Black, Indigenous, and People of Color (BIPOC) Mental Health Fact Sheet

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According to the National Institute of Mental Health, nearly one in five U.S. adults live with a mental illness (52.9 million people in 2020). While People of Color (POC) have rates of mental health disorders similar to Whites, these disorders are more likely to last longer and result in more significant disability for POC. Most mental illness goes untreated, especially in communities of color. Forty-six percent of Whites with any mental illness (AMI) received mental health services in 2015, compared to 30% of Blacks and 27% of Hispanics.

According to SAMHSA, "service cost or lack of insurance coverage was the most frequently cited reason for not using mental health services across all racial/ethnic groups." A 2021 report by HHS cites "persistent systemic social inequities and discrimination" that worsen stress and associated mental health concerns for POC during the COVID-19 pandemic when 40.3% of Hispanics experienced current depression, and 36.9% had an increase or initiation of substance use, compared to 25.3% depression and 14.3% substance use in Whites.

The statistics in this Fact Sheet point to significant health inequities in the United States. These inequities are reflected in differences in the average length of life, quality of life, rates of disability, severity of illness, and access to treatment. Health equity will be achieved when all people have the opportunity to attain their full health potential, and no one is impeded from doing so because of socially determined circumstances.

BIPOC Mental Health Facts

Children & Teens

- Black and Hispanic children were about 14% less likely than White youth to receive treatment for their depression. (1)
- Approximately 50% to 75% of youth in the juvenile justice system meet the criteria for a mental health disorder. (9)
- Over 25% of Black youth exposed to violence have proven to be at high risk for post-traumatic stress disorder (PTSD). (1)
- Approximately 10% of White and Hispanic adolescents engaged in alcohol use, compared to 7.3% for Black adolescents and 4.7% for Asian adolescents. (10)
- In 2018, a study found that the suicide rate of Black children 5 to 12 was nearly twice that of White children of the same age. (6)
- In 2019, suicide was the second leading cause of death for Black or African Americans, ages 15 to 24. For Native Hawaiians/Pacific Islanders ages 15-24, suicide was the leading cause of death. (10)
• From 1991 to 2019 self-reported suicide attempts rose nearly 80% among Black teens while the rate of attempts among other races and ethnicities did not change significantly. (15)
• Adolescents of color who identify as LGBTQ may be especially at risk of a suicide attempt. (15)
• Black children and adolescents who died by suicide were more likely than White youths to have experienced a crisis during the two weeks before they died. (6)

Adults
• Individuals identifying as being two or more races (24.9%) are most likely to report having a mental health disorder within the past year than any other race or ethnic group, followed by American Indian/Alaska Natives (22.7%), White (19%), and Black (16.8%) (4)
• Black American adults are 20% more likely to experience serious mental health problems, such as major depressive disorder or generalized anxiety disorder. (2)
• Although rates of depression are lower in Blacks (24.6%) and Hispanics (19.6%) than in Whites (34.7%), depression in Blacks and Hispanics is likely to be more disabling and persistent. (4)
• In 2018, Asian Americans were 60% less likely and Hispanic Americans 50% less likely to have received mental health treatment than non-Hispanic Whites. (4)
• American Indians/Alaskan Natives report higher post-traumatic stress disorder and alcohol dependence rates than any other ethnic or racial group. (13)

General Mental Health
• More than 80% of Black Americans are very concerned about the stigma associated with mental illness, which discourages them from seeking treatment. (14)
• Health care providers’ lack of cultural understanding may contribute to underdiagnosis and misdiagnosis of mental illness in POC. (7)
• Language differences between patients and providers, stigma of mental illness in communities of color, and cultural presentation of symptoms can contribute to misdiagnoses. (7)

Homelessness & Housing
• Black Americans living below the federal poverty guidelines are 2x as likely to report serious psychological stress as those living 2x above the poverty level. (2)
• The Black community comprises approximately 40% of the homeless population, 50% of the prison population, and 45% of children in the foster care system. (2)

Employment & Education
• Psychiatric disorders in childhood have been linked to negative outcomes, including poor social mobility and reduced social capital. (3)
• In the BIPOC community, childhood depression has been associated with increased welfare dependence and unemployment. (3)
• Psychiatric and behavioral problems among BIPOC youth often results in school punishment or incarceration, but rarely mental health care. (11)

Other BIPOC Health Facts
• BIPOC are disproportionately affected by a lack of access to quality health care, health insurance, and linguistically and culturally responsive health care. (13)
COVID-19 has disproportionately affected Black individuals in the U.S., and vaccination rates among Black individuals trail those of other racial groups. (12)

The disproportionate impact of COVID-19 on BIPOC might be less likely the result of vaccine hesitancy than other factors such as access, distant vaccine sites, lack of transportation, and inflexible work hours. (12)

By December 2020, only 36% to 49% of Blacks and African Americans (compared with 44%-59% of White individuals) intended to be vaccinated when they became eligible. (12)

Non-Hispanic Black women are overrepresented in the number of deaths reported among women with confirmed COVID-19 regardless of pregnancy status. Non-Hispanic Black pregnant women are at increased risk for developing severe COVID-19 symptoms compared with non-Hispanic White women. (8)

Black women are 3x more likely to die from a pregnancy-related cause than White women. (8)

BIPOC are more at risk for complications from heart disease than White Americans. This includes higher death rates, partly due to the barriers to healthcare faced by BIPOC. (5)

Multiple factors contribute to these health inequities, such as underlying chronic conditions, variations in the quality of care, structural racism, and implicit bias. (8)

References


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