Mental Health and Communities of Color
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What is mental health?
What is considered normal or mentally healthy varies greatly over the lifespan by social and cultural identity, and by the times in which we live. Even a person with dementia can experience a healthy and happy outlook, compared to common perceptions of fear, anxiety and paranoia. Older adults benefit from preventive mental health interventions and, when necessary, aggressive psychiatric treatment.

According to the [World Health Organization](#) health is defined as "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

Mental health is reflected in how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives, evaluate their challenges and problems, and explore choices. This includes handling stress, relating to other people, and making decisions.

Depression and Older Persons of Color
Of the 35 million Americans age 65 or older, 10-20% suffers from depression. Another 5 million suffer from less severe forms of the illness. The fastest growing segments of older adults are also the most likely to experience stressors related to mental health problems. The very old, women, people of color, and people living alone have the highest rates of poverty, the poorest perceptions of health status, and the highest levels of activity limitations.

Risk Factors
Risk factors increase the vulnerability of an individual, a group, or a community to untreated mental health problems. Racism and discrimination are stressful events that can adversely affect health and mental health. They place people of color at risk for mental disorders such as depression and anxiety. Additional risk factors might include: biology and heredity, a history of violence and/or trauma, poverty, depression, and/or suicide attempts. Immigrants and refugees whose language and cultural values differ from the mainstream culture are also at risk, because they often do not get services they need. Immigrant and refugee elders face barriers to service due to language, culture, lack of information, financial resources, and transportation difficulties. Although no one risk factor is disorder specific, multiple risk factors are often related to more negative affects such as mental disorders.

Mental Health Disparities
The United States population is composed of many diverse groups. Evidence indicates a persistent disparity in the health status within communities of color, as compared with the overall health status of the U.S. population. In addition, these communities are often over represented in our nation's most vulnerable populations, the poor, the uninsured, and the homeless. The Surgeon General's Report on Mental Health documents the existence of several disparities affecting mental health care of racial and ethnic communities compared to whites:

1. Communities of color have less access to, and availability of, mental health services.
2. Communities of color are less likely to receive needed mental health services.
3. People of color who may be in treatment often receive a poorer quality of mental health care.
4. People of color are underrepresented in mental health research.
5. Communities of color collectively experience a greater disability burden from mental illness than do whites.

Because mental health is negatively affected by chronic social conditions such as poverty, violence, racism, and discrimination, the reduction of these harmful conditions is crucial to improving the mental

health of communities of color. The recognition of these disparities brings hope that they can be seriously addressed and remedied.

Closing
Older persons of color are survivors who have overcome many challenges. They pride themselves on functioning to fulfill their roles as family members, community elders, and on commitments to lifelong friendships.

Mental health promotion and mental illness prevention can improve the health of a community and the nation. Efforts in this field should build on community strengths such as spirituality, positive ethnic identity, traditional values, educational achievement, and local leadership. Programs founded on individual, family, and community assets have the potential to both improve risk and foster resilience.

For more information about Mental Health:

SAMHSA, Center for Mental Health Services, http://www.mentalhealth.samhsa.gov

National Institute for Mental Health (NIMH), NIH http://www.nimh.nih.gov

American Psychological Association http://www.apa.org/

American Psychiatric Association http://www.psych.org/

National Alliance for Mental Illness http://www.nami.org

National Mental Health Association (http://www.nmha.org)

References:

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- Mental Health: Culture, Race, Ethnicity Supplement to Mental Health: Report of the Surgeon General, 1999.
- National Institute on Aging, (http://nihseniorhealth.gov/depression)
- Sullivan, M et.al. Stepping out on faith: Geriatric mental health in 2015. *Project 2015: The Future of Aging in New York*, http://aging.state.ny.us/explore/project2015/artEld.pdf, pg. 111.
- The World Health Organization (http://www.who.int/en/)