

Where We Stand:

NAMI believes that all people should be treated with respect and dignity and experience equitable outcomes. NAMI supports public policies and laws and work to eliminate mental health inequities perpetuated by racism and racial discrimination.

Why We Care:

NAMI represents the interests of all people with mental health conditions, yet all people with mental health conditions do not have the same level of access to care and do not receive the same quality of care. Racism is a public health [threat](#), and racial inequities within the mental health care system are well documented.

People of Color are less likely to receive mental health services compared to those who are white. From [2008-2012](#), among adults with any mental illness, 46.3% of white adults received mental health services, compared with 41.6% of American Indian or Alaska Native (AIAN) adults, 30% of Black adults, 27% of Hispanic adults and 18.1% of Asian adults. The [Surgeon General's](#) landmark report on mental health concluded that when racial and ethnic minority individuals are able to receive mental health care, it is more likely to be poor in quality.

Lack of health insurance is a significant factor affecting access to mental health treatment, and [many factors](#) contribute to the fact that people of color are more likely to be uninsured. In [2018](#), Black people were 1.5 times more likely to be uninsured; Hispanic people were 2.5 times more likely be uninsured; and AIAN people were 2.9 times more likely to be uninsured compared to white people.

Stigma is another factor that impacts access to mental health treatment, and many [studies](#) have shown that stigma around mental illness is higher among communities of color.

The [Surgeon General's](#) landmark report on mental health concluded that even when POC are able to access mental health care — it is more likely to be poor quality care. There are a few factors that lead to poorer quality of care, including:

- Lack of cultural competency among mental health providers.
- Lack of diversity among mental health professionals: In [2015](#), 86% of psychologists in the U.S. workforce were white, 5% were Asian, 5% were Hispanic, 4% were Black/African-American and 1% were multiracial or from other racial/ethnic groups, which is less diverse than the U.S. population as a whole.
- [Provider discrimination](#), including bias and stereotyping.

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It is critical that public policies and laws work to eliminate mental health inequities perpetuated by racism and racial discrimination. We can achieve this by increasing access to culturally- informed, evidence-based mental health care, creating a more racially and ethnically diverse mental health workforce, and eliminating stigma, discrimination, and unconscious bias.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities