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Study: Disparities Persist in Mental Health Care

ARLINGTON, Va. (October 27, 2008) — People from racial minorities in the United States are less likely to have access to care for depression and less likely to receive adequate care when treatment is available, according to a new study in *Psychiatric Services*, a journal of the American Psychiatric Association.

“Despite recent advances in the treatment of mental illness and considerable efforts to improve quality of and access to treatment, there appears to be a significant mismatch between need and treatment in the United States,” the authors conclude.

“Disparity in Depression Treatment Among Racial and Ethnic Minority Populations in the United States” appears in the November issue of the journal. Margarita Alegría, Ph.D.; Kenneth B. Wells, M.D., M.P.H., and colleagues pooled data on 9,000 adults from three national surveys that included significant numbers of non-English-speaking participants belonging to racial and ethnic minority groups. Previous research in this area was limited by a lack of data from non-English-speaking minority respondents.

“The findings paint a stark, recent picture of care for depression among racial and ethnic minority populations in the United States and clearly point to areas in need of further sustained attention,” the authors say.

The November issue of *Psychiatric Services* includes three articles focusing on racial-ethnic disparities in treatment. The other studies are titled “Depression Outcomes of Spanish- and English-Speaking Hispanic Outpatients in Star*D” and “Race Ethnicity and Diagnosis as Predictors of Outpatient Service Use Among Treatment Initiators.”

The Alegría study shows that while 33 percent of non-Latino whites received adequate treatment if they experienced depression in the previous year, only 22 percent of Latinos, 13 percent of Asians and 12 percent of African Americans who had experienced depression in the same period received adequate treatment.

For those with depression who had access to any care, African Americans in particular were significantly less likely than whites to receive adequate depression care. Adequate care was defined as four or more provider visits plus 30 days of antidepressant use or eight or more specialty mental health provider visits of at least 30 minutes each.

Factors identified as possible contributors to disparities:

- Symptoms for mental health disorders vary across racial and ethnic groups.

- Fear of losing pay from work and stigma may be a barrier to care in racial and ethnic minority communities that are unstable and over-represented in low-wage jobs.
- African Americans, Asians and Latinos often mistrust health care professionals.
- Minority families may be less likely to recognize depression or feel they can provide care without formal providers.
- Insufficient funding for mental health services in safety net settings for uninsured, Medicaid and other vulnerable patients.

The American Psychiatric Association is a national medical specialty society whose more than 38,000 physician members specialize in diagnosis, treatment, prevention and research of mental illnesses including substance use disorders. Visit the APA at www.psych.org and www.HealthyMinds.org.

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