

Mental Health Awareness and Ethnic Minorities

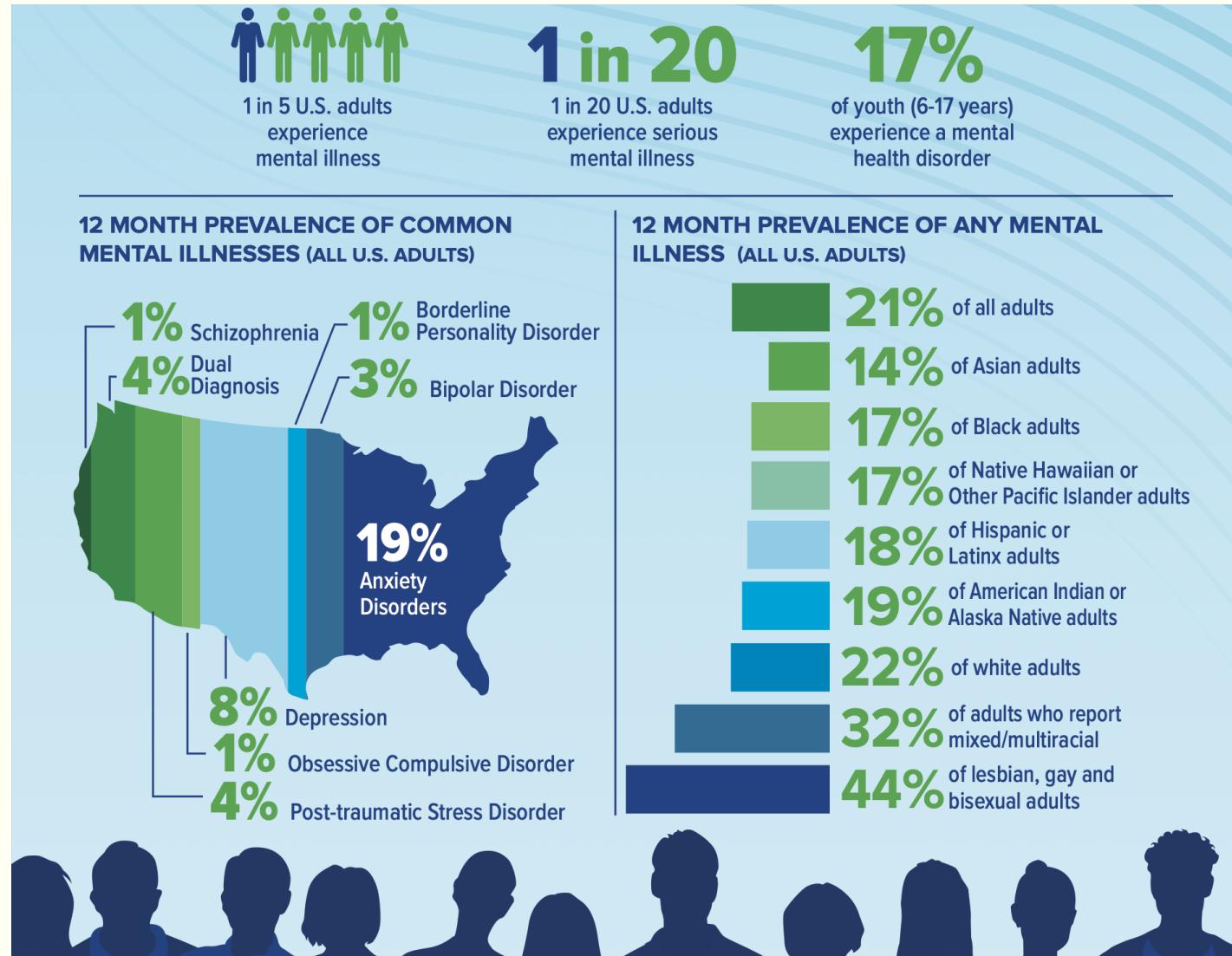


Norma L. Day-Vines, Ph.D.
Associate Dean; Professor
Johns Hopkins University

State of Mental Health

- 1 in 5 U.S. adults experience mental illness
- 17% of youth experience a mental health disorder
- Anxiety and depression are the two most common mental illness amongst U.S. adults
- 44% of lesbian, gay and bisexual adults experience mental illness

(National Alliance on Mental Illness, 2021)



State of Mental Health

Adults with a mental health diagnosis who received treatment or counseling in the past year

23% of Asian adults

33% of Black adults

34% of Hispanic or Latinx adults

43% of adults who report mixed/multiracial

49% of lesbian, gay and bisexual adults

50% of white adults

- Minoritized clients with mental health diagnoses are less likely to receive treatment or counseling (NAMI, 2021).
- 50% of minoritized clients terminate counseling prematurely, compared to a rate of 30% among White Americans (Sue & Sue, 2003).



State of Mental Health

HIGH RISK POPULATIONS

78% of all people who die by suicide are male



4x Lesbian, gay and bisexual youth are four times more likely to attempt suicide than straight youth

Transgender people are 12 times more likely to attempt suicide than the general population

12x

Suicidality

Suicidality is a severe consequence of untreated mental illness. Minoritized groups are amongst the high risk populations for suicide attempts.

- The suicide death rate among Black youth is increasing faster than any other racial/ethnic group.
- In 2019, 1 in 4 American Indian or Alaska Native students reported attempting suicide (CDC, 2019).



2019 CDC Youth Risk Behavior Survey (High School Students)

	Hispanic or Latino Students	American Indian or Alaska Native Students	Asian Students	Black or African American Students	White Students	Multiple Race Students
Felt sad or hopeless	40%	45.5%	31.6%	31.5%	36%	45.2%
Seriously considered attempting suicide	17.2%	34.7%	19.7%	16.9%	19.1%	12.9%
Attempted suicide	8.9%	25.5%	7.7%	11.8%	7.9%	12.9%

Impact of Racism on Children and Adolescents

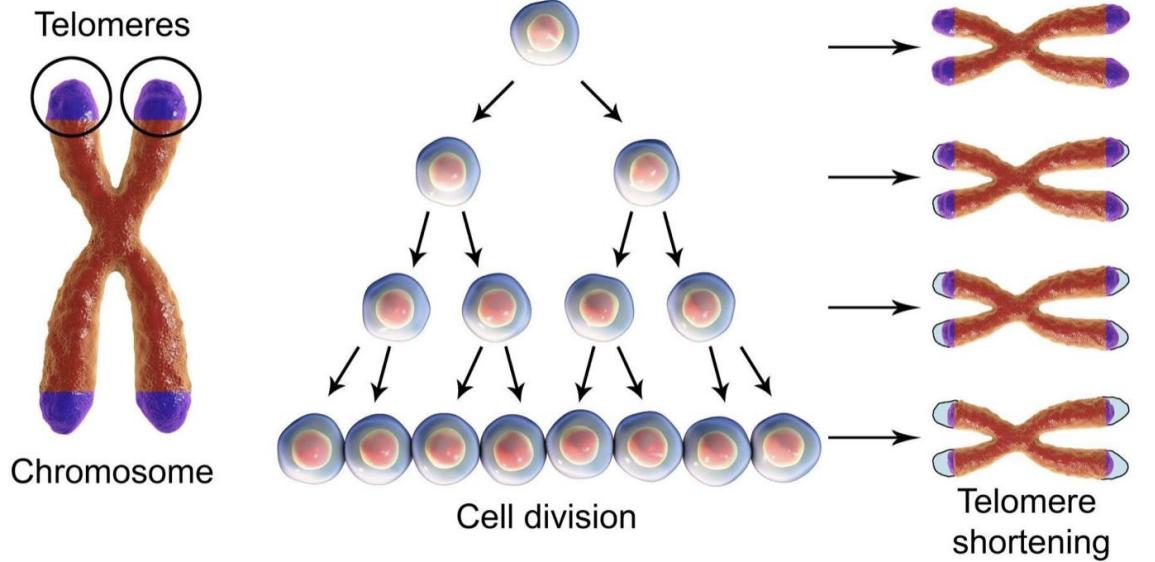
The American Academy of Pediatrics (AAP) defined racism as a social determinant of health which has a profound impact on the mental health status of ethnic minority children and adolescents.

(Trent, Dooley, & Dougé, 2019)



Impacts of Racism

Chae and colleagues (2020) found that African Americans who reported more racial discrimination over a 10-year period, showed faster signs of cellular aging. Specifically, their findings indicate that racism speeds up the shortening of telomeres. The shortening of telomeres, a repetitive sequence of DNA at the end of chromosomes to protect the cells, is associated with increased risk of heart disease, stroke, diabetes and dementia.



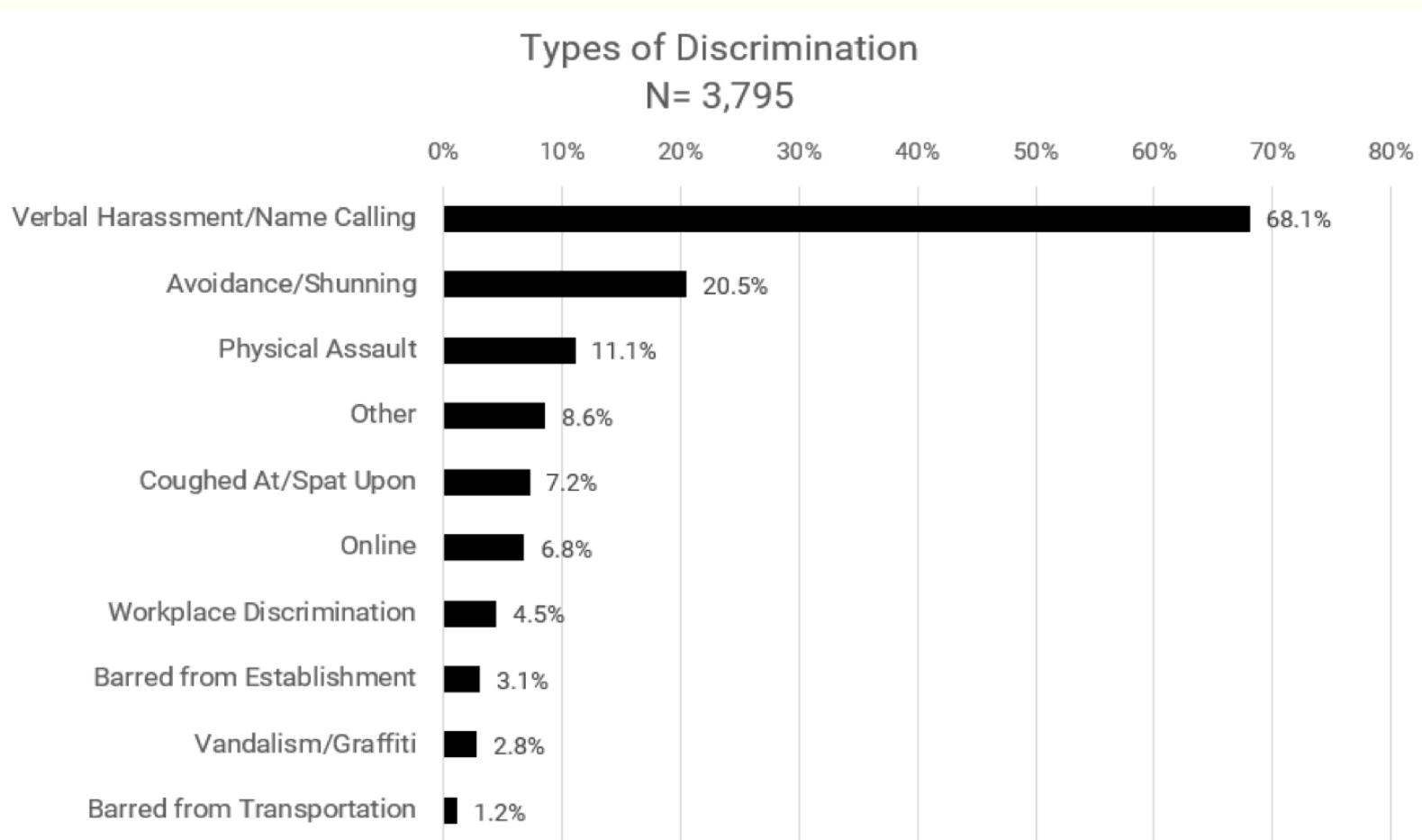
Impacts of Racism on Asian Americans

In Spring of 2020, 410 Asian Americans participated in a survey examining discrimination. 29% of participants reported an increase in discrimination. Participants who reported experiencing discrimination were more likely to have problems with depression, anxiety and sleep (Lee & Waters, 2021).

Four themes emerged from their study:

1. Treated suspiciously in public
2. Racist jokes
3. Attacks (verbal assaults and physical threat)
4. Financial hardships



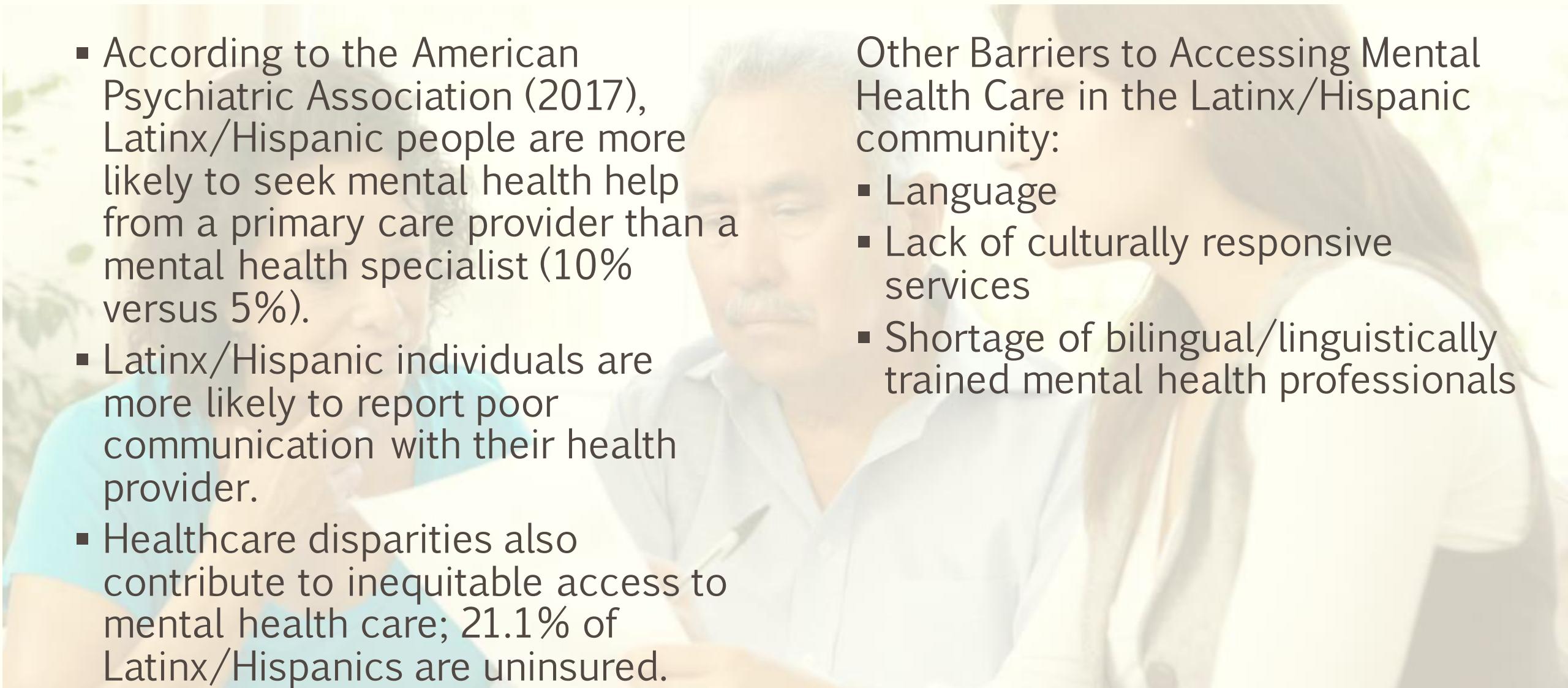


On March 16, 8 people (including 6 Asian women) were killed during a series of anti-Asian, Atlanta shootings.

Between March 2020 and February 2021, the Stop AAPI Hate reporting center has received 3,795 discrimination reports – including verbal harassment, physical assault, civil rights violations, and online harassments.



Impact of Racism on Latinx Community



- According to the American Psychiatric Association (2017), Latinx/Hispanic people are more likely to seek mental health help from a primary care provider than a mental health specialist (10% versus 5%).
- Latinx/Hispanic individuals are more likely to report poor communication with their health provider.
- Healthcare disparities also contribute to inequitable access to mental health care; 21.1% of Latinx/Hispanics are uninsured.

Other Barriers to Accessing Mental Health Care in the Latinx/Hispanic community:

- Language
- Lack of culturally responsive services
- Shortage of bilingual/linguistically trained mental health professionals

May 25, 2021, Marks the 1-Year Anniversary of the Murder of George Floyd



The murder of George Floyd sparked a racial reckoning. New York Times (2020) reports that 15 to 26 million people in the U.S. participated in George Floyd protests. However, the psychological trauma resulting from the murder and trial continues to have crippling affects on the mental health of African Americans.

Missing/Murdered Indigenous Women

The National Crime Information Center has reported 5,712 cases of missing American Indian and Alaska Native women and girls. The U.S. Dept of Justice missing persons database has **only 116** cases.

- Indigenous women and girls are murdered at a rate 10 times higher than all other ethnicities.
- Murder is the 3rd leading cause of death for Indigenous women.



Trauma & Vicarious Trauma

Trauma results from a distressing or disturbing event that limits a person's inability to cope.

Vicarious trauma refers to indirect trauma that can occur from second-hand exposure to difficult, disturbing images and stories. As minoritized individuals are repeatedly exposed to graphic reports, news, and social media posts that depict discrimination, racism, police brutality, murders, etc., they become vulnerable to vicarious trauma. Symptoms of vicarious trauma can include:

- Sleeping problems
- Anxiety
- Hopelessness
- Substance use
- Hypertension and more (Carter et al., 2018)



Children From Migrant Backgrounds Caged at the Border



- As of March 21, 2021, 15,500 unaccompanied migrant minors are caged at U.S. borders.
- 5,000 teenagers and children are being held in Customs and Border Protection tents for an average of 136 hours. U.S. law outlines a 72-hour limit (CBS News, 2021).



John Henryism explores the behavioral, psychological and health impacts that result from experiencing racialized stressors such as discrimination, inequity, financial hardship.



Racial Microaggressions



- Individuals who experience racial microaggressions (especially microinsults and microinvalidations) are likely to exhibit **negative mental health symptoms** – including negative affect, depression, anxiety and lack of behavioral control (Nadal et al., 2014).
- Racial microaggressions are **strong predictors of depression, anxiety, loss of emotional/behavioral control and avoidance** (Carter et al., 2018).

Impact of Racism on Ethnic Minorities

Cognitive effects:

Difficulty concentrating, remembering, and focusing.

Affective effects:

Numbness, depression, anxiety, grief, and anger.

Somatic effects:

Migraines, nausea, and body aches.

Relational effects:

Distrust of members of the dominant group, internalized racism, and distrust of members of their racial group.

Behavioral effects:

Self medication and self-harming activities.

Spiritual effects:

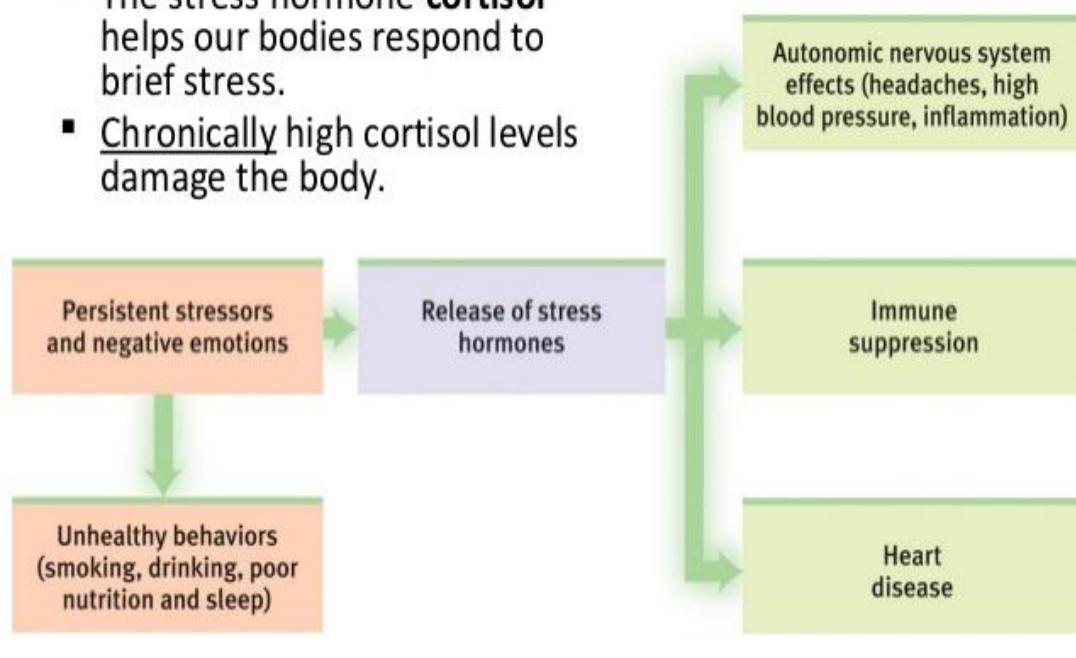
Questioning faith and/or humanity.
(Bryant-Davis, 2007).



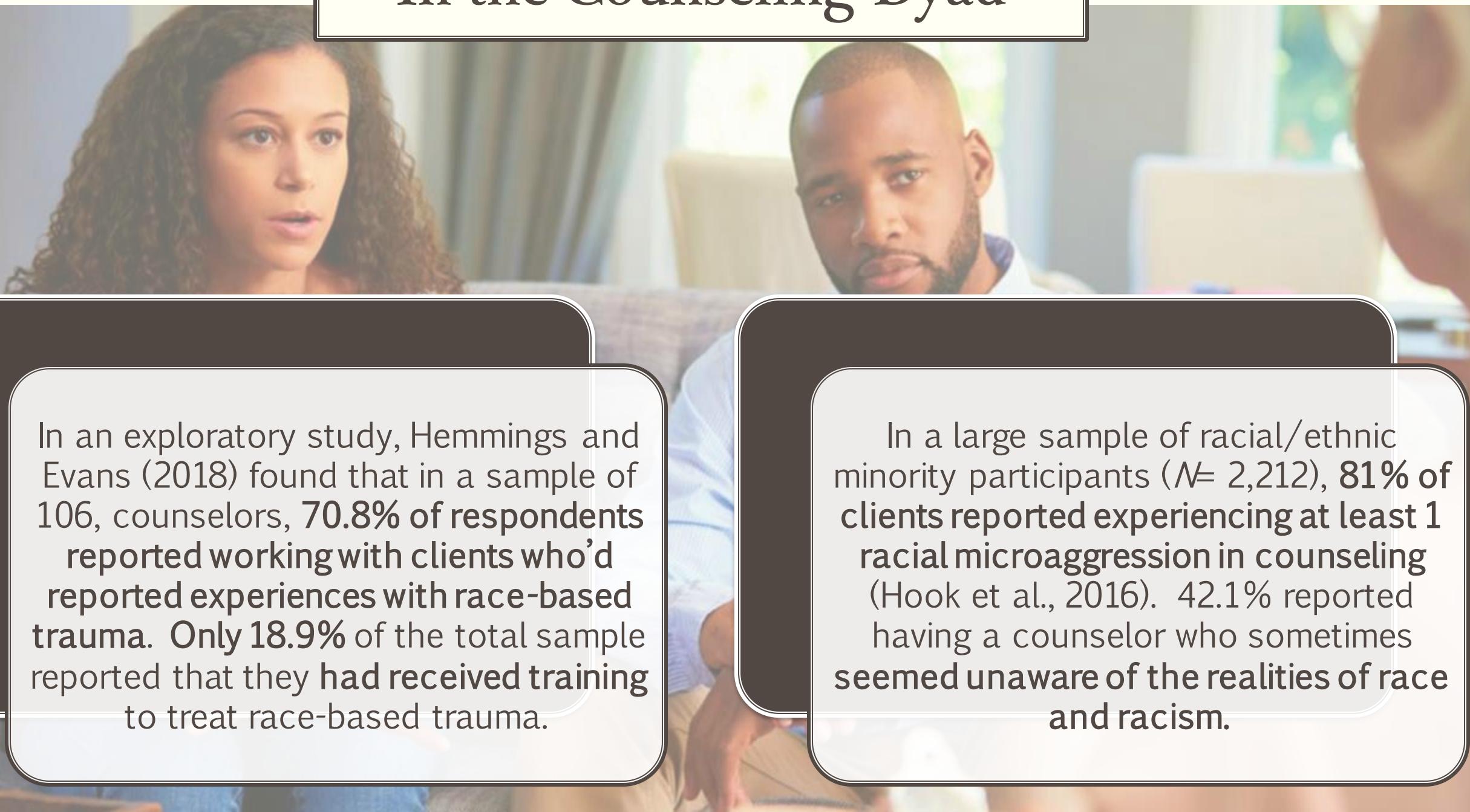
Prolonged Consequences of Racialized Stress

Health Consequences of Chronic Stress: The Repeated Release of Stress Hormones

- The stress hormone **cortisol** helps our bodies respond to brief stress.
- Chronically high cortisol levels damage the body.



In the Counseling Dyad



In an exploratory study, Hemmings and Evans (2018) found that in a sample of 106, counselors, **70.8% of respondents reported working with clients who'd reported experiences with race-based trauma. Only 18.9% of the total sample reported that they had received training to treat race-based trauma.**

In a large sample of racial/ethnic minority participants ($N= 2,212$), **81% of clients reported experiencing at least 1 racial microaggression in counseling** (Hook et al., 2016). **42.1% reported having a counselor who sometimes seemed unaware of the realities of race and racism.**

Cultural Concealment

Research indicates that clients who report concealing their culture identity/background during counseling also experience poor therapy outcomes.

Clients within a therapist's caseload reported similar ratings of cultural concealment, suggesting that therapist factors influence the client's comfort with sharing cultural identity and culture specific concerns.

(Drinane et al., 2018)



"If you can't talk about your culture, it ain't therapy!"



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