

Depression in Minority Groups BACKGROUND

OVERVIEW: Major depressive disorder affects people of all races. While the prevalence rate is somewhat similar among African Americans, Hispanic Americans, and Caucasians in the US,^{i,ii} there are many disparities in the way ethnic groups experience the illness, including manifestation of symptoms and help-seeking behaviors.

SYMPTOMS: While groups experience both the emotional and physical symptoms of depression, expression of psychological distress through physical symptoms is more common in African Americans (15 percent) than in Caucasians (9 percent). Similarly, depressed Hispanics report bodily aches and pains, such as stomachaches, backaches, or headaches. In these groups, the physical symptoms often persist despite depression treatment.^{iii iv}

BARRIERS TO TREATMENT: Several factors contribute to depression being under-diagnosed and under-treated among minority groups, including cultural barriers, low rates of health insurance and lack of access to culturally relevant care.^{v,vi}

Following are some barriers to treatment that may be observed for different minority groups:

African-Americans ^{vii, viii}	Hispanics ^{ix,iii}
<ul style="list-style-type: none"> • Cultural barriers and mistrust of mental health care professionals • Lack of African-American mental health professionals <ul style="list-style-type: none"> ○ Make up only 2% of psychiatrists and psychologists ○ Make up only 4% of social workers • Reliance on family and religious support • Depression symptoms being “masked” by painful physical symptoms, substance abuse and other mental illnesses or medical conditions 	<ul style="list-style-type: none"> • Language barriers <ul style="list-style-type: none"> ○ Depression may be diagnosed differently when symptoms are discussed in second language (English) vs. native language (Spanish) • Lack of Hispanic mental health professionals <ul style="list-style-type: none"> ○ Make up only 1% of American Psychological Association members ○ Only 29 Hispanic mental health professionals for every 100,000 Hispanics in the United States, compared to 173 Caucasian providers per 100,000 • Lack of representation in research and data collection^x

STIGMA: In addition to social and practical barriers to treatment, stigma may also prevent minority groups from seeking help. The belief that depression is a “personal weakness” is stronger among African-Americans (63 percent) than the overall population (54 percent), and only about a third believe depression is a health problem.^{xi} In the same survey, African-Americans said that they would either deal with depression themselves (30 percent) or with friends and family (20 percent).^{xii}

This cultural preference is also prevalent in the Hispanic community, summarized in the traditional saying, “one must not wash their dirty clothes in someone else’s home.”^{xiii}

TREATMENT: Minority groups are less likely to seek mental health treatment than Caucasians. Approximately 90 percent of Hispanics with mental illnesses, like depression, do not contact a mental health specialist and about 80 percent do not contact a general health care provider.^{xiv}

When they do seek treatment, more than 70 percent of Hispanics fail to return after an initial appointment. Additionally, Hispanics are twice as likely as Caucasians to turn to non-specialists for help, such as primary care physicians or the clergy.^{xv} When African Americans seek treatment, they are more likely to use the

emergency room and receive inpatient care.^{xvi} They are also more likely to use alternative therapies than Caucasians,^{xvii} such as seeking counsel from religious or spiritual leaders.

ⁱ “Surgeon General’s Report: Mental Health Fact Sheet; African Americans,” Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed online at <http://www.mentalhealth.samhsa.gov/cre/fact1.asp> on 2/27/06.

ⁱⁱ SAMHSA “Surgeon General’s Report: Mental Health Fact Sheet; Latinos/Hispanic Americans.” Accessed online at <http://www.mentalhealth.samhsa.gov/cre/fact3.asp> on 2/27/06.

ⁱⁱⁱ “Critical Disparities in Latino Mental Health: Transforming Research into Action,” National Council of La Raza (NCLR). Accessed online at <http://www.nclr.org/content/publications/detail/34795/> on 2/27/06.

^{iv} SAMHSA “Surgeon General’s Report: Mental Health Fact Sheet; African Americans”

^v SAMHSA “Surgeon General’s Report: Mental Health Fact Sheet; African Americans.”

^{vi} “Critical Disparities in Latino Mental Health: Transforming Research into Action,” NCLR

^{vii} “Clinical Depression and African Americans,” National Mental Health Association (NMHA) Fact Sheet. Accessed online at <http://www.intelihealth.com/IH/ih/IH/WSIHW000/8596/8836.html?hide=t&k=basePrint> on February 27, 2006.

^{viii} SAMHSA “Surgeon General’s Report: Mental Health Fact Sheet; African Americans.”

^{ix} SAMHSA “Surgeon General’s Report: Mental Health Fact Sheet; Latinos/Hispanic Americans.”

^x SAMHSA “Surgeon General’s Report: Mental Health Fact Sheet; Latinos/Hispanic Americans.”

^{xi} “Clinical Depression and African Americans,” NMHA.

^{xii} “Clinical Depression and African Americans,” NMHA.

^{xiii} “Critical Disparities in Latino Mental Health: Transforming Research into Action,” NCLR

^{xiv} “Critical Disparities in Latino Mental Health: Transforming Research into Action,” NCLR

^{xv} “Critical Disparities in Latino Mental Health: Transforming Research into Action,” NCLR

^{xvi} “Eliminate Disparities in Mental Health,” Centers of Disease Control (CDC). Accessed online at <http://www.cdc.gov/omh/AMH/factsheets/mental.htm> on 2/27/06.

^{xvii} SAMHSA “Surgeon General’s Report: Mental Health Fact Sheet; African Americans.”