

## CBHA Recognizes Minority Mental Health Month

Greetings Colleagues!

The Governor's Budget is set, but Legislative business is on pause as we are in the middle of summer recess. As Legislative Session resumes in mid-August, we look forward to providing you with updates on our sponsored legislation.

This month, we commemorated National Minority Mental Health Awareness Month. This is timely as we are inundated with reports about the recent events at our nation's border and the impact that migration has on the mental health of immigrants. Immigrants endure separation from their country of origin, family members, and culture, as well as having to navigate a new and unfamiliar environment.

While we do not have statistics reflecting the toll that the migration process exacts on immigrants, we have information about the impact and prevalence of mental illness on United States citizens who represent racial and ethnically diverse populations. According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

- Over 70% of Black/African American adolescents with a major depressive episode did not receive treatment for their condition.
- Almost 25% of adolescents with a major depressive episode in the last year were Hispanic/Latino.
- Asian American adults were less likely to use mental health services than any other racial/ethnic groups.
- In the past year, nearly 1 in 10 American Indian or Alaska Native young adults had serious thoughts of suicide.
- In the past year, 1 in 7 Native Hawaiian and Pacific Islander adults had a diagnosable mental illness.

Additionally, Congress mandates the National Qualities and Healthcare Disparity Report annually to provide a comprehensive overview of the quality of health care received by the general U.S. population. The disparities in care experienced across racial and socioeconomic groups reveal additional startling statistics:

- While 20% of measures show disparities getting smaller for Blacks and Hispanics, most disparities have not changed significantly for any racial and ethnic groups.
- More than half of measures show that poor and low-income households have worse care than high-income households; for middle-income households, more than 40% of measures show worse care than high-income households.
- Nearly two-thirds of measures show that uninsured people had worse care than privately insured people.



Though some disparities shrank from 2000 through 2015, many persist, especially for poor and uninsured populations.

CBHA is proud of the clinicians who work in the trenches to provide needed services to promote the mental health of racially and ethnically diverse groups, and of our colleagues in behavioral health organizations who advocate for these services.

We hope you enjoy the remainder of the recess and look forward to engaging with you in August.

In Service,  
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CBHA