

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

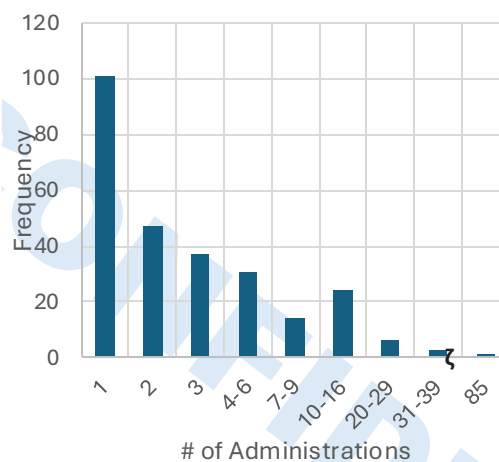
Methods:

- 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
Other	55	8

PRN Administration Frequency



$$\text{PRN Rate} = \frac{\# \text{ of IM PRNs}}{\# \text{ of days in hospital}} * 100$$

	df	F	α
Race	3	3.63	0.013
Sex	1	5.39	0.020
Race x Sex	3	3.14	0.025

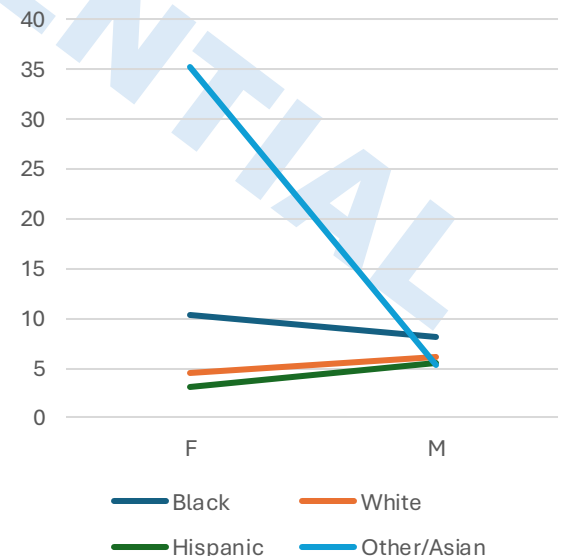
Results:

- 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

Mean PRN Rate by Sex and Race:



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