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ental health is a broad term that encapsulates the various aspects of our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Although the terms are often used interchangeably, "poor mental health" and "mental illness" are not the same. A person can experience poor mental health and not be diagnosed with a mental illness.

Racial Disparities

A supplement to the Surgeon General's 1999 report on mental health—<u>Mental Health: Culture, Race, and</u> <u>Ethnicity</u>—found that people of color had less access to mental health services, were less likely to receive those services when needed, often received poorer quality of care, and were underrepresented in mental health research. More recent research efforts have found that little has changed over the next 20 years.

The 2019 National Health Interview Survey (NHIS) found that, among adults reporting symptoms of anxiety and/or depression, Black Americans were the least likely to receive treatment for those symptoms, with just 47% of Black persons reporting symptoms receiving care—by far the lowest of any racial demographic.¹

This disparity likely exists for multiple reasons, but primary concerns include the lack of access to mental health services in counties where minorities make up significant percentages of the population and the existing stigma related to mental health issues and mental illnesses that exist in minority communities that may make individuals less likely to self-report and/or seek care if care is available.

Sex/Gender Disparities

Females were likelier to report symptoms of anxiety or depression than their male counterparts, with 11% of females responding to the NHIS reporting symptoms compared to just 7% of male respondents. Female respondents were also overwhelmingly more likely to report receiving treatment for those symptoms, with 65% reporting having received treatment, compared to just 53% of males.²

In 2020, the suicide rate among males was 22.0 (per 100k), compared to just 5.5 in females. This trend of suicide rates in males being higher than females has remained consistent since 2000.

Income Disparities

Persons who were enrolled in either Medicaid or Medicare were the likeliest respondents to report receiving care for symptoms of anxiety or depression, which would normally indicate that persons with lower-incomes were regularly accessing mental health services. However, this statistic does not take into account the failure of 12 states—AL, FL, GA, KS, MS, NC, SC, SD, TN, TX, WI, and WY—to expand Medicaid, 8 of which rank within the 20 states with the highest rates of residents living in poverty.

Among respondents who were uninsured, just 38% received treatment for reported symptoms.

Regional Disparities

According to findings by Mental Health America, the nation's leading community-based non-profit dedicated to addressing the needs of those living with mental illness, Americans living in the West, particularly in the Mountain West, have the highest prevalence of mental illness, while those living in the South have the lowest prevalence.²



According the Health Resources Services Administration, lack of access to mental health services is incredibly widespread, with rural and minority-majority counties being likelier to be designated a Mental Health Professional Shortage Area (HPSA).³

References

¹Panchal, N., et. al. (2022, March 24). *How Does Use of Mental Health Care Vary by Demographics and Health Insurance Coverage*² Kaiser Family Foundation. <u>https://www.kff.org/health-reform/issue-brief/how-does-usc-of-mental-health-care-vary-by-demographics-and-health-insurance-coverage/</u>

²Mental Health America. (2022). 2022 Prevalence Data. <u>https://mhanational.org/issues/2022/mental-health-america-prevalence-data</u>

³Rural Health Information Hub. (2022, January). Health Professional Shortage Areas: Mental Health, by County, 2022. https://www.ruralhealthinfo.org/charts/7

