

Mental Health Disparities: Diverse Populations

Mental Health in U.S.

- Approximately 18% of US adults have a diagnosable mental disorder in a given year, and approximately 4% of adults have a serious mental illness.¹
- Mental and behavioral disorders are among the leading causes of disability in the U.S., accounting for 13.6% of all years of life lost to disability and premature death.²
- Mental disorders are among the top most costly health conditions for adults 18 to 64 in the U.S., along with cancer and trauma-related disorders.³
- An estimated 43% of people with any mental illness receive mental health treatment/counseling.⁴

Increasingly Diverse Population

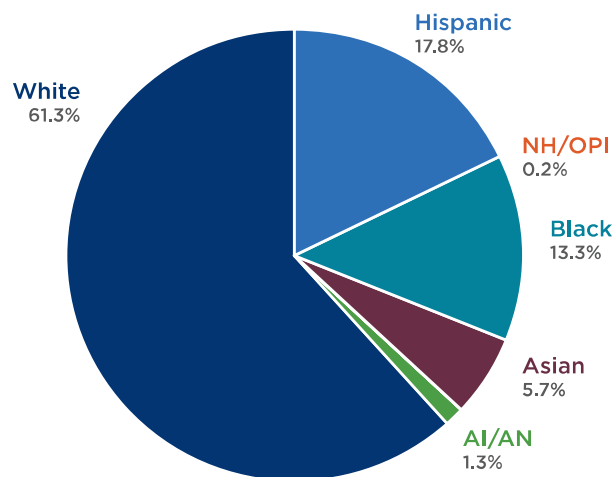
The U.S. population is continuing to become more diverse. By 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White alone).⁵

Mental Health, Diverse Populations and Disparities

Most racial/ethnic minority groups overall have similar—or in some cases, fewer—mental disorders than whites. However, the consequences of mental illness in minorities may be long lasting.

- Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- Although rates of depression are lower in blacks (24.6%) and Hispanics (19.6%) than in whites (34.7%), depression in blacks and Hispanics is likely to be more persistent.⁶

US Population, 2016



Source: US Census, Quick Facts: Population Estimates 2016. www.psychiatry.org/psychiatrists/practice/professional-interests/disaster-and-trauma (Notes: AI/AN – American Indian/Alaska Native, NH/OPI – Native Hawaiian/Other Pacific Islander)

- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), white (19%), and black (16.8%).
- American Indians/Alaskan Natives report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- White Americans are more likely to die by suicide than people of other ethnic/racial groups.

- Mental health problems are common among people in the criminal justice system, which has a disproportionate representation of racial/ethnic minorities. Approximately 50% to 75% of youth in the juvenile justice system meet criteria for a mental health disorder.⁷
- Racial/ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with white youth. Minorities are also more likely to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools.⁸
- Lack of cultural understanding by health care providers may contribute to underdiagnosis and/or misdiagnosis of mental illness in people from racially/ethnically diverse populations. Factors that contribute to these kinds of misdiagnoses include language differences between patient and provider, stigma of mental illness among minority groups, and cultural presentation of symptoms.

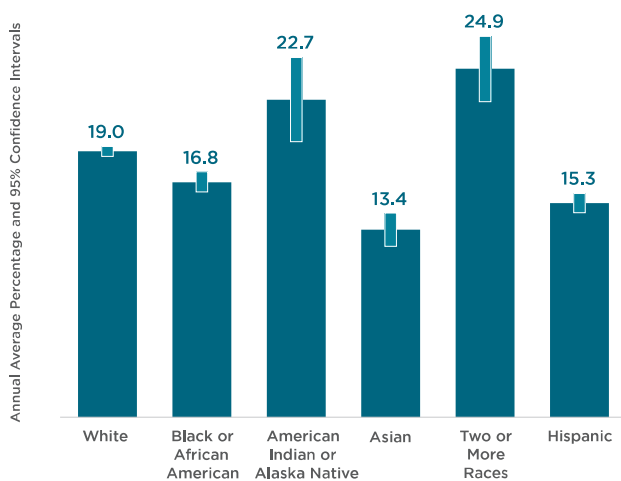
Disparities in Mental Health Service Use

People from racial/ethnic minority groups are less likely to receive mental health care. For example, in 2015, among adults with any mental illness, 48% of whites received mental health services, compared with 31% of blacks and Hispanics, and 22% of Asians.⁹

There are differences in the types of services (outpatient, prescription, inpatient) used more frequently by people of different ethnic/racial groups. Adults identifying as two or more races, whites, and American Indian/Alaska Natives were more likely to receive outpatient mental health services and more likely to use prescription psychiatric medication than other racial/ethnic groups. Inpatient mental health services were used more frequently by black adults and those reporting two or more races. Asians are less likely to use mental health services than any other race/ethnic group.¹⁰

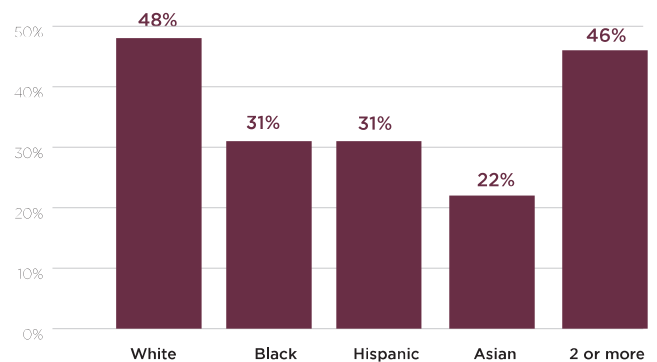
Among all racial/ethnic groups, except American Indian/Alaska Native, women are much more likely to receive mental health services than men.¹⁰

Any Mental Illness in the Past Year among Adults, by Race/Ethnicity, 2008-2012



Source: Substance Abuse and Mental Health Service Administration, *Racial/Ethnic Differences in Mental Health Service Use among Adults, 2015*

Among People with Any Mental Illness, Percent Receiving Services, 2015



Source: Substance Abuse and Mental Health Services Administration, *National Survey on Drug Use and Health, 2008-2015*.

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
- Language barriers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)

To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA's Cultural Competency webpage at <https://www.psychiatry.org/psychiatrists/cultural-competency>.

Footnotes

- ¹ National Institute of Mental Health. Any Mental Illness Among US Adults. www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-among-us-adults.shtml
- ² NIMH. U.S. Leading Categories of Diseases/Disorders. www.nimh.nih.gov/health/statistics/disability/us-leading-categories-of-diseases-disorders.shtml
- ³ Agency for Healthcare Research and Quality. Statistical Brief # 471 Top Five Most Costly Conditions among Adults Age 18 and Older, 2012: Estimates for the U.S. Civilian Noninstitutionalized Population, April 2015.
- ⁴ Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2016.
- ⁵ US Census. Projections of the Size and Composition of the US Population: 2014 to 2060. Current Population Reports. By Colby, SL and Ortman, JM. 2015.
- ⁶ Budhwani H, Hearld K, and Chavez-Yenter D. Depression in Racial and Ethnic Minorities: the Impact of Nativity and Discrimination. *Racial Ethn Health Disparities*. 2015. 2(1):34-42.
- ⁷ Underwood, LA and Washington, A. Mental Illness and Juvenile Offenders. *Int J Environ Res Public Health*. 2016 Feb; 13(2): 228.
- ⁸ Substance Abuse and Mental Health Services Administration. Emerging Issues in Behavioral Health and the Criminal Justice System.
- ⁹ Agency for Healthcare Research and Quality. 2015 National Healthcare Quality and Disparities Report. 2016
- ¹⁰ Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults. 2015.

This resource was prepared by the Division of Diversity and Health Equity and Division of Communications, and reviewed by the Council on Minority Mental Health and Health Disparities.