



HEALTHY MINDS  
POLICY INITIATIVE

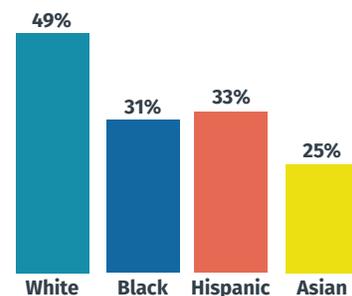
## MENTAL HEALTH CARE MUST:

Address racial disparities in order to increase treatment access and quality.

### Racial and ethnic disparities in mental health care and substance abuse treatment exist.

- Black individuals are 20% more likely to experience mental health issues than the general population, and can experience more severe complications due to a higher rate of unmet need.
- The unmet need for treatment is higher for Black individuals than white counterparts. The national average of unmet need for mental health treatment is 5.2, but the unmet need for Black people is 10.2 per 100,000 people. (Source: Alang)

Among People in the U.S. with Any Mental Illness, Percent Receiving Services, 2018



Source: Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health

### People of color are less likely to have insurance, receive treatment for mental health or substance use treatment needs and more likely to encounter a punitive response to seeking treatment.



#### Barriers and Access

In the U.S., Black people are 45% less likely to be covered by health insurance and 44% less likely to access the health care they need. Additionally, approximately 21% of Latinx individuals are uninsured. Unfortunately, having insurance does not eliminate unmet mental health needs. The cost of co-pays, prescriptions, testing and more is still a barrier to treatment. (Source: Hamel et al)



#### Stigma and Minimization

People of color are less likely to engage in mental health care because of unique attitudes and stigmas about mental illness within their culture, and concerns that treatment providers may lack awareness of their unique experiences. People of color experience increased stigma due to labeling, misdiagnosis and the effectiveness of treatment options due to frequently poor quality of care. (Sources: Alang & America Psychiatric Association)



#### Criminalization

Black individuals needing help because of mental illness or substance use are three times more likely than whites to have an encounter with police instead of receiving treatment and three times more likely than whites to experience compulsory admittance to treatment. (Source: Nazroo et al)



#### Family impact

Women of color, particularly Black women, face concerns about accessing treatment for fear their children will be removed from their homes. Undocumented women are fearful of seeking treatment due to concerns being reported to authorities and being deported. (Source: Copeland)

### EXPERIENCING RACISM IMPACTS MENTAL HEALTH

Discrimination, racism and micro-aggressions (the small slights and insults experienced in a variety of social settings) have a negative impact on the mental health of people of color, particularly Black individuals. Studies show that events, like police shootings, cause an increase in self-reported poor mental health days for several months after the event. Ongoing stress due to racism exacerbates mental health needs and suicidality in people of color, regardless of age, income or education.

# Working to improve knowledge, using culturally competent care and building a diverse workforce can improve provider-patient relationships and care outcomes.

## CULTURAL UNDERSTANDING MAKES A DIFFERENCE

- Lack of cultural understanding by health care providers may contribute to misdiagnoses of mental illness in people from racially/ethnically diverse populations. Misdiagnoses can cause poor treatment or ineffective treatment. (Sources: APA, Alang, Olbert et al, & DeCoux)

## PATIENT EXPERIENCES DIFFER BASED ON RACE

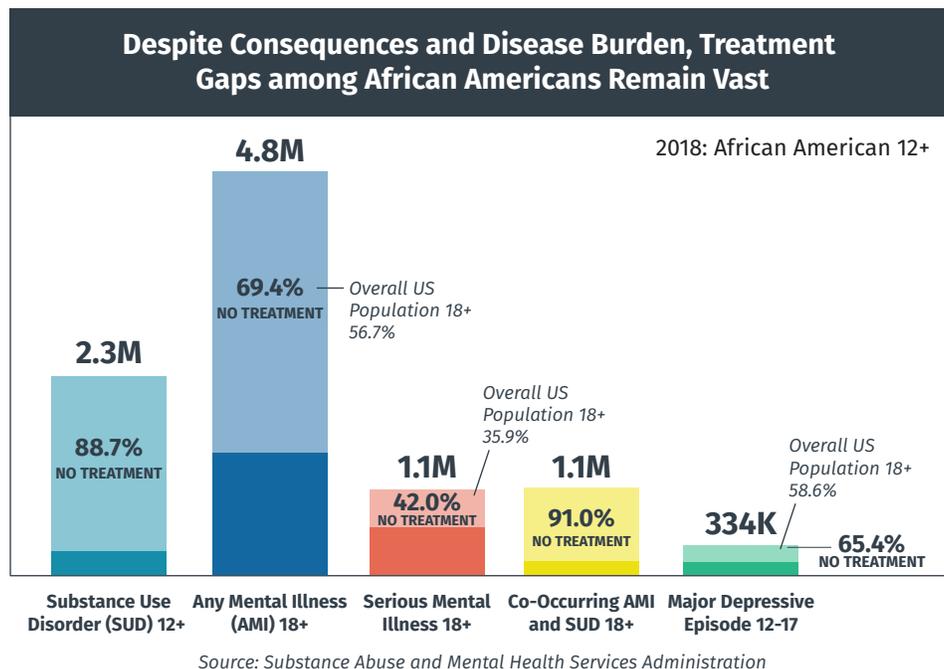
- People of color often do not feel heard or listened to by providers, with a recent survey reporting 42% of Black adults said they received poor quality health care.
- One study found that physicians were 23% more verbally dominant, and engaged in 33% less patient-centered communication with Black patients than with white patients.
- One recent study has shown Black individuals are more likely to receive a schizophrenia diagnosis than white counterparts. However, when clinicians were blinded to race/ethnicity during the diagnostic process, there was no difference in rates. (Sources: Hamel et al, & APA)

## CONTRIBUTING FACTORS

- Factors that contribute to these kinds of misdiagnoses include language differences, stigma of mental illness among people of color, and culturally-specific presentations of symptoms that may be misinterpreted by providers. (Sources: APA and the Substance Abuse and Mental Health Services Administration)

## REPRESENTATION

- Many behavioral health professionals are predominantly white, with less than 10% of the workforce comprised of Black or other people of color (with social work being the one exception as 21.5% of social workers are Black). Health Resources and Services Administration has identified that there is a need to support the growth of Latinx, Native American, Asian and Pacific Islander behavioral health care providers to more closely mirror the population, helping improve diversity of care, linguistic competency and and cultural understanding. (Source: Health Resources and Service Administration Bureau of Health Workforce)



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