



Minority populations face challenges, barriers when it comes to mental health

July is National Minority Mental Health Awareness Month

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While mental illness is known to affect 20 percent of the overall population at some point in their lives, some population subsets are at increased risk for mental health problems. In particular, racial and ethnic minority populations – especially African Americans and Hispanics – are more likely to experience risk factors for mental health problems, and are less likely to receive treatment, than whites. Yet a strong mental healthcare system must ensure all individuals have access to affordable, community-based mental health treatment and recovery services.

Studies of minority mental health by multiple agencies over several years paint a bleak picture of the challenges faced by minority populations of all ages:

- According to the Department of Health and Human Services (HHS) Office of Minority Health, adult African Americans are 20 percent more likely to report serious psychological distress than adult whites, and are twice as likely as whites to be diagnosed with schizophrenia.
- Both African Americans and Hispanics are more likely to have feelings of sadness, hopelessness and worthlessness than whites.
- African Americans of all ages are more likely to be victims of serious violent crime than are whites, making them more likely to meet the diagnostic criteria for post-traumatic stress disorder (PTSD).
- HHS researchers found Hispanic youth grades 9-12 are more likely to attempt suicide than white students. Suicide attempts for Hispanic girls, grades 9-12, were 50 percent higher than for white girls in the same age group in 2015. African American teenagers are also more likely to attempt suicide than are white teenagers.
- In 2015, the Journal of the American Medical Association Pediatrics reported there were more suicides among African American children ages 5 to 11 than among white children (this was the first national study to observe higher suicide rates for African Americans than for Caucasians in any age group).

There are many factors that might be behind these sobering statistics and which can also affect access to mental health treatment. For example, socioeconomic status is linked to mental health. People who are impoverished, homeless, incarcerated or have substance abuse problems are at

higher risk for poor mental health. Of the nearly 34 million people who identify themselves as African American, 22 percent live in poverty.

These individuals are at particular risk for mental health illness due to an overrepresentation in homeless populations, people who are incarcerated, children in foster care and victims of serious violent crime. Adult African Americans living below poverty are three times more likely to report serious psychological distress than those living above poverty.

Lack of access to mental health treatment services is another challenge that disproportionately affects minority communities. An analysis of U.S. Census Bureau data found that African Americans were 7.3 times as likely to live in high poverty neighborhoods with limited to no access to mental health services.

According to the American Psychological Association, African Americans receive substantially less mental health treatment than whites. In 2011, only 54.3 percent of adult African Americans with a major depressive episode received treatment, compared with 73.1 percent of adult white Americans.

Over 70 percent of African American adolescents with a major depressive episode did not receive treatment for their condition. Likewise, according to the Centers for Disease Control and Prevention, in 2014 non-Hispanic whites received mental health treatment two times more often than Hispanics.

There are, of course, no easy answers here. But awareness of the problems and barriers faced by minority communities is an important first step to ensuring all our community institutions – schools, hospitals, churches, social services agencies and others – take the mental health challenges of minority communities seriously. We all must remain vigilant to the needs of minority populations and be willing to help them find – and access – the mental health services they need, when they need them.