

Position Statement: Mental Health Care Disparities among Dekalb County Ethnic Minorities

Overview

NAMI Dekalb believes that all individuals have a right to quality mental health care. Numerous studies have established that mental illness can dramatically affect an individual's health and well-being. However, there are significant mental health care disparities among ethnic minorities. NAMI Dekalb supports increased measures to ensure that all members of the Dekalb community have access to the mental health treatment they need.

Background

Mental illness not only affects an individual's mental and emotional wellbeing but also affects physical health as well. Adults with mental illnesses, such as anxiety and depression, are much more likely to smoke, to be obese, to be physically inactive, or to binge drink (Strine et al., 2008). On average, people with a mental illness die 25 years earlier than the general population (Parks, Svendsen, Singer, Foti, & Mauer, 2009). This difference especially affects ethnic minorities, including African Americans who have the lowest life expectancy in the United States (Holden et al., 2014).

However, ethnic minorities are less likely than Caucasians to receive adequate mental health care. According to a 2014 study by SAMHSA, white adults used mental health services over 50% more than African Americans, Asians, and Hispanics (Samhsa & Quality, n.d.). Barriers to mental illness treatment for minority groups include poor access to care, stigma, and lack of awareness about mental health (Holden et al., 2014). Recent census data shows that over 70% of the Dekalb County population are ethnic minorities¹, with African Americans having the largest percentage at 54.7% ("Population estimates, July 1, 2015, (V2015)," n.d.). Therefore, the majority of Dekalb County is at risk of not receiving necessary and life-saving mental health treatment. NAMI Dekalb believes measures must be implemented to help mitigate this risk that affects so many members of our community.

¹ Includes African American, American Indian, Alaskan Native, Asian, Hispanic or Latino, Native Hawaiian, and Other Pacific Islander

Mental Health Care Barriers in DeKalb County

Lack of Mental Health Data

One of the main obstacles DeKalb county faces in improving minority mental health is that there is not a survey or reporting system to track rates of mental illness (DeKalb County Board, 2015). The DeKalb County Board of Health references data from the DeKalb Community Service Board (CSB). However, these statistics are based only on CSB clients and do not provide a complete picture of health for the entire county. To accurately understand the needs of our community, DeKalb County must have reliable, relevant mental health data.

Health Insurance

Health insurance remains one of the biggest obstacles to obtaining proper mental health care. In 2014, more than half the uninsured population was comprised of ethnic minorities ("Key Facts on Health and Health Care by Race and Ethnicity - Section 4: Health Coverage," n.d.). The DeKalb Community Service Board (CSB) reports that 45% of their approximately 12,000 clients are uninsured; also, 81% of the 12,000 are ethnic minorities (DeKalb, 2014). NAMI DeKalb believes that lack of insurance is a barrier that must be addressed.

Stigma

Another common barrier is the stigma surrounding mental illness in ethnic communities. Stigma can be described as a "combination of inaccurate or distorted beliefs, negative attitudes and discriminatory behaviour" (Knifton, 2012). Many people perceive those with mental illness as dangerous and weak of character. They believe individuals are at fault for their condition, cannot or will not work, and cannot make valuable contributions to their communities. (Knifton & Quinn, 2008). Depending on cultural values, the community reinforces these beliefs by shunning those who seek mental care or display mentally ill behaviors.

In addition to community stigma, minority individuals can also have a general mistrust of the mental health care system from past discriminatory experiences. Numerous studies report racial bias in mental health care institutions. For example, in a study published in *The Counseling Psychologist*, researchers found that "white-sounding" names received a call back for potential services at a 12% higher rate than stereotypically "black-sounding" names (Shin, Smith, Welch, & Ezeofor, 2016).

Minorities who have had negative experiences with mental health professionals outside the community might feel more comfortable in community-centered peer-led groups. Peer-led therapy programs are facilitated by individuals who have the mental illness being treated.

Studies show that peer-led treatment programs can be especially beneficial to socially disadvantaged groups (Druss et al., 2010). These programs can provide human connection to individuals who have been disregarded because of mental illness. They provide a sense of community and purpose. NAMI delivers several peer-led signature programs across the country that provide outstanding free education, skills training and support (NAMI, 2015). These programs can benefit ethnic minorities in Dekalb greatly.

Cultural competency training programs can help raise cultural awareness among mental health care professionals. For example, the CRASH Course in Cultural Competency program was developed at Morehouse School of Medicine to address these needs: "CRASH is a mnemonic for the following essential components of culturally competent health care--consider Culture, show Respect, Assess/Affirm differences, show Sensitivity and Self-awareness, and do it all with Humility. The goal of the CRASH-Course in Cultural Competency is to build confidence and competence in the clinician's ability to communicate effectively with diverse patient populations (Rust et al., 2006)

Although programs like CRASH can help bridge the gap between mental health professionals and ethnic minorities, alone they are not enough to break down cultural barriers. The mental health care provider population must be culturally diverse, like the populations it serves. In fact, racial/ethnic diversity in health care professions has been associated with improved quality care to diverse patient populations (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). However, ethnic minorities are drastically underrepresented in the mental health profession population. For instance, only 3.7% of members in the American Psychiatric Association are African American; only 1.5% of members in the American Psychological Association are African American. ("NAMI: National Alliance on Mental Illness | African Americans," n.d.). A genuinely culturally-centered program cannot exist without representation from all types of communities.

Call to Action

NAMI Dekalb proposes the following actions to improve the care of minority individuals in Dekalb County:

- Create a program to collect and analyze mental health data in Dekalb County.
- Develop programs that reduce the cost of mental health care for individuals without adequate insurance plans.
- Expand reach of culturally sensitive NAMI Signature programs into ethnic minority communities.
- Provide training for mental health professionals on cultural competency.
- Promote programs to increase diversity among mental health practitioners.

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