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ISSUE BRIEF

# Mental Health and Communities of Color

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## Overview

Communities across the United States face a chronic epidemic of untreated mental health disorders. According to the National Institute of Mental Health, nearly one in five American adults lives with a diagnosable mental health disorder in any given year; however, only 43 percent of those with mental health disorders receive treatment in any given year.<sup>1</sup> In general, the prevalence rates of most mental health disorders are similar across racial and ethnic groups. At the same time, studies of rates of self-related exposure to childhood adversity indicate that members of underrepresented minority groups are more likely to have experienced adversity during childhood — and there is expanding recognition that early exposure to traumatic experiences is itself a risk factor for later health problems, including anxiety and depression.<sup>2</sup> Even in studies that reveal similar prevalence rates of mental health disorders across racial and ethnic groups, disparities exist with respect to diagnoses and treatment.<sup>3</sup>



- 1 *Statistics on Mental Illness*, NATIONAL INSTITUTE OF MENTAL HEALTH, <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml> (last visited May 30, 2019).
- 2 Melissa T. Merrick, Derek C. Ford, Katie A. Ports & Angie S. Guinn, *Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States*. *JAMA Pediatr.* (Nov. 2018), <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2702204>.
- 3 Thomas G. McGuire & Jeanne Miranda, *New Evidence Regarding Racial and Ethnic Disparities in Mental Health: Policy Implications*. *Health Affairs* 27:2, 393 (Mar. 2008).

**Differences in Diagnoses.** Youth of color experience mental illness in unique ways. Adolescents who identify as biracial or multiracial, for example, are more likely to report mental illness than other racial groups.<sup>4</sup> In addition, some multiracial adolescents report that they are alienated from their own cultural groups, struggle with not feeling “authentic enough,” and experience social pressure “to choose sides.”<sup>5</sup> Non-Hispanic Blacks, meanwhile, are twice as likely to be diagnosed with schizophrenia than whites, but are less likely to be referred for mitigating pharmacotherapy and medications.<sup>6</sup> In addition, although depression rates are somewhat lower among Black and Hispanic Americans, when depression does manifest in this population, it is often more persistent and associated with greater health burdens and economic consequences, especially for women.<sup>7</sup>

**Disparities in Access to Mental Health Treatment.** Minority group members in the general population receive treatment for mental health disorders less often than whites. For example, 48 percent of whites received clinical services for mental health issues in 2015 as compared to only 31 percent of Blacks and Hispanics and 22 percent of Asians.<sup>8</sup> These racial disparities are reflected on a wider scale in the criminal justice system, where racial and ethnic minorities are disproportionately overrepresented and mental health issues are endemic.<sup>9</sup> Some 50-75 percent of youth in the juvenile justice system, for example, have a diagnosable mental health disorder.<sup>10</sup> This means that lack of mental health access in the justice system has a disproportionate impact on people of color.

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4 *Mental Health Disparities: Diverse Populations*, AM. PSYCHIATRIC ASS'N, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts> (last visited May 30, 2019) [hereinafter *Mental Health Disparities*].

5 Saera Khan, *Confronting Complex Multiracial Realities: The Daily Life of Multiracial Americans*, PSYCHOL. TODAY: UNSEEN & UNHEARD (June 1, 2017), <https://www.psychologytoday.com/us/blog/unseen-and-unheard/201706/confronting-complex-multiracial-realities>.

6 Karen Coleman, Christine Stewart, Beth E. Waitzfelder, John E. Zeber, Leo S. Morales, Ameena T. Ahmed, Brian K. Ahmedani, Arne Beck, Laurel A. Copeland, Janet R. Cummings, Enid M. Hunkeler, Nangel M. Lindberg, Frances Lynch, Christine Y. Lu, Ashli A. Owen-Smith, Connie Mah Trinacty, Robin R. Whitebird & Gregory E. Simon, *Racial-Ethnic Differences in Psychiatric Diagnoses and Treatment Across 11 Health Care Systems in the Mental Health Research Network*, PSYCHIATRY ONLINE (Apr. 15, 2016), <https://ps.psychiatryonline.org/doi/pdfplus/10.1176/appi.ps.201500217>.

7 *Mental Health Disparities*, *supra* note 4; Charlotte Brown, Joyce T. Bromberger, Laura L. Schott, Sybil Crawford & Karen A. Matthews, *Persistence of Depression in African American and Caucasian Women at Midlife: Findings From the Study of Women Across the Nation (SWAN)*, 17 ARCHIVES OF WOMEN'S MENTAL HEALTH 549 (2014); Dorothy D. Dunlop, Jing Song, John S. Lyons, Larry M. Manheim & Rowland W. Chang, *Racial/Ethnic Differences in Rates of Depression Among Preretirement Adults*, 93 AM. J. OF PUBLIC HEALTH 1945 (2003).

8 *Mental Health Disparities*, *supra* note 4.

9 *Id.*

10 Lee A. Underwood & Aryssa Washington, *Mental Illness and Juvenile Offenders*. Int'l J. Envtl. Research & Pub. Health (Feb. 2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772248/>.

**Differential Access to Mental Health Care.** The ability to receive care is dependent on access to care. But in many communities, individuals and families struggle to find care and face limited options or long wait times, few providers of diverse backgrounds, and many other barriers to access,<sup>11</sup> including lack of access to insurance that appropriately covers mental health services and the ancillary cost of mental health care (co-payments and deductibles).

## Bias and Stigma

Even when minority groups have greater access to resources that enable care, overt and subtle forms of bias intrude into health care treatment and referral to care. Minority youth with mental health issues, for example, are more likely to be referred to the juvenile justice system than to mental health or health care services.<sup>12</sup> Stigma affects help-seeking behavior as well. Cultural mistrust (apprehensions about whether one will be misdiagnosed or fail to receive quality treatment because of race or ethnicity, fears about the impact of a psychiatric diagnosis, and cultural stereotypes) may make it difficult for people to initiate mental health care. Thus, ethnic minorities receive clinical services less often in part because they seek them less consistently or drop out “prematurely.”<sup>13</sup> This means that ensuring access to care must be understood to encompass not only the availability of providers but also the extent to which those providers are able to skillfully address and mitigate the concerns of the minority communities they serve.

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11 *America's Mental Health 2018*, NAT'L COUNCIL FOR BEHAV. HEALTH (Oct. 10, 2018), <https://www.cohenveteransnetwork.org/wp-content/uploads/2018/10/Research-Summary-10-10-2018.pdf>.

12 Mental Health Disparities, *supra* note 4.

13 *Black & African American Communities and Mental Health*, MENTAL HEALTH AM., <https://www.mentalhealthamerica.net/african-american-mental-health> (last visited May 30, 2019).



## Policy and Practice Recommendations

These sobering facts undermine some of the advances enabled by reforms such as the Affordable Care Act (ACA), which is responsible for decreasing the uninsured African American population by 7 points between 2013 and 2015, correlated with states expanding Medicaid.<sup>14</sup> The ACA also mandated inclusion of mental health and substance abuse treatments as essential health benefits.<sup>15</sup>

Taken as a whole, effective policy, practice, and programs aimed at enhancing affirmative mental health outcomes in communities of color will require change on many fronts, from alleviating systemic barriers to addressing the lived experience of those seeking care.

**Recognize Access to Insurance as an Enabling Resource.** For the vast majority of Americans, access to insurance enables access to health care and mental health care services. Policy initiatives that sustain Medicaid expansion and retain mental health and substance abuse treatment as essential benefits are part of the critical infrastructure necessary to improve mental health outcomes for communities of color.

### Reducing Systematic Barriers for Minorities Seeking Healthcare

- ✓ Recognize access to insurance as an enabling resource
- ✓ Improve the patient experience of culturally competent care
- ✓ Increase access to mental health services in juvenile justice
- ✓ Implement innovations in the continuum of care

14 Key Facts About the Uninsured Population, KAISER FAMILY FOUND. (Dec. 7, 2018), <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

15 Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010).

### **Improve the Patient Experience of Culturally Competent Care.**

Individual health care and mental health care settings also play a critical oversight role. They can also make certain that culturally competent practice is the standard in all health care settings.<sup>16</sup> For example, by committing to adherence to the National Standards on Culturally and Linguistically Appropriate Services, health care and mental health care entities can affirmatively position themselves to improve quality, reduce disparities, and advance health equity.<sup>17</sup>

In addition, work to destigmatize mental illness and reduce negative judgement toward people who seek behavioral health care in communities of color are critical. One such effort is to design coordinated clinical services where primary and behavioral health care may be delivered together in co-located settings.<sup>18</sup> In addition, the percentage of racial and ethnic minorities in the behavioral health workforce should be increased.<sup>19</sup> Cultural mistrust can be addressed with a more diverse workforce and more welcoming and culturally-attuned messaging about behavioral health, as well as through educational efforts to improve the capacity of all mental health clinicians.

Finally, health care and mental health care entities need to deepen their understanding of the communities they seek to serve including, for example, by recognizing the “tax” levied on low-income residents seeking health care and mental health services (e.g., limited operating hours requiring workplace accommodation, long wait times, and ancillary costs for transportation and childcare) and by designing process improvements.

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16 Stephanie Pinder-Amaker & Kimberlyn Leary, *Changing Institutional Values and Diversifying the Behavioral Health Workforce*, in RACISM AND PSYCHIATRY: CONTEMPORARY ISSUES AND INTERVENTIONS 181-204 (Morgan Medlock, Derri Shtasel, Nhi-Ha T. Trinh & David R. Williams eds., 2019).

17 OFFICE OF MINORITY HEALTH, *National Standards on Culturally and Linguistically Appropriate Services*, U.S. DEP'T OF HEALTH & HUMAN SERVICES, available at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

18 Pinder-Amaker & Leary, *supra* note 16.

19 *Id.*

### **Increase Access to Mental Health Services in the Juvenile Justice**

**System.** The staggering rates of mental health disorders among juvenile justice populations must be addressed through primary prevention (screening and early intervention) and through the provision of quality care to detained youth.<sup>20</sup> Coordinated at-scale change across youth-serving facilities can be achieved by adoption of institutional policies focused on developmentally sensitive, trauma-informed practice.<sup>21</sup>

### **Implement Innovations in the Continuum of Care.**

Organizations like the Steve Fund, the Jed Foundation, and the Crisis Text Line are piloting unique approaches to address the mental health needs of under-represented youth, including through technology, by situating care in places youth frequent (like schools and primary care settings) and through modalities that distinctly appeal to contemporary youth, including trauma-informed mindfulness practices.<sup>22</sup> Providing care in schools and community settings may also facilitate early intervention.

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20 *Intersection Between Mental Health and the Juvenile Justice System*, OFF. JUV. JUST. & DELINQ. PREVENTION (2017), available at <https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>.

21 *Essential Elements of a Trauma-Informed Juvenile Justice System*, NAT'L CHILD TRAUMATIC STRESS NETWORK (2015), available at <https://www.nctsn.org/resources/essential-elements-trauma-informed-juvenile-justice-system>.

22 The Steve Fund, <https://www.stevefund.org/>; The Jed Foundation, <https://www.jedfoundation.org/>; Crisis Text Line, <https://www.crisistextline.org/>.

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