Issue At A Glance:

Barriers to Mental Health Care for Ethnic Minority Groups

Why do ethnic minority groups in the United States face disparities in receiving adequate mental health care? This brief examines this critical issue by exploring three primary barriers contributing to the problem.

Introduction

Accessing mental health services can pose a challenge for many, but ethnic minority groups often encounter additional, unique barriers that make it even more difficult. For example, in 2021, less than 13% of Latinx adults aged 18–44 with mental health conditions received treatment, compared to over 33% of non-minorities. Also, during the COVID-19 pandemic, Asian Americans and Pacific Islanders experienced a 150% rise in anti-Asian hate incidents, worsening mental health struggles like stress, anxiety, and depression. Additionally, over half of pregnant minority mothers did not receive care for prenatal and postpartum mental health.[1]

Not just minority adults, but also children are affected by disparities in mental health treatment. About 75% of minority children are less likely to be diagnosed with ADHD/ADD than their nonminority peers. To exacerbate the problem, minority populations are disproportionately underrepresented in mental health research, leading to data that may not be as relevant to their unique mental health experiences.[1]

The reasons for the barriers to mental healthcare can be numerous, but three major reasons will be covered in this brief.

Staggering Statistics

- Only 1 out of 3 Black/African Americans who need mental health care receive it.[2]
- Asian Americans are 3x less likely than White Americans and the least likely racial/ethnic group to seek mental health services.[3]
- Studies indicate that Spanish – English bilingual patients are assessed differently depending on the language spoken, and Hispanics were more frequently undertreated.[4]

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The Barriers

#1: Lack of Diversity

The first barrier cited by many is the lack of diversity amongst the mental health providers which can lead to cultural incompetency or misunderstandings, language barriers, and ethnic minority patients not feeling understood in their care. As of 2021, there was a notable racial disparity between current racial demographics of the country and active psychologists. (See Figure 1 on the right.)

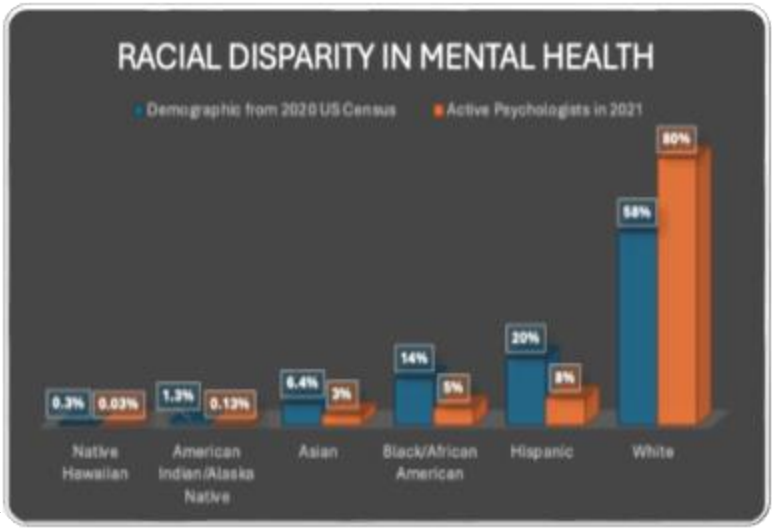

Figure 1: Percentages of racial/ethnic groups in the US taken from the 2020 US Census compared to percentages of active psychologists by race/ethnicity in 2021.

It has also been shown that compared to White adults (38%), Asian (55%) and Black (46%) adults reported more difficulty finding a mental health provider who understood their experiences.[7]

Another study showed that ethnic matching between therapists and clients helped to increase retention and improved outcomes, particularly for Asian Americans and especially for clients who did not speak English as their primary language.[8] Yet, in 2006–2007, Ph.D. psychology programs had enrollments of 34,957 European Americans, compared to 3,904 African Americans, 3,999 Hispanic Americans, and 3,145 Asian Americans. These enrollment numbers are vastly disproportionate to the racial demographics of the US. Providing this ethnic match that has been shown to have improved outcomes is especially difficult when there are disproportionately fewer ethnic minority providers available.

#2: Cultural Stigma

The second barrier to ethnic minority groups receiving adequate mental health services stems from the cultural stigma associated with mental illnesses within the various minority groups. It is not an uncommonly held belief amongst Asian, Hispanic, and African Americans that mental illness can be managed or treated through "willpower, heroic stoicism, and avoidance of morbid thoughts"[8] instead of professional psychological help. For example, a study suggested that Asian Americans were more likely than Caucasian Americans to believe that mental health was enhanced by exercising self-control and avoiding morbid thoughts.[8]

Another prominent barrier often researched amongst Asian Americans is the concern for "loss of face." This concept refers to the social image one projects to align with socially accepted traits. Because family reputation and "saving face" are highly valued in many Asian cultures and because there is cultural stigma associated with having mental health conditions, Asian Americans may avoid seeking mental health services to protect their family's perceived social standing, resulting in not receiving the care they need.[8]

In collectivistic cultures, individuals are encouraged to prioritize group goals over personal ones, with a focus on group harmony. Sharing personal or family issues with outsiders, such as therapists, is often discouraged and frowned upon, especially where strong in-group and out-group distinctions are emphasized. Consequently, traditional psychotherapy may not be appealing or relevant to those with a collectivistic value system.[8]

#3: Discrimination

The third barrier for ethnic minority groups receiving adequate mental health services arises from the discrimination and/or biased stereotyping that they face when trying to receive mental health care. This could be a result of lack of cultural understanding leading to cultural incompetency amongst the providers.

Negative experiences include, but are not limited to, "provider assuming something about them without asking, suggesting they were personally to blame for a health problem, ignoring a direct request or question, or refusing to prescribe pain medication they thought they needed."[7] People who experienced these negative experiences more likely reported not getting mental health services they thought they needed in comparison to those who did not report a negative experience.[7] Experiencing discrimination, bias, or stereotyping can lead to distrust in both the general healthcare system and the mental healthcare system, resulting in an even more reduced desire to access the much needed mental health services.

Interventions to Address the Barriers

Given the three major barriers, interventions addressing these barriers would be important to implement to improve the mental health of ethnic minority groups. An example of an intervention addressing the barrier of discrimination is the Minority Fellowship Program. Established in 1973, the program seeks to improve the mental health outcomes of underserved racial and ethnic populations by providing scholarships and cultural competency trainings to students and trainees pursuing graduate level degrees in the field of mental and behavioral healthcare. This program is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and works through eight different national behavioral health organizations to aid graduate students and postgraduate trainees planning to serve minority communities in their future practices.[9]

Additionally, policy makers can enact policies that address the barriers to mental healthcare. During the 118th Congress, H.R. 3548 – Pursuing Equity in Mental Health Act was introduced with the goal of addressing the racial and ethnic mental health disparities by giving grants to healthcare facilities that serve a higher proportion of ethnic minority groups and permitting the use of funds from the Minority Fellowship Program for the training of social workers, psychologists, and other mental health professionals. [10] The House Energy and Commerce Subcommittee on Health forwarded the bill to the full committee on April 16, 2024 for a vote, but it did not move beyond that, unfortunately.

Conclusion

Mental and behavioral health issues are a growing public health concern and especially more so for the racial and ethnic minority groups due to the various unique challenges they face. Not only do these mental health disparities impact the individuals and their families, but it can also lead to a greater impact on society if not addressed. One study estimated the projected economic cost from productivity losses from mental health inequities to be about $116 billion for 2024 and estimated the cost could increase to $252 billion by 2040.[11] Economics is just one way to measure the impact on society, but there are many other ways to measure the negative effects of mental health inequities on society as a whole.

Only three of the major potential barriers to receiving adequate mental health care amongst ethnic minority groups in the US were addressed in this brief, but there are myriad more potential reasons. Additionally, minority groups face racial discriminations and other external threats that can worsen mental health status and outcomes. Further needs should be assessed and equitable care provided to ameliorate this growing public health concern.

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Did you know?

- American Indians/Alaskan Natives had the highest rates of PTSD and alcohol dependence compared to other ethnic/racial groups.[12]
- People identifying as two or more races are the most likely to report experiencing any mental illness in the past year, with American Indian/Alaska Natives ranking second.[12]

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