



DEPRESSION IN COMMUNITIES OF COLOR

Depression affects all people, of every race, ethnicity, and culture. Unfortunately access to treatment differs depending on race, ethnicity, and culture. The Surgeon General reports people of color, both adults and children, are less likely than their white counterparts to receive needed mental health care. People of color also face additional barriers such as poverty, lack of service and supports, pervasive stigma and prejudice, language barriers and lack of cultural competence in service delivery.

African Americans are less likely to receive diagnoses and treatments for their mental illnesses. Many tend to rely on family, religious, and social communities for emotional support rather than mental health professionals. There are some other differences. African Americans are more likely to manifest physical illnesses related to mental health. Across a 15 year span, suicide rates increased 233% among African Americans aged 10 to 14 compared to 120% among Caucasian Americans in the same age group.

Asian American and Pacific Islanders show higher levels of depressive symptoms than Caucasians. However, the word “depression” does not exist in certain Asian languages. Suicide rates are high among Asians, particularly older women and young women. Unfortunately, Asian Americans have the lowest utilization rate of mental health services among ethnic populations.

Latinos are identified as a high risk group for depression, anxiety and substance abuse. Women are more likely to experience a major depressive episode. Latina teenage girls have more depressive symptoms than that of African American or Caucasian girls and the rate of attempted suicide is higher as well.

American Indian and Alaska Natives express symptoms of depression much differently. Access to services is very low with individuals having a negative opinion of non-Indian health services providers and thus utilizing more traditional healing methods.

Communities can work to reduce stigma, support more culturally specific communities, and collaborate with respected institutions in communities (such as churches and community groups).

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