

Examining Racial Disparities in IM Emergency Psychiatric Medication Administration

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Background:

- The forensic mental health system is a point of intersection for individuals with severe mental illness (SMI) and involvement in the legal system.
- Overrepresentation of minoritized groups within the nation's legal system is well documented.
- Current research demonstrates that BIPOC patients are more likely to be administered emergency psychiatric medication when compared to white patients in various mental health settings.

Aim:

- Examine if there are racial disparities in the administration of intramuscular (IM) emergency psychiatric medication in the forensic mental health hospital system

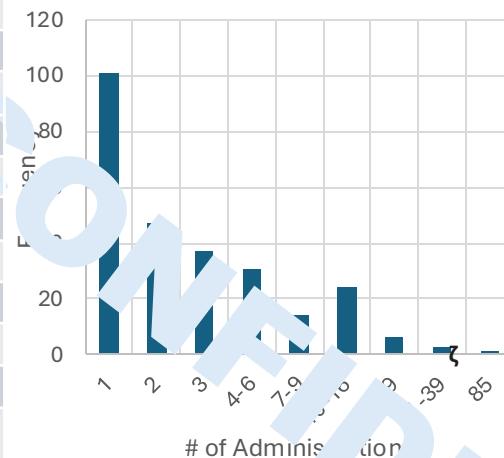
Methods:

- Identified the total IST patient population admitted to a state hospital between 10/01/2023 – 09/30/2024. [Mean:142.5d]
- Conducted a retrospective analysis of IM PRN medication administration for agitation. Data was analyzed with descriptive statistics, chi-square tests, and ANOVAs

Patient Demographics

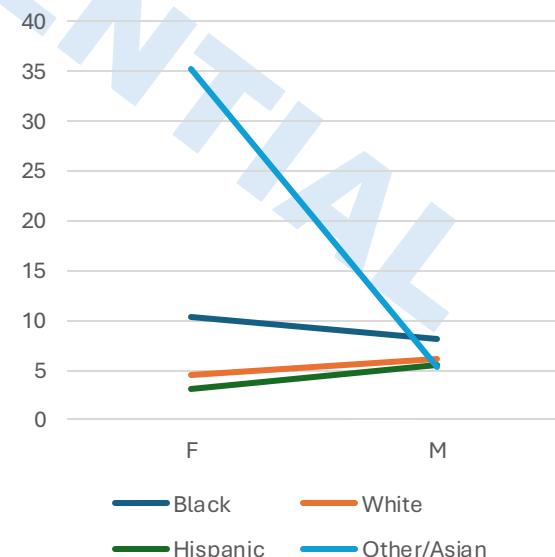
	n	%
Total	689	100
Race		
Black	244	35.4
White	174	25.3
Hispanic/Latinx	240	34.8
Other/Asian	31	4.5
Sex		
Male	503	73
Female	186	27
Diagnosis		
Psychotic or Bipolar Disorder	634	92

PRN Administration Frequency



PRN Rate	$\frac{\# \text{ of IM PRNs}}{\# \text{ of days in hospital}} * 100$		
	df	F	α
Race	3	3.63	0.013
Sex	1	5.39	0.020
Race x Sex	3	3.14	0.025

Mean PRN Rate by Sex and Race:



Results:

- Out of the 689 patients included in this study, 264 were administered at least one IM PRN (38.3%).
- Examining the frequency of IM PRN meds using Chi-square Tests:
 - IM PRNs by sex – men > women; No statistical significance.
 - IM PRNs by race – highest in Other/Asian; No statistical significance
- By accounting for length to days in hospital and calculating the usage intensity (PRN Rate) using the Two-way ANOVA test:
 - Black and Other/Asian women received PRNs at a higher rate than other groups

Limitations:

- Small sample size ($n = 9$ for Other/Asian women)
- Lack of clinical covariates, which limited the ability to control for confounding variables
- Lack of generalizability

Recommendations

Standardization	Data Validation	Proactive Monitoring	Integration	Work Force	Reporting and Transparency
Develop uniform data collection protocols	Expand data to state wide data & multiple data sources and factors	Assess process equity cross hospital reviews	Map and integrate QI goals into existing protocols	Embed implicit bias modules into existing violence prevention training	Share findings and reinforce culture of equitable care