Mental Health America has the following pages dedicated to the BIPOC and LGBTQ+ communities on its website and welcomes you to use and share this information in whatever way best suits your needs.

**GENERAL**
- www.mhanational.org/bipoc-mental-health
- www.mhanational.org/infographic-bipoc-mental-health
- www.mhanational.org/racial-trauma
- www.mhanational.org/racism-and-mental-health

**BLACK AND AFRICAN AMERICAN COMMUNITIES**
- www.mhanational.org/issues/black-african-american-communities-and-mental-health
- www.mhanational.org/black-pioneers-mental-health
- www.mhanational.org/bipolar-disorder-and-black-americans
- www.mhanational.org/depression-black-americans

**LATINX/HISPANIC COMMUNITIES**
- www.mhanational.org/issues/latinxhispanic-communities-and-mental-health

A complete list of Spanish language materials can be found at:
- www.mhanational.org/latinxhispanic-communities-informacion-y-materiales-de-salud-mental-en-espanol

**ASIAN AMERICAN/PACIFIC ISLANDER COMMUNITIES**
- www.mhanational.org/issues/asian-americanpacific-islander-communities-and-mental-health

**NATIVE AND INDIGENOUS COMMUNITIES**

**LGBTQ+ COMMUNITIES**
- www.mhanational.org/issues/lgbtq-communities-and-mental-health
- www.mhanational.org/bullying-lgbt-youth

**SCREENING**
MHA’s has 10+ screening tools available in English and provides screens for depression and anxiety in Spanish at mhascreening.org. Screening is a free, anonymous, and confidential way to determine if a person is experiencing symptoms of a mental health condition and results can be used to start a conversation with friends, family members, or health care professionals.

**TOOLS 2 THRIVE**
MHA’s Tools 2 Thrive materials provide practical tools (tips and worksheets) that everyone can use to improve their mental health and increase resiliency regardless of the situations they are dealing with.

Downloadable Tools2Thrive toolkit in English: www.mhanational.org/2020toolkit
Downloadable Spanish language versions of Tools2Thrive (Herramientas Para Prosperar) materials: www.mhanational.org/get-involved/descarga-herramientas-para-prosperar-en-espanol
OTHER RESOURCES AND TOOLS

BLACK AND AFRICAN AMERICAN COMMUNITIES

Black Emotional and Mental Health (BEAM): BEAM is a training, movement building and grant making organization dedicated to the healing, wellness, and liberation of Black communities. BEAM envisions a world where there are no barriers to Black Healing.

The Boris Lawrence Henson Foundation: This organization is working to change the perception of mental illness in the African-American community by encouraging people to get the help they need; focuses on stigma/self-stigma reduction and building trust between Black people and the mental health field. See their directory of mental health providers and programs that serve the Black community.

The Loveland Foundation: This foundation provides financial assistance to Black women & girls seeking therapy.

Therapy for Black Girls: This is an online space encouraging the mental wellness of Black women and girls; has referral tool to find a therapist in your area.

Therapy for Black Men: Primarily a therapist directory for Black men seeking therapy; website includes resources and stories.

Dr. Ebony’s My Therapy Cards: A self-exploration card deck created by a Black female psychologist for other women of color, created with the intention of helping other women of color grow and elevate in the areas of emotional and mental health.

LATINX/HISPANIC COMMUNITIES

Therapy for Latinx: A national mental health resource for the Latinx community; provides resources for Latinx community to heal, thrive, and become advocates for their own mental health. Also includes a therapist directory.

Latinx Therapy: An organization working to break the stigma of mental health related to the Latinx community; learn self-help techniques, how to support self & others.

The Focus on You: Self-care, mental health, and an inspirational blog run by a Latina therapist.

ASIAN AMERICAN/PACIFIC ISLANDER COMMUNITIES

Asian American Psychological Association (AAPA): An organization dedicated to advancing the mental health and wellbeing of Asian American communities through research, professional practice, education, and policy.

Asian & Pacific Islander American Health Forum: Focused on improving the health of Asian Americans, Native Hawaiians, and Pacific Islanders. Sign up for a weekly digital “community care package” which includes inspirational stories, resources in a variety of languages, tools for adjusting and managing mental health, and a platform to share your story/connect with others.

Asian American Health Initiative: An organization responding to the health needs of Asian Americans. Resources are provided in 5 different languages on a variety of topics.

(Continued on next page)
Native and Indigenous Communities

Indigenous Story Studio: A Canadian organization that creates illustrations, posters, videos, and comic books on health and social issues for youth.

One Sky Center - The American Indian/Alaska Native National Resource Center for Health, Education, and Research: This group is working to improve prevention and treatment of mental health and substance use problems and services among Native people. There are a number of downloadable resources, of particular note is their Guide to Suicide Prevention.

WeRNative: A comprehensive health resource for Native youth by Native youth, promoting holistic health and positive growth in local communities and the nation at large

LGBTQ+ Communities

The Trevor Project: The leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25, including the TrevorLifeline, which provides 24/7 support via phone, text, or online instant messaging

National Queer and Trans Therapists of Color Network: A healing justice organization committed to transforming mental health for queer & trans people of color (QTPoC). Of note, they have a Mental Health Fund for Queer and Trans People of Color and a Mental Health Practitioner Directory.

Gay, Lesbian, and Straight Education Network (GLSEN): A national network of educators, students, and local chapters working to give students a safe, supportive, and LGBTQ+ inclusive education. See their resources for educators and resources for students (to create change in their own schools).

Human Rights Campaign: America’s largest civil rights organization working to achieve LGBTQ equality. Their website has a wealth of information and resources for the LGBTQ+ community and their allies. Resources are organized by topic – including content on individual identities, communities of color, workplace, and more.
People of color and all those whose lives have been marginalized by those in power experience life differently from those whose lives have not been devalued. They experience overt racism and bigotry far too often, which leads to a mental health burden that is deeper than what others may face.

Racism is a mental health issue because racism causes trauma. And trauma paints a direct line to mental illnesses, which need to be taken seriously.

Past trauma is prominently mentioned as the reason that people experience serious mental health conditions today. But obvious forms of racism and bigotry are just the tip of the iceberg when it comes to racial trauma.

Every day, people of color experience far more subtle traumas:

- People who avoid them and their neighborhoods out of ignorance and fear;
- Banks and credit companies who won’t lend them money or do so only at higher interest rates;
- Mass incarceration of their peers;
- School curricula that ignore or minimize their contributions to our shared history; and
- Racial profiling.

**KEY TERMS**

**Racism** is a broad term describing the combination of race-based prejudice and power. Without the power differential (one person/group/institution has more power than another), “racism” is just prejudice and carries less weight and fewer consequences.

**Oppression** is the use of power (by a system/institution/group/individual) to dominate over another OR the refusal of a system/institution/group/individual who possesses this power to challenge that domination.

**Systemic/Structural racism** has three components: history, culture, and institutions/policy. Historical racism provides the framework for current racism. Any structure built on a foundation (history) of racism will be a racist structure. Culture, which is ever present in our day to day lives is what allows racism to be accepted, normalized, and perpetuated. Institutions and policies make up the fundamental relationships and rules across society, which reinforces racism and give it societal legitimacy (which makes it so hard to dismantle).

**Institutional racism** occurs within and between institutions. Institutional racism is discriminatory treatment, unfair policies and inequitable opportunities and impacts, based on race, produced and perpetuated by institutions (schools, mass media, etc.). Individuals within institutions take on the power of the institution when they act in ways that advantage and disadvantage people, based on race.

**Internalized racism** is when racism and white supremacy affect the minds of Black, Indigenous and People of Color (BIPOC) to the point where they begin to believe that they are inferior because of their own race. This can sometimes lead to “inter-racial hostility” in which BIPOC treat other BIPOC in a way that mirrors how white racists might treat them. Another way internalized racism can manifest is by BIPOC accepting and internalizing Eurocentric ideals and values.

**Interpersonal racism** is racism that happens between people when someone’s individual beliefs or prejudices become actions toward others.

“Reverse Racism” (this term is in quotes to emphasize that it’s a made-up term that shouldn’t carry any actual value) is a term created by and for white people who want to perpetuate racism by denying their privilege in all its forms and by claiming that fighting to improve the lives of BIPOC is somehow “racist” against white people. MHA considers this term invalid because racism in any form depends on the presence of a power differential. White people have historically always fallen on the powerful side rather than the powerless side. Reverse racism is therefore impossible, as long as we live in a society that perpetuates white supremacy.

**Racial trauma** is the traumatization that results from experiencing racism in any of its many forms. Importantly, this doesn’t have to be one major isolated event, but rather it can result from an accumulation of experiences like daily subtle acts of discrimination or microaggressions.
RACISM IN MENTAL HEALTH SERVICES

Misdiagnosis of schizophrenia: When treating Black/African American clients, clinicians tend to overemphasize the relevance of psychotic symptoms and overlook symptoms of major depression compared to when they are treating clients with other racial or ethnic backgrounds. For this reason, Black men in particular are greatly over-diagnosed with schizophrenia—they are four times more likely to be diagnosed with schizophrenia than their white male counterparts. Furthermore, Black people in general are significantly more likely to be diagnosed with schizophrenia alone when a mood disorder is also present than white people. Schizophrenia is a disorder that (by definition) must be diagnosed by exclusion, meaning that the symptoms of it can’t be explained by another psychiatric disorder (like a mood disorder). Therefore, the fact that Black people end up with schizophrenia diagnoses without a mood disorder diagnosis despite the clinical presence of a mood disorder means that these symptoms are being ignored, and explains in large part why the diagnosis rate of schizophrenia is so much higher in Black populations than white.

BIPOC Youth: BIPOC youth with behavioral and mental health conditions are more likely to be directed to the juvenile justice system than to specialty care institutions compared to non-Latinx white youth. This is likely because BIPOC youth are much more likely to end up in the juvenile justice system as a result of higher rates of harsh disciplinary suspension and expulsion practices against BIPOC youth in schools compared to white youth.

RACISM AND INDIVIDUAL MENTAL HEALTH

Depression is the most commonly reported condition across BIPOC. Additionally, racial trauma can increase the risk of BIPOC meeting the criteria for PTSD. Importantly, stress plays a crucial role in how racism affects both physical and mental health. Stress hormones are released during stressful situations and research has shown that both the experience of and the observation of racial discrimination is stressful for children and adults who identify as BIPOC. Frequent presence of these stress hormones can lead to physical conditions like high blood pressure and heart disease, as well as mental health conditions like depression, anxiety and overall poor health outcomes. Discrimination is typically something that occurs frequently and as a result, creates a sustained level of stress and stress hormones in those who are the most likely to experience this discrimination (BIPOC).

QUICK FACTS

- Although rates of mental illness in some BIPOC populations are sometimes comparable or slightly lower than the rates in the white population, BIPOC often experience a disproportionately high burden of disability from mental disorders.
- Black adults are 20 percent more likely to report serious psychological distress than adult Whites.
- Although rates of depression are lower in Black people (24.6 percent) and Hispanic people (19.6 percent) than in White people (34.7 percent), depression in Blacks and Hispanics is likely to be more persistent.
- People who identify as being two or more races (24.9 percent) are most likely to report any mental illness within the past year than any other race/ethnic group.
- Native and Indigenous Americans report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethnic/racial group.
- Mental and behavioral health conditions are common among people in the criminal justice system, in which BIPOC are disproportionately overrepresented. Approximately 50 percent to 75 percent of youth in the juvenile justice system meet the diagnostic criteria for a mental illness.
- Cultural incompetence of health care providers likely contributes to underdiagnosis and/or misdiagnosis of mental illness in BIPOC. Language differences between patient and provider, stigma of mental illness among BIPOC, and cultural presentation of symptoms are some of the many barriers to care that explain these errors in the diagnostic process.
- One study found that physicians were 23 percent more verbally dominant and engaged in 33 percent less patient-centered communication with Black patients than with White patients.
- Compared with White people with the same symptoms, Black people are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders.
- Native and Indigenous American adults have the highest reported rate of mental illnesses of any single race identifying group.

SOURCES

Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes. Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury. In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy.

Experiences of race-based discrimination can have detrimental psychological impacts on individuals and their wider communities. In some individuals, prolonged incidents of racism can lead to symptoms like those experienced with post-traumatic stress disorder (PTSD). This can look like depression, anger, recurring thoughts of the event, physical reactions (e.g. headaches, chest pains, insomnia), hypervigilance, low-self-esteem, and mentally distancing from the traumatic events. Some or all of these symptoms may be present in someone with RBTS and symptoms can look different across different cultural groups. It is important to note that unlike PTSD, RBTS is not considered a mental health disorder. RBTS is a mental injury that can occur as the result of living within a racist system or experiencing events of racism.

Racialized trauma can come directly from other people or can be experienced within a wider system. It can come as the result of a direct experience where racism is enacted on you, vicariously - such as where you see videos of other people facing racism - and/or transmitted intergenerationally. Trigger Warning: The following includes discussions of abuse, assault, and violence.

### Examples of Individual Racism

Following the COVID-19 outbreak in the U.S., there were nearly 1,500 reported incidents of anti-Asian racism in just one month. Reports included incidents of physical and verbal attacks as well as reports of anti-Asian discrimination in private businesses.

In 2018, 38 percent of Latinx people were verbally attacked for speaking Spanish, were told to “go back to their countries,” called a racial slur, and/or treated unfairly by others.

Over the course of one year, Twitter saw 4.2 million anti-Semitic tweets in just the English language alone. These tweets included anti-Semitic stereotypes, promotion of anti-Semitic personality or media, symbols, slurs, or anti-Semitic conspiracy theories including Holocaust denial.

### Examples of Systemic Racism

Black people make up 12 percent of the country’s population but make up around 33 percent of the total prison population. This overrepresentation reflects racist arrests and policing as well as racist sentencing practices in the criminal justice system.

Previous and current policies of racial displacement, exclusion, and segregation have left all BIPOC less likely than whites to own their homes regardless of level of education, income, location, marital status, and age.

The erasure of Asian Pacific Islanders (APIs) in the “Asian or Pacific Islander” category by U.S. Census data severely restricts access to opportunities in these communities by concealing the unique barriers faced by APIs that are not faced by East or South Asian communities.

Historical occupation segregation has made Black people less likely than Whites to hold jobs that offer retirement savings which are prioritized by the U.S. tax code. This helps create a persistent wealth gap between White and Black communities where the median savings of Black people are on average just 21.4 percent of the median savings of White people.

Lack of cultural competency in therapy training, financial incentives, and geographical isolation have created barriers in providing appropriate mental health resources in Native American communities. Rates of suicide in Native communities are 3.5x higher than racial/ethnic groups with the lowest rates of suicide.
TYPES OF TRAUMATIC STRESSORS

DIRECT TRAUMATIC STRESSORS

Direct traumatic stressors include all direct traumatic impacts of living within a society of structural racism or being on the receiving end of individual racist attacks. A person experiencing a direct traumatic stressor may be heavily policed, or they may face barriers to home ownership due to inequitable policies. Additionally, a person experiencing a direct traumatic stressor may be the victim of individual physical and verbal attacks or may face other microaggressions.

VICARIOUS TRAUMATIC STRESSORS

Vicarious traumatic stressors are the indirect traumatic impacts of living with systemic racism and individual racist acts. Vicarious traumatic stressors can have an equally detrimental impact on BIPOC’s mental health as direct traumatic stressors.

For example, viewing videos of brutal police killings of Black people, such as the video associated with the murder of George Floyd, can cause traumatic stress reactions in the people who view them - especially in Black people.

Many Native American children are vicariously traumatized by the high rates of societal homicide, suicide, and unintentional injury experienced in these communities.

TRANSMITTED STRESSORS

Transmitted traumatic stressors refer to the traumatic stressors that are transferred from one generation to the next. These stressors can come from historically racist sources or may be personal traumas passed down through families and communities.

The chattel enslavement of Africans in the U.S. and other countries continues to serve as a source of traumatic stress for Black people today. In fact, this sustained collective trauma makes Black people highly vulnerable to developing mental health disorders.

The descendants of Holocaust survivors display an increased vulnerability to developing psychological disturbances in addition to stressors related to Holocaust loss. This vulnerability is in direct relationship to the negative life experience of the previous generation.

Historical trauma shared by Native Americans including boarding schools, massacres and forced violent removal from their tribal lands represents a severe communal loss and source of traumatic stress. Native Americans today continue to experience symptoms of depression, substance dependence, diabetes, and unemployment due to the psychological impact of the trauma.

HOW CAN YOU PREVENT RBTS?

Often the most immediate recourse for healing RBTS is through self-care. Taking steps to proactively care for your mind, body, and spiritual self can serve as a protective measure and an act of resistance against racialized traumatic stressors. Find tools at www.mhanational.org/racial-trauma.

HOW DO YOU KNOW YOU HAVE RBTS?

If you identify as a BIPOC and have experienced racism, you may be able to self-assess for many of the symptoms of RBTS. Formal diagnosis of RBTS requires assessment by a qualified mental health professional.

If you believe you may be suffering from race-based traumatic stress injury, it is important to seek therapy from a multicultural or racial trauma-informed therapist. These therapists work to create an open, culturally affirming, empowered space for you to heal from racialized trauma in all its various forms. Find a list of directories for specialized providers at: www.mhanational.org/racial-trauma.

HOW CAN YOU HELP YOUR COMMUNITY HEAL FROM RBTS?

A part of self-care for many individuals includes relational care because healing from racial trauma does not happen in a vacuum. There are restorative tools and resources available that you can bring to your communities.

Find tools and resources at www.mhanational.org/racial-trauma.

SOURCES


41.8% of the U.S. population are people of color and 13.5% were born in a different country.

4.5% of the U.S. population identifies as LGBTQ.

Since 2014, over 5 million people have taken a mental health screen at mhascreening.org.

Of those who shared personal information:

- 25.9% identified as LGBTQ+
- 8.22% were Asian American/Pacific Islanders
- 7.3% were Black/African American
- 11.5% were Latinx/Hispanic
- 1% were Native or Indigenous
- 8% were Multi-Racial or “Other”
LGBTQ+ people were more likely than non-LGBTQ+ people to screen positive or at-risk across all screens.

Among BIPOC screeners:
Multiracial people were the most likely to screen positive or at-risk for alcohol/substance use disorders, anxiety, depression, eating disorders, and psychosis.

Native and indigenous people were the most likely to screen positive or at-risk for bipolar disorder and PTSD.

Black/African American people were slightly less likely to screen positive or at-risk for alcohol/substance use disorders, anxiety, depression, eating disorders, and psychosis.

Asian American/Pacific Islanders were slightly less likely to screen positive or at-risk for bipolar disorder and PTSD.

Screening is a free, anonymous, and confidential way to determine if a person is experiencing symptoms of a mental health condition. Results can be used to start a conversation about your mental health. Visit mhascreening.org to get started.

Sources
All other facts and figures derived from proprietary data from MHAScreening.org