

Pursuing Equity in Mental Health

Introduction

In recent years, there has been a societal awakening to the mental health issues affecting communities across America. Access to mental health services is crucial to ensuring the well-being and safety of the population. Unfortunately, there are many social and political factors that limit health equity and negatively impact the lives of American people. Specifically, the nation's racial and ethnic minorities experience disparities in receiving mental health care. According to the American Psychological Association, "in 2019, the highest percentage of adults with perceived unmet needs was among those who identify as being of two or more races" (Conroy et al, 2021). Further, the Congressional Black Caucus Emergency Task Force on Black Youth Suicide and Mental health reported that suicide death rate among Black youth is increasing at an alarming rate, faster than any other racial/ethnic group, with Black youth under 13 being twice as likely to die by suicide as their White counterparts.

The Pursuing Equity in Mental Health Act aims to raise awareness for this emerging mental health crisis that is disproportionately affecting Black youth. It is even more relevant now in light of the Covid-19 pandemic, which has intensified racial injustices and worsened mental health trends. This bill is essential in reducing the disparities seen in communities of color. According to congresswoman Ilhan Omar, "Shame, socioeconomic status, lack of trust and lack of access all remain barriers in mental health, leading so many African-Americans to suffer in silence." The taskforce has identified these issues and has developed solutions that have led to the key points of this legislation.

Key Points & Implementation

The purpose of this bill is to create and expand programs aimed at addressing the ethnic and racial disparities that exist in mental health services. This grant is a critical step towards increasing equity of mental health services, as it will authorize \$805 million in funding to support research, improve access to culturally competent providers, build outreach programs to reduce stigma, and develop a training program for providers to manage disparities.

The Department of Health and Human Services awards grants to establish interprofessional behavioral health care teams in areas with a high proportion of racial and ethnic minority groups. Grants may also support the establishment of a more extensive curriculum on addressing mental health disparities for behavioral health professionals including social workers and psychologists, among others. Grants will increase funding for research on mental health disparities in youth of color and promote advocacy and outreach to racial and ethnic minority groups.

Why this Strategy?

While it is possible that one strategy to rectify the lack of equity in access to mental health resources for minority youth could be to allocate more funding towards community mental health clinics for this population, this strategy is unlikely to address the mechanisms by which the inequities arise in the first place. Health disparities among minority populations are often caused by complex interactions among

multiple factors including individual, genetic, and environmental risk factors (Chasnoff et al., 2015). Pervasive structural inequities and social determinants of health are often found to be primary causes underlying health disparities (Brendgen et al., 2010). Structural barriers such as racism and poverty are known to negatively impact access to and pursuit of mental health care. This is evidenced by the propensity of Black youth to be less likely to receive outpatient treatment compared to White youth, even when other variables are controlled for (Breland-Noble et al., 2011). Moreover, there is a significant lack of research aimed at understanding the mental health needs of minority youth, especially with regards to suicidal behaviors and depression (Tynes et al., 2019). Black youth may express symptoms differently than White youth, such as expressing depression through more externalizing symptoms (Rosselló & Bernal, 1999). Black youth are more likely to be psychiatrically hospitalized for these symptoms compared to White youth and are more likely to become involved in the juvenile justice system because of these symptoms, which understandably can result in this population being less likely to present for treatment or drop out before termination. Unless these structural barriers are accounted for, simply allocating funds to increase the opportunities for mental health care for minority youth will not adequately address the emerging mental health crisis faced by America's minority youth.

Conclusion

It has been clearly established that there is a lack of mental healthcare for ethnic minorities compared to their White counterparts. As the mental health crisis intensifies among minority youth, there is a need to expand awareness and provide accessible, culturally appropriate care to this population. We strongly advocate for research, outreach, and training for mental health professionals to be prioritized over simply providing more funding to clinics because of the lack of information related to mental health outcomes and the health disparities that exist as a result of the interaction of multiple factors. By increasing funding aimed at addressing the ethnic and racial disparities that exist in mental health service, access to culturally informed mental health care can be provided to a population that is often overlooked and misunderstood.

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