



Mental Health America of Franklin County

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Racial/Ethnic Minorities Fact Sheet

Because of shifts in the U.S. population, by the year 2010, approximately 33% of the US population is expected to be Asian/Pacific Islander, African American, Native American, or of Hispanic origin. Higher levels of poverty and relatively lower levels of education among ethnic/racial minority groups may place some members of those groups at significant risk for mental health problems.

In addition, cultural and language barriers and lack of awareness by primary care physicians in identifying mental illness, especially for ethnic/racial minorities, make it difficult for some to access the U.S. health care systems. Low rates of health care insurance among minorities are complicating factors. There is a serious gap between the need for mental health and substance abuse treatment and their accessibility or availability to minorities.

- Primary care physicians are less likely to detect mental health problems among African-American and Hispanic patients than among whites.
- Women who are poor, on welfare, less educated, unemployed and from ethnic/racial minority populations are more likely to experience depression.
- Ethnic/racial minorities were less likely to receive treatment for depression in 1997. Of adults who received treatment, 16% were black or African American, 20% Hispanic, and 24% white.
- Ethnic/racial minorities were less likely to receive treatment for schizophrenia in 1997. Of adults who received treatment, 26% were black or African American, 39% were white; figures for Hispanics were unreliable.

US Suicide Rates per 100,000 (1997)

American Indian or Alaska Native: 11.4

Asian or Pacific Islander: 7.0

Black or African American: 6.3

White: 12.3

Hispanic: 6.4

Suicide Attempts by Adolescents in Rates per 100,000 (1997)

Hispanic or Latino: 2.8

Non-Hispanic Black or African American: 2.4

White (non-Hispanic): 2.0

Substance Abuse/Addiction

Data from three large national surveys estimated the prevalence of substance use, abuse and addiction within racial/ethnic subgroups.

Asian/Pacific Islanders

- The prevalence of substance use, alcohol dependence, and need for illicit substance abuse treatment among Asian/Pacific Islanders are low relative to those of the total U.S. population.
- The percentage of Asian/Pacific Islanders who reported being current users of illicit drugs in 1999 was 3.2%.

Hispanics

- Mexicans and Puerto Ricans have high prevalence of illicit drug use, heavy alcohol use, alcohol dependence, and need for drug abuse treatment.
- More than 40% of all Hispanic women in the U.S. with AIDS contracted it through injecting drugs.

Native Americans

- Native Americans have very high prevalence of past-year substance use, alcohol dependence, and need for illicit drug abuse treatment.
- The percentage of American Indian/Alaska natives who reported being current users of illicit drugs in 1999 was 10.6%.

African Americans

- The majority of AIDS cases among African-American women and children are attributable to alcohol or illicit drug use.
- The percentage of African Americans who reported being current users of illicit drugs in 1999 was 7.7%.

Risk Factors for Substance Abuse and Addiction:

Risk factors for substance abuse are the same across cultures. Therefore, all people who fall into the following groups are at risk regardless of racial/ethnic subgroup. Unfortunately, ethnic/racial minorities are more likely to have such risk factors and may be at greater risk for substance abuse and addiction.

Risk factors include low family income; residing in the Western U.S.; residing in metropolitan areas with populations greater than 1 million; tendency to use English rather than Spanish; lacking health insurance coverage; unemployment; not completing high school; never being married; residing in households with fewer than two biological parents; and high prevalence of cigarettes, alcohol, and illicit drug use.

Mental Health America of Franklin County is a private, not-for-profit organization, established in 1956. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; community and professional mental health education and a newsletter for first-time parents available in both English and Spanish. We receive funding from the Franklin County ADAMH Board and United Way of Central Ohio. To become a member or find out more information, please visit us online at www.mhafc.org.