



EQUITY IN MENTAL HEALTH

OCTOBER 2022



THE CLEAR PATH

Public Opinion Research

OVERVIEW

- I. What We Know: Literature Review
- II. Survey Methodology
- III. Sample Characteristics
- IV. Survey Research Results & Key Findings
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 - B | Access to Mental Health Services,
Barriers, & Concerns
 - C | Provider Preferences
 - D | Reactions to Disparities
 - E | Recommendations
- V. Conclusions



California Equity in Mental Health Survey

The California Equity in Mental Health Survey collected insights from 800 Black women and Latinas across California about :

- The most important concerns they and their families are facing;
- Levels of access to mental health services;
- Their preferences for providers; and
- Their priorities for approaches to create greater equity in the provision of mental health care.

This report briefly reviews relevant literature and details what Black women and Latinas had to say about their concerns and the investments they believe are necessary to better support the emotional well-being and mental health of women within their communities.



WHAT WE KNOW
LITERATURE REVIEW

BLACK AND LATINX POPULATIONS FACE HEIGHTED LEVELS OF RISK FOR EMOTIONAL AND PSYCHOLOGICAL DISTRESS

- COVID-19 triggered and uncovered an unprecedented global mental health crisis.
- Latinx and Black Americans, young people, women, and those with low incomes were, and remain, most at risk of mental health challenges.
 - These populations are most burdened by the social determinants of health.
 - The added layer of heightened economic crisis and instability, more visible expressions of White supremacy, anti-Blackness, anti-immigrant sentiment, and hate-crimes aimed at Black and Brown communities have increased this burden exponentially.
- **Our health and mental health care delivery and support systems have not been designed or equipped to support the needs of Black women and Latinas.**
 - According to the Medical Board of California, only four percent (4%) of active psychiatrists practicing in California are Latino and only two percent (2%) are Black.

MENTAL HEALTH DISPARITIES

BLACK WOMEN AND LATINAS

- Rates of treatment for mental health concerns
 - ❑ In a 2022 study of those who reported having symptoms of mental health issues, Black people were the least likely to receive care at 47%, compared to 64% of White people.
 - ❑ According to a 2021 study, more than 70% of Latinos who do access mental health services end up not returning after their first visit.
- Rates of treatment for women eligible for public health services
 - ❑ 55% of Latinas and 52% of Black women who had recently experienced mild to moderate psychological distress and were eligible for public health services did not receive any treatment for their mental health needs, compared to 42% of White women.
- Stigma and distrust
 - ❑ Acknowledging mental health challenges may be viewed as a sign of personal weakness, lack of religious faith or “crazy”; history of racism and experimentation in medicine and mental health care has engendered widespread distrust.

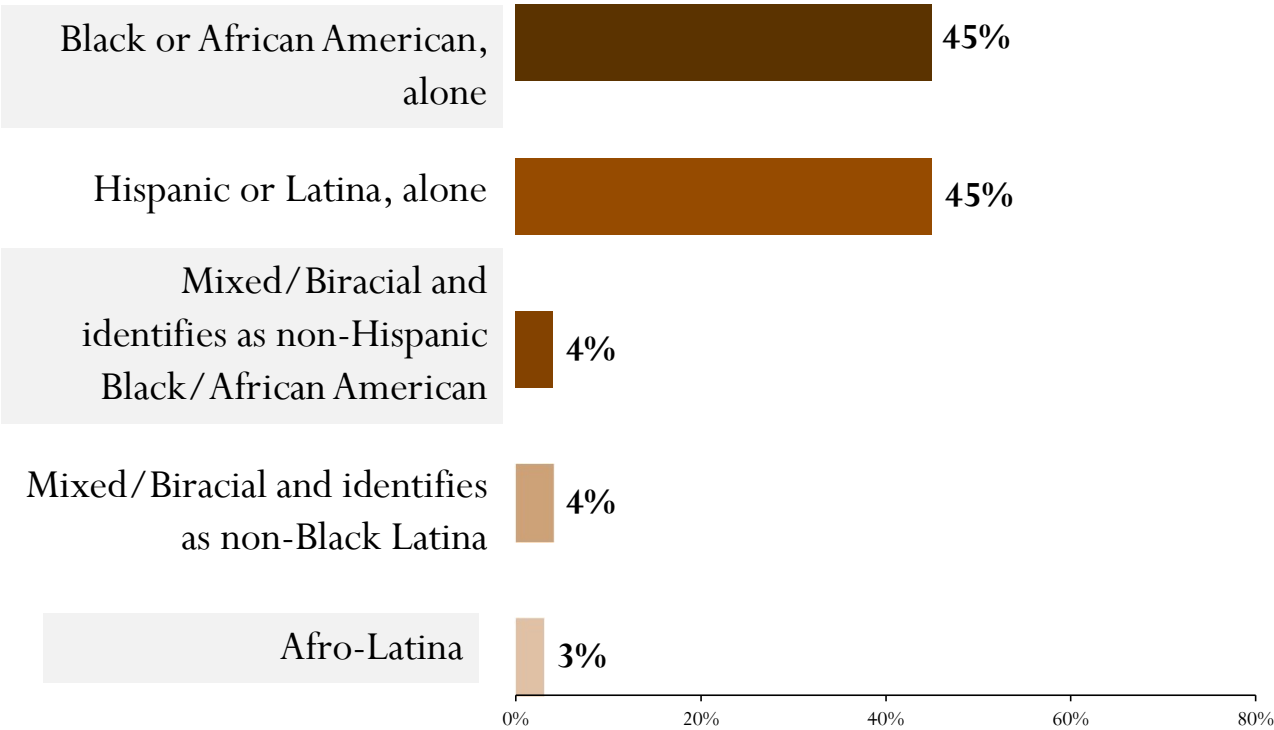
SURVEY METHODOLOGY

SURVEY METHODOLOGY

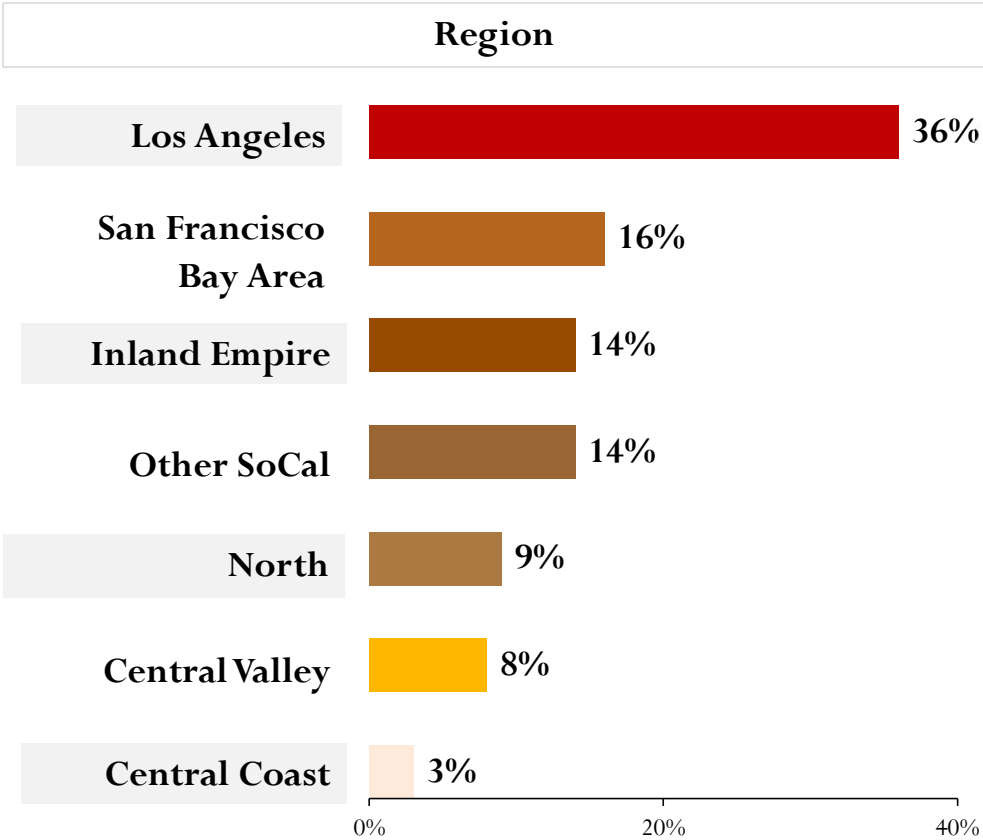
<p>Data Collection & Sample Size</p>	<p>Online survey in English and Spanish of 800 California women who identify as Black, African American, and/or Hispanic/Latina</p>
<p>Data Collection Period</p>	<p>August 17-30, 2022</p>
<p>Sampling Frames</p>	<ul style="list-style-type: none"> ▪ Listed Cellphone Sample based upon billing addresses in California, matched against commercial databases ▪ Voter File (Registration Based Sample) ▪ EVITARUS proprietary panel recruited from participants in prior opinion research studies
<p>Weighting & Rounding</p>	<p>Data has been weighted across ethnicity to more closely align with the distribution of the population by age, income, education, insurance coverage, education, and region. That noted, the sample remains more reflective of Black women and Latinas of higher socio-economic and insurance status than the overall population. Percentages may not sum precisely or to 100% due to rounding.</p>

SAMPLE CHARACTERISTICS

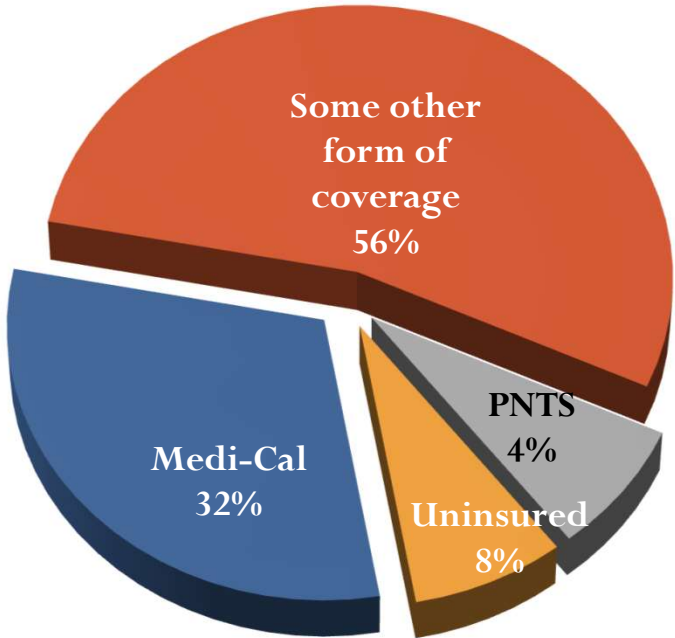
THE SURVEY SAMPLE REFLECTS THE ETHNO-RACIAL DIVERSITY OF BLACK WOMEN AND LATINAS IN CALIFORNIA



REGION AND INSURANCE STATUS*



Insurance Coverage

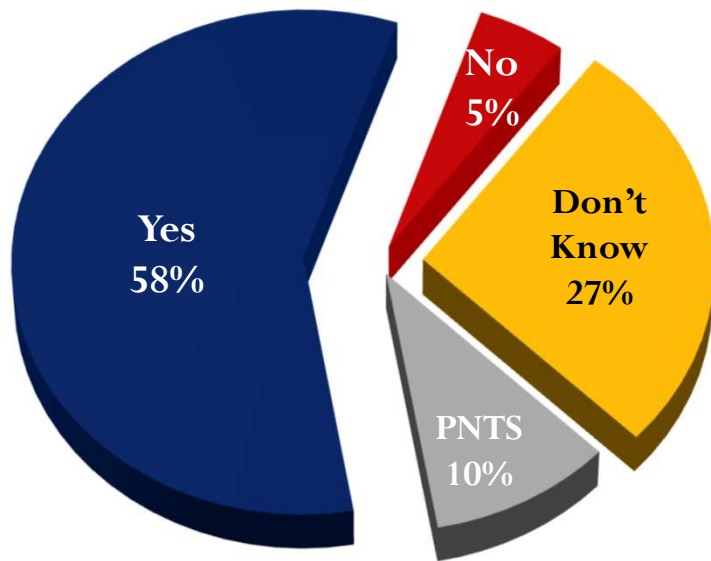


Percentages represent weighted data.

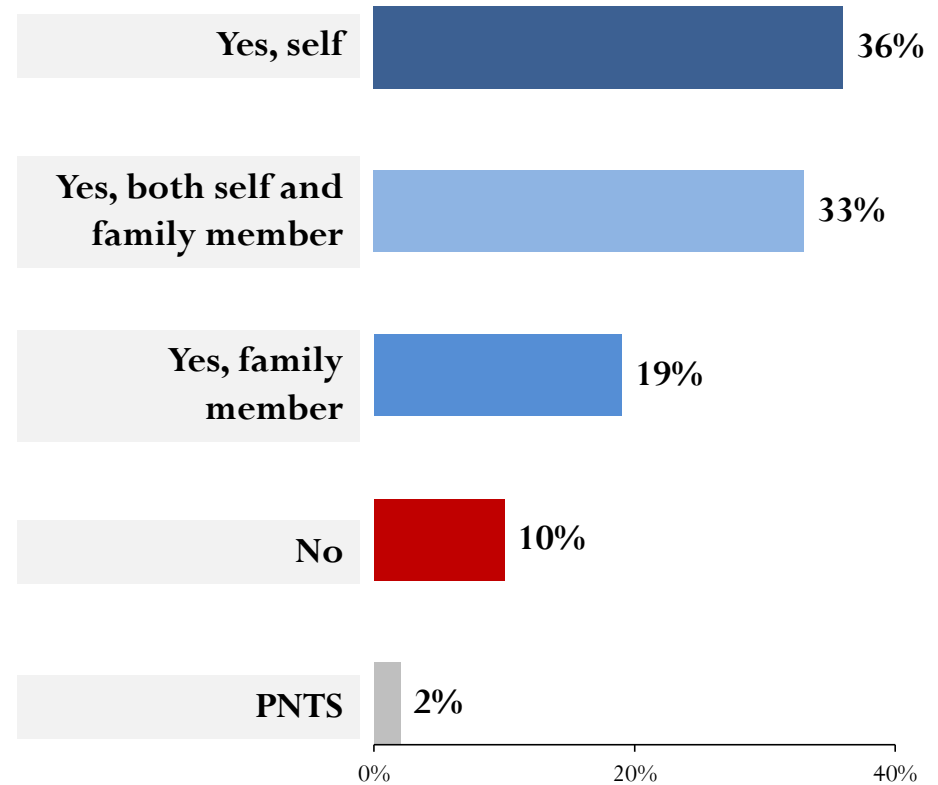


MENTAL HEALTH INSURANCE COVERAGE AND MENTAL HEALTH CONDITION IN HOUSEHOLD

Mental Health Services Covered By Insurance

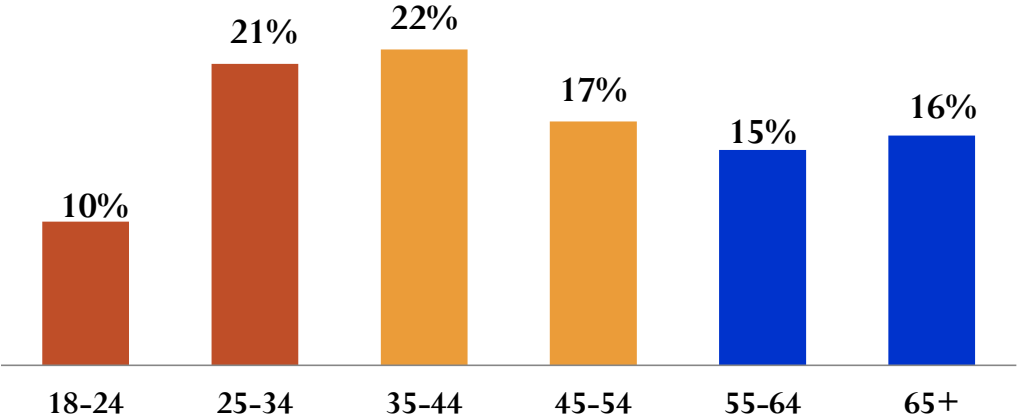


Mental Health Condition in Household

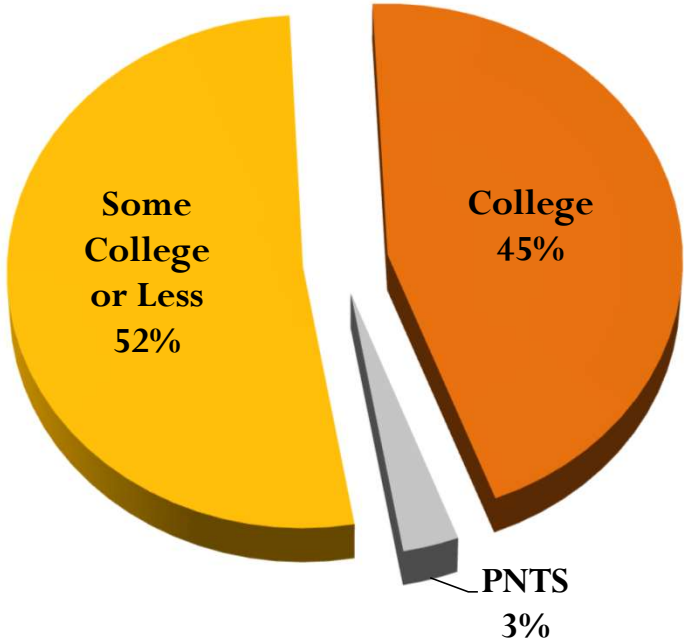


AGE AND EDUCATION

Age

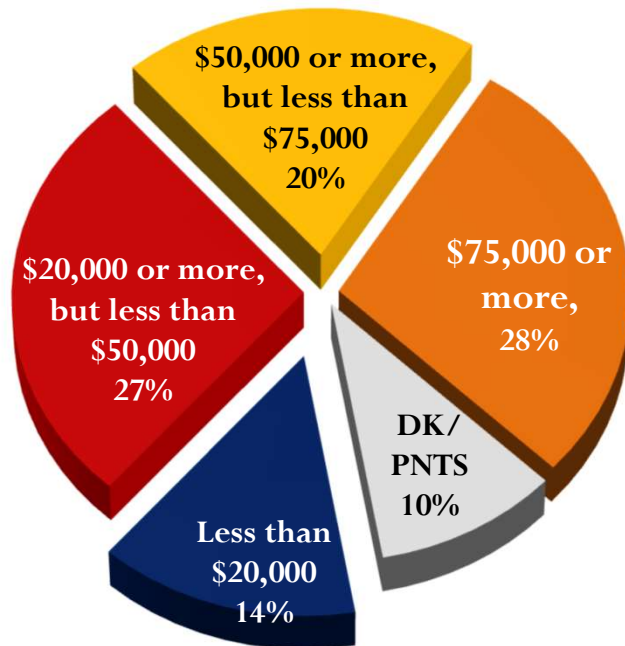


Education

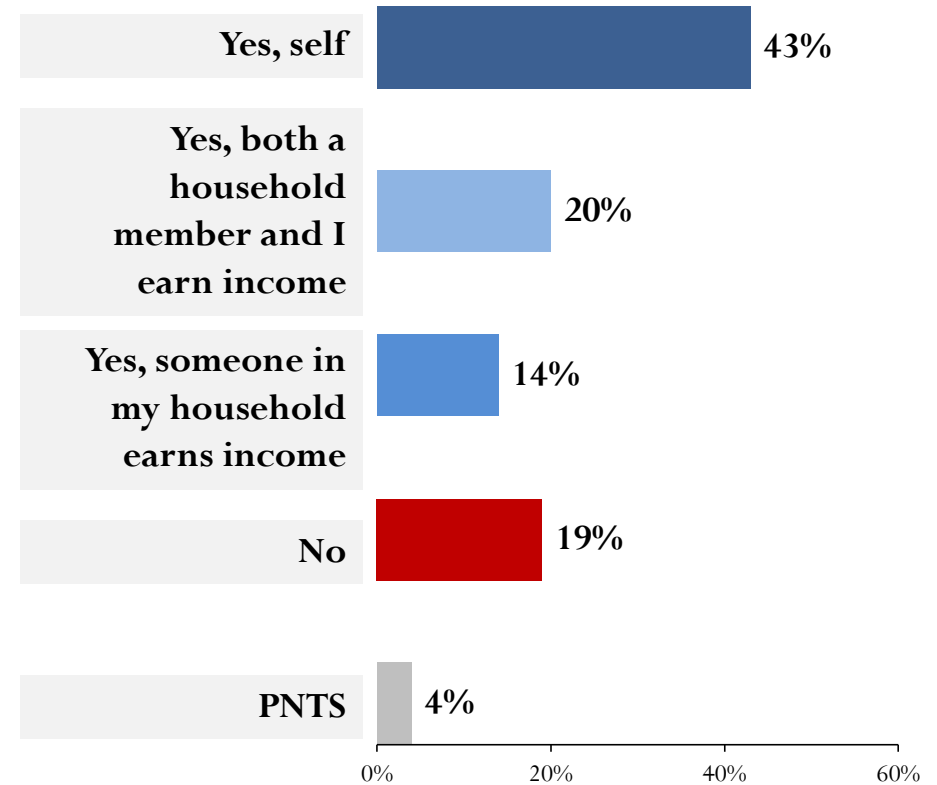


INCOME AND EMPLOYMENT

Income

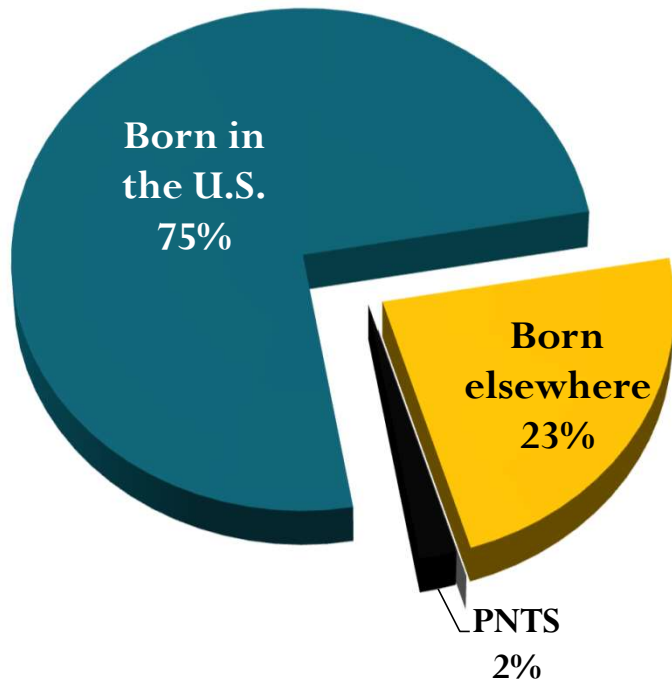


Employment

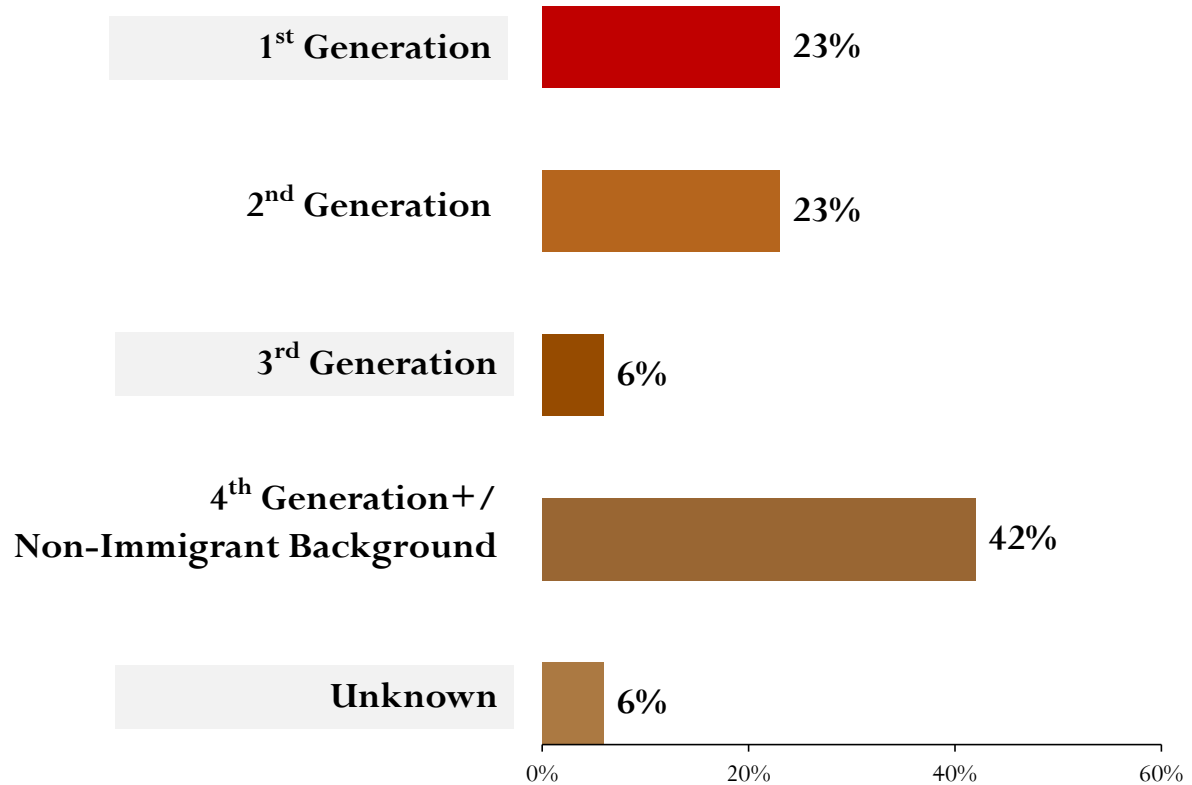


NATIVITY AND GENERATIONAL STATUS

Nativity

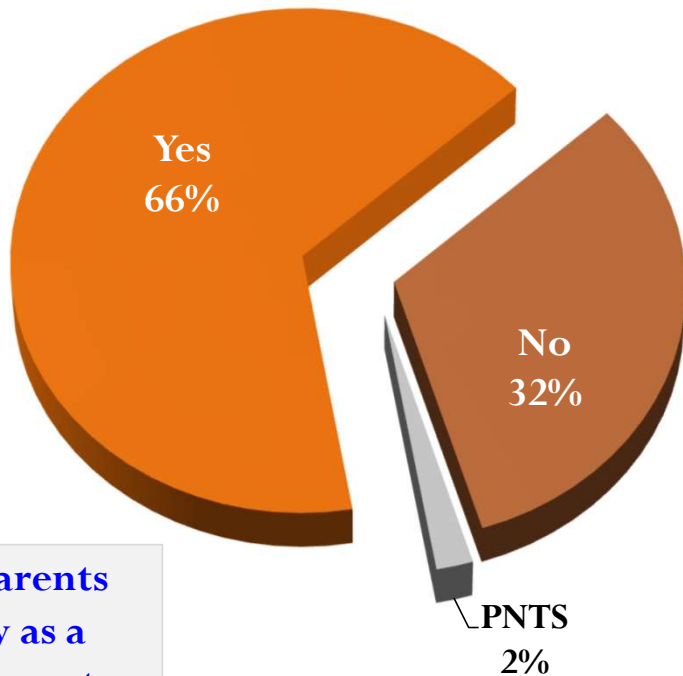


Generational Status



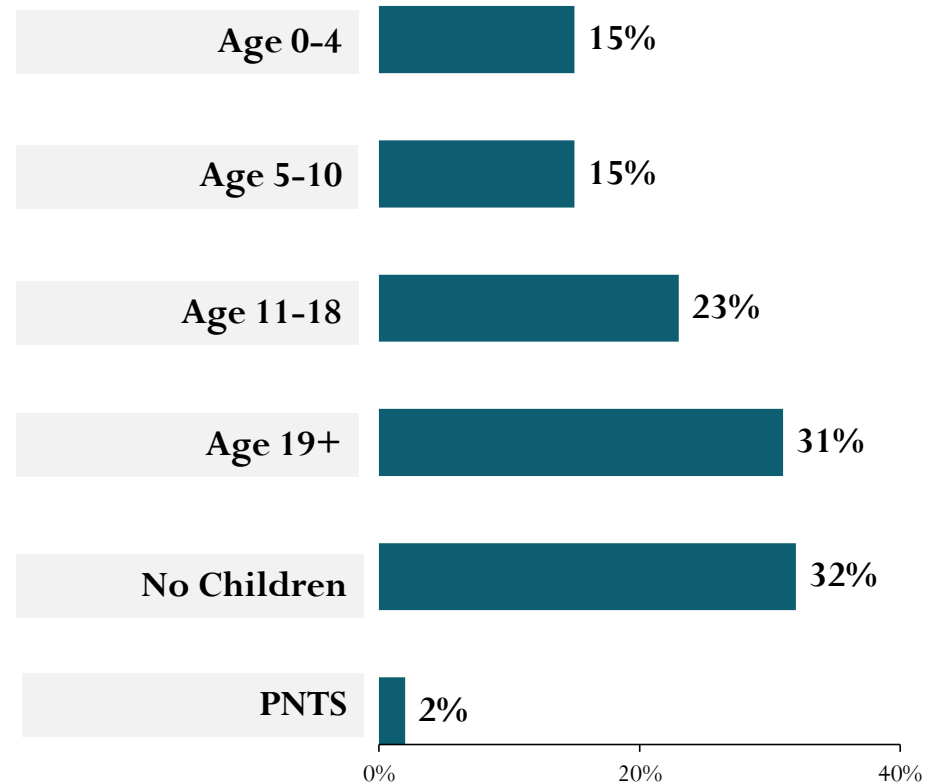
CHILDREN IN HOUSEHOLD

Children in Household



44% of Parents Identify as a Single Parent

Age of Children



THE RESULTS PROVIDE FOR SUBGROUP ANALYSIS ACROSS A RANGE OF PARAMETERS*

A total of
800 California Women
participated in the study.



358 359 22
Black Latinas Afro-
Women Latinas

Age Range
18 – 87

- ☐ **Insurance Status & Type**
 - 250 – Medi-Cal or Uninsured
 - 498 – Private Insurance or Some Other Form of coverage
- ☐ **Health Status: Mental Health Condition**
 - 542 – Self
 - 232 – No Self Reported Condition
- ☐ **Women with Children**
 - 215 – Single Parent
 - 279 – Non-Single Parent
- ☐ **Generational Status**
 - 182 – 1st Generation
 - 188 – 2nd Generation
 - 378 – 3rd Generation+ / Non-immigrant background
- ☐ **Education**
 - 360 – Bachelor’s Degree+
 - 420 – Non-College
- ☐ **Income**
 - 313 – Less than \$50,000
 - 372 – \$50,000 or More

Prefer not to say and don't know responses not displayed. May not sum to total sample size. subgroup analysis only provided for subgroups with at least 100 respondents. Subgroup sizes represent unweighted respondent counts. Percentage distributions detailed in the balance of the report represent weighted data. Weights have been applied to more closely align the distribution of the data with adult population of Black & Latina Californians based on U.S. Census data, the American Community Survey, and California Health Interview Survey (CHIS).

KEY FINDINGS

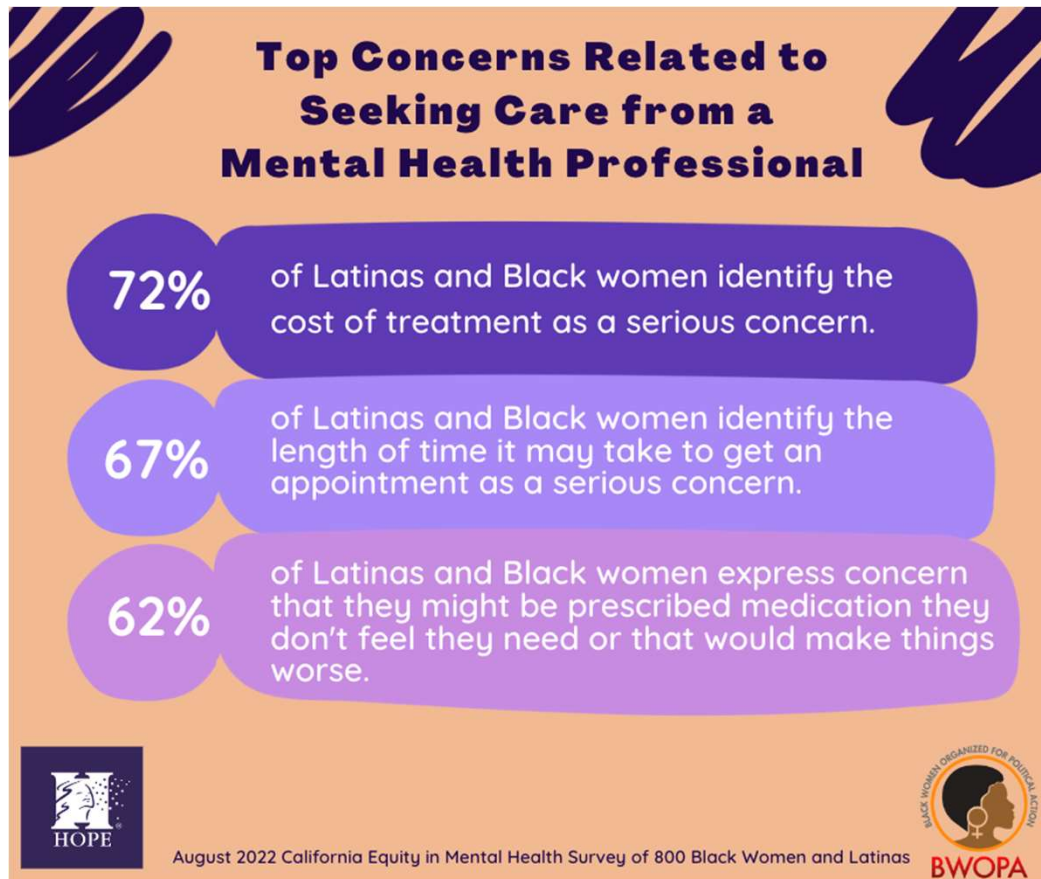
MORE THAN 3 IN 5 CALIFORNIA BLACK WOMEN AND LATINAS REPORT HAVING A MENTAL HEALTH CONCERN FOR WHICH THEY DID NOT SEEK CARE FROM A PROVIDER

The survey highlights a number of barriers to mental health care for Black women and Latinas.

- 52% say **it is difficult to find a counselor, therapist or mental health care provider who shares their values or comes from a similar background.**
- 50% say **it's difficult to find a mental health provider who offers free or low-cost services.**
- 46% say **it's difficult to find a counselor, therapist or mental health provider.**



BLACK WOMEN AND LATINAS IDENTIFY COST, LENGTH OF TIME TO GET AN APPOINTMENT, AND PRESCRIPTION MEDICATIONS AS HIGHEST CONCERNS



In Their Own Words...

There are a lot of mental health professionals who are incompetent and misdiagnose Black and Latino Women at higher rates with serious illnesses when all they need is cognitive behavioral therapy in many cases. They reject the fact that Oppression and Extreme Poverty is causing these communities a lot of mental anguish.

- Survey Respondent, Native American and East African Woman, Age 53, Los Angeles

BLACK WOMEN AND LATINAS BELIEVE IT IS HIGHLY IMPORTANT TO HAVE BLACK AND LATINA MENTAL HEALTH PROVIDERS

89%

OF BLACK WOMEN BELIEVE IT IS **EXTREMELY OR VERY IMPORTANT** TO HAVE COUNSELORS, THERAPISTS, PSYCHOLOGISTS, PSYCHIATRISTS, AND OTHER **MENTAL HEALTH PROVIDERS THAT IDENTIFY AS BLACK OR AFRICAN AMERICAN.**

78%

OF LATINAS BELIEVE IT IS **EXTREMELY OR VERY IMPORTANT** TO HAVE COUNSELORS, THERAPISTS, PSYCHOLOGISTS, PSYCHIATRISTS, AND OTHER **MENTAL HEALTH PROVIDERS THAT IDENTIFY AS LATINA.**

Black women and Latinas point to a number of priorities for addressing disparities in mental health care:

- 94% place a high priority on **increasing awareness** among Black and Hispanic women **about the benefits of seeking help** or support.
- 93% place a high priority on **expanding programs for Black and Hispanic women interested in mental health careers.**
- 92% place a high priority on **expanding access to** online, telephone, or virtual appointments with **mental health providers trained to understand and be sensitive to the diverse communities they are serving.**

IN THEIR OWN WORDS

“

I recently struggled to find a Black woman in psychiatry. I even feel like my request for a Black female provider was frowned upon by the hospital system I get care from (due to my health insurance). So, I decided to get care elsewhere and pay out of pocket. Sucks!

- Survey Respondent, Black Woman, Age 36, San Jose

”

“

My health insurance does cover mental health visits, but it's very hard to find a provider. I pay out of pocket to see a Chicana therapist. I wish it was more affordable and accessible.

- Survey Respondent, Latina, Age 39, Long Beach

”

SOCIAL CONTEXT

QUALITY OF LIFE

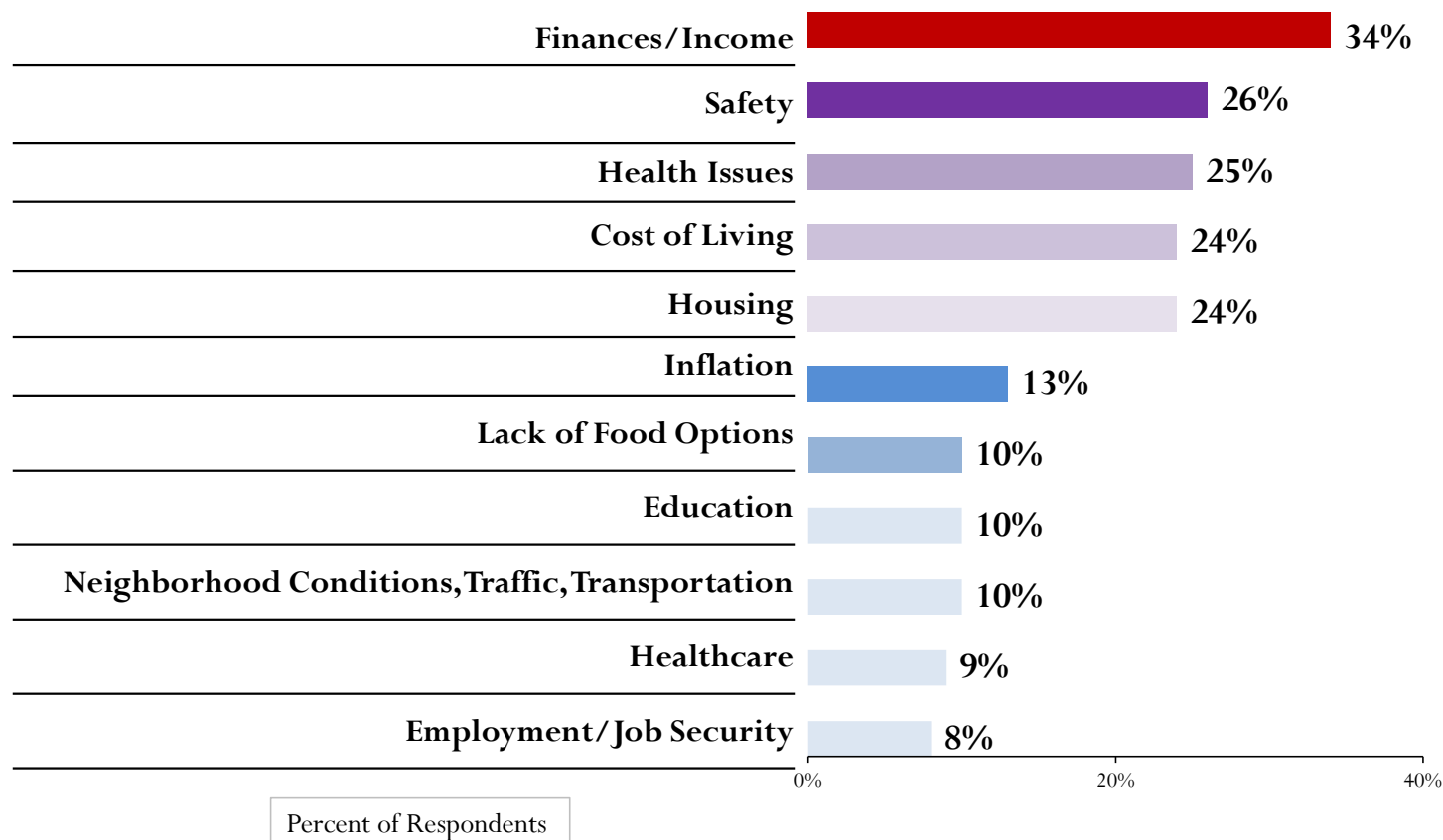
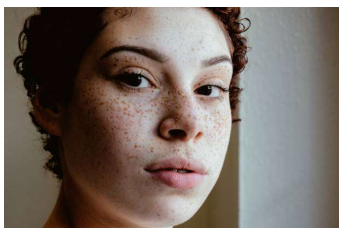
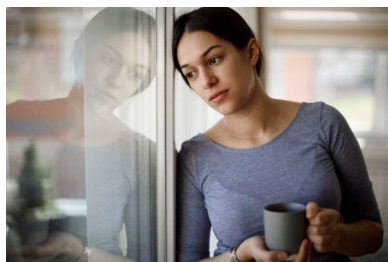
Q: How would you describe the quality of life in the neighborhood where you live?



Women covered through Medi-Cal, younger women, and single parents report a lower quality of life.

- 72% of **Black women covered through Medi-Cal** rate their quality of life as “fair” or “poor.”
- 57% of **women with household incomes under \$50K** rate their quality of life as “fair” or “poor.”
- 53% of **single parents** rate their quality of life as “fair” or “poor.”
- 49% of **Latinas covered through Medi-Cal** rate their quality of life as “fair” or “poor.”
- 48% of **Gen Z/Millennial women** rate their quality of life as “fair” or “poor.”

MORE THAN 1/3RD OF WOMEN IDENTIFY FINANCIAL CHALLENGES AS THE MOST PRESSING ISSUE THEY FACE



IN THEIR OWN WORDS: TOP HOUSEHOLD CONCERNS

“ Economic Disparities ”
Housing Market
Student Loan
- Survey Respondent,
Black Woman, Age 36, Los Angeles

“ Inflation ”
Gas Prices
Childcare
- Survey Respondent,
Afro-Latina, Age 33, Inland Empire

“ Finances ”
Work Balance
Inflation
- Survey Respondent,
Latina, Age 51, Bay Area

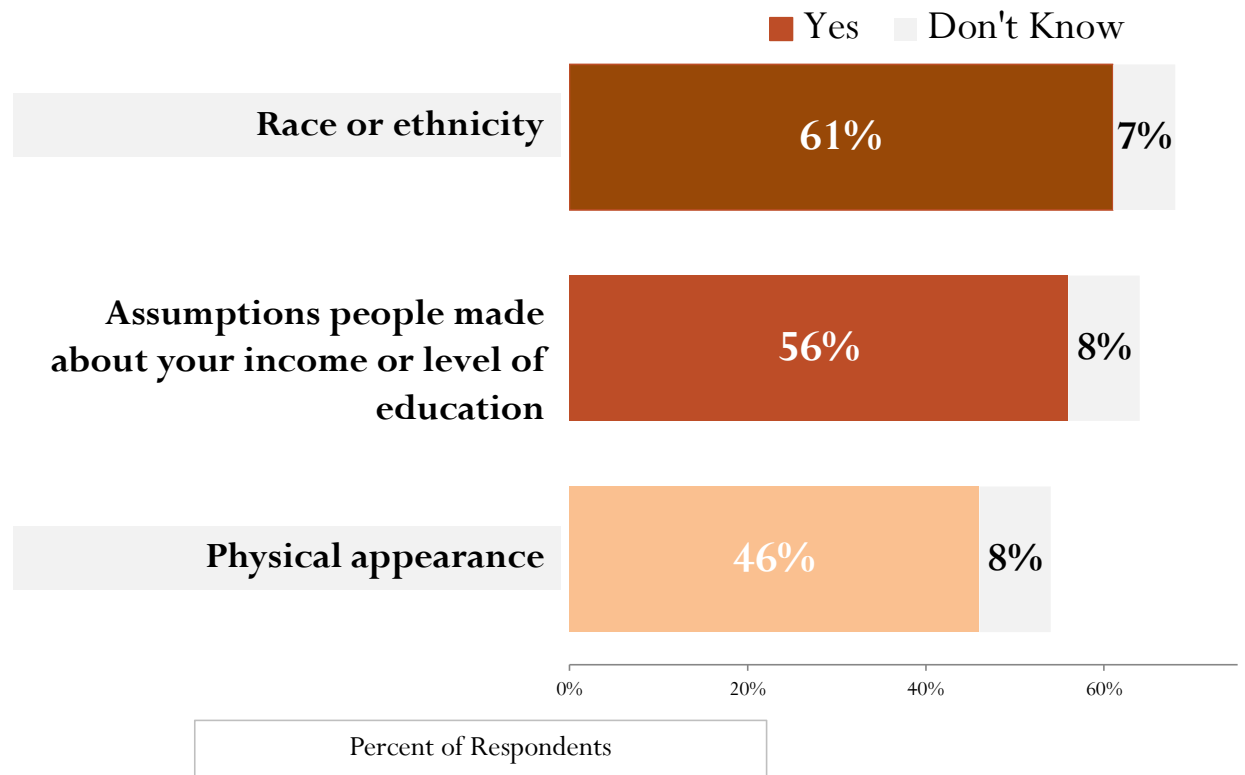
“ Climate Change ”
Poverty
Gun Violence
- Survey Respondent,
Latina, Age 18, Central Valley

“ High Rent ”
High Cost of Food
High Cost of Gas
- Survey Respondent,
Black Woman, Age 77, Greater Sacramento Area

MORE THAN 3 IN 4 RESPONDENTS REPORTED EXPERIENCING SOME FORM OF DISCRIMINATION

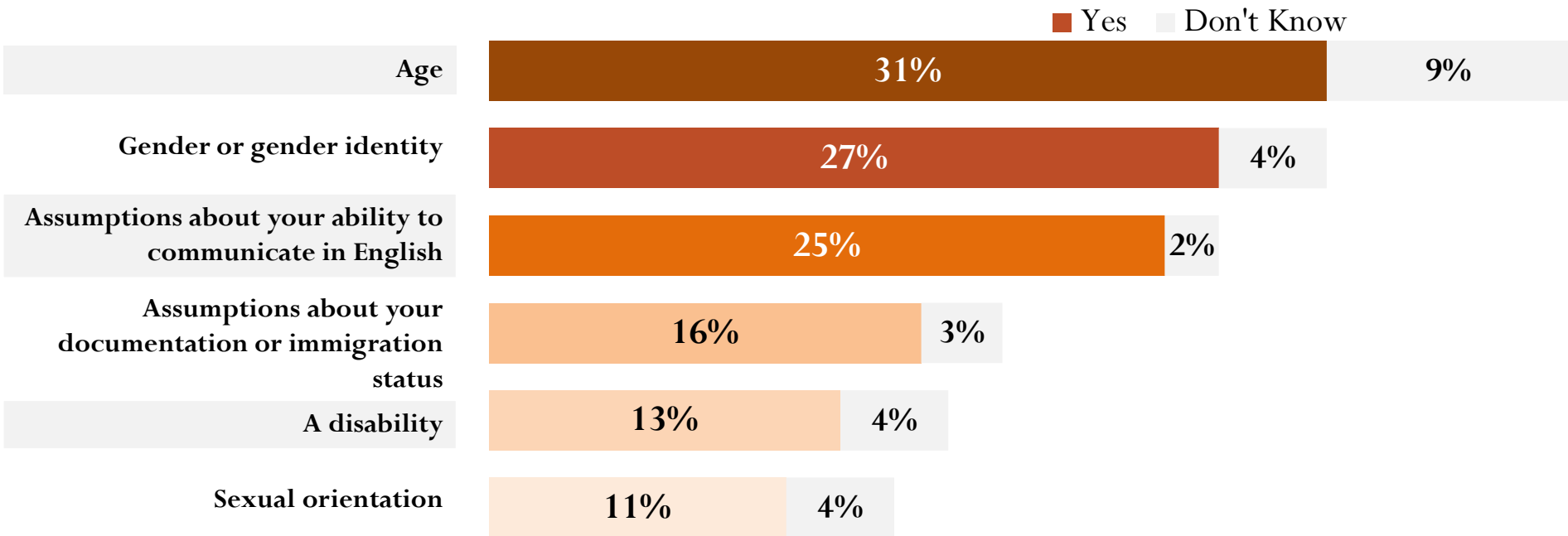
Q: Have you ever experienced discrimination due to any of the following personal characteristics?

77%
of women report having experienced some form of discrimination.



AGE, GENDER, AND ASSUMPTIONS ABOUT LANGUAGE PROFICIENCY REPORTED AMONG FORMS OF DISCRIMINATION

Q: Have you ever experienced discrimination due to any of the following personal characteristics?



Percent of Respondents



FORMS OF DISCRIMINATION – BY ETHNICITY

	<u>Black Women</u>	<u>Latinas</u>
Race or Ethnicity	70	54
Assumptions People Made About Your Income or Level of Education	59	55
Physical Appearance	48	44
Age	32	30
Gender or Gender Identity	26	27

FORMS OF DISCRIMINATION – BY ETHNICITY

	<u>Black Women</u>	<u>Latinas</u>
Assumptions About Your Ability to Communicate in English	10	40
Assumptions About Your Documentation or Immigration Status	4	28
A Disability	15	10
Sexual Orientation	11	11

FORMS OF DISCRIMINATION – BY GENERATIONAL STATUS

	<u>1st Generation</u>	<u>2nd Generation</u>	<u>3rd Generation</u>	<u>4th Generation + / Non-Immigrant Background</u>
Race or Ethnicity	53	57	59	68
Assumptions People Made About Your Income or Level of Education	53	54	60	59
Physical Appearance	40	46	51	49
Age	25	28	35	35
Gender or Gender Identity	21	35	30	26

FORMS OF DISCRIMINATION – BY GENERATIONAL STATUS

	<u>1st Generation</u>	<u>2nd Generation</u>	<u>3rd Generation</u>	<u>4th Generation + / Non-Immigrant Background</u>
Assumptions About Your Ability to Communicate in English	50	31	17	9
Assumptions About Your Documentation or Immigration Status	33	22	11	4
A Disability	11	10	15	15
Sexual Orientation	7	12	27	10

FORMS OF DISCRIMINATION— BY INSURANCE STATUS

	<u>Medi-Cal</u>	<u>Some Other Form of Coverage</u>
Race or Ethnicity	58	64
Assumptions People Made About Your Income or Level of Education	56	57
Physical Appearance	43	48
Age	30	30
Gender or Gender Identity	25	28

FORMS OF DISCRIMINATION – BY INSURANCE STATUS CNTD.

	<u>Medi-Cal</u>	<u>Some Other Form of Coverage</u>
Assumptions About Your Ability to Communicate in English	21	25
Assumptions About Your Documentation or Immigration Status	18	13
A Disability	16	10
Sexual Orientation	10	11

FORMS OF DISCRIMINATION – BY GENERATION

	Gen Z and Millennials (Age 18-41)	Gen X (Age 42-56)	Boomers/ Silents (Age 56+)
Race or Ethnicity	62	62	57
Assumptions People Made About Your Income or Level of Education	59	59	48
Physical Appearance	51	45	37
Age	32	25	36
Gender or Gender Identity	34	22	18

FORMS OF DISCRIMINATION— BY GENERATION

	Gen Z and Millennials (Age 18-41)	Gen X (Age 42-56)	Boomers/ Silents (Age 56+)
Assumptions About Your Ability to Communicate in English	29	24	18
Assumptions About Your Documentation or Immigration Status	20	16	8
A Disability	11	15	13
Sexual Orientation	15	8	6

A RANGE OF ADDITIONAL TYPES OF DISCRIMINATION WERE REPORTED

“
*I have been judged by others
a lot. They say things like,
"You're smarter than you
look." A lot of people talk to
me like I'm naive and dumb.*

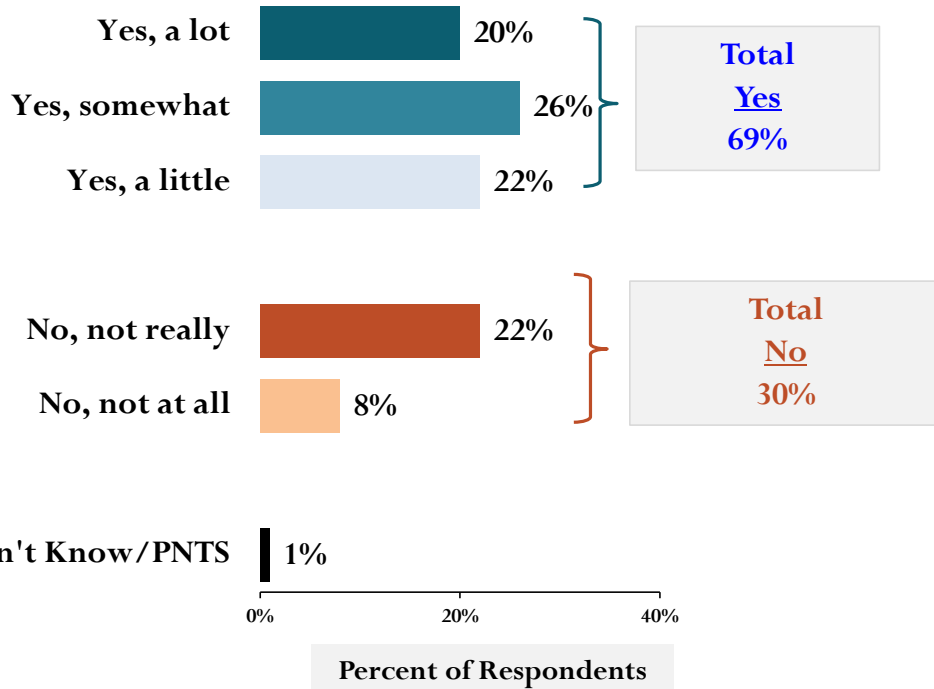
- Survey Respondent, Latina, Age 41, Glendale

”



RACISM & DISCRIMINATION TAKE A TOLL ON THE MENTAL HEALTH OF BLACK WOMEN AND LATINAS

Q: Have experiences with racism or discrimination negatively impacted your emotional well-being or mental health?



A number of subgroups of women report that racism or discrimination has impacted their mental health “a lot:”

- 39% of **uninsured Black women**
- 31% of **Black Gen X women** (ages 42-56)
- 31% of women with **household incomes of \$50K or less**
- 30% of **Black women on Medi-Cal**
- 27% of **Black women overall**
- 23% of women covered through **Medi-Cal**

**ACCESS TO MENTAL HEALTH SERVICES
BARRIERS & CONCERNS**

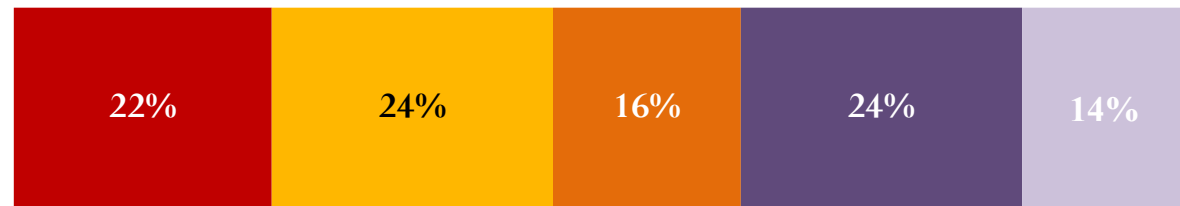
NEARLY HALF OF RESPONDENTS FIND IT DIFFICULT TO FIND A MENTAL HEALTH PROVIDER

Q: Thinking about your experiences getting health care, or care for emotional well-being and mental health, and related services, how easy or difficult is it to find the following? (Ranked by Total Difficult)

■ Very Difficult
 ■ Somewhat Difficult
 ■ DK/PNTS
 ■ Somewhat Easy
 ■ Very Easy

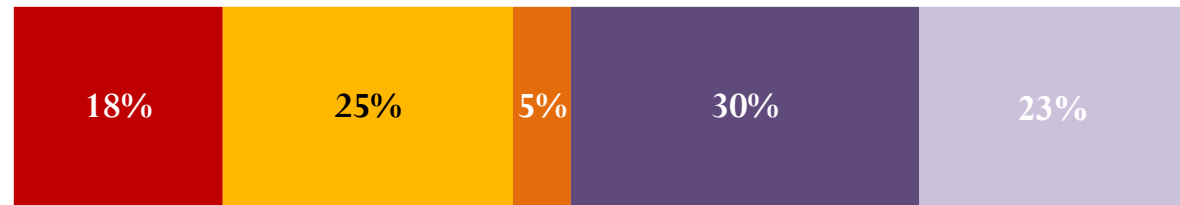
Total Difficult

A counselor, therapist or mental health provider



46%

Health care that you can afford



43%

Percent of Respondents

FINDING A THERAPIST WHO SHARES YOUR VALUES AND OFFERS LOW-COST SERVICES ARE THE MOST CHALLENGING BARRIERS

Q: Thinking about your experiences getting health care, or care for emotional well-being and mental health, and related services, how easy or difficult is it to find the following? (Ranked by Total Difficult)

■ Very Difficult
 ■ Somewhat Difficult
 ■ DK/PNTS
 ■ Somewhat Easy
 ■ Very Easy

Total Difficult

A counselor, therapist, or mental health care provider who shares your values or comes from a similar background



52%

A mental health provider who offers free or low-cost services



50%

A mental health care provider who takes your insurance



40%

Mental health services covered by your health insurance plan



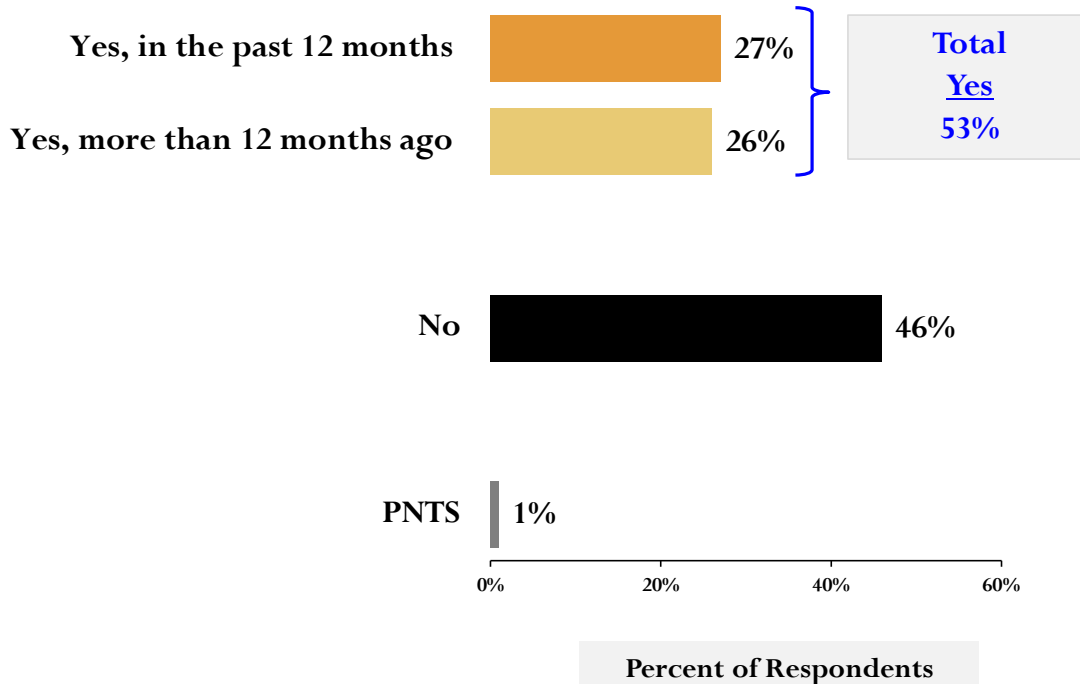
39%

Percent of Respondents



HALF OF RESPONDENTS REPORT HAVING SEEN A MENTAL HEALTH PROVIDER IN THE PAST

Q: Have you ever seen a counselor, therapist, or mental health care provider for support with an issue related to emotional well-being or mental health?

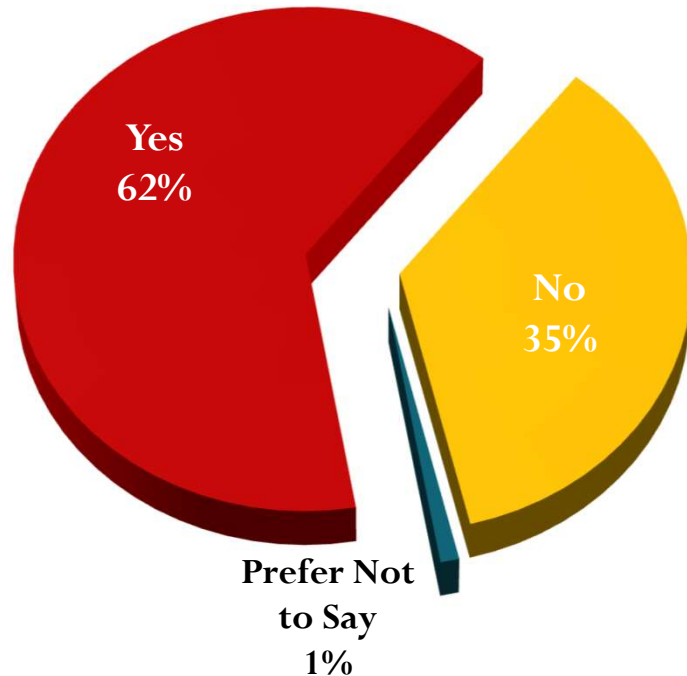


37% of those with insurance coverage for mental health services report having seen a provider in the last year, along with:

- 36% of those with a mental health condition
- 35% of Gen / Millennials (ages 35-41)
- 33% of women in Los Angeles
- 33% of Latinas covered through Medi-Cal
- 33% Second generation women

3 IN 5 REPORT HAVING A CONCERN FOR WHICH THEY DID NOT SEEK CARE FROM A PROVIDER

Q: Have you ever felt you needed support with an issue related to emotional well-being or mental health, and did not seek care from a counselor, therapist, or mental health care provider?



Women without coverage for mental health services, those with a mental health condition, younger women, and those on Medi-Cal report the highest untreated needs:

- 90% of women without coverage for mental health services report untreated needs.
- 74% of those with a mental health condition report untreated needs.
- 73% of Gen Z/Millennials (ages 18-41) report untreated needs.
- 69% of 2nd Generation women report untreated needs.
- 68% of women covered through Medi-Cal report untreated needs.

IN THEIR OWN WORDS

“ Being a Black woman, single mother and sole provider is hard. It gets even harder, depending on where you live. People think that the phrase "strong Black woman" is a badge of honor. It isn't. It's a label that means there is never anything wrong with you. Don't ask for help. Don't expect help. Deal with it on your own. We are the women who go unseen, unheard and underappreciated. ”

- Survey Respondent, Black Woman, Age 52, Stockton

“ [I] feel that they won't really hear me, just give me pills and send me on my way. ”

- Survey Respondent, Black Woman, Age 56, Vallejo

“ Another hard part of even getting started with mental health services is the amount of time it takes to find someone or the trial and error of finding one that's right for you. It's been very discouraging after trying with [my insurance provider]. I just gave up. ”

- Survey Respondent, Latina, Age 32, Oakland

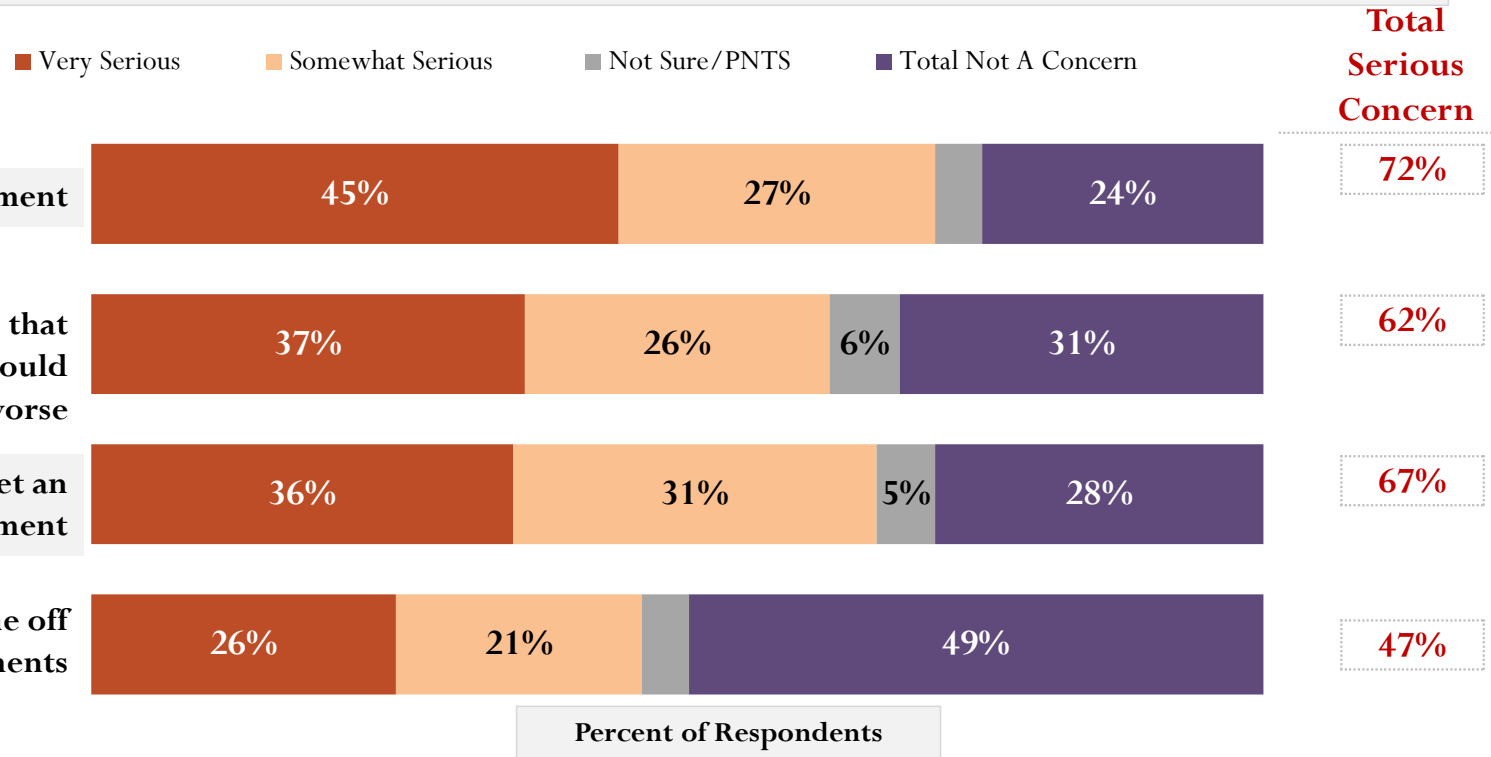
“ I have observed friends that have gone to mental health professionals and they were worse off, more distraught than before. ”

- Survey Respondent, Latina, Age 80, Los Angeles



COST OF TREATMENT AND PRESCRIPTION MEDICATIONS ARE TOP CONCERNS FOR RESPONDENTS

Q: Next you will see a list of reasons some reasons people have mentioned for not seeking help from a professional counselor, therapist, or mental health provider. If you needed or wanted to see that type of provider, please indicate how serious of a concern each of the following would be. (Ranked by Very Serious)

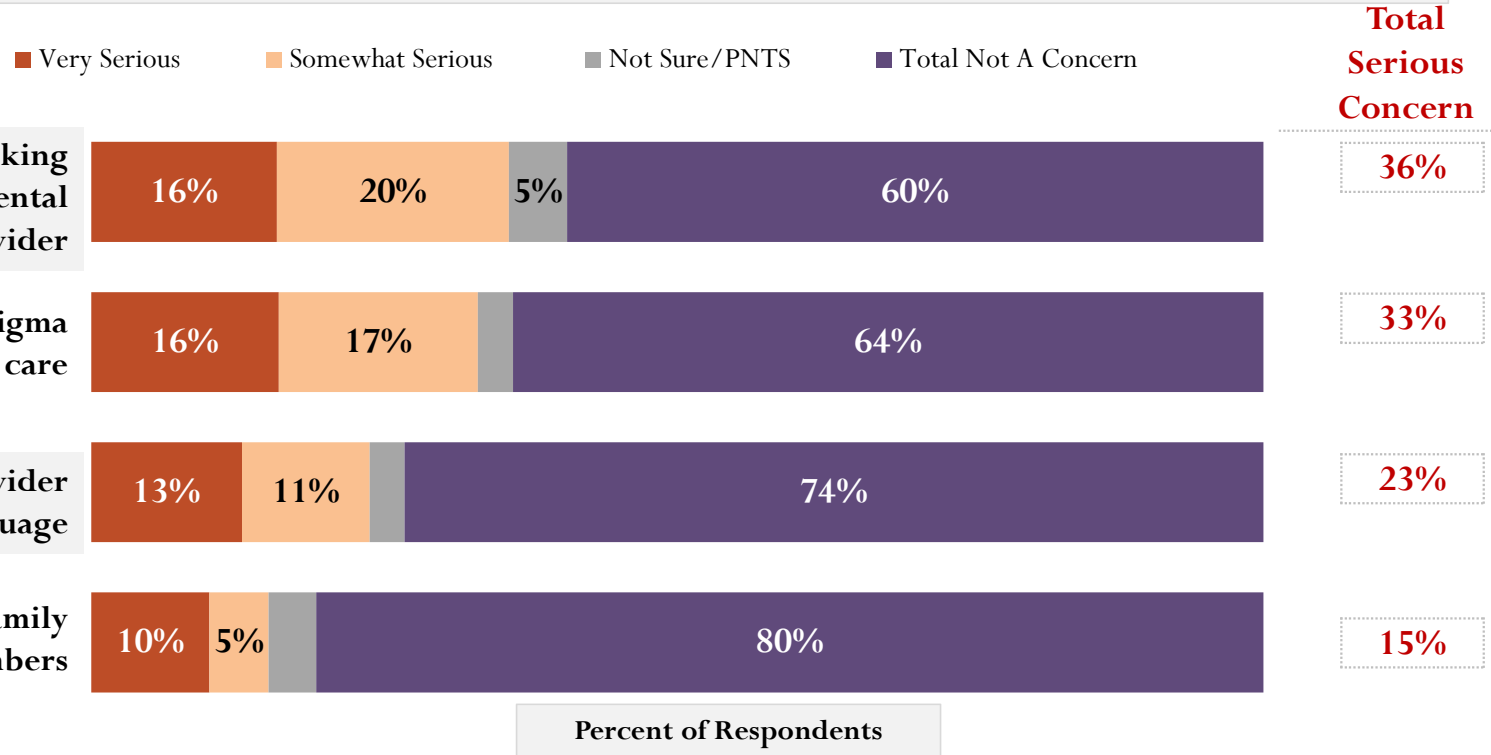


* Percentages below 5% not displayed.



FEWER REPORT GENERAL CONCERNS RELATED TO COMFORT IN SPEAKING WITH A PROVIDER

Q: Next you will see a list of reasons some reasons people have mentioned for not seeking help from a professional counselor, therapist, or mental health provider. If you needed or wanted to see that type of provider, please indicate how serious of a concern each of the following would be. (Ranked by Very Serious)



* Percentages below 5% not displayed.



BARRIERS TO CARE

AMONG WOMEN WITH UNMET MENTAL HEALTH NEEDS

	Women With Unmet Mental Health Needs
Cost of treatment	79
Length of time it may take to get an appointment	74
You might be prescribed medication that you don't feel you need or that would make things worse	67
You would not be able to take time off work for appointments	53
You would not feel comfortable talking to a counselor, therapist, or mental health provider	42
Embarrassment, shame, or stigma associated with seeking care	39
It might be difficult to find a provider who is fluent in your native language	23

BARRIERS TO CARE – BY GENERATION

BLACK WOMEN

	Gen Z and Millennials (Age 18-41)	Gen X (Age 42-56)	Boomers/ Seniors (Age 58+)
Cost of treatment	75	74	57
Length of time it may take to get an appointment	67	69	59
You might be prescribed medication that you don't feel you need or that would make things worse	61	65	54
You would not be able to take time off work for appointments	53	46	17
You would not feel comfortable talking to a counselor, therapist, or mental health provider	37	38	19
Embarrassment, shame, or stigma associated with seeking care	29	32	17



BARRIERS TO CARE— BY INSURANCE

BLACK WOMEN

	<u>Medi-Cal</u>	<u>Some other form of coverage</u>
Cost of treatment	73	67
Length of time it may take to get an appointment	71	62
You might be prescribed medication that you don't feel you need or that would make things worse	76	53
You would not be able to take time off work for appointments	49	34
You would not feel comfortable talking to a counselor, therapist, or mental health provider	42	25
Embarrassment, shame, or stigma associated with seeking care	32	23

BARRIERS TO CARE – BY GENERATION

LATINAS

	Gen Z and Millennials (Age 18- 41)	Gen X (Age 42-56)	Boomers/ Seniors (Age 58+)
Cost of treatment	80	70	67
Length of time it may take to get an appointment	70	66	60
You might be prescribed medication that you don't feel you need or that would make things worse	66	61	63
You would not be able to take time off work for appointments	64	52	32
You would not feel comfortable talking to a counselor, therapist, or mental health provider	44	35	34
Embarrassment, shame, or stigma associated with seeking care	44	35	28

BARRIERS TO CARE— BY INSURANCE

LATINAS

	<u>Medi-Cal</u>	<u>Some other form of coverage</u>
Cost of treatment	75	73
Length of time it may take to get an appointment	67	68
You might be prescribed medication that you don't feel you need or that would make things worse	69	64
You would not be able to take time off work for appointments	55	51
You would not feel comfortable talking to a counselor, therapist, or mental health provider	47	37
Embarrassment, shame, or stigma associated with seeking care	45	34

BARRIERS TO CARE— BY GENERATIONAL STATUS

	1 st Gen	2 nd Gen	3 rd Gen	4 th Gen
Cost of treatment	72	81	81	68
Length of time it may take to get an appointment	64	70	74	66
You might be prescribed medication that you don't feel you need or that would make things worse	64	65	63	60
You would not be able to take time off work for appointments	50	62	51	38
You would not feel comfortable talking to a counselor, therapist, or mental health provider	35	39	46	32
Embarrassment, shame, or stigma associated with seeking care	40	40	30	25

PROVIDER PREFERENCES

INSURANCE ACCEPTANCE AND COST ARE AMONG THE MOST IMPORTANT CONSIDERATIONS WHEN SEEKING A PROVIDER

Q: If you ever wanted or needed to see a counselor, therapist, or mental health provider, how important would it be to have a provider with the following qualities or characteristics? (Ranked by *Extremely Important*)

■ Extremely Important ■ Very Important ■ Somewhat Important ■ DK/PNTS ■ Total Not Important

Total Important



Percent of Respondents

* Percentages below 5% not displayed.



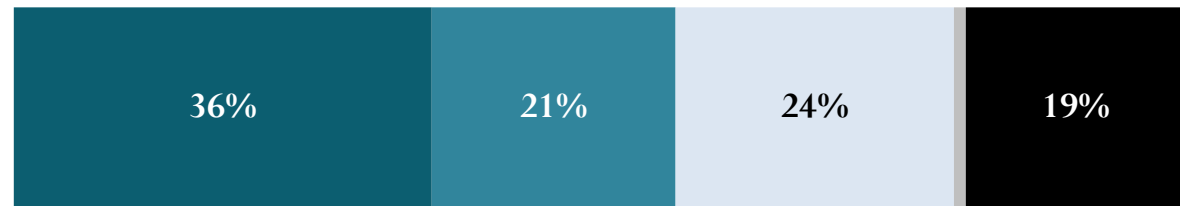
BLACK WOMEN PLACE A HIGH PRIORITY ON HAVING A PROVIDER OF THE SAME BACKGROUND

Q: If you ever wanted or needed to see a counselor, therapist, or mental health provider, how important would it be to have a provider with the following qualities or characteristics? (Ranked by *Extremely Important*)

■ Extremely Important ■ Very Important ■ Somewhat Important ■ DK/PNTS ■ Total Not Important

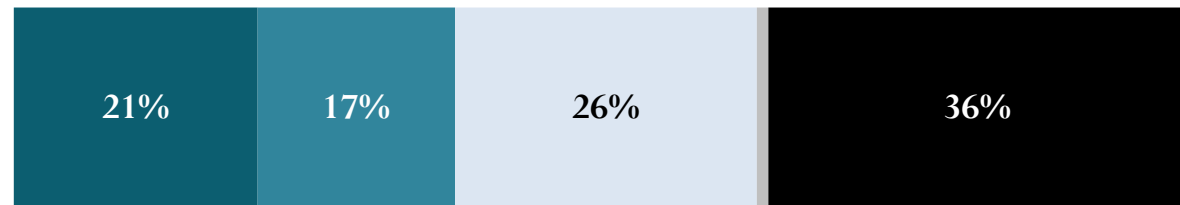
Total Important

A Black or African American woman **



57%

A Latina or a provider who identifies as a Hispanic woman **



38%

*Percentages below 5% not displayed.

** Split-Sampled

Percent of Respondents



PREFERENCE FOR A PROVIDER WHO IDENTIFIES AS A BLACK WOMAN/LATINA

A Black or African American woman** Asked Among Black Women

<i>Overall</i>	57%
Bay Area Residents	70%
Gen Z and Millennials (Age 42-56)	65%
High School Graduate/Technical/ Vocational School or Less	64%
Participants Insured by Medi-Cal	61%
Participants With A Mental Health Condition	59%
Income of Over \$50K	58%

A Latina or a provider who identifies as a Hispanic woman ** Asked Among Latinas

<i>Overall</i>	38%
High School Graduate/Technical/ Vocational School or Less	46%
Gen Z and Millennials (Age 42-56)	45%
Income of Less Than \$50K	45%
Southern California Residents outside of Los Angeles County	42%
Participants Insured by Medi-Cal	39%
1 st Generation	39%



*Ranked by Total Extremely/Very Important, Overall
** Split-Sampled

ETHNICITY AND GENDER

IN AND OF THEMSELVES RANK AS LOWER-TIER PRIORITIES

Q: If you ever wanted or needed to see a counselor, therapist, or mental health provider, how important would it be to have a provider with the following qualities or characteristics? *(Ranked by Extremely Important)*

■ Extremely Important ■ Very Important ■ Somewhat Important ■ DK/PNTS ■ Total Not Important

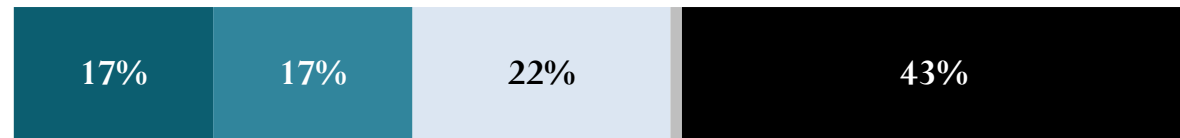
Total Important

Shares your ethnic or racial background



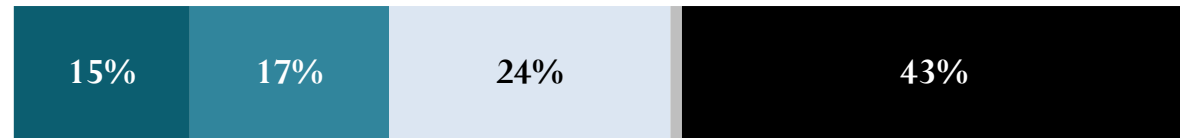
47%

Shares your gender identity



34%

A provider who shares your religious or spiritual background



32%

Percent of Respondents

* Percentages below 5% not displayed.



REACTIONS TO PREFERENCES—BY GENERATION

BLACK WOMEN

	Gen Z and Millennials (Age 18-41)	Gen X (Age 42-56)	Boomers/ Seniors (Age 58+)
Accepts your insurance	93	89	94
Offers free or low-cost services	75	78	49
Close enough to be able to easily find transportation	70	68	60
A provider who speaks your native language	78	73	76
Shares your ethnic or racial background	66	68	47
Shares your gender identity	47	42	25
A provider who shares your religious or spiritual background	46	37	30

*Ranked by Total Extremely / Very Important, Overall



REACTIONS TO PREFERENCES – BY INSURANCE STATUS

BLACK WOMEN

	Medi-Cal	Some other form of coverage
Accepts your insurance	96	91
Offers free or low-cost services	89	58
Close enough to be able to easily find transportation	77	60
A provider who speaks your native language	77	76
Shares your ethnic or racial background	64	60
Shares your gender identity	47	34
A provider who shares your religious or spiritual background	43	35

*Ranked by Total Extremely / Very Important, Overall



REACTIONS TO PREFERENCES – BY GENERATION

LATINAS

	Gen Z and Millennials (Age 18-41)	Gen X (Age 42-56)	Boomers/ Seniors (Age 58+)
Accepts your insurance	88	88	92
Offers free or low-cost services	78	49	57
Close enough to be able to easily find transportation	66	60	62
A provider who speaks your native language	51	41	39
Shares your ethnic or racial background	39	21	37
Shares your gender identity	37	22	24
A provider who shares your religious or spiritual background	26	18	37

*Ranked by Total Extremely / Very Important, Overall



REACTIONS TO PREFERENCES – BY INSURANCE STATUS

LATINAS

	Medi-Cal	Some other form of coverage
Accepts your insurance	91	92
Offers free or low-cost services	79	58
Close enough to be able to easily find transportation	75	61
A provider who speaks your native language	47	45
Shares your ethnic or racial background	32	36
Shares your gender identity	32	31
A provider who shares your religious or spiritual background	28	23

*Ranked by Total Extremely / Very Important, Overall



REACTIONS TO HEALTH DISPARITIES

BLACK WOMEN FACE A RANGE OF DISPARITIES IN MENTAL HEALTH

RATES OF TREATMENT AMONG WOMEN ELIGIBLE FOR PUBLIC HEALTH SERVICES (2021)

According to a 2021 study conducted by UCLA, 52% of Black women who had recently experienced mild to moderate psychological distress and were eligible for public health services *did not* receive any treatment for their mental health needs, compared to 42% of White women.

RATES OF CARE FOR BLACK PEOPLE, IN GENERAL (2022)

In a 2022 study of those who reported having symptoms of mental health issues, Black people were the least likely to receive care at 47%, compared to 64% of White people and 60% of Latinos/Hispanics.

MATERNAL MENTAL HEALTH

According to a 2016 study, the rate of postpartum depression in mothers of color was 38%, while the rate among all new mothers was 19%. Other research shows that Black women are 36% less likely than white women to be screened for postpartum mood disorders—and that Black women are 57% less likely to start treatment for postpartum depression than White women.

RISING RATES OF SUICIDE AMONG BLACK GIRLS (2021)

According to a 2021 study, for more than a decade, suicide rates have been increasing in Black youth, with the sharpest rise occurring among Black girls.

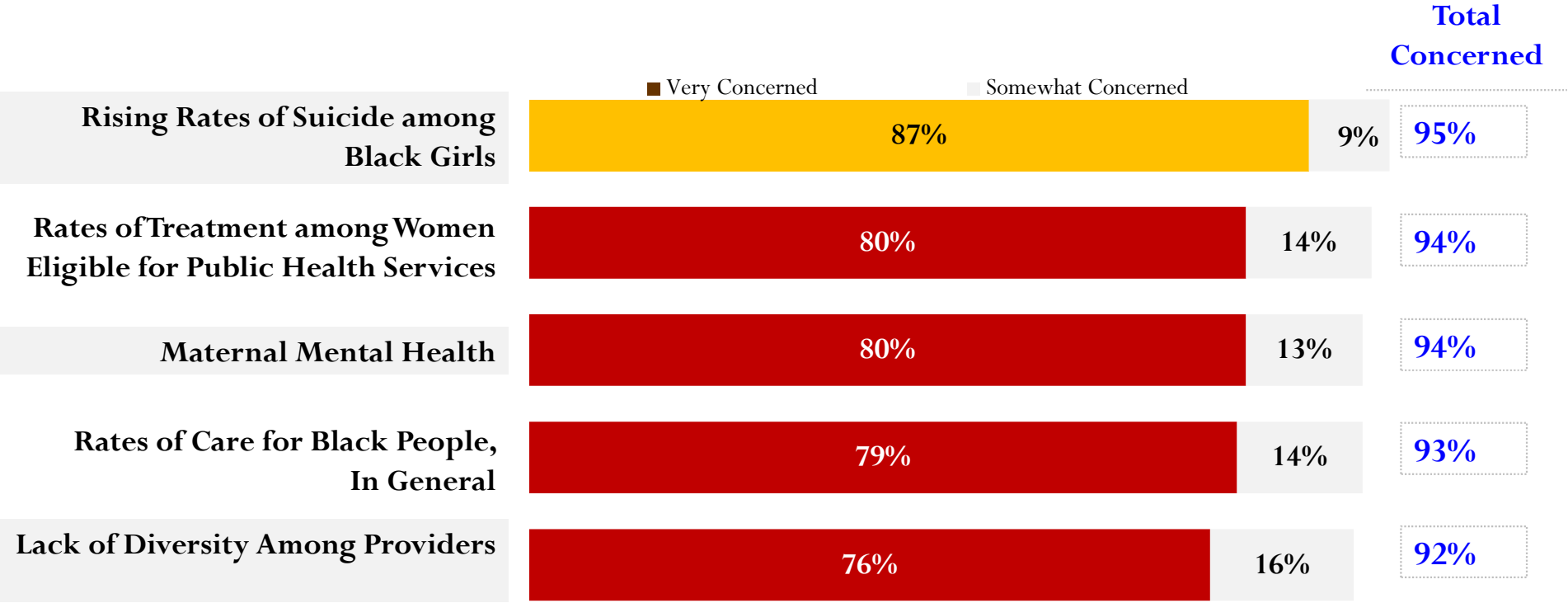
LACK OF DIVERSITY AMONG PROVIDERS

According to the Medical Board of California, only two percent (2%) of active psychiatrists practicing in California are Black/African American.



THESE ISSUES RAISE CONSIDERABLE LEVELS OF CONCERN AMONG BLACK WOMEN

Q: Next, you will see a list of statements about mental health in communities of color. After each one, please indicate if you are concerned about that issue or not and to what extent. (Ranked by *Very Convincing*)*



* Only asked among Black women



LATINAS FACE

RANGE OF DISPARITIES IN MENTAL HEALTH

RATES OF TREATMENT AMONG WOMEN ELIGIBLE FOR PUBLIC HEALTH SERVICES (2021)

According to a 2021 study conducted by UCLA, 55% of Latinas who had recently experienced mild to moderate psychological distress and were eligible for public health services *did not* receive any treatment for their mental health issues, compared to 42% of White women.

RATES OF TREATMENT- NO RETURN

More than 70% of Latinos who do access mental health services end up not returning after their first visit.

MATERNAL MENTAL HEALTH

According to a 2016 study, the rate of postpartum depression in mothers of color was 38%, while the rate among all new mothers was 19%. The study also found that Hispanic women/Latinas are 41% less likely to start treatment for postpartum depression than White women.

RISING RATES OF SUICIDE AMONG YOUNG LATINAS (2021)

Research on disparities in mental health conditions indicates that Hispanic adolescent girls had much higher rates of considering suicide and attempted suicide and were more likely to require medical attention due to the attempt compared to girls from other backgrounds. According to the report, approximately one-third (1/3rd) of young Latinas seriously contemplate suicide.

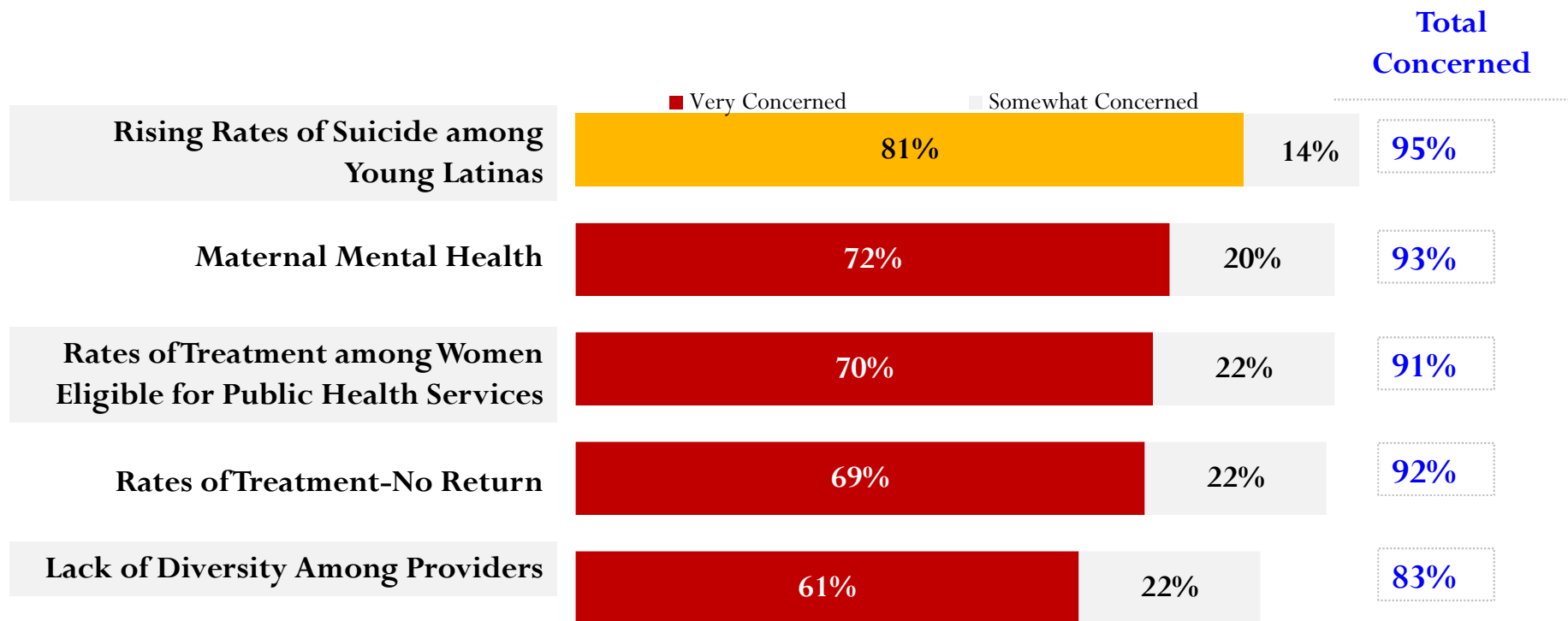
LACK OF DIVERSITY AMONG PROVIDERS

According to the Medical Board of California, only four percent (4%) of active psychiatrists practicing in California are Latino.

REACTIONS TO DISPARITIES IN MENTAL HEALTH

AMONG LATINAS

Q: Next, you will see a list of statements about mental health in communities of color. After each one, please indicate if you are concerned about that issue or not and to what extent. (Ranked by *Very Convincing*)*



* Only asked among Latinas

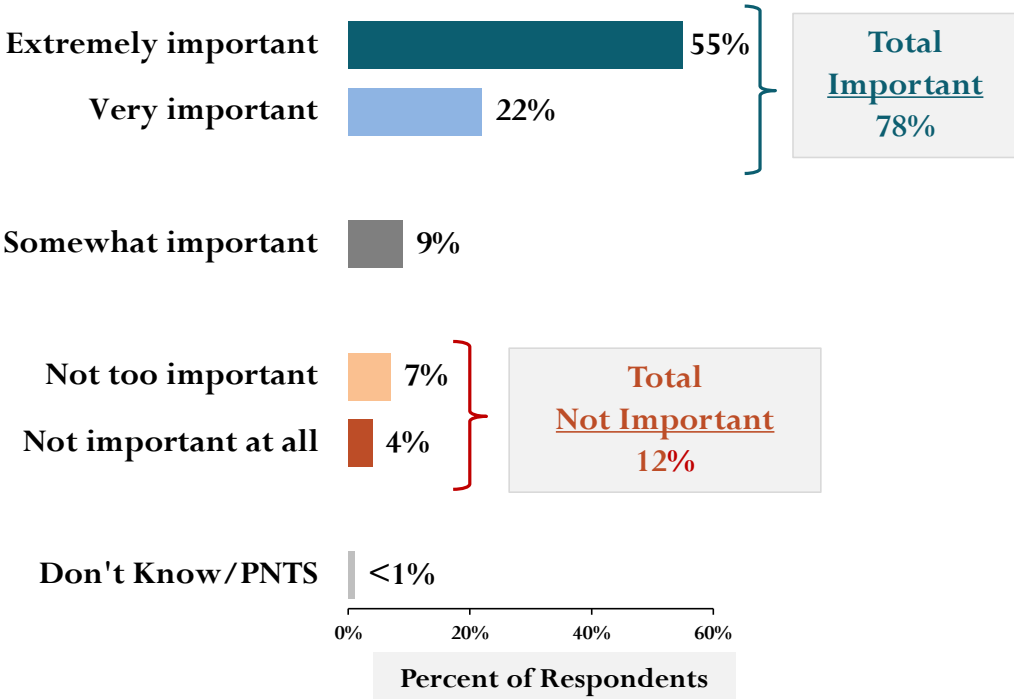
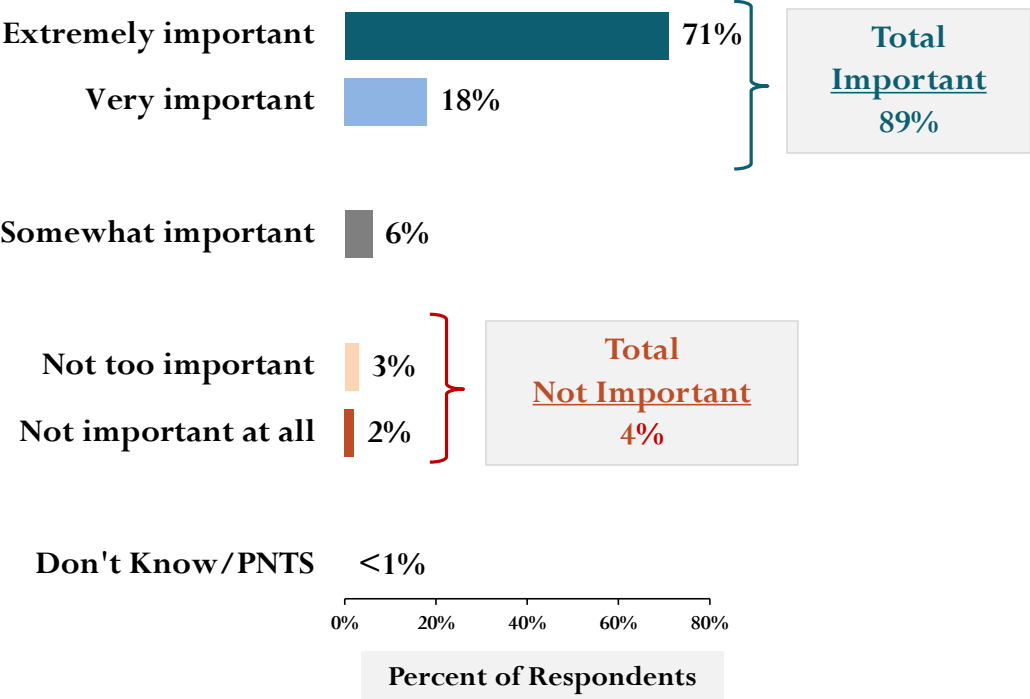


RECOMMENDATIONS

BLACK WOMEN AND LATINAS BELIEVE IT IS *EXTREMELY* IMPORTANT TO HAVE BLACK AND LATINA MENTAL HEALTH PROVIDERS

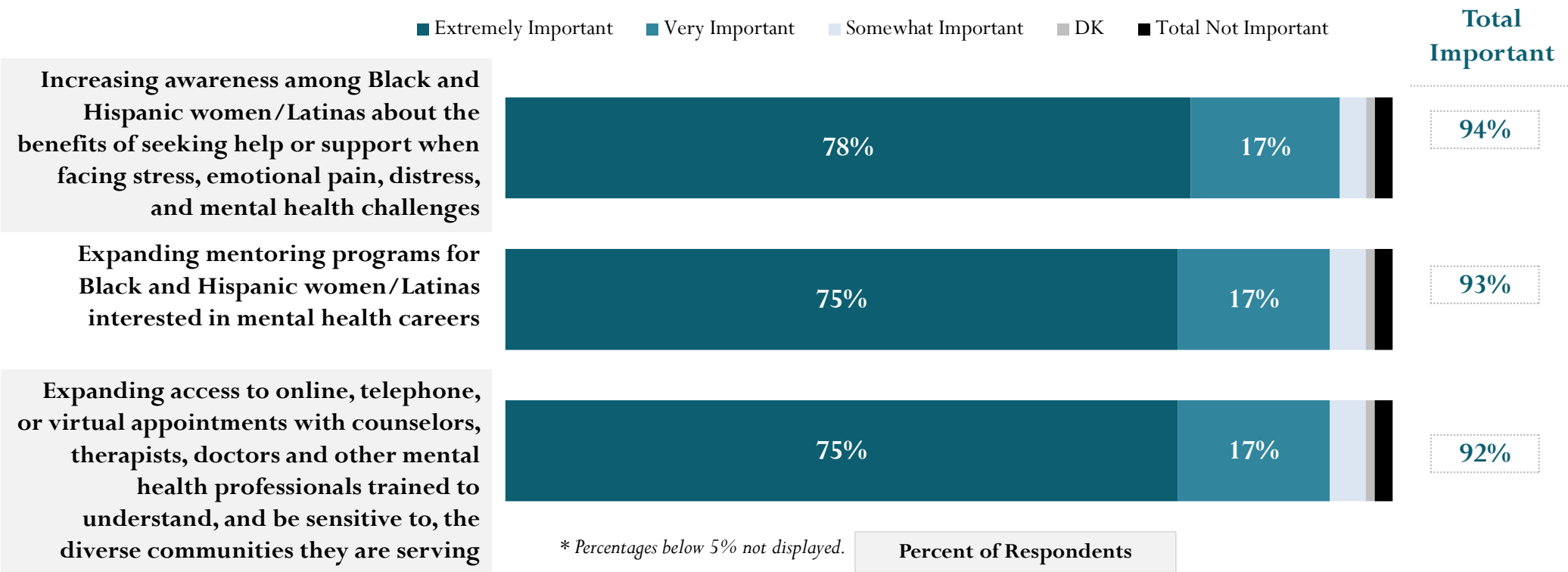
Q: How important do you believe it is to have counselors, therapists, psychologists, psychiatrists, and other mental health providers that identify as **Black or African American**?

Q: How important do you believe it is to have counselors, therapists, psychologists, psychiatrists, and other mental health providers that identify as **Hispanic or Latino**?



RESPONDENTS VIEW INCREASING AWARENESS ABOUT SEEKING CARE AND CAREER PATHWAYS AS TOP PRIORITIES

Q: To expand access to quality affordable mental health care and increase the number of Latinas and Black women in mental health care professions, how important is the following? (Ranked by Total Important)

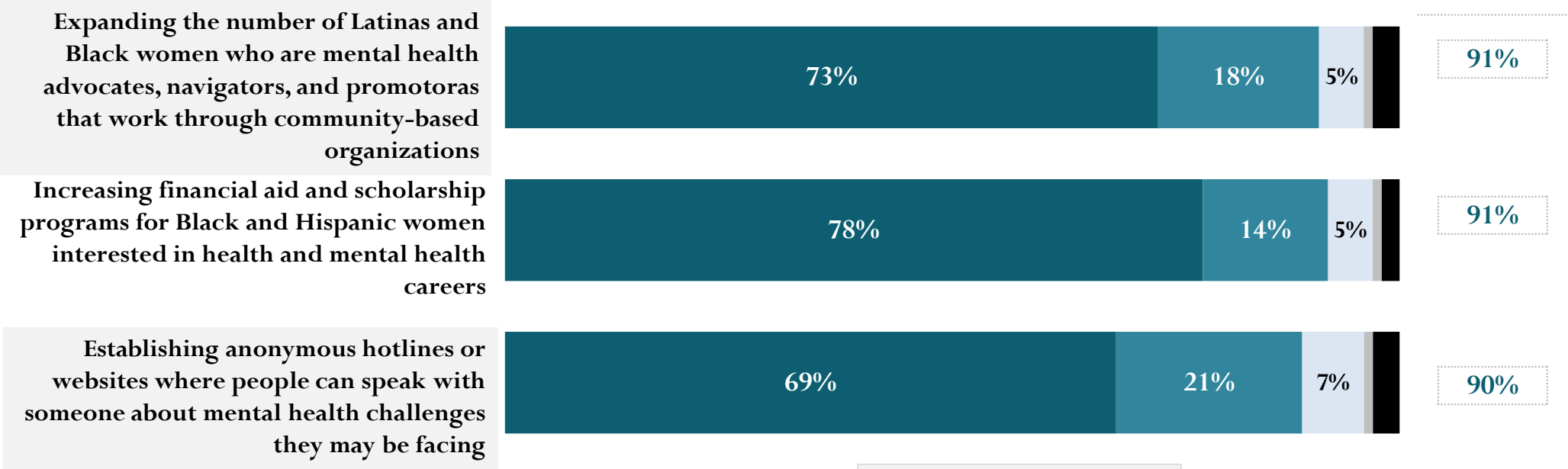


EXPANDING THE NUMBER OF WOMEN TRAINED AS COMMUNITY MENTAL HEALTH NAVIGATORS IS VIEWED AS A HIGH PRIORITY

Q: To expand access to quality affordable mental health care and increase the number of Latinas and Black women in mental health care professions, how important is the following? (Ranked by Total Important)

■ Extremely Important ■ Very Important ■ Somewhat Important ■ DK ■ Total Not Important

Total Important



Percent of Respondents

* Percentages below 5% not displayed.



CONCLUSIONS

CONCLUSIONS

- The current social and economic climate creates a distinctive set of pressures on Black women and Latinas.
 - Just over one-third cite finances or issues related to inadequate income as the top concern facing their household—safety, health, and housing also rank as chief concerns.
- More than three in five (62%) report having had a concern related to emotional well-being or mental health for which they did not seek care from a provider.
 - A majority (52%) say it is difficult to find a provider that shares their values or comes from a similar background.
 - The monetary and opportunity costs—such as inability to take time off work, length of time to appointment, and transportation rank as top barriers to seeking care.
 - Risks associated with care (such as being over-prescribed medication; misdiagnosed, breaches of privacy, treatment from providers without cultural competence) are also concerns.

CONCLUSIONS

- A number of insights emerged from the survey around how to make care more equitable for Black women and Latinas, including:
 - The imperative of dedicating more resources to reducing risks associated with care and addressing key barriers to care--such as cost, insurance coverage, insurance acceptance, transportation to care, and time off work, among others;
 - Increasing the pipeline of Black women and Latinas pursuing careers in mental health related fields— through mentoring programs, scholarships, and financial aid;
 - Investments in expanding the number of mental health care advocates and promotoras that can work through community-based organizations to help women navigate the system and increase awareness; and
 - Investments in expanding awareness among Black women/Latinas about the benefits of seeking help or support when facing stress, emotional pain, distress, and mental health challenges.

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