Mental health in minority populations
Throughout this brochure, we’ll use the term ‘minority population’ to refer to any population that is not the predominant population of that region or country. In most cases, this is based on ethnicity. In the case of the USA, we will also refer to the Native American population. Whilst we do acknowledge there are a number of flaws in grouping all minority populations into one all-encompassing group, we are following the pattern laid out in the research literature. It has also been found that many minority groups will have similar living and health seeking experiences, which justifies this grouping. There are also problems with incorrect categorisation when it comes to racial minority classifications, with one study finding up to half of classifications to be incorrect. So we’ll overcome some of these problems by using the larger grouping in this brochure.

Globally, it has been known for some time that those who are in minority populations have received sub-par mental health care, compared with the majority population. With less than optimal treatment, people in these populations are less likely to achieve a full recovery, meaning an ongoing negative impact on their life. This is a circular issue as it means they’ll continue to suffer and struggle, which increases the risk of further mental health problems. And this may be compounded by the risk of double discrimination: an ethnic minority who is suffering from mental illness. In other words, somebody who is a member of both categories is potentially at risk twice. This further highlights the need for mental health services globally to adapt to the changing needs of their citizens; particularly now that globalisation is leading to more ethnically diverse nations. Studies have found that those who immigrate are often mentally healthier than those in the destination country, but this wears off after several years, implying that the services available are just not suitable for these minority populations.

Potential personal and cultural reasons affecting mental health and treatment seeking

When looking at some of the potential factors affecting minority populations’ mental health and their subsequent treatment seeking, we can see some recurring themes in the research. This is not an exhaustive list of factors, nor are all the factors unique to minority populations, but some common reasons for developing mental health problems in minority populations include:

Living conditions and economic situation: Unfortunately it is generally believed that, for a number of different reasons, those who are part of the
minority population tend to live in more challenging living arrangements, with less financial stability. These environments and the constant financial stresses are known factors impacting mental health.

**Experiencing racial abuse:** Experiencing racial discrimination and abuse, especially over a prolonged period of time, has been shown to negatively impact a person’s mental wellbeing. Those in the minority population are often of a different ethnicity to the majority group, and unfortunately, often experience both overt and covert racial discrimination.

**Loss of culture:** In many instances, people who have immigrated to a new country, or who are first or second generation immigrants, are part of the minority population. When moving to a new environment, and experiencing the stresses this bring, many people feel they lose some of their culture and heritage when they assimilate into their new society. For many people this can lead to mental questioning and distress. Feeling that they have no control over this loss of culture only compounds the stress. In the case of the Native Americans, the loss of tribal land can be a big factor in the erosion of their culture.

There are obviously many other reasons why people develop mental health problems, and there are also many reasons why people opt to delay seeking treatment. This is problematic as delaying treatment often leads to worsening symptoms. This then increases the likelihood that a person will only engage with mental health services when they are in an emergency situation. Here are some reasons why people in a minority population may delay or forego treatment:

**Economics:** We mentioned how finances can cause problems leading to mental health problems. Unfortunately, they can also limit a person’s ability to seek treatment, especially in countries without universal healthcare. This means that those who are of a minority background are often left unable to seek suitable treatment.

**Stigma:** There is still a lot of stigma surrounding mental health, which unfortunately prevents many people from seeking treatment. And there is evidence to show this is the case for many minority populations. This stigma fosters fear which means people often delay or forego treatment. Some studies have found that a third of minority population sufferers were treated less favourably by their own communities because of their mental health.
Historical or past experiences: This applies to both the individual and the culture. Unfortunately many minority populations have historically been treated unfavourably by researchers and this has made people wary of using these services. Individually, due to some of the limitations we will discuss below, some people have also had bad experiences with services, making them less inclined to reach out for help in fear of a repeat experience.

Not perceiving a need for help: In many cultures, mental illness is dealt with differently to how it’s addressed in Western cultures. This may mean that some people from these cultures will not believe their behaviours require intervention. Or, in some cases, whole communities may be unaware that help is available. For example, some Native American languages do not have a word for depression! As such, people experiencing symptoms of depression in these communities are less likely to think they need help.

Alternative medicines: For many cultures, Western medicine and treatments are not the primary tool used to combat illness. In fact there are many cultures who use alternatives such as faith healing, or more traditional or alternative medicines. Other cultures, such as some Native American tribes, will only use pharmacological medicines to treat acute symptoms, and will resort to more traditional practices for dealing with the illness.

Cultural differences: This is a large encompassing factor that can also include a number of the factors above. Where there are significant cultural differences in how mental illnesses are seen, there may be a lower priority given to treating them. In some cultures, mental illness may be disregarded as a separate diagnosis, instead being seen as an addition to a physical illness. In others, mental illness may be seen as an imbalance between a person’s inner self and the outer world, or a sign of another illness.
Potential institutional reasons affecting treatment seeking

As we have previously mentioned, the reasons for not seeking treatment or not receiving treatment are not all down to the individual who is suffering. In many cases there are institutional problems and limitations that negatively impact a member of the minority population from seeking treatment. Some of these include:

Lack of culturally appropriate treatment: This includes both cultural and religiously appropriate treatments being unavailable. Treatments are often designed with the majority population in mind and so there is often limited or no access to treatments that take into account and fully understand the cultures or needs of some minority populations. This can lead to providers giving advice that contradicts cultural or religious beliefs which can lead to mistrust between the sufferer and the therapist, negatively impacting a relationship that needs to rely heavily on trust. For example, many treatments in the UK and USA will focus on the individual, but this doesn't factor in more family based communities that put more emphasis on the health of the family unit.

Accessibility problems: Not having accessible services limits is extremely limiting. As mentioned, the costs of some services, or the need for medical insurance to access these services may restrict or prevent people who are not financially stable from receiving treatment. It isn't just about finances however; there is evidence from the UK suggesting racial disparity affects people trying to access community crisis teams. Other research has found that some minority population members tend to stay with their primary care provider when confiding their mental health concerns, and are less likely to seek specialist help. This is problematic as the primary care providers are thought to suffer with diagnosis problems, discussed below.

Diagnosis problems: It has been found that people in the minority population are more likely to be subjected to misdiagnosis, particularly for non-native speakers. Research suggests that minorities are often underdiagnosed and therefore undertreated for mood disorders, and over-diagnosed and overtreated for psychotic disorders such as schizophrenia.
**Use of force:** People in minority populations, especially black people in the UK, are more likely to be subjected to compulsory detainment due to their mental health problems; in fact, African-Caribbean people are 6.6 times more likely to be detained. Whilst this may result from the tendency of minorities not to seek treatment until the emergency phase, it does highlight an institutional problem. This is further highlighted when we consider that in these situations, a person’s rights may be compromised and there is a heavier reliance on medication (which may have side effects) than on talking therapies.

**Language barriers:** There are many institutional language barriers for many people from minority communities. Whilst many people may speak English, this may be limited and unlikely to enable them to comprehend the complexities of treatment. It is also more likely that a person will use their native language in a time of stress. Whilst it would be unreasonable to expect every service provider to have therapists fluent in all languages, one might assume that interpreters may be available, either in person or over the phone. Unfortunately, this is often not the case, with some UK studies finding that interpreters were only available to assist once a week.

**Lack of staff diversity:** Many service users from minority populations have pointed out the lack of diversity in the staff that provide them treatment. This can be problematic as it can mean that those from a minority population do not have somebody they can relate to, or who understand their cultural background.

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**Looking at current and future improvements**

Whilst the above limitations do exist and impact minority populations, there has been research into how to correct these problems. This has led to a number of recommendations on how the system may be improved. One improvement that has already been seen is in the USA was the introduction of the Affordable Care Act, designed to make healthcare more accessible to those who are less financially well off. Although it has yet to be seen how much this helps, it is important to acknowledge that it’s a change in the right direction.

Other research has suggested providing more care and facilities at the primary care level, as it is known this is where minority populations tend to go for their care. This is not a quick fix, as it requires a great deal of funding and training to ensure these services are available. But it is hoped it will encourage more uptake of treatment, and smaller dropout rates, on the basis that, when treatment is conducted in a primary care setting, it is easier for professionals to monitor and follow up with clients. These treatment programmes will likely struggle to have the desired impact until comprehensive methods for treating those with cultural differences are established globally. This will include treating the person with full regard for their culture, while ensuring there are no language barriers. Clearly, this is no small task, and will require recruiting and training extra staff, including interpreters.

It is also important that any changes to care going forward involve the local minority communities. This may be through discussions with minority population community leaders or religious figures. This is particularly important as it will benefit both the services and the community. The services will be able to learn what the needs of the local minority populations truly are, whilst at the same time making these communities more aware of the available help and support. This cooperative approach will hopefully foster better relationships between minority communities and the mental health system; hopefully leading to an increased level of trust.
Whilst there are still many areas that need improving in the field of treatment for mental illness globally, it is encouraging to see that some changes have been implemented. Whilst this brochure has highlighted some of the flaws of the system and the limitations experienced by those in the minority population, we would still encourage anybody who is suffering to reach out for treatment as soon as possible. The sooner treatment is sought, the sooner the right solution can be found. Seeking treatment early can help sufferers avoid emergency situations and loss of control over the treatment they seek. Hopefully, this will mean more culturally appropriate treatment can be sought.

There are thousands of qualified and caring professionals out there, and this brochure should not be taken to mean they don't do their very best to help people from a minority background. In many cases, it is the systems that need review. So, we encourage all service users to continue providing feedback to their local service providers to ensure positive changes continue to be made.

For more information on living with mental illness please visit our website: www.shawmindfoundation.org