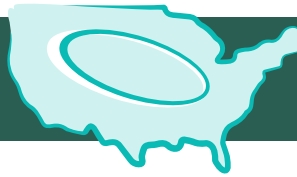


Mental Illness and Tardive Dyskinesia Among Racially and Ethnically Diverse Communities

57.8 million

U.S. adults experienced mental illness¹*



14.1 million

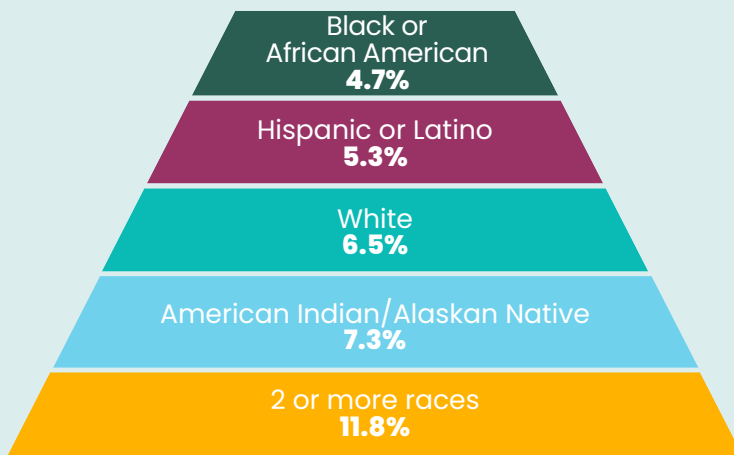
U.S. adults lived with a serious mental illness (SMI)¹*

*According to data from 2021.

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

Disparities in Care

PERCENTAGE OF ADULTS DIAGNOSED WITH AN SMI²



Treatment rates are significantly lower for racially and ethnically diverse adults. Whereas 69.8% of White people with an SMI have received treatment, only³:

- 51.7% of Hispanic or Latino people,
- 55.8% of Black or African American people and
- 57.6% of American Indian or Alaskan Native people have received treatment.³

Overall, **~35% of U.S. adults diagnosed with an SMI have not received treatment.**¹

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

Factors that could contribute include⁴:

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

SMI affects all populations, regardless of race or ethnicity, and available treatments are prescribed across racially and ethnically diverse groups.^{2,5} Antipsychotics are prescribed to treat SMI and can cause **drug-induced movement disorders (DIMDs)**.^{6,7} It's important that people who have taken antipsychotic medication be monitored by a healthcare provider for DIMDs.

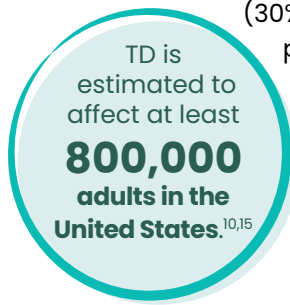
However, because of disparities in treatment, **Black or African American and Hispanic or Latino people are significantly less likely to see a specialist** (30% and 40%, respectively).⁸



Racial Disparities in Tardive Dyskinesia (TD) Risk

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

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



(30% vs 21%).¹³ Black or African American patients are prescribed older antipsychotics nearly **twice as often** and are significantly more likely to **receive higher-potency medications**.⁵

This may contribute to the fact that Black or African American patients have about twice the risk of TD.¹⁴

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



Lip smacking, puckering or pursing



Tongue darting or protrusion



Excessive blinking



Jaw chewing, clenching or side-to-side movements



Twisting or dancing fingers and toes

Disparities in Access to Care and In-Person Screenings

It is important that people who have taken antipsychotic medication be monitored for **DIMDs**, such as TD, as these conditions can impact patients physically, socially and emotionally.¹⁶ The American Psychiatric Association's 2020 clinical guidelines for the treatment of schizophrenia recommend **screening for TD at least every 6 months in high-risk patients and at least every 12 months for others** at risk of developing TD.¹⁷



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

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

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

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

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