

# Mental Health and Ethnic Minorities

A Supplement to Mental Health:  
A Report of the Surgeon General

# Why ethnic minorities?

- Growing awareness of disparities in health care.
- Initial Report had scant coverage.
- Growing population.

# Immigration to the U.S.

- 1924 Immigration Act - national origins system - 2% of foreign-born in 1890.
- Until 1960, majority of all legal immigrants were from Europe and Canada.
- 1965 Immigration Act - 20,000 from each country in Eastern Hemisphere.

# Ethnic Minorities in U.S.

- 12% African American
- 12% Latino/Hispanic American
- 4% Asian American
- 0.7% American Indian/Alaskan Native

# Growing and More Diverse

- 30% of population.
- In 50 years - 57% of under 18.
- Immigration now worldwide.

# What is race?

## – Racism

- Indirect effects through stress, segregation, poorer education.
- Direct effects through inequitable distribution of medical resources

# Racism

- Legally sanctioned discrimination and exclusion of ethnic minorities is the rule, rather than the exception, for much of the history of this country.

# Poverty of Ethnic Minorities

- 8 % of White Americans
- 12 % of Asian Americans/Pacific Islanders
- 25 % of Black/African Americans
- 25% of Hispanic Americans
- 26% of American Indians/Alaskan Natives

# Culture Counts

- Risk factors/protective factors
  - family involvement/substance abuse/etc.
- Diagnostic factors
  - idioms of distress
  - culture bound syndromes
- Intervention factors
  - likelihood of quality care
  - environmental support/tolerance

# Need for Care

- Psychiatric diagnoses in community
- Symptoms of distress
- Culture bound syndromes
- Presence in vulnerable groups

# Vulnerable groups

- Homeless - 3-5 times higher rates of disorder than general community.
- Incarcerated - rates of serious mental illness 2-3 times greater than community.
- Children in foster care - are 8 times more likely to experience hospitalization than children in AFDC families.

# Vulnerable groups (Continued)

- Exposure to trauma - 20 years after the war Vietnam theater veterans 5 times more likely to have current PTSD than Vietnam era veterans - for women 9 times as likely.
- Alcohol/drug abuse - 2 to 3 times more likely to have anxiety or depression.

# Mental Health Care

- Availability of care
- Access to care
- Use of care
- Quality of care

# African Americans

- Historical Context
  - 50-100 million kidnapped into slavery
  - 1661 legalized slavery
  - 1865 slavery abolished
  - 1954 Brown v. Board of Education
  - 1964 Civil Rights Act
  - Whites attitudes still most negative

# African Americans today

- 55% live in South
- large inner city urban populations
- 38% children in two-parent families
- high school graduates similar to whites
- not only less income, less wealth
- poorer health status

# Need for Mental Health Care

- Community rates
  - ECA similar except older males with cognitive impairment
  - NCS similar, with lower rates of depression

# Vulnerable Populations

- Homeless - 40% African American
- Incarcerated - nearly 50% of all prisoners in state and federal jurisdictions are black.
- Foster care - 45% of the children in foster care are African American

# Exposure to violence

- More exposure in the community for youth and adults.
- More exposure of African Americans in Vietnam than whites.

# Summary of Need for Care

- African Americans in the community are similar to white Americans - despite poverty.
- African Americans are over-represented in vulnerable groups.

# Availability of Care

- African American care givers are rare
  - 2% of psychiatrists
  - 2% of psychologists
  - 4 % of social workers
- Availability of care in rural areas is limited

# Access to care

- Health insurance
  - 56% private health insurance
  - 21% public health insurance
  - 23% uninsured - 1.5times rate of whites

# Utilization of Care

- ECA - odds of African American with disorder receiving care about 1/2 that of whites.
- NCS - 15% with a mood disorder get help.
- African Americans with insurance less likely to get care than whites with insurance.

# Appropriateness of Care

- Mood disorders over-diagnosed as schizophrenic.
- Less likely to receive care for appropriate care for depression.
- Receive high doses of anti-psychotics.

# African Americans Summary

- Those in the community well but highly over-represented in vulnerable groups.
- Poorer availability, access and use of care.
- Poorer quality care when received.

# American Indians/Alaskan Natives

- Historical Context
  - European contact in 17th Century - exposure to disease.
  - 1820 Indian Removal Act - onto reservations.
  - 1887 Dawes Severalty Act - allotted land to Indians - lost surplus lands.
  - 1900's only 5% of original population survived.

# Historical Context Continued

- 1924 Congress granted citizenship.
- 1934 Indian Reorganization Act - civilizing and teaching Christianity-boarding schools.
- 1950's withdrew most support.
- 1970's began tribal authority.
- 1978 - granted religious freedom.

# American Indians/AN Today

- 1 in 5 lives on reservation (numbers grew substantially during the 1970's).
- 42% in rural areas
- 66% under 25 have completed high school
  - cross-over effect
- 27% female headed household (17% nation)
- poorer health, although improving

# Need for Mental Health Care

- No available community study.
- National telephone survey higher rating of poor mental health (CDC).
- Suicide rates 1.5 times national.

# Vulnerable Groups

- Homeless - 8% of U.S. homeless.
- Incarcerated - about 4% .
- Alcohol/Drugs - 27% of men and 13% women have alcohol related deaths.
- Fetal Alcohol Syndrome 2.97 (1,000) vs. .009 whites

# Vulnerable Groups (Cont.)

- Exposure to Violence
  - rate of violent victimization over twice that in the nation as a whole.
  - Northern Plains youth - 61% exposed to violence.
- Children in Foster Care
  - Prior to 1978, 25-30% children removed from families.

# Summary of Need for Care

- Rates in the community are unknown, but factors such as suicide rates suggest high rates of mental disorders are likely.
- Homelessness, incarceration, exposure to violence, and substance abuse major concerns.

# Availability of Care

- .0003% of physicians American Indian or Alaskan Natives
- 29 psychiatrists in U.S. are American Indian or Alaskan Native

# Access to Mental Health Care

- Only half of American Indians/Alaskan Natives have employer based insurance.
- 25% have Medicaid.
- Only 1 in 5 live near an IHS facility.
- More than 1/3 have no usual source of medical care.

# Use of Mental Health Care

- Very little data available on use of services - findings are inconsistent.
- Children more likely to receive care in juvenile justice than mental health system.

# Quality of Care

- Almost nothing is known regarding the quality of care of for American Indians and Alaskan Natives.

# Summary

- Little is known about rates of disorder or use of care.
- Of particular concern is exposure to violence and substance use and abuse in this population.

# Asian Americans

- Historical context
  - Early immigrants Chinese, Filipino, and Japanese.
  - 1882 Chinese Exclusion Act.
  - 1924 banned all immigrants from Asia except diplomats and students.
  - 1952 Asians first eligible for citizenship.

# Historical Context (Cont.)

- 1965 waves of Asians from China, Philippines, South Korea, and India.
- Southeast Asian refugees from Vietnam, Laos, and Cambodia.
- 1980-1990 Asian population in U.S. nearly doubled.
- 2/3 of Asians in U.S. not born here.

# Asian Americans Today

- Largest share of every Asian American group lives in California.
- 3/5 of Hmong live in Minnesota and Wisconsin
- Children more likely to live with both parents than any other group.
- Higher incomes overall - with some impoverished groups.

# Asian Americans Today

- Even among impoverished Hmongs - rates of attendance at college for those under 25 is similar to white population.
- Health status of Asian Americans generally better than white Americans.

# Need for Mental Health Care

- One study of Chinese Americans in LA
  - current rates of depression 3.4% vs. 10% in white Americans.
  - Follow-up at 18 months, those who speak English more likely to become depressed than those who do not speak English.
- Suicide rates 7% vs. 13% in whites.

# Culture Bound Syndromes

- Neurasthenia - 7% of Chinese Americans living in LA - more than half no DSM disorder.

# Vulnerable Groups

- Southeast Asian refugees have high rates of trauma exposure.
  - Cambodians highest level of trauma exposure, followed by Lao and Vietnamese.
  - Southeast Asian refugee children have high rates of PTSD and depression.
  - 48% of children surviving Pol Pot regime have current PTSD and 41% depression.

# Availability of Care

- Approximately half the ratio of providers as are available for white Americans.
- No data on language of providers, but nearly half of Asian Americans are not fluent in English.

# Access to Care

- 21% of Asian Americans lack insurance
  - 34% of Koreans
  - 20% Chinese/Filipinos
- Among low income Asians, 13% have Medicaid compared with 24% of low income whites.

# Use of Services

- Virtually every study finds that Asian Americans use less services than do any other group.
- Asians who do use care are often more disturbed than whites who use care.

# Quality of Care

- Asian Americans stay in care longer if care is ethnic specific.
- Little is known about quality of care received by Asian Americans.

# Summary of Asian Americans

- Little is known about mental health of diverse Asian groups.
- Overall indicators are good for Asian Americans.
- Asian Americans who do not care rarely use mental health services.
- Southeast Asian refugees are at high risk for disorder.

# Historical Context for Latinos

- Many Mexicans became citizens when territories from Texas to California became part of the U.S.
- The instability of the Mexican Revolution (early 1900's) brought many Mexicans to the U.S. - migration has continued from Mexico at a steady pace.

# Historical Context for Latinos

- Puerto Ricans began to immigrate in 1946 - displacement of agricultural workers in the Caribbean.
- Cubans influx when Batista government was overthrown by Fidel Castro in 1959 - largely professionals - others have continued to come with fewer resources.

# Historical Context Latinos

- Since 1970's, many Central Americans have come fleeing civil wars in their homelands.
- Citizenship
  - 100% Puerto Ricans
  - 51% Cubans
  - 15% Mexican Americans

# Latinos in the U.S. Today

- Largest in the Southwest.
- Only 14% households one person (30% white and black).
- 20% single parents (9% Whites).
- 1996 - 57% of Hispanics ages 18-24 completed high school. Nearly half of all foreign-born Latinos drop out of high school.

# Health of Hispanics

- Latinos have lower infant mortality than do white Americans.
- Similar socioeconomic to African Americans, but less than 1/2 infant mortality rate.
- Health indicators for Puerto Ricans worse than for other Latinos.

# Need for Care

- Mexican Americans come to the U.S. with significantly lower rates of mental disorders than do white Americans .
- 25% of Mexican immigrants have a disorders as compared with 48% of Mexican Americans born in the U.S.
- Rates increase after 13 years in U.S.

# Need for Care (continued)

- Rates are similar for most other Latino groups, although there is some indication that Puerto Ricans in New York have high rates of depression.
- Latino youth and children show more evidence of disorder than do adults.

# Culture Bound Syndromes

- Ataque de nervios - screaming uncontrollably, attacks of crying, trembling, and becoming verbally or physically aggressive found in 14% of Puerto Rican population.

# Vulnerable groups

- Incarcerated
  - Approximately 9% of Hispanics are incarcerated, as compared with 3% whites.
  - Hispanic men are 4 times more likely to be in prison during their lives than white men.
- Exposed to trauma
  - Central American at high risk for exposure to trauma

# Vulnerable Groups (cont.)

- Substance abuse
  - Latino males who are U.S. born are at somewhat higher risk for substance abuse than are white men.

# Summary of Need

- Latinos come to the U.S. with low rates of mental disorders.
- Rates increase over time.
- Latino youth appear to be at increased risk for disorders.
- Latinos are over-represented among incarcerated and those exposed to violence.

# Availability of Care

- Only 22% of Latinos speak English well.
- Ratio of mental health workers to population:
  - Latinos 29/100,000
  - Whites 173/100,000

# Access to Care

- 37% of Latinos are uninsured - nearly double the rate of white Americans
- Only 43% have workplace coverage, compared with 73% of white Americans.
- 18% have Medicaid.

# Utilization of Care

- Latinos are less likely to use care than are white Americans.
- Latinos with mental disorders are less likely to use care than are white Americans.
- Less acculturated Latinos who need care are less likely to seek care than are more acculturated Latinos who seek care.

# Quality of Care

- Latinos with bipolar disorder are more likely to be misdiagnosed as schizophrenic as compared with whites.
- Nationally, Latinos who do receive care are less likely to receive guideline concordant mental health care than are white Americans.

# Summary of Latinos

- Latinos have increasing rates of disorders through time living in the U.S.
- Latino youth have low rates of graduation from high school and high rates of mental disorders.
- Latinos are less likely to receive any care or appropriate care than are white Americans.

# Conclusions

- Culture counts.
- Disparities exist in availability, access, and use of care, as well as in quality of care received.
- Of particular concern is the over-representation of minorities in vulnerable groups.