Keeping Color in Mind: Racial Disparities within Mental Health Care

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Health is a fundamental human right, not a privilege, or is it? Systematic issues curated throughout history have fostered the existence of public health disparities at all levels. Still, the level of impact and who it has affected most almost directly correlates with the color of one's skin. While medical health inequality remains a pressing matter for disadvantaged groups, the mental health concern for people of color (POCs) is neither researched nor discussed enough. Despite the multitude of barriers, it is critical to address mental well-being to prevent and eliminate suicides, introduce strategies to reduce the impacts of mental illness and consider the role that race has when administering tests and treatment. The review of relevant literature will analyze the current research done on racial prejudices and how they adversely affect marginalized groups, why they continue to exist despite prior efforts, and proposed solutions to challenge these discrepancies. Its objective is to increase awareness and education regarding mental health disparities and how they relate to people of color to ultimately aid in diminishing the continuation of these unjust practices and catalyze vital changes in both POCs' right to impartial access and quality of mental health care.

Keywords

Trends of Mental Health Care Discrimination

Vulnerable communities, in regards to mental health care, are overlooked, dismissed, and consistently receive less access to and poorer treatment compared to their white counterparts. Using three

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distinct measures of access- the utilization of any mental health services, outpatient care, and the use of psychotropic medication- medical expenditure survey panels from 2004–2012 identified significant disproportionate trends across black, Hispanic, and Asian populations (Cook et al. 2017). However, the measures of access used in the research excluded homeless populations and included analyses that predated the Affordable Care Act (ACA). Homelessness and the ACA encompass those who struggle with financial burdens, meaning the study excluded the people within these groups who have the greatest difficulty in gaining access to mental health care. Despite these limitations, the vast differences in access between races are evident: in Black and Hispanic populations, racial prejudice increased regarding access to mental health care and medication distribution, and the disparities in Asians were found to be greater than any other group (Cook et al., 2017). Similar findings also proved through survey data that students of color face high levels of mental health concerns and congruently discrimination in treatment use (Lipson et al., 2018). These discoveries confirm that prejudices for minorities are prevalent in younger and older adults.

Although several studies have revealed mental health for racial-ethnic minorities is poorer in comparison to whites, little has been done to alleviate these injustices. In fact, they continue to increase (Cook et al., 2017). Lipson et al., (2018) stated a "growing body of evidence demonstrating a connection between mental health and college degree completion." Younger adults are the most vulnerable as mental illnesses first onset in their mid-20s. In this sense, students of color who are the most at-risk for developing mental illnesses are also the ones who are most discriminated against when accessing mental health care or treatments. Society sets up young minority persons for hardship: poor mental health could potentially cause complications in completing their education which means they are less likely to find higher-paying jobs leading to financial strain. Those obstructions in turn create an even harder time for a racial-ethnic person to access mental health care and treatment they so desperately need. And even then, it will still not be the same degree of quality as a white person would receive. Society also fails to consider cultural implications that determine people of color's experiences with mental health care.

Patient versus Provider: Preferences and Perceptions

Cultural differences greatly impact how receptive varying communities are to the topic of mental health as well as mental health care. It is vital to consider how patients of color perceive mental health and treatment and how providers must be culturally competent in how they deliver care to reduce racial inequality. In a study conducted by Lee et al. (2021), African American and Asian American participants were administered questionnaires to better understand their perspectives on the value of mental health issues, treatment, and provider preferences. They found despite the two groups' vulnerability to mental health issues, African Americans endorsed the screening needs for depression more so than Asian Americans and preferred to seek treatment from a physician rather than medication more than Asian Americans. The variance can be explained by comparing and contrasting the cultures and cultural barriers of both minorities. African Americans have a high risk and are more predisposed to depression, substance abuse disorders, and post-traumatic stress disorder than other racial groups (Lee et al., 2021). Nonetheless, African Americans have a greater sense of community and because of this, they are more willing to acknowledge and communicate mental health problems. Instead of severe actions like suicide, African Americans rely on harmful coping mechanisms like drugs and alcohol that lead to depression. On the other hand, while Asian

Americans in the study were well aware of the mental health concerns in their communities, they still were less likely to endorse mental health care screening and treatment involving communication with a physician. Other research found suicidal ideologies affected older Asian Americans at the highest rate and African Americans at the lowest (Lee et al., 2021). This may be because of Asian customs where it is taboo to speak about how one feels as the family takes priority over individuals. The generational trauma passed down from the Asian immigrant experience could also be a large contributor to these statistics.

Furthermore, cultural barriers hinder these groups' ability to acknowledge or seek mental health care: these inequalities can be attributed to the fact that these populations are unlikely to seek help to begin with which may be due to cultural differences as many racial minorities do not acknowledge mental health or do not necessarily have the appropriate language to be able to bring it to light. Stigma, biases, and language barriers also prevent POCs from seeking mental health diagnoses or treatment. Interviews with white mental healthcare providers were thematically analyzed and provided insight into how their prejudice and perceptions of race, specifically black patients, influence their care. The investigation showcased that "mental healthcare providers can value intersectionality and still hold to racist ideologies" (McMaster et al., 2021). In this respect, institutions and mental healthcare providers are also accountable for the discrepancies in racial-ethnic group care and must incorporate cultural competency education in their practices. Cultural competency is an approach that calls for providers to understand the backgrounds of their patients along with their self-reflection (Kirmayer & Jarvis, 2019). It is crucial for uncomfortable topics for white providers, such as race, to be brought up and discussed in practice. Kirmayer and Jarvis (2019) mention that discomfort can be reduced through community projects or by including black voices in teaching cultural competency. These activities allow providers to gain a greater understanding of minority identities and better their communication and care with their patients of color. To implement lasting changes in mental health care discrimination, it is critical to understand the needs and preferences of POCs, re-evaluate and reconstruct their systems to provide culturally competent care, and how both factors interact with each other to promote intersectionality.

Review of Strategies to Combat Disparities

In earlier literature, little to no efforts were made to protect racial-ethnic minorities from inequities in mental health care. In recent years, several models have been created to address race, identify what problems remain, and call for policies to enact proper change. Psychiatrists Kirmayer and Jarvis (2019) discuss the context of culture while reviewing and outlining the strengths and limitations of varying existing strategies such as cultural competence of institutions and health care systems, cultural safety, and the usage of language interpreters. These specific methods underline how mental healthcare systems must be conscious of and realize the importance of examining the context of historical oppression, social climate, and discriminatory power dynamics. These multifaceted factors play pivotal roles in cultivating quality policies to ensure equitable healthcare for minority demographics. Implementing community-based targeted interventions and policy reforms is imperative to address pervasive biases and accessibility barriers. For instance, an effective approach may include introducing cultural competency training in community health programs, and ensuring healthcare professionals deliver care to patients from diverse backgrounds with humility. Initiatives based on culturally tailored care could provide spaces for those from minority backgrounds to

access culturally sensitive resources, reduce implicit biases in care, and receive support from peers or healthcare providers who understand their specific needs. Alongside establishing cultural humility for racial-ethnic minorities, policy reforms could ensure standardized equitable access by addressing systemic barriers that perpetuate disparities in mental healthcare. Removing financial obstacles (Cook et al., 2017) could allow individuals to access necessary mental health services, unrestricted by insurance conflict or financial burden.

Additionally, educating and promoting mental health initiatives (Lee et al., 2021) and addressing race in clinical settings (McMaster et al., 2021) could serve to destigmatize mental illness and raise awareness of available resources for the targeted communities. Reforms such as these could also allocate funding for community outreach programs and mental health education campaigns to empower underserved people to seek appropriate care. Thus, the challenge for public health workers, policymakers, and mental health care providers is to further research and utilize upstream approaches while considering cultural contexts to ultimately reduce discrimination and inequality for people of color. By addressing the social determinants and building on existing strategies, mental healthcare systems can develop holistic practices to combat the burdens related to race.

Conclusion

Mental health care injustices based on race, persistently harm those most in need of mental health services. This is emphasized by the of failure institutions and providers to recognize the needs and preferences of minority communities, effectively deterring POC adults from accessing and receiving fair treatment. It is well understood that mental health disparities and many other health discrepancies are inherently linked to the intersectionality of race, socioeconomic status, and cultural background. Achieving just treatment for disadvantaged people requires a deeper understanding of the minority experience and the incorporation of cultural competence into both clinical settings and everyday life.

Disparities in mental healthcare remain an emerging area of study with much to explore regarding challenges in quantitative methodology and a lack of transparency in participant representation. Researchers must extend beyond current limitations, recognizing the complexity of mental health injustices and the systemic forces that perpetuate them. Therefore, research models must critically consider the systematic issues hindering equality in mental health care to facilitate nuanced understandings of target demographics and enable the development of unique, curated mental healthcare interventions. As advocates for underserved populations, it is imperative to push for research exploring the complex intersectionality of mental health with other aspects of identity and experiences. This expanded agenda will enable nuanced understandings of target demographics to create unique and curated mental healthcare interventions. Ideally, health would and should be a right as national health organizations advocate. Yet, it is how we, as a society, allow social determinants of health to contribute to health disparities in all aspects; further understanding of the minority experience, and how to incorporate cultural competence into practice, not just in clinical settings but in everyday life, is necessary to encourage just treatment for disadvantaged people everywhere.

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