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Mental Health America

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A MESSAGE FROM MHA'S CEO

Mental Health America has long been at the forefront of progressive values in mental health care. We pride ourselves on being community-oriented and led by the voices of those with lived experience. Throughout our history, we have sought to lift the stories of individuals who are traumatized by discrimination or mistreatment.

MHA's commitment began with our founder Clifford Beers, who sought to lead a social reform movement to end the inhumane institutionalization of those with mental illness. This undertaking changed the landscape of mental health care in America. Our Mental Health Bell, forged in 1953 from smelt-down shackles that used to bind "asylum patients," is our proudest symbol. It rings out in hope for those oppressed by systemic injustices which undermine the mental health and well-being of marginalized and disenfranchised individuals and communities.

This month of July, we turn our hearts and minds to the mental health of individuals and communities of color with the release of this Toolkit.

Even as we look toward the future and prioritize the unique needs of the next generation, we must first look to the past to honor and learn from our history. July was first recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month in 2008. Campbell was a pioneer, author, and commentator, whose writings and advocacy highlighted the mental health of diverse communities in the U.S. Without her tireless dedication to the unique needs of Black and minoritized communities, the month of July would not be dedicated to promoting the mental health of BIPOC people.

Working for equity requires ongoing reflection and evolution. We are continually learning in our quest to be consistently and accountably equitable, and we know we have a long way to go before we can claim equity in mental health. Compared to their white counterparts, Black, Indigenous, and people of color are less likely to seek or gain access to mental health services and are less likely to receive high quality care which is culturally responsive and reflective. Barriers such as a high likelihood of being uninsured, differences of communication styles and language, and well-founded mistrust of mental health treatment also contribute to the inequities.

We acknowledge these serious inequities, and we are taking action to push for increased access to mental health care and improvements in culturally and linguistically responsive community-based approaches to healthcare. This includes bringing new voices, perspectives and representation to the table, increasing the amount of diverse educational materials, translating resources, and creating an equity-driven strategy to guide all of our work in public education, research, community-based care, and policy and advocacy. This toolkit is a broad resource intended for policy makers, educators, advocates, providers and other interested individuals.

We are using the term "BIPOC" to encompass all people and communities of color. We know that inclusive language and respect for individual self-identification is critical. We are listening to the voices of lived experience and evolving with them.

MHA hopes that each of you reading this will join us on this journey of learning and action as we move forward, together.

Schroeder Stribling

President & CEO, Mental Health America

BEBE MOORE CAMPBELL: A PIONEER OF EQUITABLE MENTAL HEALTH

JULY IS BIPOC MENTAL HEALTH MONTH, FORMALLY RECOGNIZED AS BEBE MOORE CAMPBELL NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH.

July is formally recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month on June 2, 2008, by a bipartisan and bicameral Congress. As we seek to provide education and tools for the overall betterment of BIPOC mental health, we must not ignore how and where this started: in the hands of a woman wanting a better experience for her child living with mental illness. July would not be dedicated to the mental health and well-being of individuals and communities of color if it were not for the tireless work of Bebe, her loved ones, and other mental health advocates who took on this work after she passed away in 2006.

Bebe Moore Campbell was a pioneer and an author, who used storytelling to give insight into the people that deserved more of a voice – Black women, caregivers of those with mental health conditions, Black individuals living with mental health conditions, and all people of color. Over the course of her life, Bebe took on several roles, including mother, activist, writer, daughter, commentator, friend, and teacher. Bebe's legacy continues to inspire a national movement for mental health equity. The movement continues today as we focus on the creation of a health justice ecosystem grounded in effective care, universal compassion, cultural humility, and the use of appropriate mental health interventions instead of harmful criminal legal interventions.

Read more about Bebe Moore Campbell at mhanational.org/bebemoorecampbell.

A NOTE ON THE USE OF "BIPOC" AND THE FORMAL NAME OF BEBE MOORE CAMPBELL NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH:

At MHA, we strive to accurately and respectfully recognize the specific racial and ethnic identities of individuals in all communications. We also recognize that language evolves and we strive to keep up to date with the self-identification preferences. The term "minority," though once used to accurately describe many cultural groups who met the technical definition by demographic numbers, is now considered by many People of Color to be diminishing, exclusive, and problematically centered on whiteness. MHA is listening to the lived experience voices of the next generation, who prefer the term BIPOC (Black, Indigenous, and people of color) and we are therefore using the term out of respect for the evolving language of empowerment and inclusion.

We will continue to use the term "Bebe Moore Campbell National Minority Mental Health Awareness Month" when stating the original formal title but will otherwise use BIPOC Mental Health Month. We continue to honor the legacy of Bebe Moore Campbell and the early advocates who fought for the designation of this month even as we evolve to meet the needs and language preferences of the next generation.

INTRODUCTION TO #BEYONDTHENUMBERS

We know that numbers are important. They give us a snapshot of the bigger picture. Statistics and data give us the ability to understand key connections that help us to make informed decisions. **But, numbers don't tell the whole story,** instead only giving us a broad view that misses the deeper and individual context. For BIPOC communities, we also know that numbers focus much too often on disparities rather than strengths and resilience. Just as every person is unique, so is every culture. This year's theme for Black, Indigenous, and people of color (BIPOC), Mental Health Month is #BeyondTheNumbers. Join us, and together we will gain knowledge of historical context, systems of support, and actionable ways to move forward toward a mentally healthy future.

MHA recognizes that BIPOC individuals have rich histories. 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 major barriers to mental health treatment are access and the need for understanding mental health supports.

#BeyondTheNumbers explores the nuances and uniqueness in BIPOC communities. Throughout the month of July, we will share on social media stories of individuals living with mental health conditions – people who want us to know more about who they are #BeyondTheNumbers. We invite you to share your story as well using the hashtags #BeyondTheNumbers and #BIPOCMentalHealthMonth.

In this toolkit, you can find information and resources for specific BIPOC communities, calls to action, worksheets, and general resources for BIPOC individuals.

The term "BIPOC" is more recent and intentionally places Black and Indigenous communities apart from people of color as a way to acknowledge the unique characteristics and heightened inequities of these groups. As we discuss further details of specific communities, we will include individual ethnic groups.

For the purposes of this toolkit, the following will be listed as specific cultural groups:
- American Indian/Alaska Native
- Arab/Middle Eastern/Muslim/South Asian
- Asian/Pacific
- Black/African American
- Latinx/Hispanic
- Multiracial

Want to see this toolkit in another language? Fill out this form with your information and include translation languages that would be useful to your community. We will translate this toolkit throughout the rest of the year, incorporating language requests as possible.

For a printer-friendly list of resources, click here.

Check out past years' toolkits here:
- 2018: My Story My Way
- 2019: Depth of My Identity
- 2020: Impact of Trauma
- 2021: Strength In Communities

SAMPLE SOCIAL MEDIA MATERIALS

Help us go #BeyondTheNumbers on social media by sharing these sample posts:

DOWNLOAD THE TOOLKIT

- July is #BIPOCMentalHealthMonth. Learn more about the nuances of BIPOC mental health in Mental Health America's #BeyondTheNumbers toolkit: mhanational.org/BIPOCMHM
- This year's theme for #BIPOCMentalHealthMonth is #BeyondTheNumbers. Download Mental Health America's 2022 BIPOC Mental Health Month Toolkit: mhanational.org/BIPOCMHM
- This #BIPOCMentalHealthMonth, Mental Health America is going #BeyondTheNumbers to honor the unique mental health experiences of BIPOC communities. Download the toolkit: mhanational.org/BIPOCMHM

TAKE A SCREENING

- When we look #BeyondTheNumbers, we find that mental health conditions do not discriminate. This #BIPOCMentalHealthMonth, check in on your mental well-being by taking an online screening: mhascreening.org
- Research shows that BIPOC communities face unique barriers to mental health treatment. That's why early intervention is so critical. Take a free, confidential mental health screening at mhascreening.org #BIPOCMentalHealthMonth #BeyondTheNumbers
- Mental health conditions affect people of every race, ethnicity, and nationality. Taking a mental health test is one of the easiest ways to check in on your mental health. Get screened at mhascreening.org #BIPOCMentalHealthMonth #BeyondTheNumbers

RAISE AWARENESS ABOUT A COMMUNITY

- We are more than just statistics. This #BIPOCMentalHealthMonth, help raise awareness of BIPOC mental health #BeyondTheNumbers by sharing your story and encouraging others to do the same.
- We are more than the barriers we face. That's why this year's theme for #BIPOCMentalHealthMonth is #BeyondTheNumbers—shining a light on the unique needs, stories, and experiences of BIPOC communities.
- Representation #BeyondTheNumbers matters. In honor of #BIPOCMentalHealthMonth, share your mental health journey with others to help reduce stigma and raise awareness of the nuances of BIPOC mental health.

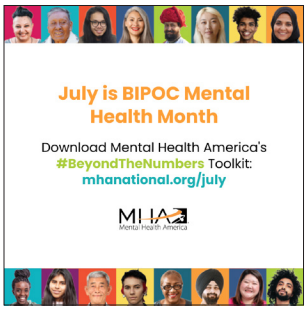
HASHTAGS

- #BeyondTheNumbers
- #BIPOCMentalHealthMonth

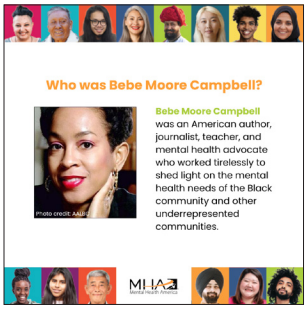
SHAREABLE SOCIAL MEDIA IMAGES

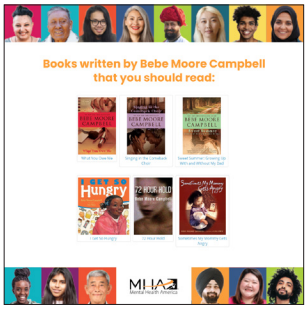
To download these images, please visit mhanational.org/bipoc-mental-health-month-2022-toolkit-download

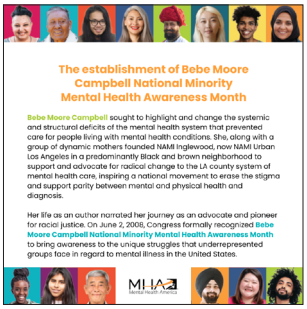
PROMOTE THE TOOLKIT



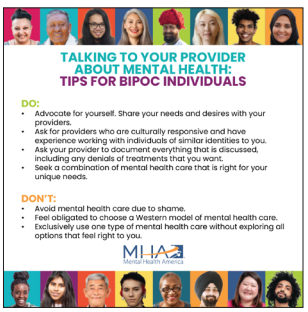
SHARE THE LEGACY OF BEBE MOORE CAMPBELL & ORIGINS OF BEBE MOORE CAMPBELL NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH/BIPOC MENTAL HEALTH MONTH

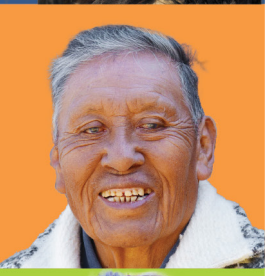


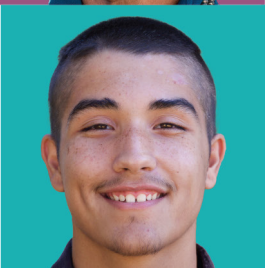




RAISE AWARENESS ABOUT BIPOC MENTAL HEALTH







BEYOND THE NUMBERS:
AMERICAN INDIANS/ALASKA NATIVES

There are 3.7 million individuals in the U.S. who solely identify as American Indian/Alaska Natives, with an additional 5.9 million identifying as a combination of American Indian/Alaska Native and another race. It is estimated that at least 18.7% of American Indian/Alaska Natives have experienced a mental health condition within the past year.

HISTORICAL CONTEXT

In the United States, Indigenous peoples are commonly referred to as American Indians, Native Americans, Native Hawaiians, and Alaska Natives, though many prefer to identify with their tribal nation or community. Before the European colonization of North America, and subsequent genocide of the vast majority of American Indian populations, Indigenous peoples inhabited these lands for tens of thousands of years and cultivated immense knowledge of medicine, wellness, and agriculture. Historically, American Indian/Alaska Natives have made massive contributions to modern U.S. culture, with the Iroquois League of Nations influencing the current form of democratic government, and the Plains Indian tribes' use of Hand Talk, the origin of present-day American Sign Language. Furthermore, there have been various contributions from traditional Native American values, such as respect for the Earth, fellow humans, and elders, as well as values of generosity and bravery.

While native tribes and lands that exist within the U.S. are federally recognized sovereign nations, they have been deeply impacted by European settlement and U.S. policies that dehumanize and remove the established needs of these communities. This began with violent land takeover and genocide, robbing Indigenous communities of natural resources, territories, lives, language, traditions, and ancestral knowledge. Communities were forced onto reservations – often overpopulated and less monetarily valuable land with little access to basic resources such as clean drinking water and indoor plumbing.

The U.S. government has historically failed to follow through on many treaty promises and has underfunded programs for American Indian/Alaska Natives, leading to severe poverty on many reservations. There were attempts to wipe out Indigenous cultures through forced assimilation and discriminatory policies, including the removal of children from their homes and placing them in boarding schools or foster care, most of which banned any expression of their native culture and stripped children as young as 4 of their names, language, and cultural norms. These boarding schools have been found to be sites of mass graves that hold the bodies of American Indian/Alaska Native children who died from neglect, abuse, and illness. Today, the vast majority of American Indian/Alaska Natives are closely related to someone who was targeted or impacted by these policies as recent as the late 1970s.

American Indian/Alaska Native communities still face inequities, including a high rate of missing and murdered Indigenous women, significant loss from the COVID-19 pandemic, and inaccessible resources. These groups face unique mental health challenges rooted in this historical trauma and the continued oppression of their communities.

BARRIERS TO WELL-BEING

Access to mental health care, among other health resources, is one of the largest barriers to well-being for American Indian/Alaska Native individuals. Due to high levels of poverty among Indigenous populations, many Native people in America face financial challenges that prevent them from receiving services. Enormous amounts of Indigenous individuals compared to white Americans don't have health insurance, and nearly half of Indigenous people in America rely on Medicaid or public coverage. Physical access to care is severely limited by the rural locations of many Indigenous communities, and while most clinics and hospitals of the Indian Health Service are located on reservations, the majority of Native people in America live outside of tribal areas.

One of the most significant issues with access to care in American Indian/Alaska Native communities is access to *culturally responsive care*. Indigenous experiences in America are informed by historical context that many providers are undereducated about. There

is evidence that Indigenous people have fundamentally different understandings of human psychology and mental health than that within the Westernized Medical Model of Illness. American Indian/Alaska Native cultures have traditional psychological frameworks and healing methods, often based in spiritual beliefs and involving cultural practices, that are discounted by the Western medical system. Even when Westernized care is accessed, it isn't always valuable to the individual and how they view the world.

CULTURAL BELIEFS

It is important to recognize that Indigenous communities cannot be entirely generalized into one culture, as there are 574 federally recognized American Indian/Alaska Native tribes and nations. The concept of mental health challenges, how and why they develop, and treatment options have many different meanings and interpretations among various native communities, but specific cultural beliefs are under researched and not widely known among those outside of these tribes. Generally, many American Indian/Alaska Native communities value a shared identity formed by not only their relationship to their community, but also to their land, current relatives, and ancestors. Thus, loss of land and stewardship over one's traditional natural resources and animals can be experienced as a significant loss of self and community. In some communities, this is even directly correlated with suicide. In many Indigenous cultures, physical and psychological symptoms are not distinguished, which can impact the way Native people process and express their emotional distress. In many cases, this is not consistent with standard diagnostic categories used in the American healthcare system and may lead to underreporting of mental health concerns.

Indigenous individuals who meet diagnostic criteria for many mental health conditions are much more likely to seek help from a spiritual and/or traditional healer than from Western medical sources. This avoidance of Westernized health care has a few factors – there is a lack of programs and providers that understand and are responsive to Indigenous culture, as well as minimal awareness and access among the Indigenous community of mental health conditions and available support. Historical and cultural trauma also contributes to the mistrust many Indigenous people have of Westernized medical services typically used in the U.S.

CALLS TO ACTION

To give American Indian/Alaska Native communities the support they deserve and to better promote mental wellness within these communities, the following calls to action are proposed:

- **Fund and encourage the diverse recruitment and training of culturally responsive American Indian/Alaska Native mental health practitioners**
- **Utilize the expertise of community resources and relationships in American Indian/Alaska Native communities to inform practices and policies around wellness**
- **Advocate for land back, reparations, and much needed resources that fill in the major gaps of today's American Indian/Alaska Native communities**

STRENGTHS AND RESILIENCY FACTORS

Many Indigenous cultures embrace a worldview that naturally encompasses protective factors that support mental health: connectedness with the past and with others, strong family bonds, adaptability, oneness with nature, wisdom of elders, meaningful traditions, and strength of spirit are all values that promote well-being.

Deep connection with culture and the past is present in many Indigenous communities. Traditional sources of healing may include use of rituals, ceremonies, dance, music, storytelling, and natural medicines. Studies have found involvement in traditional activities, identification with American Indian culture, and involvement and importance of traditional spirituality to be the most influential protective factor in fostering resilience among American Indian & Alaskan Native adolescents.

Family and community bonds within Indigenous cultures tend to be strong. Large family units expand and strengthen the support network that many individuals function within. Additionally, positive relationships with non-familial adults can be a key factor in maintaining well-being for youth, and youth (and adults) in Indigenous communities can seek wisdom and guidance from tribe leaders and community elders.

Mental Health America

BEYOND THE NUMBERS: ARAB/MIDDLE EASTERN/MUSLIM/ SOUTH ASIAN HERITAGE

The Arab/Middle Eastern/Muslim/South Asian (AMEMSA) cultural group makes up an estimated 10+ million Americans and consists of heritages originating from more than 30 countries and territories throughout South and West Asia, as well as North Africa. Around 1 in 5 South Asian Americans will experience an anxiety or mood disorder in their lifetime.

Significant data on Arab, Middle Eastern, and Muslim Americans' mental health is not available on a national scale. For the purposes of this toolkit, these identities are being grouped into one cultural category, AMEMSA, as a way to identify the unique characteristics of groups that too often are generalized or overlooked when classified within other cultural categories, such as Asian/Pacific and Black/African American. Complexities around categorization additionally make the AMEMSA cultural group significantly underrepresented in research, including a lack of data surrounding AMEMSA mental health.

HISTORICAL CONTEXT

AMEMSA communities have had diverse experiences throughout history, which have led to a wide variety of cultural norms, linguistics, and religious beliefs. Despite these differences, AMEMSA groups are connected through deep cultural roots, historical experiences, and outside perceptions often resulting in unjust treatment of AMEMSA individuals. Additionally, AMEMSA communities have made huge contributions to current-day American society, including the adaptation of the phonetic alphabet, Arabic numerals, highly advanced medicines and sciences, flavorful foods and beverages, as well as being the origin of many of the world's largest religions.

Due to differences of cultures and the high prevalence of poverty in many of these regions, many AMEMSA territories of origin have been ravaged by war, leading to mass community displacements. Foreign military interventions, including those from the U.S. and Russia, have led to hundreds of thousands of civilians killed, neighborhoods destroyed, and entire communities traumatized. Since the establishment of the Israeli state around the mid-20th century, Arab peoples have been actively oppressed, leading to mass inequities. This systemic oppression has been a significant risk factor to psychological distress in Arab communities, often resulting in feelings of defeat, disempowerment, trauma, and social exclusion. Within the U.S., many AMEMSA communities have been affected by discrimination, violence, travel bans, heightened surveillance, and harassment, which can be tied to poor mental health outcomes.

In South Asian territories of origin, British colonization led to the division of many cultures and inequities across groups. This further contributed to poor economies, lack of resources, and violence. For South Asian Americans, there is a long history of systemic discrimination in the U.S., including bans on citizenship and immigration. Despite these systemic barriers, South Asians have historically made massive contributions to U.S. society, including within engineering, technology, science, and medicine.

Though individuals in the AMEMSA heritage category tend to be connected through region, culture, and public perceptions, historically many of these groups have had conflict with one another. Despite historical differences and conflicts, post 9/11 U.S. attitudes have often given way to generalized discrimination, including Islamophobia and xenophobia.

BARRIERS TO WELL-BEING

To begin understanding these cultural groups, one must first acknowledge that these cultures are excluded from the U.S. Census, among many other data sources. As an under-researched group, there is very little information available regarding the disparities or strengths within AMEMSA Americans. As such, mental health services continue to present limited cultural sensitivity toward AMEMSA communities, and overall beliefs of stigma regarding mental

health are unclear.

Access to proper mental health care and wellness resources is substantially lacking for AMEMSA Americans. Lack of linguistically relevant material also has contributed to the disparities in these communities, often fully excluding these members from much needed resources. Therapists and other mental health providers must educate themselves to have stronger understandings of the unique needs of cultures within these communities. Discrimination is an enormous stressor for AMEMSA Americans, with young Muslims, women, and Arabs being most likely to experience religious-based prejudice. These prejudices have made their way deep into the U.S. health system, often causing concerns of AMEMSA Americans to be ignored or excluded.

CULTURAL BELIEFS

Stigma around mental illness may be common in AMEMSA communities, often associated with feelings of shame, mistrust, fear, secrecy, and disgrace. For many of these cultures, there are especially difficult complexities that occur within the context of social relationships. Reputation is highly valued in AMEMSA American cultures, and Arab families tend to associate caring for loved ones with a mental illness with fear, embarrassment, loss, and disgraced family reputations. For families from Jordan and Morocco, despair, secrecy, isolation, and helplessness are associated with such caregiving. South Asian Americans often have a value system based on family loyalty, obligation, and sacrifice, which can be connected to mental health stigma. Additionally, for those of South Asian heritage, stigma also impedes on seeking help.

AMEMSA communities also value respect, family cohesion, and loyalty. For mental health providers, they must build strong rapport while centering on these values in order to provide culturally responsive care. For Muslim and Arab cultures, faith is vital to wellness and must also be considered in mental health treatment. Mental illness is commonly seen as a will of god, a test, or the effects of evil spirits. Additionally, linguistic nuances around mental health in these communities may lead to misdiagnosis or gaps in care. A lack of understanding and integration of these values from a non-AMEMSA practitioner may result in distrust.

CALLS TO ACTION

There is still much to learn about the AMEMSA community. For this reason, the following calls to action are proposed for the future well-being of these communities:

- **Include AMEMSA categorization in data collection forms.**
- **Fund and include community-based organizations and experts to bring more understanding of AMEMSA needs and desires in practice and policy.**
- **Apply a trauma-informed and culturally responsive approach to mental health care of AMEMSA communities.**

STRENGTHS AND RESILIENCY FACTORS

For many AMEMSA individuals, faith plays a key role in well-being. Muslim communities have strong connections to community mental health rooted within their religion, which includes Imams, faith leaders, and having an integral role in community counseling. Due to these beliefs, many Muslim individuals will seek out their faith leader more than the traditional mental health services of Western medicine. The vast majority of Imams are experienced in addressing spiritual concerns, family issues, marital and relationship problems, and the overall mental health of their community members. Furthermore, prayer and reading of the Quran offers a source of healing that may complement medical interventions.

Other AMEMSA communities, such as South Asians and those who believe in Hinduism, Jainism, or Buddhism utilize ancient practices such as yoga and other forms of meditation to promote well-being. These practices have been highly associated with self-rated health and wellness scores. Overall, these strengths and protective factors, when combined with the right mental health support, may lead to better outcomes and well-being.

Mental Health America

BEYOND THE NUMBERS:
ASIAN/PACIFIC AMERICAN HERITAGE

It is estimated that there are approximately 22.9 million Asian/Pacific Americans living in the U.S., including those with a combination of Asian Pacific Heritage and another race. Of this population, 2.9 million are living with mental health conditions. For the purposes of this toolkit, the Asian/Pacific heritage group consists of those with heritage originating from East Asia and the Pacific Islands, including Native Hawaiians.

HISTORICAL CONTEXT

Asian/Pacific Americans come from a variety of cultures and experiences, including over 40 countries and territories. Throughout history, these cultures have seen the rise and fall of ancient civilizations, political conflict, and the effects of colonization on their lands. War has torn through several Asian countries, including Laos, Cambodia, and Vietnam, causing individuals to flee, many to the U.S.. During World War II, Japanese Americans were unjustly subjected to internment camps in the U.S. Most Asian Pacific communities are no stranger to the effects of colonization, with communities such as Native Hawaiians and Polynesians most recently affected by mass colonization. Furthermore, the isolation of many Pacific Islander communities has contributed to high costs of living, which make living within one's means difficult.

Historically, two specific narratives have made living in the U.S. difficult for Asian/Pacific communities: the "perpetual foreigner" and the "model minority" stereotypes. The first of these stereotypes include the myth that Asian/Pacific individuals are inherently foreign to American society, regardless of actual experiences and perspectives, and place of birth. Throughout history, this myth has led to the ostracization of Asian/Pacific Americans and xenophobic ideals. Furthermore, the model minority myth gives the impression that Asian/Pacific Americans are always successful through strict adherence to Asian cultural norms and no longer face social barriers This myth minimizes the very real needs of Asian/Pacific Americans and further contributes to the lack of cultural understanding.

Asian/Pacific Americans have made major contributions to American society through high economic involvement, the origins of birthright citizenship, and technology. The inclusion of holistic medicines has shaped the way many Americans live. Influences on food, festivals, architecture, art, fishing, and surfing also have shaped much of today's culture. Despite struggles, Asian/Pacific Americans have had massive effects on the U.S. as we know it.

BARRIERS TO WELL-BEING

Access to mental health care is one of the largest barriers to well-being for Asian/Pacific Americans, especially since nearly a third of Asian Americans do not speak English fluently. Additionally, health education is significantly lacking in Asian/Pacific American populations. There is a high need for support that is linguistically and culturally responsive to the unique needs of these populations.

Asian/Pacific communities have had additional challenges accessing health care and insurance. Many Asian/Pacific individuals lack health insurance, making the option of mental health care financially inaccessible. This may be due to the access barriers listed above, as well as the high number of undocumented immigrants who are unable to get the insurance they need. The Affordable Care Act has closed much of this gap, but disparities remain and must continue to be addressed.

Beyond access, cultural beliefs and stigma toward mental illness must be acknowledged. Beliefs that mental health challenges are weakness and character flaws can often lead to secrecy in families and/or not being honest with oneself, leading to denial and neglecting symptoms of mental illness.

The COVID-19 pandemic has led to a much-needed media spotlight on the realities of being Asian/Pacific in America. Hate crimes against Asian Americans rose significantly within the first two years of COVID-19 and has had a direct impact on the mental health of those within

these communities, leading to feelings of fear and uncertainty. Though it was a universal characteristic of pandemic life, research shows that anxiety about leaving the home disproportionately affected Asian/Pacific Americans compared to other groups, preventing them from getting health care and essentials. It is unclear what exactly contributed to this, but it is hypothesized that fear of violence and harassment played a role.

CULTURAL BELIEFS

Across Asian/Pacific cultures, stigmatized beliefs around mental health often lead to shame and guilt. Most Asian/Pacific cultures are collectivist, meaning the needs of the group are more important than individuals, and often place high value on reputation and relationships. This can cause a lower engagement with mental health treatment and cultures that seek to hide mental health challenges behind perceived strength and pride.

Asian/Pacific Americans, especially those who are foreign-born or first-generation immigrants, are the least likely group in the U.S. to access mental health care from therapists and doctors, often seeking help amongst loved ones rather than within the medical system. However, third-generation individuals and beyond have much higher rates of using mental health services. While these results are promising for later generations of Asian/Pacific Americans, it is a stark difference that highlights an increased need for more immigrant and early generation support.

Cultural perspectives around body image, skin color, and facial features also influence the mental health of Asian/Pacific Americans. For many East Asian cultures, especially those in China, Japan, and Korea, the ability to maintain a light skin tone and thin frame is highly favorable in comparison to a darker skin tone and average or larger-sized bodies. Those with "unfavorable" traits may be subject to the stress of societal standards and comments from family and others within their community, contributing to poor mental health such as eating disorders and body dissatisfaction.

CALLS TO ACTION

In seeking to promote mental health and well-being in Asian/Pacific American communities, the following calls to action are proposed:

- **Fund programs and resources that provide culturally responsive education for Asian/Pacific Americans.**
- **Identify community supports and incorporate community care into treatment plans.**
- **Identify specific cultures when relevant and seek to minimize generalizations.**
- **Acknowledge potential biases related to the model minority myth and perpetual foreigner stereotypes.**

Beliefs of perfectionism and high standards set by parents and families have been known to lead to distress, depression, and maladaptive behaviors.

STRENGTHS AND RESILIENCY FACTORS

There is strong evidence that community plays an important role in Asian/Pacific American well-being, and many individuals often find solace among religious community members, family, friends, and other loved ones. While mental health treatment may not be commonly sought in these communities, especially when paired with strong stigmas against mental health care, there is strength in finding community-centered care right for each individual.

Some of the most significant protective factors among Asian, Native Hawaiian, and other Pacific Islander populations are:

- Cultural identification
- Family relationships
- Help-seeking with native healers

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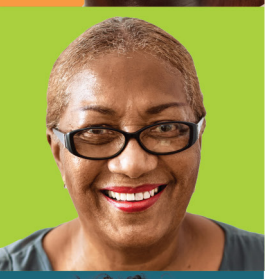

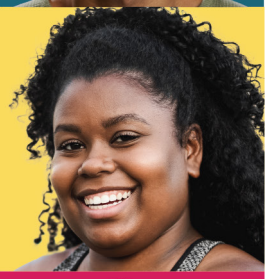

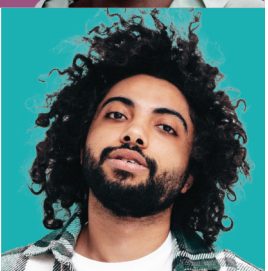

BEYOND THE NUMBERS:
BLACK/AFRICAN AMERICAN HERITAGE

Nearly 45 million people in the U.S. identify as Black, with at least 3.1 million identifying as a combination of Black and another race. More than 7 million Black and African American individuals in the U.S. are living with a mental health condition.

HISTORICAL CONTEXT

It is important to note that throughout the history of the United States, race and slavery overlap with mental health. In the mid-1800s, prominent American physician Samuel Cartwright created two racist and false mental diagnoses, "drapetomania" and "dysaesthesia aethiopica," to label Black people with the motive of keeping Black people oppressed, captive, and abused. Cartwright, much of the medical community, and even the U.S. Census claimed that free Black/African American individuals suffered from mental diagnoses more than enslaved folks and used this in arguments with abolitionists. Even in the early 1900s, leading academic psychiatrists claimed Black and African American people to be "psychologically unfit" for freedom.

The history of Black and African Americans in the U.S. has been plagued by trauma and oppression, but that does not make up the whole story. There is much to be celebrated and learned from Black and African American cultures. These communities, many of which whose specific ethnic origins have been lost over time due to slavery, came from various areas of Africa, including areas in which the earliest humans are thought to originate 2 to 6 million years ago. As such, the heritage of Black and African Americans stems from roots filled with innovation and community.

In the U.S., Black and African Americans have been relatively erased from history books, often being reduced to only the difficulties of their pasts. These communities have been on the front lines of activism and fights for justice, including and supporting historical greats such as Harriet Tubman and Dr. Martin Luther King Jr. Beyond the many prominent names that we as a nation have come to know, there is a history of innovation and fortitude. Bebe Moore Campbell was an author whose writings and advocacy around the experiences of Black women and those with mental health conditions led to the formal recognition of Bebe Moore Campbell National Minority Mental Health Awareness Month, the exact month that has allowed Mental Health America and others the much-needed space to talk about BIPOC mental health. Marsha P. Johnson was one of the revolutionaries who helped make LGBTQ+ pride what it is today. Audre Lorde spoke of intersectionality long before the term was coined by Kimberlé Crenshaw. Frederick McKinley Jones' invention of the automatic refrigerated air-cooling unit led to refrigeration, which allows us to preserve food, medicines, and other medical supplies.

Due to the erasure of Black positive history, many of these great innovators and activists are not nearly the commonly known names they deserve. Furthermore, there is still much to be learned about Black history, especially for those within the healthcare field. Historical dehumanization, oppression, and violence against Black and African Americans still exist today as intergenerational trauma. Past and present instances of negative treatment have led to a distrust of authorities, many of whom are not seen as having the best interests of Black and African Americans in mind. And despite progress made over the years, current-day racism – structural, institutional, and individual – continues to impact access to and delivery of care in the health system.

BARRIERS TO WELL-BEING

Racial disparities in mental health outcomes – and within the mental health care system – are well documented. Historically, the Black and African American experience in America has been unjustly characterized by violence and trauma, and racism and its effects are still pervasive. Black adults in the United States are more likely than white adults to report persistent symptoms of emotional distress – and face more barriers to receiving care. Less than half of Black and African American adults with serious mental health conditions received treatment, and even fewer Black and African American people with a substance use disorder

received treatment.
This lack of treatment is in part due to difficulty accessing services. While the Affordable Care Act helped close the gap in uninsured individuals, many Black Americans remain uninsured. Racism and bias within the health care system play an enormous role in this as well – with many Black Americans facing difficulties in getting needed care, tests, or treatment compared to white adults. Black Americans are also offered medication and therapy less often than the general population. Even when services are accessible, they aren't always culturally informed or relevant – very few of the psychology workforce is Black. Furthermore, screening tools have historically lacked cultural responsiveness and the ability to correctly identify key stressors in Black and African American communities.

Black and African American people with mental health conditions, specifically those involving psychosis, are more likely to be in jail or prison than people of other races because their symptoms are often labeled dangerous or scary. Instead of receiving needed care, Black and African Americans are instead overrepresented in prisons.

CULTURAL BELIEFS

Black and African American communities generally hold a strong stigma against mental health challenges and seeking help. According to research, many Black and African American people – especially men – believe that mild depression or anxiety would be considered "crazy" in their social circles, inappropriate to discuss even among family, and sign of personal weakness. The root of this stigma in the U.S. can be traced back to slavery – enslaved people were incorrectly thought to not be sophisticated enough to develop mental health conditions (except for made-up conditions created to keep them enslaved). Thus, mental health challenges were ignored, explained away as "stress" or "exhaustion," or blamed on the individual. These long-held negative attitudes cause many in the Black and African American community to feel shame and avoid seeking help for treatable mental health challenges and conditions.

Additionally, many people choose to seek support from their faith community over medical treatment. In several Black communities in the U.S., churches, mosques, and other faith-based institutions play a central role as a place to meet and support one another. Faith and spirituality can help aid in healing and be a valuable part of a treatment plan. For Black and African American communities, clinicians who seek to explore a person's faith or utilize it as a part of their treatment plan may have stronger chances at supporting the unique needs of the individual.

CALLS TO ACTION

In order to better support the mental health and well-being of those in the Black/African American community, the following calls to action are proposed:

- **Explore community resources and other protective factors, such as faith, as part of treatment plans for Black/African Americans.**
- **Fund the development of a more culturally responsive mental health workforce through diverse recruitment, educational resources, and screening tools for Black/African Americans.**
- **Advocate for stronger overall systemic support for Black/African American communities, including in the justice system, education, and health care.**

STRENGTHS AND RESILIENCY FACTORS

Some of the cultural aspects of Black communities are protective factors for mental health that support well-being and healing. Cultural values like family connection, expression through spirituality or art, and reliance on community networks can all be great sources of strength. Research has found religion, social and emotional support from family/peers/community, and Black identity to be among the most significant protective factors in Black populations.

Religion or faith often supports mental health in a few ways – it can connect individuals to a community of people with whom they have something in common, as well as provide a deeper meaning or structure to their lives. Some studies have found religion to be particularly helpful during times of high stress or significant change.

Connecting to Black identity and having a strong sense of community, heritage, and history can be another factor in resilience for Black individuals. Studies show that race is central to identity for Black Americans and impacts how they relate with each other and society at large. Having a strong sense of self is important to be able to thrive, and connecting with their cultural identity can foster that.

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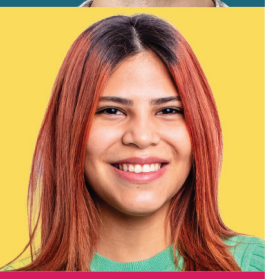

BEYOND THE NUMBERS:
LATINX/HISPANIC HERITAGE

There are over 61 million Latinx/Hispanic individuals living in the U.S, and nearly 10 million of those people are living with mental health conditions. But those numbers don't tell the whole story.

HISTORICAL CONTEXT

A mix of Indigenous and colonial heritage, Latinx/Hispanic cultures vary greatly in regions across the U.S., with Mexicans and Puerto Ricans making up the vast majority of these populations.. While the label of "Latinx and Hispanic" consists of those who are from Latin America or who come from a country that was or is primarily Spanish speaking, not all Latinx individuals are Hispanic, and not all Hispanic individuals are Latinx. For the purposes of this toolkit, these groups will be listed as "Latinx/Hispanic," and specific communities within those identities will be named when relevant. There are more than 20 different countries that make up these groups, all with different cultures, beliefs, and experiences.

Throughout history, many Latinx/Hispanic communities worldwide have faced political unrest, war, and oppression within their countries, often at the hands of U.S. government interventions, such as in Bolivia, Cuba, and Guatemala, to name a few. These eras of oppression led to a large number of internationally displaced persons, a contributing factor of the existing immigration crisis in the U.S. and leading to a high amount of undocumented individuals. Not all Latinx/Hispanic communities crossed borders to get to the U.S. though, with a large number of Mexican Americans predating present-day U.S. territories, including before the U.S. took over much of what once was Mexico. Additionally, Puerto Ricans are U.S. citizens with limited citizenship rights, due to territory not being officially recognized as a U.S. state.

There have been many contributions to U.S. culture by Latinx/Hispanic communities and individuals, specifically food, music, language, and politics. There is no doubt that these communities have made their marks on U.S. society in various ways.

BARRIERS TO WELL-BEING

From the historical effects of mass genocides and colonization to current day immigration and xenophobia, as well as various inequities across the U.S., those within Latinx/Hispanic communities have had to rise up to be given basic dignity and respect. These experiences have led to cycles of generational trauma that often place the burden of healing onto the most recent generation. Xenophobia in health care, conforming to a different culture, and threats of violence can be major obstacles that prevent individuals from seeking help. These threats can also cause fear in U.S.-born Latinx/Hispanic individuals due to stereotyping and biases. Additionally, systemic oppression in the U.S. has led to challenges around wealth, housing, food, and health care for both those born in the U.S. and those who immigrated here. For undocumented individuals, especially those who do not qualify under the Deferred Action for Childhood Arrivals (DACA) relief program, lack of health insurance, work permits, and fear of deportation can cause immense stress and inaccessible support.

One of the biggest challenges that Latinx and Hispanic communities face is access to health care and health education. Despite improvements, language barriers continue to play a major role in the ability for Latinx/Hispanic individuals to find care that is culturally and linguistically responsive, and financially accessible. Mental health concerns may also be difficult to address within this community due to Latinx/Hispanic individuals focusing on physical symptoms rather than the psychiatric ones, or use of idioms of distress that are often misinterpreted, misunderstood, or do not fall within the Western medical models of illness.

CULTURAL BELIEFS

Mental health and well-being can be a complex topic in many Latinx/Hispanic communities. There is often a need to hide one's struggles in order to appear strong and capable. In doing so, mental health conditions often are hidden. Statements such as "that's just how they are" can hinder the ability to identify and get treatment for mental health conditions. There may be a sense of shame that comes with vulnerability, which creates a mask of strength. Often, Latinx/Hispanic communities view themselves as hardworking and resilient individuals who have overcome immense challenges, which leads them to overlook their need for mental health support.

Latinx/Hispanic communities tend to maintain the following core beliefs:

- Familismo: the importance of families
- Personlismo/Simpatia: the importance of prioritizing rapport building
- Respeto: the importance of respect toward others, especially elders and authority figures
- Confianza: the importance of trust, confidence, and mutual reciprocity in a relationship

Many Latinx/Hispanic individuals live in the U.S. as immigrants or descendants of immigrants. They may straddle multiple worlds: one in which they physically live and one in which their family originates. Identity can be complex for children of immigrants and may lead individuals to suffer from feelings of inadequacy and displacement. Furthermore, it can often prevent Latinx/Hispanic individuals from getting the culturally relevant support they need.

CALLS TO ACTION

In order to provide more culturally responsive services to Latinx/Hispanic communities, the following calls to action are proposed:

- **Fund diversified continuing education opportunities about Latinx/Hispanic cultures and recruit Latinx/Hispanic practitioners.**
- **Include community support resources in mental health care that include faith, arts, and family.**
- **Advocate for laws and policies that directly impact Latinx/Hispanic mental health and well-being, including fair wages, affordable housing, immigration support, and other social services.**

STRENGTHS AND RESILIENCY FACTORS

Diversity within Latinx/Hispanic cultures generates resiliency and strength, especially those who have survived many challenges and learned to thrive for themselves and their loved ones. In addition, these communities have and continue to protect and rely on ancient wisdom and natural resources to maintain health and wellness.

Latinx/Hispanic communities are made up of mostly collectivist cultures. Connection to and understanding of one another is vital to community support and success. For many Latinx/Hispanic individuals, religion is often centered throughout their lives. Churches can serve as ways to connect with loved ones, catch up on social topics, feel supported, and offer hope. For mental health, this factor of hope and faith can be a key anchor that holds an individual or community to their values and expectations.

Furthermore, knowledge of community allows individuals to know where to go for support. Latinx/Hispanic individuals are more likely to seek help for a mental health disorder from a primary care provider than from a mental health specialist. People in Latinx/Hispanic cultures may also seek out community care options, such as traditional healers or prayer circles, or support from their families. The use of traditional and community-based practices of dance, music, food, and celebrations have additionally created spaces in which well-being and emotions are centered. Ultimately, these factors have paved the way for countless Latinx/Hispanic individuals to get mental health care, whatever that looks like for their unique needs.

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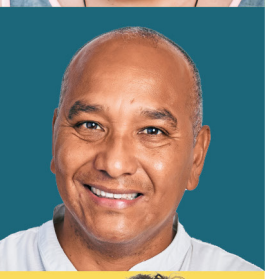

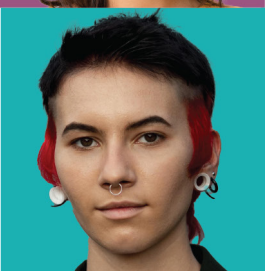

BEYOND THE NUMBERS:
MULTIRACIAL HERITAGE

Individuals with multiracial heritage are one of the fastest-growing groups in the U.S. Of individuals who live with mental health conditions, 25% identify as two or more races. The term "multiracial" encompasses a wide variety of identities. These communities have varying experiences depending on each individual's unique ethnic characteristics and closeness to each culture they are a part of. For the purposes of this toolkit, the "multiracial" cultural group will include unique experiences and perspectives of those who do not solely identify with one race.

HISTORICAL CONTEXT

Historically, multiracial children have been subjected to institutional discrimination from the government and private and public organizations. The ability to marry and have children with someone of a different race was only federally legalized in the mid-20th century. Prior to this landmark ruling, the existence of multiracial individuals alone was enough to cause legal issues and/or threats to their life, typically at the hands of white supremacists. Multiracial heritage in the U.S. is reported to primarily consist of the following combinations: American Indian/white, Black/white, Asian/white, and multiracial Hispanic.

Colorism has historically played a paramount role in the ability of multiracial individuals to lead safe and dignified lives. During slavery, lighter-skinned Black/African American individuals were allowed more dignities than those with darker skin. Light-skinned enslaved persons could work in the home instead of outside, get education, travel, or receive less severe abuse. Those with dark skin were forced to work outside and fell victim to harsher abuses, neglect, and death. This colorism contributed to present-day biases associating darker skin with lower class. Over time, these kinds of experiences created inequities in Black communities, especially among those with mixed-race heritage.

Multiracial Asian heritage is often connected to the U.S. invasion of much of Asia during the 20th Century. Referred to as "white sexual imperialism," the fetishization of Asian females led to increases of white and Asian mixed-race children. It is important to note that imperialism is not the only contributor to multiracial births, but its implications should not be overlooked in a historical study of racism in this community.

Much of the current population of Native American/Alaska Natives in the U.S. is comprised of multiracial backgrounds. The high number of mixed-race heritage in the Native American community can be traced to colonization, displacement, and a large amount of individuals taken from their families in the 19th and 20th centuries and placed in boarding schools or foster care. Many people within this mixed heritage group don't identify with the term multiracial, nor do many identify closely with the Native American culture.

Like American Indian/Alaska Native multiracial groups, many of those with Latinx/Hispanic multiracial heritage don't identify with the term "multiracial." The exact amount of mixed-race heritage in Latinx/Hispanic groups may not be entirely known, though, as there is not a clear racial category for this group in many data collection forms. Despite these challenges, historically, many multiracial communities connect through language, beliefs, and other cultural norms.

BARRIERS TO WELL-BEING

The experience of having race assumed, targeted, or made fun of is a major challenge to the well-being of those with multiracial heritage . It is not uncommon for someone of multiracial heritage to hear microaggressions such as, "What are you?" There are also assumptions of what race the individual should or shouldn't be perceived as. Often, these biases may be connected to one's speech, skin tone, and other ethnic features that factor into how they are perceived in the world. Identity is complex for those with multiracial identities. There may be feelings of displacement and inadequacy in living up to one side of their identity or another.

In mental health care, lack of knowledge around culturally responsive care for multiracial communities can be a major barrier to well-being and prevent individuals from getting the support they need. Furthermore, there is a lack of data collection, research, and resources specific to this experience. As the selection of multiple races can be complex on data collection forms, the option to share multiracial demographic data is often excluded. Ultimately, if there is to be more mental health support for multiracial individuals, there must also be ample data collection opportunities to gain knowledge of strengths and disparities.

CULTURAL BELIEFS

Culture and identity is complicated for many multiracial individuals, who often shift their own labels and narratives of their race over time. Racial identity may also be fluid, with a person adjusting over time to different factors, such as a new understanding of their culture or changes of skin tone. Many adults with multiracial backgrounds do not choose to identify as "multiracial," but rather identify more with one race instead of multiple.

Multiracial individuals sometimes must carefully balance identities of each culture they originate from while also holding onto a strong sense of individual identity. Connection to culture may also change depending on the person's mixture of heritage. In multiracial individuals who are of Black and white heritage, commonalities and strong senses of acceptance are often found within other Black communities. In multiracial individuals with Asian and white mixed heritage, it is more common to see oneself connected to white cultures rather than Asian ones. Diversity of cultures strongly contributes to diversity of perspectives.

CALLS TO ACTION

For the progression of mental health and well-being within multiracial communities, the following calls to action are proposed:

- **Practitioners must explore the nuances of multiracial identities and the unique needs of each individual through diversified education and cultural humility.**
- **Include opportunities for multiracial identification in screening tools, data collection, and research.**
- **Fund and promote the inclusion of multiracial resources.**

STRENGTHS AND RESILIENCY FACTORS

Multiracial individuals have strength in their experiences and perspectives. Research shows that children and adolescents who are multiracial have a firm sense of resilience. Additionally, it reveals that having a culturally diverse identity can lead to better empathy and appreciation of other diverse identities. The ability for multiracial individuals to live within the boundaries of different cultures and maintain an integrated multiracial identity has additionally been shown to be a large protective factor of psychological well-being.

The majority of multiracial adults are proud of their mixed-race heritage and are able to see their identities as an advantage in their life. In considering the mental health of these communities, there must be special attention placed on helping individuals connect with their identities to lessen negative perceptions and promote positive well-being. This must include a person-centered, intersectional, and community-oriented lens to ensure that each person's unique multiracial identity is supported.

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TIP SHEET: TALKING TO YOUR PROVIDER ABOUT MENTAL HEALTH

FOR INDIVIDUALS

DOS:

- Advocate for yourself. Share your needs and desires with your providers.
- Ask for providers who are culturally responsive and have experience working with individuals of similar identities to you.
- Ask your provider to document everything that is discussed, including any denials of treatments that you want.
- Seek combinations of mental health care that is right for your unique needs.

DON'TS:

- Avoid mental health care due to shame.
- Feel obligated to choose a Western model of mental health care.
- Exclusively use one type of mental health care without exploring all options that feel right to you.

FOR PROVIDERS

DOS:

- Use shared decision making. Learn about the individual's experiences and cultural perspectives. Understand that they are the experts of their own life and listen to their needs and desires.
- Seek out opportunities to train you and your staff on cultural responsiveness. Be accountable in ensuring that those trainings are followed by policies and procedures that can put that knowledge into action.
- Translate material into languages that your clients can understand, including simplifying high-level medical language.
- Provide sliding scale and payment plan options for clients who may be affected by financial concerns.
- Use mental health screenings that are culturally relevant and equitable to each client's experiences.

DON'TS:

- Make generalizations or assumptions about the individual's health, wellness, or experiences.
- Make decisions on the individual's health or well-being without discussing it in full with them first.
- Maintain an approach that is rigid in its adherence to the Western medical model.

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WORKSHEET: TALKING TO YOUR LOVED ONES ABOUT MENTAL HEALTH

You deserve to have the support you need for your mental health. Speaking with loved ones can be a good first step. Use this worksheet to help you talk to your family about mental health

WHAT YOU CAN DO:

Give yourself the space to feel first, then move toward finding a way to express your feelings.

What feelings and thoughts are coming to mind for you right now?

_____

_____

_____

Name at least one important fact that you want someone in your life to know about your situation:

_____

_____

_____

How do you best communicate? (Check any of the boxes below)

Verbally
- ☐ In person
- ☐ Through a phone call
- ☐ Through voice messages
- ☐ Through facetime

Through writing
- ☐ Through text
- ☐ Through a letter
- ☐ Through poetry

Through art
- ☐ Through music
- ☐ Through dance
- ☐ Through visual art

Through something else
- ☐ _____
- ☐ _____
- ☐ _____

Understand who you are most comfortable with. Consider which loved one you spend time with the most and who understands you when you need to be real.

Name at least one person who has been supportive in your life in some manner and may be available in the near future to chat:

_____

Start with what you know, then ask questions for better understanding.

Name at least one reason that you want to talk about this:

_____

_____

When this conversation is done, what do you want out of the situation?

_____

_____

What are some questions that might come up for you or the other person during this conversation?

What might this person need more information about? (Check all that apply)

- ☐ Mental health
- ☐ How I am feeling
- ☐ How this affects us
- ☐ What to do next
- ☐ How to respond
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

*TIP: Find resources on the information you need at mhanational.org

How do you think this person will respond?

*TIP: If you feel that heightened emotions may get in the way of your discussion, consider writing out what you want to say ahead of time and giving it to the person you want to talk to

Finding common ground can be a good way to help someone else feel more at ease when talking. What are some ways you can connect this information to the person you're talking to?

- ☐ Connect back to their faith
- ☐ Connect back to their community
- ☐ Connect back to their values
- ☐ Connect back to their care and love for me
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

PUTTING IT ALL TOGETHER

Look at your answers above and write out a script here for what you want to say. Feel free to use additional sheets of paper as needed.

*TIPS:

- Use "I feel…" statements to help you get your point across better
- Remember, it's okay to not know how to act or what to say. Learn to be okay with saying "I don't have all the words yet …"

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WORKSHEET: CHOOSING THE RIGHT MENTAL HEALTH CARE FOR YOU

Finding the right way to care for your mental health should not be hard, but it can be. Mental health care can look different for everyone, and you don't need to choose just one option. Research shows that a combination of methods can be extremely helpful, especially when combined with culturally responsive care. Options include therapists, psychiatrists, primary care providers, healers, faith leaders, community members, loved ones, doulas, self-help practices, and more.

You may find it helpful to do some additional reading before filling out this worksheet.

- For more information on the different types of mental health professionals, use MHA's Types of Mental Health Providers page (mhanational.org/types-mental-health-professionals).

- To learn more about the various options for mental health care, go to MHA's Community Care (mhanational.org/bipoc-mental-health/community-care) and Culturally Based Practices (mhanational.org/bipoc-mental-health/culturally-based-practices) pages.

Use the prompts below to help you find the right combination of mental health care for you.

1. WHAT KIND OF SUPPORT ARE YOU LOOKING FOR?

(Check all that apply)

Talk to someone who is formally trained in caring for mental health:

☐ Therapist
☐ Psychiatrist
☐ Doctor
☐ Healer
☐ Doula
☐ Other: _____

Talk to someone about my faith/spirituality:

☐ Faith leader
☐ Faith-centered therapist
☐ Community member

Talk to someone about my culture/identity:

☐ Culturally responsive therapist
☐ Culturally responsive doctor
☐ Community member
☐ Loved ones
☐ Culture-specific support groups
☐ Online support forums

Connect with my community:

☐ Loved ones
☐ Support groups
☐ Community members
☐ Nature

Another type of support:

☐ _____

2. OTHER CONSIDERATIONS:

☐ Finances are not a concern for me

☐ Finances are a concern for me
  ☐ I don't have insurance
  ☐ I do have insurance

☐ My immigration status is a concern for me
  ☐ I need someone who I can trust with my status
  ☐ I need someone who can help me navigate systemic obstacles related to immigration
  ☐ I need someone who does not require insurance

Languages I am comfortable with my practitioner using:

_____

_____

The person I work with must be familiar with these areas:

☐ My faith
☐ My culture
☐ Traditional, non-Western medicine
☐ Formal Western training (such as formal education degrees, medical training, etc.)
☐ Other: _____
☐ Other: _____

PUTTING IT ALL TOGETHER

Review your answers to Question 1 and make a list of all the types of support you are interested in:

_____

_____

_____

_____

_____

Review your answers to Question 2 and list all of the considerations that you are looking for in a mental health care provider:

_____

_____

_____

_____

_____

*TIP: If you have insurance, look on your insurance website or call the number on the back of your card to see which options for mental health care are covered. Use the information from above to ask questions in your initial communication with suggested providers.

If you do not have insurance or if your insurance does not cover the supportive care you need, look online or ask those in your community who they recommend. Once in contact with a potential provider, ask if they offer a "sliding scale rate" or have any other financial accommodations they can provide, such as a payment plan or pro-bono (free) sessions. Use the information from above to ask questions in your initial communication with suggested providers.

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CALLS TO ACTION

FOR PROVIDERS & ORGANIZATIONS:

- Include and fund updated BIPOC data collection and culturally responsive screenings.
- Fund and create continuous culturally responsive education and training for mental health practitioners.
- Fund and implement diverse recruitment and retention of BIPOC practitioners and volunteers for mental health care settings.
- Promote BIPOC protective factors and community supports. Check out the protective factors section of each cultural factsheet in this toolkit for ideas.
- Provide linguistically appropriate resources, including, but not limited to, materials translated into relevant languages and bilingual services. To get this toolkit in another language, use this survey to share your language requests with MHA.
- Share this year's BIPOC Mental Health Month resources list.
- Aim to be culturally responsive and culturally humble – not culturally competent.

FOR INDIVIDUALS:

- Share this toolkit on your social media. Check out pages 4 and 5 of this toolkit for shareable social media posts.
- Promote the use of specific language when referring to cultural groups. Remember, BIPOC only describes a very general group of communities.
- Share this year's BIPOC Mental Health Month resources list.
- Take a screening and encourage others to do the same.
- Get involved in policy.

WANT TO MAKE LARGE-SCALE CHANGE AND HELP US MOVE #BEYONDTHENUMBERS?

- Tell Congress to vote in favor of the Pursuing Equity Act, the Mental Health Services for Students Act, and the STANDUP Act.
  - Send a letter to Congress in support of school-based mental health and suicide prevention education and services.
- Tell Congress to fully fund culturally and linguistically responsive crisis services and specialized supports within 988 for BIPOC and LGBTQ+ communities.
  - Send a letter to Congress in support of specialized crisis services for BIPOC and LGBTQ communities.

STAY UP TO DATE ON MHA'S POSITIONS THAT SUPPORT BIPOC MENTAL HEALTH:

- MHA's Equity Framework, which describes how MHA approaches our policy work.
- MHA's Equity Rubric, which helps us decide whether or not to support a policy.

Mental Health America

BIPOC MENTAL HEALTH AWARENESS MONTH RESOURCES

RESOURCES FROM MHA

WEBPAGES:

- BIPOC Communities and COVID-19
- BIPOC Mental Health
- Health Care Disparities Among Black, Indigenous, and People of Color
- How to Be An Ally in the Fight Against Racial Justice
- How to Find an Anti-Racist Therapist
- I'm Angry About the Injustices I See Around Me
- Infographic- BIPOC and LGBTQ Mental Health
- Is My Therapist Being Racist?
- Racial Trauma
- Racism and Mental Health
- Take a Mental Health Screening

EN ESPAÑOL:

- Prueba de Ansiedad
- Prueba de Depresión
- Recursos En Español

PREVIOUS BIPOC TOOLKITS:

- 2018: My Story My Way
- 2019: Depth of My Identity
- 2020: Impact of Trauma
- 2021: Strength In Communities

WEBINARS:

- Back To Basics: Impact Of Culture On Mental Health Conversations
- Racial Trauma and Communities of Color: Assessment and Treatment

GENERAL RESOURCES & RESOURCES FOR INTERSECTIONAL IDENTITIES

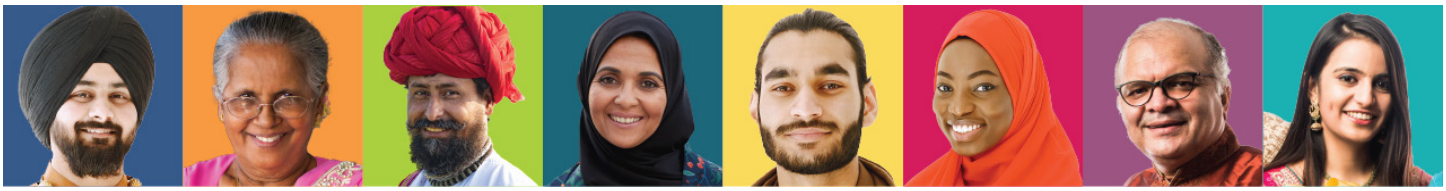
- A Facilitators Guide: Intersectional Approaches to Mental Health Education
- American Civil Liberties Union
- APA: Working with Immigrant Origin Clients
- Brown Boi Project
- Clinicians of Color
- Fireweed Collective
- Health Coverage for Immigrants
- Human Rights Campaign
- Human Rights Campaign: QTBIPOC Mental Health and Wellness
- Immigration Equality
- Incite
- Inclusive Therapists
- Informed Immigrant: Mental Health for Immigrants
- LGBTQ Psychotherapists of Color
- Melanin & Mental Health
- Migrant Clinicians Center
- My Undocumented Life
- Nalgona Positivity Pride
- National Immigrant Justice Center
- National Immigration Law Center- Mental Health and Civil Rights Resources
- National Network for Immigrant and Refugee Rights
- National Queer and Trans Therapists of Color Network
- En Espanol: Nacional Queer & Trans Red de Terapeutas de Color
- Project LETS
- Rest for Resistance
- The Steve Fund
- Therapy in Color
- United States Citizen and Immigration Services
- United We Dream

AMERICAN INDIAN/ALASKA NATIVE RESOURCES

- All My Relations Podcast
- American Indian Health and Family Services
- Anxiety and Depression Association of America: Native and Indigenous Communities
- Behavioral Health Services for American Indians and Alaska Natives For Behavioral Health Service Providers, Administrators, and Supervisors
- Center for Native American Youth
- Healthy Native Youth
- Indian Health Service
- Indigenous Story Studio
- MHA: Native and Indigenous Communities and Mental Health
- National American Indian and Alaska Native Mental Health Technology Transfer Center Network
- National Indian Health Board
- Native Americans for Community Action
- Native Hope
- One Sky Center- The American Indian/Alaska Native National Resource Center for Health, Education, and Research
- SAMHSA Circles of Care
- SAMHSA Tribal Affairs
- StrongHearts Native Help Line
- WeRNative

ASIAN/PACIFIC RESOURCES

- Asian American Health Initiative
- Asian American Health Initiative Mental Health Resources
- Asian American Psychological Association
- Asian Americans with Disabilities Initiative
- The Asian Americans with Disabilities Initiative Resource Guide
- Asian and Pacific Islander American Health Forum
- Asian Mental Health Collective
- Asian Pacific Community In Action
- Asian Pacific Institute on Gender Based Violence
- Asian Pride Project
- Coming Out Living Authentically as LGBTQ+ Asian and Pacific Islander Americans
- Mental Health Association For Chinese Communities
- Mustard Seed Generation
- National Asian American Pacific Islander Mental Health Association
- National Queer Asian Pacific Islander Alliance
- Stop AAPI Hate
- Viet Care



ARAB/MUSLIM/MIDDLE EASTERN/SOUTH ASIAN RESOURCES

- Arab-American Family Support Center
- Desi/LGBTQ+ Helpline
- Institute for Muslim Mental Health
- Islamic Relief USA
- Khalil Center
- Mannmukti
- Muslim Mental Health Toolkit
- My Mantra
- Naseeha Mental Health Helpline
- Resources for Muslim Mental Health Advocates
- Sakhi for South Asian Women
- South Asian Americans Leading Together (SAALT)
- South Asian Mental Health Initiative & Network (SAMHIN)
- South Asian Network
- South Asian Sexual and Mental Health Alliance
- South Asian Therapists
- The South Asian Public Health Association
- What Does Islam Say About Mental Health?
- Yalla! Let's Talk

BLACK/AFRICAN AMERICAN RESOURCES

- AAKOMA Project
- Black Emotional Mental Health (BEAM)
- Black Men Heal
- Black Women's Health Imperative
- Eustress
- GirlTrek
- MHA: Reimagining Self-Care for Black Folks
- National Black Justice Coalition
- Ourselves Black
- Sista Afya
- The Black Mental Wellness Lounge
- The Boris Lawrence Henson Foundation
- The Confess Project
- The Loveland Foundation
- Therapy for Black Girls
- Therapy for Black Men
- Tips for Self-Care for Black Families

LATINX/HISPANIC RESOURCES

- American Society of Hispanic Psychiatry
- Caminar Latino
- Esperanza United
- Estoy Aqui
- Latino Equality Alliance
- Latinx Therapists Action Network
- Latinx Therapy Podcast
- Latinx Therapy
- MHA- Latinx/Hispanic Communities- Información Y Materiales De Salud Mental En Español
- NAMI: Compartiendo Esperanza
- National Alliance for Hispanic Health
- National Latino Behavioral Health Association
- Sad Girls Club
- The Latinx Mental Health Podcast
- Therapy for Latinx
- UnidosUS
- Yo Soy Ella

MULTIRACIAL RESOURCES

- American Association for Marriage and Family Therapy: Multiracial Families
- APA Bill of Rights For People Of Mixed Heritage
- For Multiracial People Toolkit
- Mandala Center for Change: Multi-Heritage and Mixed Race Resources
- Mixed in America
- Mixed Identity Workbook
- Mixed Life Media
- NPR Code Switch Team
- Racial Imposter Syndrome - Here are your stories
- Resources That Explore Identity for Multicultural or Mixed-Race Families
- The Wholeness of Being a Mixed Race Person
- Toward Racial Justice- Multiracial Family Dynamics
- Why Imposter Syndrome Goes Deep for Multiracial People

FOR A PRINTER-FRIENDLY LIST OF RESOURCES, CLICK HERE.