

Abstract

- In the United States, racial and ethnic minorities are underserved in mental health care compared to non-Hispanic whites.
- The goal of the current study was to 1) identify the differences of unmet mental health need between racial and ethnic minorities and non-Hispanic whites, and 2) examine the differences in experienced structural and attitudinal barriers to receiving mental health treatment between racial and ethnic minorities and non-Hispanic whites.
- The current study is a secondary data analysis of the 2014 National Survey on Drug Use and Health (NSDUH).
- The sample consisted of adult participants aged 18 or older ($N = 41,671$).
- There was no significant difference in attitudinal barriers to receiving mental health treatment between racial and ethnic minorities and non-Hispanic whites.
- The findings revealed that non-Hispanic whites are significantly more likely to report an unmet mental health need than racial and ethnic minorities, in addition to experiencing significantly more structural barriers to receiving treatment.

Introduction

Significance of the Study

- This study is relevant to the field of social welfare because understanding the structural and attitudinal barriers to mental health treatment among racial and ethnic minority groups will allow for the identification of effective strategies to decrease treatment barriers.
- In 2015, 48% of non-Hispanic whites received mental health treatment when needed, in comparison to 31% of blacks and Hispanics, and 22% of Asians.

Research Questions

1. Are racial and ethnic minorities more likely to have an unmet need for mental health treatment compared to non-Hispanic whites?
2. What are the differences in experienced structural barriers to receiving treatment between racial and ethnic minorities and non-Hispanic whites?
3. What are the differences in experienced attitudinal barriers to receiving treatment between racial and ethnic minorities and non-Hispanic whites?

Hypothesis

- Racial and ethnic minority groups will have received less mental health treatment when they needed it compared to non-Hispanic whites.
- Racial and ethnic minority groups had received less mental health treatment when they needed it than non-Hispanic whites because they face more structural and attitudinal barriers.

Literature Review

Racial and Ethnic Mental Health Care Disparities

- Research has cited mental illness as one of the largest health burdens for minority communities.

Reasons for Not Receiving Treatment: Structural Barriers

- Structural barriers to treatment access include factors and practices grounded in political, social, legal, and service systems that systematically affect certain groups of people access to care.
- Studies found that racial and ethnic minorities report structural barriers as a reason for not receiving treatment, including inadequate insurance, treatment costs, and transportation barriers.

Reasons for Not Receiving Treatment: Attitudinal Barriers

- Attitudinal barriers involve personal beliefs, including knowledge, characteristics, and skills that may inhibit a person's treatment access.
- Some of the attitudinal barriers that impact treatment use among racial and ethnic minorities include negative beliefs about seeking mental health care (i.e., stigma), low perceived need, and preferring to handle the problem on their own.

Andersen's Behavioral Model of Health Service Use

- The Behavioral Model was used to approach mental health care disparities due to its concepts of health services utilization.

Gaps

- Minority groups' reasons for not seeking treatment are limited to barriers most commonly reported in previous research.
- Racial and ethnic minorities are overrepresented in vulnerable populations who are often excluded from community surveys.
- Inconsistencies in the literature when it comes to specific barriers experienced by different populations.

Chi-Square

- There was a significant difference in frequencies of unmet mental health need between racial and ethnic minorities and non-Hispanic whites ($\chi^2(1) = 55.75, p < .001$), with 7.1% of non-Hispanic whites having an unmet need for mental health treatment compared to 5.2% of racial and ethnic minorities.
- Four out of the six categories of structural barriers to receiving treatment presented significant differences between racial and ethnic minorities and non-Hispanic whites, as shown in Table 4.
- Two out of the eight categories of attitudinal barriers to receiving treatment presented significant differences between racial and ethnic minorities and non-Hispanic whites, as shown in Table 5.

Mann-Whitney U

- Structural barrier scores for non-Hispanic whites were significantly higher ($Mean\ rank = 1328.19$) than racial and ethnic minorities ($Mean\ rank = 1266.96; U = 692,701.50; p < .05$).
- There was no significant difference in the number of attitudinal barriers to mental health treatment between racial and ethnic minorities and non-Hispanic whites.

Methodology

Research Design and Data Collection Procedures

- The current study is a secondary data analysis of the 2014 National Survey on Drug Use and Health (NSDUH).
- The original study aimed to collect a nationally-representative probability sample that provides annual estimates of drug use and mental illness among civilian, noninstitutionalized populations.
- The 2014 NSDUH was a cross-sectional survey, where subjects were interviewed once.
- Data was collected via computer-assisted interviews (CAI), including computer-assisted self-interviewing (ACASI) and computer-assisted personal interviewing (CAPI).

Sample and Sampling Method

- The initial study employed a stratified, multistage area probability sample within each of the 50 states (including the District of Columbia).
- The original sample size was 67,901 participants aged 12-years-old or older. The current study includes a subsample of adult respondents aged 18 or older ($N = 41,671$).
- Inclusion for this study was based on participation in NSDUH's mental health measures.

Measures

- The independent variable was race/ethnicity, and included non-Hispanic White, non-Hispanic Black/African American, non-Hispanic Native American/Alaska Native, non-Hispanic Native Hawaiian/Other Pacific Islander, non-Hispanic Asian, non-Hispanic more than one race, and Hispanic.
- The dependent variable was unmet need for mental health treatment. There were 14 questions used to identify structural and attitudinal barriers to receiving mental health treatment.

Results

Table 4

Structural Barriers to Receiving Mental Health Treatment

Structural Barriers	Race Categories % (n)	
	Racial/Ethnic Minority	Non-Hispanic White
Could not afford cost*		
Yes	40.2 (321)	45.3 (824)
No	59.8 (478)	54.7 (995)
Not enough health insurance coverage*		
Yes	7.6 (61)	11.7 (212)
No	92.4 (738)	88.3 (1607)
Did not know where to go*		
Yes	24.4 (195)	19.9 (362)
No	75.6 (604)	80.1 (1457)
Did not have time*		
Yes	13.9 (111)	17.6 (320)
No	86.1 (688)	82.4 (1499)

Note. * $p < .05$

Table 5

Attitudinal Barriers to Receiving Mental Health Treatment

Attitudinal Barriers	Race Categories % (n)	
	Racial/Ethnic Minority	Non-Hispanic White
Concern about confidentiality*		
Yes	10.3 (82)	7.6 (139)
No	89.7 (717)	92.4 (1680)
Did not think treatment would help*		
Yes	8.1 (65)	11.0 (200)
No	91.9 (734)	89.0 (1619)

Note. * $p < .05$

Discussion

Implications for Practice

- It is critical to address structural and attitudinal barriers to mental health treatment to improve access to care.
- Understanding the most common barriers experienced by racial and ethnic minorities can help mental health providers develop interventions to reduce mental health disparities.
- Since primary care settings are often where racial and ethnic minorities prefer to seek treatment, increasing access to integrated care options may be pertinent in addressing unmet mental health need among this population.

Future Research

- Future research should pay particular attention to the structural and attitudinal barriers to receiving mental health treatment that disproportionately affects racial and ethnic minorities.
- Further research needs to look at individual differences across racial and ethnic groups as it relates to structural and attitudinal barriers to receiving mental health treatment.
- The present study excluded many subpopulations, where racial and ethnic minorities are overrepresented—jails/prisons, homeless populations, and inpatient treatment facilities. Thus, future research should look at these groups.
- Additional research should examine the association of sociodemographic factors with barriers to treatment, such as education level and income.

Strengths and Limitations

- Large sample size that was representative of the United States population
- Sample was weighted to provide accurate estimates of persons who need and receive mental health treatment
- Randomly selected participants using an automated screening process, protecting against selection bias
- Cross-sectional design limited the ability to understand how variables were impacted over time
- Self-report data is susceptible to recall and desirability biases
- Sociodemographic factors that may be associated with unmet mental health need were not considered