



Families Helping Families

# Iowa's Mental Health Advocate for Children, Youth & Families

A statewide family advocacy organization  
focusing on the behavioral, emotional, mental,  
and social health of all children.

## Mental Health: Culture, Race and Ethnicity

*Report of the Surgeon General*

### Executive Summary

Department of Health and Human Services, U.S. Public Health Service

America is home to a boundless array of cultures, races, and ethnicities. With this diversity comes incalculable energy and optimism. Diversity has enriched our Nation by bringing global ideas, perspectives, and productive contributions to all areas of contemporary life. The enduring contributions of minorities, like those of all Americans, rest on a foundation of mental health. Mental health is fundamental to overall health and productivity. It is the basis for successful contributions to family, community, and society. Throughout the lifespan, mental health is the wellspring of thinking and communication skills, learning, resilience, and self-esteem. It is all too easy to dismiss the value of mental health until problems appear. Mental health problems and illnesses are real and disabling conditions that are experienced by one in five Americans. Left untreated, mental illnesses can result in disability and despair for families, schools, communities, and the workplace. This toll is more than any society can afford. This report is a Supplement to the first ever Surgeon General's Report on Mental Health, *Mental Health: A Report of the Surgeon General* (U.S. Department of Health and Human Services [DHHS], 1999). That report provided extensive documentation of the scientific advances illuminating our understanding of mental illness and its treatment. It found a range of effective treatments for most mental disorders. The efficacy of mental health treatment is so well documented that the Surgeon General made this single, explicit recommendation for all people: Seek help if you have a mental health problem or think you have symptoms of a mental disorder.

The recommendation to seek help is particularly vital, considering the majority of people with diagnosable disorders, regardless of race or ethnicity, do not receive treatment. The stigma surrounding mental illness is a powerful barrier to reaching treatment. People with mental illness feel shame and fear of discrimination about a condition that is as real and disabling as any other serious health condition.

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## “Children's Mental Health Matters”

Overall, the earlier Surgeon General's report provided hope for people with mental disorders by laying out the evidence for what can be done to prevent and treat them. It strove to dispel the myths and stigma that surround mental illness. It underscored several overarching points about mental health and mental illness (see box). Above all, it furnished hope for recovery from mental illness. But in the Preface to the earlier report, the Surgeon General pointed out that all Americans do not share equally in the hope for recovery from mental illness: Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender (DHHS, 1999, p.vi). *Mental Health: A Report of the Surgeon General Themes of the Report*

- Mental health and mental illness require the broad focus of a public health approach.
- Mental disorders are disabling conditions.
- Mental health and mental illness are points on a continuum.
- Mind and body are inseparable.
- Stigma is a major obstacle preventing people from getting help. Messages from the Surgeon General
- Mental health is fundamental to health.
- Mental illnesses are real health conditions.
- The efficacy of mental health treatments is well documented.
- A range of treatments exists for most mental disorders.

This Supplement was undertaken to probe more deeply into mental health disparities affecting racial and ethnic minorities. Drawing on scientific evidence from a wide-ranging body of empirical research, this Supplement has three purposes:

- To understand better the nature and extent of mental health disparities;
- To present the evidence on the need for mental health services and the provision of services to meet those needs; and
- To document promising directions toward the elimination of mental health disparities and the promotion of mental health.

This Supplement covers the four most recognized racial and ethnic minority groups in the United States. According to Federal classifications, African Americans (blacks), American Indians and Alaska Natives, Asian Americans and Pacific Islanders and white Americans (whites) are races. Hispanic American (Latino) is an ethnicity and may apply to a person of any race (U.S. Office of Management and Budget [OMB], 1978). For example, many people

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**“Children’s Mental Health Matters”**

from the Dominican Republic identify their ethnicity as Hispanic or Latino and their race as black.

The Federal Government created these broad racial and ethnic categories in the 1970s for collecting census and other types of demographic information.<sup>1</sup> Within each of the broad categories, including white Americans, are many distinct ethnic subgroups. Asian Americans and Pacific Islanders, for example, include 43 ethnic groups speaking over 100 languages and dialects. For American Indians and Alaska Natives, the Bureau of Indian Affairs currently recognizes 561 tribes. African Americans are also becoming more diverse, especially with the influx of refugees and immigrants from many countries of Africa and the Caribbean. White Americans, too, are a profoundly diverse group, covering the span of immigration from the 1400's to the 21st century, and including innumerable cultural, ethnic, and social subgroups.

Each ethnic subgroup, by definition, has a common heritage, values, rituals, and traditions, but there is no such thing as a homogeneous racial or ethnic group (white or nonwhite). Though the data presented in this Supplement are often in the form of group averages, or sample means (standard scientific practice for illustrating group differences and health disparities), it should be well noted that each racial or ethnic group contains the full range of variation on almost every social, psychological, and biological dimension presented. One of the goals of the Surgeon General is that no one will come away from reading this Supplement without an appreciation for the intrinsic diversity within each of the recognized racial or ethnic groups and the implications of that diversity for mental health.

Clearly, the four racial and ethnic minority groups that are the focus of this supplement are by no means the only populations that encounter disparities in mental health services. However, assessing disparities for groups such as people who are gay, lesbian, bisexual, and transgender or people with co-occurring physical and mental illnesses is beyond the scope of this Supplement. Nevertheless, many of the conclusions of this Supplement could apply to these and other groups currently experiencing mental health disparities.

<sup>1</sup> The Office of Management and Budget has recently separated Asian Americans from Native Hawaiians and other Pacific Islanders (OMB, 2000).

If you would like to read the full report, click on the link below:

<http://mentalhealth.samhsa.gov/cre/default.asp>

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