Background: Several studies have argued that the low use of formal mental health services in racial/ethnic minorities is due to their propensity to use alternative/informal healers to address mental health problems. We compared rates of services use for mental health reasons among minorities and non-Latino Whites in the last 12-months in the informal sector only, formal sector only, both sectors and neither, and identified its health and sociodemographic correlates.

Method: Data comes from the Collaborative Psychiatric Epidemiology Surveys (CPES), a nationally representative dataset comprising 1909 Latinos, 1590 Asians, 4180 non-Latino Whites, and 3570 African Americans. Logistic regression analyses examined whether the likelihood of informal service use for mental health problems varied by race/ethnicity, after adjustment for psychiatric disorder, chronic medical conditions, and sociodemographic variables.

Results: Twenty-six percent of respondents used some form of informal care service. Latinos, Asians and African Americans were significantly less likely than non-Latino Whites to use formal or informal services for mental health problems and more likely not to use either one. Latinos (OR=0.49[0.36-0.66]), Asians (OR=0.62[0.48-0.81]), and African Americans (0.47[0.39-0.56]) were significantly less likely than non-Latino Whites to use informal services for mental health problems, after adjusting for sociodemographic, physical and mental health factors. The most commonly used informal services were alternative therapies (24.2%), mainly prayer or other spiritual practices, counseling by religious/spiritual advisors (2.6%) and self-help groups (1.5%). African Americans were less likely than non-Latino Whites to use any informal service for mental health disorders, except religious services for last year depressive disorder.

Conclusions: Our findings are contrary to the common conception that mental health care disparities are partly due to minorities’ preferences for informal care. Possible explanations for our findings include an expansive definition of informal services, minorities’ under-identification and under-report of mental health problems related to their lower likelihood of problem recognition, cultural response patterns and stigmatization of mental health services use.