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## 1. Background

- Chronic pain affects approximately 19% of Canadian adults (Schopflocher et al., 2011).
- Disparities in chronic pain treatment access and efficacy have been noted for racial and ethnic (R/E) minorities (Ezenwa, 2012; Morales & Yong, 2021).
- These disparities likely extend to mental health care of R/E minorities with chronic pain.
- Socioeconomic inequity, provider bias, and patient-provider communication seem to contribute to these disparities (Meintz et al., 2019), and likely also apply to mental health care for R/E minorities with chronic pain.

## 2. Objective

To understand the current knowledge base on disparities, barriers, and important domains of care in mental health care for R/E minorities with chronic pain.

## 3. Methods

Study Design: Scoping Review

PsycInfo, MEDLINE, and CINAHL were queried on October 23, 2023. See QR Code for our detailed search strategy.

Eligibility Criteria:

- Published in English; Employed an empirical design; Published in a peer-reviewed journal; Published in 2010 or later
- Participant population included R/E minority adults with chronic pain
- Discussed mental health considerations
- Examined health (mental and physical) service utilization OR examined psychology-based interventions in this population

## 4. Results

17 studies were included in the analysis.

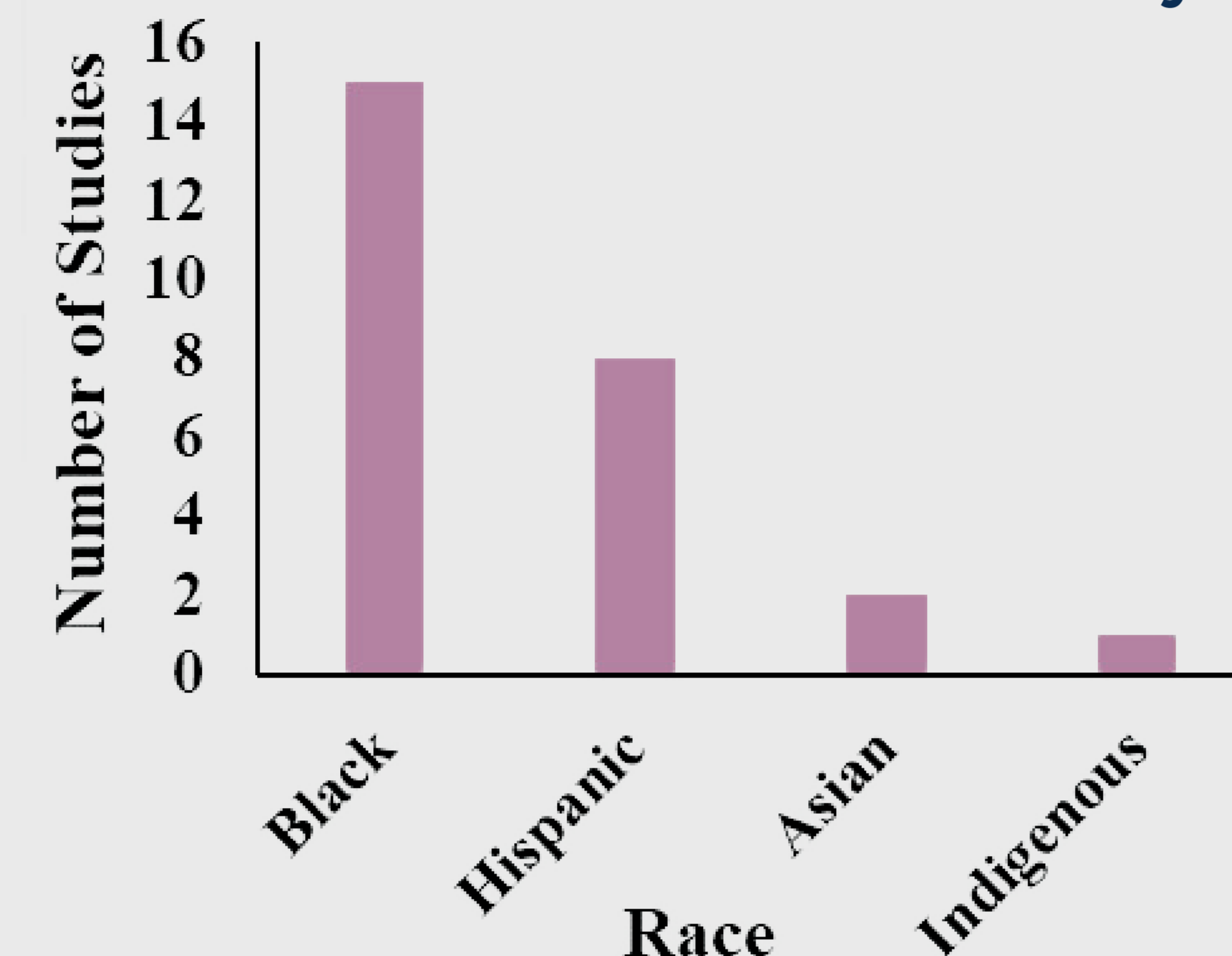


Figure 1. Minority races/ethnicities included in the studies' samples.

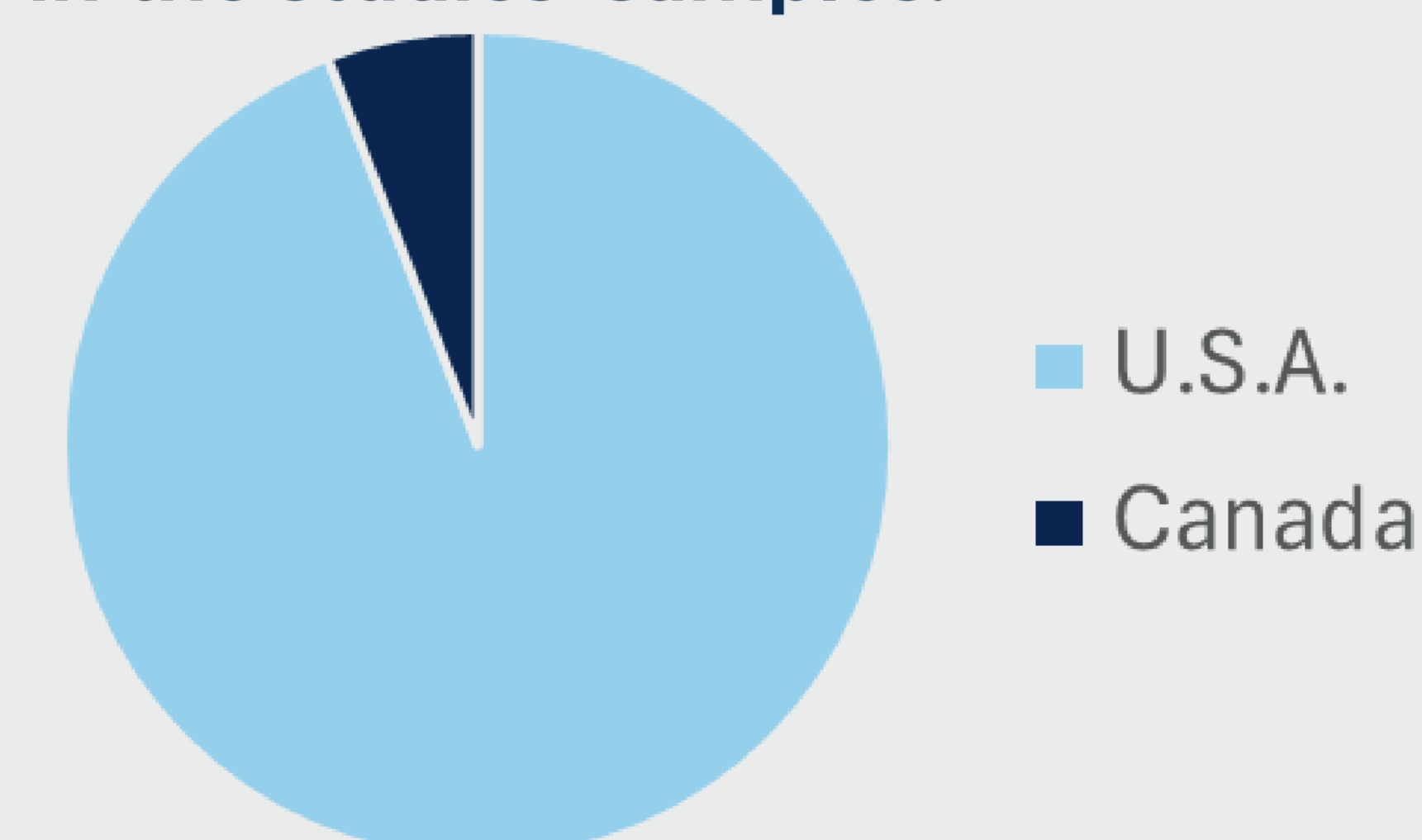


Figure 2. Countries where studies were conducted.

### R/E Disparities in Mental Health Care

- R/E minorities with chronic pain are less likely to receive mental health services ( $n=2$ ).
- R/E minorities are more likely to use free/affordable psychological pain management techniques (e.g., relaxation, meditation, distraction) as opposed to more expensive treatments ( $n=1$ ).
- Discrimination and prejudice are common ( $n=1$ ).

### Barriers in Access to Mental Health Care

- Language barriers ( $n=4$ ), cultural stigma ( $n=3$ ), economic challenges/lack of insurance coverage ( $n=5$ ), discrimination/stigma from providers & feeling unwelcome/unsafe in healthcare settings ( $n=2$ ), non-culturally congruent treatments/providers ( $n=3$ ), and lack of effective interpreters ( $n=2$ )

### Important Domains of Care

- Culturally-tailored and/or culturally-competent interventions ( $n=5$ )
- Integrated, multidisciplinary pain management programs ( $n=5$ )
- Group treatments and community fostering interventions ( $n=5$ )
- Increase care accessibility—e.g., drop in, reduced cost, digital ( $n=6$ )
- Utilization of community health care workers ( $n=3$ )
- Focus on increasing health equity ( $n=2$ )

## 5. Discussion

- Overall, there were only a few studies that *directly* examined the mental health care preferences and needs of this population.
- Future Canadian studies should be undertaken, with participant samples including Indigenous and Asian people.
- Main findings are that R/E minorities are at a disadvantage when it comes to seeking mental health care for help to cope with their chronic pain. Many barriers exist, with the most prevalent being language barriers/lack of effective interpreters, cost, and non-culturally congruent providers and/or treatment.
- Future interventions should focus on being culturally tailored. They should also aim to be accessible and to foster community-building.

## 6. References

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Also includes our list of included studies, search strategy, PRISMA diagram, and detailed study and participant characteristics.