The Substance Abuse and Mental Health Services Administration (SAMHSA) describes behavioral health equity as the right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

The population of the United States is continuing to become more diverse. According to the US Census Bureau, by 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White). In *The Costs and Consequences of Disparities in Behavioral Health Care*, the National Conference of State Legislators (NCSL) reports, “Each year, people belonging to racial and ethnic minority groups experience worse behavioral health status and treatment outcomes, along with more difficulty accessing services, than their peers in other groups. These disparities in behavioral health care—which addresses people’s mental and emotional well-being—lead to significant human and financial costs. According to the National Institute of Mental Health, ‘members of racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use inpatient hospitalization and emergency rooms, and more likely to receive lower quality care.’”

These factors contribute to an immediate and pressing need to develop a better understanding of health disparities and a greater focus on health equity efforts to ensure that all individuals and families have access to timely, appropriate, competent, and affordable care for mental illness and/or substance use disorders.

### Promoting Health Equity Through Understanding Disparities

**Barriers to Care**

The following barriers prevent racial and ethnic minorities from receiving appropriate care:

- Lack of availability
- Transportation, childcare, difficulty taking time off work
- The belief that mental health treatment “doesn’t work”
- The high level of stigma in minority populations
- Racism, bias, and discrimination in treatment settings
- Language barriers and an insufficient number of providers who speak languages other than English
- Lack of adequate health insurance coverage (and even for people with insurance, cost sharing makes it difficult to afford)

(Source: National Alliance on Mental Illness)

![Annual average percent of adults with any mental illness who had an unmet need for services, by reason for unmet need and race/ethnicity, 2008-2012](Source: Substance Abuse and Mental Health Services Administration, 2015)
Mental Health, Diverse Populations, and Disparities

Most racial/ethnic minority groups overall have similar—or in some cases, fewer—mental disorders than whites. However, the consequences of mental illness in minorities may be long lasting.

- Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- 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 persistent.
- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), white (19%), and black (16.8%).
- American Indians/Alaskan Natives report higher rates of posttraumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- White Americans are more likely to die by suicide than people of other ethnic/racial groups.
- Mental health problems are common among people in the criminal justice system, which has a disproportionate representation of racial/ethnic minorities. Approximately 50% to 75% of youth in the juvenile justice system meet criteria for a mental health disorder.
- Racial/ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with white youth. Minorities are also more likely to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools.
- Lack of cultural understanding by health care providers may contribute to underdiagnosis and/or misdiagnosis of mental illness in people from racially/ethnically diverse populations. Factors that contribute to these kinds of misdiagnoses include language differences between patient and provider, stigma of mental illness among minority groups, and cultural presentation of symptoms.

(Source: American Psychiatric Association)

Promoting Health Equity

To promote health equity in mental health and substance use, the American Psychological Association provides the following recommendations for designing programs and interventions:

- Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities.
- Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.
- Increase funding for training mental and behavioral health professionals and to train these professionals to become culturally and linguistically competent.
- Develop and implement policy and programs based on psychological and behavioral research ensuring that racial and ethnic minorities are empowered through culturally and linguistically informed and evidence-based strategies.
- Advocate for local, state, and national funding agencies to incorporate culturally and linguistically competent guidelines into proposals for programs for racial and ethnic minority children, youth, and families.

In its initial report, the RecoveryOhio Advisory Council recognized the need to focus on diversity by including a recommendation that charged the RecoveryOhio leadership with convening a workgroup to “review the impact of Ohio’s mental illness and addiction crisis on citizens of racial, ethnic, geographic, and socio-economic differences to ensure that all Ohioans have equal access to the treatment and recovery support services they need to live healthy and fulfilling lives.