

JULY IS MINORITY MENTAL HEALTH MONTH!

National Minority Mental Health Month was established in July 2008, to increase awareness and access to services, and to decrease the stigma associated with mental health treatment for minority groups. Minority Mental Health Month recognizes the work of Bebe Moore Campbell, an African American best-selling author, and pioneer in researching mental health issues among minority groups. Ms. Campbell was also a co-founder of the Urban Los Angeles chapter of the National Alliance on Mental Illness (NAMI).

DID YOU KNOW?

Statistics and Prevalence

- African Americans are more likely to have feelings of sadness, hopelessness, and worthlessness than adult whites (18.8% vs. 13.7%).
- 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.
- Southeast Asian refugees are at greater risk for post-traumatic stress disorder (PTSD). One study found that 70% of Southeast Asian refugees receiving mental health care were diagnosed with PTSD.
- Non-Hispanic Whites receive mental health treatment twice as often as Hispanics.
- Nearly 90 % of Black and African American people over the age of 12 with a substance use disorder did NOT receive treatment in 2018.
- American Indians/Alaskan Natives report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- Recent studies show that ethnic minorities have been disproportionately affected by stressors and results of COVID-19. Studies have found elevated depressive symptoms, and fear of COVID-19 among ethnic minority populations when compared with non-Hispanic White people. A second study found symptoms of adverse mental or behavioral health conditions were more common among Hispanic and non-Hispanic Black people compared with non-Hispanic Whites.
- Non-Hispanic Black people were found to be more likely to have a close relative who died from COVID-19.
- Due to social determinants of health, minority populations are likely to experience a greater disruption to their lives during the COVID-19 crisis.

Disparities in care

- Black and African American people are more often diagnosed with schizophrenia and less often diagnosed with mood disorders compared to White people with the same symptoms. Additionally, they are offered medication or therapy at lower rates than the general population.
- Black and African American providers, who are known to give more appropriate and effective care to Black and African American help-seekers, make up an exceedingly small portion of the behavioral health provider workforce. Less than 2% of The American Psychological Association's professional members are Black or African American.
- Black and African American people with mental health conditions, specifically those involving psychosis, are more likely to be in jail or prison than people of other races.

Stigma

- Black and African American men are particularly concerned about stigma and therefore less likely to seek treatment.
- Research indicates that Blacks and African Americans believe that mild depression or anxiety would be considered "crazy" in their social circles. Furthermore, many believe that discussions about mental illness would not be appropriate even among family.

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, etc.)

Promising Developments, Legislation, and Programs

- The 21st Century Cures Act has introduced programs focused on providing broader and more direct access to mental health and substance use disorder assistance and resources on both community and national levels. The Act also provides funding and support for training programs that educate the future mental health workforce.
- The Maryland Board of Social Work has implemented standards that will require all licensed Social Workers to be trained in Anti-Opressive Social Work and Implicit Bias, every two years, prior to renewing their licensure.
- Researchers at Johns Hopkins have developed an algorithm that uses electronic health record data to identify individuals in the White Mountain Apache Tribe in Arizona who are at an increased risk of suicide. This information is used to target this population for mental health outreach.
- Three NIMH-funded (National Institute of Mental Health) collaborative research hubs are exploring the factors behind the high suicide rates among American Indian and Alaska Native youth and designing and testing approaches to preventing suicide.
- There is a greater focus on training mental health practitioners to use Evidence-Based Practices in treating members of minority communities.
- The Office of Minority Health, National Institute on Minority Health and Health Disparities, and The United States Department of Health and Human Services Offices of Minority Health (HHS) have partnered to lead and coordinate activities geared toward improving the health and mental health of racial and ethnic minority populations and eliminating disparities, which includes the development of the 2018–2022 HHS Strategic Plan.

The City of Baltimore's Employee Assistance Program is dedicated to support eliminating mental health disparities. We are available for counsel and assistance, and pride ourselves in maintaining the confidentiality and dignity of all clients. Please contact us at (410) 396-1859 today, to schedule an appointment to work with a licensed mental health professional.