WASHINGTON HEALTH SYSTEM
Center for Mental Health and Wellbeing

MONTHLY NEWSLETTER

Minority Mental Health Awareness

During National Minority Mental Health Awareness Month in July, the HHS Office of Minority Health (OMH) will launch a free and accredited e-learning program: Improving Cultural Competency for Behavioral Health Professionals. This new program is part of OMH's Think Cultural Health E-learning Curricula, which are developed to help build knowledge and skills related to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

In addition to the launch of the behavioral health e-learning program, OMH will join partners at the federal, state, local, tribal, and territorial levels to help raise awareness about mental illness and its effects on racial and ethnic minority populations.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

1. In 2017, 41.5% of youth ages 12-17 received care for a major depressive episode, but only 35.1% of black youth and 32.7% of Hispanic youth received treatment for their condition.
2. Asian American adults were less likely to use mental health services than any other racial/ethnic group.
3. In 2017, 13.3% of youth ages 12-17 had at least one depressive episode, but that number was higher among American Indian and Alaska Native youth at 16.3% and among Hispanic youth at 13.8%.
1. In 2017, 18.9% of adults (46.6 million people) had a mental illness. That rate was higher among people of two or more races at 28.6%, non-Hispanic whites at 20.4% and Native Hawaiian and Pacific Islanders at 19.4%.

Despite advances in health equity, disparities in mental health care persist. The Agency for Healthcare Research and Quality (AHRQ) reports that 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 emergency departments, and more likely to receive lower quality care. Poor mental health care access and quality contribute to poor mental health outcomes, including suicide, among racial and ethnic minority populations.

The HHS Office of Minority Health encourages all our partners to educate their community about the importance of improving access to mental health care and treatment and to help break down other barriers such as negative perceptions about mental illness. Visit this web page during National Minority Mental Health Awareness Month for downloadable materials, events and health resources. To read the full article visit:
https://minorityhealth.hhs.gov/omh/content.aspx?ID=9447&lvl=2&lvlid=12

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Here are a few facts about Minority Mental Health to get you thinking:

1. **Teenage Latinas are more likely to die by suicide than African American and white, non-Hispanic female students.**
2. **Less than 1 in 11 Latinos with mental disorders contact mental health care specialists.**
3. **In 2009, suicide was the second leading cause of death for American Indian/Alaska Natives …**
4. **LGB youth are 4 times more likely to attempt suicide compared to their straight peers.**

Minorities Have Trouble Getting Mental Health

Although minorities are just a likely as non-minorities to experience severe mental disorders such as anxiety, depression, bipolar disorder and schizophrenia, they are far less likely to receive treatment. For instance, the percentage of African Americans receiving needed care is only half that of whites, and 24% of Hispanics with depression and anxiety receive appropriate care compared to 34% of whites with the same diagnosis. Reasons include a lack of access to services, cultural and language barriers, and limited research concerning mental health and minorities.

Many studies have found that lack of access to services is strongly associated with one's level of income and access to medical insurance. Racial and ethnic minorities have higher rates of poverty and a much greater likelihood of being uninsured. For instance, 8% of whites live below the poverty level compared to 22% of African Americans and 27% of Mexican and Native Americans. The percentage of uninsured minorities is over half that of whites.

Individuals experiencing symptoms of a mental disorder are most likely to seek help from their primary care physician, but close to 30% of Hispanics and 20% of African Americans do not have a usual source of healthcare. Even when minorities seek care from a primary care physician, they are less likely to receive appropriate treatment. Also, many minorities live in rural, isolated areas where access to mental health services is limited.

Language is a significant barrier to receiving appropriate mental healthcare. Diagnosis and treatment of mental disorders greatly depends on the ability of the patient to explain their symptoms to their physician and understand steps for treatment. The language barrier often deters individuals from seeking treatment. Thirty-five percent of Asian Americans and Pacific Islanders (AA/PIs) live in households where the primary language is not English and 40% of Hispanics living in the U.S. do not speak English.

Culture, a system of shared meanings, is defined as a common heritage or set of beliefs, expectations for behavior, and values. Culture significantly influences the definition and treatment of mental illness, affecting the way individuals describe their symptoms and the symptoms they exhibit. For instance, African Americans experience symptoms uncommon among other groups such as isolated sleep paralysis, or the inability to move while falling asleep or waking up. Some Hispanics experience symptoms of anxiety that include uncontrollable screaming, crying, trembling, and seizure-like fainting. Cultural beliefs about mental health strongly affect whether or not some people seek treatment, a person's coping styles and social supports, and the stigma they attach to mental illness.

Many people from different cultures see mental illness as shameful and delay treatment until symptoms reach crisis proportions. The culture of physicians and mental health professionals influences how they interpret symptoms and interact with patients.

Finally, while all groups experience mental disorders, minorities are over represented in populations at high risk for experiencing mental illness, including people who are exposed to violence, homeless, in prison or jail, foster care, or the child welfare system. At risk populations are far less likely to receive services than the general population. For more information on this topic, read the Surgeon General's special report on culture, race and ethnicity.To read the full article visit: https://www.healthyplace.com/depression/articles/mental-illness-and-minorities

2020 National Mental Health Observances:

July 2020
National Minority Mental Health Month

Suggested Theme:
Minority Mental Health

July 24th: International Self-Care Day

For the full calendar visit: https://www.stampoutstigma.com

Dear Valued Referral Source,

We would like to extend our sincerest thanks for your valued referrals. We look forward to working with you again soon.

Sincerely,

Jennifer Campbell, MSW, LSW

Program Manager, WHS Center for Mental Health and Wellbeing

Washington Health System & Washington Physicians Group

Office#: 724-627-2526

WHS Center for Mental Health & Wellbeing

Contact Information:

Inpatient Behavioral Health	P: 724-223-3195 F: 724-229-2128	155 Wilson Ave Washington, PA 15301
Outpatient Behavioral Health	Washington P: 724-579-1075	95 Leonard Ave Building #1, Suite 301 Washington, PA 15301
Outpatient Behavioral Health	Greene P: 724-627-2756	220 Greene Plaza Rear Waynesburg, PA 15370

Behavioral Health Management:

Jennifer Campbell, MSW, LSW – Program Manager Inpatient & Outpatient Services	P: 724-627-2526
Mark Wright, MBA, RN – Inpatient Unit Manager	P: 724-223-3197

Greene County Crisis Line: 1-800-417-9460
Washington County 24-Hour Crisis Hotline: 1-877-225-3567
National Suicide Prevention Lifeline: 1-800-273-8255
Greenbriar Treatment Facility: 1-800-637-4673