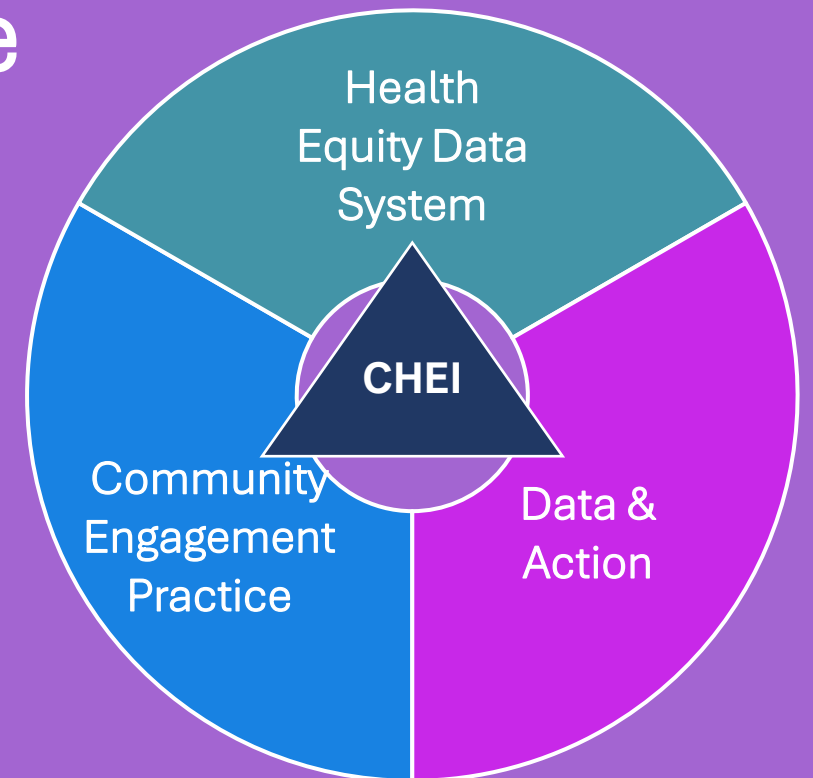




MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Community Health Equity Initiative (CHEI)

Community Health Equity Survey 2023
Mental Health Spotlight



CHEI COMMUNITY ENGAGEMENT ADVISORY COMMITTEE (CEAC)



CHEI would not have been possible without the collaboration of the CEAC. Member organizations collaborated with DPH to make decisions around survey development and outreach strategies.

- Allston Brighton Health Collaborative Asian Task Force Against Domestic Violence (ATASK)
- Authentic Caribbean Foundation
- Black Literacy and Arts Collaborative
- Boston Children's Hospital Office of Community Health
- Cambodian Mutual Assistance Association
- Casa Project of Worcester County
- Health Equity Partnership of North Central Massachusetts (CHNA 9)
- DEAF, Inc.
- Dignity Alliance Massachusetts
- Disability Policy Consortium
- Greater Lawrence Community Action Council
- Haitian Community Partners
- Immigrants' Assistance Center
- Justice 4 Housing
- Massachusetts Alliance of Portuguese Speakers
- Massachusetts Councils on Aging

- Massachusetts Association of Community Development Corporations
- Multicultural AIDS Coalition
- New American Association of Massachusetts
- New England Rural Health Association
- North American Indian Center of Boston
- Ohketeau Cultural Center
- Outer Cape Health Services
- PureSpark
- Quaboag Hills Substance Use Alliance
- Revitalize CDC
- Somali Parents Advocacy Center for Education
- Springfield Family Resource Center
- Springfield Mass in Motion
- Stavros
- YMCA of Greater Boston

CHES SURVEY DISSEMINATION MINI-GRANTEES



CHES would not have been possible without the efforts of mini-grantees. These organizations received funding to conduct outreach to their community members, and their success is reflected in response rates among communities of focus.

- Advocates
- Authentic Caribbean Foundation Inc.
- Berkshire Area Health Education Center, Inc
- Black Autism Coalition
- Boston Chinatown Neighborhood Center
- Boston Lesbian Gay Urban Foundation
- Breaktime United, Inc.
- Cambiando el mundo de personas con Discapacidades
- Cambodian Mutual Assistance Association of Greater Lowell, Inc.
- Center for Living and Working
- Centro Comunitario de Trabajadores
- Chappaquiddick Tribe of The Wampanoag Indian Nation Corporation
- CHD's Big Brothers Big Sisters of Hampshire County
- Chelsea Black Community
- Coalition for a Healthy Greater Worcester
- Community Action Agency of Somerville
- Community Economic Development Center
- Developmental Evaluation and Adjustment Facilities, Inc. (DEAF, Inc.)
- Disability Policy Consortium
- Enlace de Familias de Holyoke/ Holyoke Family Network Inc.
- Greater Fall River RE-CREATION
- Haitian Community Partners Foundation
- Health Equity Partnership of North Central MA (CHNA9)
- Health Imperatives
- Herring Pond Wampanoag Tribe
- Hilltown CDC
- Immigrants' Assistance Center
- Islamic Society of Boston
- JAHAN Women and Youth Intercultural, Inc
- Justice For Housing Inc
- La Colaborativa
- Latino Education Institute
- Latinx In Action
- Lawrence Prospera
- LEO Inc.
- LGBT Asylum Task Force
- Making Opportunity Count
- Mary Lyon Foundation
- Massachusetts Alliance of Portuguese Speakers (MAPS)
- Montague Catholic Social Ministries
- Mystic Valley YMCA
- Native American Lifelines
- New American Association of MA
- Nipmuc Nation Tribal Council
- North Quabbin Community Coalition
- Ohketeau Cultural Center
- Open Sky – Safe Homes Program
- Outer Cape Health Services
- Out at Home - The Home for Little Wanderers
- Out MetroWest
- Out Now
- Partners for Youth with Disabilities
- Pioneer Valley Workers Center
- PureSpark
- Quaboag Valley Community Development Corporation
- Quincy Asian Resources, Inc. (QARI)
- Roca Inc.
- Saheli
- Somali Parents Advocacy Center for Education (SPACE)
- Somerville Public Schools - Somerville Family Learning Collaborative
- Southeast Asian Coalition of Central MA
- Tan Chingfen Graduate School of Nursing at UMass Chan Medical School
- Tapestry Health Systems, Inc.
- The Association of Haitian Women in Boston
- The Care Center
- The Vietnamese American Civic Association
- Uhai for Health Inc
- Viability
- Vietnamese American Initiative for Development (VietAID)
- Vim Berkshires
- Voices of The Community
- Volunteers in Medicine
- Waltham Partnership for Youth
- WestMass ElderCare, Inc.
- Wildflower Alliance (under the umbrella of the Western Mass Training Consortium)
- Youth on Fire
- YWCA Central Massachusetts

CHEI MENTAL HEALTH ADVISORY GROUP



This Mental Health Spotlight was developed in partnership with members of the CHEI Mental Health Advisory Group who informed the analyses and findings highlighted within this report.

CHEI Mental Health Advisory Group Members represent various programs and divisions across DPH, including:

- Culturally and Linguistically Appropriate Services Initiative
- Division for Children and Youth with Special Health Care Needs
- Division for Pregnancy, Infancy, and Early Childhood
- Division of Child/Adolescent Health and Reproductive Health
- Office of Statistics and Evaluation - Bureau of Community Health and Prevention
- Pregnancy, Infancy, and Early Childhood Division
- State Office of Rural Health
- Women, Infants, & Children Nutrition Program

CONTENTS



- Community Health Equity Initiative and Survey Background
- Mental Health Equity Framing
- Mental Health in Massachusetts
- Drivers of Mental Health Inequities
- Promoting Mental Health: Potential Areas of Action to Address Root Causes of Inequities

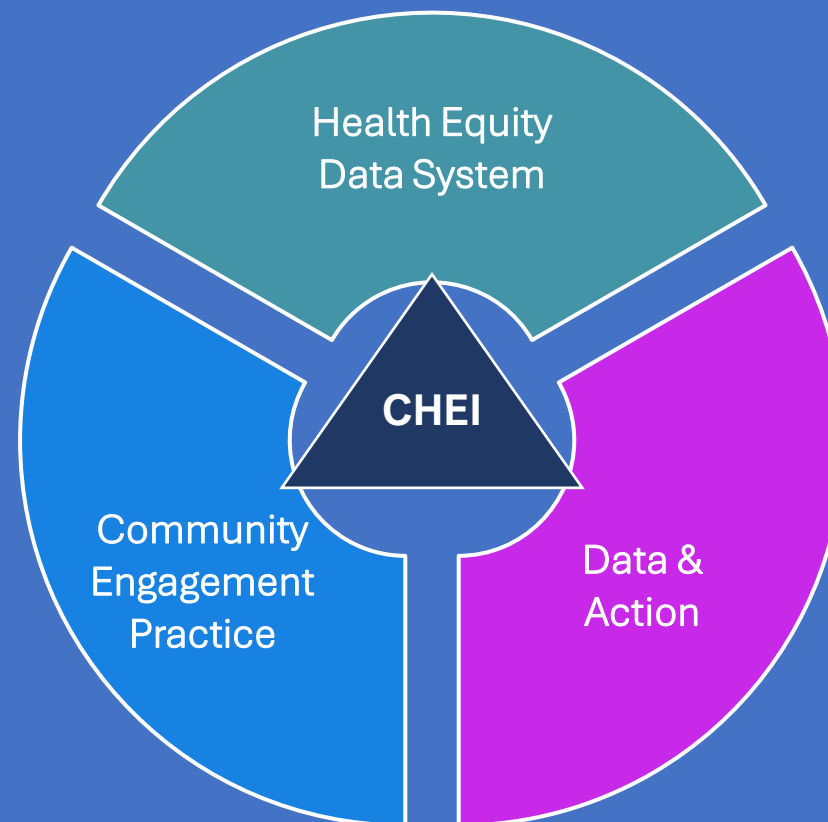
COMMUNITY HEALTH EQUITY INITIATIVE (CHEI) BACKGROUND

CHEI MODEL: FOUNDATIONAL PILLARS



CHEI promotes the health of Massachusetts residents and reduces health inequities through a **Health Equity Data and Response System**.

This public health system is built upon **Three Foundational Pillars**:



CHES 2023 METHODOLOGY OVERVIEW



Take the Community Health Equity Survey

A healthier community starts with your voice.



- CHES is an innovative, community-based survey administered to **residents aged 14 and older**
- Utilizes a **non-probability quota sampling** methodology
 - Sample goals were set for Communities of Focus to ensure representation and sufficient sample sizes for granular and intersectional analyses.
 - Non-random sampling with community outreach strategies to meet sample goals.
- **Sample weights** were created using propensity score model weights to better align the survey sample to statewide race & ethnicity, gender, age, and education distribution.
- Data collection was open from **July 31 through October 31, 2023.**

CHES 2023 SAMPLE GOAL ACHIEVEMENTS



CHES engagement & dissemination strategies were effective in reaching nearly all CHES sample goals.



Overall Participation exceeded CHES 2023 sample goal by **65%**.

Sampling goals were exceeded for nearly all Communities of Focus, including:

- **American Indian/Alaska Native, Asian American & Pacific Islander, Black, and Hispanic/Latine-o-a** groups
 - Overall, **residents of color** represented a greater proportion of participants in CHES 2023 compared to CCIS 2020 (29.7% vs. 18.7%)
- **Youth**, age 14-17 (n=2,070)
- **All people with disability groups**
- **Pregnant and postpartum people** (n= 307)
- **Foreign-born residents** (n=2,800)
- **LGBTQA+ residents** (n=2962)
- **Transgender and/or nonbinary residents** (n=676)
- **Rural residents** (n= 3023)

CHES 2023 METHODOLOGY OVERVIEW



Take the Community Health Equity Survey

A healthier community starts with your voice.



For more information about the Community Health Equity Initiative (CHEI) and more information about the Community Health Equity Survey (CHES) please visit our Background & Resources page:

<https://www.mass.gov/info-details/ches-2023-background-resources>

MENTAL HEALTH EQUITY FRAMING

MENTAL HEALTH EQUITY FRAMING



Mental Health Is A Core Component Of Our Overall Health

- Our mental health impacts nearly all aspects of our lives and is important for maintaining meaningful relationships, coping with everyday stress, and making choices.

Mental Health Is More Than Just the Absence of Illness

- Mental health exists on a continuum and having positive mental health is more than just the absence of mental illness.
- Individuals living with a mental health condition can have high levels of mental well-being just as individuals without a mental health diagnosis are not guaranteed to have positive overall mental health.

Promoting Mental Health Equity Goes Beyond Focusing on Individuals

- The building blocks for positive mental health include factors at the individual, community, environment, institution, and systems levels.
- Promoting mental health equity will require strategies across all levels, including addressing systems and structures that drive health inequities.

CHEI HEALTH INEQUITIES FRAMEWORK

Interconnected Systems

Address interconnected systems and policies, including global forces and governmental policies, at the macro level.

Policies & Environment

Address policies and environments to change these unjust systems ex: *housing policies, land trusts, etc.*

Increased Risk

Mitigate impact of increased risk caused by these unjust systems ex: *supportive housing, new development, stabilization initiatives*

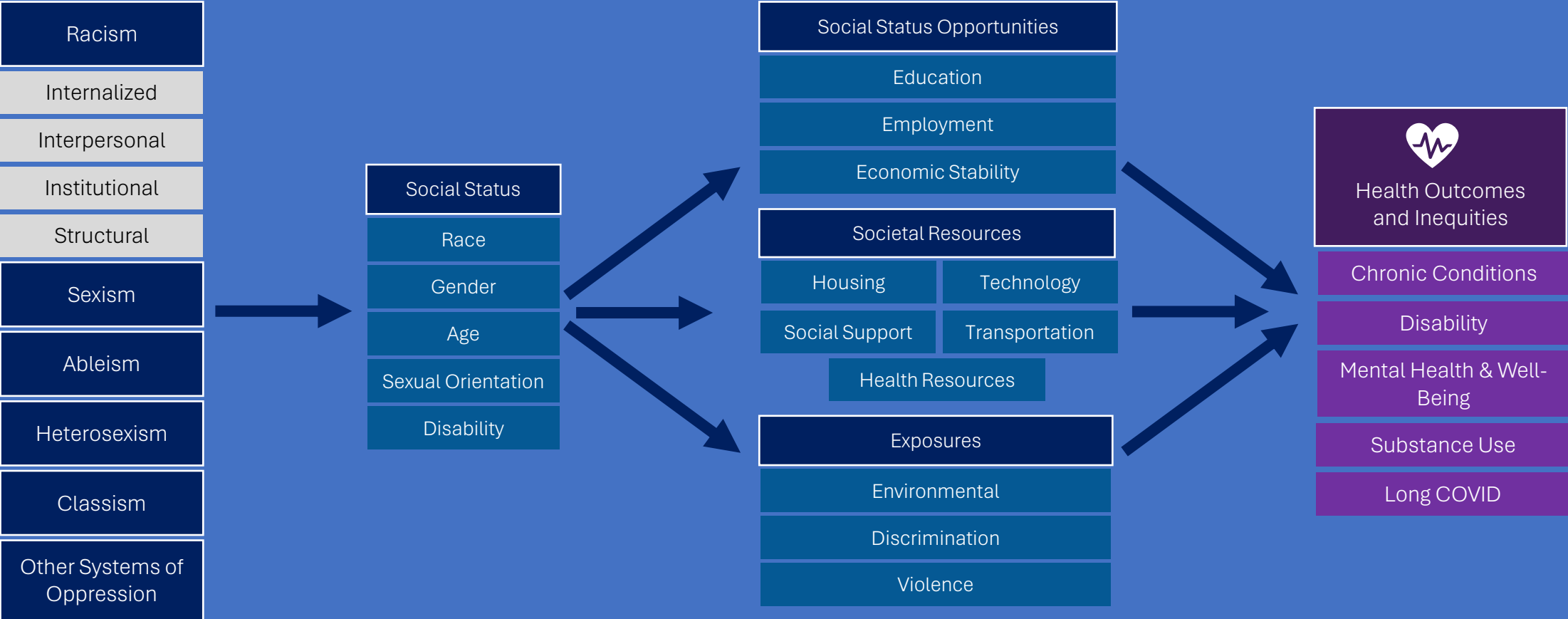
Health-Related Social Needs

Address immediate health related social needs caused by these unjust systems ex: *air conditioner vouchers*

SYSTEMS AND STRUCTURES

UPSTREAM / MIDSTREAM

DOWNSTREAM



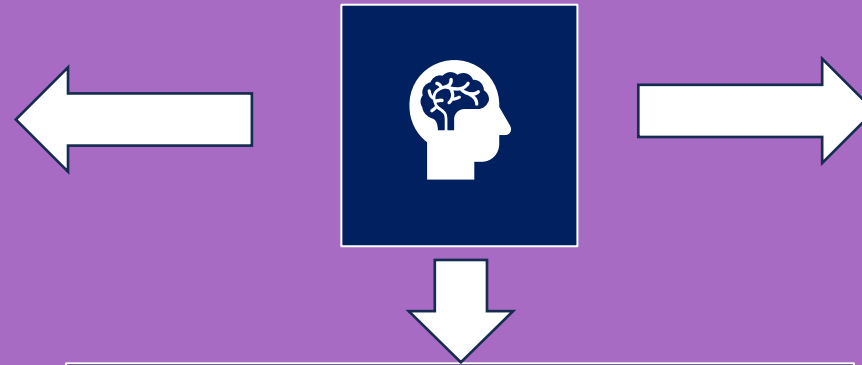
MENTAL HEALTH IN MASSACHUSETTS

2023 CHES MENTAL HEALTH INDICATORS



Psychological Distress

- 2023 CHES used the Kessler Psychological Distress Scale*.
- Scores from the Kessler Scale were used to categorize levels of psychological distress.
- Psychological distress in this spotlight is defined as having “high” or “very high” levels of psychological distress.



Suicidal Ideation

- 2023 CHES gathered information on suicidal ideation and suicide attempts.
- Suicidal ideation is defined as thinking about doing something to end your life in the past 12 months.

Social Isolation

- Social isolation is defined as not having many people to talk to or spend time with on a regular basis.
- 2023 CHES asked respondents how often they feel isolated from others. Those who reported feeling isolated “usually” or “always” were considered socially isolated.

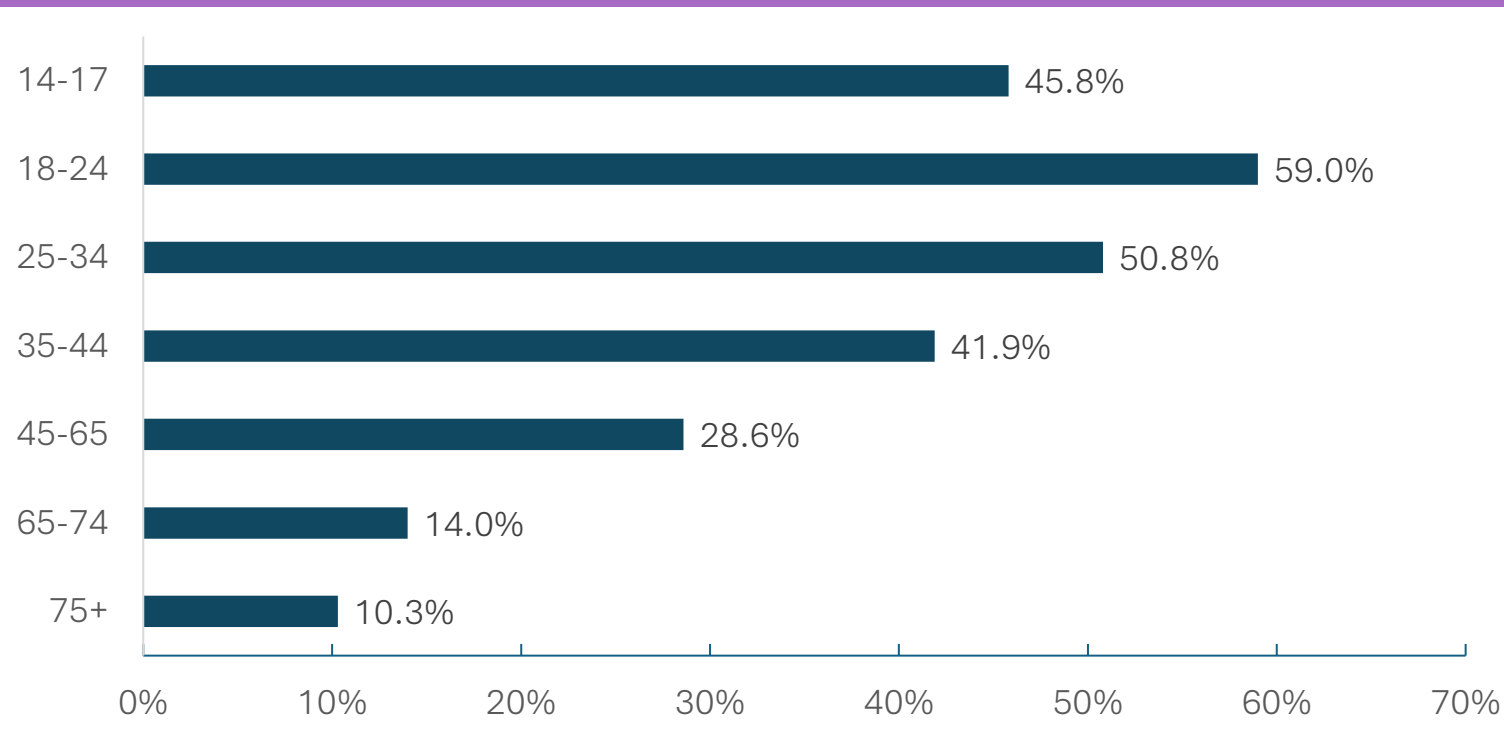
* The Kessler Psychological Distress Scale is a validated scale to assess non-specific psychological distress. The 2023 CHES used a 5-question version of the scale.

MENTAL HEALTH IN MASSACHUSETTS



The overall burden of poor mental health in MA is high and inequities exist

Psychological Distress by Age Group (Years)



- Nearly 1 in 3 adults and 1 in 2 youth reported psychological distress.
- Youth and younger adult age groups reported the highest rates of psychological distress.

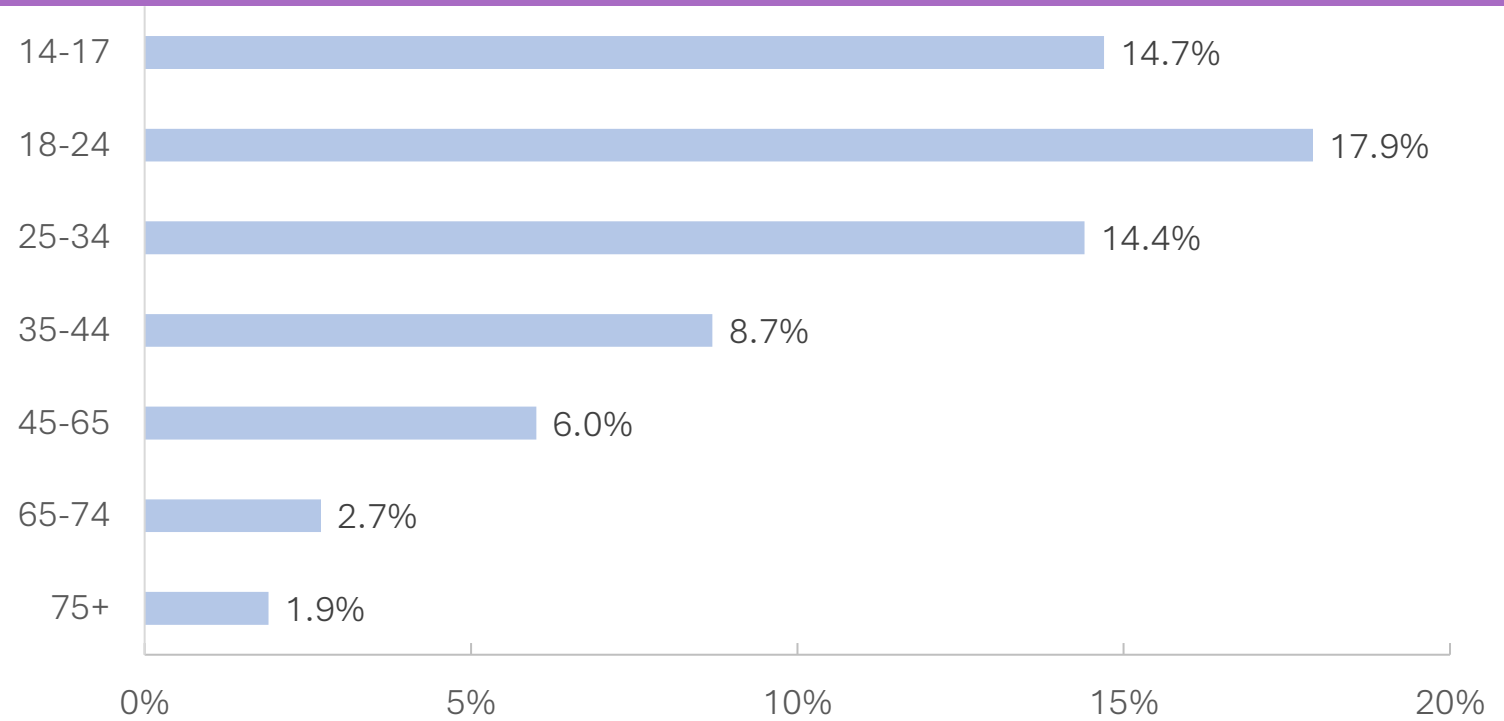
MENTAL HEALTH IN MASSACHUSETTS



The overall burden of poor mental health in MA is high and inequities exist

- Overall, 7.4% of adults aged 18 and older and 14.7% of youth aged 14-17 reported suicidal ideation in the past year.
- Young adults aged 18-24 had the highest reported rates of suicidal ideation.

Suicidal Ideation by Age Group (Years)

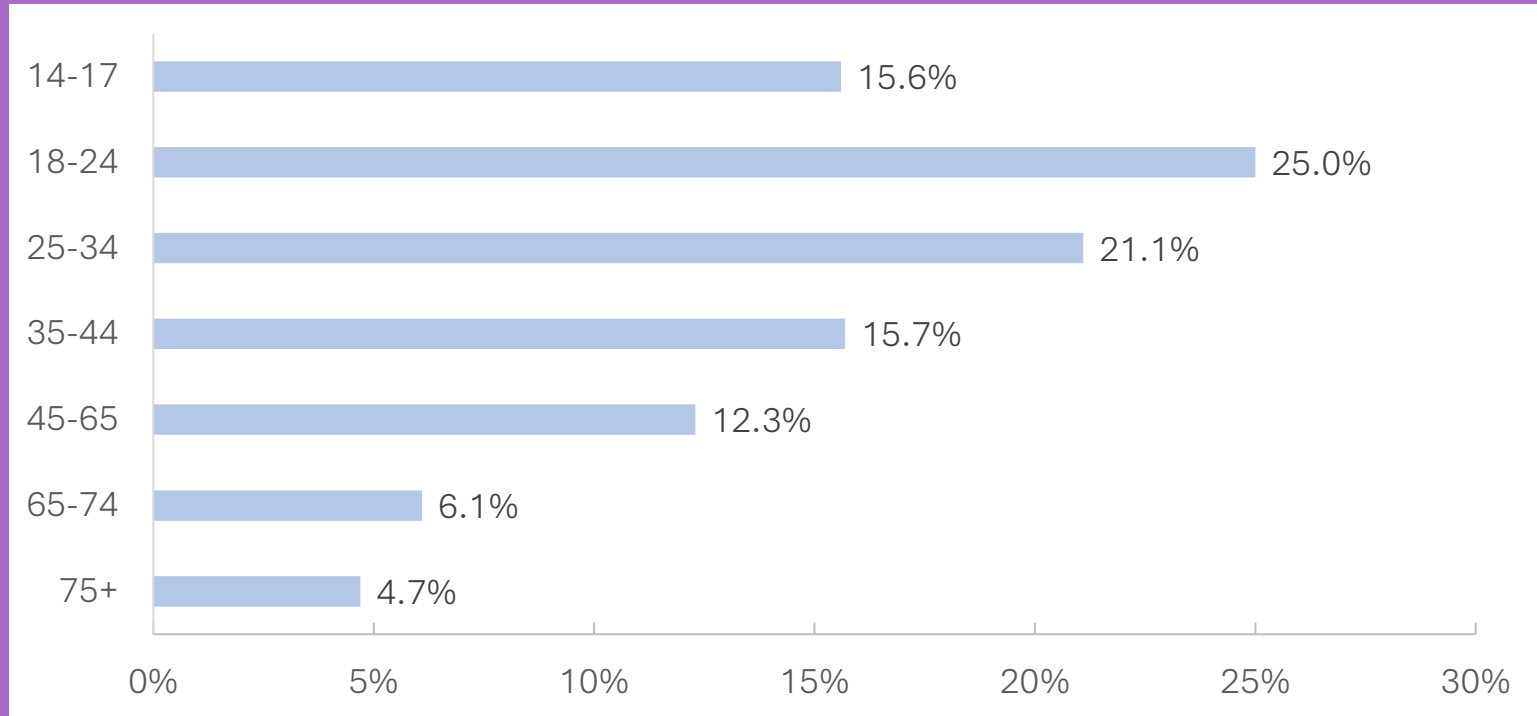


MENTAL HEALTH IN MASSACHUSETTS



The overall burden of poor mental health in MA is high and inequities exist

Social Isolation by Age Group (Years)



- Overall, 13.2% of adults aged 18 and older and 15.6% of youth aged 14-17 reported usually or always feeling isolated from others.
- Social Isolation was highest among young adults aged 18 to 24. Older adults reported the lowest rates of social isolation.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: People of Color

Racism and Mental Health

Communities of color continue to experience racism at the structural, institutional, interpersonal, and internalized levels, which lead to poor outcomes and inequities in mental health.

Barriers to Quality Mental Health Care & Resources

People of color are more likely to experience barriers to accessing mental health services and more likely to receive poor quality mental health care.

Mental Health Inequities Hidden within Data

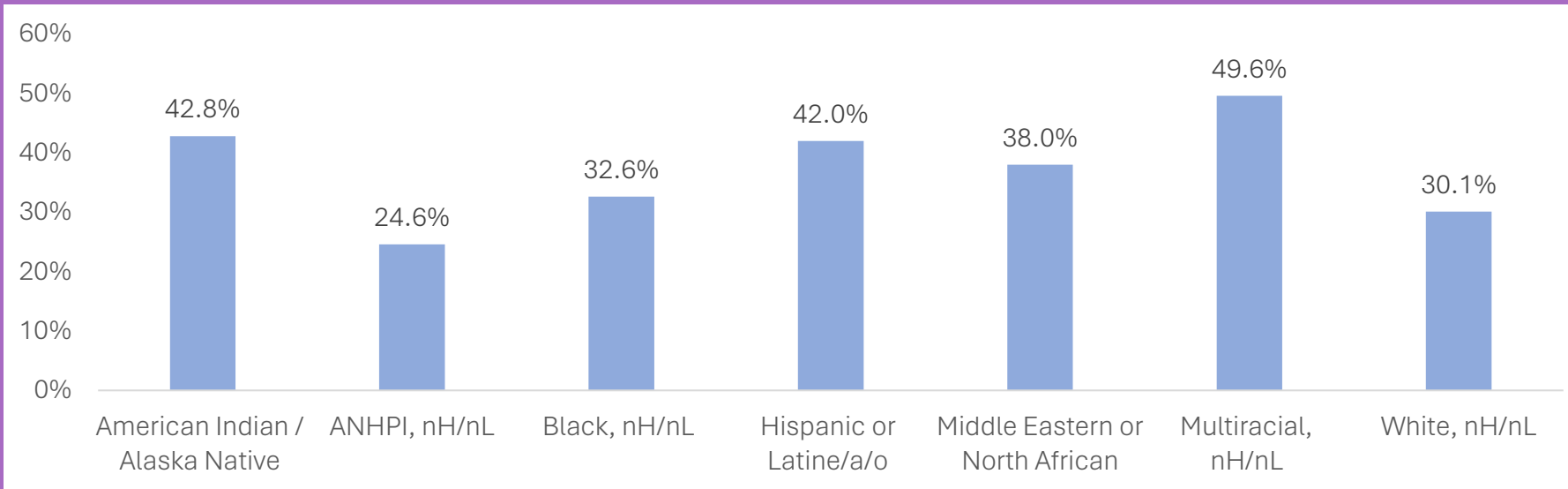
Poor mental health outcomes, including mental illness, are often underdiagnosed and underreported within many communities of color.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: People of Color

Psychological Distress by Race and Hispanic or Latine/a/o Ethnicity



ANHPI=Asian, Native Hawaiian, Pacific Islander nH/nL=non-Hispanic/non-Latino/a/e

People of color disproportionately experienced poor mental health outcomes, including those identifying as American Indian or Alaska Native, Hispanic or Latine/a/o, Middle Eastern or North African, and Multiracial.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: People of Color

American Indian / Alaska Native (AI/AN)

- Approximately 2 in 5 AI/AN adults reported high or very high psychological distress, which is 42% higher than the rate for White, nH/nL adults.
- AI/AN adults have a 68% higher rate of suicidal ideation compared to White, nH/nL adults (12.6% vs 7.5%).

Hispanic / Latine-o-a

- Approximately 2 in 5 Hispanic / Latine-o-a adults reported high or very high psychological distress
- 1 in 5 youth reported being socially isolated.

Middle Eastern or North African (MENA)

- Over 6 in 10 MENA youth aged 14-17 reported high or very high psychological distress, which is 34% higher than the rate for White, nH/nL youth.
- Approximately 2 in 5 MENA adults aged 18 and older reported suicidal ideation in the past year, which is over double the rate for White, nH/nL adults.

Multiracial

- 1 in 2 adults identifying as multiracial reported high or very high psychological distress and 1 in 4 reported social isolation.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: LGBTQA+

Diversity Within the LGBTQA+ Community

The Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Asexual (LGBTQA+) community includes individuals with a diverse range of identities and expressions of gender and sexual orientation and experiences

History of Discrimination, Violence, Oppression

The LGBTQA+ community have experienced a long history of discrimination, violence, and denial of civil and human rights.

Mental Health Inequities within the LGBTQA+ Community

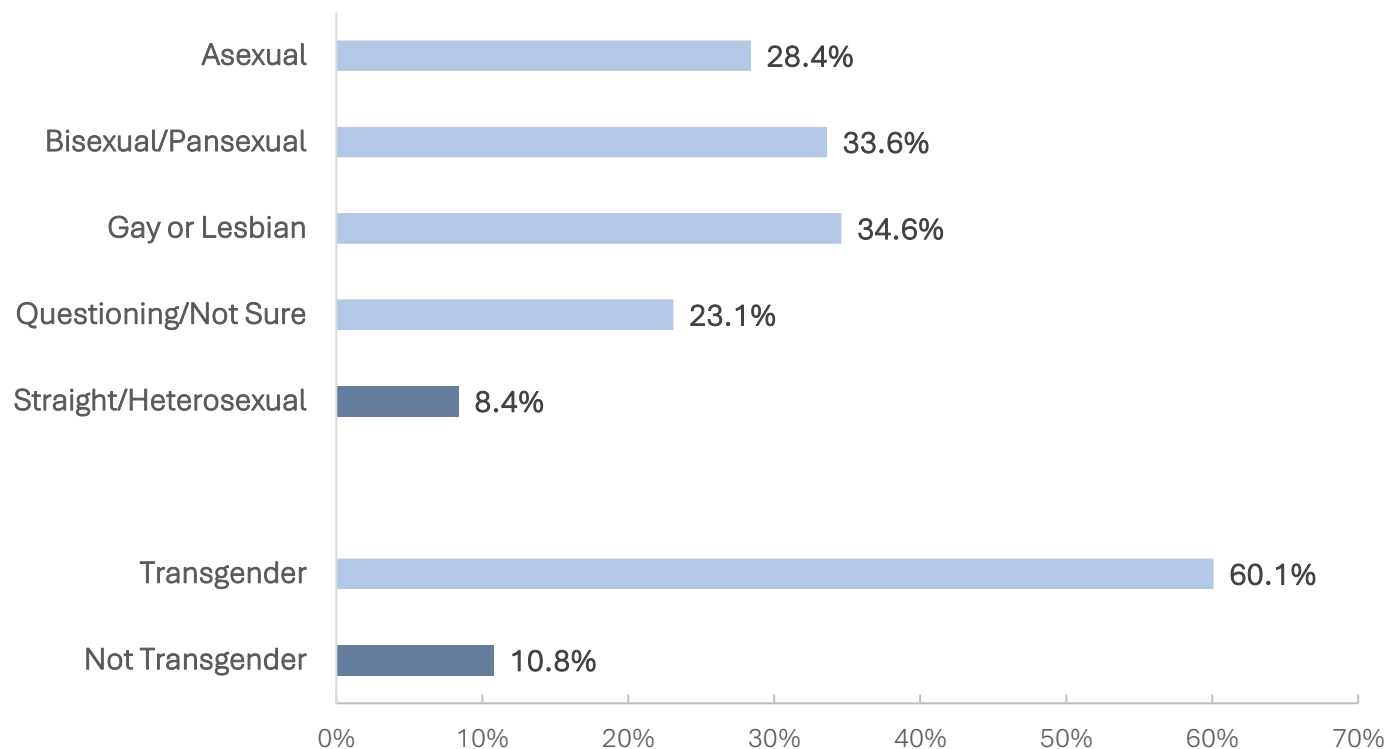
Structural and social drivers of health contribute to members being at higher risk for many poor mental health outcomes, including depression, anxiety, and substance misuse.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: LGBTQA+

Youth (Aged 14-17) Suicidal Ideation by Sexual Orientation and Transgender Identity



- Overall, adults and youth who identify as LGBTQA+ had significantly higher rates of psychological distress, suicidal ideation, and social isolation compared to straight and cisgender respondents.
- 6 in 10 youth identifying as Transgender reported suicidal ideation. That rate is over 5 times higher compared to youth who do not identify as transgender.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: LGBTQA+

LGBTQA+ Adults

Adults identifying as **Bisexual**, **Pansexual**, **Queer**, or **Questioning** had over twice the rate of psychological distress compared to adults identifying as heterosexual.

Adults identifying as **Queer** were 6.4 times as likely to report suicide ideation compared to adults identifying as heterosexual.

Adults who identify as **Transgender** were 2.5 times as likely to report high or very high psychological distress, 2.0 times as likely to report suicidal ideation, and 6.4 times as likely to report being socially isolated compared to those not identifying as transgender.

Over 7 in 10 **Non-Binary** Adults reported having high or very high psychological distress, 2.3 times the rate of female adults.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: People with Disabilities

Diversity Among People with Disabilities

People with disabilities are a diverse group of individuals with a wide range of identities, abilities, and lived experiences.

Ableism is a System of Oppression

Ableism is a system of oppression that discriminates against and creates disadvantages for people with disabilities. Ableism leads to structural, environmental, and social barriers that make it more difficult for people with disabilities to fully engage and interact with the world around them.

Disability and Mental Health Inequities

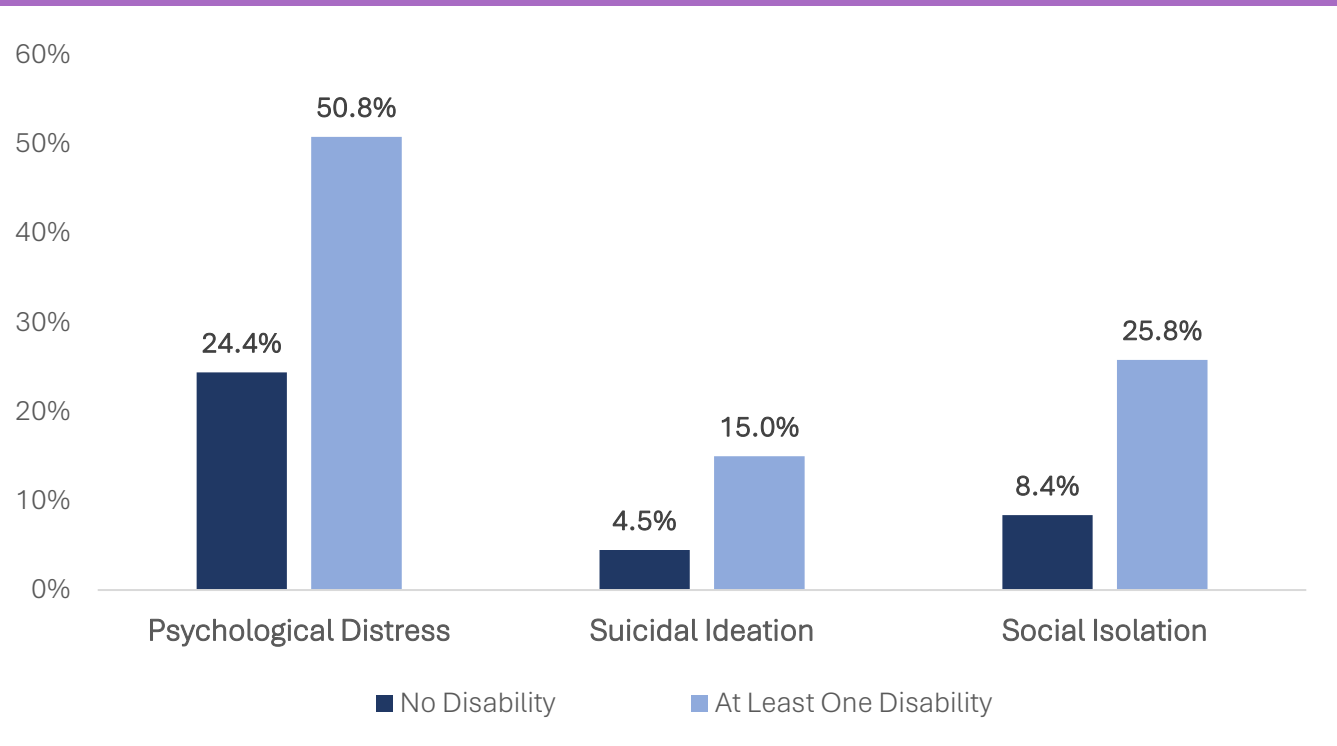
The discrimination and barriers people of disabilities face often lead to increased mental distress and risk for other poor mental health outcomes. In the U.S., an estimated 17.4 million adults with disabilities experience frequent mental distress¹.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: People with Disabilities

Psychological Distress by Disability Status Among Adults



Overall, people with disabilities had significantly worse mental health outcomes compared to people without disabilities.

- Approximately 1 in 2 adults aged 18 and older with disabilities and 3 in 4 youth aged 14-17 with disabilities reported high/very high psychological distress.
- Approximately 15% of adults with a disability and 35% of youth with a disability reported suicidal ideation.
- Adults with a disability were over 3 times as likely to report social isolation compared to adults and youth without a disability.

MENTAL HEALTH IN MASSACHUSETTS



Communities Experiencing Inequities in Mental Health: People with Disabilities

Mental Health Inequities Among People with Disabilities

People with Cognitive Disability

- About 3 in 4 adults and youth with a cognitive disability reported having high or very high psychological distress.
- 1 in 4 adults and over 1 in 3 youth with a cognitive disability reported suicidal ideation.

People with a Learning / Intellectual Disability

- Adults with a learning / intellectual disability were 2.7 times more likely to report high or very high psychological distress and 5.6 times as likely to report suicidal ideation compared to adults without a learning / intellectual disability.

People with a Self-Care / Independent Living Disability

- Youth with a self-care/ independent living disability reported the highest rate of suicidal ideation (55.3%) and the highest rate of social isolation (53.4%) of all disability types.

People with a Mobility Disability

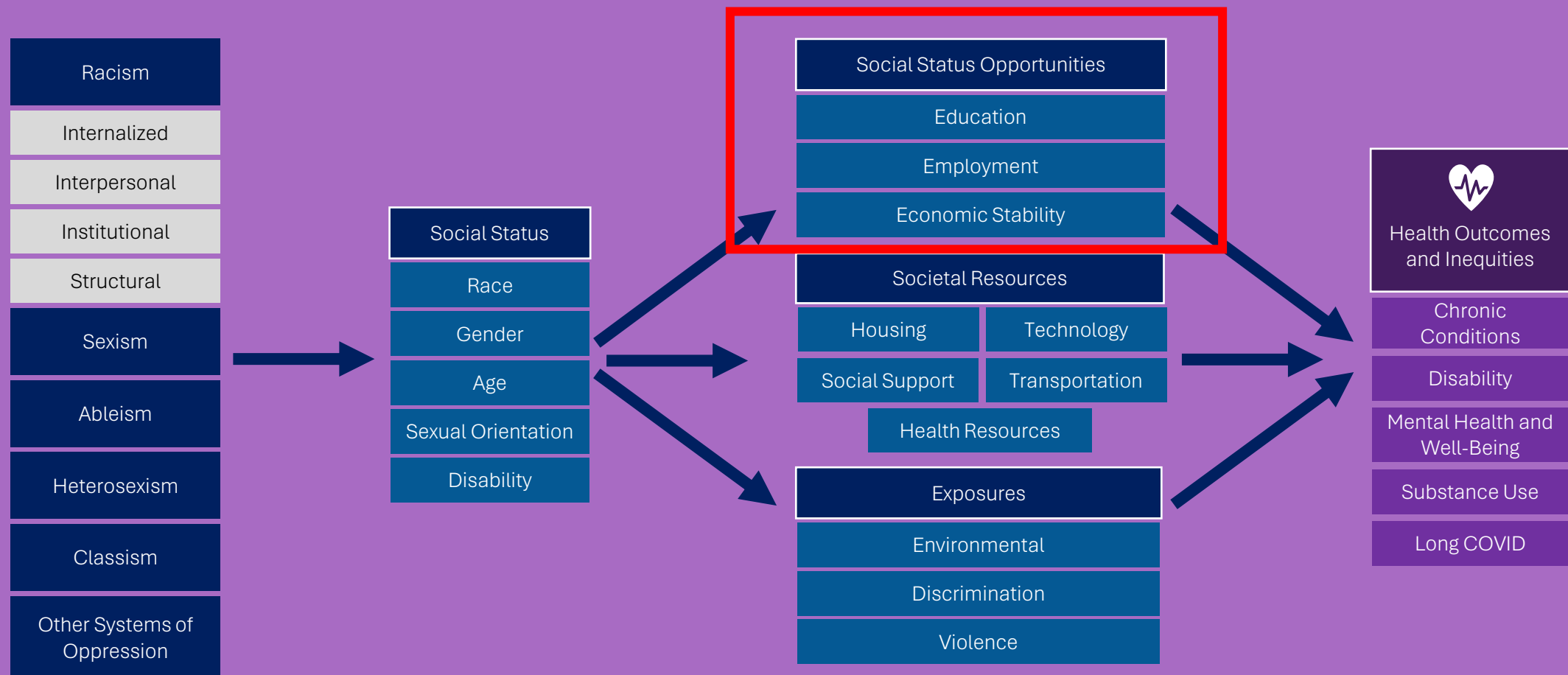
- 1 in 2 youth with a mobility disability reported social isolation, which is the second highest among all disability groups.
- 1 in 2 youth with a mobility disability reported suicidal ideation and 3 in 4 had high or very high psychological distress.

DRIVERS OF MENTAL HEALTH INEQUITIES

DRIVERS OF MENTAL HEALTH INEQUITIES



Social Status Opportunities



DRIVERS OF MENTAL HEALTH INEQUITIES



Social Status Opportunities: Economic Stability



Economic Stability is the ability of individuals, households, and communities to meet their basic and essential needs sustainably.

Economic stability is important for accessing important resources like housing, technology, transportation, health care, and healthy foods.

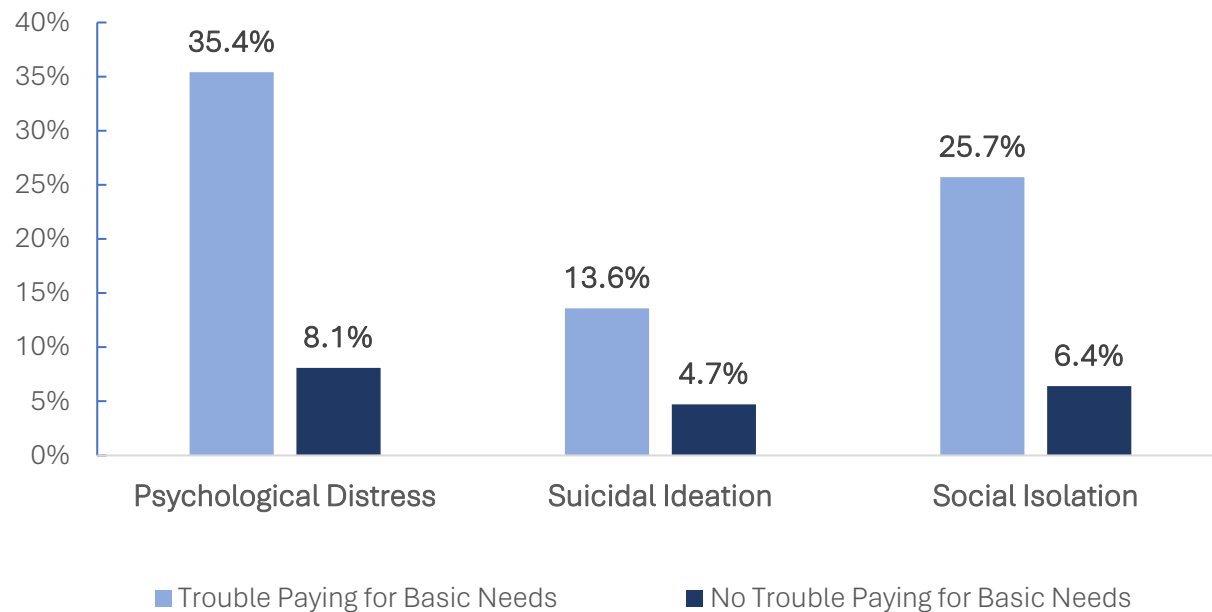
Absence of economic stability leads to poor mental health outcomes by impacting your ability to attain necessary resources and increasing psychological distress.

DRIVERS OF MENTAL HEALTH INEQUITIES



Social Status Opportunities: Economic Stability

Paying for Basic Needs and Mental Health Indicators



Adults who reported having trouble paying for basic needs in the past 12 months had significantly worse mental health outcomes.

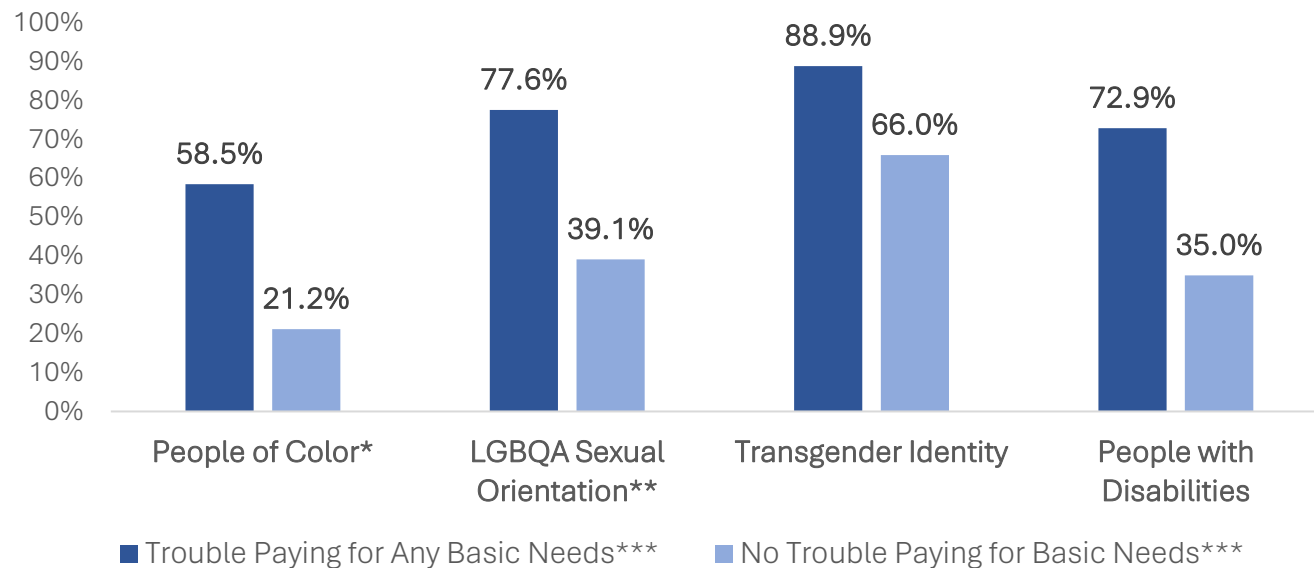
Those who reported trouble paying for basic needs were over **4x** as likely to report psychological distress and social isolation compared to those who did not. They were also nearly **3x** as likely to report suicidal ideation.

DRIVERS OF MENTAL HEALTH INEQUITIES



Social Status Opportunities: Economic Stability

Psychological Distress by Paying for Basic Needs Among Communities of Focus



Members of communities of focus with more economic stability were more likely to have better overall mental health outcomes compared to those that were more economically unstable.

For example, the rate of psychological distress among people of color who did report trouble paying for basic needs was 21.2% compared to 58.5% for people of color that did report trouble paying for basic needs.

*People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

**LGBQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

*** Basic needs include childcare or school, food or groceries, formula or baby food, health care, housing, technology, transportation, and utilities.

DRIVERS OF MENTAL HEALTH INEQUITIES



Social Status Opportunities: Employment



Having safe and steady employment is important for promoting physical and mental health.

Employment promotes economic stability of individuals and families, which is important for accessing important health-promoting resources.

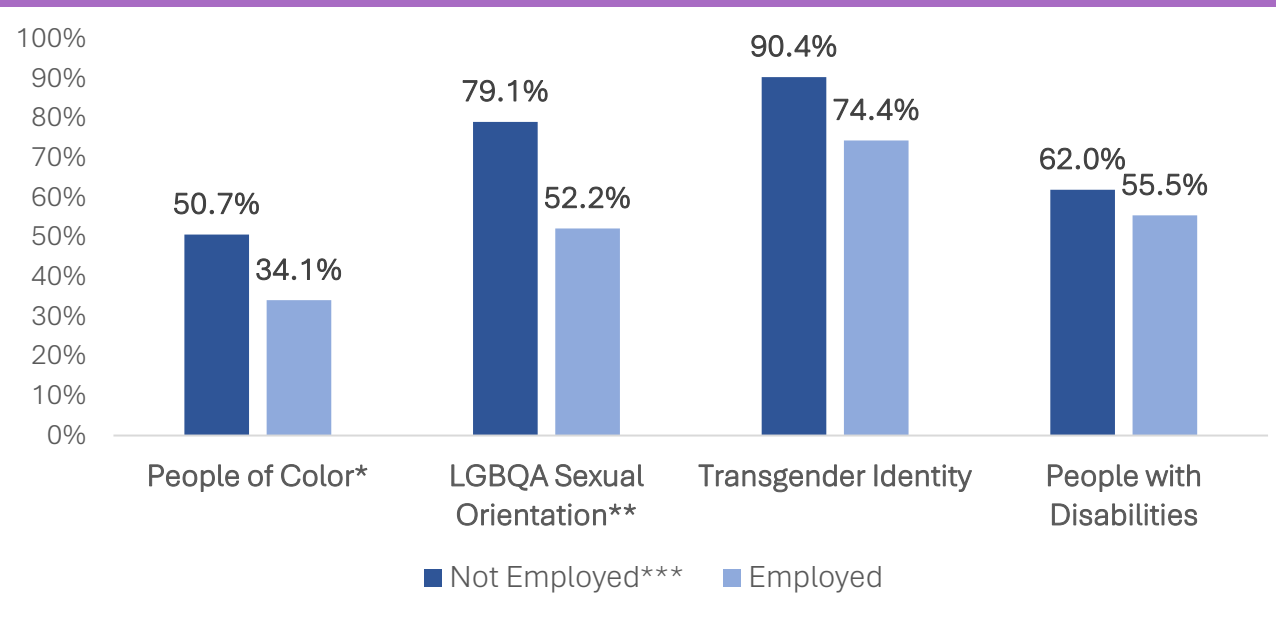
The nature and conditions of work also have a large impact on health. Having healthy and safe workplaces, livable wages, and job security are important for our overall health, including mental health.

DRIVERS OF MENTAL HEALTH INEQUITIES



Social Status Opportunities: Employment

Psychological Distress by Employment Status Among Communities of Focus



Individuals within communities of focus that reported being employed had better mental health outcomes overall compared to those that were unemployed.

For example, within the LGBTQA community, rates of psychological distress among employed adults were significantly lower compared to unemployed adults (79.1% vs 52.2%).

*People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

**LGBQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

*** Not employed includes individuals that reported being out of work or unable to work.

DRIVERS OF MENTAL HEALTH INEQUITIES



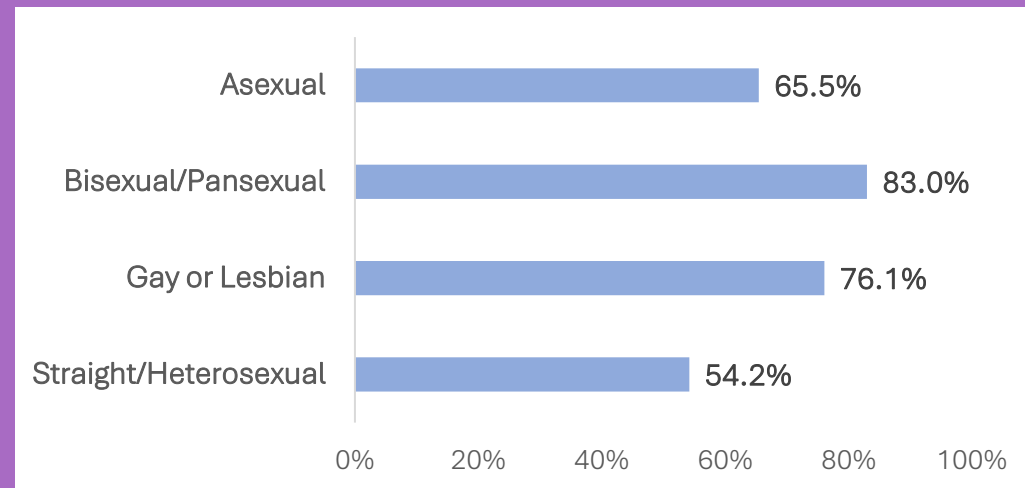
Social Status Opportunities: Employment

Individuals that reported being out of work were nearly twice as likely to report high or very high psychological distress and over twice as likely to report suicidal ideation and social isolation compared to those that reported being currently employed.

The relationship between employment and health was more pronounced within certain communities of focus.

For example, among adults who reported being unemployed, individuals identifying as **Gay, Lesbian, Bisexual, Pansexual**, or **Asexual** had significantly higher rates of psychological distress than those who identify as straight/heterosexual.

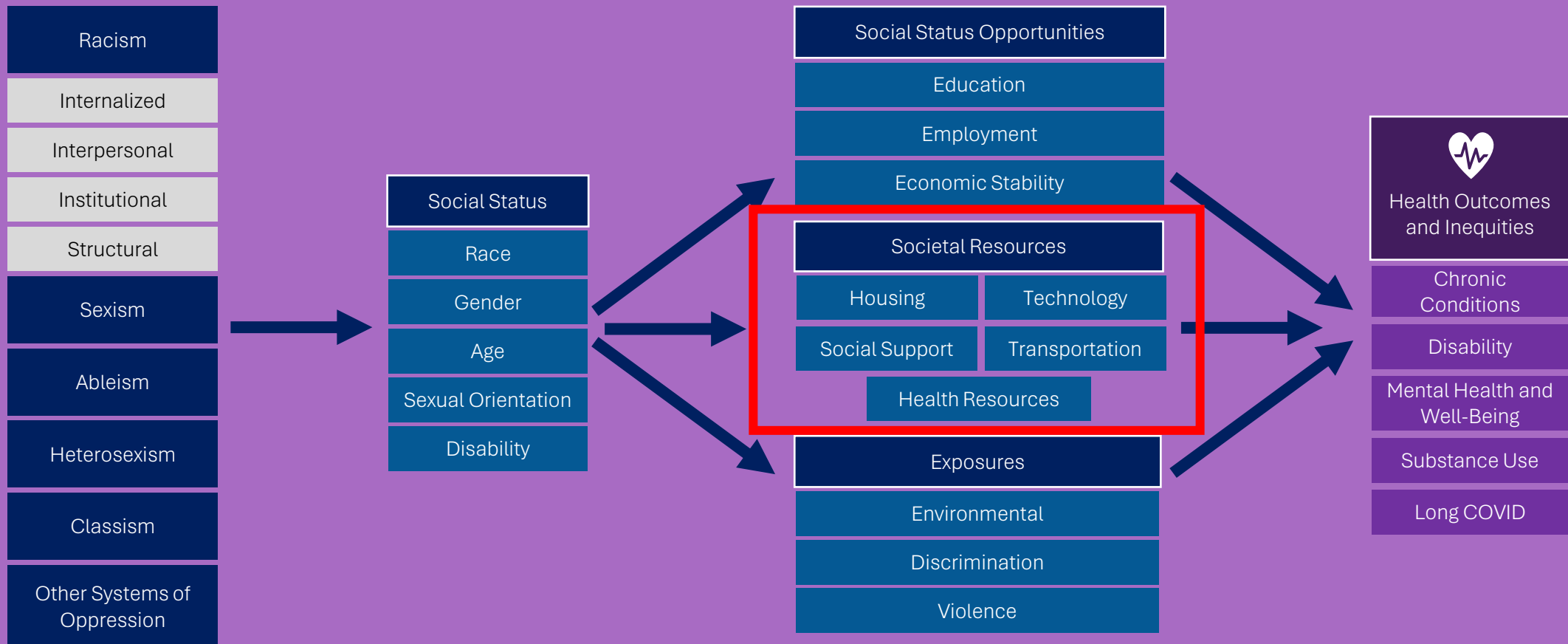
Psychological Distress Among Unemployed Adults by Sexual Orientation



DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources



DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Social Networks and Supports



The relationships and networks we share with others have a strong connection to our health and the health of our communities.

Social networks influence our physical and mental health in many ways, including:

Providing us with emotional support, information, and help with tangible needs.

Reinforcing social norms and influencing behaviors.

Influencing our access to resources like job opportunities, educational opportunities, access to health care, and housing.

Shaping person-to-person contact, which influences our exposure to infectious diseases

DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Social Networks and Supports

Social Support Among Adults

- Among adults who reported not having anyone they could count on for any of the types of social support included in the survey, over half reported high or very high psychological distress (57.2%) and over a third reported social isolation (38.5%).
- Adults with low levels of social support were 2.6 times as likely to report suicidal ideation compared to adults with high social support.

Social Support Among Youth

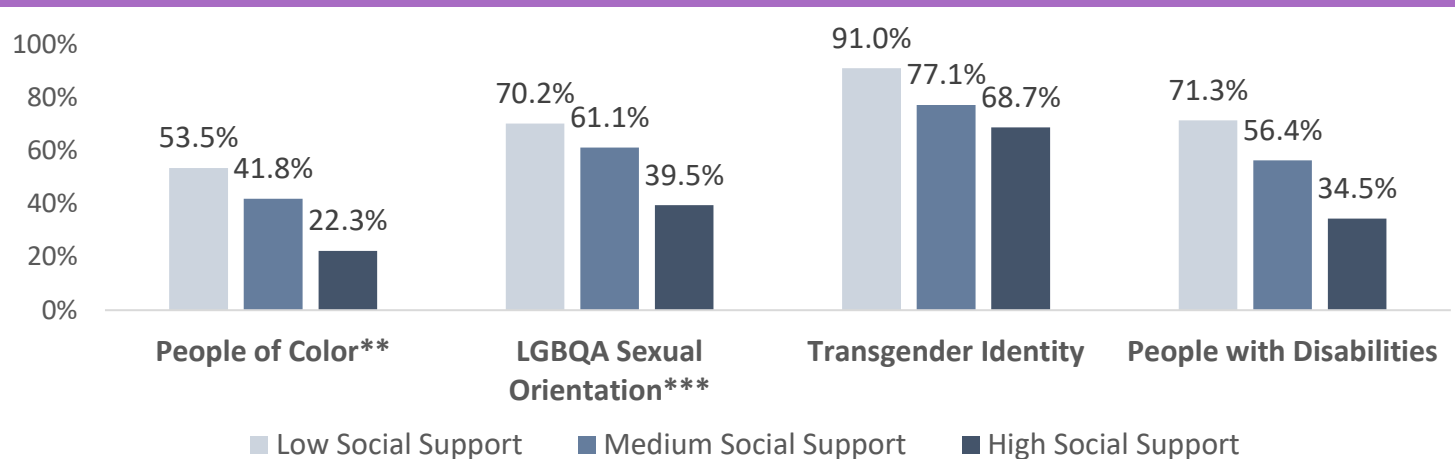
- 70.2% of youth who reported not having someone to talk to about a personal problem had high or very high psychological distress compared to 44.6% of youth who did have someone to talk to. They were also nearly twice as likely to report suicidal ideation (22.9% vs 12.3%).

DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Social Networks and Supports

Psychological Distress by Social Support Levels* Among Communities of Focus



Within communities of focus, increased levels of social support were associated with overall better mental health outcomes.

For example, adults with disabilities with high levels of social support were half as likely to report having high or very high psychological distress compared to adults with disabilities with low levels of social support.

**Social support levels were calculated from the social support module in the 2023 CHES. High social support is defined as having someone to count on for all types of social support. Medium social support is defined as having someone to count on for 1 to 4 types of social support. Low social support is defined as not having someone to count on for any types of social support.*

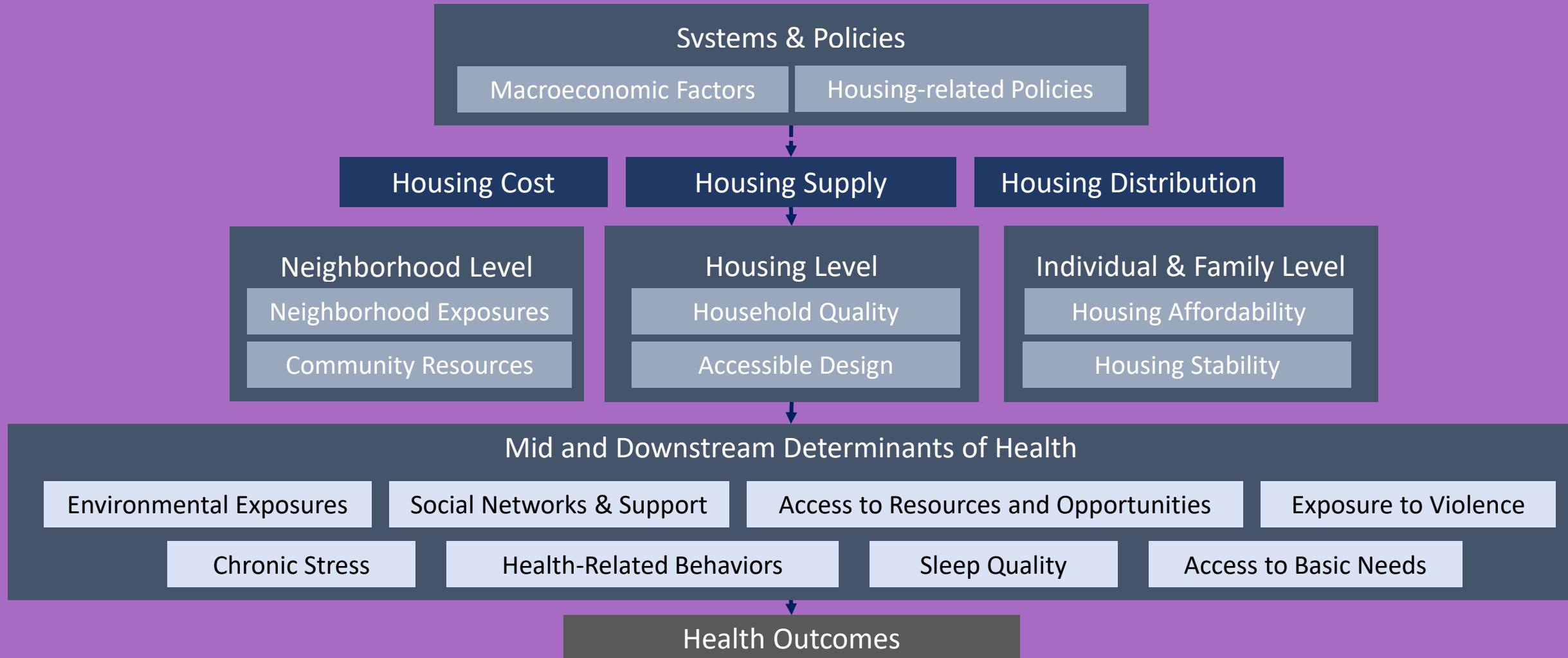
***People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.*

****LGBQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.*

DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Housing



DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Housing

Housing Expenses and Economic Security

- Adults who reported having trouble paying for housing-related expenses were 2.6 times as likely to report high or very high psychological distress, over 2.8 times as likely to report suicidal ideation, and 3.3 times as likely to report social isolation compared to those who did not have trouble.

Housing Stability

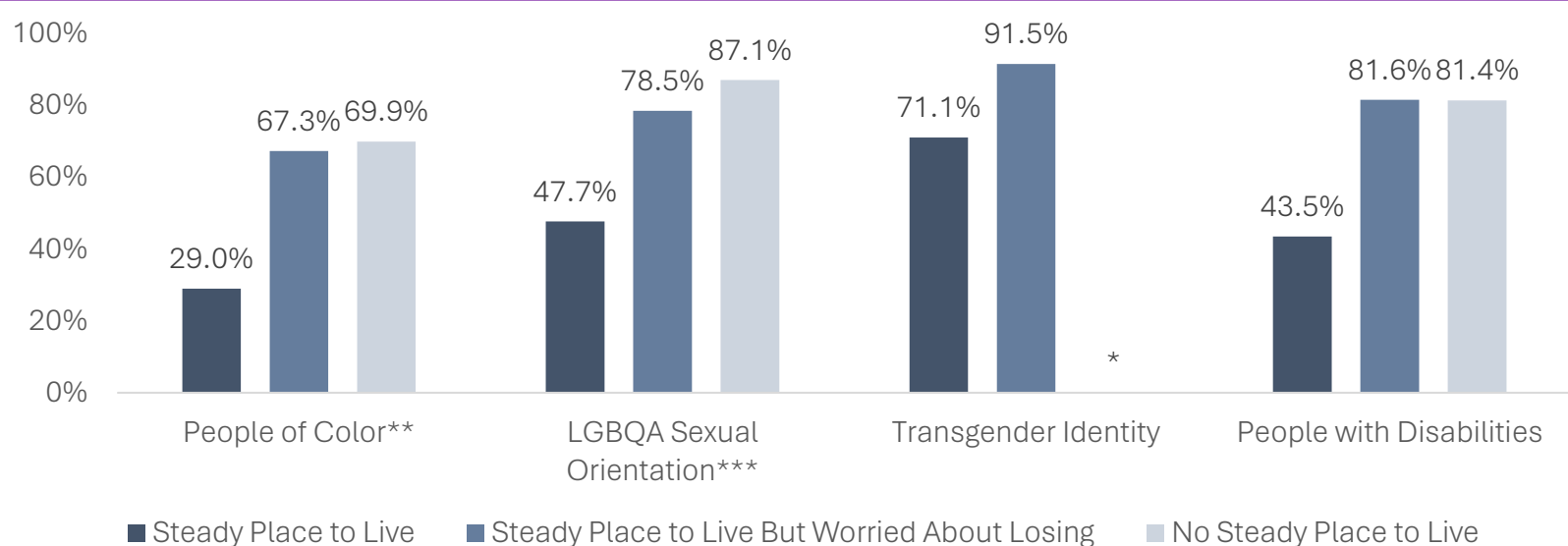
- Adults who reported having a steady place to live had significantly lower rates of psychological distress, suicidal ideation, and social isolation compared to those who did not have a steady place to live.
- Adults who had a steady place to live but were worried about losing their housing had similar rates of psychological distress, suicidal ideation, and social isolation compared to those who reported not having a steady place to live.

DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Housing

Psychological Distress by Housing Stability Among Communities of Focus



Within communities of focus, those that have access to stable, affordable housing were more likely to have better mental health outcomes.

For example, among residents of color, the rate of high or very high psychological distress among those that reported having a steady place to live was significantly lower than those that reported not having a steady place to live (29.0% vs 69.9%).

* Data within category suppressed due to small numbers.

**People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

***LGBQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Access to Quality Health Care



Having access to affordable, quality health care is important for overall health, including mental health.

Significant barriers to health care access exist within many communities that contribute to inequities in health.

Economic Barriers and Affordability

Provider Shortages

Inadequate Health Insurance Coverage

Transportation Barriers

Language Access Barriers

Insufficient Paid Sick Leave Policies

Racial Bias and Discrimination

DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Access to Quality Health Care

Health Care Expenses

Adults who reported having trouble paying for health care expenses were significantly more likely to report having an unmet health care need in the past year compared to those who did not have trouble (40.5% vs. 12.8%). They were also 2.2x as likely to have high or very high psychological distress, 2.6x as likely to report suicidal ideation, and 2.7x as likely to report social isolation.

Discrimination in Health Care

Adults who reported experiencing discrimination while getting health care were over twice as likely to report not receiving the health care that they needed in the past year compared to those who did not report experiencing discrimination while getting health care (50.5% vs 24.4%). They also reported significantly higher rates of psychological distress, suicidal ideation, and social isolation compared to those who did not experience discrimination while getting health care.

Health Insurance Coverage

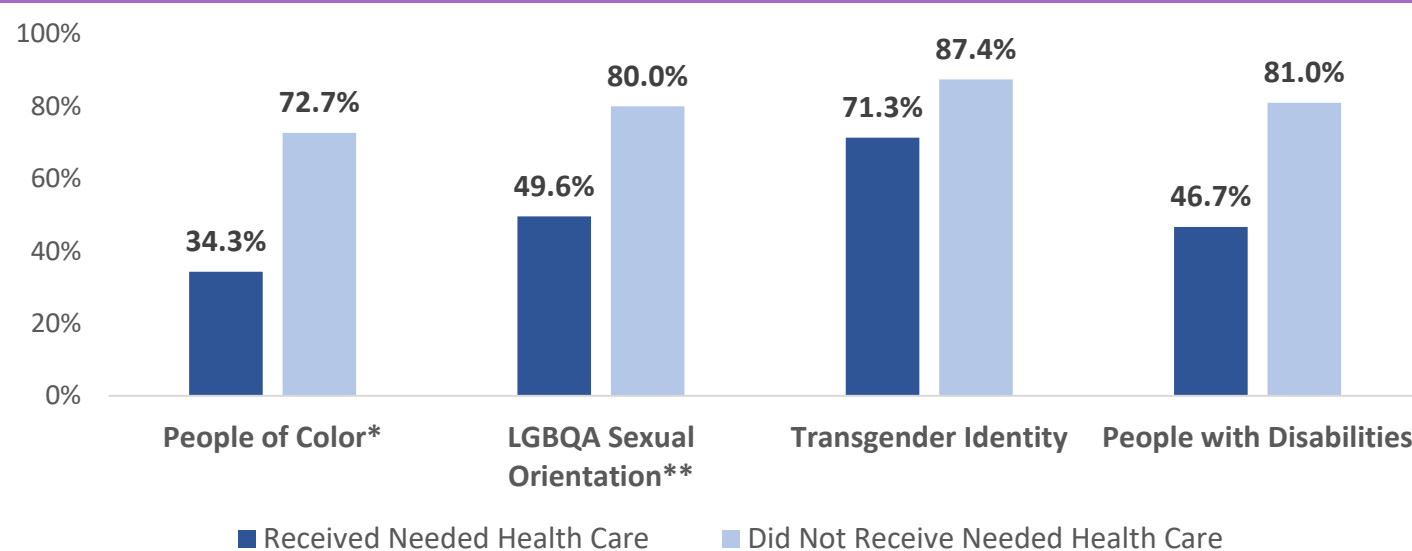
Adults who reported not having health insurance coverage were nearly twice as likely to have high or very high psychological distress, 2.1x as likely to have suicidal ideation, and 2.5x as likely to report social isolation.

DRIVERS OF MENTAL HEALTH INEQUITIES



Societal Resources: Access to Quality Health Care

Psychological Distress by Unmet Health Care Needs Among Communities of Focus



Rates of psychological distress within **People of Color**, those identifying as **LGBTQA**, and **People with Disabilities** were significantly lower among those that received the health care that they needed compared to those that did not.

Within people of color, the rate of psychological distress was 53% lower for those that received the health care they needed compared to those that did not.

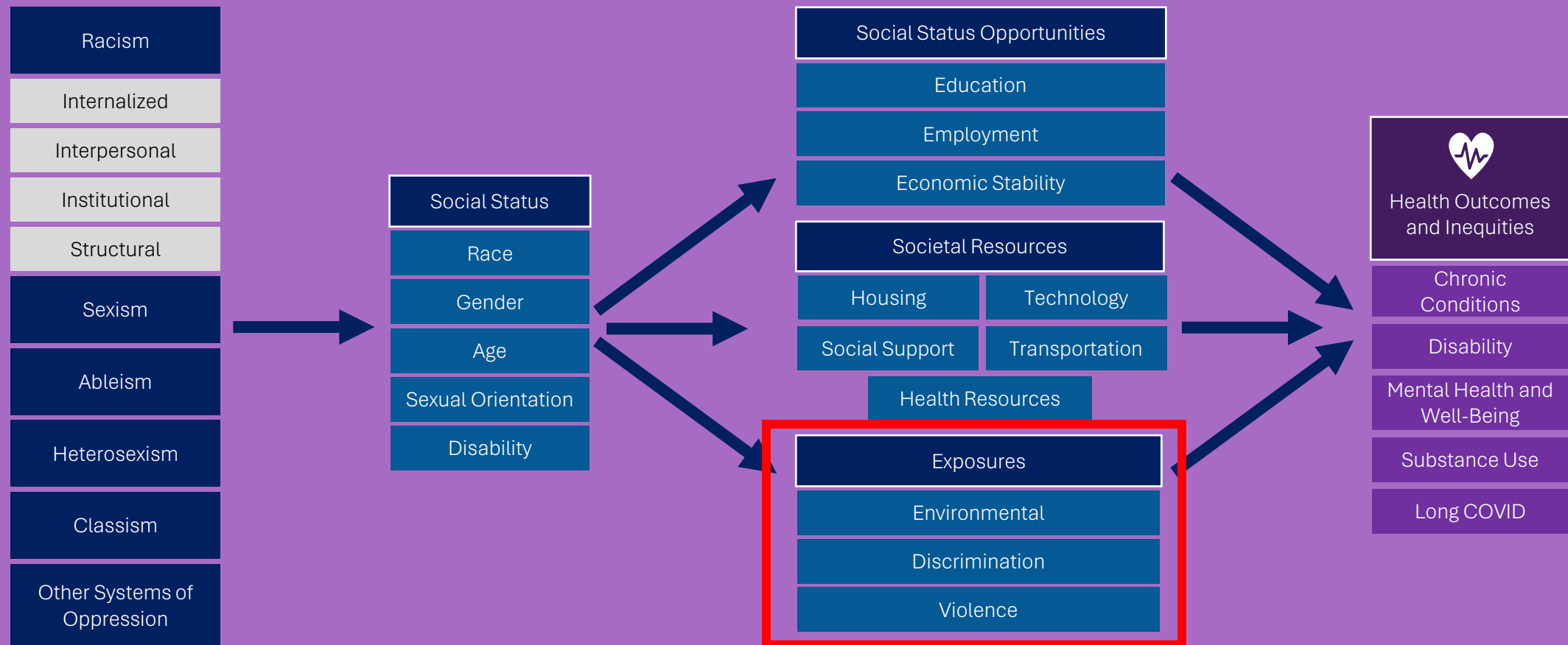
*People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

**LGBTQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures



DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Environmental Exposures



Healthy environments are critical for health.

Systems and Structures Drive Inequities in Environmental Health

Environmental exposures come in many forms and influence our health in many ways, including our mental health. Systemic and structural inequities strongly influence our community characteristics and our levels of exposures to various environmental hazards, contributing to inequities in mental health.

Biological Exposures

Biological exposures are one type of environmental exposure that can have an impact on our mental health. For example, adults who reported having problems with pests in the home were 2.1x as likely to report high or very high psychological distress compared to adults who did not.

Extreme temperatures

Our climate also contributes to our overall mental health. For example, adults who reported having problems dealing with extreme temperatures, like being too hot in the summer or not having enough heat in the winter, were significantly more likely to report psychological distress and suicidal ideation.

DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Environmental Exposures

Many Environmental Exposures are Higher Among Communities of Focus

People of Color

Respondents who identified as Black, Hispanic or Latine/a/o, Middle Eastern or North African, or Multiracial reported significantly higher rates of not having enough heat in their homes during winter, having pests in their home, and experiencing flooding in their home or street in the past 5 years compared to respondents that identified as White, nH/nL.

LGBTQA+

Members of the LBTQA+ community reported high rates of environmental exposures. For example, a high percentage of respondents who identified as transgender reported having not enough heat in their homes (14.0%), pests in the home (23.8%), and experiencing flooding in their homes and streets in the past 5 years (21.7%).

People with Disabilities

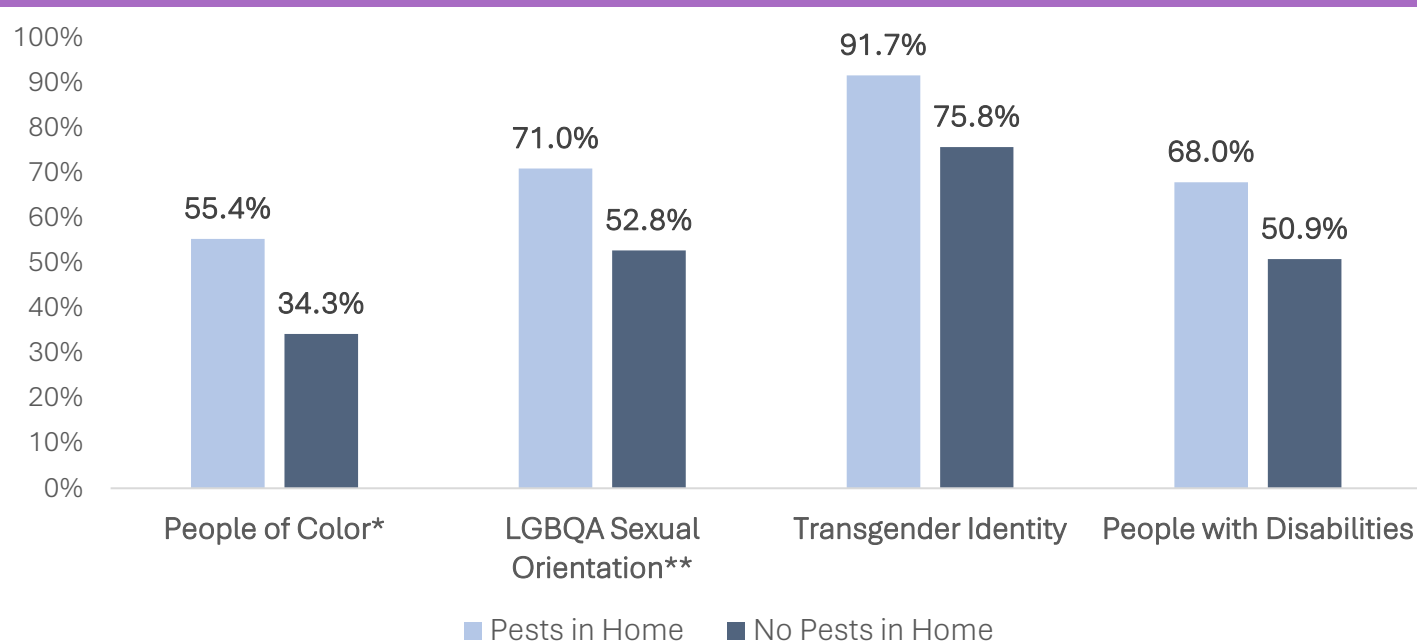
Respondents who reported having 1 or more disabilities had significantly higher rates of not having enough heat in their homes during winter, having pests in their home, and experiencing flooding in their home or street in the past 5 years compared to respondents who did not report having a disability.

DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Environmental Exposures

Psychological Distress by Exposure to Pests in the Home Among Communities of Focus



Members of communities of focus who did not report having pests in their homes were significantly less likely to have high or very high psychological distress compared to those who did report having pests in their homes.

Among people with disabilities, the rate of psychological distress was lower among those who did not have pests in their home compared to those who did (50.9% vs 68.0%).

*People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

**LGBQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Violence



Exposure to violence can have a devastating impact on physical and mental health

Systems of Oppression Place Communities at Higher Risk for Violence

Patterns of socioeconomic disadvantage, diminished social opportunities, and resource deprivation driven by systems of oppression make certain communities more vulnerable to violence.

Exposure to Violence Can Have a Devastating Impact on Mental Health

Children who are exposed to violence and other adverse childhood experiences (ACEs) are at greater risk for many immediate and long-term impacts such as mental disorders, substance use, and chronic conditions. Exposure to violence during adulthood can lead to physical health issues, cardiovascular disease, premature mortality, and poor mental health outcomes, including depression, anxiety, and posttraumatic stress disorder. Violence among older adults, including elder abuse, can increase the risk for stress, depression, fear, and anxiety.

DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Violence

Violence and Mental Health

- Among those that reported experiencing intimate partner violence, nearly 7 in 10 respondents reported high or very high psychological distress, over 1 in 4 reported suicidal ideation, and over 1 in 3 reported social isolation.
- Youth who reported experiencing household violence in the last 12 months had very high levels of high or very high psychological distress (88.3%), suicidal ideation (46.6%), and social isolation (51.1%).
- Over 6 in 10 respondents who reported experiencing neighborhood violence very often reported high or very high psychological distress.

Inequities in Violence Exposure

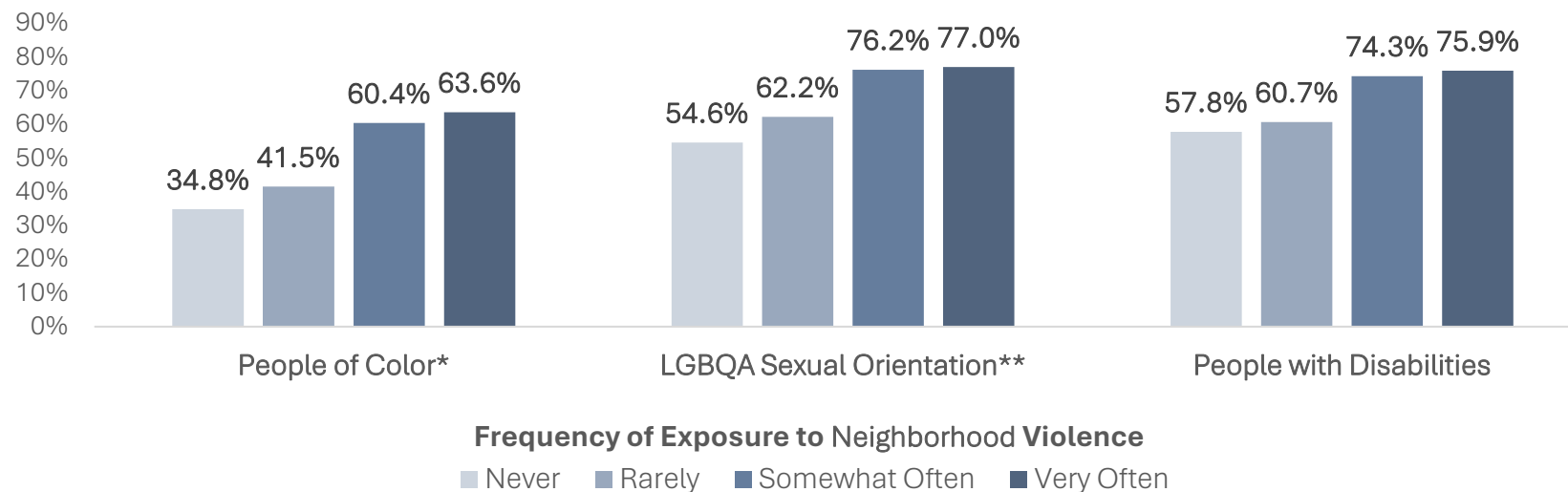
- Many members of the **LGBTQA+** community reported experiencing significantly high rates of violence. For example, over half of respondents that identified as transgender reported ever experiencing neighborhood violence, intimate partner violence, and sexual violence.
- People with one or more disabilities were 1.3x as likely to report experiencing neighborhood violence, 1.5x as likely to report experiencing intimate partner violence, and 1.9x as likely to report sexual violence compared to people without a disability.
- Black respondents reported the highest rates of experiencing neighborhood violence compared to all other race and ethnicity groups (63.7%).

DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Violence

Psychological Distress by Frequency of Exposure to Neighborhood Violence¹ Among Communities of Focus



Less frequent exposure to neighborhood violence within communities of focus was associated with lower rates of psychological distress.

For example, among people of color, rates of psychological distress were significantly lower among those that reported never or rarely experiencing violence in their current neighborhood compared to those that reported experiencing violence somewhat or very often.

¹ Neighborhood violence in current neighborhood is defined as reporting seeing or hearing someone get physically attacked, beaten, stabbed, or shot in your current neighborhood.

*People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

**LGBQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Discrimination



Discrimination is a key driver of mental health inequities

Discrimination and Systemic Racism

Discrimination is differential treatment experienced by stigmatized groups and is the result of systems of oppression that shape our communities and environments. Within communities of color, discrimination is the result of institutional and cultural racism that help generate negative stereotypes.

Driver of Health Inequities

Discrimination has been shown to be a risk factor for adverse mental and physical health outcomes and contributor to health disparities. For example, internalized and interpersonal racism has been linked to psychosocial trauma, stress, and maladaptive coping behaviors.

Lack of Public Health Data on Discrimination

Despite being an important driver of health inequity, there is a general lack of public health data sources that quantify and qualify experiences of discrimination. The 2023 CHES helps to fill this surveillance gap by gathering data on experiences of discrimination and connecting them to mental health outcomes.

DRIVERS OF MENTAL HEALTH INEQUITIES

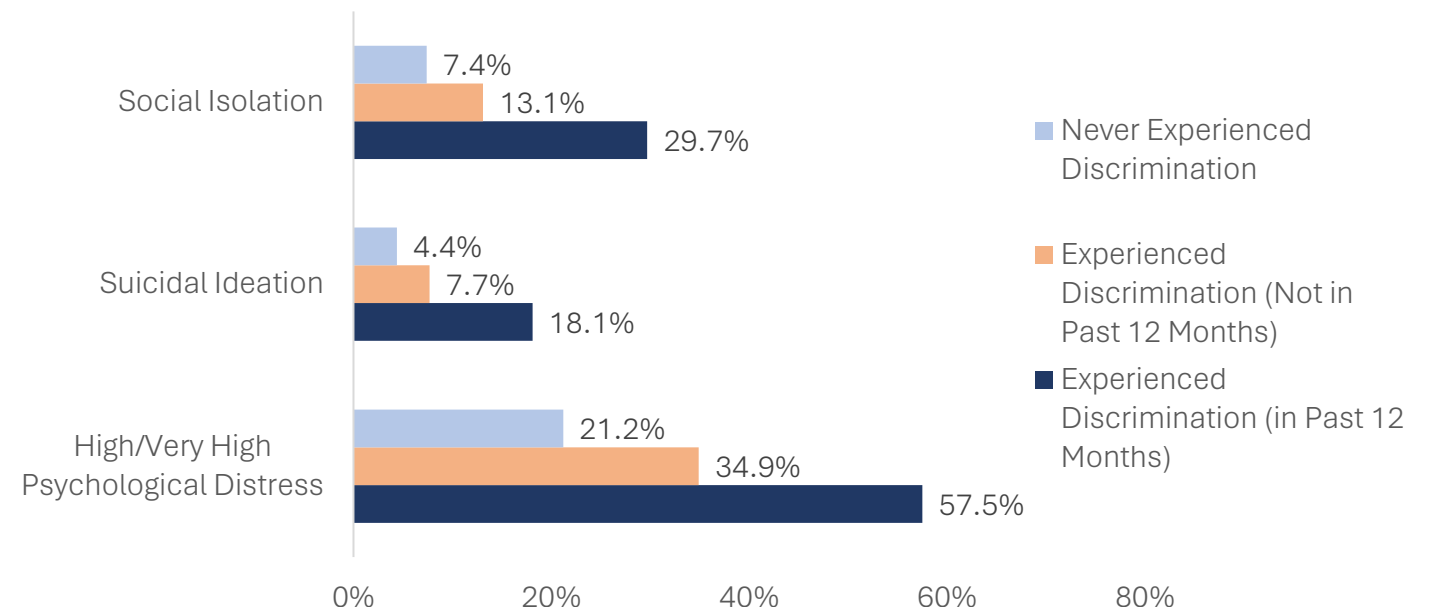


Key Exposures: Discrimination

Individuals who reported experiencing some form of discrimination had worse mental health overall compared to those who reported never experiencing discrimination.

Those who reported experiencing discrimination in the past 12 months were 2.7x as likely to have high or very high psychological distress, 4.1x as likely to report suicidal ideation, and 4x as likely to report social isolation compared to those who did not experience discrimination.

Experiences of Discrimination and Mental Health Indicators

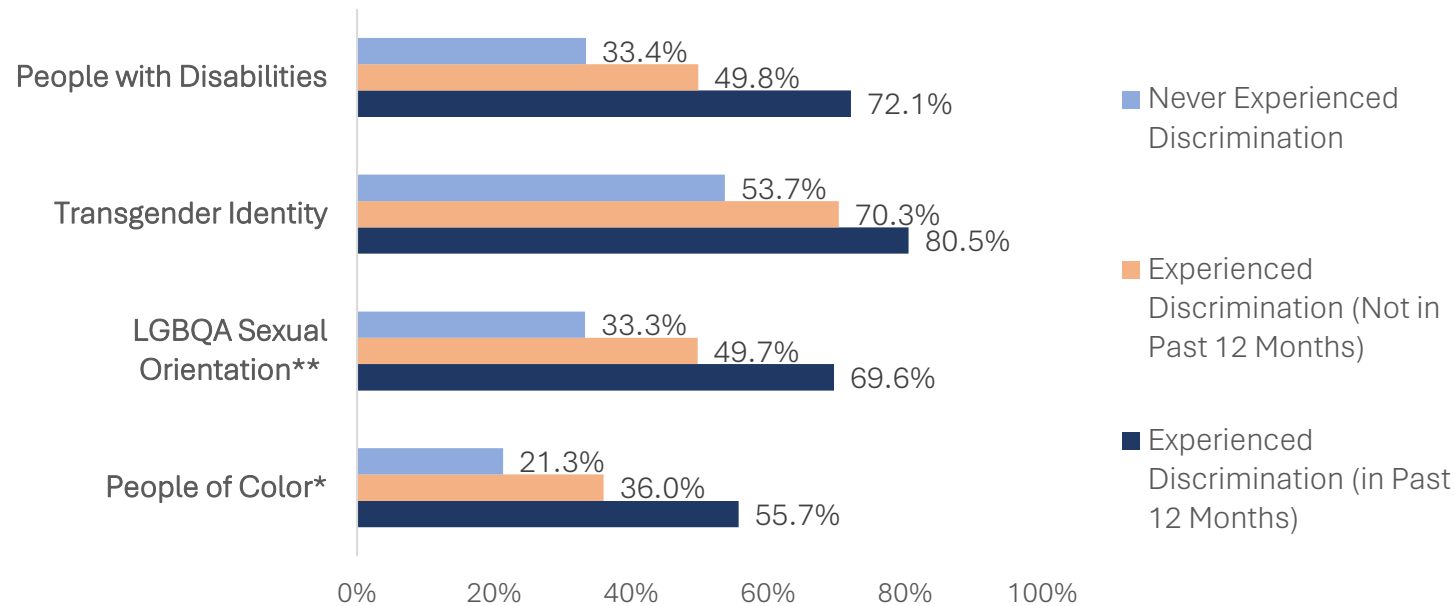


DRIVERS OF MENTAL HEALTH INEQUITIES



Key Exposures: Discrimination

Adult Psychological Distress by Experiences of Discrimination Among Communities of Focus



Members of various communities of focus that reported either never experiencing discrimination or not experiencing discrimination in the past 12 months had significantly lower rates of psychological distress compared to those that did experience discrimination in the past 12 months.

For example, among people with disabilities, over 72% that experienced discrimination in the past 12 months had high or very high psychological distress compared to 50% that experienced discrimination but not in the past 12 months.

*People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

**LGBTQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

Promoting Mental Health: Action to Address Root Causes of Inequities

PROMOTING MENTAL HEALTH EQUITY



Potential Areas of Action to Promote Mental Health Equity

Implement Community-led Approaches for Direct Mental Health Support and Outreach

- Direct support and outreach strategies that are led by and created for communities of focus are necessary to meet the needs and preferences of communities of color, members of the LGBTQA+ community, people with disabilities, youth, and other communities of focus are important to promote mental health equity.
- Examples of needed support and outreach include **Suicide Prevention Programs and Resources** and **Substance Use Treatment and Prevention**.

Address Root Causes of Violence and Discrimination and Provide Support to Survivors

- CHES data showed that reduced exposure to violence and discrimination within communities of color and other communities disproportionately impacted was associated with better mental health. Programs and interventions to support survivors and address root causes of violence and discrimination are key for overall mental health promotion.

Promote Employment, Economic Stability, and Healthy Workplaces

- Economic stability can help improve access to basic needs and resources and decrease overall levels of psychological distress. Increasing opportunities for steady and safe employment that offers livable wages and benefits is one of the key pathways to economic stability. It is also important to ensure that workplaces across different industries and occupations have safe working conditions and are health-promoting.

PROMOTING MENTAL HEALTH EQUITY



Potential Areas of Action to Promote Mental Health Equity

Improve Access to Quality Health Care

- Access to quality and timely health care is important to promote and maintain physical and mental health. Addressing barriers to health care access, particularly among communities of focus, is important to ensure more equitable utilization of needed health care resources, including mental health care.
- Some examples of barriers to health care access highlighted from the 2023 CHES include lack of insurance coverage, unaffordable health care costs, and experiences of discrimination while getting health care.

Increase Access to Quality, Affordable Housing

- Health and health equity are not possible without equitable access to quality and affordable housing and neighborhoods that provide access to essential health-promoting resources and opportunities.
- Inequities in housing due to unjust historical and current policies and practices have led to inequities in housing that contribute to inequities in overall mental health across various communities.
- Work to promote access to affordable housing and improve neighborhoods within communities of focus are essential for mental health equity.

PROMOTING MENTAL HEALTH EQUITY



Potential Areas of Action to Promote Mental Health Equity

Build Resiliency to Impacts of Climate Change on Communities of Focus

- The impacts of climate change are already having a disproportionate impact on communities of focus. Work to build community resiliency to present and future impacts of climate change, including extreme temperatures, flooding, and other natural disasters, are critical for health equity.

Build Community Capacity to Address Root Causes of Health

- Community organizations play a key role in promoting the overall health of communities across Massachusetts. They provide essential resources, opportunities, and information needed to address drivers of health equity across the health equity pathway and promote overall physical and mental health. They also help build social support and community connections across communities. Investments in community organizations are important to promote mental health at the individual, neighborhood, community, and state-wide levels.
- Resources to build the capacity of these organizations to address the root causes of health are important for overall health equity promotion.

Enact Policies and Practices that Promote Health Equity

- Addressing the systems of oppression that drive health inequities will not be possible without changes to our policies, systems, and environments that help shape our health. In order to achieve mental health equity, we must have local, statewide, national, and institutional policies and practices that actively promote equity within communities that are denied equal access to opportunities and resources needed for health.

WANT TO KNOW MORE?



Visit www.mass.gov/CHEI to access the full 2023 CHES Mental Health Report, information about the Community Health Equity Initiative, and more resources on how to use these data for action.

Contact: CHEI@mass.gov