



## Health Disparities and Behavioral Health

Behavioral health disparities refer to differences in outcomes and access to services related to mental health and substance misuse which are experienced by groups based on their social, ethnic, and economic status. Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high-quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health. 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.

### Nationally:

- 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/Latinos (19.6%) than in whites (34.7%), depression in blacks and Hispanics/Latinos is likely to be more persistent.
- 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 Disparities: Diverse Populations, 2017, American Psychiatric Association

### In Washington State:

When we look at measures from all Washington residents averaged together, on many health measures we rank higher than the national average. However, the statewide measures can hide important stories. Where you live and what community you belong to impacts health. When we look at subgroups it becomes clear that while some of Washington's communities experience some of the best health in the nation, others have health outcomes that are quite poor.

- American Indians and Alaska Natives, (AI/AN) had a higher prevalence of self-reported poor mental health compared to whites. Asians had a lower prevalence compared to whites.
- The prevalence of depressive feelings was higher among AI/AN and Hispanic/Latino 10th graders compared to whites.
- The highest suicide rates among men are those age 75 and older, while for women the highest rates are among those 45 to 64.
- AI/AN have the highest suicide rates followed by whites.

- Males, AI/AN and people with low incomes or less education are more likely to smoke and use e-cigarettes than are other Washingtonians. AI/AN as well as people with lower income have both higher smoking rates and higher level of exposure to secondhand smoke.
- AI/AN and Hispanic/Latino 10th graders reported higher past month alcohol use compared to white students. Asian students reported lower past month alcohol use.
- AI/AN had a higher prevalence of marijuana use compared to whites. Asians and Hispanics/Latinos had a lower prevalence than whites.
- AI/AN had the highest drug overdose death rates. Blacks and whites had the next highest rates.
- Hispanic/Latino, AI/AN, Native Hawaiian or Other Pacific Islander (NHOPI), black, and Asian adults 18-64 years old reported lower health insurance coverage compared to white adults.
- Reported health insurance coverage increased as levels of education and household income increased.

Washington State Health Assessment, 2018, Washington State Department of Health

### **In Kitsap County:**

Compared to Kitsap residents who identify as White, residents who identify as People of Color may be at higher risk for experiencing chronic diseases, adverse behavioral health, poor birth outcomes. Kitsap adolescents who identify as People of Color:

- had lower likelihood of engaging in the recommended level of physical activity and being at a healthy weight.
- had higher likelihood of being physically hurt on purpose by an adult.
- had lower likelihood of having an adult to turn to when they felt sad or hopeless.

Kitsap residents who identify as People of Color:

- in early adulthood had higher likelihood of having their activities limited due to poor physical or mental health during that past 30 days.

Kitsap County Health Disparity Report, 2017, Kitsap Public Health District

### **Consequences of Behavioral Health Disparities:**

Low use of medication, poor doctor-patient communication, and persistent stigma are key barriers to the treatment of mental illness. Racial and ethnic minority populations initiate antidepressant medication treatment at a much lower rate than whites and are more likely to discontinue depression treatment without consulting their physician, even though they are as likely as non-Hispanic whites to have received a medication prescription from their primary care provider.

In addition, there appears to be a general mistrust of medical providers, which arises from historical persecution, documented abuse, and perceived mistreatment in health care settings because of racial or ethnic background. For many Hispanics/Latinos, reaching remission in depression treatment may require a considerable amount of time, as much as two and a half years. In addition, relapse rates are high, and the slow treatment response may explain premature discontinuation of medication by patients.

Other factors that may contribute to depression relapse include increasing socioeconomic stress, worsening general medical health, and discomfort with antidepressant treatment as indicated by fears of addictive or harmful properties, worries about taking too many pills, and stigma attached to taking medication.

Eliminating Behavioral Health Disparities and Improving Outcomes for Racial and Ethnic Minority Populations, *Psychiatric Services* 67:1, January 2016

### **Treatment and Behavioral Health Disparities:**

According to research, minorities in the United States are less likely to get mental health treatment or will wait until symptoms are severe before looking. In fact, only 66 percent of minority adults have a regular health care provider compared to 80 percent of white adults. Hispanic/Latino and Asian populations report the lowest rates of having a regular doctor or provider, at 58 percent and 60 percent. Here are four ways culture can impact mental health:

- **Cultural stigma:** Every culture has a different way of looking at mental health. For many, there is growing stigma around mental health, and mental health challenges are considered a weakness and something to hide. This can make it harder for those struggling to talk openly and ask for help.
- **Understanding symptoms:** Culture can influence how people describe and feel about their symptoms. It can affect whether someone chooses to recognize and talk about only physical symptoms, only emotional symptoms or both.
- **Community Support:** Cultural factors can determine how much support someone gets from their family and community when it comes to mental health. Because of existing stigma, minorities are sometimes left to find mental health treatment and support alone.
- **Resources:** When looking for mental health treatment, individuals should talk to someone who understands their specific experiences and concerns. It can sometimes be difficult or time-consuming to find resources and treatment options that take into account specific cultures factors and needs.

Four Ways Culture Impacts Mental Health, Mental Health USA, National Council for Behavioral Health

The American Psychological Association advocates elimination of disparities in mental health status and mental health care through the use of psychological and behavioral research and services that are culturally and linguistically competent. Specifically, attention should be directed to:

- Facilitate partnerships among physicians, mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure development and implementation of culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
- Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities.
- Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.
- Increase funding for training mental and behavioral health professionals and to train these professionals to become culturally and linguistically competent.

Disparities in Mental Health Status and Mental Health Care, American Psychological Association