Disparities in Mental Health and Substance Use Rates and Access to Care

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Montgomery County Spring Forum

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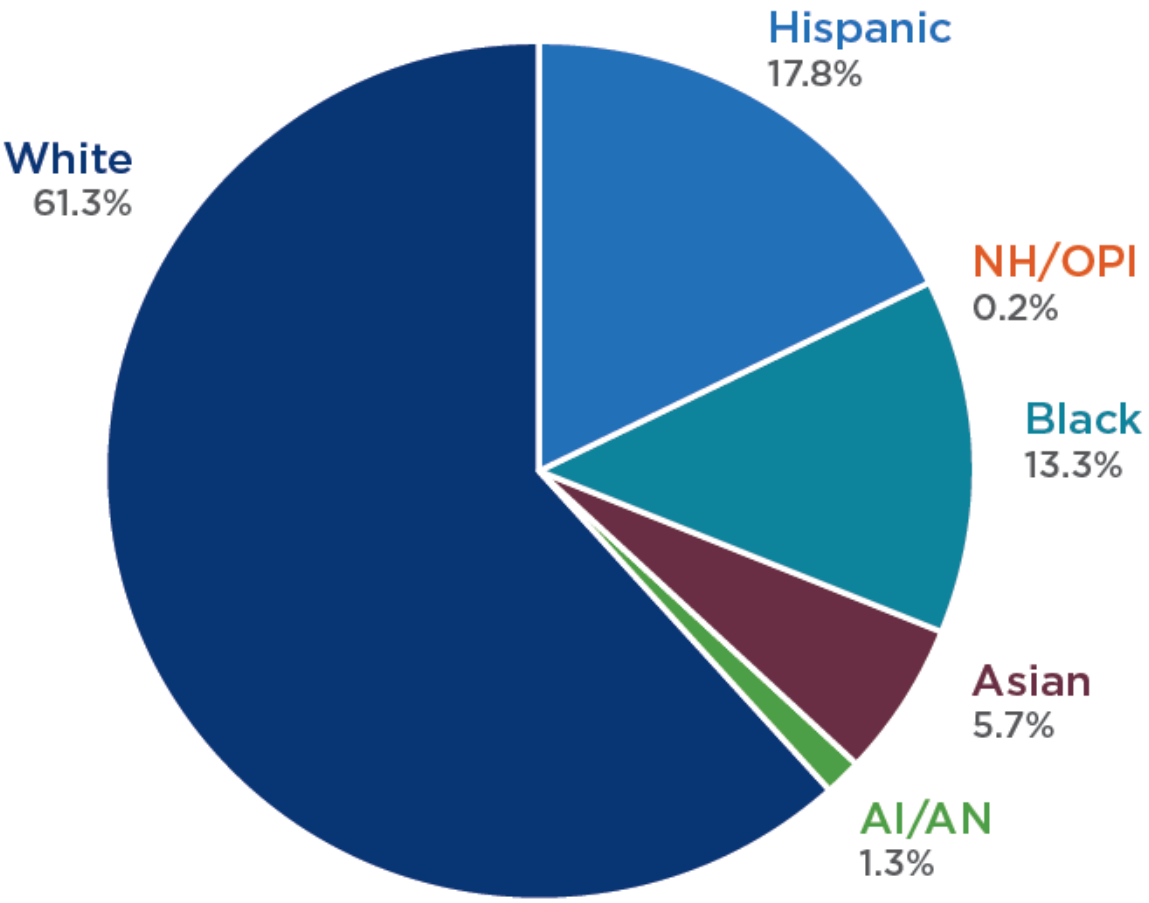
Wherever you look you see racial and ethnic disparities in the way communities deal with mental health and drug use issues

- But not necessarily in prevalence of disorders or rates of substance use and addiction
- COVID has made disparities worse!

Montgomery County is similar to the national trends

US Population, 2016



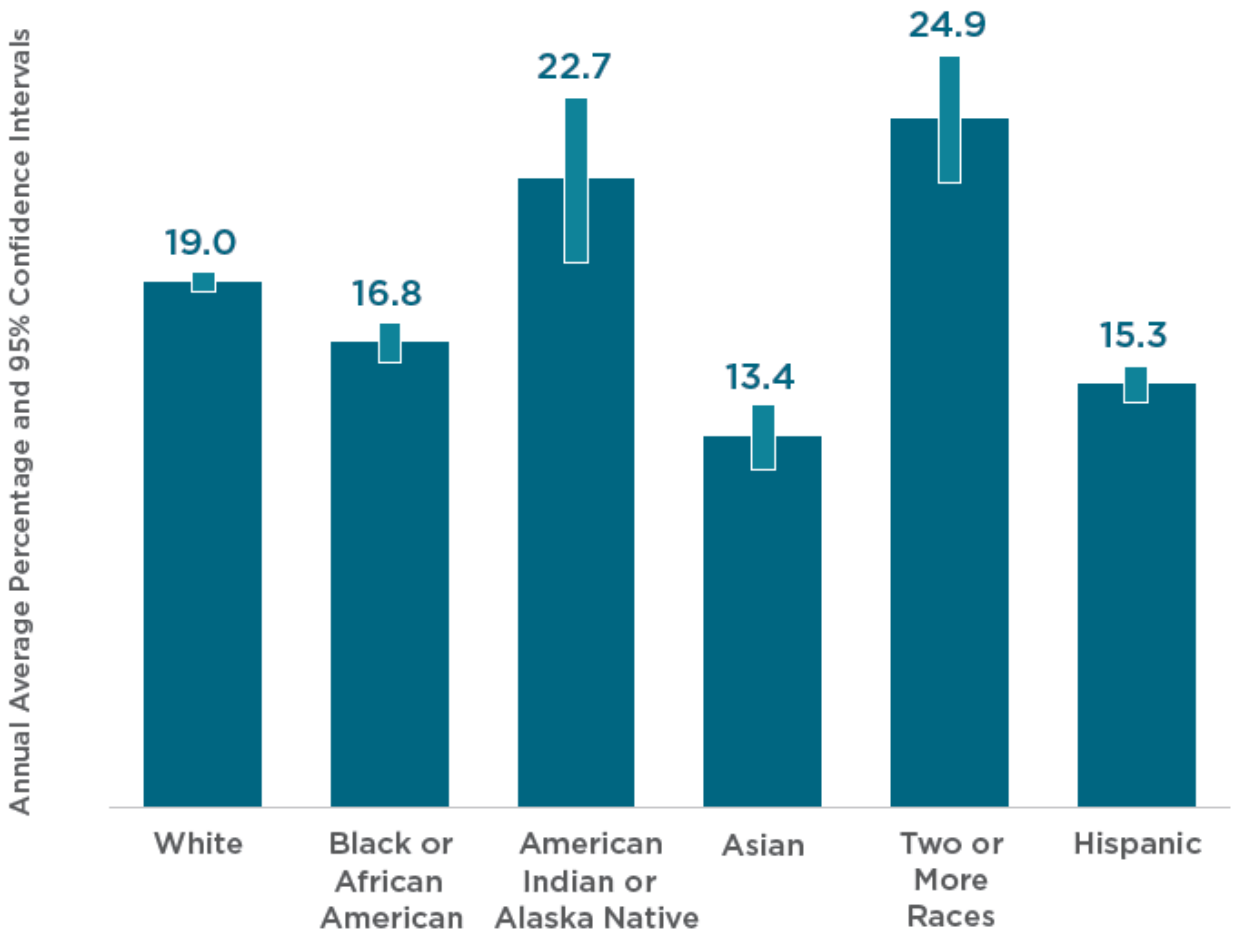
Source: US Census. Quick Facts: Population Estimates 2016. www.psychiatry.org/psychiatrists/practice/professional-interests/disaster-and-trauma (Notes: AI/AN – American Indian/Alaska Native, NH/OPI – Native Hawaiian/Other Pacific Islander)

Disparities are in the way people are treated and in ability to access care, not so much in prevalence of problems or in substance use

- Stigma and racism fuel the misperception

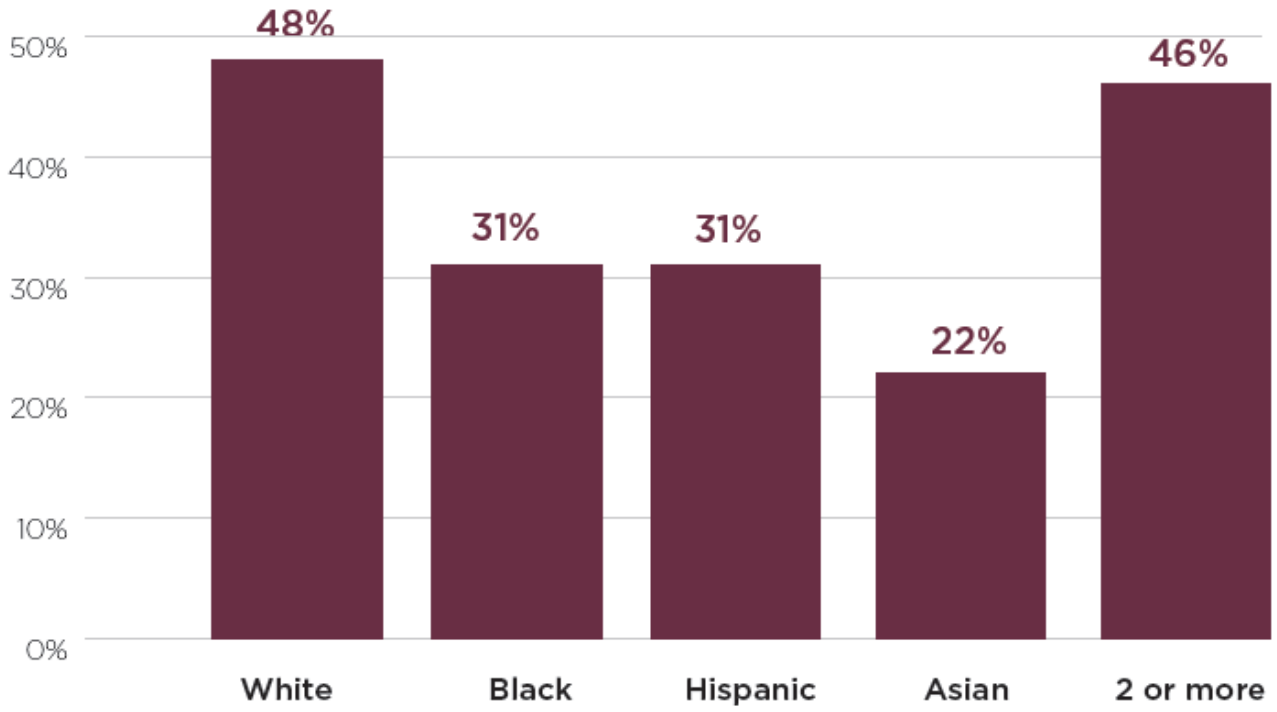
Let’s start with mental health

Any Mental Illness in the Past Year among Adults, by Race/Ethnicity, 2008-2012



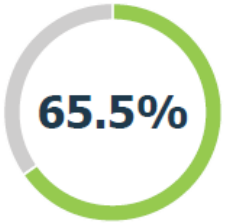
Source: Substance Abuse and Mental Health Service Administratio., Racial/Ethnic Differences in Mental Health Service Use among Adults. 2015

Among People with Any Mental Illness, Percent Receiving Services, 2015



Source: Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2008-2015.

Past-Year Mental Health Service Use among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States, by Gender, Race/Ethnicity, and Age Group (2019)[6,14]

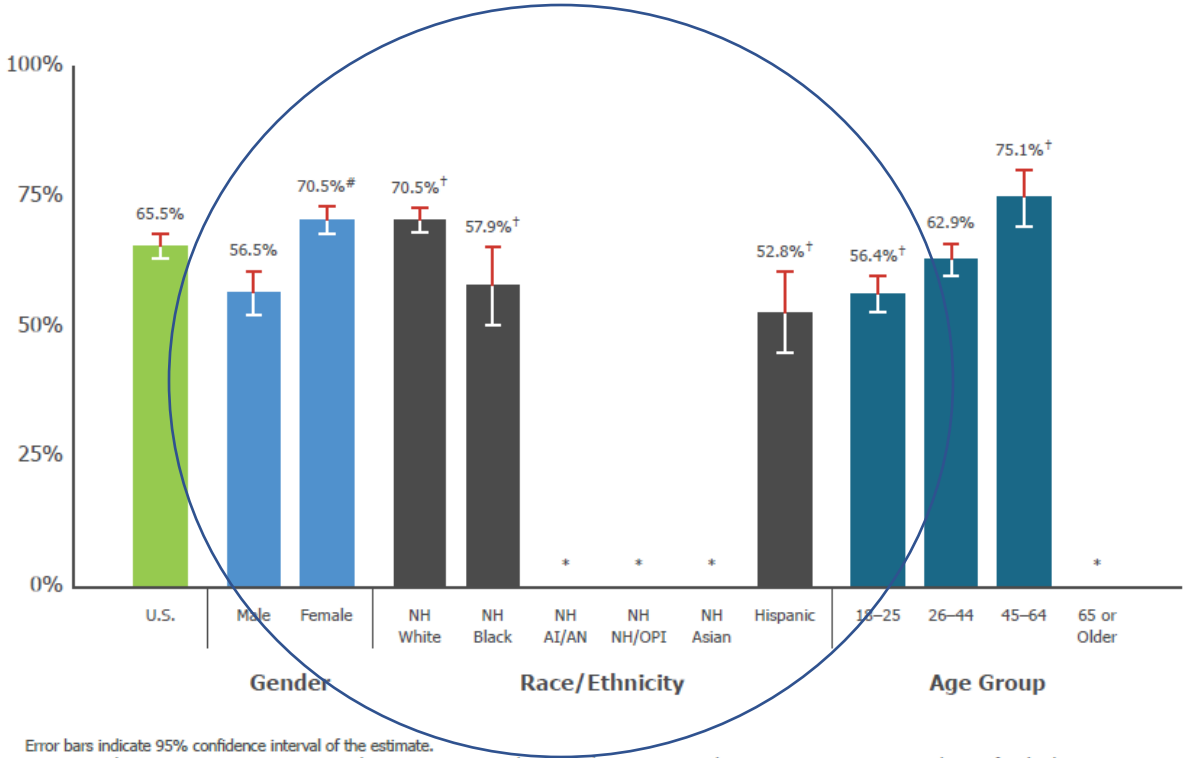


Among adults aged 18 or older with past-year SMI in the United States in 2019, **65.5%** (or **8.6 million**) received mental health services in the past year.

Past-year receipt of mental health services was higher among adult females with SMI (**70.5%**) than among their male counterparts (**56.5%**).

Compared to the national average, past-year receipt of mental health services was higher among non-Hispanic white adults with SMI (**70.5%**) and lower among non-Hispanic Black adults with SMI (**57.9%**) and among Hispanic adults with SMI (**52.8%**).

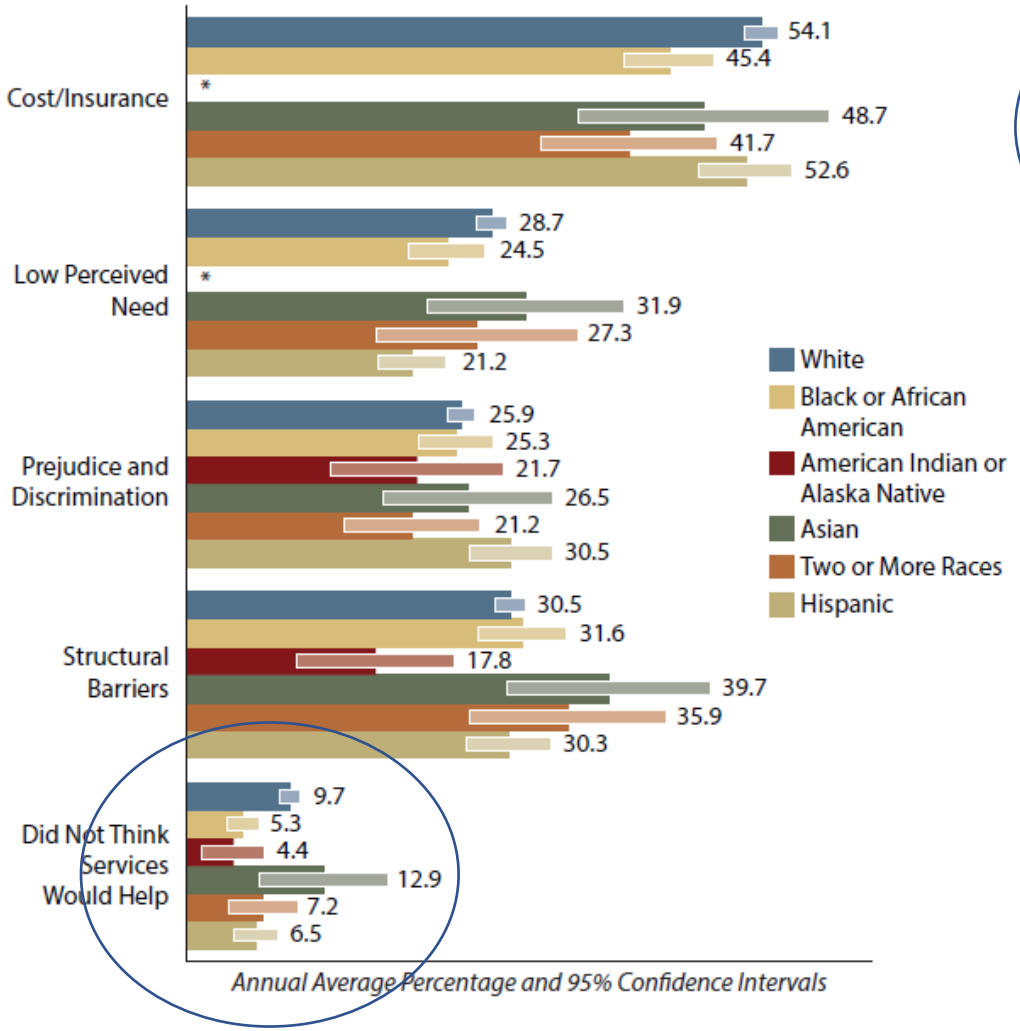
Compared to the national average, past-year receipt of mental health services was higher among adults aged 45–64 with SMI (**75.1%**) and lower among young adults aged 18–25 with SMI (**56.4%**).



Error bars indicate 95% confidence interval of the estimate.
U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.
# Estimate is significantly different from the estimate for males ($p < .05$).
† Estimate is significantly different from the national average ($p < .05$).
* Omitted due to low precision of data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.

FIGURE 3.6 Reasons for Not Using Mental Health Services among Adults Who Had an Unmet Need for Services in the Past Year, by Race/Ethnicity, 2008-2012[29]



* Low precision; no estimate reported.

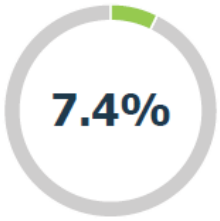
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2012 (2008-2010 Data – Revised March 2012).

- Among adults with an unmet need for mental health services in the past year, cost or insurance (no coverage or coverage limitations) was the most commonly cited reason across racial/ethnic groups for not using mental health services (Figure 3.6).
- Cost or insurance as a reason for not using services was more likely to be reported by white adults (54.1 percent) with an unmet need for services compared with black adults (45.4 percent) and adults who reported two or more races (41.7 percent).
- White adults with an unmet need for mental health services were more likely than their black or Hispanic counterparts to have a low perceived need for mental health services (28.7 vs. 24.5 and 21.2 percent, respectively).

(continued on next page)

Substance abuse

Past-Year Substance Use Disorder among People Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

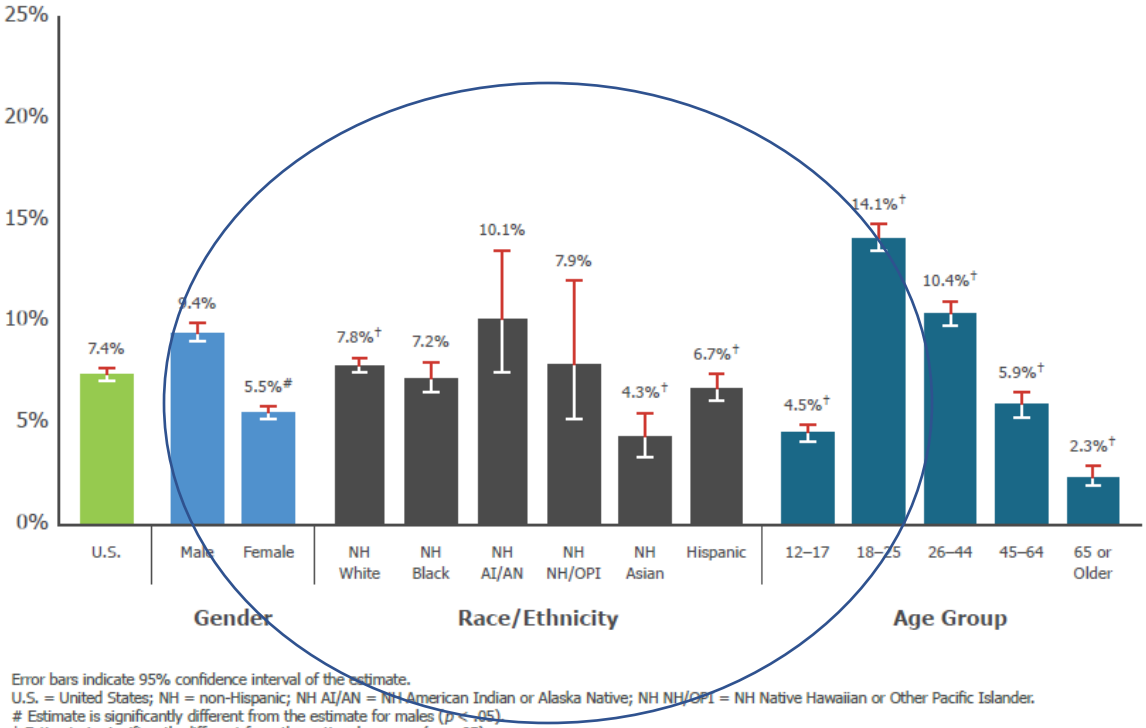


Among people aged 12 or older in the United States in 2019, **7.4%** (or **20.4 million**) had a substance use disorder in the past year.

Past-year substance use disorder was lower among females (**5.5%**) than among their male counterparts (**9.4%**).

Compared to the national average, past-year substance use disorder was higher among non-Hispanic white people (**7.8%**) and lower among non-Hispanic Asian people (**4.3%**) and among Hispanic people (**6.7%**).

Compared to the national average, past-year substance use disorder was higher among young adults aged 18–25 (**14.1%**) and among adults aged 26–44 (**10.4%**) and lower among youth aged 12–17 (**4.5%**) and among adults aged 45–64 (**5.9%**) and 65 or older (**2.3%**).



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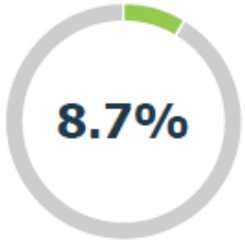
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.

Past-Month Illicit Drug Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

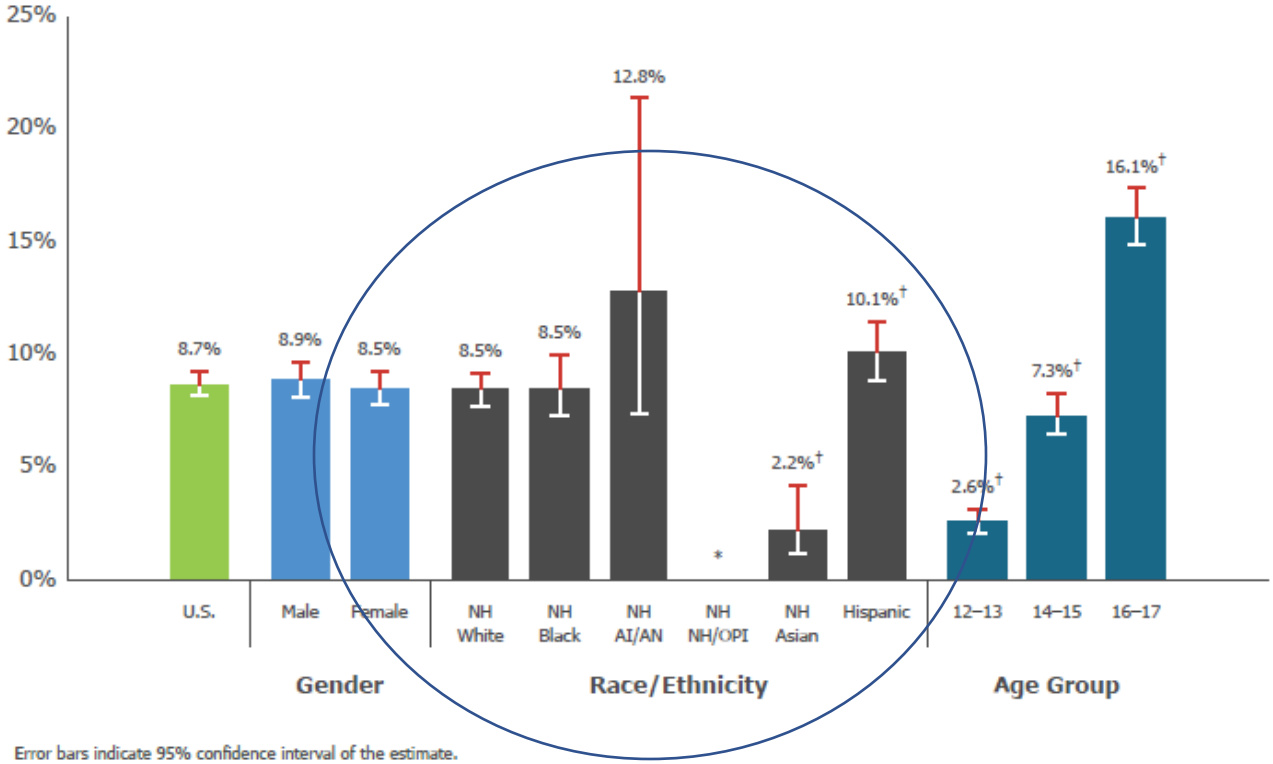


Among youth aged 12–17 in the United States in 2019, **8.7%** (or **2.2 million**) used illicit drugs in the past month.

Past-month illicit drug use was similar among female youth and their male counterparts.

Compared to the national average, past-month illicit drug use was higher among Hispanic youth (**10.1%**) and lower among non-Hispanic Asian youth (**2.2%**).

Compared to the national average, past-month illicit drug use was higher among youth aged 16–17 (**16.1%**) and lower among youth aged 12–13 (**2.6%**) and 14–15 (**7.3%**).



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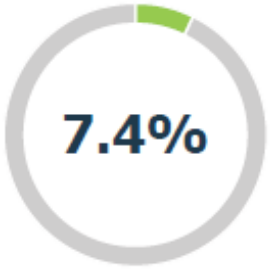
Past-Month Marijuana Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

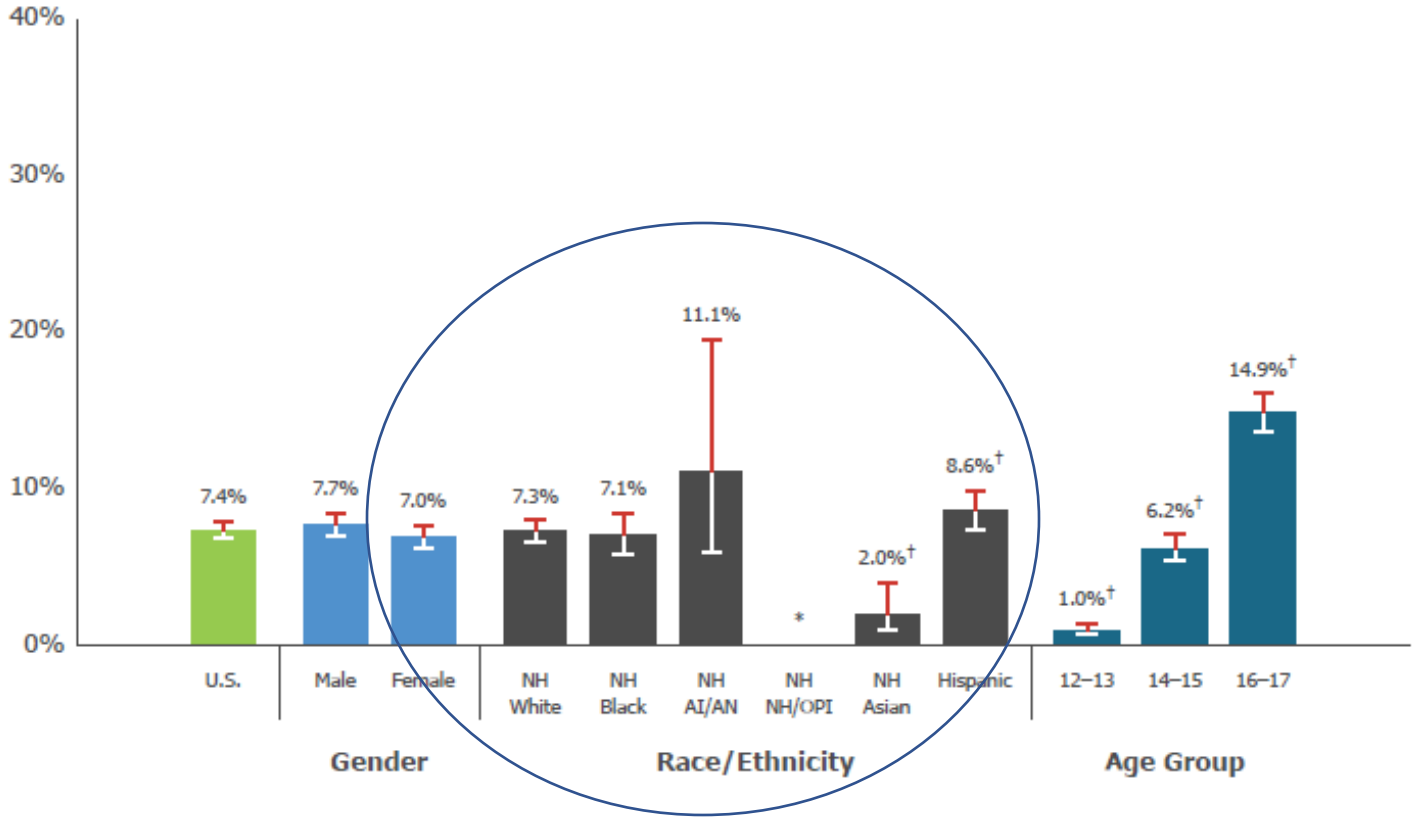


Among youth aged 12–17 in the United States in 2019, **7.4%** (or **1.8 million**) used marijuana in the past month.

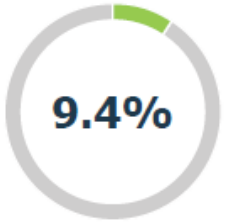
Past-month marijuana use was similar among female youth and their male counterparts.

Compared to the national average, past-month marijuana use was higher among Hispanic youth (**8.6%**) and lower among non-Hispanic Asian youth (**2.0%**).

Compared to the national average, past-month marijuana use was higher among youth aged 16–17 (**14.9%**) and lower among youth aged 12–13 (**1.0%**) and 14–15 (**6.2%**).



Past-Month Alcohol Use among Youth Aged 12–17 in the United States, by Gender, Race/Ethnicity, and Age Group (2019)

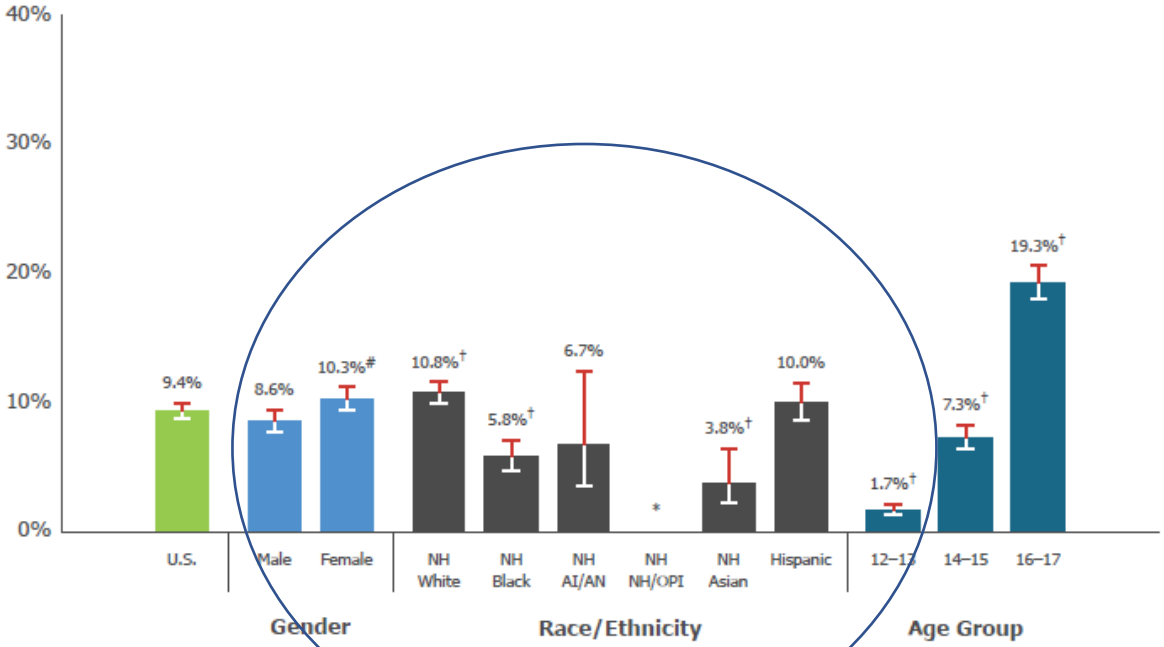


Among youth aged 12–17 in the United States in 2019, **9.4%** (or **2.3 million**) used alcohol in the past month.

Past-month alcohol use was higher among female youth (**10.3%**) than among their male counterparts (**8.6%**).

Compared to the national average, past-month alcohol use was higher among non-Hispanic white youth (**10.8%**) and lower among non-Hispanic Black (**5.8%**) and Asian youth (**3.8%**).

Compared to the national average, past-month alcohol use was higher among youth aged 16–17 (**19.3%**) and lower among youth aged 12–13 (**1.7%**) and 14–15 (**7.3%**).



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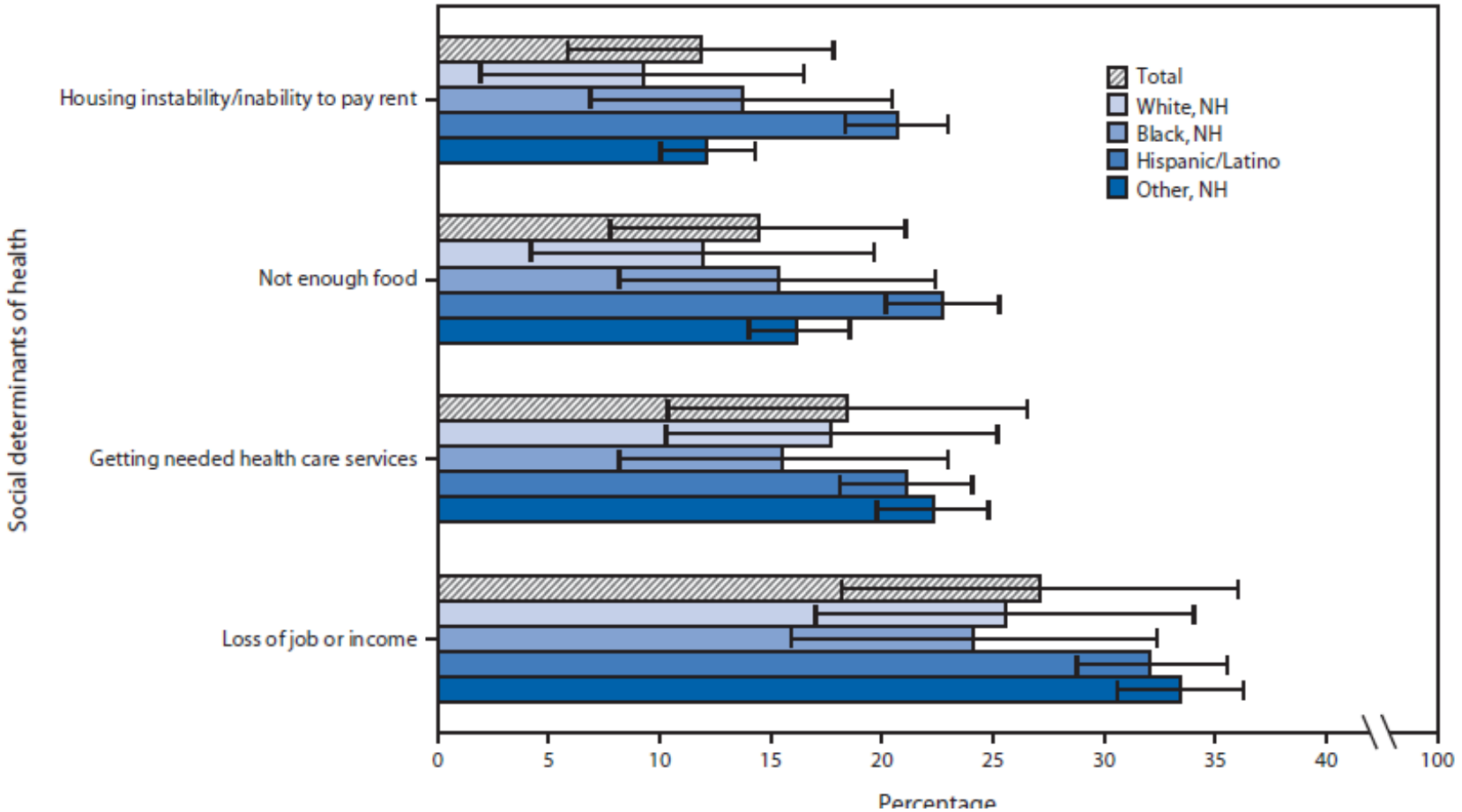
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019.

COVID has made things worse

Stress and worry about social determinants of health (Hispanic/Latino have greatest concerns)

FIGURE 2. Weighted prevalence estimates* of self-reported stress and worry about social determinants of health among adults aged ≥18 years (N = 1,004), overall and by race/ethnicity† — Porter Novelli View 360 survey, United States, April and May 2020



CDC: MMWR Weekly / February 5, 2021 / 70(5);162–166

COVID increased depression and substance use for all groups but even more for Hispanic/Latinos

TABLE. Weighted prevalence estimates of current depression,* suicidal thoughts/ideation,† and substance use increase or initiation§ among adults aged ≥18 years, by race/ethnicity — Porter Novelli View 360 survey, United States, April and May 2020

Race/Ethnicity	Unweighted no. of persons	Weighted % (95% CI)		
		Current depression	Suicidal thoughts/Ideation	Substance use increase or initiation
Total	**1,004**	**28.6 (25.6–31.5)**	**8.4 (6.6–10.2)**	**18.2 (15.7–20.7)**
White, NH	657	25.3 (21.9–28.7)	5.3 (3.6–6.9)	14.3 (11.6–17.0)
Black, NH	100	27.7 (18.7–36.7)	5.2 (0.7–9.7)	15.6 (8.4–22.7)
Hispanic/Latino	118	40.3 (31.3–49.3)	22.9 (15.2–30.6)	36.9 (28.1–45.7)
Other, NH¶	129	31.4 (22.8–40.0)	8.9 (3.6–14.1)	15.1 (8.4–21.7)

CDC: MMWR Weekly / February 5, 2021 / 70(5);162–166

What are the origins of these disparities?

- Systemic racism
  - E.g. differential arrest rates and harsher sentences
- Socioeconomic factors
- Uneven regional distribution of services
- Stigma
- Fear of deportation

Barriers to Care

Factors affecting access to treatment by members of diverse ethnic/racial groups may include:

- Lack of insurance, underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)

Solutions require dealing with:

- Racism in the community
- Stigma
- Uneven regional distribution of services
- Lack of diversity and cultural competency in providers
  - Language barriers
- Trust in government and in providers
- Inability to cover costs of services

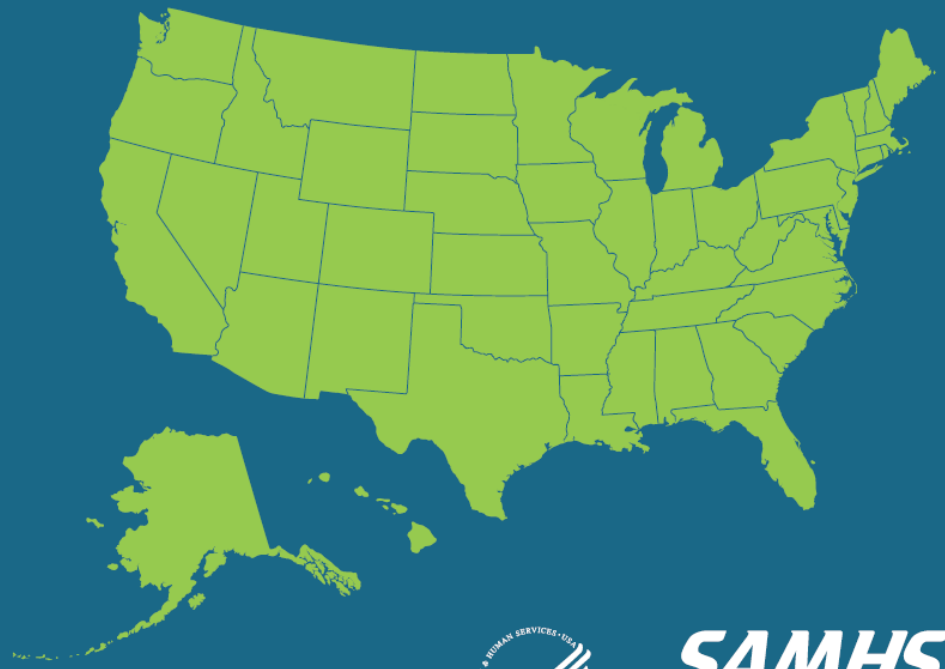
Bottom lines:

- Rates of mental illness and drug use are similar across racial and ethnic groups
- But access to treatment is greatly reduced and rates of incarceration are greatly increased for Black and Latino groups
- Barriers to care need focused attention in every community

Behavioral Health **Barometer**

United States, Volume 6

Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services



SAMHSA
Substance Abuse and Mental Health Services Administration