## **2023 CHES Mental Health Report - Inequities in Mental Health**People of Color

**Communities Experiencing Inequities in Poor Mental Health**

The Massachusetts Department of Public Health (DPH) envisions an equitable public health system that supports optimal well-being for all people in Massachusetts. This includes equitable opportunities for all to achieve mental health and emotional well-being. As summarized in the previous section, the overall burden of poor mental health in Massachusetts is high. However, this burden is not equal across all communities. Poor mental health outcomes are disproportionately concentrated within certain populations due to systems of oppression and other root causes of health inequities.

This section will further explore the mental health findings to highlight inequities in poor mental health experienced within certain communities of focus. The 2023 CHES provides important insights into mental health inequities within Massachusetts by allowing for disaggregation by populations that are often underrepresented or made invisible in other datasets. This section highlights several communities of focus that reported the highest burden of poor mental outcomes. Importantly, these are not the only communities that experience inequities in mental health. Future population spotlights will dive deeper into the needs, assets, and inequities experienced within each of our communities of focus.

***People of Color***

As illustrated in the CHEI Health Inequities Pathway (Figure 1), racism at the structural, institutional, interpersonal, and internalized levels contributes to inequities in health for people of color, including mental health. Mental illness and other poor mental health outcomes may be underdiagnosed and underreported within communities of color, likely due to cultural, institutional, and systemic factors [[1]](#endnote-2). Cultural norms around mental health, social stigma, and language differences may contribute to underreporting within these communities[[2]](#endnote-3). People of color are also more likely to experience barriers to accessing mental health services and more likely to receive poor quality mental health care leading to underdiagnosis of mental health conditions[[3]](#endnote-4). These factors contribute to the national data showing many people of color groups have equal or better outcomes compared to White, non-Hispanic/Latine/o/a (nH/nL) people[[4]](#endnote-5). Massachusetts data from the 2022 BRFSS show a similar trend with Black, Hispanic/Latine/o/a, and White adults having approximately equal rates of persistent poor mental health and Asian, Native Hawaiian and Pacific Islander adults reporting lower rates.

Findings from 2023 CHES show several communities of color disproportionately experienced poor mental health outcomes. As shown in Figure 5 and Table 2, many communities 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.

*Figure 5. CHES 2023 - Adult High or Very High Psychological Distress by Race and Hispanic or Latine/o/a Ethnicity*

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

*Table 2. 2023 CHES - Mental Health by Race/Ethnicity*

|  | Psychological Distress – High or Very High | Suicidal Ideation | Social Isolation |
| --- | --- | --- | --- |
|  | Adult (18+) Weighted % | Youth (14-17) Weighted % | Adult (18+) Weighted % | Youth (14-17) Weighted % | Adult (18+) Weighted % | Youth (14-17) Weighted % |
| Overall  | 31.6 | 45.6 | 7.3 | 14.6 | 13.1 | 15.4 |
| Race/Ethnicity |  |  |  |  |  |  |
| American Indian / Alaska Native  | 42.8\*\*\* | ^ | 12.6\* | ^ | 19.2\* | ^ |
| ANHPI1, nH/nL​2 | 24.6\*\*\* | 34.7\*\* | 3.7\*\*\* | 11.2 | 6.5\*\*\* | 8.4\* |
| Black, nH/nL  | 32.6 | 38.2 | 6.3 | 8.1\* | 14.6\* | 20.1\* |
| Hispanic or Latine-o-a  | 42.0\*\*\* | 46.6 | 6.6 | 13.4 | 18.2\*\*\* | 20.2\* |
| Middle Eastern or North African | 38.0\* | 62.2\* | 19.9\*\*\* | 11.3 | 12.6 | 20.3 |
| Multiracial, nH/nL  | 49.6\*\*\* | 52.9 | 15.1\*\*\* | 19.0 | 25.7\*\*\* | 14.1 |
| White, nH/nL (*ref*) | 30.1 | 46.2 | 7.5 | 15.7 | 12.3 | 14.2 |

1 ANHPI=Asian, Native Hawaiian, Pacific Islander
2 nH/nL=non-Hispanic/non-Latino-a-e
^ Data from groups that have fewer than 30 survey respondents were suppressed.
\*\*\* p<.0001, \*\* p<.001, \* p<.05. P-values from Pearson chi-square test comparing weighted responses from those identifying as specified race group and those identifying as White, nH/nL.

**Multiracial**

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

**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.

**Inequities Spotlight**

**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 and 1 in 5 youth reported being socially isolated.
1. Bailey, R. K., Mokonogho, J., & Kumar, A. (2019). Racial and ethnic differences in depression: current perspectives. Neuropsychiatric Disease and Treatment, 15, 603–609. <https://doi.org/10.2147/NDT.S128584> [↑](#endnote-ref-2)
2. Eylem, O., de Wit, L., van Straten, A. et al. Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis. BMC Public Health 20, 879 (2020). <https://doi.org/10.1186/s12889-020-08964-3> [↑](#endnote-ref-3)
3. McGuire TG, Miranda J. New evidence regarding racial and ethnic disparities in mental health: policy implications. Health Aff (Millwood). 2008 Mar-Apr;27(2):393-403. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/> [↑](#endnote-ref-4)
4. Alvarez K et al. Race/ethnicity, nativity, and lifetime risk of mental disorders in US adults. Soc Psychiatry Psychiatr Epidemiol. 2019 May;54(5):553-565. <https://pubmed.ncbi.nlm.nih.gov/30547212/> [↑](#endnote-ref-5)