & Dejesus, 2023; see Figure 1).

**Figure 1**

*Elements of Case Management*



### **Patient Identification and Eligibility Determination**

Mental healthcare organization administrations need to identify patients/clients who require frequent mental healthcare and are not placed under case management services (Giardino, DeJesus, 2023). This also should involve identification of patients who are of vulnerable population. Upon identification of patients a further step of establishing rapport that consists of building an interpersonal connection between the case manager and the patient/client.

### ***Assessment***

Assessment will provide a further understanding of the patient's needs whether they have high healthcare needs and require frequent treatment follow up, their capabilities. This also includes assessment of their resource capacity depending on their socio-economic status as well as resources accessible within the communities they come from and families (Supra).

### ***Care Planning Along With Goal Setting***

This aspect envisions the aspired treatment outcomes. This involves treatment goals, tasks and actions needed to move towards those goals, access to specific services and supports required to achieve the stated goals and finally the identification of required outcomes that are tailored to suit the particular patient (Giardino, DeJesus, 2023). In care planning stage the case manager ought to work upon building a rapport with the patient. This would be necessary to assist the patient in overcoming challenges and barriers that would hinder access in treatment. A patient that is highly likely to use emergency care would be highly suited for a case manager/case manager to work on anticipated challenges that might arise hindering the treatment program and/or outcome.

### ***Plan Implementation***

Healthcare service organization's administrations ought to implement case management program. This involves putting into motion plans and developing individualized patient catering programs. HSOs have to ensure that the plan meet the assessment criteria (Hudson, Bison, et al., 2023). Planning time and strategies to develop case management skills. A myriad of facilitation has to be carried out among care providers that is case managers, care coordinators and key workers.

### ***Transition and Discharge***

Transition involves proper planning and preparing the patient to be transferred from one healthcare continuum to another depending on the patient's health demand and recovery stage (Hudson, Bison, et al., 2023). Transitioning can have a patient discharged for home care or referred to a different facility for further care. Consequently, if through case management the goals are met and the desired treatment outcomes are reached a patient can then be discharged. In mental healthcare however, the HSO will need to determine whether there will be need for further or future case management interventions or the outcome warrants disengagement of the same (Supra)

### **Implications for Social Change**

African American women from low-income backgrounds fall within the parameters of those highly in need of mental health care. Consequently, the gap of access between them and women of other ethnicities is equally big. Racism, a structural inequity that negatively impacts health and mental health equity. Racial categorization devalues, disempowers and allocates societal resources unequally (Williams et al., 2019). Structural racism is the most crucial form of racism that impacts metal healthcare since it is

embedded in laws, policies and institutions. It highly contributes to poor mental health treatment outcomes and linked to poor mental health among African American women. Further, income correlates with increase in mental health illness due to socio-economic stressors such as, housing instability, access to education among others that emanate from socio-economic status. Income equally influences the availability and quality of treatment creating more disparity.

Equitable access to health care is crucial to manage and bridge the gap in mental healthcare and enhance and achieve equity. Ensuring that African American women are assigned case managers through well formulated case management models would help eliminate the limitation on access to mental healthcare and improve quality of treatment. Enhancing policies that embrace and increase the use of case management models that are specific and suited to African American women especially those from low-income background will encourage them to stay on treatment programs rather than dropping out. Consequently, increased awareness in the racial disparity in mental healthcare will encourage African American women to utilize out-patient mental healthcare services more. Bridging the racial disparity in mental healthcare for African American women ensures better mental treatment outcomes thus improving the quality of mental health services in low-income communities. This will also promote social equity allowing women to access mental health treatment despite their race or socio-economic status.

Improving mental healthcare awareness among African American women from lower socio-economic status and formulation of means to encourage them to seek mental healthcare more helps eradicate and shun the strong independent black woman stereotype which has been a contributing factor to poor mental health seeking behavior and

treatment outcome. Healthcare administrators can also explore best policies that can improve treatment quality and outcomes and prevent economically vulnerable African American women from dropping out of treatment programs. Patient tailored, responsive behavioral health services offered in mental healthcare clinics are associated with healthy outcomes for mental health patients. The coordination of care and services, often provided by case managers, is imperative to maximize these benefits for Patient (O'neal et al, 2022).

### **Limitations**

This study being an integrative literature review-based study, the data relied upon was basically second-hand data. Primary data would have more potential and diversity in providing information directly from the affected population of African American women. This study was further limited by the sense that it deals with a particular demographic therefore it cannot be generalized to the rest of the American population or even African American men in particular. It also deals with mental healthcare services therefore the attributes of case management discussed herein can only be utilized in mental health care organizations only.

### **Conclusion**

The purpose of this literature review study was to examine the case management approaches that can be used to mitigate the disparity witnessed in access to mental healthcare by the African American women from poor communities/backgrounds. Literature and even statistical data show that there is a great racial disparity in mental healthcare treatment. The level of vulnerability of African American women is higher due to various pre-disposing factors thus making mental healthcare demand within this

demographic higher. Hence the need to improvise and implement case management approaches in mental health treatment programs to help mitigate this disparity. HSOs need to come up with integrative case management approaches that are well tailored to suit their patients. This literature review study can be used by future researchers to further understanding of the role of case management in improving access and quality of treatment outcome.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ Date	Theoretical / Conceptual Framework	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implication s for Future research	Implication s For practice	Empirical Research (Yes or No)
McClear y-Gaddy, A. T., & James, D. (2022). Dehuma nization, attitudes toward seeking professio nal psycholo gical care, and mental health among African America n women.	N/A	Self- infracumani zation and self- superhuman ization will be associated with greater negative ATSPPH and greater mental health symptomato logy.	Quantitative	Self- infracumani zation was not associated with mental health symptomato logy. Greater SBW schema endorsement was associated with greater mental health symptomato logy. Self- infracumani zation and SBW schema endorsement were not associated with ATSPPH.	Self- infracumani zation is a dehumanizatio n form in which one perceives themselves as lacking the experience of uniquely human emotions. We found that the more African American women believe they do not experience uniquely human emotions, the greater risk they are of not	this research suggests that dehumaniz ation and superhuma nization are psychosoci al determinan ts of health among African American women.	Mental HSOs will be able to come up with practices that can help dilute or eradicate dehumaniz ation and superhuma nization to help encourage African American Women to seek mental healthcare services.	Yes

<p><i>Cultural Diversity and Ethnic Minority Psychology</i>.  <a href="https://doi.org/10.1037/cdp0000554">https://doi.org/10.1037/cdp0000554</a></p>				<p>ATSPPH mediated the interaction between SBW and self-infrhumanization on mental health symptomatology.</p>	<p>seeking professional psychological help.</p>			
<p>Assari, S., Lapeyrouse, L., &amp; Neighbors, H. (2018). Income and Self-Rated Mental Health: Diminished</p>	<p>N/A</p>	<p>The minorities' diminished return theory suggests that socioeconomic position (SEP) generates smaller health gains for racial/ethnic minorities</p>	<p>cross-sectional design,</p>	<p>Overall, higher household income was associated with better SRMH, net of covariates. An interaction was found between race/ethnicity and household income on</p>	<p>Difference in income affects access to healthcare especially for black women. The study acknowledges that there is a racial disparity in access to mental healthcare.</p>	<p>Policy makers, Mental HSOs, Healthcare administrators need to recognize that there is a disparity and that access to healthcare vis not equal.</p>	<p>Policy makers, and healthcare administrators to come up with policies and practices that can help bridge this gap especially in low-</p>	<p>No</p>

Returns for High Income Black Americans. Behavioral Sciences, 8(5), 50. MDPI AG. Retrieved from <a href="http://dx.doi.org/10.3390/bs8050050">http://dx.doi.org/10.3390/bs8050050</a>		compared to Whites.		SRMH, suggesting a smaller, or nonexistent, protective effect for Blacks compared to Whites. In race/ethnicity-stratified models, higher household income was associated with better SRMH for Whites but not Blacks.			income areas.	
Taylor, R. E., & Kuo, B. C. H. (2018, August 27). Black America	Theory of Planned Model Behaviour	N/A	Integrative Literature Review	There are factors that limit the ability of African American people to seek mental healthcare. These factors	There is little research that addresses and educates about the role of stigma in access to mental health among African	Future researchers can employ analytical methods to explore the relationships between factors that	Clinicians can rely on these research to understand the cause of low number of African Americans	No

<p>n Psychological Help- Seeking Intention : An Integrate d Literatur e Review With Recomm endations for Clinical Practice. Journal of Psychoth erapy Integrati on. Advance online publicati on. <a href="http://dx.doi.org/1">http://dx. doi.org/1</a></p>				<p>include perceived negative consequences associated with seeking help; social pressure against psychological help-seeking; and perceived difficulties associated with seeking professional help.</p>	<p>American women.</p>	<p>affect African Americans and their ability to seek mental healthcare</p>	<p>who seek mental healthcare</p>	
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0.1037/int0000131								
Shim, S. R. (2021). Dismantling Structural Racism in Psychiatry: A path to mental Health Inequity. <a href="http://AJP.psychiatryonline.org">AJP.psychiatryonline.org</a> .	N/A	N/A	Systemic literature review	Prevalence of mental health illness varies across ethnicities however social injustices and structural racism impact the access to mental healthcare the most.	People can begin to change their own thinking about this by getting in the habit of observing and challenging one's own implicit biases, using techniques that help people confront and minimize their negative bias toward certain racial and ethnic groups. Once the internal work begins, it can be expanded to systems level interventions	Leaders can encourage and enforce social inclusion in healthcare services organizations by utilizing policies that expel people who consistently express racist or socially exclusionist beliefs from professional settings that would harm vulnerable	When Psychiatrists and mental health professionals understand how social injustice and the social determinants of mental health ultimately lead to poor mental health outcomes and mental health inequities, they can advocate	No

					by enforcing social norms of inclusion and equity in personal and professional settings	populations, including students and patients.	for policies that indirectly affect mental health. For example, policies that address the social determinants of mental health, eg. stable housing	
Thomier, B. M., Moody, D.M., Yahrun, J. (2021). Racial and Ethnic and Ethnic Disparities in Mental Healthca	N/A		Cross-sectional Design	Mental health of Black, Hispanic, and Asian respondents worsened relative to White respondents during the pandemic, with significant increases in	The Covid-9 pandemic created a pandemic within a pandemic in that there was already a mental healthcare pandemic for ethnic minority.	public policies and organizational decisions, including eliminating the racial wealth gap, improving childcare and eldercare access and	Policies targeting improvement of social welfare of the minority communities	No

<p>re and Mental Healthca re During the Covi- a9 Pandemi c</p>				<p>depression and anxiety among racialized minorities compared to Whites.</p>		<p>pay, protecting essential workers, preventing hate crimes, reforming the police, reducing student debt, improving health care access, addressing food and housing insecurity, and other important proposals targeted at improving the well- being of communiti es of color and aimed at</p>		
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						promoting racial equi		
Schouler-Ocak M, Bhugra D, Kastrup MC, Dom G, Heinz A, Küey L, Gorwood P (2021). Racism and mental health and the role of mental health professionals. European Psychiatry, 64(1), e42, 1–8 <a href="https://doi.org/10.">https://doi.org/10.</a>		The relationship between racism and mental health.	Quantitative	Institutionalized racism and ethnicity stereotypes have led to the impediment of access to mental healthcare. Some of it occasioned by the bias of mental health professionals.	Racism is significantly related to poor health, with the relationship being particularly strong for mental health and less robust for physical health.	Researchers need to gather more comprehensive data on the effects of institutionalized racism by analyzing factors that determine the outcome of poor mental health. To understand how institutionalized racism affects health and well-being, innovative	Mental health professionals to advocate against racism . Decision makers and administrators in HSOs to carry out training and awareness against racism among their staff.	No

1192/j.eu rpsy.202 1.2216S						methods and measures are needed to capture data on the exposure to and health effects of institutiona lized racism		
O'malley , A. S., Forest, B. H., Miranda, J. (2013). Primary Care Attribute s and Care for Depressi on Among Low-	N/A	The association between attributes of primary care providers and care for depression, from a patients' perspective, among a sample of predominant ly low- income African	Quantitative (t- test)	Women whose primary care physicians provided more comprehensiv e medical services had higher probability of being asked about their depressive symptoms and treated for the same compared to	More comprehensive primary care delivery and a physician– patient relationship focused on mutual respect are associated with greater rates of physician inquiry about and treatment for depression among	There is a need for further research investigatin g why some primary care practices offer a broader range of services than others	Respect is a major attribute in patient centred care, therefore this should be encouraged among clinicians. To create a better rapport and improve healthcare access.	Yes

Income African American Women. American Journal of Public Health.		American women		women who did not encounter comprehensive medical service providers. Women who rated their providers as having more respect for them also were more likely to be asked about and treated for depression.	vulnerable women			
Green, J. G., McLaughlin, K. A., Fillbrunn, M., Fukuda, M., Jackson, S. J., Kessler,	N/A	whether barriers to treatment and reasons for dropout differ by race/ethnicity	Quantitative (Multi-variate analysis)	Attitudinal barrier hinders access to treatment more than structural barriers.	There is need to understand and put effort in eliminating the barriers both attitudinal and structural barriers	More research is needed to understand the correlation between the barriers and ethnicity or race.	Implement practices in the HSOs to counter these barriers.	No

R.C., Sadikova , E., Sampson , N. A., Vilsaint, C., Williams , D. R., Cruz- Gonzalez , M., Algeria, M. Barriers to mental health service use and predictor s of treatment dropout; racial ethnic variation in populatio n based study.								
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Allen, M. A., Wang, Y., Chae, D. H., Price, M. M., Powell, W., Steed, T. C., Black, R.A., Firdaus, D.S., Marquez-Magana, L., Wood-Giscombe, C.L. (2019). Racial Discrimination The Superwoman Schema		whether the superwoman schema (SWS), a multidimensional culture-specific framework characterizing psychosocial responses to stress among AA women, modifies the association between racial discrimination and allostatic load.	Quantitative (Cross-sectional study design)	Study evidenced significant interactions were between racial discrimination and four of the five SWS subscale. African American women showed traits of emotional suppression.	There is a need to consider individual variability in coping and potentially other psychosocial processes involved in the stress response process.	More research is required to assess the associations at various life stages and in experimental versus observational study designs.	Practitioners to understand between health disparities and health inequities in order to devise practices that can effectively bridge the gap in access to mental healthcare.	Yes

and Allostatic Load: exploring a stress coping model among African American women.								
Gara, A. M., Minsky, S., Silverstein, M. S., Miskimen, T., Strakowski, M. S. (2019). A naturalistic study of racial disparities at an outpatient		African Americans with diagnoses of schizophrenia or schizoaffective disorders were more likely than similarly diagnosed non-Latino whites to screen positive for	Quantitative	Study shows that individuals found to be suffering from schizophrenia, African Americans were significantly more likely than non-Latino whites to screen positive for moderately severe to	There is a gap between the populations that is whites and African Americans in the diagnosis of schizophrenia when a major mood disorder may also be present	Further research can be carried to identify best suited practices by mental health professionals to counter the gap when it comes to diagnosis of ethnic minorities.	Policy actors and stakeholders in healthcare can push for more routine mental health screening in community settings to help reduce the racial gap in diagnosis	Yes

t behavioural clinic. Ps.psychiatryonline.org.		major depression		severe depression.			of serious mental issues such as schizophrenia among others	
Coombs, A., Joshua, A., Flowers, M., Wisdom, J., Crayton, L. S., Frzier, JK., Hankerson, S. (2022). Mental Health Perspectives Among Black Americans	N/A	Examining perspective of African Americans receiving mental healthcare from a service provider affiliated to community church.	Qualitative	This study majorly sought to understand the perspective of African American community receiving mental healthcare from a church affiliated mental health service provider. The study found that the fact that the mental health services were free was a	The model of providing mental health services alongside the support of an institution such as a church with service providers who have knowledge of the surrounding community is a crucial facilitator in encouraging access to mental healthcare. Also free services	New models of care that address long-standing barriers to treatment and support are needed  More research examining the direct clinical outcomes of providing evidence-based therapeutic modalities	Implementation of healthcare models that are suitable to cater for the barriers faced by African American people. Also there should be implementation of increase of state funding for local mental health clinics	Yes

Receiving Services from a Church Affiliated Mental Health clinic. Ps. psychiatryonline.org.				key facilitator to access. Also the fact that the professional at the clinic provided culturally competent services on matters related to faith and trauma.	encourage mental health seekers to stay on treatment therefore overcoming the financial barrier.	such as CBT or IPT in this and any future church-affiliated clinical settings is needed	affiliated to churches and other non-profit organization in order to increase access to mental healthcare within communities	
Valire CarrCopelandPh.D. and MPH & Kimberly Snyder (2011) Barriers to Mental Health Treatment Services for Low-	N/A		Mixed method	African American women are socialized to be strong and independent. An attitude and attribute that has led them not see mental healthcare as something they should seek help for.	African American women lack support and adequate framework to enable them to seek mental health services. Racial discrimination is also a major barrier	More mixed method research is needed to understand barriers affecting specifically African American women in low-income areas.	Mental healthcare practitioners need to develop practice strategies that are culturally competent and that encourage African American women to	No

Income African American Women Whose Children Receive Behavioral Health Services: An Ethnographic Investigation, Social Work in Public Health, 26:1, 78-95, DOI: 10.1080/10911350903341036							stay on treatment.	
Belton, S. A. (2013).	Health Belief Model.	women with a current presentation of		African American women in this study showed	Providing sufficient access to competent	This study can improve and lead to	HSOs can address the issue of consistent	Yes

<p>Access to mental healthcare and help seeking behaviours among African American women with depressive symptoms in a community based primary healthcare centre. <a href="https://scholarworks.gsu.edu">https://scholarworks.gsu.edu</a></p>		<p>depressive symptoms are more likely to seek help or have a history of seeking help for depressive symptoms than women without a diagnosis</p>		<p>the will to seek mental health care but the move to actually pursue mental health care.</p>	<p>care, especially within a primary care setting, will aid in the care of African American women and open doors for more innovative methods to treating depression in this specific population</p>	<p>more research on access to mental healthcare for African American women with depressive symptoms.</p>	<p>and quality healthcare especially for ethnic minority and ensuring they incorporate culturally competent practices.</p>	
<p>Planney, A. M., Smith, M. S., Moore,</p>	<p>Youth help seeking model and service utilization</p>	<p>N/A</p>	<p>Systematic literature review</p>	<p>The study identifies structural-, interpersonal-, and</p>	<p>African American youth face barriers of access to</p>		<p>HSOs and mental health practitioners to come</p>	<p>No</p>

S., Walker, T. D. (2019). Barriers and facilitators of mental health help seeking among African American youth and their families: a systematic review. Children and youth service review.	method (Screbnik, Cauce & Bayder, 1996)			individual-level barriers and facilitators, which present in the early stages of the therapeutic process, in the problem recognition stage (assessment and perception of need), and into continuation, termination or completion of treatment.	mental health that are faced by other ethnic minority. However, they do face an additional layer of barriers		up with practice-based strategies that will help reduce barriers for young african Americans	
Assari, S., Lapeyrouse, L. M.,	N/A	Cross-sectional study design	Cross-sectional study design	Overall, higher household income was	This study points out that household income is	Additional research is needed to better	Policies are needed to reduce African	Yes.

<p>&amp; Neighbors, H. W. (2018). Income and Self-Rated Mental Health: Diminished Returns for High Income Black Americans. <i>Behavioral sciences (Basel, Switzerland)</i>, 8(5), 50. <a href="https://doi.org/10.3390/bs8050050">https://doi.org/10.3390/bs8050050</a></p>				<p>associated with better SRMH, net of covariates. An interaction was found between race/ethnicity and household income on SRMH, suggesting a smaller, or nonexistent, protective effect for Blacks compared to Whites. In race/ethnicity-stratified models, higher household income was associated with better SRMH for</p>	<p>associated with better mental health, however, the magnitude of this association depends on race/ethnicity.</p>	<p>understand the conditional associations among socio-economic position (SEP), race/ethnicity, and self-rated mental health (SRMH).</p>	<p>American population's diminished returns</p>	
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				Whites but not Blacks.				
Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the Mask of the Strong Black Woman Schema: Disentangling Influences of Strength and Self-Silencing on Depressive Symptoms among		obligation to manifest strength impacts depressive symptomatology indirectly through silencing the self	Quantitative	African American women are pressurized to be strong therefore they are more compelled to display themselves as such. Silencing their emotional needs and mental health need. The internalization of the strong black women (Schema) has a negative impact on the mental health of African American women.	Stifling social cultural conditions and oppressive stereotypes have led African American women to internalize SBW schema hindering them from seeking mental health services when need be.	The study contributes to the justification for grounding mental health research with Black women in intersectionality, a theory postulating that social identities, including but not limited to race, gender, and cultural identities, interlock to simultaneously influence a	Mental health professionals can incorporate practices such as traditional methods of counselling to help African American women be more comfortable with mental health services and treatment	

<p>U.S. Black Women. <i>Sex roles</i>, 80(9-10), 517–526. <a href="https://doi.org/10.1007/s11199-018-0956-y">https://doi.org/10.1007/s11199-018-0956-y</a></p>						<p>person’s lived experiences and mental well-being</p>		
<p>National Council for Mental Health Wellbeing (202). Addressing disparities in access and utilization of mental health</p>	<p>N/A</p>		<p>Literature review</p>	<p>Health disparities exist in the access, engagement, utilization and outcomes for African Americans seeking specialty mental health and substance use treatment services.</p>	<p>More understanding should be put towards understanding systemic barriers rather than individual barriers.</p>	<p>More research is required in examining the impact of social determinants of health to fully understand poor behavioral health outcomes among African</p>	<p>HSOs should put in place better strategies that encourage patient- clinician relationship . HSOs can train their staff for more than just cultural competence.</p>	

and substance use service among African Americans.						American women.		
Okoro, O., Cernasev, A., Hillman, L., Kamau, N. M. (2020). Access to healthcare for low-income African American women: lived experiences and expectati		Effect of perceptions of low-income on patient-satisfaction and access to care methods for African American Women	Mixed methods	Women of colour continue to suffer poor mental health outcomes due to their socio-economic status. Low-income being a great contributor to impediment of access to mental healthcare.	The study concludes that providing affordable insurance solely cannot help bridge the gap experienced in mental healthcare. Challenges need to be understood from patient's perspective to elevate this gap.	Carry out research that is patient perspective oriented.	Create policies that encourage patient-clinician relationship to help understand the perspective of patients and ease access.	Yes

ons. Journal of healthcar e for poor and undeserv ed 31(2) 939-957.								
Schouler -Ocak M, Bhugra D, Kastrup MC, Dom G, Heinz A, Küey L, Gorwood P (2021). Racism and mental health and the role of mental health professio nals.		The relationship between racism and mental health.	Quantitative	Institutionaliz ed racism and ethnicity stereotypes have led to the impediment of access to mental healthcare. Some of it occasioned by the bias of mental health professionals	Racism is significantly related to poor health, with the relationship being particularly strong for mental health and less robust for physical health	Researcher s need to gather more comprehen sive data on the effects of institutiona lized racism by analyzing factors that determine the outcome of poor mental health	Decision makers and administrat ors in HSOs to carry out training and awareness against racism among their staff.	No

European Psychiatry, 64(1), e42, 1–8 <a href="https://doi.org/10.1192/j.eurpsy.2021.2216S">https://doi.org/10.1192/j.eurpsy.2021.2216S</a>								
Le-Cook, B., Trinh, N., Zhihui-Li, M. S., Progovac, A. (2017). Trends in racial-ethnic disparities in access to mental health care ; 2004-2012. Ps.psychi	N/A		Quantitative	A comparison of trends in racial-ethnic disparities in mental health care access among whites, blacks, Hispanics, and Asians was done. Significant disparities were found in 2004–2005 and in 2011–2012 for all three racial-ethnic	No improvement was made in reducing disparities in access to mental health care for blacks, Hispanics, and Asians compared with whites between 2004 and 2012.	With the widening gap more research needs to be carried out to identify interventions that can improve access to mental health care for racial-ethnic minority groups.	Renewed policy and clinical efforts are needed to respond to racial-ethnic disparities in access to mental health care, which remained steady or widened between 2004 and 2012	Yes

atrimonlin e.come.				minority groups compared with whites in all three measures of access				
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## Appendix B: DHA Review Question Search Log

Database or location name	Search Terms	Results	Notes
Pubmed.gov	Mental healthcare, African American women	20	Most articles were on mental healthcare on Africa American population in general. About 2 articles dealt with African American women.
JURN	Mental healthcare, African American Women, Case management	8	There were no articles directly relating to case management. 1 Article did provide information on African American women and mental healthcare.
Proquest	Mental healthcare, African American women, Income	25	Most of the articles did not resonate with my search.
World health Organization	African American women, Mental healthcare	0	No articles based on these search terms were found.
DOAJ	Mental healthcare, Case Management	5	Only one relevant article was found
Ebsco	African American Women, Mental Healthcare	1	The article was irrelevant

<b>Database or location name</b>	<b>Search Terms</b>	<b>Results</b>	<b>Notes</b>
Google scholar	African American Women, Mental healthcare, case management	More than 100	There are plenty of articles from different sites. Found several relevant articles
BMC Health Services Research	Case Management	21	Only 1 article was relevant
<b>Database or location name</b>	<b>Search Terms</b>	<b>Results</b>	<b>Notes</b>
Pubmed.gov	Mental healthcare, African American women	20	Most articles were on mental healthcare on Africa American population in general. About 2 articles dealt with African American women.
JURN	Mental healthcare, African American Women, Case management	8	There were no articles directly relating to case management. 1 Article did provide information on African American women and mental healthcare.
Proquest	Mental healthcare, Afrian American women, Income	25	Most of the articles did not resonate with my search.
World health Organization	African American women, Mental healthcare	0	No articles based on these search terms were found.

<b>Database or location name</b>	<b>Search Terms</b>	<b>Results</b>	<b>Notes</b>
DOAJ	Mental healthcare, Case Management	5	Only one relevant article was found
Ebsco	African American Women, Mental Healthcare	1	The article was irrelevant
Google scholar	African American Women, Mental healthcare, case management	More than 100	There are plenty of articles from different sites. Found several relevant articles
BMC Health Services Research	Case Management	21	Only 1 article was relevant

Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p>Arya, K. D. (2020). Case management, care coordination and casework in community mental health services. <i>Asian Journal of Psychiatry</i>, 50, 101979.</p> <p><a href="https://doi.org/10.1016/j.ajp.2020.101979">https://doi.org/10.1016/j.ajp.2020.101979</a></p>	<p>Level 3 with good quality</p>	<p>HSO, Science direct.</p> <p>The objective of this study was to identify case management models that can stream more clinicians into</p>	<p>It is important to identify various consumer groups, pinpoint those that need case management and allocate resources accordingly.</p>	<p>Qualitative</p>	<p>The study only focused on community-based case management model. It did not explore any other possible case management model.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		case management.			
<p>Hindenoeh, M., Milena, K., Urdapilleta, I., Del Goletos, S., &amp; Passarieux, C. (2023). Health and social case management for the inclusion of people living with a schizophrenic disorder: The PASSVers experience. <i>Community Mental Health Journal</i>, 59(7), 1375–1387.</p> <p><a href="https://doi.org/10.1007/s10597-023-01125-x">https://doi.org/10.1007/s10597-023-01125-x</a></p>	Level 3 with good quality	<p>HSOs, Springer Nature Link</p> <p>This study evaluated the way users and professionals perceive this</p>	<p>The results highlighted the overall satisfaction of the participants with the program, and the double case</p>	Quantitative	<p>The population sample was small therefore generalization of results was limited.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		program so as to assess the relevance of double case management.	management was shown to be beneficial in supporting people living with schizophrenia in their life project		
Harvey, C., Zirnsak, T. M., Brasier, C., Ennals, P., Fletcher, J., Hamilton, B., Killaspy, H., McKenzie, P., Kennedy, H., &	Level 3 with good quality	HSOs, Google scholar. This study aims	Evidence based or established models of care	Literature review	The studies used were small

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p>Brophy, L. (2023). Community-based models of care facilitating the recovery of people living with persistent and complex mental health needs: a systematic review and narrative synthesis. <i>Frontiers in psychiatry</i>, 14, 1259944. <a href="https://doi.org/10.3389/fpsy.2023.1259944">https://doi.org/10.3389/fpsy.2023.1259944</a></p>		<p>to assess the effectiveness of community-based models of care (MoCs) supporting the recovery of individuals who experience persistent and</p>	<p>shows that there is a need for inevitable evolution and adaptation. Considering the high importance of effective community based models of care for people</p>		<p>scale and lacked a comparison group.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		complex mental health needs.	experiencing persistent and complex mental health needs		
Goldstein, E., Chokshi, B., Melendez-Torres, G. J., Rios, A., Jelley, M., & Lewis-O'Connor, A. (2024). Effectiveness of trauma-informed care implementation in health care settings: Systematic review of reviews and realist synthesis. <i>The Permanente</i>	Level 3 with good quality	HSOs, Google Scholar, This study aimed to understand the mechanisms and outcomes	The findings support the use of trauma informed case management to improve mental health treatment.	Systematic literature review	Authors were unable to consult on the findings with wider policy and practice

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p><i>Journal</i>, 28(1).  <a href="https://doi.org/10.7812/TPP/23.127">https://doi.org/10.7812/TPP/23.127</a></p>		<p>effective in implementing TIC across health systems using a systematic review of reviews and realist synthesis</p>			<p>communities, such as the Interagency Task Force on Trauma-Informed Care.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p>Smith, D., Minton, B.C., Taylor,L., Price, W. E.(2023). Seeking counselling service : A phenomelogical study for African American women. Journal of African American women (2023) 27(251-267)</p>	<p>Level 3 with good quality</p>	<p>HSOs, Springer Nature Link, This phenomenologic al study examined the lived experiences of ten African American</p>	<p>Findings inform communities about what counseling is (and is not) as well as different types of support that can be obtained from a professional counselor.</p>	<p>Qualitative analysis</p>	<p>face-to-face and videoconferen ce interviews) limited depth of responding</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		women who sought service from licensed professional counselors.			
Browne, J., & Mohammed, S. (2023). Evaluation of disparities in impact of mental health intensive case management on 6-month symptoms, functioning, and quality of life between Black and White veterans diagnosed with schizophrenia. <i>Schizophrenia Research</i> ,	Level 2 with good quality.	HSOs' PubMed. The purpose of this study was to examine	The findings Results indicated differences between Black and White veterans in clinical history, justice system involvement, and clinical characteristics at enrollment.	Quantitative , Chi-Square test and ANOVAS	This study only focused on individuals who were veterans.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p>253, 68–74.</p> <p><a href="https://doi.org/10.1016/j.schres.2021.07.002">https://doi.org/10.1016/j.schres.2021.07.002</a></p>		<p>disparities in enrollment characteristics, service delivery and clinical outcomes between Black and White veterans diagnosed with schizophrenia</p>			

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		who received care in the Veterans Health Administration (VHA), an equal-access health care system.			
Hudon, C., Bisson, M., Chouinard, M. C., Moullec, G., Del Barrio, L. R., Angrignon-Girouard, É., Pratte, M. M., & Poirier, M. D.	Level 3 with good quality	HSOs, Google scholar	Case management in primary care may better address SDH and improve health equity by	Qualitative	Patients' perspectives were not broadly included as they were not

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
(2023). Opportunities of integrated care to improve equity for adults with complex needs: a qualitative study of case management in primary care. <i>BMC primary care</i> , 25(1), 391.		The aim of this study was to better understand how case management in primary care may address the SDH of people with complex needs.	developing a trusting relationship with people with complex needs, improving interdisciplinary and intersectoral collaboration and social support.		easily reachable.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p>Stanhope, V., Choy-Brown, M., Williams, N., &amp; Marcus, S. C. (2021). Implementing Person-Centered Care Planning: A Randomized Controlled Trial. <i>Psychiatric Services</i>, 72(6), 641–646.</p> <p><a href="https://doi.org/10.1176/appi.ps.202000361">https://doi.org/10.1176/appi.ps.202000361</a></p>	<p>Level 2 with good quality</p>	<p>HSOs</p> <p>Google Scholar</p> <p>This study was examining whether person-centered care is a key quality indicator and central to</p>	<p>The findings indicated that training providers in PCCP increases provider competency in delivering person-centered care.</p>	<p>Quantitative</p>	<p>The study did not examine the impact of delivering person-centered care on engagement and clinical outcomes.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		<p>promoting integrated and recovery-oriented services.</p>			
<p>Lowther-Payne, H.J., Ushakova, A., Beckwith, A. (2023). Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review. <i>BMC Health Serv Res</i> <b>23</b>, 1042</p>	<p>Level 3 with good quality</p>	<p>HSOs, Google scholar This study examined how has <i>access</i> been measured</p>	<p>Actions to reduce inequalities should address barriers to population groups' abilities to seek and reach services such as stigma-reducing interventions, and re-designing</p>	<p>Systematic review</p>	<p>This study did not use holistic measurement of access.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
(2023). <a href="https://doi.org/10.1186/s12913-023-10030-8">https://doi.org/10.1186/s12913-023-10030-8</a>		in research exploring inequalities in access to adult mental health services in the UK	services and pathways.		
Giardino, A. P., & De Jesus, O. (2023). <i>Case management</i> . StatPearls Publishing.	Level 5 with good quality	HSOs, National Health Library, NCBI.	Case management improves healthcare outcomes.	Systematic literature review	It focused on case management on healthcare as a whole.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<a href="https://www.ncbi.nlm.nih.gov/books/NBK562214/">https://www.ncbi.nlm.nih.gov/books/NBK562214/</a>					
<p>Assari, S., Lapeyrouse, L., &amp; Neighbors, H. (2018). Income and self-rated mental health: Diminished returns for high income Black Americans. <i>Behavioral Sciences</i>, 8(5), 50.</p> <p><a href="https://doi.org/10.3390/bs8050050">https://doi.org/10.3390/bs8050050</a></p>	<p>Level 2 with good quality.</p>	<p>HSO, MDPI.</p> <p>This study examined how household income impacted mental health by</p>	<p>A higher SRMH was found in higher income houses. Whites in high income household were reported to have higher SRMH as compared to blacks.</p>	<p>Quantitative, cross-sectional design.</p>	<p>This study did not explore conditional association between socio-economic status and SRMH.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		measuring Self-Rated Mental Health (SRMH) among the African American population.			
Suzuki, K., Yamaguchi, S., Kawasoe, Y., Nayiki, K., Aoki, T., (2022).How Do Case Mangers Determine the Types of Services Provided to Users in the Intensive Case	Level 3 with good quality	This study examined the association of service types	Hospital-based services were significantly associated with lower PSP scores and hospital admission at	Literature review	Data used in this study was from one institution.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
Management? A Longitudinal Study. Clinical Medicine Insight: Psychiatry (13) 1-7		with previous and future functioning and hospital admissions using a longitudinal data, to clarify the case managers' activity.	follow-up assessment.		

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p>Payne, R., Clarke, A., Swann, N., van Dael, J., Brenman, N., Rosen, R., Mackridge, A., Moore, L., Kalin, A., Ladds, E., Hemmings, N., Rybczynska-Bunt, S., Faulkner, S., Hanson, I., Spitters, S., Wieringa, S., Dakin, F. H., Shaw, S. E., Wherton, J., Byng, R., ... Greenhalgh, T. (2023). Patient safety in remote primary care encounters: multimethod qualitative study combining Safety I and Safety II analysis. <i>BMJ quality &amp; safety</i>, 33(9), 573–</p>	<p>Level 2 with not good quality</p>	<p>Study aimed to learn why safety incidents occur in remote encounters and how to prevent them.</p>	<p>Safety incidents were characterized by inappropriate modality, poor rapport building, inadequate information gathering, limited clinical assessment, inappropriate pathway (eg, wrong algorithm) and inadequate attention to social circumstances.</p>	<p>Quantitative</p>	<p>Study focused on a single geographical locality.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
586. <a href="https://doi.org/10.1136/bmjqs-2023-016674">https://doi.org/10.1136/bmjqs-2023-016674</a>					
Tse, S., Ng., C. S., Yuen, W. W., Lo, W.I.K., Fukui, S., Goscha, R.J., Wan, E., Wong, S., and Chan, S. (2021). Process research: compare and contrast the recovery-orientated strengths model of case management and usual community mental health care. The Association for the	Level 3 with good quality.	HSOs, Google scholar This study explores the views of case workers and service users on their experience	The results showed that there were improvements in the functional recovery of the SMCM group in areas such as employment and family relationships, how self-identified goals were achieved, and how service users gained a better	Literature review	Time factor as authors felt there might be better research on the topic after this publication

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
Psychoanalysis of culture and society. <i>BMC Psychiatric</i> .		of providing or receiving the SMCM intervention.	understanding of their own strengths and weaknesses.		
Roebuck, M., Latimer, E., Bergeron-Leclerc, C., Briand, C., Durbin, J., Goscha, R. et al. (2022) The working alliance as a mediator between fidelity to strengths model case management and client outcomes. <i>Psychiatric Services</i> , 73, 1248–1254.	Level 2 with good quality	The purpose of this study was to examine how the client–case manager working alliance	Results supported the view that SMCM is an effective intervention. When the intervention was implemented as planned, it fostered stronger working alliances between clients and case	Quantitative	This study focused on a single institution.

<b>Author, date, and title</b>	<b>Evidenc e level and quality rating</b>	<b>Focus: HSO type, Research Domain, and Specific Problem being addressed</b>	<b>Findings that help answer the review question(s)</b>	<b>Metrics and Measures if used</b>	<b>Source Limitations</b>
		<p>in strengths model case management (SMCM) mediates the relationship between fidelity to the SMCM intervention and clients' quality of life, hope,</p>	<p>managers and contributed to greater improvements in the quality of life</p>		

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
		and community functioning.			
<p>Schouler-Ocak M, Bhugra D, Kastrup MC, Dom G, Heinz A, Küey L, Gorwood P (2021). Racism and mental health and the role of mental health professionals. <i>European Psychiatry</i>, 64(1), e42, 1–8</p> <p><a href="https://doi.org/10.1192/j.eurpsy.2021.2216S">https://doi.org/10.1192/j.eurpsy.2021.2216S</a></p> <p>Enter text</p>	Level 3 Good	<p>Mental Health Service (HSO).</p> <p>The relationship between racism and mental health.</p>	Racism is significantly related to poor health, with the relationship being particularly strong for mental health and less robust for physical health	Literature review	This source did not collect comprehensive data on the effects of institutionalized racism.
Shim, S. R. (2021).	Level 3 Good	Mental Health Clinic (HSO).	Implementation of techniques that help people confront and minimize their negative bias	Systemic literature review	

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
<p>Dismantling Structural Racism in Psychiatry: A path to mental Health Inequity.</p> <p>AJp.psychiatryonline.org.</p>		<p>How social injustices and structural racism impact the access to mental healthcare the most.</p>	<p>toward certain racial and ethnic groups. This can help with implementations that push for equality in healthcare organizations</p>		
<p>Green, J. G., McLaughlin, K. A., Fillbrunn, M., Fukuda, M., Jackson, S. J., Kessler, R.C., Sadikova, E., Sampson, N. A., Vilsaint, C., Williams, D. R., Cruz-Gonzalez, M., Algeria, M.</p>	<p>Level 2Good</p>	<p>whether barriers to treatment and reasons for dropout differ by race/ethnicity</p>	<p>Attitudinal barrier hinders access to treatment more than structural barriers.</p>	<p>Quantitative (Multivariate analysis)</p>	<p>More research is needed to understand the correlation between barriers of access and mental health access</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question(s)	Metrics and Measures if used	Source Limitations
Barriers to mental health service use and predictors of treatment dropout; racial ethnic variation in population based study.					
O'malley, A. S., Forest, B. H., Miranda, J. (2013). Primary Care Attributes and Care for Depression Among Low-Income African American Women. American Journal of Public Health.	Level 3 Good	The association between attributes of primary care providers and care for depression, from a patients' perspective, among a sample of predominantly low-income African American women	Comprehensive primary healthcare has better impact on mental healthcare for African American women.	Quantitative (T-test)	Enter text

<b>Author, date, and title</b>	<b>Evidence level and quality rating</b>	<b>Focus: HSO type, Research Domain, and Specific Problem being addressed</b>	<b>Findings that help answer the review question(s)</b>	<b>Metrics and Measures if used</b>	<b>Source Limitations</b>
Allen, M. A., Wang, Y., Chae, D. H., Price, M. M., Powell, W., Steed T. C., Black, R.A., Firdaus, D.S., Marquez-Magana, L., Wood-Giscombe, C.L. (2019). Racial Discrimination The Superwoman Schema and Allostatic Load: exploring a stress coping model among African American women	Level 2 Good	whether the superwoman schema (SWS), a multidimensional culture-specific framework characterizing psychosocial responses to stress among AA women, modifies the association between racial discrimination and allostatic load.	Study evidenced significant interactions were between racial discrimination and four of the five SWS subscale. African American women showed traits of emotional suppression hence hindering access to mental health care access.	Quantitative	The study did not assess the associations at various life stages and in experimental versus observational study designs

Appendix D: DHA Thematic Analysis Results

<b>Author (s) and date</b>	<b>Findings with Initial Codes</b>	<b>Code List for Theme Development</b>
<p>Jimenez, J. D., Guillen-Guzman, E., Oliver, V., Ballester-Urpi, A., Pardo-Henandez (2021). Theoretical approaches to the engagement with patients in case management programs and assertive outreach teams: A systemic review of the literature. <i>J psychiatric mental health nurse</i> 29(647-658).</p>	<p>Case management alone could be associated with the innate concept of patient's care and the helping relationship. However, in the individualized care models, case management seems to be an instrument with its own characteristics for the purpose of providing mental health care.</p> <p>“It is generally accepted that all interventions carried out by mental health nurses involve structured case management with the patient; this is an engagement process that is gradually constructed and is not immediate.”</p>	<p>Case management</p> <p>Patient centered case management</p>

<p>J Harvey, C., Zirnsak, T. M., Brasier, C., Ennals, P., Fletcher, J., Hamilton, B., Killaspy, H., McKenzie, P., Kennedy, H., &amp; Brophy, L. (2023). Community-based models of care facilitating the recovery of people living with persistent and complex mental health needs: a systematic review and narrative synthesis. <i>Frontiers in psychiatry, 14</i>, 1259944. <a href="https://doi.org/10.3389/fpsy.2023.1259944">https://doi.org/10.3389/fpsy.2023.1259944</a></p>	<p>“The <i>rehabilitation and recovery-focused</i> Models of Care and the <i>intensive case management</i> Model of Care both had the strongest emphasis on clinical outcomes”</p> <p>“participants' clinical and functional improvement can be supported by some <i>intensive case management</i> and <i>rehabilitation and recovery-focused</i> models, adding to the existing evidence of their association with reduced service use”</p>	<p>Patient centered, case management</p>
<p>Hidenoch, M., Milena, K., Urdapilleta, I., Del Goletos, S., Passarieux, C. (2022). Health and Social Case Management for the Inclusion of People Living with a</p>	<p>“This considerations suggest that PASSVers fits well with recovery-oriented practices, defined as user-centered, strength-based, collaborative, and</p>	<p>Case management, strength-based</p>

<p>Schizophrenic Disorder: <i>The PASSVers Experience</i> ; <i>Community mental health journal</i> 2023</p>	<p>empowering. PASSVers fits closely with the Strengths Model Case Management as this approach relies on both the user’s skills and the environment’s strengths to achieve a goal”</p>	
<p>Tse, S., Catalina S. M., Yuen, W. Y., Iris W. K., Fukui, S. , Richard J. Goscha, R. J., Wan, E., Wong, S., and Chan, s. (2021). Process research: compare and contrast the recovery-orientated strengths model of case management and usual community mental health care. <i>BMC psychiatry</i> 21(534).</p>	<p>Strength based Case management “Increasing evidence has shown that the utilization of the Strength Models of Case Management (SMCM) improves outcomes, including increased employment/educational attainment, reduced hospitalization rates, higher self-efficacy, and hope.” “participants in both the SMCM group and the control group reported that a good relationship between service users and case workers was vital.”</p>	<p>Strength based case management, Patient-healthcare professional relationship</p>

<p>Dinesh, A. K., Case Management Care Coordination and Case work in Community Mental Health Services. Asian Journal Psychiatry 50 (2020)</p>	<p>Case management, patient tailored case management programs, treatment outcomes.</p> <p>“A model that streams mental health clinicians into case management, care coordination and key work streams would be helpful for services to provide appropriate case management support to consumers enrolled in their program.”</p> <p>“Thus the key to effective mental health management is to ensure that the resources are appropriate to their needs.”</p>	<p>case management, care coordination</p>
<p>Chen, Y., Wing, W., Chang, M., Jhang, M. (2024). The effectiveness of case manager-centered collaborative care model with computer assisted assessment on quality</p>	<p>“Physician-case manager co-management in the setting of a collaborative care model with a computer-assisted assessment system helps improve</p> <p>“Quality Indicators achievement for dementia care.”</p>	<p>Case management outcomes</p>

<p>indicators for care of dementia. <i>Dement getriart discord 53 (29-36)</i></p>	<p>Physicians who made the diagnosis of dementia would introduce the patient and caregiver dyad to the case manager-centered collaborative care team after obtaining agreement.”</p>	
<p>Oneal C.W., Quichocho, D., Burke, B., Lucier-Greer, M. (2022). Case management in community mental health Centres: Staffing considerations that account for client and agency context. Children and youth service review.</p>	<p>“Tailored, responsive behavioral health services received in community mental health centers are associated with healthy outcomes for children and youth and their families.”</p> <p>“Given the importance of mental health case management, a thoughtful, planned approach to staffing strategies that extends beyond budgeting needs to be implemented.”</p>	<p>Case management Community based case management, Outcomes.</p>

	<p>“Negative outcomes among providers can indirectly spill over to client outcomes through the quality of care clients receive or they can directly impact care in situations where case managers have limited time for individualized attention to clients and their families.”</p>	
<p>Richards, E., (2021). The state of mental health of black women. Clinical consideration. Psychiatric times 38(9).</p>	<p>“Self-efficacy was influenced by both mastery experiences and social modeling. Conquering challenges through persistence was a powerful way to enhance self-efficacy, while witnessing others achieve success can ignite a sense of confidence in one’s abilities.”</p>	<p>Self-efficacy</p>

<p>Giardino, A. P., &amp; De Jesus, O. (2023). <i>Case management</i>. StatPearls Publishing. <a href="https://www.ncbi.nlm.nih.gov/books/NBK562214/">https://www.ncbi.nlm.nih.gov/books/NBK562214/</a></p>	<p>“Case management process occurs over time and in the context of a relationship among the patient/client, the case manager, and the various healthcare providers and organizations that interact and provide services and supports. “</p> <p>“Case management's process unfolds as the six core elements to case management are operationalized for a given patient/client in their specific clinical context.”</p>	<p>Case management</p>
<p>Payne, R., Clarke, A., Swann, N., van Dael, J., Brenman, N., Rosen, R., Mackridge, A., Moore, L., Kalin, A., Ladds, E., Hemmings, N., Rybczynska-Bunt, S., Faulkner, S.,</p>	<p>“Safety incidents were characterised by inappropriate modality, poor rapport building, inadequate information gathering, limited clinical</p>	<p>Patient satisfaction, Patient-healthcare professional nrelationship</p>

<p>Hanson, I., Spitters, S., Wieringa, S., Dakin, F. H., Shaw, S. E., Wherton, J., Byng, R., ... Greenhalgh, T. (2023). Patient safety in remote primary care encounters: multimethod qualitative study combining Safety I and Safety II analysis. <i>BMJ quality &amp; safety</i>, 33(9), 573–586.  <a href="https://doi.org/10.1136/bmjqs-2023-016674">https://doi.org/10.1136/bmjqs-2023-016674</a></p>	<p>assessment, inappropriate pathway (eg, wrong algorithm) and inadequate attention to social circumstances.”</p> <p>“ These resulted in missed, inaccurate or delayed diagnoses, underestimation of severity or urgency, delayed referral, incorrect or delayed treatment, poor safety netting and inadequate follow-up.”</p>	
<p>Goldstein, E., Chokshi, B., Melendez-Torres, G. J., Rios, A., Jelley, M., &amp; Lewis-O’Connor, A. (2024). Effectiveness of trauma-informed care implementation in health care settings: Systematic review of reviews and realist synthesis. <i>The</i></p>	<p>Trauma informed care, case management, patient satisfaction, outcome</p> <p>“An inclusive TIC model engages service users by welcoming and including their voice to meet their</p>	<p>outcome, patient satisfaction, trauma informed care.</p>

<p><i>Permenente Journal</i>, 28(1).  <a href="https://doi.org/10.7812/TPP/23.127">https://doi.org/10.7812/TPP/23.127</a></p>	<p>diverse needs, reduce retraumatization, and increase trust and safety in service user–staff relationships.”</p> <p>“Aligning TIC principles with service delivery and treatment interventions can improve interactions between patients and staff by minimizing retraumatization and reducing the number of times a patient has to tell their story.”</p>	
<p>Lowther-Payne, H.J., Ushakova, A., Beckwith, A. (2023). Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review. <i>BMC Health Serv Res</i> <b>23</b>, 1042 (2023). <a href="https://doi.org/10.1186/s12913-023-10030-8">https://doi.org/10.1186/s12913-023-10030-8</a></p>	<p>Inequality, Access, Outcome Case management</p> <p>“findings could also highlight the importance of intersectionality in the context of inequalities.”</p>	<p>Case Management, Outcome</p>

<p>Assari, S., Lapeyrouse, L., &amp; Neighbors, H. (2018). Income and self-rated mental health: Diminished returns for high income Black Americans. <i>Behavioral Sciences</i>, 8(5), 50. <a href="https://doi.org/10.3390/bs8050050">https://doi.org/10.3390/bs8050050</a></p>	<p>Income</p> <p>“An interaction was found between race/ethnicity and household income on SRMH, suggesting a smaller, or nonexistent, protective effect for Blacks compared to Whites.”</p> <p>“ In race/ethnicity-stratified models, higher household income was associated with better SRMH for Whites but not Blacks.”</p>	<p>Income</p>
<p>Shim, S. R. (2021). Dismantling Structural Racism in Psychiatry: A path to mental Health Inequity. <i>AJp.psychiatryonline.org</i>.</p>	<p>Equality</p> <p>“work must be done to help individuals and populations unlearn and challenge their existing belief systems about the inherent biological and</p>	<p>Equality</p>

	cultural inferiority of racial and ethnic minority groups.”	
<p>Stanhope, V., Choy-Brown, M., Williams, N., &amp; Marcus, S. C. (2021). Implementing Person-Centered Care Planning: A Randomized Controlled Trial. <i>Psychiatric Services</i>, 72(6), 641–646.</p> <p><a href="https://doi.org/10.1176/appi.ps.202000361">https://doi.org/10.1176/appi.ps.202000361</a></p>	<p>Case Management</p> <p>Patient – healthcare relationship</p> <p>“Person-centered care is a key quality indicator and central to promoting integrated and recovery-oriented services.”</p> <p>“Training providers in PCCP increases provider competency in delivering person-centered care.”</p>	<p>Patient-centered care</p> <p>Client outcome</p>
<p>Stubbe, D. E. (2020). Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients. <i>Focus</i>, 18(1), 49–</p>	<p>Doctor-patient communication</p>	<p>Culturally competent case management</p>

<p>51.</p> <p><a href="https://doi.org/10.1176/appi.focus.20190041">https://doi.org/10.1176/appi.focus.20190041</a></p>	<p>“Cultural competency emphasizes the need for health care systems and providers to be aware of, and responsive to, patients’ cultural perspectives and backgrounds.”</p> <p>“Cultural competence, cultural humility, and patient-centered care are all concepts that endeavor to detail essential components of a health care system that is sensitive to patient diversity, individual choice, and doctor–patient connection.”</p>	
<p>Suzuki, K., Yamaguchi, S., Kawasoe, Y., Nayiki, K., Aoki, T., (2021).How Do Case Mangers Determine the Types of Services Provided to Users in the Intensive Case Management? A Longitudinal Study.</p>	<p>Intensive case management</p> <p>“Intensive case management (ICM) is an essential component of the community mental health care system for people with severe mental illness.”</p>	<p>Case management</p> <p>Community case management</p>

<p>Clinical Medicine Insight: Psychiatry (13) 1-7</p>	<p>“findings showed that case managers may provide flexible services to users according to their suitable circumstances to improve outcome.”</p>	
<p>Tse, S., Ng., C. S., Yuen, W. W., Lo, W.I.K., Fukui, S., Goscha, R.J., Wan, E., Wong, S., and Chan, S. (2021). Process research: compare and contrast the recovery-orientated strengths model of case management and usual community mental health care. The Association for the Psychoanalysis of culture and society. <i>BMC Psychiatric</i>.</p>	<p>Case management intervention</p> <p>“The utilization of the Strength Models of Case Management improves outcomes, including increased employment/educational attainment, reduced hospitalization rates, higher self-efficacy, and hope.”</p> <p>“relationship between service users and case workers was shown to be vital.”</p> <p>“results show that service users in both groups (SMCM and usual care) stressed the importance of</p>	<p>Strength based case management</p> <p>Community case management</p> <p>Treatment access</p>

	<p>the working alliance between case workers and service users, suggesting that regardless of the type of intervention, a positive therapeutic working relationship is central to improved patient outcomes.”</p>	
<p>Roebuck, M., Latimer, E., Bergeron-Leclerc, C., Briand, C., Durbin, J., Goscha, R. et al. (2022) The working alliance as a mediator between fidelity to strengths model case management and client outcomes. <i>Psychiatric Services</i>, 73, 1248–1254.</p>	<p>Case Management</p> <p>Patient – healthcare professional relationship</p> <p>“results support the view that SMCM is an effective intervention. When the intervention was implemented as planned, it fostered stronger working alliances between clients and case managers and contributed to greater improvements in the quality of life,”</p>	<p>Strength based case management</p> <p>Client outcome</p> <p>Trauma-informed case management</p> <p>Treatment access</p>

	<p>“monitoring of implementation fidelity to achieve high-fidelity interventions that may lead to positive client outcomes.”</p>	
<p>Smith, D., Minton, B.C., Taylor., Price, W. E.(2023). Seeking counselling service: A phenomenological study for African American women. Journal of African American women (2023) 27(251-267)</p>	<p>Counselling Case management “Participants in this study expressed a preference for counselors who created a comfortable environment and appreciated that their counselors were personable, unbiased, affirming, patient, competent, and experienced.”</p>	<p>Case management</p>

## Appendix E: Final Concept/Thematic Map

