



# AAKOMA Project

## STATS + FACTS

### RESEARCH STATISTICS REGARDING MENTAL HEALTH DISPARITIES IN BIPOC TEENS & YOUNG ADULTS

#### More Data Is Needed

*Community Engagement in Mental Health with Racially Diverse Populations (Breland-Noble, 2020)* noted that we have **fewer than 3 national studies** that have tested primary mental health treatments in BIPOC youth for major disorders like depression and anxiety. Experts agree that more research within diverse communities is needed because even with all other things being equal (SES, insurance type, etc.) BIPOC youth are significantly under-represented in mental health treatment and research.

#### The Impact of Stigma

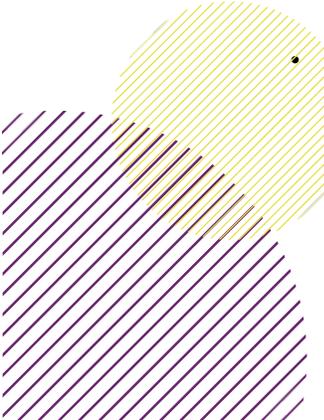
Psychosocial barriers, such as stigmatized attitudes toward depression treatment, reliance on non-clinical faith-based supports, and concerns about the lack of cultural relevance of treatment, often play a role in the lack of treatment utilization by African Americans (Breland-Noble, 2004).

For example, Black youth report that seeking professional help for mental health can be associated with social stigma (Breland-Noble, Harb, & Williams, 2015).

- In general, research suggests that an individual is less likely to endorse stereotypes about mental illness if they have had more intimate contact with a person with a severe mental illness.
- In our research, teens of color reported modest levels of contact with individuals with severe mental illness. We found these youth **less likely** to:
  - endorse negative stereotypes about mental illness, or
  - stigmatize mental illness and stigmatize receiving help for mental illness.

#### Prevalence of Major Depression and Mood Disorders

**Major Reference:** *Handbook of Mental Health in African American Youth (Breland-Noble, Al-Mateen & Singh, 2016)*

- Major depression is the second leading cause of disability as of 2013 both worldwide (Vos et al., 2015) as well as in the United States (Murray et al., 2014).
  - Mood disorders (14 %) are the second next most frequent class of disorders in youth across racial groups, with Persistent Depressive Disorder (formerly Dysthymia) (11.7 %) as the most prevalent depressive illness.
  - Controlling for socioeconomic factors, there is little to no difference in the prevalence of depressive symptoms or affective disorders across racial groups (Doi, et al., 2001; Rushton, Forcier, & Schectman, 2002).
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- Despite equivalent rates in the prevalence of depressive disorders, White youth are more likely to receive “appropriate” diagnoses for their presenting symptoms when compared to youth of color, who often receive diagnoses for conduct and behavior disorders (Breland-Noble, et al., 2018).
- Only 1 in 3 African American youth who need mental health care receive it.\*

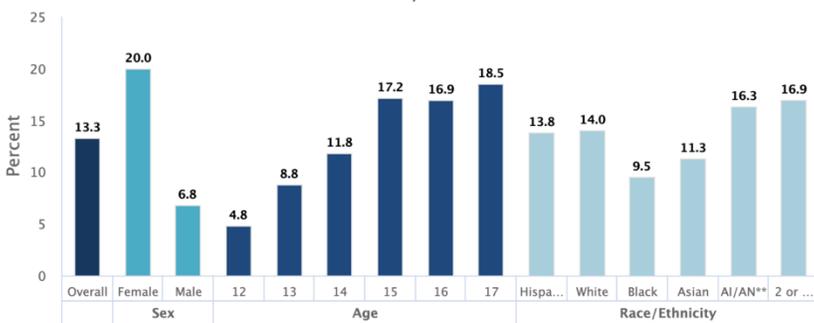
### Psychiatric Disorders in Youth of Color

According to the Handbook of Mental Health in African American Youth (2016)

- 49.5 % of youth (all races) report at least one lifetime psychiatric disorder
- 42 % report two or more co-occurring disorders
- The most prevalent lifetime disorder category is:
  - Anxiety disorders (32%), and within that category it is the subset
    - with phobia (19%)
- Two racial differences were found in the major classes of lifetime DSM-IV mental disorders between African American and White youth:
  1. an increased rate of anxiety disorders and
  2. lower rates of substance use disorder among African American compared to White adolescents.

### TABLES COURTESY of SAMHSA

Past Year Prevalence of Major Depressive Episode Among U.S. Adolescents (2017)  
Data Courtesy of SAMHSA



Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in the United States, by Gender, Race/Ethnicity, and Age Group (2019)<sup>a</sup>

