



Mental Health Disparities: Ethnically and Racially Diverse Populations

Mental Health in America

- Approximately 25% of American men and women suffer from a diagnosable mental disorder in a given year, and approximately 6% of adults suffer from a serious mental illness. (1)
- Mental illness accounts for more than 15% of the burden of disease in the United States—more than the disease burden caused by all cancers. (2)
- Mental disorders are the leading cause of disability in the United States for people ages 15–44 years. (3)
- Fewer than one in 3 adults with a diagnosable mental disorder receives treatment in a given year. (2)
- The number of Americans under care for mental illnesses nearly doubled between 1996 and 2006 (from 19 to 36 million) and the cost of treating them increased by nearly two-thirds. (4)

Disparities in Mental Health Care

People of color:

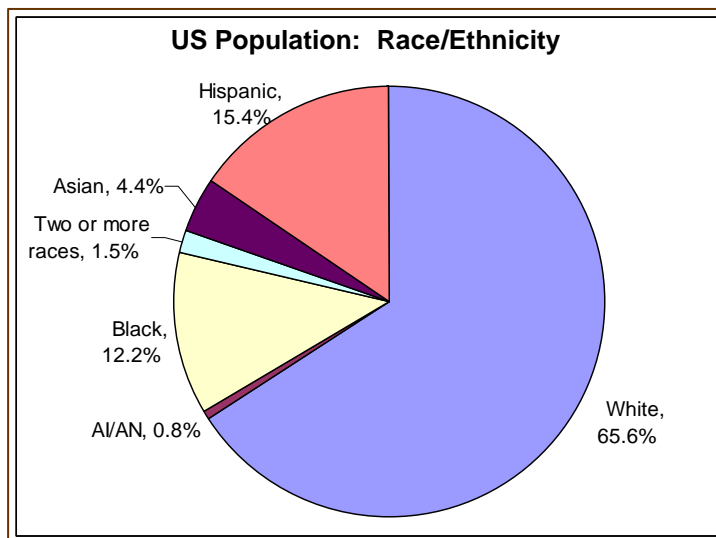
- Are less likely to receive services
- Receive poorer quality of care
- Are underrepresented in mental health research (7 & 8)

Increasingly Diverse Population

One in three people in the U.S. identifies themselves as a member of an ethnic/racial minority. By 2042 less than half of the US population is projected to be white (non-Hispanic, single-race) (5)

Percent of Adults Reporting Poor/Fair Health, Poor Mental Health by Race/Ethnicity

Race/Ethnicity	Poor or Fair Health	Poor Mental Health
African American	22%	38%
American Indian/NA	23%	38%
Asian American	11%	27%
Hispanic	18%	33%
White	13%	33%
Men		29%
Women		37%
Source: Kaiser Family Foundation 2007,2008		



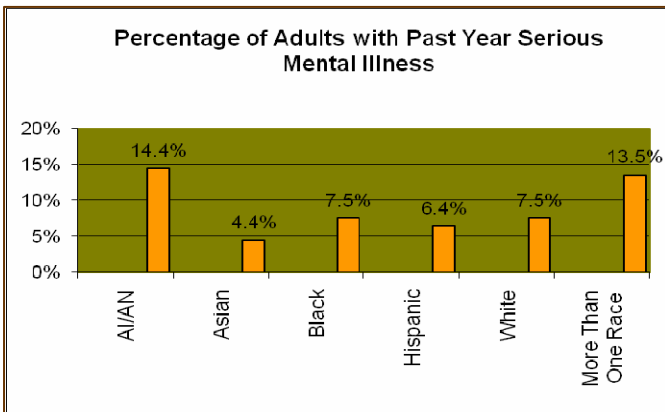
Source: US Census, 2008

Mental Health and Diverse Populations

Ethnically/racially diverse people often bear a disproportionately high burden of disability resulting from mental disorders. Most racial and ethnic minority groups overall have similar or fewer mental disorders than whites. However, there are some exceptions such as higher rates of PTSD and alcohol dependence among American Indians. In some cases disorders are more persistent in some groups (e.g., depression in Latinos and African Americans). Also, for several groups of immigrants rates of mental disorders increase the longer individuals are in the US. (6)

People in the criminal justice system have rates of mental illness two-to-four times the rate of the general population. (7) Nearly 70% of youth in the juvenile justice system have a diagnosable mental disorder. Minority youth make up 1/3 of youth but more than 2/3 of youth in juvenile facilities. (8)

Members of ethnic and racial minority groups in the U.S. “face a social and economic environment of inequality that includes greater exposure to racism, discrimination, violence, and poverty, all of which take a toll on mental health,” according to a report from the U.S. Surgeon General. The impact of poverty is measurable: people with the lowest levels of income, education, and occupation are two to three times more likely than those with the highest to have a mental disorder. (9)



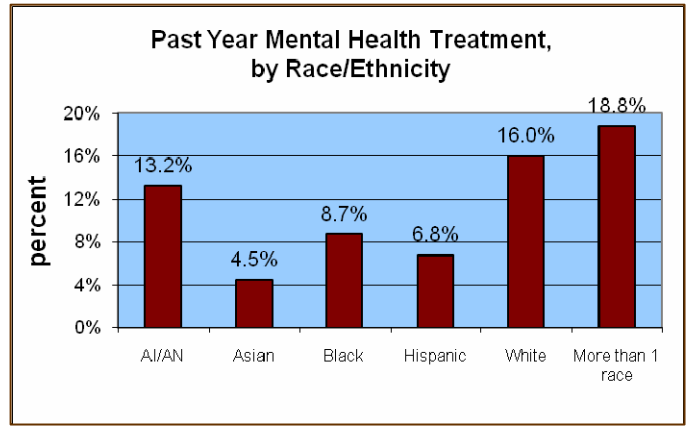
Source: SAMHSA, National Household Survey on Drug Abuse, 2001.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the DSM-IV criteria and resulted in functional impairment that substantially interfered with or limited one or more major life activities.

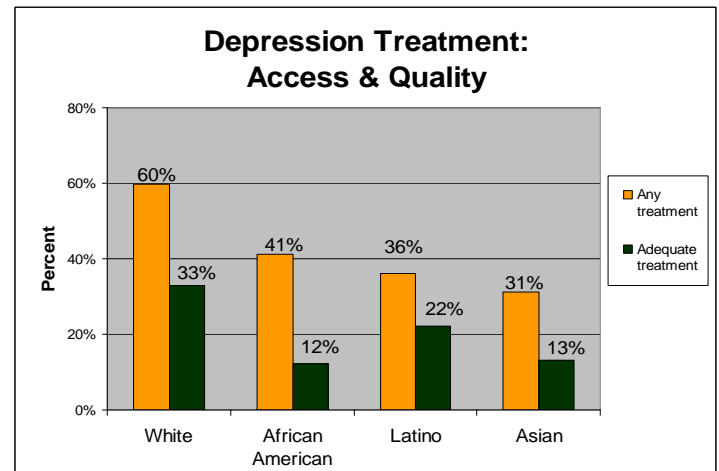
Source: SAMHSA, National Survey on Drug Use and Health, 2008

One national study found that African Americans, Latinos, and Asian Americans were all less likely than whites to receive any mental health treatment, even after adjusting for socioeconomic variables (e.g., poverty, insurance, education). Among those with past-year depression, 69% percent of Asians, 64% percent of Latinos, and 59% percent of African Americans did not access any treatment, compared to 40% percent of whites. (10)

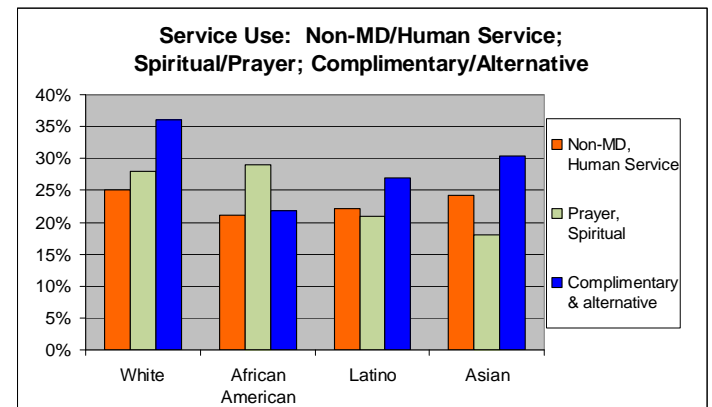
Lack of cultural understanding may result in under-diagnosis and misdiagnosis of mental illness. Other factors that contribute to under service and under treatment among minorities include language differences, health literacy barriers, stigma of mental illness among minorities, differences in presentation of symptoms, misinterpretation of illness presentation, miscommunication between physicians and patients, mistrust of mental health system/professionals, and an inadequate supply of mental health services.



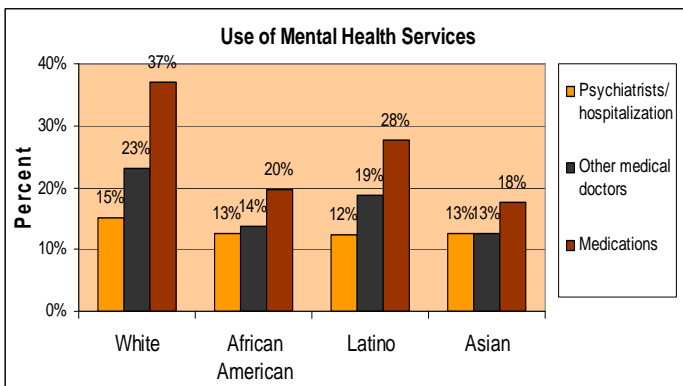
SAMHSA National Survey on Drug Use and Health, 2008
<http://www.oas.samhsa.gov/NSDUH/2k8NSDUH/2k8results.cfm#Ch8>



Source: Alegria, et al. 2008



Non-MD, Human Service - Psychologist, social workers, counselors, mental health hotline, nurses, occupational therapists, other health professionals, religious or spiritual advisors, self-help groups, Internet support groups
 Prayer - prayer, spiritual healing, or other spiritual practices
 Complimentary and alternative - herbal therapy, homeotherapy, high-dose vitamins, special diets, acupuncture, biofeedback, chiropractic, exercise or movement therapy, massage, hypnosis, imagery therapy, relaxation or meditation, energy healing, psychic, other nontraditional remedy or therapy
 Past 12-month Service Use for Mental Health Problems for US Adults with Any 12-month DSM-IV Disorder. Source: Sribney et al.



Past 12-month Service Use for Mental Health Problems for US Adults with Any 12-month DSM-IV Disorder. Source: Sribney et al., 2010.

Uninsured by Race/Ethnicity

Group	Percent uninsured
Hispanic	33%
AI/ANs	33%
African Americans	20%
Native Hawaiian/PI	20%
Asian American	16%
White (not-Hispanic)	11%

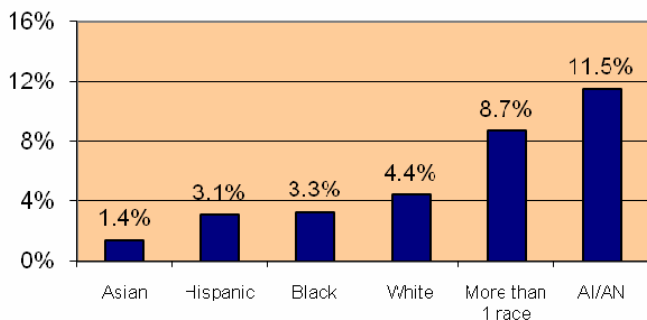
Source: US Census, 2008

less than 10% of psychologists and social workers and less than 20% of psychiatrists (11)

Racial/Ethnic/Cultural Influences Mental Illness and Mental Health

- Communication (verbal and non-verbal)
- Manifestation of symptoms
- Family and community support
- Help-seeking behaviors
- Support systems and protective factors
- How people perceive and cope with mental illness
- How doctors interact with people with mental illness
- Stigma and shame associated with mental illness
- Spirituality (predestination, views of illness, etc.)
(Surgeon General, 2001)

Percentage of Adults with Perceived Unmet Need for Mental Health Treatment (17)



Source: SAMHSA, 2004, Patterns of Mental Health Service Utilization and Substance Use Among Adults, 2000 and 2001

Recommendations/Strategies

- Reduce stigma; increase stigma awareness among gatekeepers: primary care, community organizations, faith community
- Educate providers about mental health issues in diverse population groups
- Increase awareness of mental health and chronic disease connection
- Increase presence of diverse populations in research
- Increase diversity of mental health workforce.
- Advocate for policies that promote social justice, equity, and equality
- Comprehensive (including mental health and substance use disorders), affordable health coverage for all
- Focus on prevention, early intervention

Barriers to Care

Factors affecting access to treatment by members of diverse ethnic/racial groups may include:

- Lack of insurance, underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)

Racial/ethnic minority groups are underrepresented in mental health professions. People from ethnic and racial minority groups make up more than one-third of the population, but

About this Fact Sheet

This series of fact sheets is intended to provide a quick reference on the mental health disparities. Information sheets are provided on each of the four major racial and ethnic population groups identified by the US Census (African Americans, Asian Americans, Hispanics/Latinos, and American Indians/Alaska Natives). Each of these groups has within it great diversity (e.g., history, culture, nationality, religious traditions, language). The broad generalizations in the fact sheets clearly do not address the great diversity within each group but are intended to provide a general picture of the disparities and challenges faced by these populations. Additionally, fact sheets on gay/lesbian/bisexuals and women are included.

Resources and References

Resources:

- Center for Linguistic and Cultural Competence in Healthcare. US Dept. of Health and Human Services, www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3
- Center for Multicultural Mental Health, Boston University www.cmmh-cmtp.com/
- Kaiser Family Foundation (publications and research on minority health) www.kff.org/minorityhealth/index.cfm
- National Alliance on Mental Illness, Multicultural Action Center www.nami.org
- National Center for Cultural Competence, Georgetown University www11.georgetown.edu/research/gucchd/nccc/
- National Center on Minority Health and Health Disparities (NCMHD), NIH. <http://ncmhd.nih.gov>
- National Council for Community Behavioral Healthcare www.thenationalcouncil.org/
- National Network to End Disparities in Behavioral Health www.nned.net/
- National Alliance of Multi-Ethnic Behavioral Health Associations www.nambha.org/
- Robert Wood Johnson Foundation (publications and research on disparities) www.rwjf.org/pr/topic.jsp?topicid=1180

References:

- (1) National Institute of Mental Health (NIMH), HHS. (Accessed 2009) The numbers count: mental disorders in America. www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml
- (2) Surgeon General, HHS. (1999). Mental Health: a Report of the Surgeon General. www.surgeongeneral.gov/library/mentalhealth/home.html
- (3) World Health Organization (WHO). (2004). *The World Health Report 2004: Changing History*. Geneva: WHO Press. www.who.int/whr/2004/en/
- (4) Agency for Healthcare Research and Quality. (2009) Statistical Brief # 248, The Five Most Costly Conditions, 1996 and 2006: Estimates for the U.S. Civilian Noninstitutionalized Population. www.meps.ahrq.gov/mepsweb/data_files/publications/st248/stat248.pdf
- (5) US Census. (2007). American Community Survey 2005-2007 estimates. http://factfinder.census.gov/home/saff/main.html?_lang=en
- (6) Miranda, J., McGuire T., Williams D., and Wang P. (2008) Reducing Mental Health Disparities: General Vs Behavioral Health Policy. MacArthur Foundation Issue Brief. www.macfound.org/atf/cf/%7BB0386CE3-8B29-4162-8098-E466FB856794%7D/DISPARITIES.PDF
- (7) Human Rights Watch. (2003) Ill-Equiped: U.S. Prisons and Offenders with Mental Illness. www.hrw.org/reports/2003/usa1003/usa1003.pdf
- (8) National Conference of State Legislators. (2009) Minority Youth in the Juvenile Justice System: Disproportionate Minority Contact. www.ncsl.org/print/cj/minoritiesinjj.pdf
- (7) Cook, BL, McGuire, T, Miranda J. (2007) Measuring Trends in Mental Health Care Disparities, 2000-2004. *Psychiatric Services*, 58(12), 1600-02.
- (8) Alegria, M. et al. (2008) Disparity in Depression Treatment Among Racial and Ethnic Minority Populations in the United States. *Psychiatric Services*, 59(11), 1264-72.
- (9) Surgeon General, HHS. (2001). Mental Health: Culture, Race and Ethnicity. www.surgeongeneral.gov/library/mentalhealth/cre/
- (10) Alegria M., et al. (2008) Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *American Journal of Psychiatry*, 165 (3), 359-69.
- (11) Sribney et al. (2010). The Role of Nonmedical Human Services and Alternative Medicine, chapter in *Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives*, Ruiz P and Primm A. editors. Lippincott Williams & Wilkins. Baltimore, MD.