



RACIAL EQUITY AND MENTAL HEALTH

September 9, 2020

Racial Trauma and Mental Health Disparities

“Racial trauma, a form of race-based stress, refers to People of Color and Indigenous individuals’ (POCI) reactions to dangerous events and real or perceived experiences of racial discrimination. Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination toward other Black, Indigenous, and People of Color (BIPOC). Although similar to post-traumatic stress disorder, racial trauma is unique in that it involves ongoing individual and collective injuries due to exposure and re-exposure to race-based stress.” -[Comas-Díaz, Hall, & Neville \(2019\)](#)

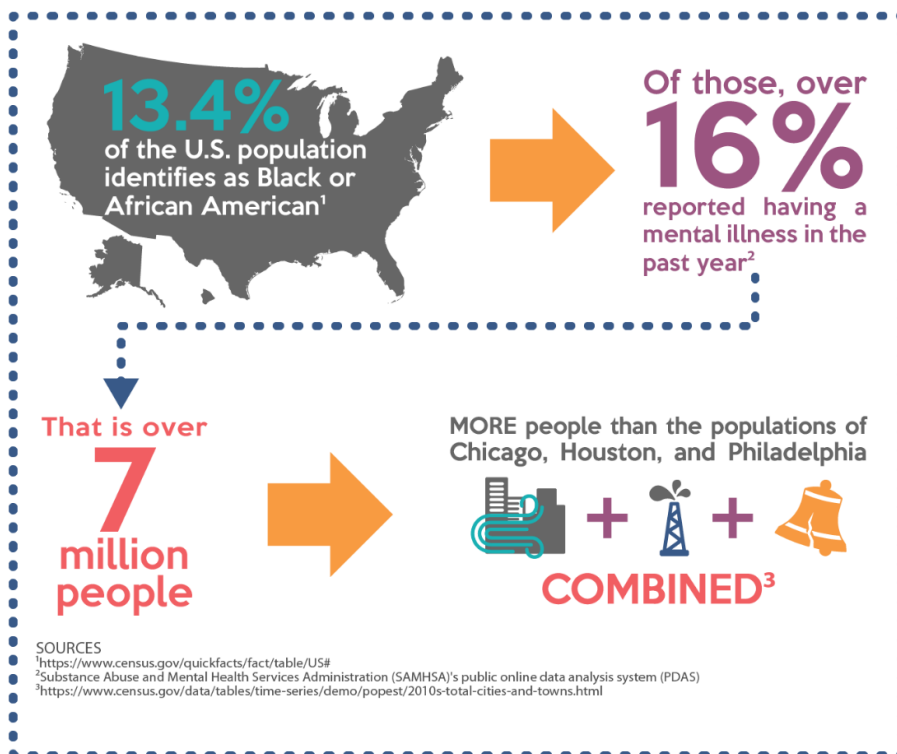
Historical racism and race-based trauma can affect any minority group. The National Child Traumatic Stress Network published a series titled “Conversations About Historical Trauma” back in 2013 and 2014. [Part 2](#) discusses the complex, multi-faceted impact of experiences such as slavery and institutionalized segregation within African American communities. [Part 3](#) touches on historical and traumatic events impacting other cultural groups, including Hawaiians and Pacific Islanders, survivors of the Jewish Holocaust, and the Japanese American WWII camps.

Black and African American Communities

“Overall, mental health conditions occur in Black and African American (B/AA) people in America at about the same or less frequency than in White Americans. However, the historical Black and African American experience in America has and continues to be characterized by trauma and violence more often than for their White counterparts and impacts emotional and mental health of both youth and adults” (mhanational.org, 2020).

Having to explain one’s trauma over and over again can be detrimental to a person’s well-being, as explained by this Mental Health America Podcast titled “[I am Exhausted from Explaining my Trauma](#)” (2020).

Community experience for Black and African Americans contains many different health disparities including lack of access to quality mental healthcare (mhanational.org, 2020). Health disparities are preventable differences in how socially disadvantaged populations experience diseases and other medical conditions (CDC.gov, 2018). While more research is done on physical, social, and financial health disparities of the Black community, research on psychological effects has been gaining popularity over the last couple of decades. This New York Times 2015 article titled “[Racism’s Psychological Toll](#)” (Wortham, 2015) features an interview with psychologist Dr. Monnica Williams and her thoughts on racial trauma being linked with severe mental health problems.



For more information from Mental Health America (MHA) on barriers to care, prevalence, and resources specific to the Black and African American community, visit the “[Black and African American Communities and Mental Health](#)” page at mhanational.org.

- **Stigma:** Research indicates there can be stigma surrounding mental health services and other help-seeking behaviors. Some authors found common themes of participants not wanting to be seen as “crazy” or “airing out their dirty laundry” (Alvidrez, Snowden, & Kaiser, 2008; Ward, Wiltshire, Detry, & Brown, 2013). Ward and colleagues (2013) also found that many participants were unwilling to discuss or acknowledge a psychological problem, but were willing to consider seeking mental health services.
- **History of Barriers:** “Historical adversity, which includes slavery, sharecropping, and race-based exclusion from health, educational, social, and economic resources, translates into socioeconomic disparities experienced by Black and African American people today. Socioeconomic status, in turn, is linked to mental health. People who are impoverished,

homeless, incarcerated, or have substance use problems are at higher risk for poor mental health (mhanational.org, 2020)

- **Rates of Suicide:** Black and African American teenagers are more likely to attempt suicide than White teenagers (9.8 percent v. 6.1 percent) (SAMHSA, 2018).
 - The American Foundation for Suicide Prevention hosted a town hall meeting talking about mental health in the Black community. Review the video recordings for [Part 1](#) (2020) or [Part 2](#) (2020) on AFSP's Facebook page.



“I didn't know where to go to get information about suicide. I didn't know who to ask. All I kept hearing in the African American community was that Black people didn't do this. But I knew my brother couldn't be the only black man to have ever died by suicide.” -Wykisha McKinney, AFSP Southeast Texas Chapter

Watch the full video [“The African American Community- Wykisha McKinney”](#) (2020) on vimeo.com or read Wykisha's [full statement](#) asfp.org (2020).

Asian American/Pacific Islander Communities



“Nobody talked about [losing my mom to suicide], not even in my family. Everybody – my dad, my grandpa – they all said it was a heart attack. Even I said it, too. There's a big component within the South-Asian cultures to keep things within the family... I realized that if I wanted change to happen, especially within the South Asian community, I needed to speak up. I also needed to learn more.” -Dimple Patel, AFSP Illinois Chapter

Watch the full video [“Stigma in the South Asian Community- Dimple Patel”](#) on vimeo.com (2020) or read Dimple's [statement](#) on asfp.org (2020).

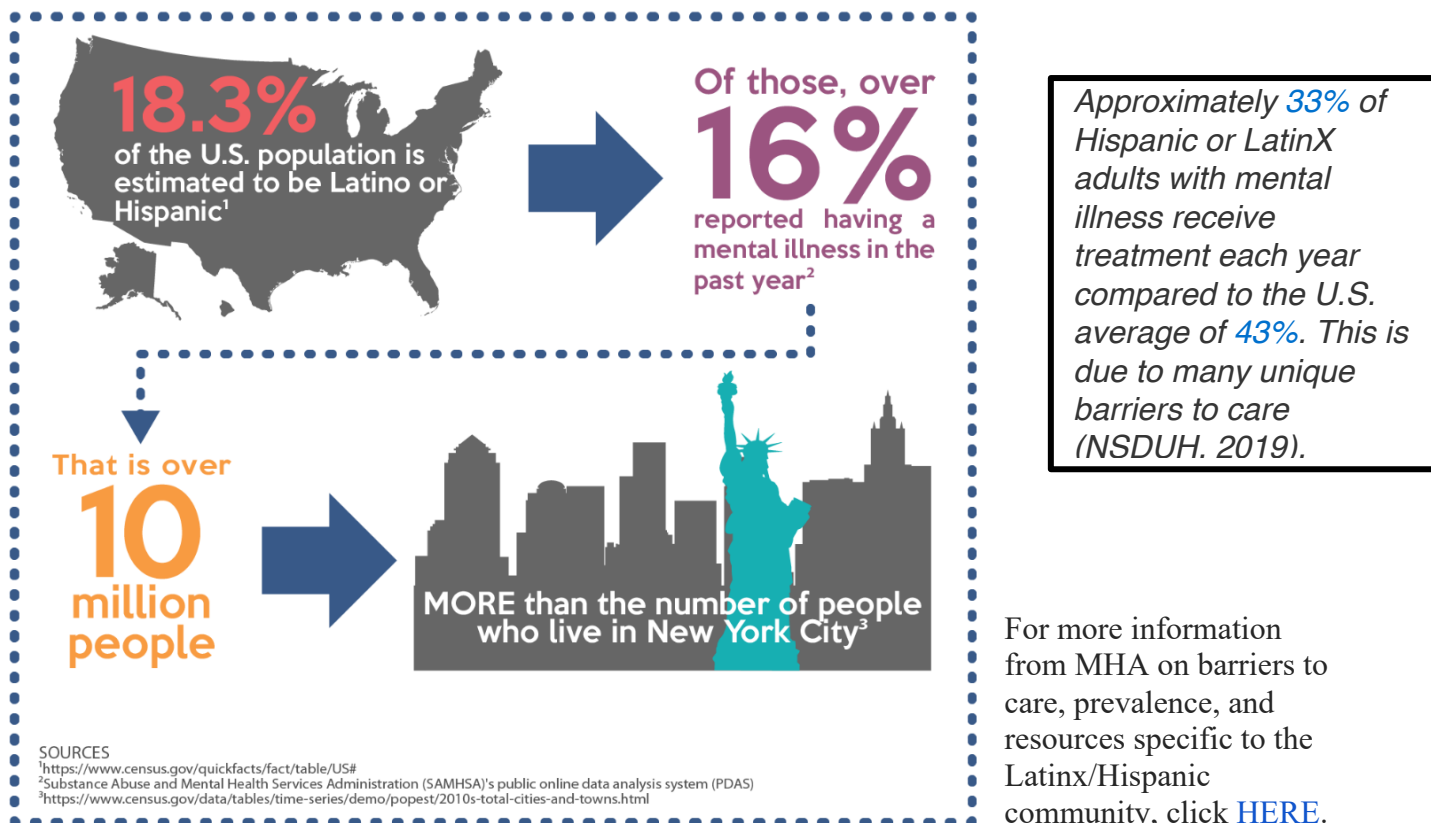


For more information from MHA on barriers to care, prevalence, and resources specific to the Asian American/Pacific Islander community, visit the [“Asian American/Pacific Islander Communities and Mental Health”](https://mhanational.org/asian-american-pacific-islander-communities-and-mental-health) page on mhanational.org

- **Language Barriers:** Spencer et al. (2010) found that Asian-American participants with lower perceived English proficiency and higher perceived levels of discrimination were more likely to use informal mental health services (such as a religious advisor, herbalist, other healers, etc.) than formal services (such as a psychologist, psychiatrist, social worker, etc.). They also found that feeling shame contributed to seeking less services in general.
- **Help-Seeking Behaviors:** [The Substance Abuse and Mental Health Services Administration \(2015\)](#) found that Asian-Americans were least likely to seek mental health services, about three times less likely than white participants.
- **Prevalence:** [SAMHSA \(2018\)](#) also found that serious mental illness rose from 2.9 percent to 5.6 percent between 2008 and 2018 in Asian-American/Pacific Islander participants ages 18-25.
- **Stigma:** There has been concern regarding the mental well-being of Asian-Americans recently, especially due to the COVID-19 pandemic. The Prevention Technology Transfer Center Network hosted a panel in May 2020 addressing the stigma and other concerns present in the Asian-American, Native Hawaiian, and Pacific Islander communities during this time. The recording, PowerPoint slides, and related resources can be found [on their website](#).

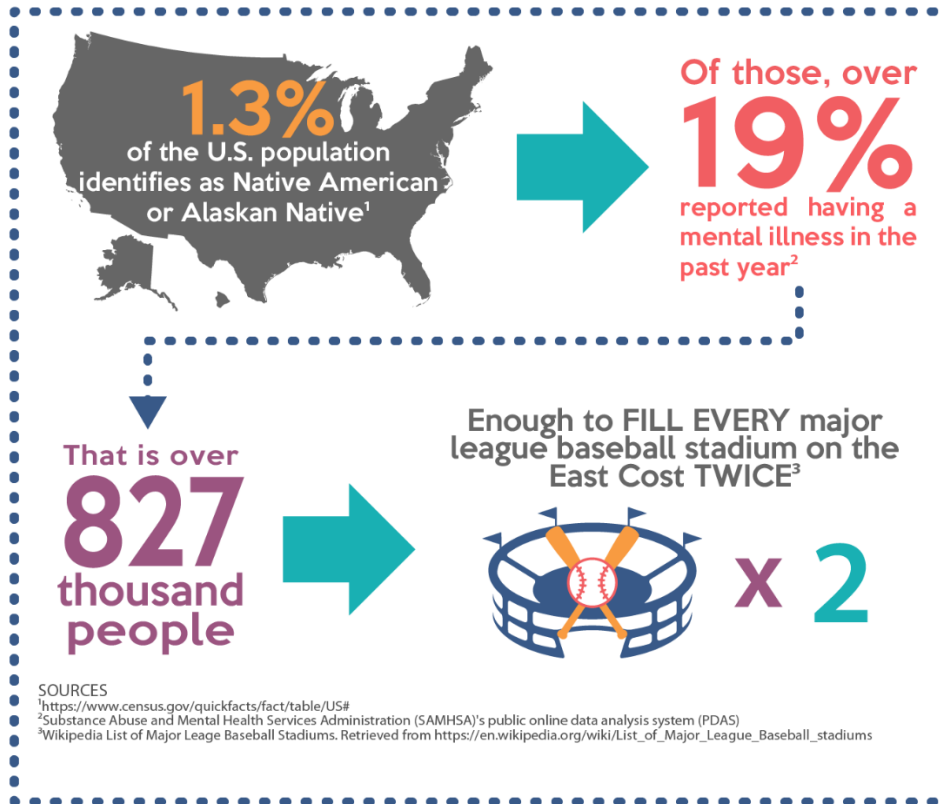
Latinx/Hispanic Communities

Disclaimer: Typically, those identifying as Latinx/Latino/a may have Latin American origin or descent, while those identifying as Hispanic may have Spanish or Spanish-speaking ancestry. However, individuals may self-identify in multiple ways. When referring to studies and sources below, we use the terminology used by the original author or organization.



- **Feelings of Shame:** Jiminez and colleagues (2013) found that Latino participants expressed significantly more shame about having a mental illness compared to non-Latino Whites. This could ultimately lead to less help-seeking behaviors. Jang and colleagues (2009) showed that Hispanic adults may see mental illness as a personal weakness, possibly due to the sense of responsibility felt towards their families.
- **Barriers to Care:** In 2017, the American Psychiatric Association cited many barriers to accessing mental health services for the Hispanic community- including lack of insurance, language barriers, differences in services provided depending on language used, lack of knowledge about where to get services, and cultural stigma.
- **Alternative Treatments:** The National Alliance on Mental Illness points out that Latinx/Hispanic communities may be less willing to seek out professional care for a variety of reasons. Some prominent methodologies include at-home remedies and natural medicine, as well as relying on one's faith or spirituality. More information can be found [on the Latinx/Hispanic page of their website \(n.d.\)](#).

Native and Indigenous Communities



- **Access to Care:** While social isolation contributes to mental health issues in Native/Indigenous communities (United States Department of Health and Human Services, Office of Minority Health, n.d.), it also contributes to less access to health care and health insurance. Native/Indigenous communities are nearly 3 times as likely to have NO health insurance compared to non-Hispanic whites. Also, most Native/Indigenous-specific mental health services are located on reservations, yet most members of this community live outside of these areas (U.S. HHS, Office of Minority Health, n.d.). Economic barriers can also hinder health care access if needing to travel to/from reservation services (American Psychiatric Association, 2017).
- **Help-Seeking Behaviors:** The [American Psychiatric Association \(2017\)](#) mentions that Native and Indigenous communities are more likely to turn to a spiritual/traditional healer than other forms of treatment. This could be due to stigmatization or a higher value in faith healing. A lack of awareness about mental health issues and available services can also lower help-seeking behaviors.
- **The Meaning of “Wellness”:** Yurkovich, Hopkins (Lattergrass), & Rieke (2012) mention that Native and Indigenous communities may have alternative ideas of what it means to be well, healthy, ill, etc., and that this may influence perceived severity and help-seeking behaviors.

- **Care Disparities:** Substance use and abuse has historically been a concern for Native and Indigenous youth, according to the [article](#) “Higher Rate of Substance use among Native American Youth on Reservations” released by the National Institute on Drug Abuse (2018). These risky behaviors have been shown to contribute to long-term health complications.

Mixed Race/Multiracial Communities

Mixed race individuals often experience unique stressors like underrepresentation in the media, biases within their own racial groups, and feelings of isolation. Watch this BBC video: [What it Means to be Mixed Race in the U.S.](#) (Casas, 2020) to hear about the experience of being mixed race/multiracial from different individuals. They may receive invasive questions by others about “what they are” or “where they’re from”. Additional perspectives can be found in the video [The Struggle of Being Mixed Race](#) (As/Is, 2016).

- **Torn Between Identities:** Identifying as more than one race brings its own unique set of experiences and challenges. Oftentimes, people of mixed races feel torn between their different racial identities or expected to pick one of their identities over the others. They may feel like they don’t possess enough traits from or knowledge about their racial identities. Furthermore, many institutions do not allow individuals to check more than one race “box” on medical forms, scholarships applications, etc., which can lead to deprivation of opportunities and proper service to this group ([Greig, 2013](#)).
- **Multifaceted Stressors:** While mixed race individuals often experience the historical traumas and ongoing stressors of each group, many also feel a lack of support from the same groups ([Mixed in America, 2020](#)).
- **Mental Health Patterns:** [Udry, Li, & Hendrickson-Smith](#) (2003) found that high schoolers self-identifying with two or more races were at an increased risk for feeling “depressed or blue often or every day in last month” compared to any other monoracial group. [Fisher et al. \(2014\)](#) found that multiracial individuals displayed more signs of depression than their monoracial minority and majority peers. The same group also found that multiracial participants displayed higher signs of anxiety compared to African American participants, but similar levels to Caucasian participants.



Photo from Mixed in America (2020)

References