**African American Population**

- African Americans make up 13.3% of the US population.¹
- African American communities across the US are culturally diverse, with immigrants from African nations, the Caribbean, Central America, and other countries.
- About 27% of African Americans live below the poverty level compared to about 10.8% of non-Hispanic whites.²
- Approximately 30% of African American households are headed by a woman with no husband present, compared with about 9% of white households.³

**Health Challenges**

- Approximately 11% of African Americans are not covered by health insurance, compared with about 7% for non-Hispanic whites.⁴
- Death rate for African Americans is higher than whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.⁵
- CDC estimates that African Americans represented more than one-third (40% or 498,400 persons) of all people living with HIV and almost half (45%) of all persons with newly diagnosed infection in 2015.⁶
Mental Health Status, Use of Services, and Disparities

- Rates of mental illnesses in African Americans are similar with those of the general population. However, disparities exist in regard to mental health care services. African Americans often receive poorer quality of care and lack access to culturally competent care.7

- Only one-in-three African Americans who need mental health care receives it.8

- Compared with non-Hispanic whites, African Americans with any mental illness have lower rates of any mental health service use including prescriptions medications and outpatient services, but higher use of inpatient services.9

- The rate of illicit drug use among African Americans is slightly higher than the national average (12.4% vs 10.2%). Rate of alcohol use is slightly lower than the national average (44.2% vs 52.7%) including heavy drinking (4.5% vs 6.2%) and binge drinking (21.6% vs 23%).10

- Rate of opioid overdose among African Americans (6.6%) is less than half of that for non-Hispanic whites (13.9%).11

- Compared with whites, African Americans are:
  - Less likely to receive guideline-consistent care
  - Less frequently included in research
  - More likely to use emergency rooms or primary care (rather than mental health specialists)12
• Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy.¹³

• Compared with whites with the same symptoms, African Americans are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders. Differences in how African Americans express symptoms of emotional distress may contribute to misdiagnosis.¹⁴

• Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant, and engaged in 33% less patient-centered communication with African American patients than with white patients.¹⁵

• Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.¹⁶,¹⁷

Barriers to Care

Despite recent efforts to improve mental health services for African Americans and other minority groups, barriers remain regarding access to and quality of care. The barriers include:

• Stigma associated with mental illness
• Distrust of the health care system
• Lack of providers from diverse racial/ethnic backgrounds
• Lack of culturally competent providers
• Lack of insurance, underinsurance

Other common barriers include: the importance of family privacy, lack of knowledge regarding available treatments, and denial of mental health problems. Concerns about stigma, medications, not receiving appropriate information about services, and dehumanizing services have also been reported to hinder African Americans from accessing mental health services.

To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA's Cultural Competency webpage at https://www.psychiatry.org/psychiatrists/cultural-competency.
Footnotes

9 Substance Abuse and Mental Health Services Administration. “Racial/ Ethnic Differences in Mental Health Service Use among Adults.” 2015.
11 Kaiser Family Foundation. “Opioid Overdose Deaths by Race/Ethnicity (2012-2015).” 2017. http://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?dataView=2&activeTab=graph&currentTimeframe=O&startTimeframe=3&selectedDistributions=white-nonhispanic--black-non-hispanic--hispanic&selectedRows=%7B%22wrapups%22:%7B%22united-states%22,%7B%7D%7D%7D%7D%7D%7DsortModel=%7B%22coll d%22:%22Location%22%22sort%22:%22asc%22%7D

This resource was prepared by the Division of Diversity and Health Equity. It was updated by Phillip Murray, M.D., and reviewed by Danielle Hairston, M.D., and the Council on Minority Mental Health and Health Disparities.
American Indian and Alaska Native Population

- Approximately 2% of the U.S. population – 6.6 million Americans – self identify as having American Indian/Alaska Native (AI/AN) heritage.¹
- About two-thirds live in urban, suburban, or rural non-reservation areas; about one-third live on reservations.¹
- As of 2017, there are currently 567 federally-recognized AI/AN tribes; they are culturally diverse and speak more than 200 languages.¹
- Newly born AI/ANs have a life expectancy that is 4.4 years less than the rest of the nation—73.7 years compared with 78.1 years, respectively.²
- AI/ANs have the highest poverty rate of any race/ethnic group, with 26.6% living in poverty (The national poverty rate is 14.7%).¹
- Approximately 21% of single-race AI/ANs lack health insurance coverage in 2015 as compared with 9.4% of the general US population who lacked health insurance coverage.¹
Mental Health Status and Disparities

Research indicates that AI/AN populations have disproportionately higher rates of mental health problems than the rest of the US population. High rates of substance use disorders (SUDs), posttraumatic stress disorder (PTSD), suicide, and attachment disorders in many AI/AN communities have been directly linked to the intergenerational historical trauma forced upon them, such as forced removal off their land and government-operated boarding schools which separated AI/AN children from their parents, spiritual practices, and culture. 1

- In 2014, approximately 21% of AI/ANs ages 18 and up reported past-year mental illness, compared with 17.9% for the general population. 2
- AI/AN children and adolescents have the highest rates of lifetime major depressive episodes and highest self-reported depression rates than any other ethnic/racial group.
- In 2014, suicide was the second leading cause of death for AI/ANs between the ages 10 and 34. Suicide was the leading cause of death for AI/AN girls between ages of 10 and 14; in AI/AN females from ages 15 to 19, rates of completed suicides were almost 4 times higher than white females counterparts. 3
- In 2014, approximately 9% of AI/ANs ages 18 and up had co-occurring mental illness and substance use disorder in the past year—almost three times that of the general population. 4
- The overall rate of alcohol consumption among AI/AN (43.9%) is significantly lower than the national average (55.2%). However, there are differences by age and region and tribe, with some tribes having distinctly higher and lower rates. 5
- National data shows a higher prevalence and earlier initiation of drug and alcohol use among AI/AN youth ages 17 and younger, compared with all other races/ethnicities. 2

Mental Health Service Utilization

Mental health service utilization rates for AI/ANs are low, which is likely due to a combination of factors, including stigmatization of mental health, lack of culturally trained providers, and lack of available services. 6

Cultural Health Practices of American Indians/Alaska Natives

Traditional healing systems are important in the treatment of AI/AN communities. These systems focus on balancing mind, body, and spirit via a connection with place and land. Some AI/AN populations believe that traditional-based healing practices have potential to help address mental health care needs within their communities. Research shows that Indigenous men and women who meet criteria for depression/anxiety or substance use disorder are significantly more likely to seek help from traditional/spiritual healers than from other sources. 7

Protective Factors are concepts that are key to the “cultural context, identity, adaptability, and perseverance” of AI/ANs. Protective Factors includes holistic approaches to life, a desire to promote the well-being of the group, an enduring spirit, and respect for all ways of healing. 8

Strengths and protective factors common to AI/ANs include:

- A strong identification with culture
- Family
- Enduring spirit (stubborn, hard to accept change)
- Connection with the past
- Traditional health practices (e.g., ceremonies)
- Adaptability
- Wisdom of elders
Some key protective factors against suicide attempts among AI/AN youth include: 13

- Discussion of problems with family or friends,
- Connectedness to family
- Emotional health

Barriers to Accessing Mental Health Services

Key barriers to accessing mental health treatment for AI/ANs include:

- Economic barriers (cost, lack of insurance)
- Lack of awareness about mental health and available services
- Stigma associated with mental illness
- Lack of culturally sensitive mental health services
- Mistrust of health care providers
- Lack of appropriate intervention strategies (including integration of mental health and primary health care services)

To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA’s Cultural Competency webpage at https://www.psychiatry.org/psychiatrists/cultural-competency.

Resources

- The National Center for American Indian and Alaska Native Mental Health Research- http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/NCAIANMHR/Pages/ncaianmhr.aspx
- Indian Health Service/Behavioral Health- https://www.ihs.gov/communityhealth/behavioralhealth/
- National Indian Health Board- http://www.nihb.org/
- Urban Indian Health Institute- http://www.uihi.org/
- One Sky Center American Indian/Alaska Native National Resource Center for Substance Abuse and Mental Health Services- http://www.oneskycenter.org/
- National Council on Urban Indian Health- https://www.ncuih.org/index
- SAMHSA American Indian/Alaska Native Culture Card- https://store.samhsa.gov/shin/content/SMA08-4354/SMA08-4354.pdf
- Facts for Features – American Indian and Alaska Native Heritage Month: November- https://www.census.gov/newsroom/facts-for-features.html
Footnotes


7 Substance Abuse and Mental Health Services Administration, Tribal Technical Advisory Committee, Indian Health Services, National Indian Health Board. National Tribal Health Agenda. Rockville, MD: SAMHSA, 2016.


This resource was prepared by the Division of Diversity and Health Equity. It was updated by Mira Zein, M.D., M.P.H, and reviewed by Mary Roessel, M.D. and the Council on Minority Mental Health and Health Disparities.
Introduction

A total of 23.8 million Americans identify as Asian American or Pacific Islanders (AA/PIs), making up 7.2% of the US population. AA/PIs consist of approximately 50 subpopulations which have ancestral ties to such places as China, India, Hawaii, and Guam. The population is very diverse in terms of ethnicity, culture, religion, history, and language, among other identifiers.

Asian Americans, specifically, are the fastest-growing racial/ethnic group in the U.S. Between 2000 and 2015, the population grew by 72%. Approximately 6.7% of the U.S. population—an estimated 22.2 million people—self-identify themselves as Asian American, alone. Current data shows California, New York, Texas, New Jersey, Illinois, Washington, Florida, Virginia, Hawaii, and Massachusetts has the largest population of Asian Americans.

Collectively, AA/PIs speak more than 100 languages across subpopulations. English proficiency varies among Asian Americans, with data showing 30% of the population not being fluent in English. According to research, 44.8% of Chinese, 20.9% of Filipinos, and 18.7% of Asian Indians are not fluent in English.

Socio-economic Status

Socio-economic status for AA/PIs ranges widely. Overall, the economic status of Asian Americans, alone, exceeds that of other racial and ethnic groups. According to recent Census data on income and earnings, the median household income of Asian Americans is $81,331, as compared with $68,145 for non-Hispanic whites. As for Pacific Islanders, alone, the average household income is $60,734.

However, 11.1% of Asian Americans and 15.4% of Pacific Islanders live at the poverty level, compared with 9.6% of non-Hispanic whites. Poverty rates vary even wider among AA/PI subgroups. For example, the poverty rate for Filipinos is 6.0%; compared with 16.2% for the Hmong.

<table>
<thead>
<tr>
<th>Population</th>
<th>Median Household Income (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$68,145</td>
</tr>
<tr>
<td>Black</td>
<td>$40,258</td>
</tr>
<tr>
<td>Asian</td>
<td>$81,331</td>
</tr>
<tr>
<td>Hispanic</td>
<td>$50,486</td>
</tr>
<tr>
<td>Pacific Islanders</td>
<td>$68,145</td>
</tr>
</tbody>
</table>


Insurance Coverage Among Asian Americans, 2017

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Asian Americans</th>
<th>Pacific Islanders</th>
<th>Non-Hispanic Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance</td>
<td>73.7%</td>
<td>66.9%</td>
<td>75.4%</td>
</tr>
<tr>
<td>Public Insurance</td>
<td>26.3%</td>
<td>33.5%</td>
<td>33.7%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>6.6%</td>
<td>8.3%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Life Expectancy/Health

AA/PIs have the highest life expectancy of any ethnic group in the US, averaged at 80 years compared with 79.8 years for non-Hispanic whites.

Rates of health insurance coverage among AA/PIs averages at 70.3% for private insurance and 29.9% for public insurance. A total of 7.5% of AA/PI are uninsured, compared with 5.9% for non-Hispanic whites. 5,6

Mental Health Status, Use of Services, and Disparities

Research shows that 2.7 million AA/PIs have a mental and/or substance use disorder (SUD). 7

Asian Americans, alone, report fewer serious psychological distress compared with non-Hispanic whites and other racial and ethnic groups, 8 while Hawaiian/Pacific Islander adults report similar rates of mental illness as compared with non-Hispanic whites. 9

Suicide was a leading cause of death for Asian Americans, alone, from ages 15 to 24, in 2017. However, the overall suicide rate for Asian Americans is half than that of the non-Hispanic whites. 8

Southeast Asian refugees are likely to receive a diagnosed with post-traumatic stress disorder (PTSD) associated with immigration. A study reported that 70% of Southeast Asian refugees receiving mental health treatment were diagnosed with PTSD. 8

Asian Americans, alone, have lower rates of substance abuse and alcohol use as compared with all other subgroups within the population and the general US population. Data shows that 4.8% of Asian Americans have an SUD, compared with 7.4% among the general population. Rates of alcohol use disorder and binge drinking among Asian Americans are, respectively, 3.8% and 14.7%. 7

AA/PIs are least likely to seek mental health services than any other racial/ethnic group. 7 AA/PIs are three times less likely to access mental health services than their white counterparts. 10

Cultural barriers include:

Several cultural and structural barriers prevent AA/PIs from accessing mental health services. 10 These Include the following:

- The myth of model minority—racial/ethnic minority group perceived to achieve a higher degree of socioeconomic success than the population average—creates an unreasonable pressure on people to meet societal and familial expectation...
leading to poor mental health well-being.

- Lack of understanding about mental health and associated stigma, especially among first-general immigrant AA/PIs lead to denial or neglect of mental health issues. Often mental illness is considered a weakness and source of shame/burden among the community.

**Structural barriers include:**

- Lack of cultural competency among service providers may lead to misdiagnosis and underdiagnosis of mental health problems for the AA/PIs.
- Insufficient multilingual services in healthcare system makes it difficult for AA/PIs to access mental health treatment.

**Some other challenges:**

- Lack of or insufficient health insurance, immigration status and high cost of mental health services increase challenges for A/PIs to seek mental health treatment

- Lack of accurate data, evaluation, and research on AA/PIs
- Lack of appropriate intervention strategies for diverse AA/PI populations (including integration of mental health and primary health care services)
- Lack of involvement of AA/PI individuals and family members

**Resources:**

2. Asian American Psychological Association www.aapaonline.org
3. Association of Asian Pacific Community Health Organizations www.aapcho.org
4. Center for the Pacific Asian Family www.cpaf.info
5. Center for Multicultural Mental Health Research www.multiculturalmentalhealth.org
7. National Asian American Pacific Islander Mental Health Association www.naapimha.org
8. National Asian Pacific American Families Against Substance Abuse www.napafasa.org
11. NiCOS Chinese Health Coalition (San Francisco) www.nicoschc.org

**References:**


This resource was prepared by the Division of Diversity and Health Equity. It was authored by Raissa Tanqueco, M.D. and Sejal Patel, M.P.H., and was reviewed by Vabren Watts, Ph.D.
Hispanic and Latino Population

The U.S. Hispanic/Latino community is very diverse and includes people from many different nations and races. While many have lived in the U.S. for many generations, others are recent immigrants who may face inequities in socioeconomic status, education, and access to health care services. There are many misconceptions and stereotypes about who is considered Latino, including the difference between the terms “Latino” and “Hispanic.”

- **Hispanic:** usually refers to language and those whose ancestry comes from Spain or Spanish-speaking countries.
- **Latino:** usually refers to geography and specifically, to Latin America which includes individuals from the Caribbean, South America, and Central America.
- More than 17.6% of the U.S. population (56.6 million) self-identify as Hispanic or Latino, making people of Hispanic origin the nation’s largest racial/ethnic minority. ¹
- From 2015 to 2016, Hispanic population grew by 2% (up to 57.5 million) in the U.S. By 2060, Hispanics are expected to make up 30% of the total population (129 million). ²
- Hispanics are the youngest major racial/ethnic group in the U.S.: 1/3 of the nation’s Hispanic population is younger than 18. ³
- Approximately 16.4% of Hispanics in the U.S. held a bachelor’s degree or higher in 2016, compared with 37.3% for non-Hispanic whites and 23.3% for non-Hispanic blacks. ²
### Mental Health Service Use in the Past Year among Adults with Any Mental Illness, by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Service Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>46.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>29.8%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>41.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>18.1%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>27.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44.8%</td>
</tr>
</tbody>
</table>

Source: SAMHSA, 2013

### Mental Health, Utilization of Services, and Disparities:

- Hispanics are at lower risk of most psychiatric disorders compared with non-Hispanic whites. 7
- U.S.-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants. 4
- Studies have shown that older Hispanic adults and Hispanic youth are especially vulnerable to psychological stresses associated with immigration and acculturation. 5
- Approximately 1 in 10 Hispanics with a mental disorder use mental health services from a general health care provider, while only 1 in 20 receive such services from a mental health specialist. 6
- Hispanics are more likely to report poor communication with their health provider. 5
- Nationally, 21.1% of Hispanics are uninsured, compared with 7.5% of White non-Hispanic Americans. 7

### Disparities in Hispanic/Latino Children and Adolescents

- Hispanic children and adolescents are at significant risk for mental health problems, and in many cases at greater risk than white children. 9
- Among Hispanic students in grades 9-12 in 2015: 18.9% had seriously considered attempting suicide, 15.7% had made a plan to attempt suicide, 11.3% had attempted suicide, and 4.1% had made a suicide attempt that resulted in an injury, poisoning, or overdose that required medical attention. These rates were consistently higher in Hispanic students than in white and black students. 10
- In 2014, Hispanic and white adolescents aged 12-17 in the U.S. were more likely than black or Asian adolescents to have initiated alcohol use or cigarette use in the past year. About 10% of white and Hispanic adolescents initiated alcohol use, compared with 7.3% for blacks and 4.7% for Asian. Approximately 3.9% of Hispanic adolescents initiated cigarette use, compared with 5.8% for blacks and 2.2% for Asian.
Barriers to Accessing Mental Health Care

- Lack of insurance or inadequate insurance
- Lack of knowledge/awareness about mental health problems and services available
- Cultural stigma associated with mental illness
- Language
- Lack of culturally tailored services and culturally competent mental health professionals
- Shortage of bilingual or linguistically trained mental health professionals
- Difficulties recognizing incipient signs of mental illness
- Problems identifying psychiatric symptoms when chief complaint is somatic symptom

To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA’s Cultural Competency webpage at https://www.psychiatry.org/psychiatrists/cultural-competency.

Resources

- National Council of la Raza (NCLR) www.nclr.org
- National Hispanic Medical Association www.nhmamd.org
- American Society of Hispanic Psychiatry (ASHP) http://americansocietyhispanicpsychiatry.com/
- National Alliance for Hispanic Health (NAHH) http://www.healthyamericas.org
- National Alliance on Mental Illness (NAMI) www.nami.org
- Mental Health America (MHA) http://www.mentalhealthamerica.net
- League of United Latin American Citizens (LULAC) www.LULAC.org

with 3.5% for white adolescents, 2.2% for black adolescents, and 1.5% for Asian adolescents. 11

- Hispanic adolescents are half as likely than white adolescents to use antidepressants. 12
- Hispanic children are half as likely as white children to use stimulants to treat disorders such as attention deficit/hyperactivity disorder (ADHD) and attention deficit disorder (ADD). 13
Footnotes


This resource was prepared by the Division of Diversity and Health Equity. Updated and reviewed, respectively, by Maria Jose Lisotto, M.D., and the Council on Minority Mental Health and Health Disparities.