



**Massachusetts Department of Public Health**

# **Identifying Suicidality and Mental Health Disparities in Massachusetts**

**April 23, 2025**

**24th Annual Massachusetts Suicide Prevention Conference**

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**Community Health Equity Initiative, Office of Statistics and Evaluation**

**Bureau of Community Health and Prevention**

**Massachusetts Department of Public Health**

# Agenda

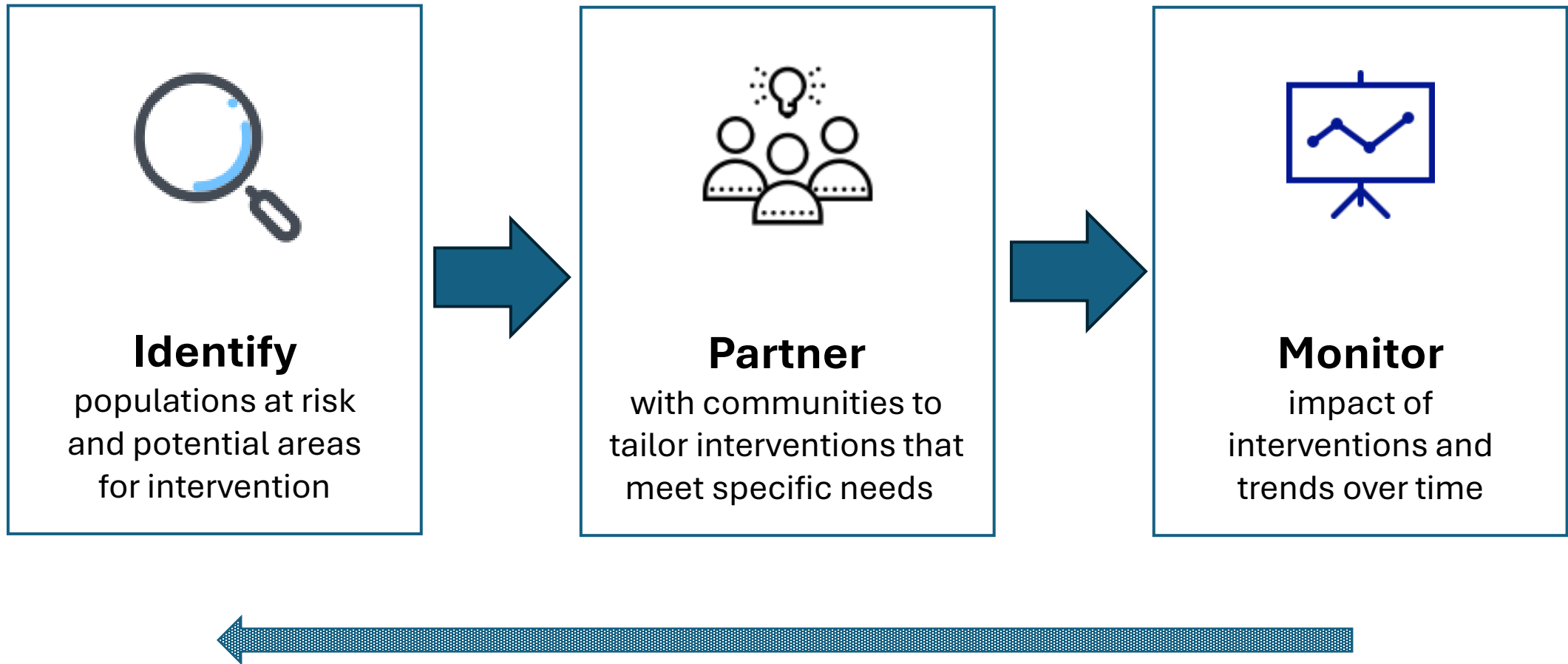
## Part I: Monitoring and Identifying Populations at Risk

- Suicide death data trends
- Suicide by mechanism
  - Firearm suicides
  - Road transit spotlight
- Suicide by occupation
  - First responders
  - Veterans
- Suicidality in youth

## Part II: Social Drivers of Health and Suicidality

- Community Health Equity Initiative Background
- Mental Health Equity Framing
- Community Health Equity Survey (CHES) 2023 Data
  - Communities Experiencing Mental Health Inequities
  - Drivers of Mental Health Inequities

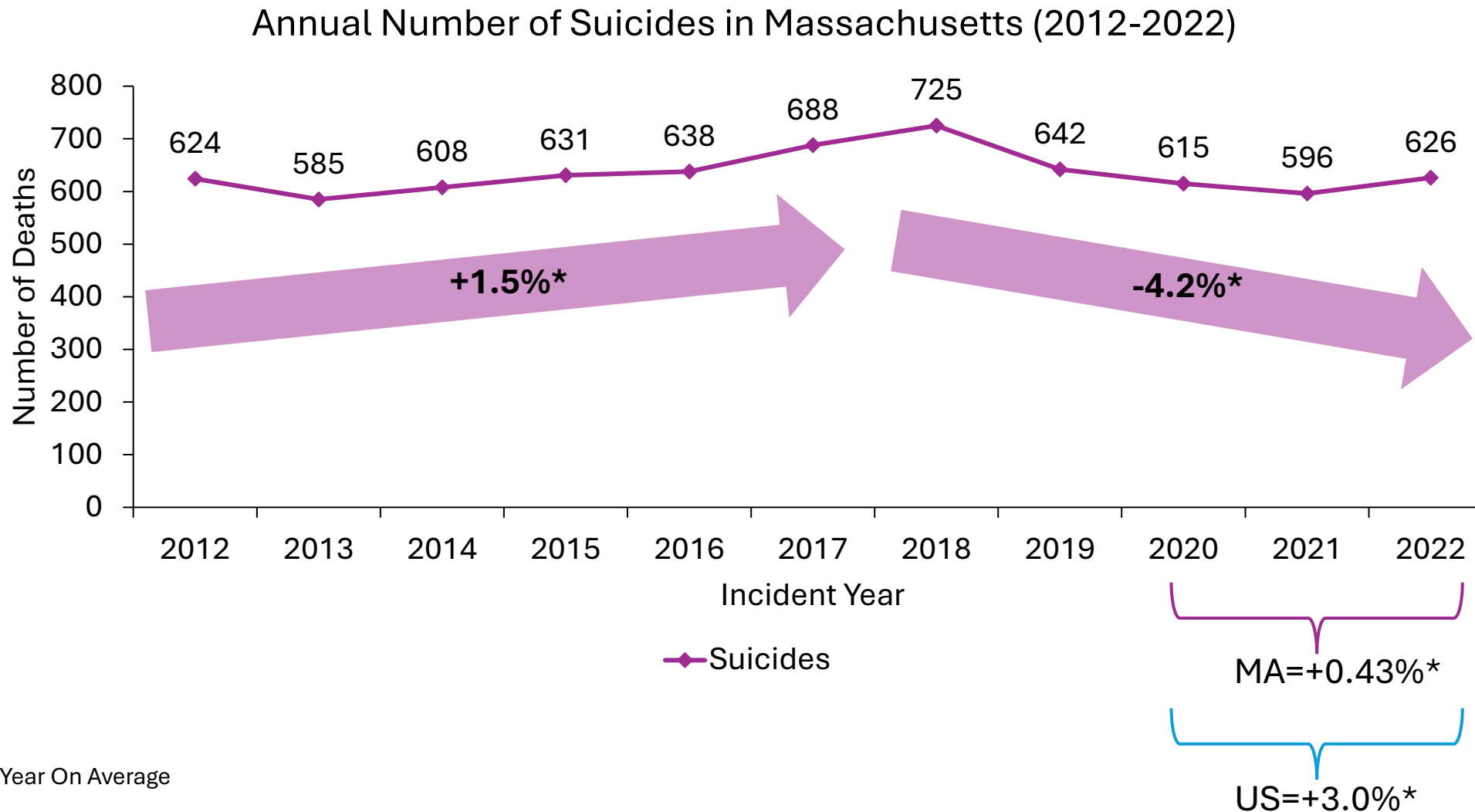
# Data to Action



# Massachusetts Suicide Death Trends

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# Suicide Death Trends



Age adjusted  
suicide rates

2022  
Massachusetts

**8.2**

suicides per  
100,000 people

2022  
The U.S.

**14.2**

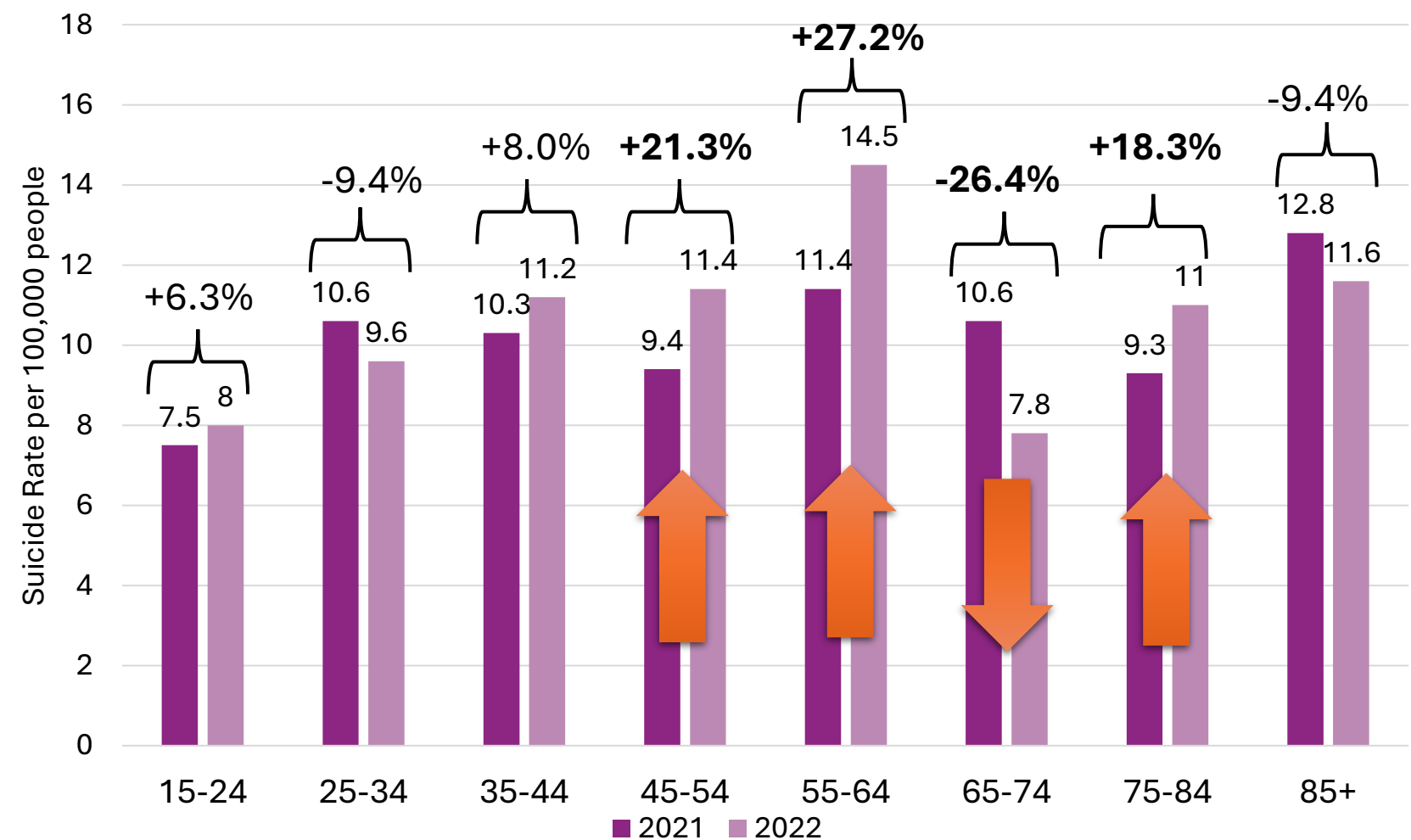
suicides per  
100,000 people

\*Per Year On Average

Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2012-2022, Massachusetts Department of Public Health

# 2021 & 2022 Suicide Death Data Trends by Age & Sex

Suicide Rates by Age Group, 2021 & 2022



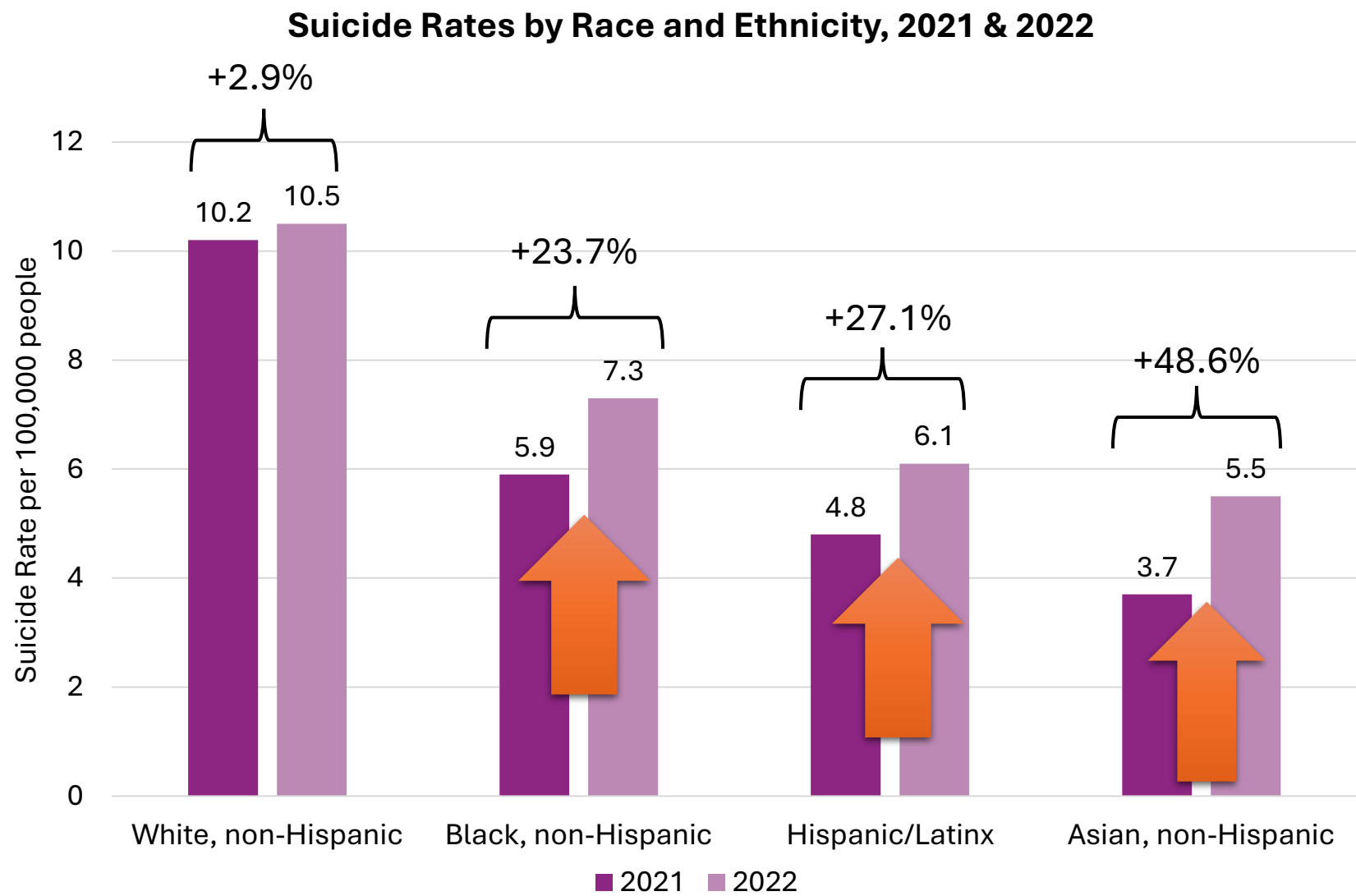
2021 & 2022 Average Suicide Rates by Sex and Age Group

**Males**  
**Overall: 13.7/100,000 persons**  
**85+: 31.6/100,000 persons**  
**55-64: 20.5/100,000 persons**

**Females**  
**Overall: 4.0/100,000 persons**  
**45-54: 6.1/100,000 persons**  
**55-64: 5.9/100,000 persons**

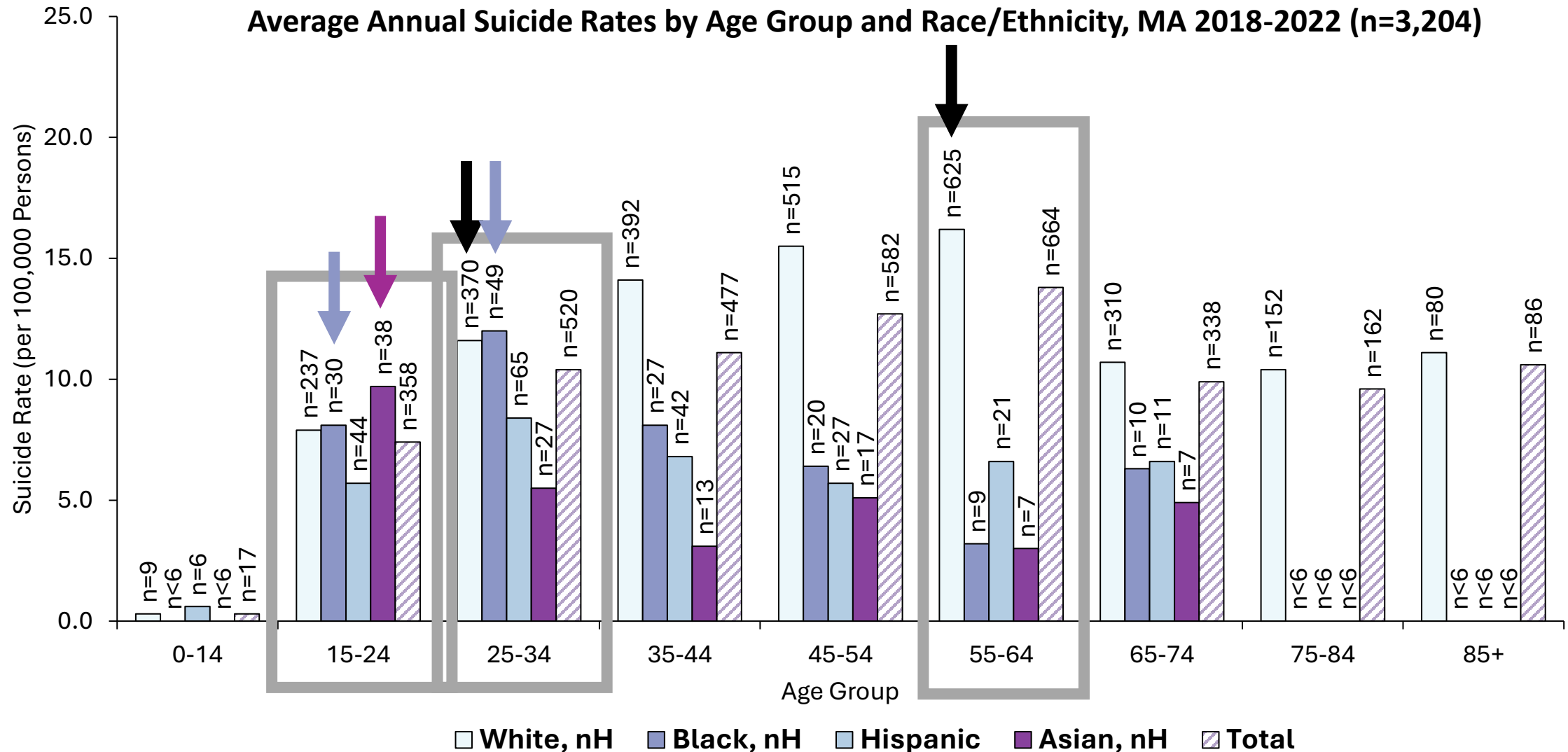
Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2021-2022, Massachusetts Department of Public Health

# 2021 & 2022 Suicide Death Data Trends by Race & Ethnicity



Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2021-2022, Massachusetts Department of Public Health

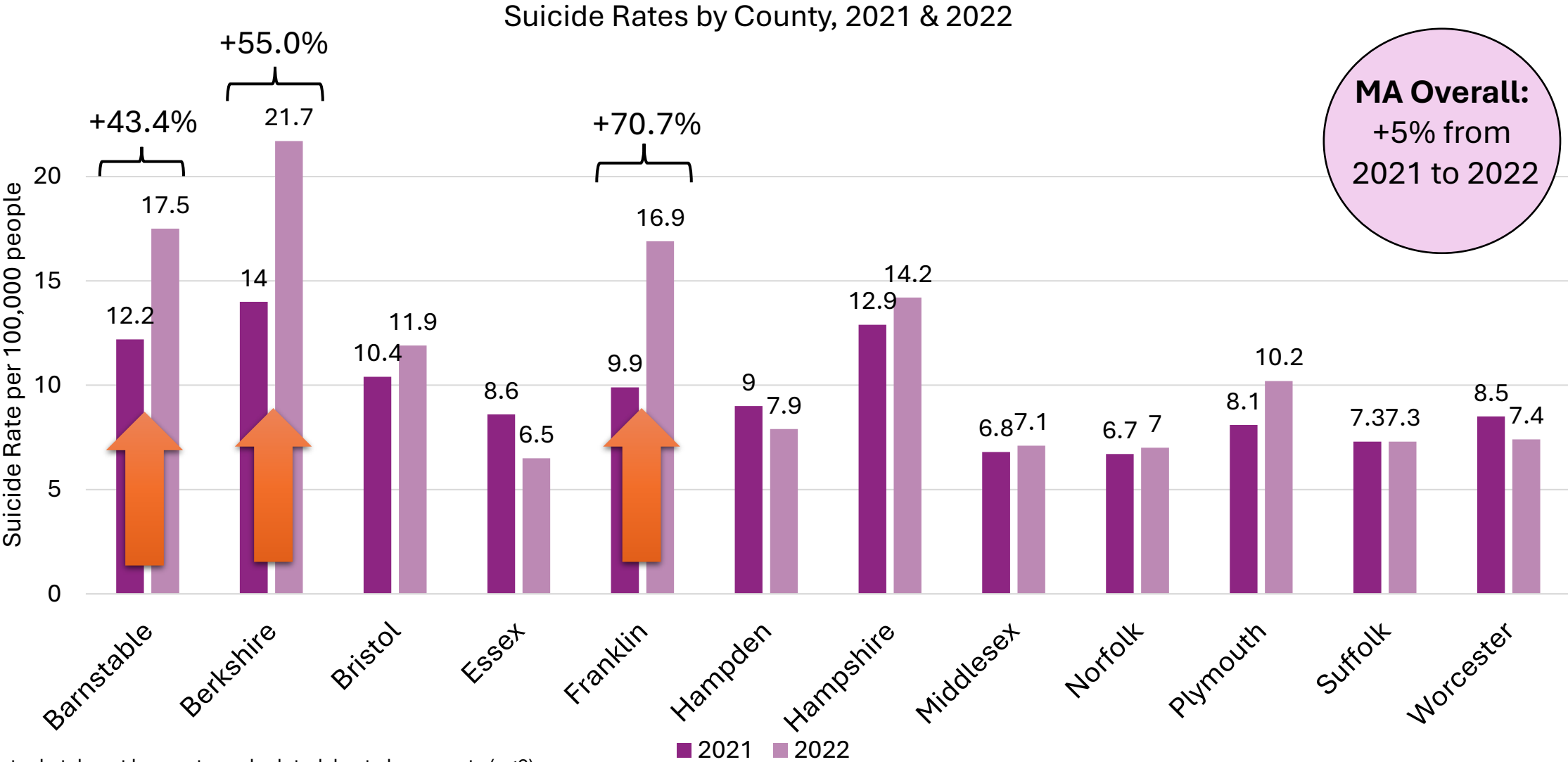
# Suicide Deaths by Race and Ethnicity and Age



Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2018-2022, Massachusetts Department of Public Health

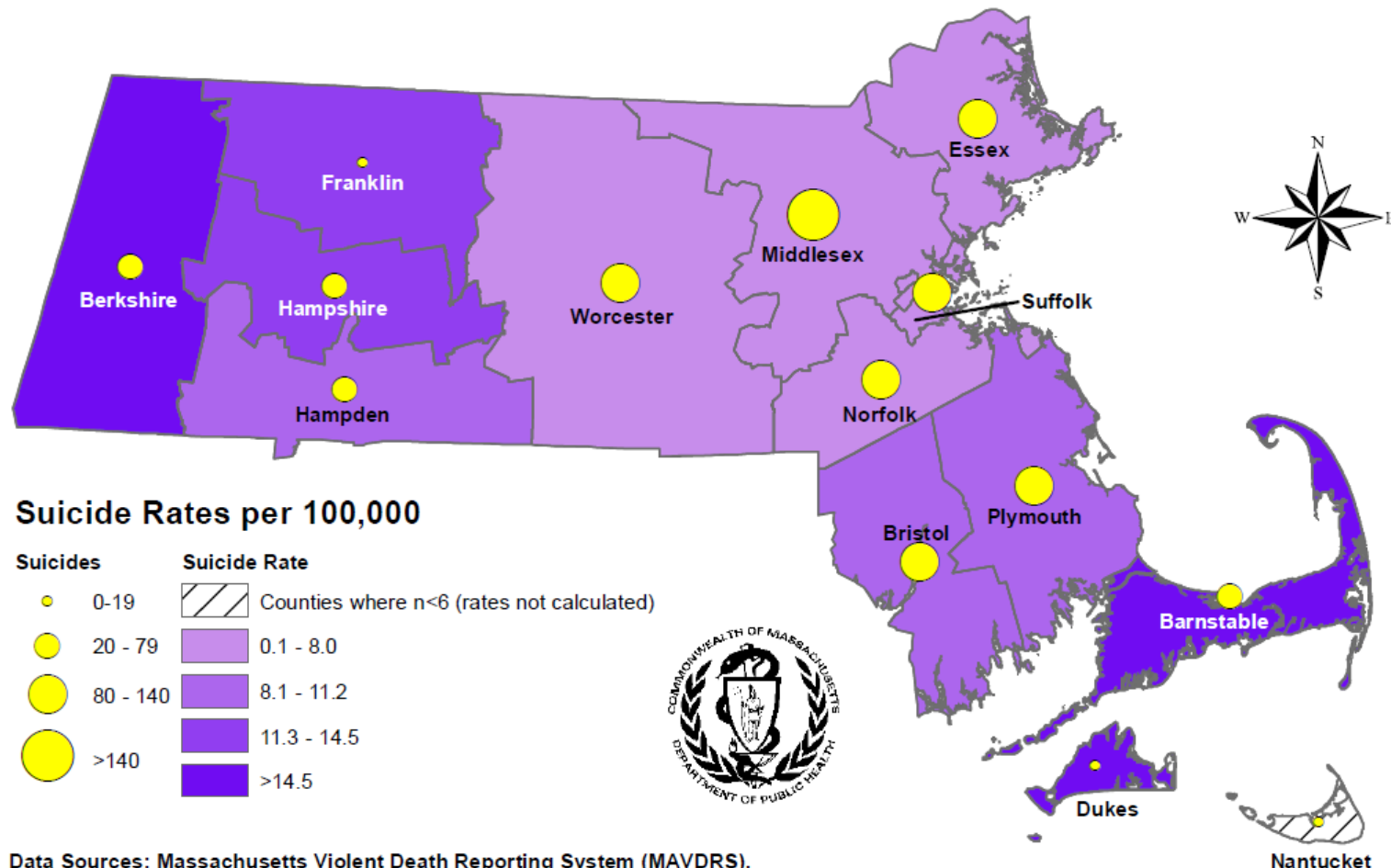


# 2021 & 2022 Suicide Death Data Trends by County



Dukes and Nantucket do not have rates calculated due to low counts (n<6)  
Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2021-2022, Massachusetts Department of Public Health

# 2021 & 2022 Suicide Death Data by County



Data Sources: Massachusetts Violent Death Reporting System (MAVDRS),  
Massachusetts Department of Public Health  
Counts and rates are calculated based on county of injury

Geographic data supplied by:  
Massachusetts Executive Office of Environmental Affairs, MassGIS

0 5 10 20 30 40 50 60 Miles  
Coordinate System: Massachusetts Mainland Plane Meters (NAD83)

## 2021 & 2022 Average Suicide rates

Berkshire: **17.8**/100,000 persons

Dukes: **17.0**/100,000 persons

Barnstable: **14.9**/100,000 persons

US: **14.7**/100,000 persons

# Suicide by Mechanism

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# Firearm Suicide

**55%** of all **firearm deaths** from 2016 to 2022 were from **suicide**.

7-year average  
suicide rate

**2.03**

suicides per  
100,000 people

**Male**

7-year average  
suicide rate

**3.87**

suicides per  
100,000 people

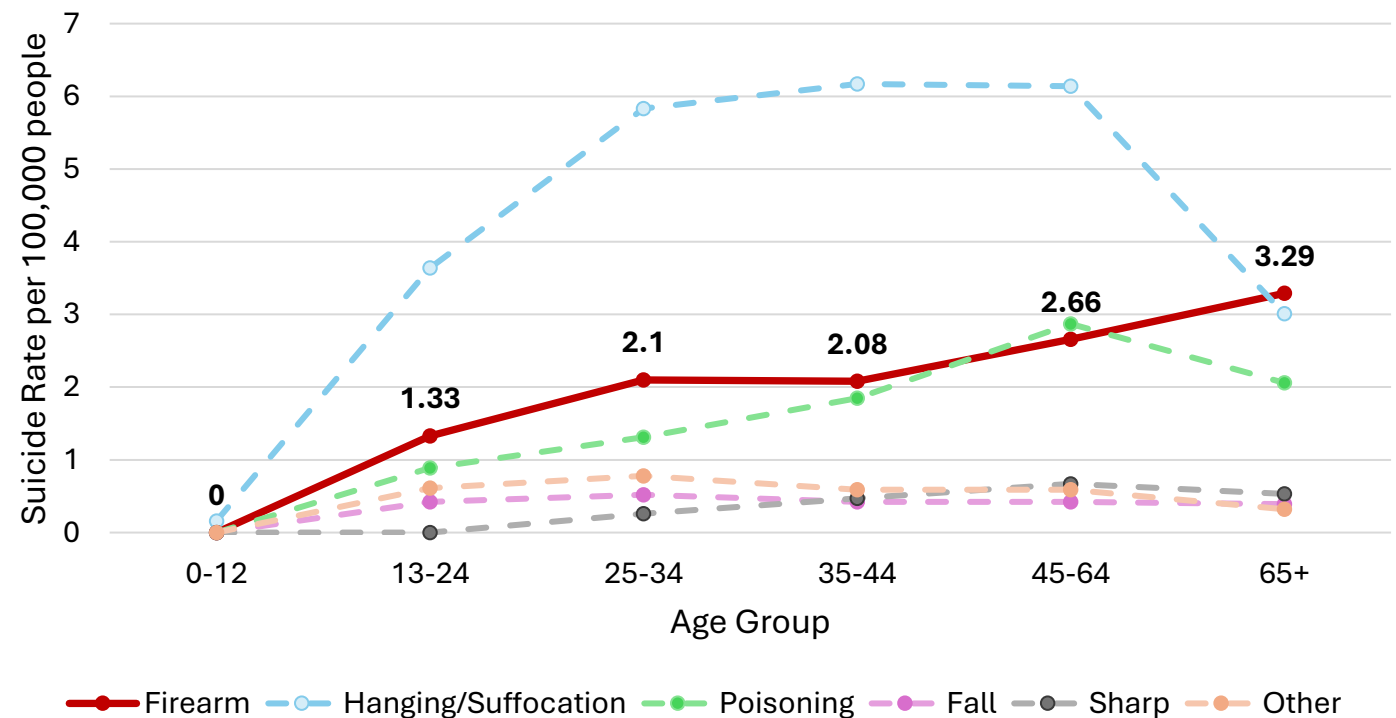
**Female**

7-year average  
suicide rate

**0.30**

suicides per  
100,000 people

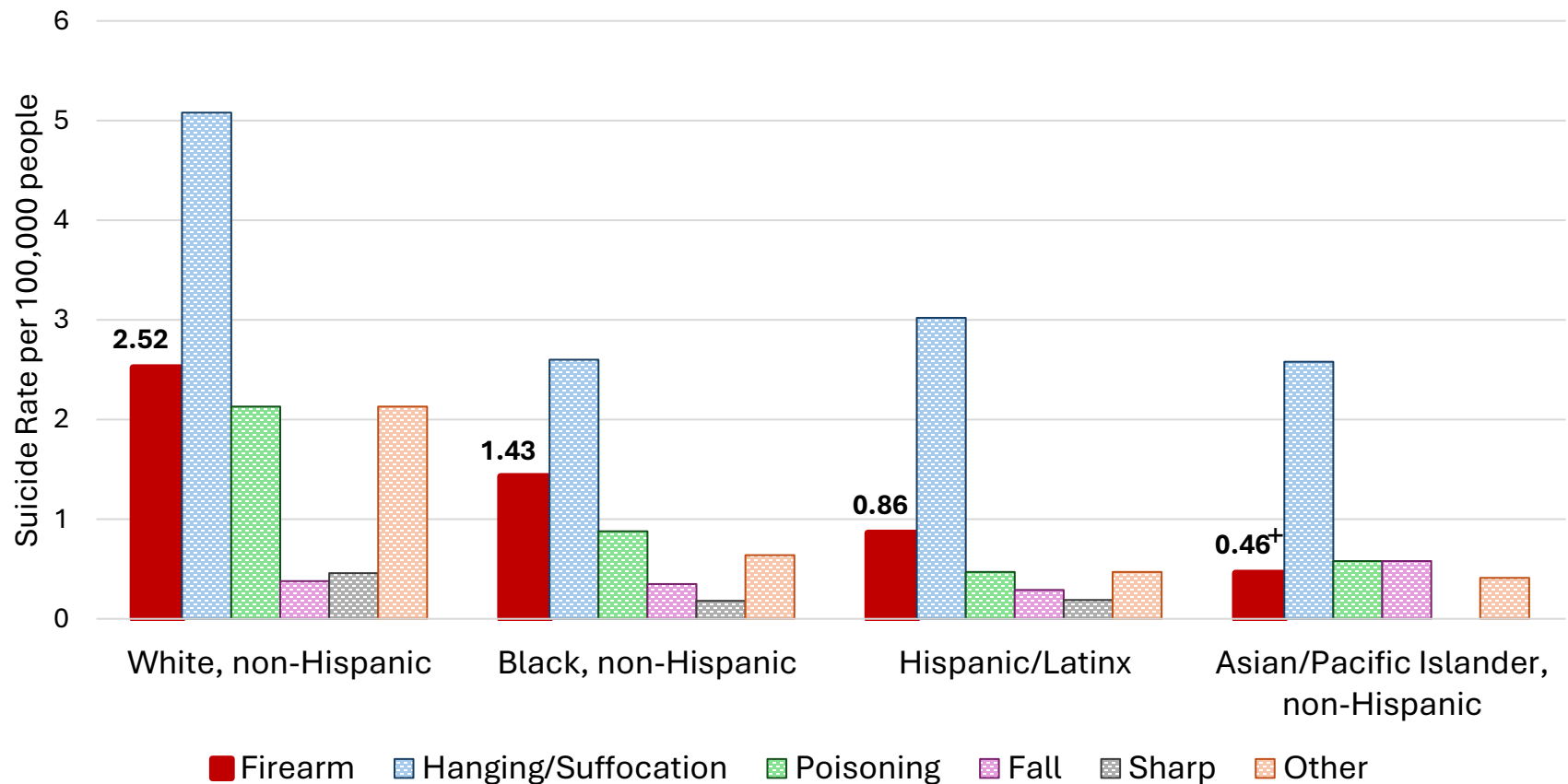
**Suicide Rates by Mechanism by Age Group  
(2016-2022)**



Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2016-2022, Massachusetts Department of Public Health

# Mechanisms of Suicides by Race & Ethnicity

Suicide by Mechanism by Race & Ethnicity (2016-2022)



Suicide by firearm rate per 100,000 people

2016 2022

White, NH

2.53 2.36

Black, NH

1.65 2.31

Hispanic/Latinx

0.98\* 1.59

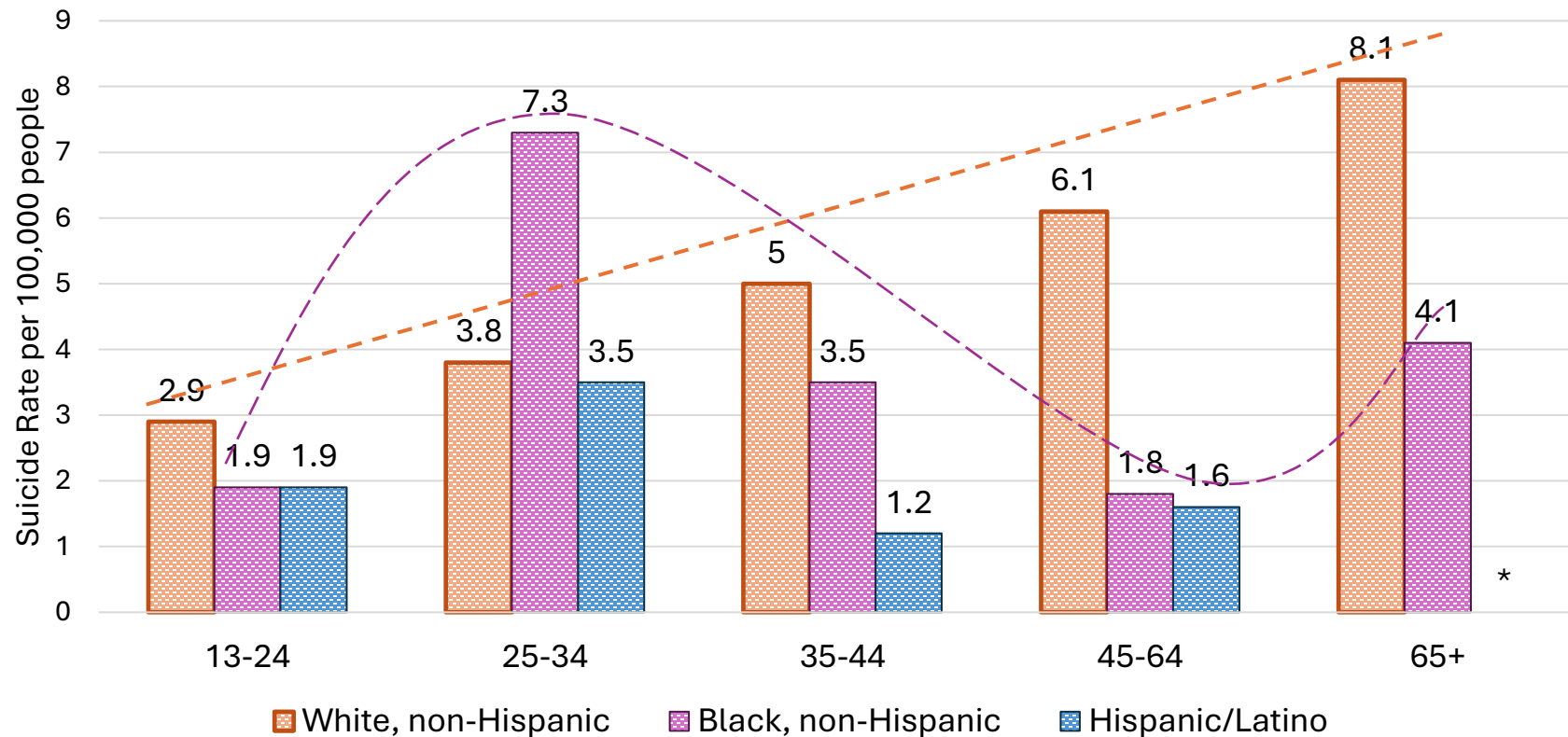
\*2017 rate; 2016 could not be calculated due to low counts

+rates are calculated on counts less than 20

Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2016-2022, Massachusetts Department of Public Health

# Firearm Suicide

**Firearm Suicides Among Males by Race & Ethnicity and Age  
(2016-2022)**



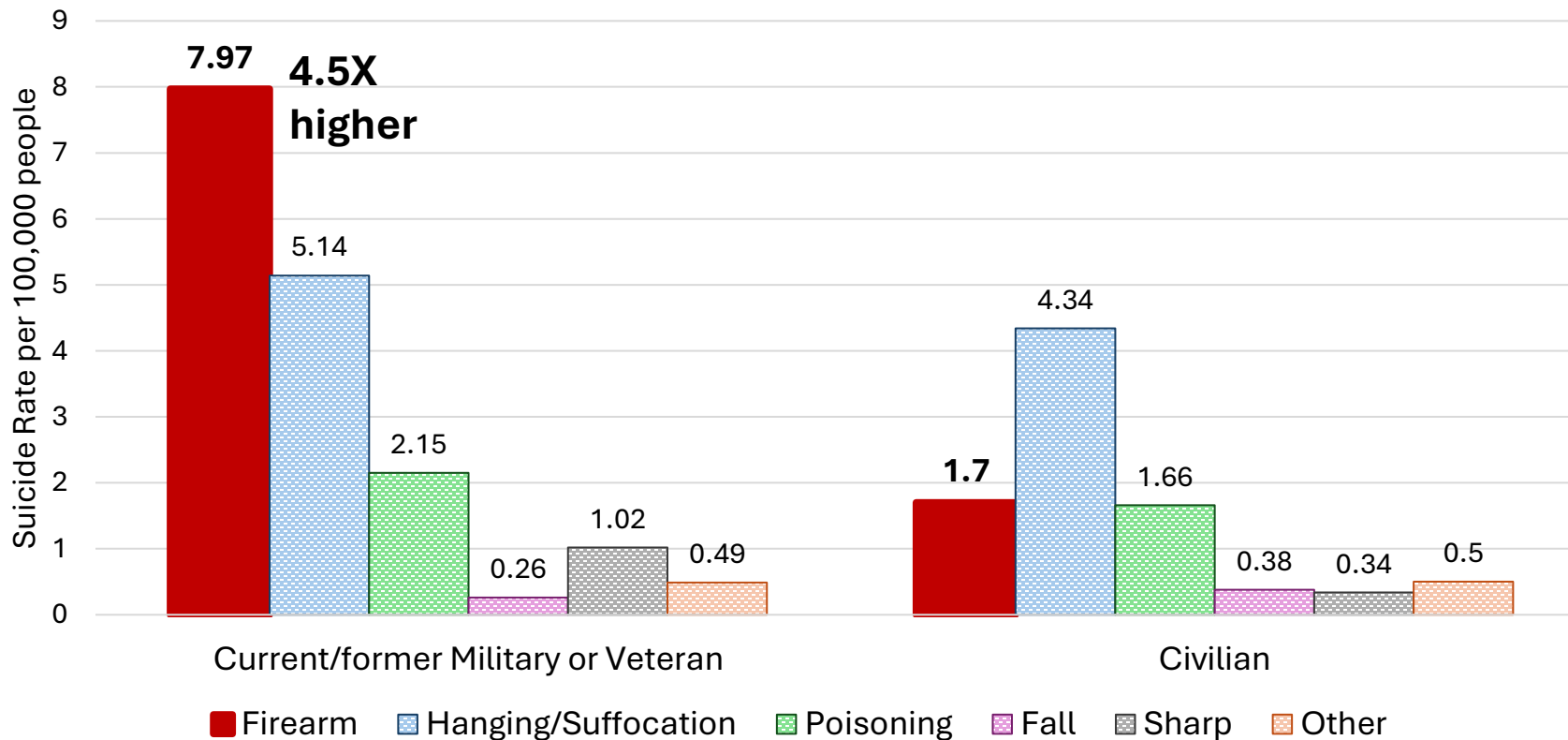
Rates for Black, non-Hispanic, and Hispanic/Latino deaths are calculated on small numbers

Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2016-2022, Massachusetts Department of Public Health

\*rate could not be calculated due to a count below 6

# Suicide by Firearm

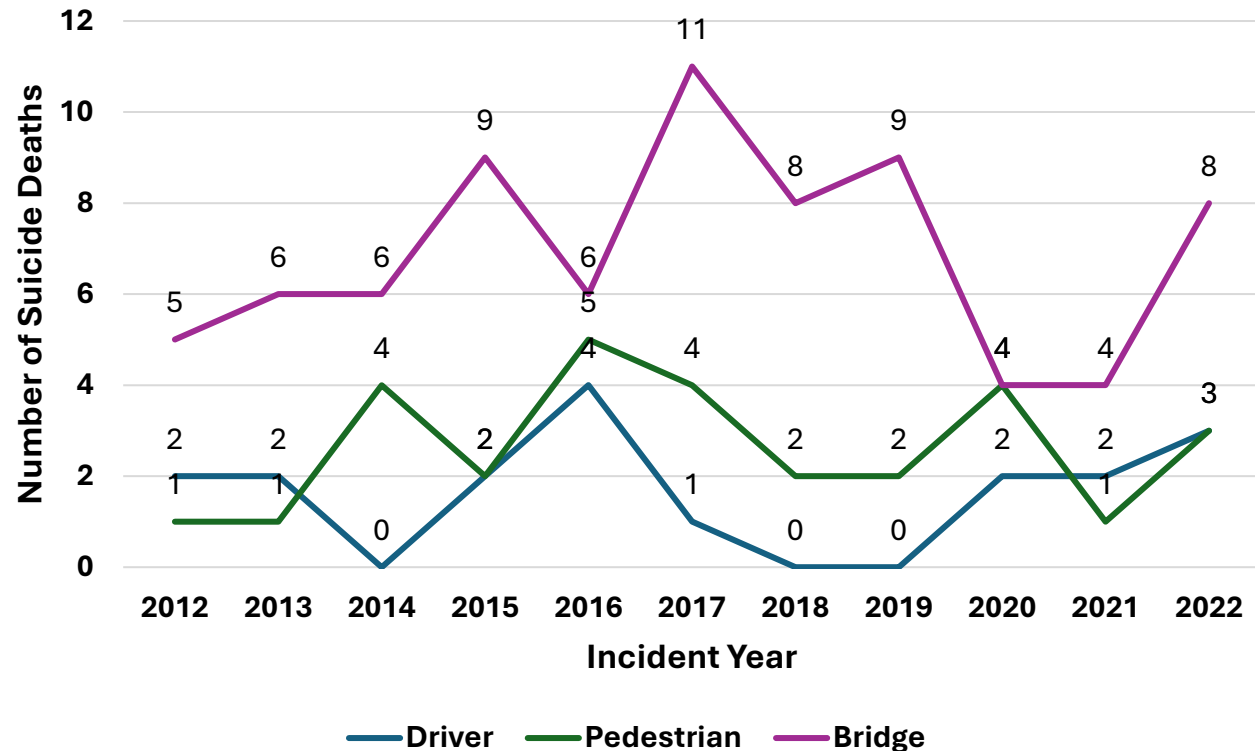
**Suicide by Mechanism by Current/Former Military Status  
(2016-2022)**



Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2016-2022, Massachusetts Department of Public Health

# Data to Action Spotlight: Road Transport Suicide

Road Transport Suicides by Type 2012-2022  
(n=123)



## Bridge Suicides (n=76)



14% master's, doctoral, or professional degree



38% were aged 15-34



1. Boston (n=18)
2. Cambridge (n=8)
3. Fall River (n=5)
4. Lowell (n=4)
5. Chelsea (n=4)

## Pedestrian Suicides (n=29)

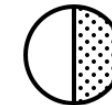


Common theme: driver pulling over in breakdown lane and running into highway



35% alcohol/substance use problem  
24% disclosed suicide intent

## Driver Suicides (n=18)



55% were aged 15-34



78% involved driving into a stationary object

Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2012-2022, Massachusetts Department of Public Health



# Data to Action Spotlight: Road Transport Suicide



Create **safer environments** and **advertise help is available**/encourage help-seeking behavior

- Install protective barriers/reduce pedestrian access to scaling sides of bridges and overpasses
- Install/post signage for 988 on bridges and overpasses
- Annual and biannual review of bridges and overpasses that have been the site of suicide deaths
- Expand awareness and use of Move Over Law



**Identify** and **assist** persons at risk

- Provide/encourage participation in community helper training designed to help identify people at risk and connect them to care and support



**Connect** to postvention services

- Connect and activate Postvention Trauma Response Network when incidents occur



**Use and promote** safe messaging

- Avoid harmful messaging: promote prevention, hope, and recovery
- Use recommendations for reporting on suicide if news or media is involved
- Encourage avoiding the publication of the location and details of the suicide death
- Use media to connect readers to suicide prevention resources

# Suicide by Occupation

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# Suicides Among First Responders

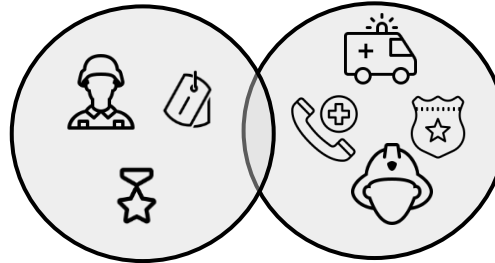
**17.4**

The average **annual rate** of suicides per 100,000 first responders

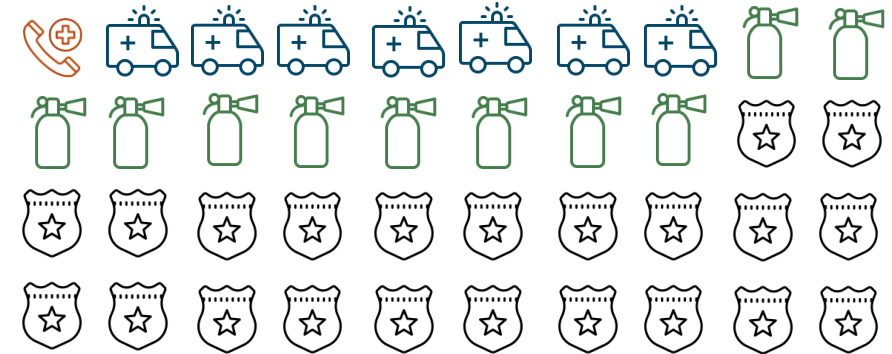
**1.5x higher** than the overall state suicide rate among those aged 18-64

**1 in 4**

of first responder suicide deaths were also **current or former military personnel**



**40 suicide deaths (2018-2022)**



**45% higher**

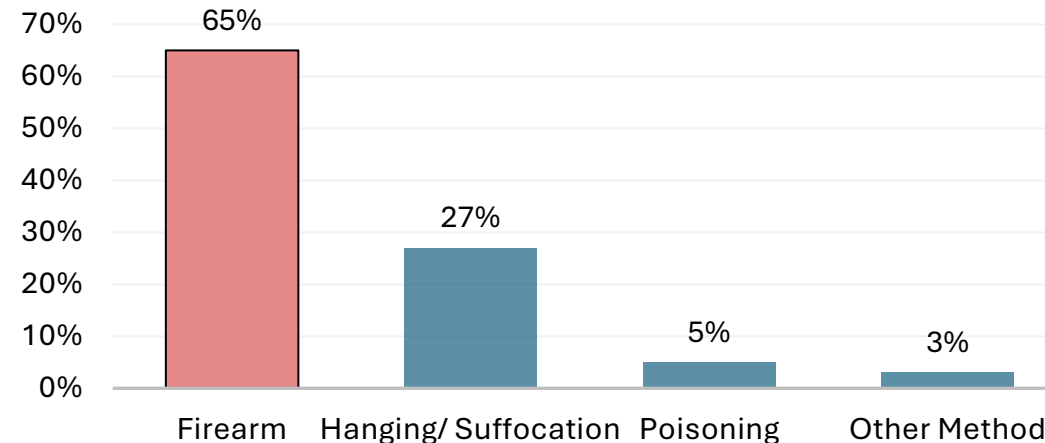
than the percentage of suicides by firearm among the Massachusetts public

**8 in 10**

of first responder suicide deaths by firearm were among **law enforcement officers**

This is **70% higher** than the percentage of suicides by firearm in the general MA public

First Responder Suicide by Mechanism (n=40)



Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2018-2022, Massachusetts Department of Public Health

# Suicides Among Veterans & Military Personnel

**17.9**

The average annual rate of suicides among military personnel

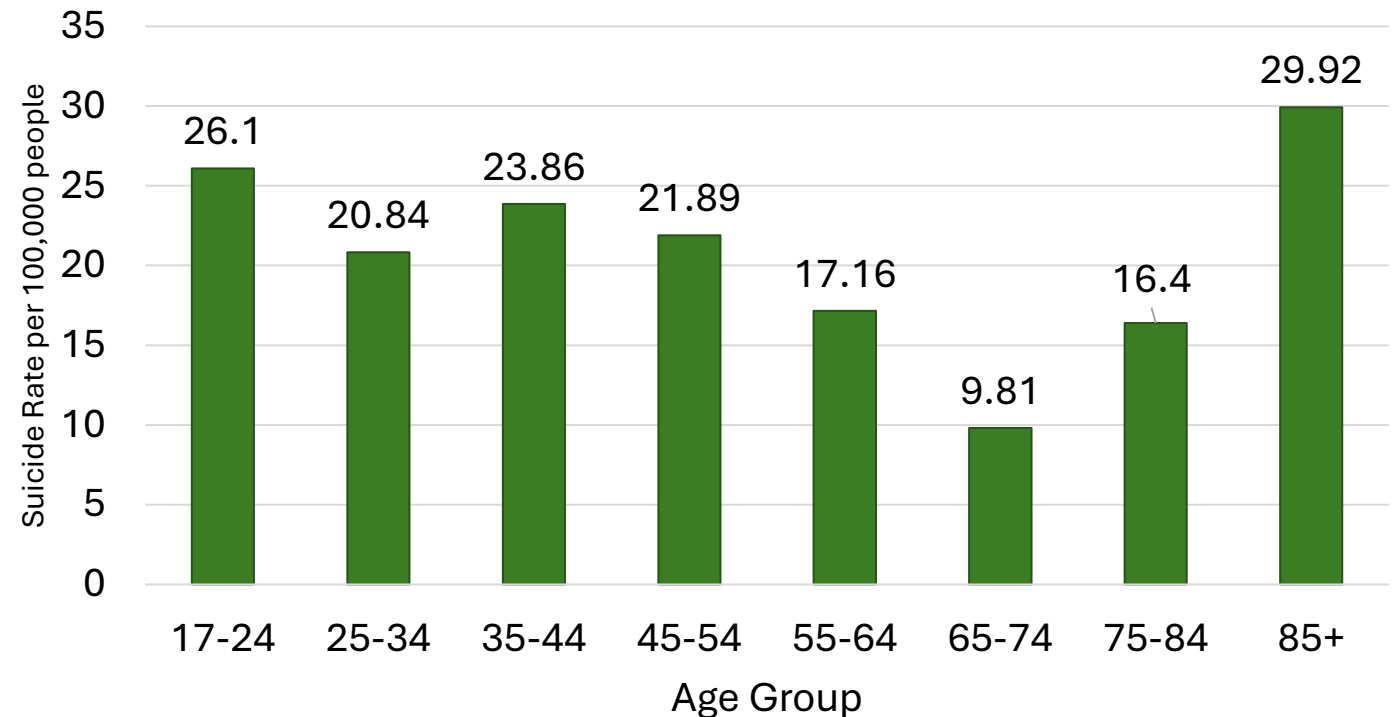
**1.5x higher** than the overall state suicide rate among those aged over 17

**3%** of suicides were among female veterans/military personnel

**3%** of suicides were among Black, non-Hispanic veterans/military personnel

**3%** of suicides were among Hispanic/Latinx veterans/military personnel

**Veteran & Current Military Suicide Rates by Age (2018-2022)**



Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2018-2022, Massachusetts Department of Public Health

# Suicides Among Veterans & Military Personnel



## Protective: Education

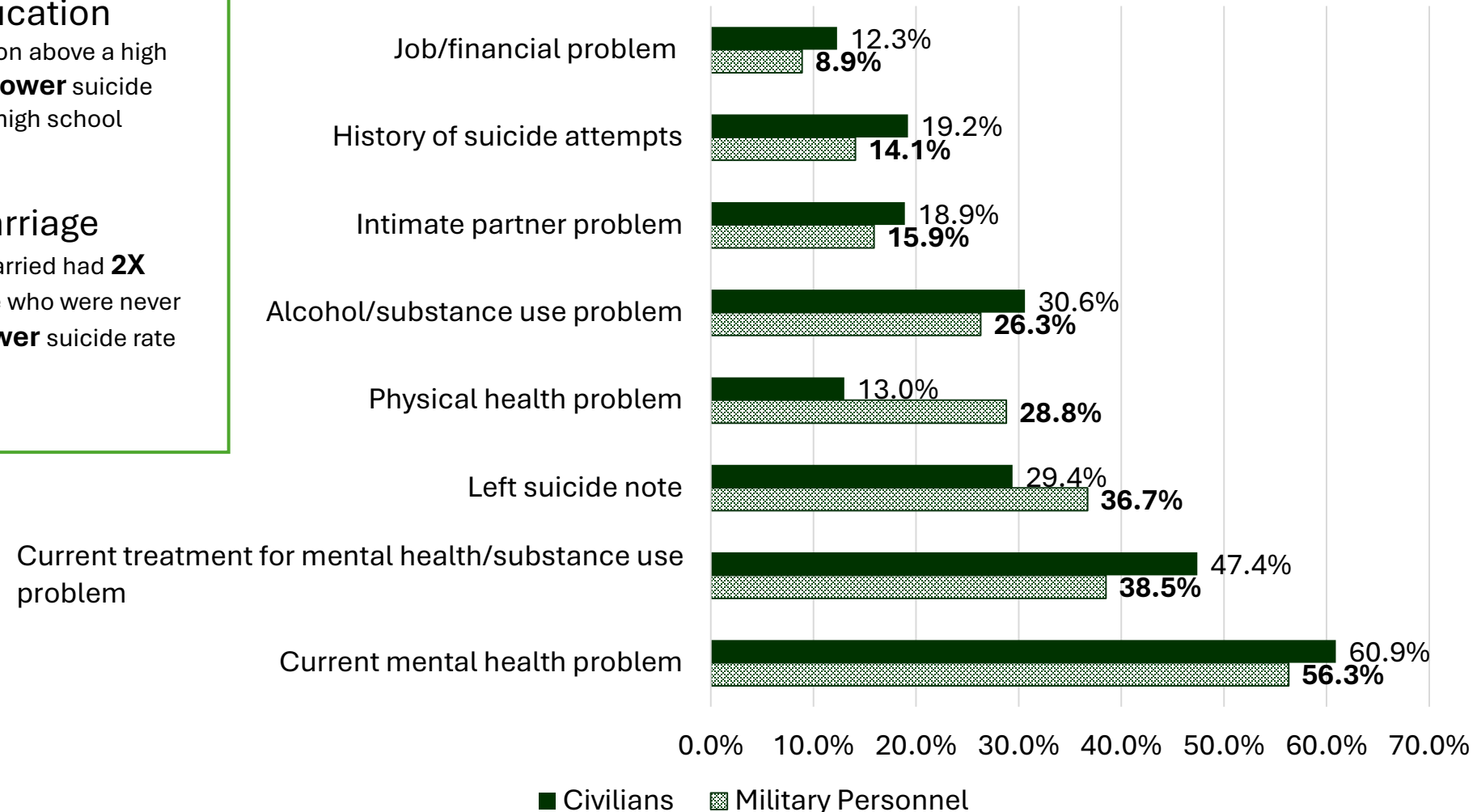
Military personnel with education above a high school diploma had about **3X lower** suicide rates than those with a GED or high school diploma



## Protective: Marriage

Military personnel who were married had **2X lower** suicide rates than those who were never married or divorced and **3X lower** suicide rate than those who were widowed

Circumstances Surrounding Military Personnel Suicides (2018-2022)



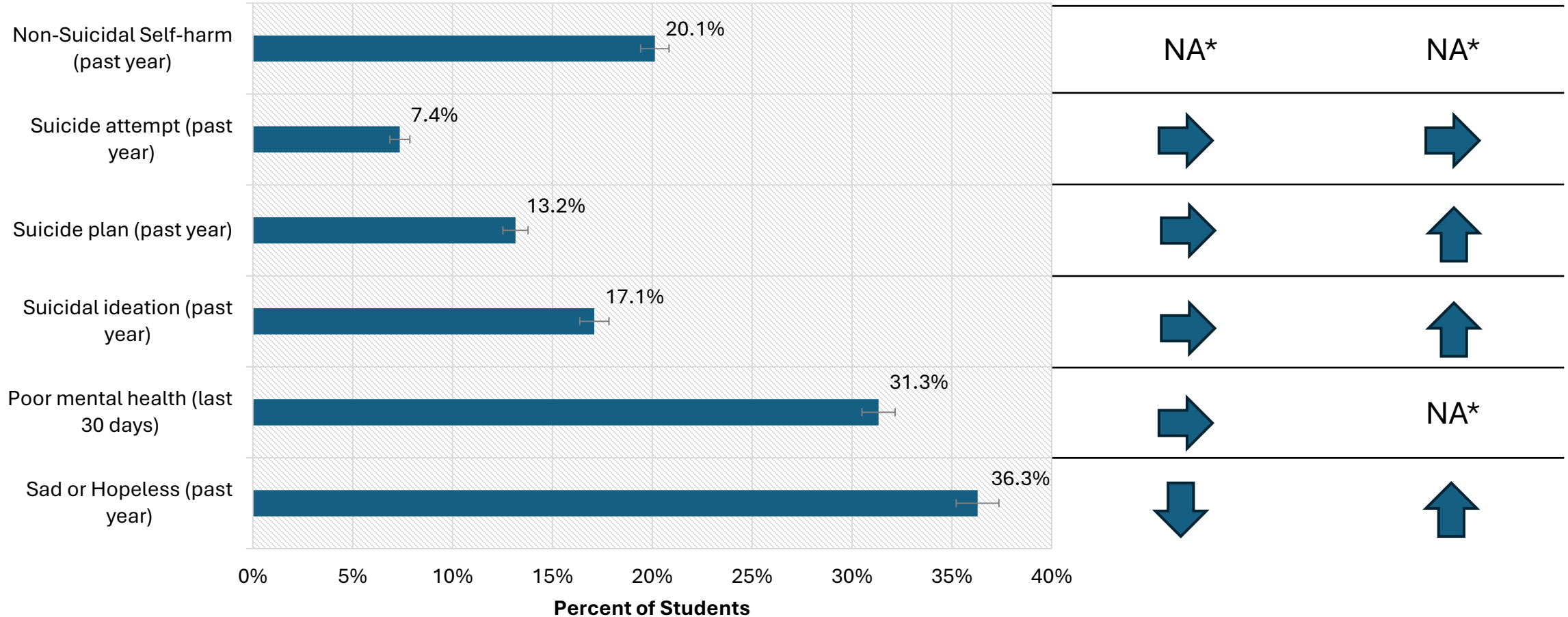
Source: Massachusetts Violent Death Reporting System (MAVDRS), 14AUG24, 2018-2022, Massachusetts Department of Public Health

# Suicidality in Youth

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# Youth Risk Behavioral Survey (YRBS), 2021 & 2023

## Suicidality and Mental Health Outcomes, weighted responses (YRBS 2021 & 2023)

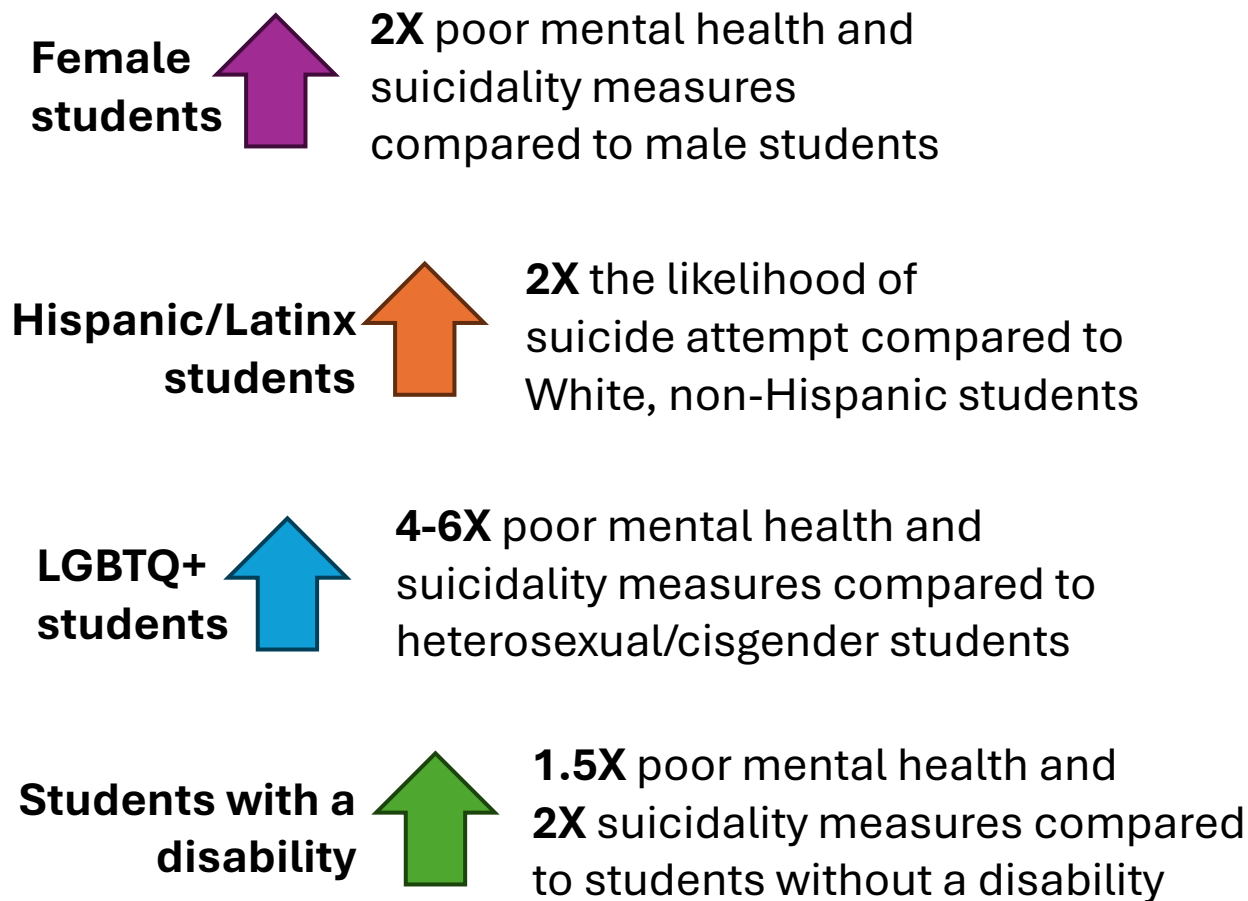


Source: Youth Risk Behavioral Survey (YRBS), Massachusetts Department of Public Health, Center for Disease Control (2021, 2023)

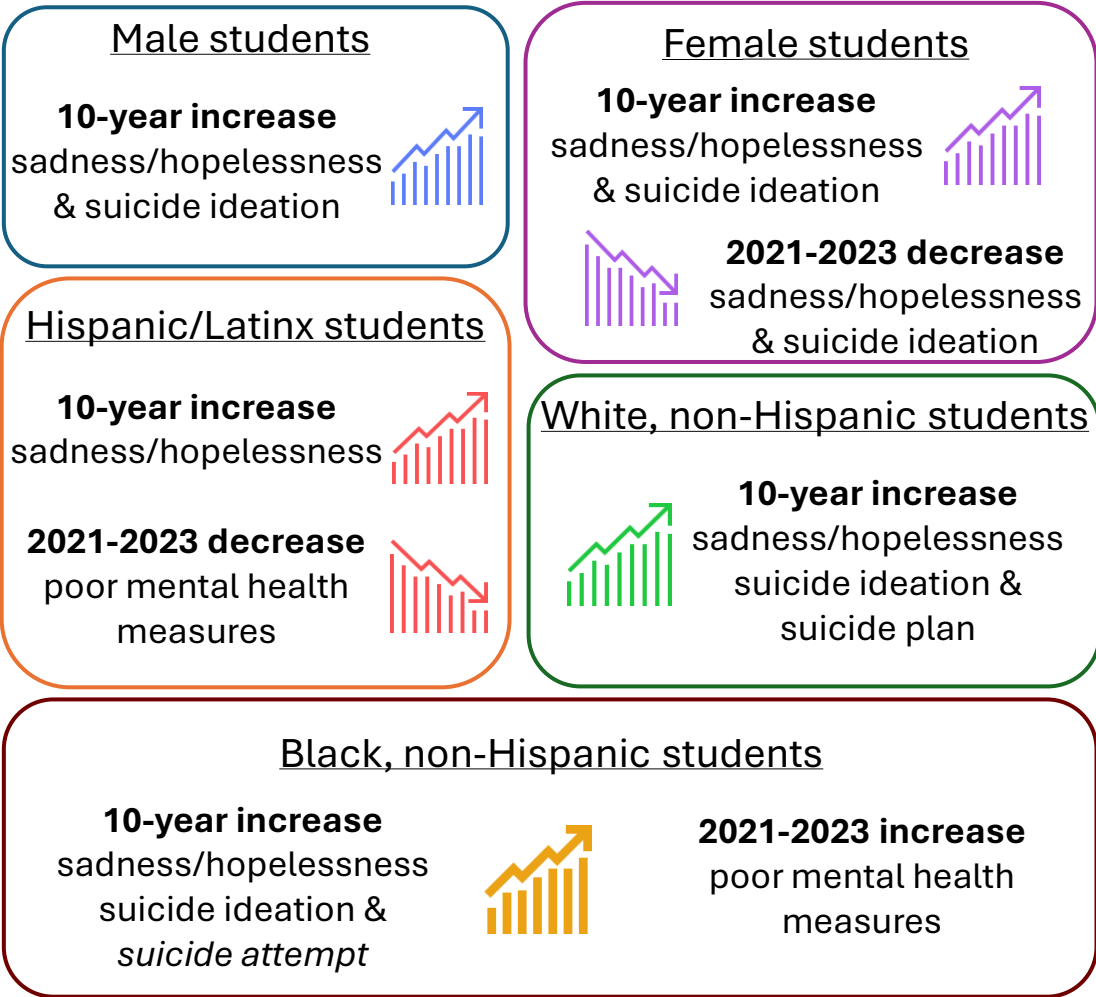
\*trend data was not available for this question

# Disparities in Youth Risk Behavioral Survey (YRBS) Results

## 2021 & 2023 Findings



## Trends over time



Source: Youth Risk Behavioral Survey (YRBS), Massachusetts Department of Public Health, Center for Disease Control (2021, 2023)



# Additional Findings from the YRBS (2021 & 2023)

- **Adverse Factors:**

- Bullying due to race/ethnicity
- Discrimination based on sexual orientation and gender identity
- Cyberbullying & school bullying
- Alcohol and Drug use
- Electronic Vaping



- **Protective Factors:**

- Trusted adult at school
- Good academic standing
- Post high school plans
- Regular physical activity

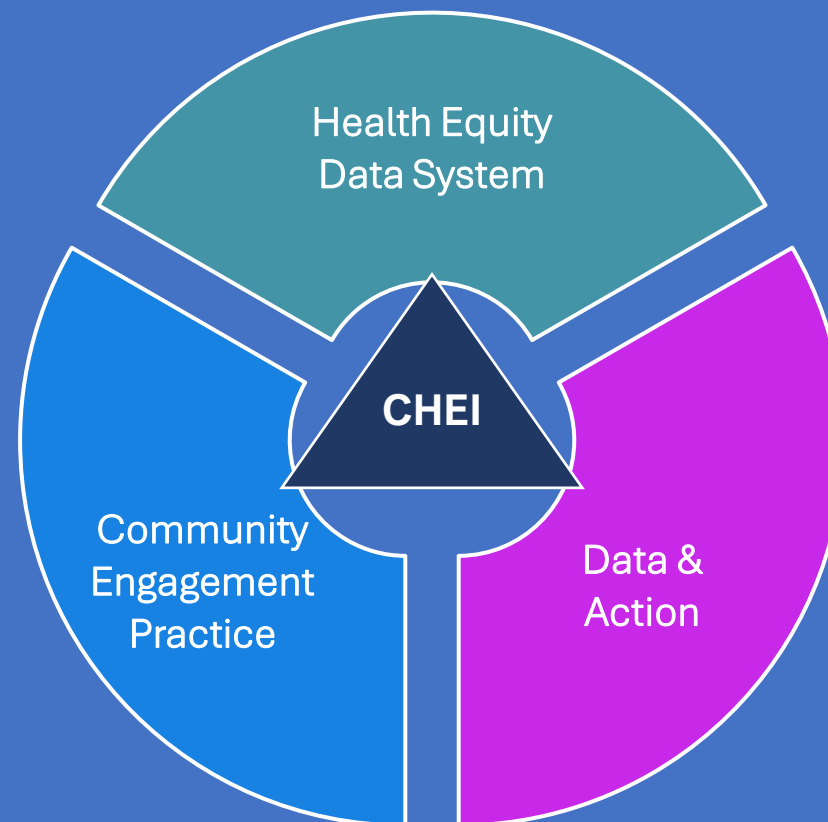
# Community Health Equity Initiative (CHEI) Background

# 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)

# 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.

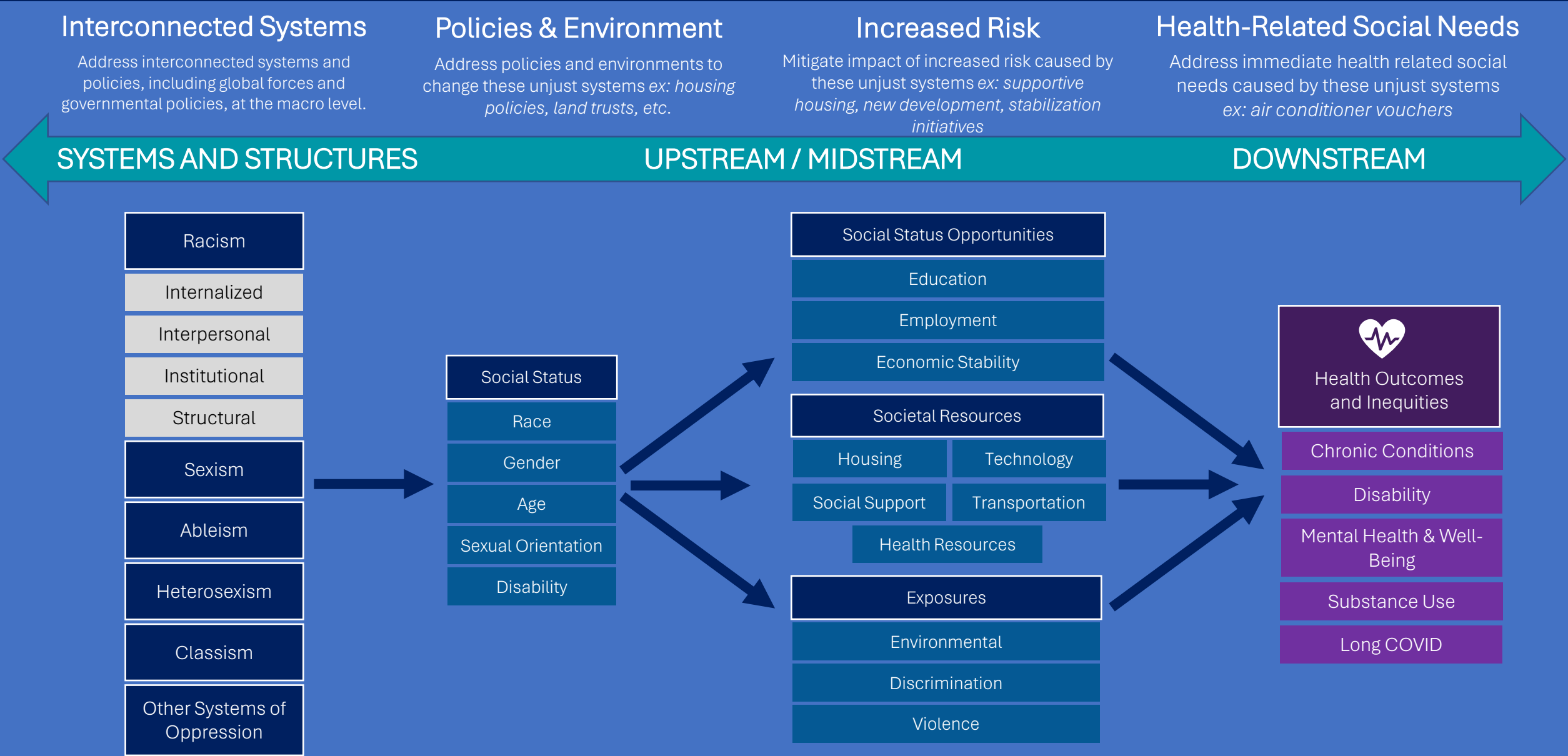
## Mental Health Is More Than Just the Absence of Illness

- 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





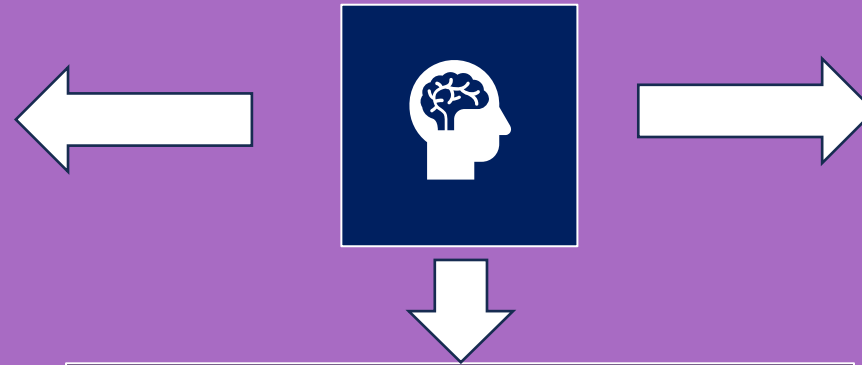
# Community Health Equity Survey 2023 Results

# 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.

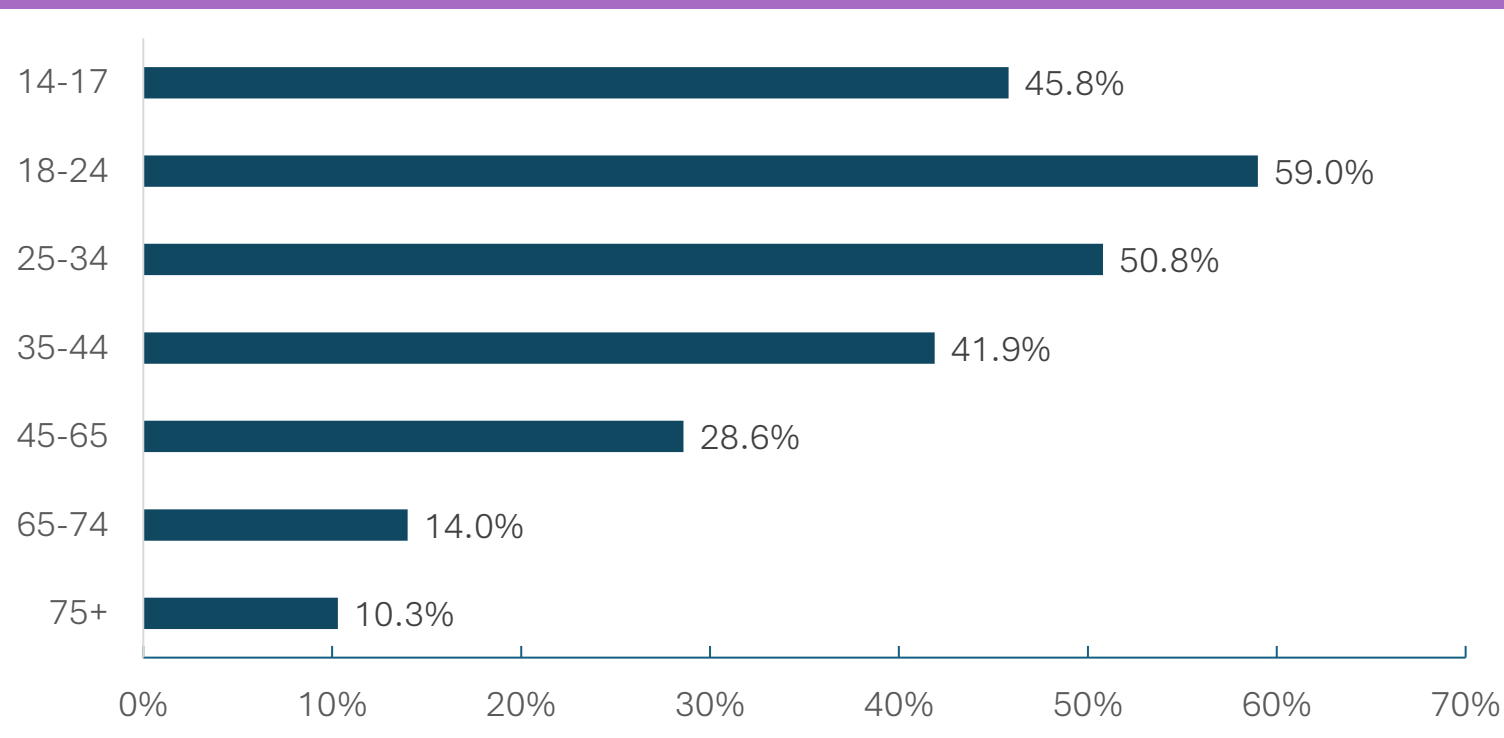
\* The Kessler Psychological Distress Scale is a validated scale to assess non-specific psychological distress. The 2023 CHES used a 5-question version of the scale.

# Mental Health in Massachusetts



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

## Psychological Distress by Age Group (Years)



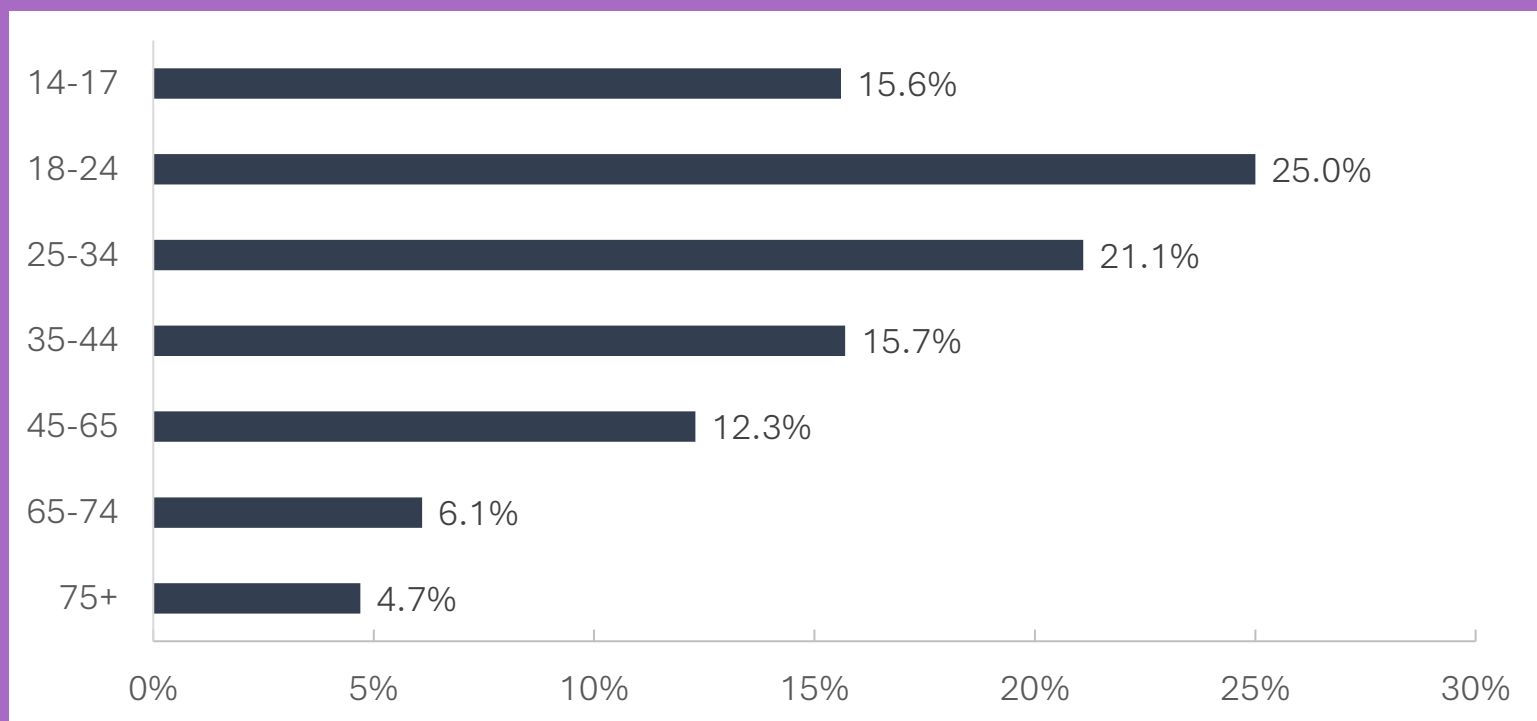
- Nearly 1 in 3 adults aged 18 and older and 1 in 2 youth (aged 14-17) reported psychological distress.
- Youth and younger adult age groups reported the highest rates of psychological distress.

# Mental Health in Massachusetts



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

## 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.

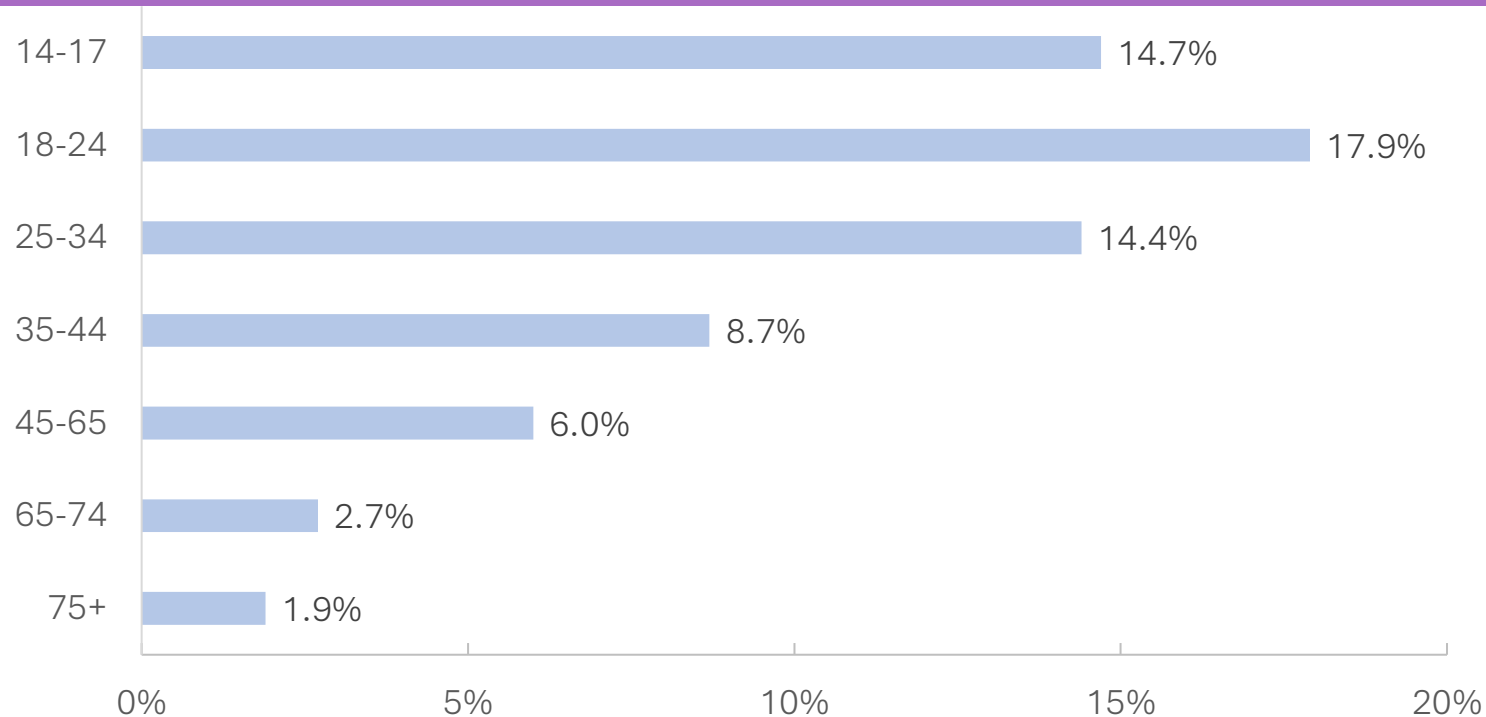
# Mental Health in Massachusetts



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



## 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

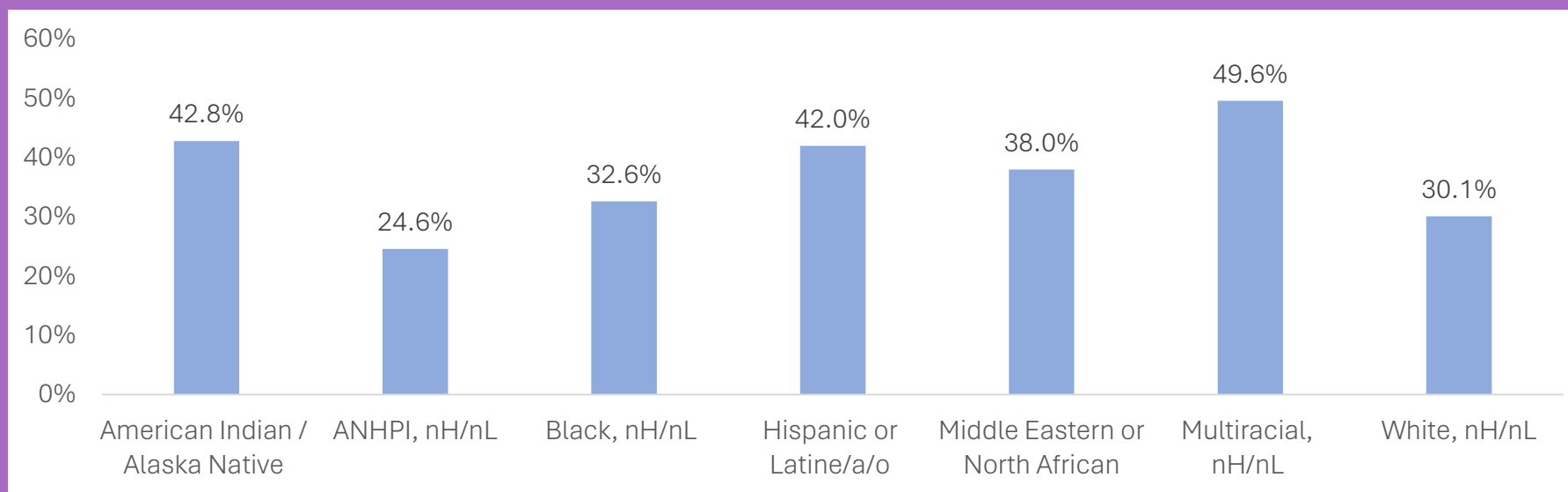
Poor mental health outcomes, including mental illness, are often underdiagnosed and underreported within many communities of color.

# 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

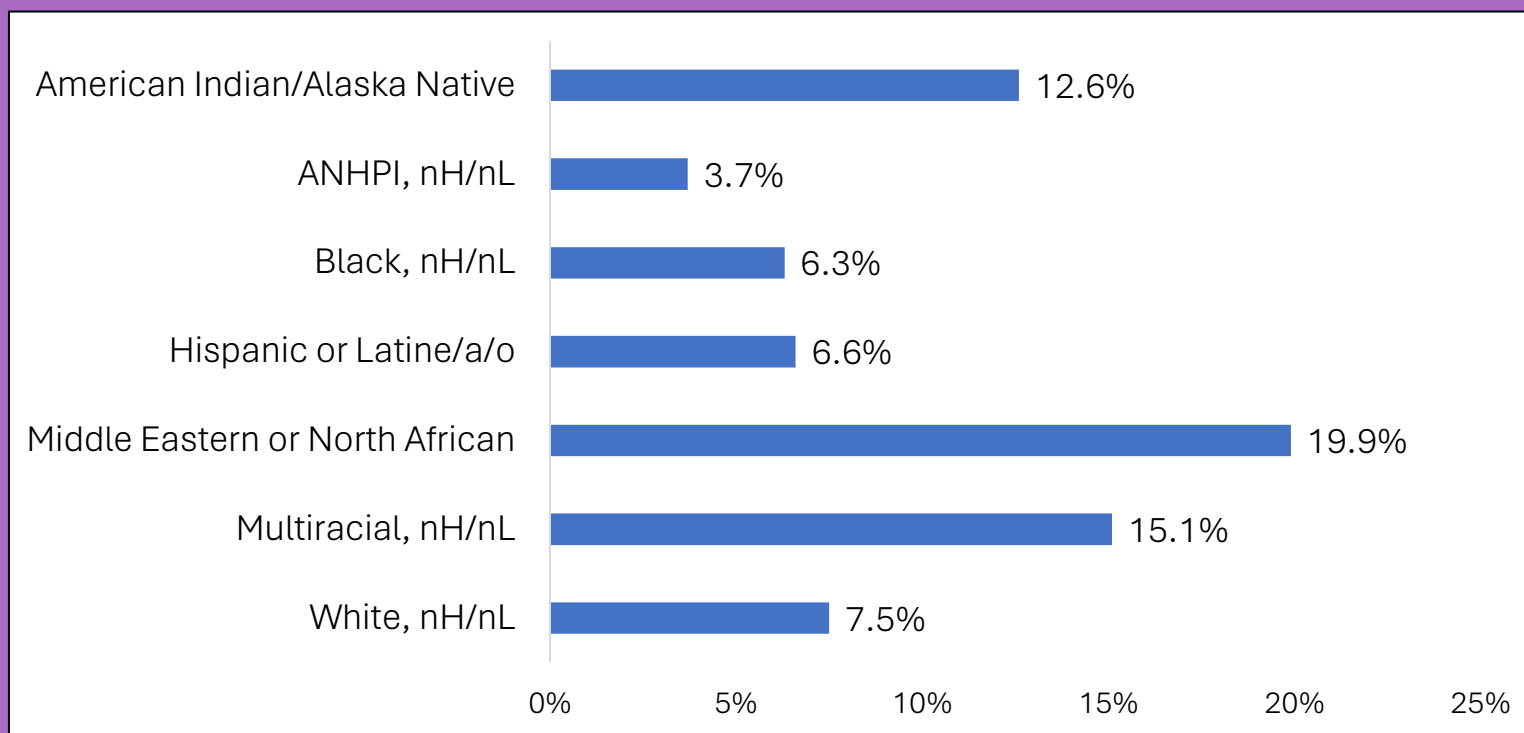
People of color disproportionately experienced poor mental health outcomes, including those identifying as American Indian or Alaska Native, Hispanic or Latine/a/o, Middle Eastern or North African, and Multiracial.

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: People of Color

### Adults (18+): Past Year Suicidal Ideation by Race/Ethnicity



- 1 in 5 MENA adults reported suicidal ideation in the past year
- Multiracial adults were 2 times as likely to report past year suicidal ideation compared to White adults
- 12.6% of AI/AN adults reported suicidal ideation in the past year

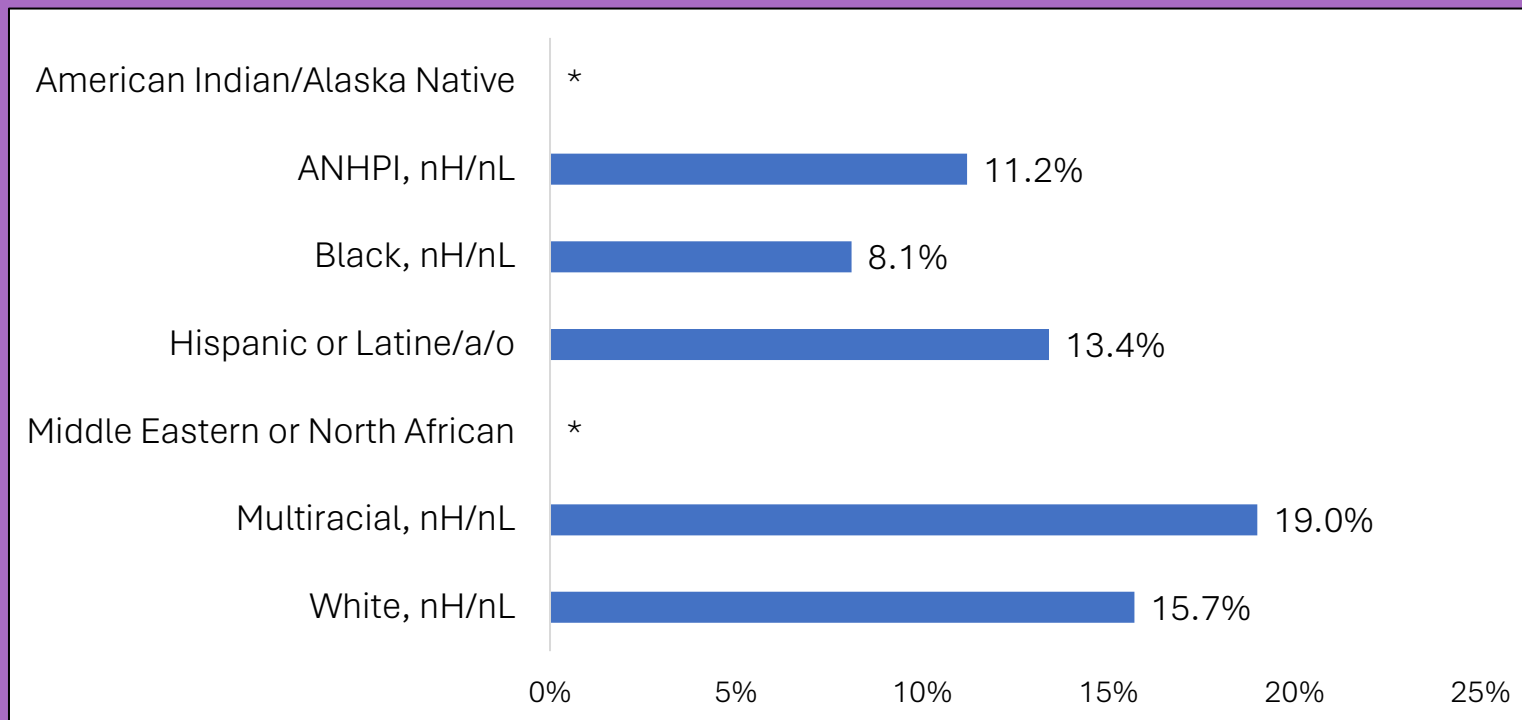


# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: People of Color

### Youth (14-17): Past Year Suicidal Ideation by Race/Ethnicity



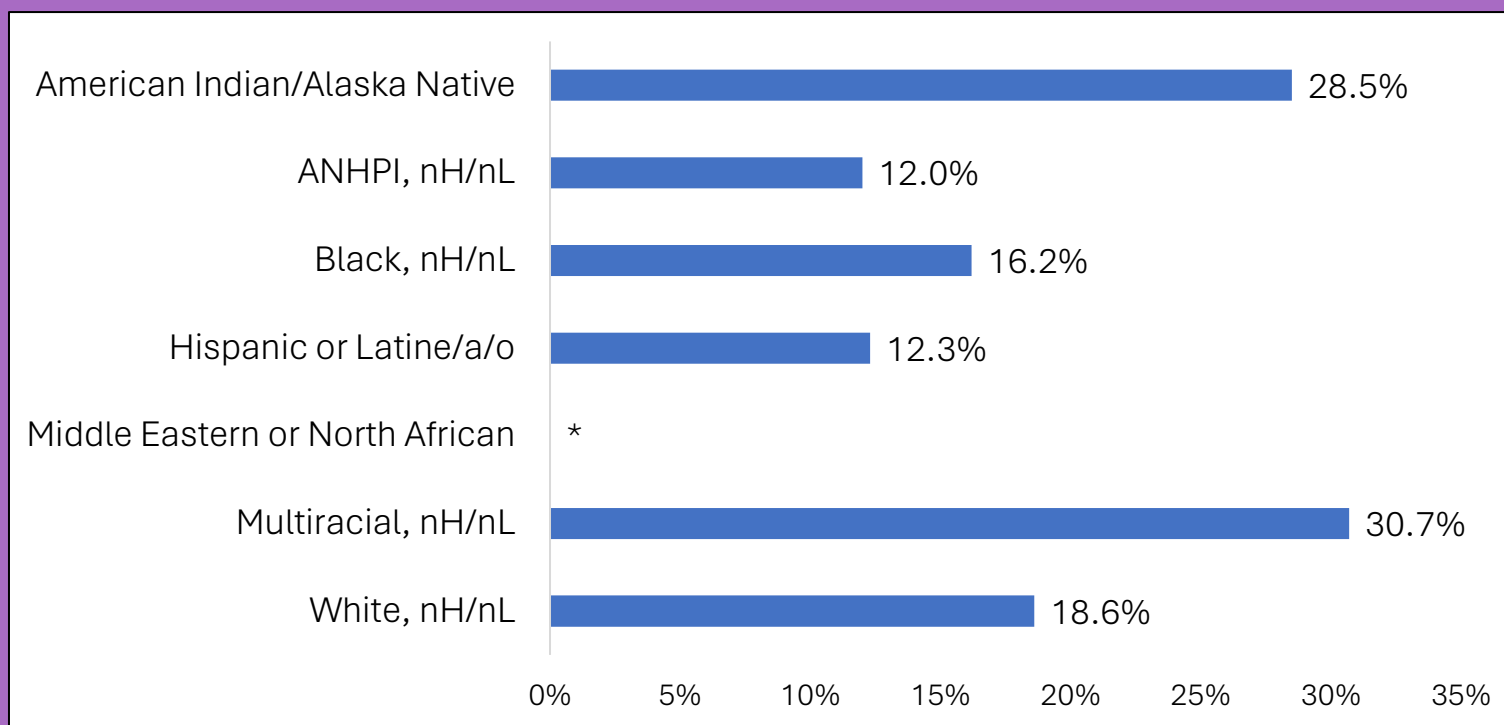
- Nearly 1 in 5 multiracial youth reported past year suicidal ideation
- Suicidal ideation was lower among ANHPI, Black and Hispanic/Latine youth compared to white youth

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: People of Color

### Young Adults (18-24): Past Year Suicidal Ideation by Race/Ethnicity



\* Data within the category are not reported due to small numbers.

- Over 1 in 4 AI/AN and multiracial young adults reported past year suicidal ideation
- Suicidal ideation was lower among AI/AN, ANHPI, Black and Hispanic/Latine young adults compared to white young adults

ANHPI: Asian, Native Hawaiian or Pacific Islander; MENA: Middle Eastern or North African

# 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 has experienced a long history of discrimination, violence, and denial of civil and human rights.

### Mental Health Inequities within the LGBTQA+ Community

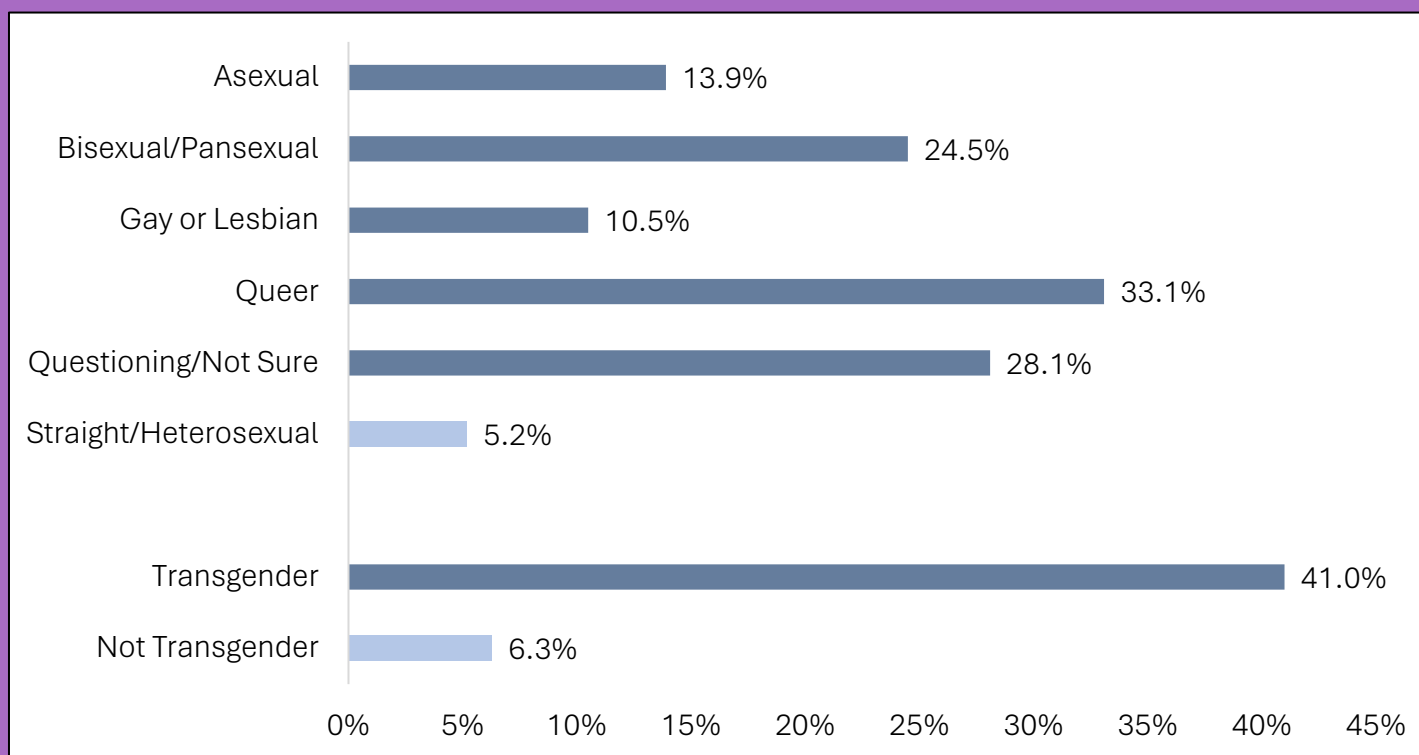
Structural and social drivers of health contribute to members being at higher risk for many poor mental health outcomes, including depression, anxiety, and substance misuse.

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: LGBTQA+

### Adults (18+) Suicidal Ideation by Sexual Orientation and Transgender Identity



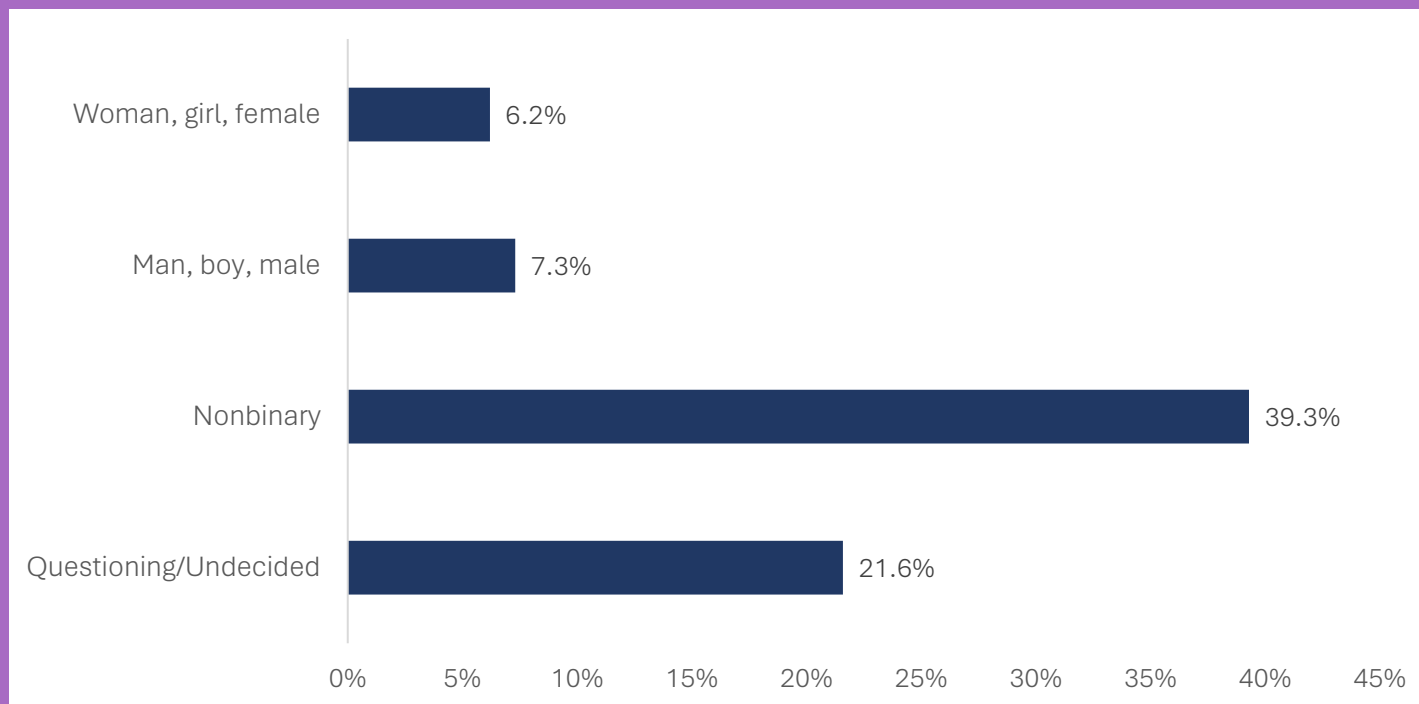
- Overall, adults and youth who identify as LGBTQA+ had significantly higher rates of psychological distress, suicidal ideation, and social isolation compared to straight and cisgender respondents.
- 2 out of 5 adults who identify as transgender reported suicidal ideation in the past year.
- Adults who identify as queer were 6.4 times as likely as straight adults to report past year suicidal ideation

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: LGBTQA+

### Adults (18+) Suicidal Ideation by Gender Identity



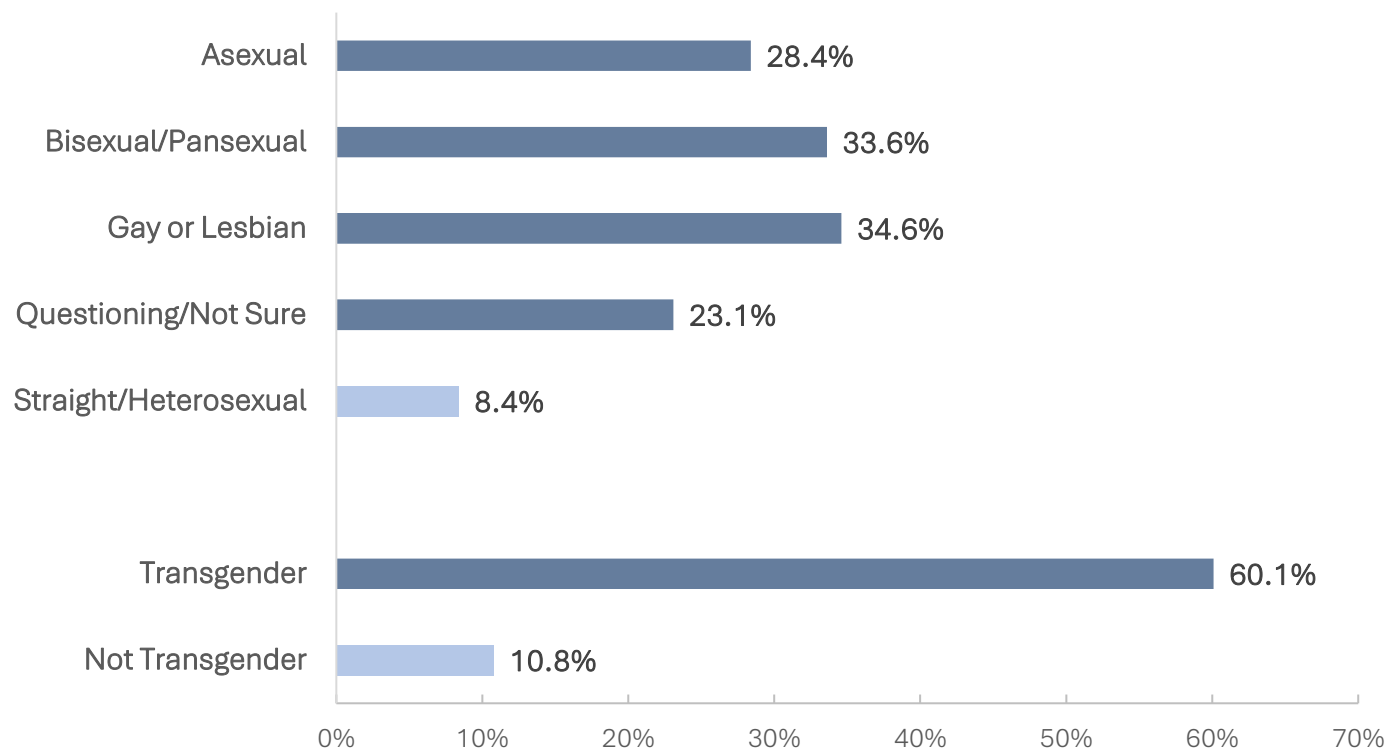
- Nearly 1 in 5 adults who identify as nonbinary reported suicidal ideation in the past year.
- Adults who identified as men reported suicidal ideation at a slightly higher rate than those who identified as women.

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: LGBTQA+

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



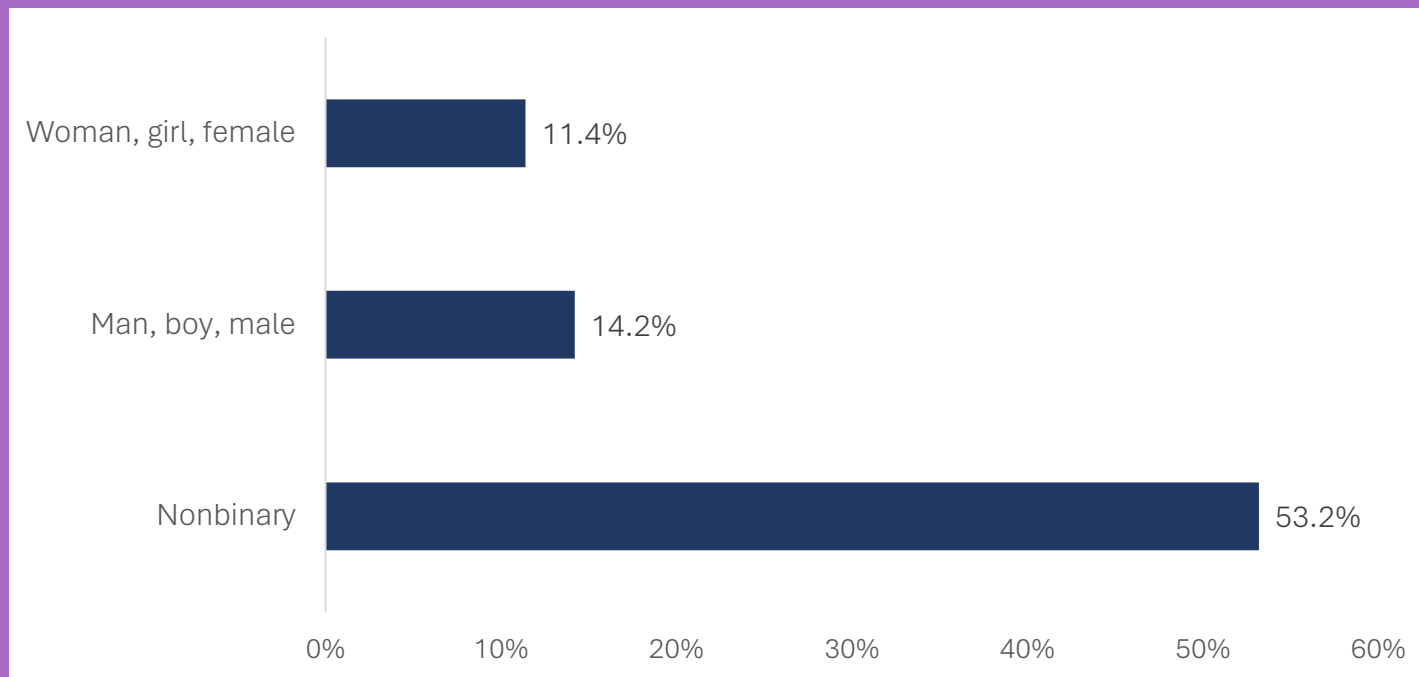
- 3 in 5 youth identifying as transgender reported suicidal ideation in the past year
- Youth who identify as gay or lesbian were 4.1 times as likely to report past year suicidal ideation compared to straight youth.

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: LGBTQA+

### Youth (14-17) Suicidal Ideation by Gender Identity



- Over half of youth who identify as nonbinary reported past year suicidal ideation
- Youth who identified as men or boys reported suicidal ideation at a slightly higher rate than those who identified as women or girls.

# 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 with 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 distress<sup>1</sup>.

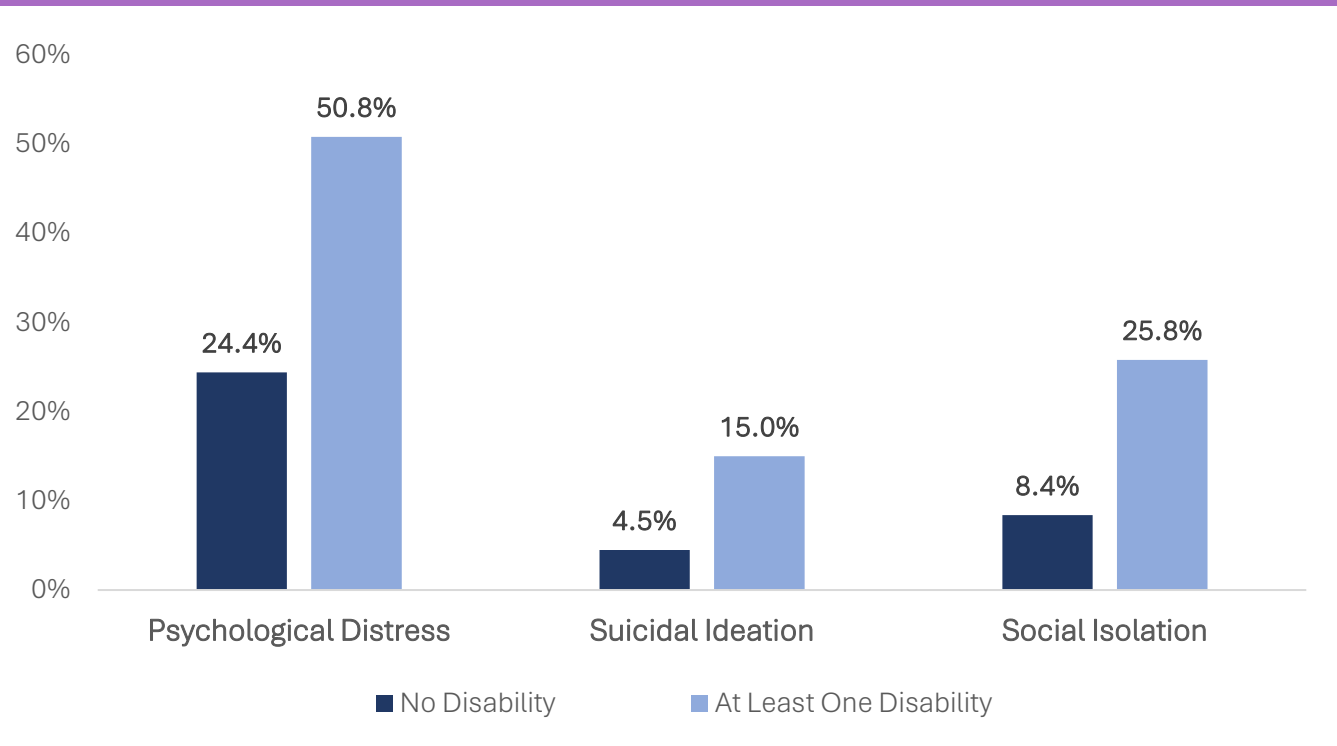


# Mental Health in Massachusetts



## 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.

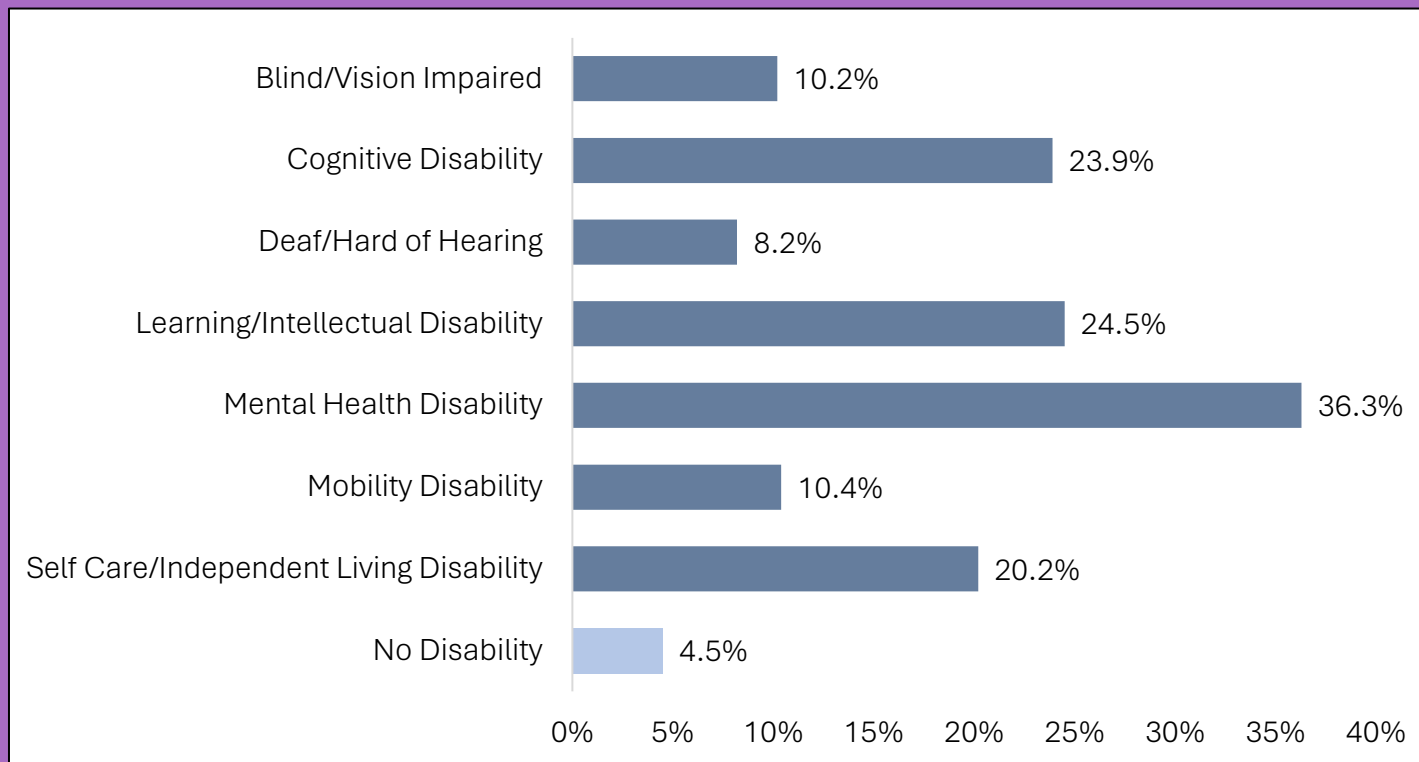
- Approximately 1 in 2 adults aged 18 and older with disabilities and 3 in 4 youth aged 14-17 with disabilities reported high/very high psychological distress.
- Approximately 15% of adults with a disability and 35% of youth with a disability reported suicidal ideation.
- Adults with a disability were 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

### Adults (18+) Suicidal Ideation by Disability Type



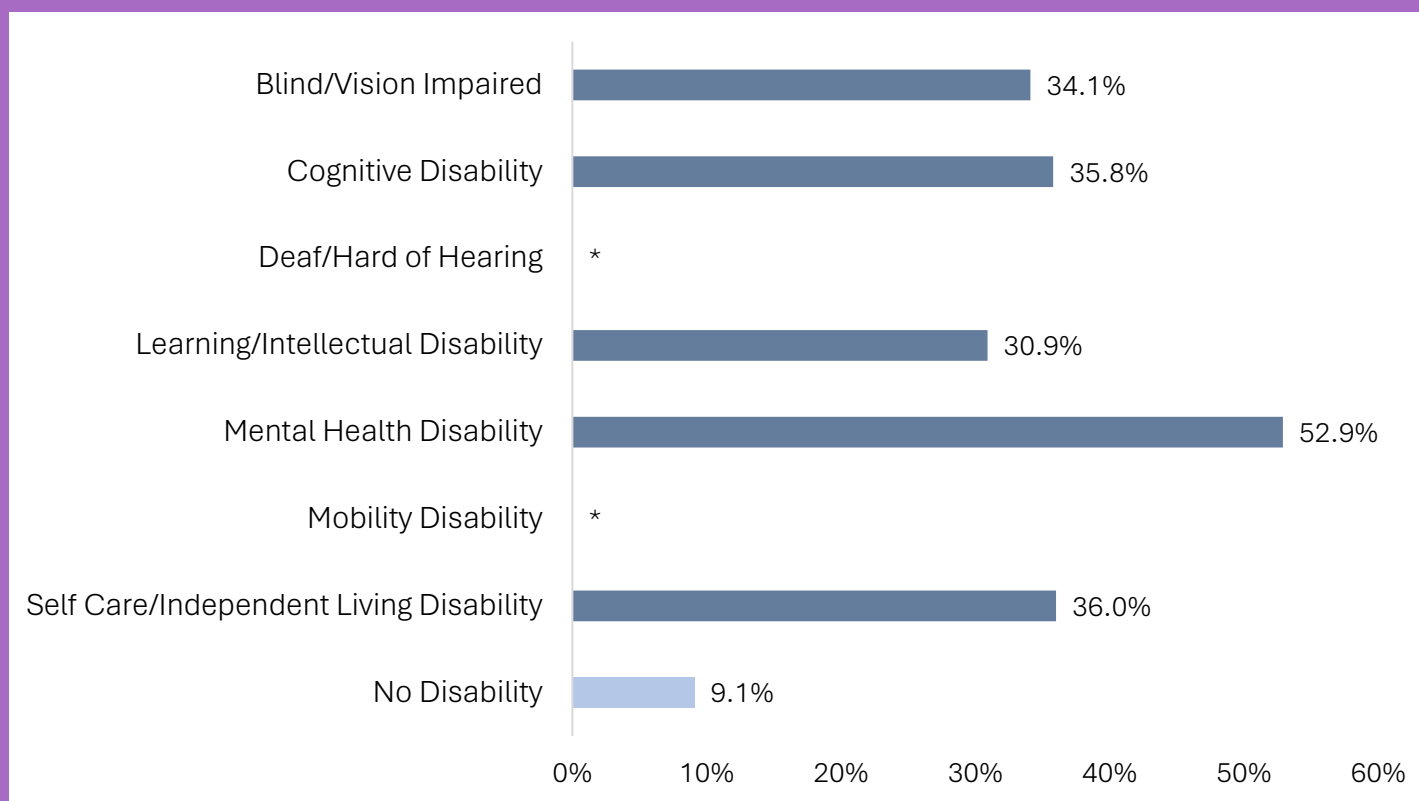
- Approximately 15% of adults with a disability and 35% of youth with a disability reported suicidal ideation in the past year
- Over 1 in 3 adults with a mental health disability reported past year suicidal ideation
- Adults with a learning/intellectual disability were 5.4 times as likely to report past year suicidal ideation compared to those without a disability

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: People with Disabilities

### Youth (14-17) Suicidal Ideation by Disability Type



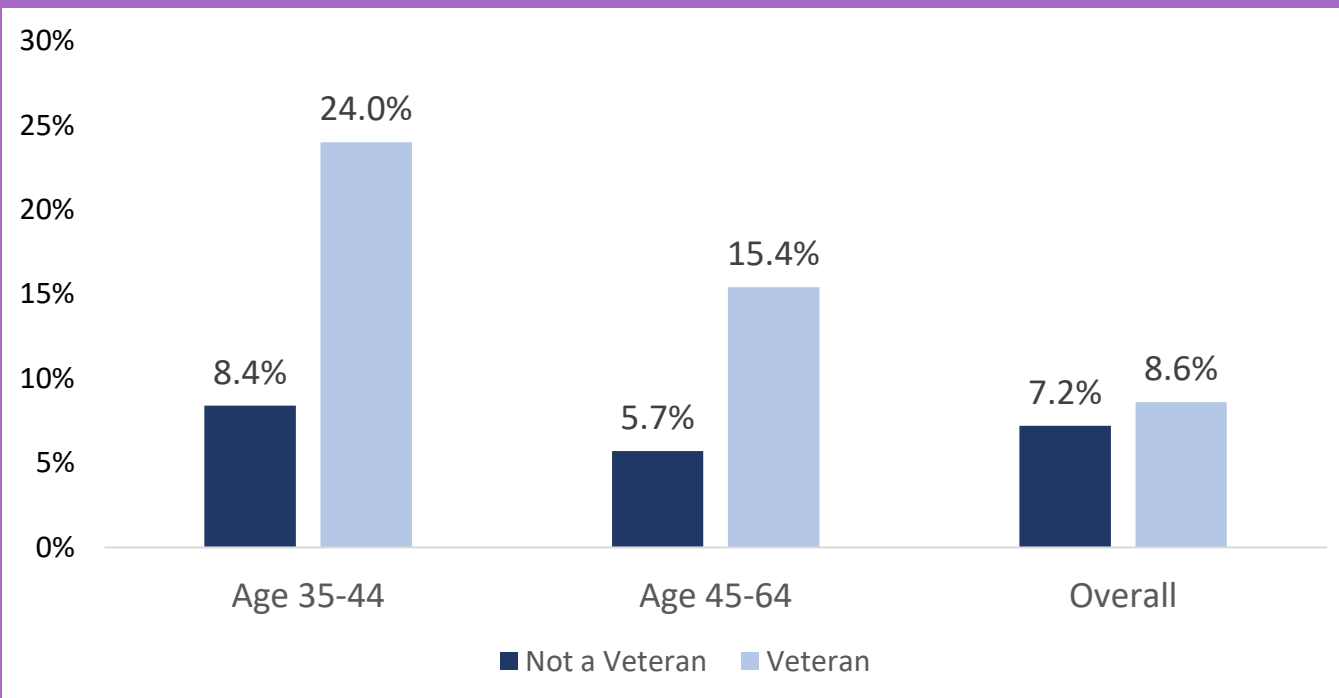
- Over half of youth with a mental health disability reported suicidal ideation in the past year
- Youth with a self care/independent living disability and those with a cognitive disability were 4 times as likely to report past year suicidal ideation compared to youth with no disability.

# Mental Health in Massachusetts



## Communities Experiencing Inequities in Mental Health: Veterans

### Adults (18+) Suicidal Ideation by Veteran Status and Age Group

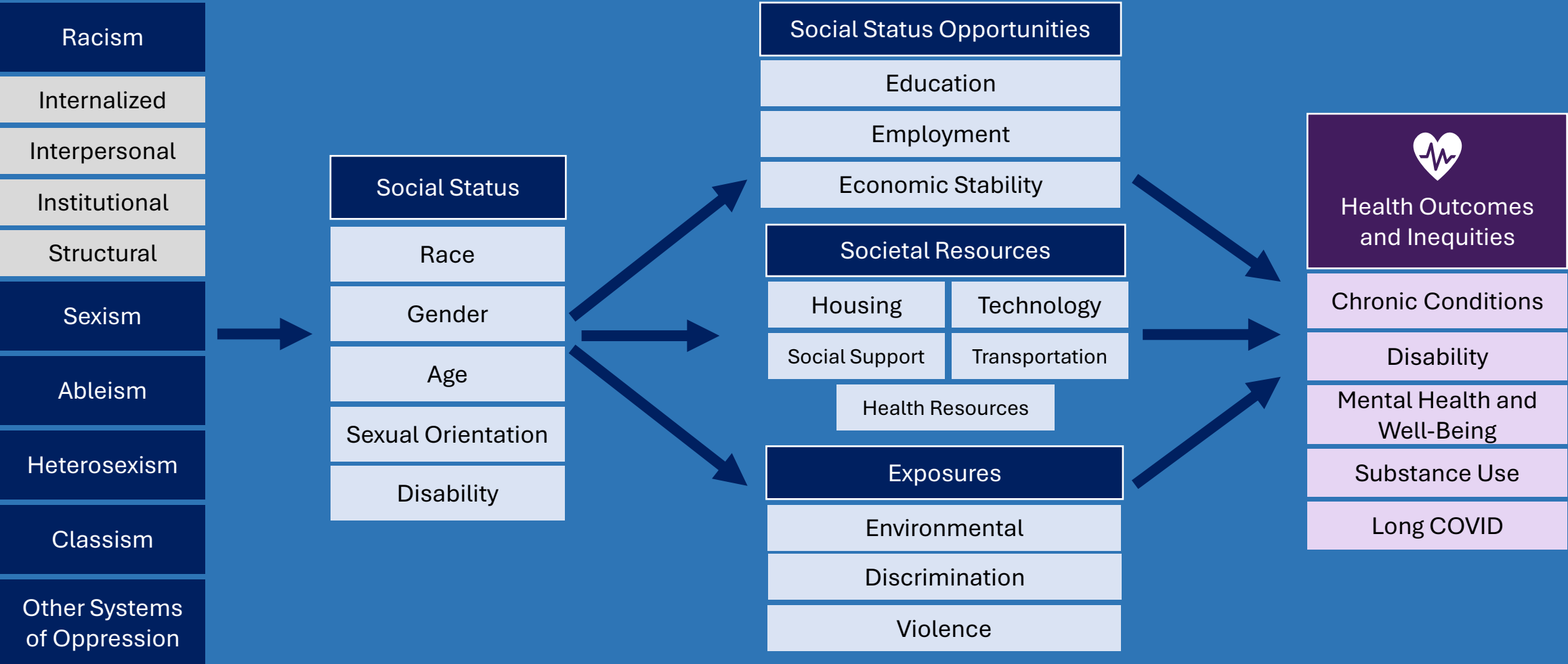


- Overall, past year suicidal ideation was only slightly higher for veterans compared to non-veterans
- Among those aged 35-44, veterans were 2.9 times as likely to report past year suicidal ideation compared to non-veterans
- Among those aged 45-64, veterans were 2.7 times as likely to report past year suicidal ideation compared to non-veterans

# Drivers of Health Inequities



## CHEI Health Inequities Framework



# 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.

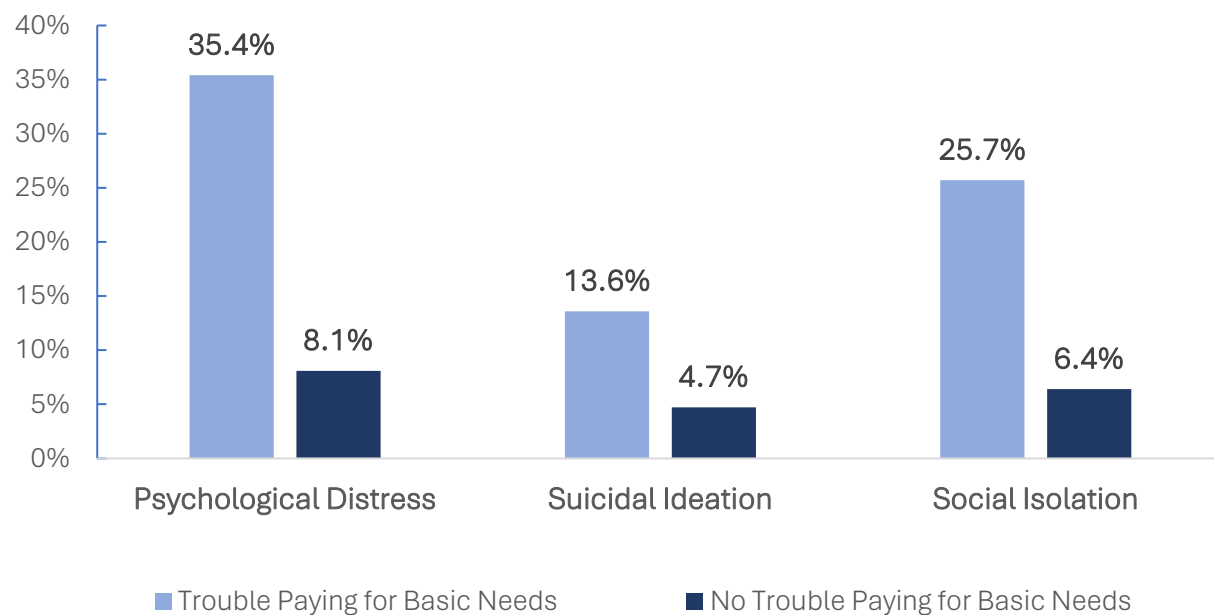
Absence of economic stability leads to poor mental health outcomes by impacting your ability to attain necessary resources and increasing psychological distress.

# 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



## 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

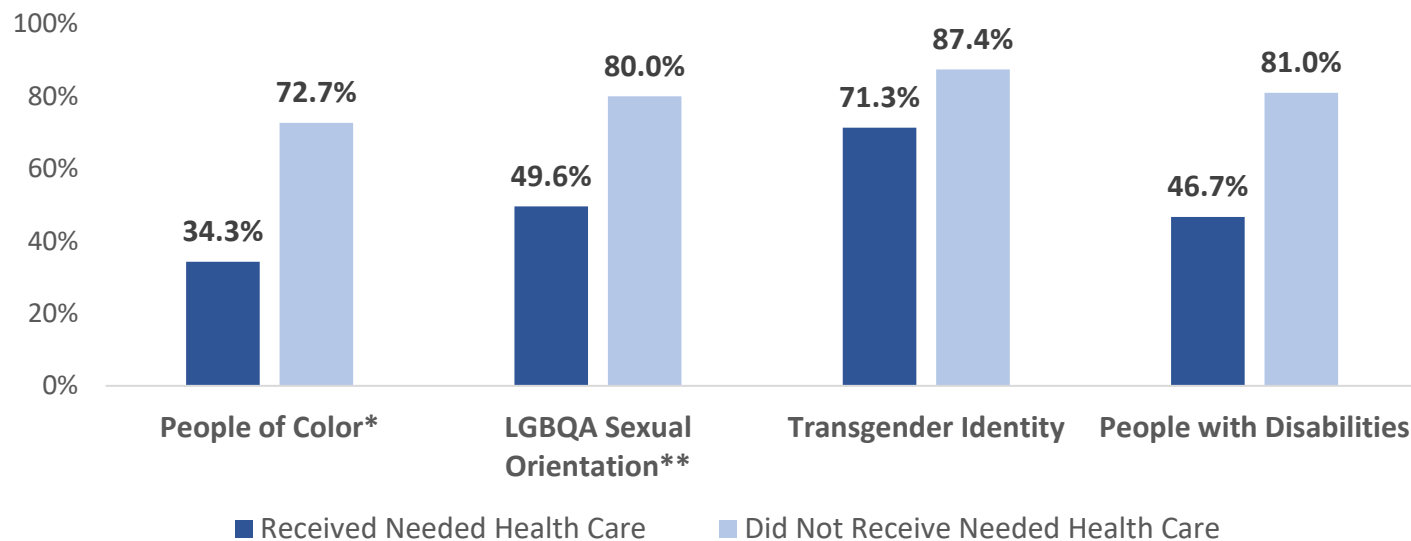
Adults who reported not having health insurance coverage were nearly twice as likely to have high or very high psychological distress, 2.1x as likely to have suicidal ideation, and 2.5x as likely to report social isolation.

# Drivers of Mental Health Inequities



## Societal Resources: Access to Quality Health Care

### Psychological Distress by Unmet Health Care Needs Among Communities of Focus



As seen among all respondents, 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



## 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

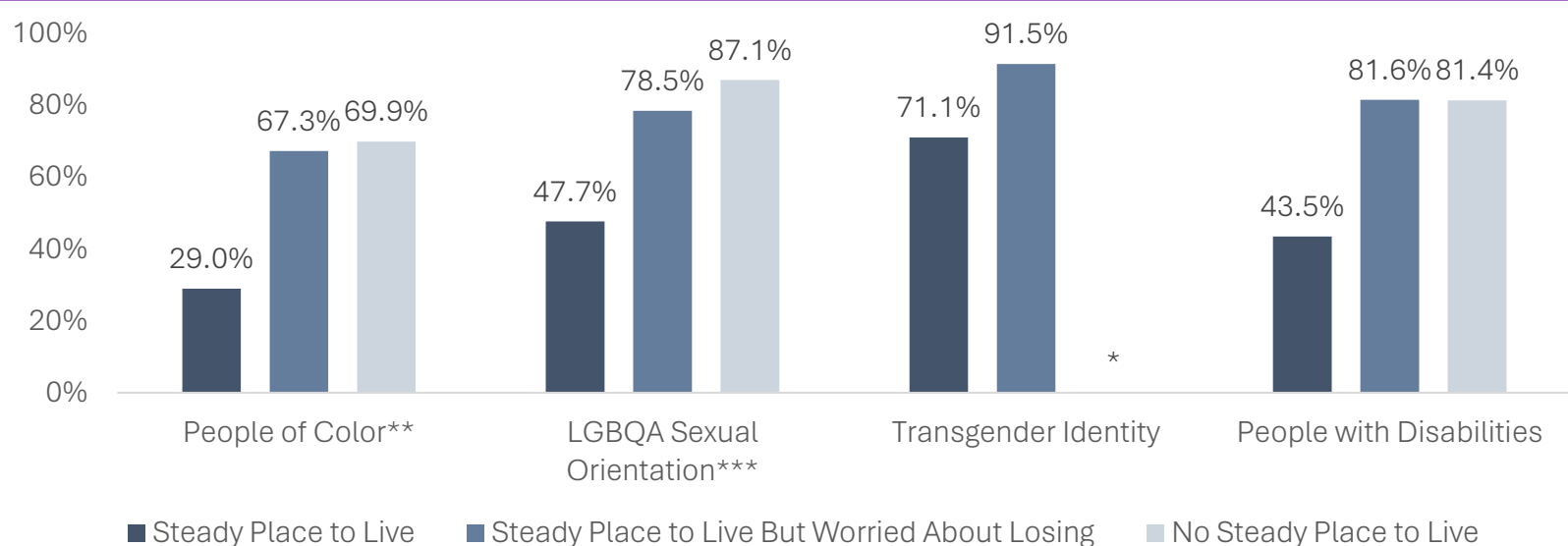
- Adults who reported having a steady place to live had significantly lower rates of psychological distress, suicidal ideation, and social isolation compared to those who did not have a steady place to live.
- Adults who had a steady place to live but were worried about losing their housing had similar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



\* 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.

As with respondents as a whole, 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%).

# 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**

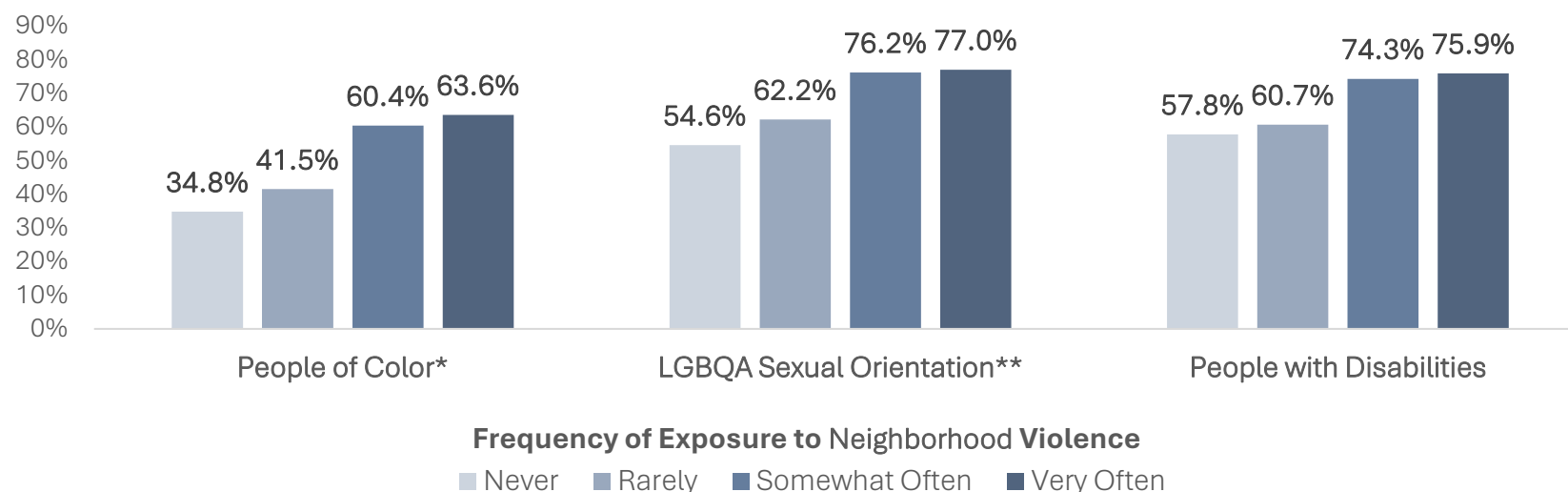
Children who are exposed to violence and other adverse childhood experiences (ACEs) are at greater risk for many immediate and long-term impacts such as mental disorders, substance use, and chronic conditions. Exposure to violence during adulthood can lead to physical health issues, cardiovascular disease, 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

### Psychological Distress by Frequency of Exposure to Neighborhood Violence<sup>1</sup> Among Communities of Focus



Less frequent exposure to neighborhood violence among all respondents and 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.

<sup>1</sup> 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.

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# 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

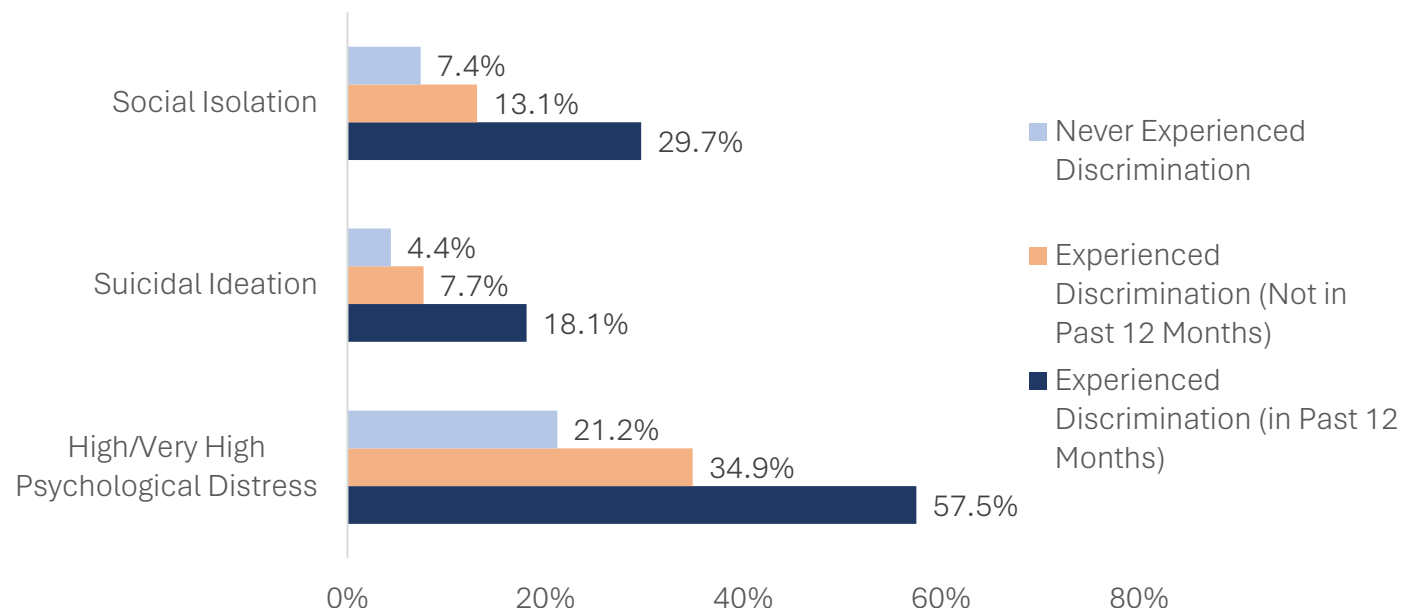


## Key Exposures: Discrimination

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





# Resources & Next Steps



## To learn more about CHES and explore our updated data dashboard:

- Visit our website: [www.mass.gov/chei](http://www.mass.gov/chei)
- CHEI data dashboard: [Community Health Equity Initiative Data Dashboard | Mass.gov](#)

## To submit a request for customized data analyses and support:

- Fill out this form: <https://forms.office.com/g/7pxW24Yc5K> to be connected with a Regional Data & Action Support Provider

## To request a custom analysis of death data:

- Email: [DPH-NVDRS@mass.gov](mailto:DPH-NVDRS@mass.gov)
- Other data reports can be found here: [Suicide data & reports | Mass.gov](#)

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