



MCFARLAND RADAR (Relevant Alcohol & Drug Awareness Resources) COALITION

AODA PREVENTION

NEWSLETTER

JULY 2022

July is Minority Mental Health Awareness Month

Bebe Moore Campbell championed National Minority Mental Health Awareness Month. As an American author, journalist, teacher and mental health advocate, Campbell worked tirelessly to shed light on the mental health needs of the Black community and other underrepresented communities. In 2005, her long time friend, Linda Wharton-Boyd joined Campbell's efforts and suggested dedicating a month to it. Both of them got to work outlining the concept of National Minority Mental Health Month. Soon they gained the support of the DC Department of Mental Health and then the mayor. The support continued to grow as they created the National Minority Mental Health Task Force. In 2006, Campbell lost her battle to cancer, but people continued the work that she started and finally in 2008, legislation was passed to create an official minority health awareness month.



July is completely dedicated to bringing awareness to the unique struggles that underrepresented groups face regarding mental illness in the US.

2022 Theme: Beyond the Number:

- Mental Health America recognizes that Black, Indigenous, and people of color have rich histories that go #BeyondTheNumbers.
- While there are stories of resilience born out of oppression, persecution, and abuse, there is immeasurable strength in each of these cultures.
- In an increasingly diversified America, we acknowledge the specificity of individual and group experiences and how it relates to their beliefs and well-being.
- BIPOC communities are significantly more likely to develop mental health conditions, and one of the major barriers to mental health treatment is access and the need for understanding mental health support.
- #BeyondTheNumbers explores the nuances and uniqueness in BIPOC communities.



Mental Health and Minority Populations:

- African Americans/Blacks:
 - In 2019, 4.8 million Black and African American people reported having a mental illness
 - Adult Blacks and African Americans are more likely to have feelings of sadness, hopelessness, and worthlessness than adult Whites
 - Research suggests that adults in the Black community is 20% more likely to experience serious mental health problems, such as depression or generalized anxiety disorder.
- Latinx
 - Evidence suggests that more than 16%, or approximately 10 million people, in the U.S. Latinx community report having a mental health condition.
 - Latina adolescents attempt suicide at higher rates than other gender/ ethnic groups: 20% of Latina adolescents report a plan to commit suicide and 11.1% attempt suicide
- Asian Americans
 - Suicide is the second-leading cause of death for Asian Americans ages 15-34
 - Southeast Asian refugees are at risk for post-traumatic stress disorder (PTSD) associated with trauma experienced before and after immigration to the U.S. One study found that 70 percent of Southeast Asian refugees receiving mental health care were diagnosed with PTSD
- Native Americans
 - In 2019, nearly one fifth (18.7%) of American Indian/Alaska Native adults experienced mental illness in the last year. Some studies have shown alcohol and other drug use begins at younger ages — and at higher rates — than for other ethnic groups.
 - Suicide rates for American Indian/Alaska Native adolescents are exceedingly high, over double

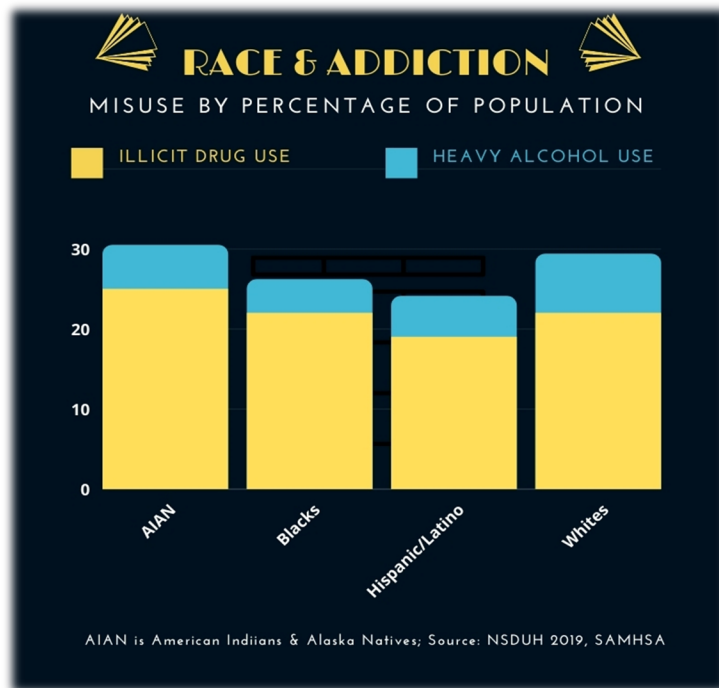
Alcohol Use and Minority Populations:

- Black/African American
 - Alcohol use disorders are less common among African Americans (4.5%) than the total population (5.4%).
 - Binge drinking among African Americans (23%) is slightly less common than in Hispanics (24.6%) and Caucasians (25.7%).
 - The rate of heavy drinking among African Americans (4.3%) is much less than the general population (6.1%) and Caucasians (7.2%).
- Latinx
 - Rates of alcohol dependence (5.3%) and binge drinking (24.6%) among Hispanics are similar to those of European Americans and slightly higher than those of African Americans.
- Asian Americans
 - Japanese Americans have the highest rate of binge drinking (13.1%) and Chinese Americans have the lowest (9.1%).
 - Korean Americans have the highest rate of heavy drinking (3.5%) and Chinese Americans have the lowest (1.2%).
- Native American .
 - Nearly a quarter of Native Americans report binge drinking in the past month (22.4%).
 - The rate of Native Americans with an alcohol use disorder (7.1%) is higher than that of the total population (5.4%).
 - 3 in 10 Native American young adults (age 18-25) report binge drinking (consuming 5 or more drinks in 2 hours)
 - 1 in 6 Native American adolescents (age 12-17) engage in underage drinking, the highest rate of alcohol use of all racial/ethnic groups.

Drug Use Amongst Racial/Ethnic Minorities

- Black/African American

- 6.9% of African Americans have a substance use disorder compared to a rate of 7.4% among the total population.
- 3.4% of African Americans have an illicit drug use disorder compared to a rate of 3% among the total population.
- Past month illicit drug use among African Americans (13.7%) is more than Caucasians (12%) and Hispanics (9.7%).
- Past month marijuana use among African Americans (12.2%) is higher than the general population (10.1%).
- African Americans report lower lifetime use of cocaine (8.5%) compared to Caucasians (17.6%) and Hispanics (11.1%).



- Latinx

- 7.1% of Hispanic Americans have a substance use disorder, compared to a rate of 7.4% among the total population.
- 3% of Hispanic Americans have an illicit drug use disorder (the same rate as that among the total population).
- Hispanic Americans report lower rates of lifetime illicit drug use (37.7%) than European (54.5%) and African Americans (45.9%)
- Rates of past month and past year drug use among Hispanics are comparable to those of other ethnic groups.

- Asian Americans

- Japanese Americans have the highest rate of cigarette smoking (21.6%) and Chinese Americans have the lowest (19.9%).
- Korean Americans have the highest rate of marijuana use (9.2%) and Chinese Americans have the lowest (2.9%).
- Filipino and Vietnamese Americans both have the highest rate of illicit drug use (7.9%) and Chinese Americans have the lowest (4.5%).

- Native American

- American Indian adolescents between the ages of 12 and 17, higher rates in the use of cigarettes (16.8 percent compared to 10.2 percent), marijuana (13.8 percent compared to 6.9 percent), and nonmedical uses of prescription drugs (6.1 percent compared to 3.3 percent) are exhibited when compared to the national average

Minority Treatment Gaps

There is a wide range of barriers to treatment that impact the underrepresented portions of the populations:

- **Social Stigma:**
 - Incredible social stigma exists within minority communities when it comes to acknowledging mental health struggle
 - Only 8.6% of Asian Americans seek mental health treatment compared to 17.9% of the population
 - They are less likely to see services compared to any other race or ethnic group. The immense stigma surrounding mental health treatment creates a significant barrier.
- **Discrimination:**
 - BIPOC (Black, Indigenous, and other people of color) youth are more likely to end up in the juvenile justice system than directed specialty mental health treatment facilities.
 - This misdirection exacerbates existing mental illness as individuals grow up, then providing proper treatment and rehabilitation services when the need first arose.
- **Treatment Biases**
 - Treatment biases lead providers to misdiagnose people in certain minority groups. According to a study from Rutgers University, Black individuals are more likely to be misdiagnosed with schizophrenia. These risks of incorrect diagnoses lead to distrust and avoidance of mental health treatment services.
- **Economic Inequality**
 - Cost is a significant barrier to treatment for many individuals regardless of background or ethnicity. This barrier is even higher for minority communities who experience notable economic inequality. According to the U.S. Census, 18.8% of Blacks and 15.7% of Hispanics live in poverty compared to 10.1% of whites.
- **Limited Minority Treatment Providers**
 - Disparities exist between minorities working within the mental health treatment fields, too. While Black individuals are 20% more likely to experience serious mental health problems, only 2% of psychiatrists are Black. This limited minority representation within mental health care may contribute to some individuals' hesitance to seek treatment.

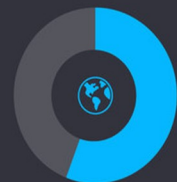
Racial Disparities in Mental Health Treatment

Of white health care providers,



51%

believe that their patients do not adhere to medical treatments as a result of cultural or linguistic barriers.



56%

report having no form of cultural competency training.

SOCIALWORK@SIMMONS
Source: National Alliance on Mental Illness

Breaking Down these Barriers:

Closing the gap in minority mental health/substance use treatment won't happen overnight. Primary care providers can help break down barriers by educating themselves, as well as their colleagues and communities, on the ethnic and cultural gaps among patient populations. Government officials can pass legislation to help improve access for minorities. These improvements can include better screenings, cultural sensitivity training and language-appropriate treatment and educational materials.

McFarland is a small community south of Madison in Dane County. In January of 2017, a group of concerned citizens came together to discuss substance abuse problems in the McFarland area. The McFarland RADAR is a result of these meetings

We are comprised of local representatives from schools, businesses, churches, village administration as well as parents, and youth—all working together to promote healthy lifestyles

For more information go to: <https://www.radarmc.com/>



For time, day and place of meetings, please contact Cathy Kalina at CathyK@fsmad.org

The McFarland RADAR (RADAR stands for Relevant Alcohol & Drug Awareness Resources) Coalition works to develop, implement and support environmental strategies to reduce substance abuse.

We believe by working together, we can nurture social and environmental changes to make the McFarland area a safer and healthier place, brightening the future of our children, youth and families.

McFarland RADAR Mission Statement

“The mission of McFarland’s RADAR Coalition is to promote healthy lifestyles in the McFarland area through alcohol and drug abuse prevention and education efforts.”

HOW CAN YOU HELP?

We are asking you to give the gift of time. Make a difference in the lives of our youth and our community by

1. Working with us in providing support for planning, project management and awareness campaigns
2. Helping with coalition events, conferences, workshops, and fairs held throughout the year.
3. Being a voice for change in our community, it is time to come together and be that force for change in the McFarland area.