

BIPOC MENTAL HEALTH MONTH 2020 OUTREACH TOOLKIT



#IMPACTOFTRAUMA



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INTRODUCTION

Bebe Moore Campbell was a best-selling author and journalist. Her mental health advocacy earned her the posthumous honor of July being designated by the U.S. House of Representatives as “Bebe Moore Campbell National Minority Mental Health Awareness Month” in 2008.

Mental Health America (MHA) has honored Ms. Moore Campbell’s memory each year by dedicating a mental health toolkit in July to the mental health needs of traditionally underserved and underrepresented populations. In our work, we have tried both to elevate voices in these communities and to improve understanding of the mental health challenges they face.

In recent weeks, our country has awakened to the longstanding effects of racism and bigotry, including the effects on mental health. This includes the racism and bigotry that have been built into systems of care, services, and supports that often went unchecked and unmentioned.

That systemic racism and bigotry have had terrible consequences for so many people. As the Brookings Center has reported, Black, Indigenous, and Latinx people in the United States have all experienced higher infection and death rates from COVID-19. At MHA, we have also documented greater mental health impacts on people who identify as Asian or Pacific Islander or of mixed race.

The same has been true for a long time for people who identify as LGBTQ+.

And so, for this July MHA has developed content that is both timely and hopefully evergreen. We have included: links to updated information on our website; lists of resources specifically for Black, Indigenous People of Color (BIPOC) and LGBTQ+ communities; handouts on racism and mental health and racial trauma; an infographic built from MHA screening data on BIPOC and LGBTQ+ mental health; and more - including a Call to Action for people to share how discrimination and/or racism have affected their mental health, using the hashtag #ImpactofTrauma.

And because people and language evolve, we have chosen to remove the word “minority” from our toolkit and will be phasing it out on our materials. Instead, we are using a different designation – BIPOC – that we believe more fairly honors and distinguishes the experiences of Blacks, Indigenous People, and People of Color.

We welcome your feedback.



Paul Gionfriddo
President & CEO, Mental Health America

#IMPACTOFTRAUMA

If you've ever watched an older adult in your life do something you consider strange, there is often a reason for the way they are acting. For example, maybe one's grandparent doesn't trust banks and keeps cash on hand instead of using credit. If your grandparents grew up in the 1920s in the U.S., they lived through the Great Depression. This major event made a profound impact on their lives, and the effects last until this day. Maybe even in the way they raised their children.

When people hear the word "trauma," they often think of a frightening event or a horrible disaster happening to someone. Sexual assault, exposure to violence or war, accidents, and natural disasters are some major events that can traumatize people.

Immediately after the event, shock and denial are typical. Longer-term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea.¹ While these feelings are normal, some people have difficulty moving on with their lives.

People can carry trauma throughout generations due to historical adversities, violence, and oppression. Sometimes, our daily lives are influenced by trauma that we aren't even aware of. Trauma is a deeply distressing or disturbing experience, and those who identify as BIPOC - especially queer and trans people - can often recount tales of actions, words, and events that have made a deep impact on the way they live, speak, and think.

For us to understand the impacts of trauma, we have to use an [intersectional lens](#) that helps us look beyond one experience, but think about historical factors, systems and more that influence our thinking and emotional wellbeing.

MHA wants to create an opportunity where people can listen and learn from each other about why it's important to talk about racism and mental health and how it's affected them.

Share how racism has affected your mental health with the hashtag #ImpactOfTrauma and show others how you are resilient. Whether it's a text post, a piece of art, or a video, tell your story so that we can amplify it.

Tag MHA on Facebook (@mentalhealthamerica), Twitter (@MentalHealthAm), or Instagram (@mentalhealthamerica) so that we can share your story.

Sources

¹ American Psychological Association. Trauma. <https://www.apa.org/topics/trauma/>

SOCIAL MEDIA SAMPLES

HASHTAGS:

#ImpactOfTrauma
#BIPOCMentalHealthMonth
#BIPOCMentalHealthAwarenessMonth
#BIPOCmhm
#BIPOCmhm20

SAMPLE LANGUAGE:

July is #BIPOCMentalHealthMonth. BIPOC are often faced with years - even generations - of trauma, which translates to socioeconomic disparities and, in turn, is linked to mental health concerns today. Learn more about the #impactoftrauma at mhanational.org/july.

Systemic oppression is directly tied to the #mentalhealth of BIPOC. Historical and contemporary injustices continue to perpetuate trauma through generations and into today. Learn more about the #impactoftrauma at mhanational.org/july. #BIPOCMentalHealthMonth

Trauma can affect the way we think, act, and feel. The #impactoftrauma on BIPOC has spanned generations due to centuries of systematic oppression. Learn more about the #impactoftrauma at mhanational.org/july. #BIPOCMentalHealthMonth

Native and indigenous people in the U.S. are disproportionately affected by #mentalhealth and substance use issues with severely limited access to support and services. Learn more about the #impactoftrauma at mhanational.org/july. #BIPOCMentalHealthMonth

The identities of LGBTQ+ BIPOC are multidimensional which can compound the trauma experienced. This trauma can lead to severe mental health concerns. Learn more about the #impactoftrauma at mhanational.org/july. #BIPOCmentalhealthmonth

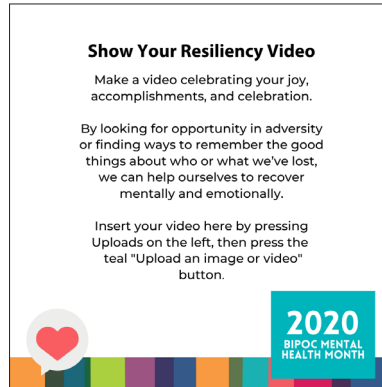
To understand the #impactoftrauma, intersectionality is key. We must work to dismantle systems that perpetuate discrimination, work against health equity, and places blame on BIPOC communities. Learn more at mhanational.org/july. #BIPOCmentalhealthmonth

BIPOC communities are resilient and have worked to uplift their communities despite systemic barriers and #impactoftrauma. Learn more at mhanational.org/july. #BIPOCmentalhealthmonth

The silent #impactoftrauma can be long-lasting, particularly for BIPOC. Using #tools2thrive can help better equip BIPOC communities to address their mental health. Learn more at mhanational.org/july. #BIPOCmentalhealthmonth

The images below are designed for use on social media platforms and are just a sampling of what we have created for you to use. They are available as [Canva](#) templates and can be accessed [here](#).

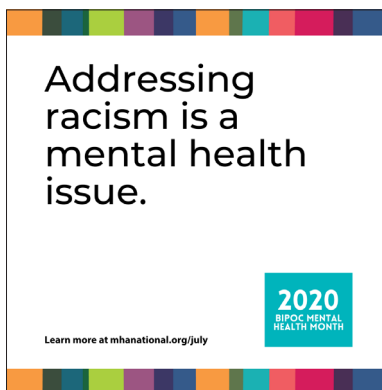
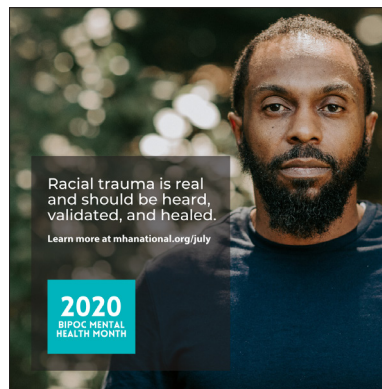
Video Templates for Instagram



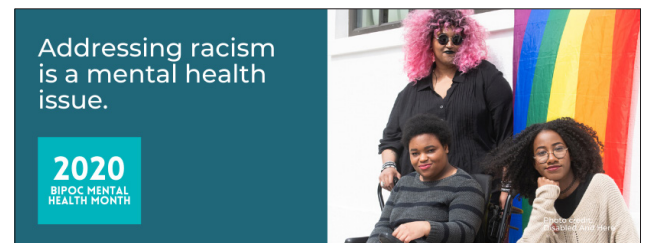
Story Templates



Social Media Post Images



Social Media Cover/Header Images



RESOURCES FROM MHA

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/issues/healthcare-disparities-among-black-indigenous-and-people-color

www.mhanational.org/bipoc-communities-and-covid-19

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-american-pacific-islander-communities-and-mental-health

NATIVE AND INDIGENOUS COMMUNITIES

www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health

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.

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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.



RACISM AND MENTAL HEALTH

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.¹ 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 TERMS²

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.³ 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.⁴ 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.³

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.⁵

RACISM AND INDIVIDUAL MENTAL HEALTH

Depression is the most commonly reported condition across BIPOC.⁶ 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).⁷

SOURCES

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²Lawrence, K., & Keleher, T. (2004). Chronic Disparity: Strong and Pervasive Evidence of Racial Inequalities. Retrieved 2020, from <https://www.racialequitytools.org/resourcefiles/Definitions-of%20Racism.pdf>

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⁴Perzichilli, T. (2020, May 12). The historical roots of racial disparities in the mental health system. Counseling Today. Retrieved June 24, 2020, from <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

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⁶Howard, C. (2018, April 12). The State of Minority Mental Health. Retrieved June 24, 2020, from <https://www.mentalhealthfirstaid.org/external/2018/04/state-minority-mental-health/>

⁷The Bronfenbrenner Center for Translational Research (BCTR). Psychology Today. (2019, August 27). How Racism Affects Youth Health and Well-being. Retrieved June 24, 2020, from <https://www.psychologytoday.com/us/blog/evidence-based-living/201908/how-racism-affects-youth-health-and-well-being>

⁸U.S. Department of Health and Human Services Office of Minority Health. Mental and Behavioral Health - African Americans. (2019, September 25). Retrieved June 24, 2020, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4>

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.⁵
- Black adults are 20 percent more likely to report serious psychological distress than adult Whites.⁸
- 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.⁵
- 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.⁵
- Native and Indigenous Americans report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethnic/racial group.⁵
- 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.⁵
- 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.⁴
- 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.⁵
- Compared with White people with the same symptoms, Black people are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders.⁶
- Native and Indigenous American adults have the highest reported rate of mental illnesses of any single race identifying group.⁵





RACIAL TRAUMA

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.¹ 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.² 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).² 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.³ 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.³

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.¹ *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.⁴

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.⁵

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.⁶

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.⁷ 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.⁸

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.⁹

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.¹⁰

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.¹¹

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 actions. 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.¹²

Of Latinx youth that immigrate to the U.S., two-thirds report experiencing one traumatic event with the most common traumatic event reported during and post migration being witnessing a violent event or physical assault.¹³

Many Native American children are vicariously traumatized by the high rates of societal homicide, suicide, and unintentional injury experienced in these communities.¹⁴

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.¹⁵

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.¹⁶

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.¹⁷

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.

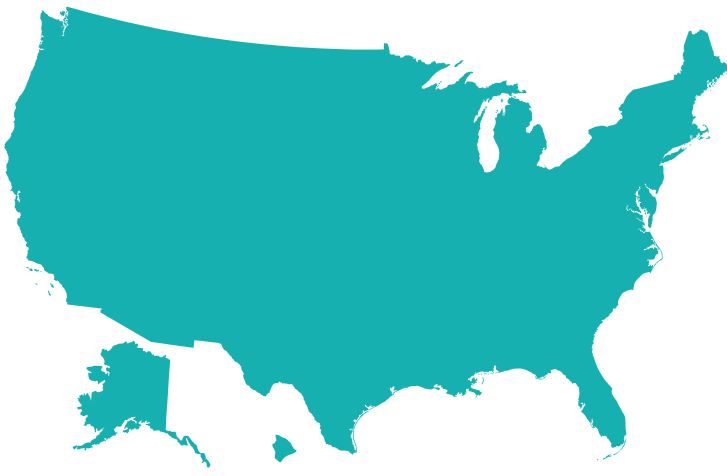
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BIPOC AND LGBTQ+ MENTAL HEALTH

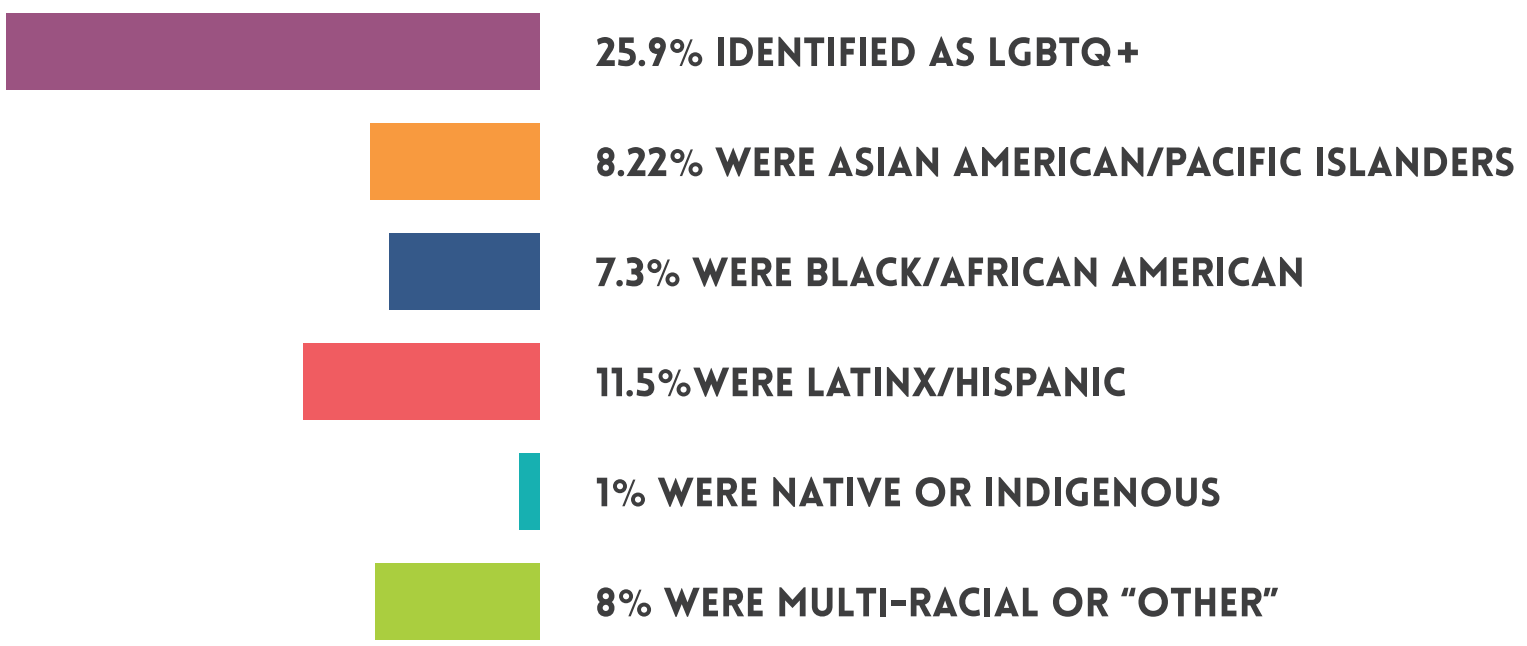


41.8%
OF THE U.S. POPULATION
ARE PEOPLE OF COLOR
AND
13.5%
WERE BORN IN A
DIFFERENT COUNTRY¹

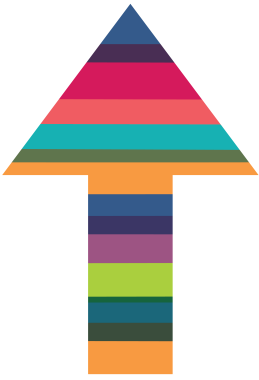
4.5% OF THE U.S. POPULATION IDENTIFIES AS LGBTQ+²

SINCE 2014, OVER 5 MILLION PEOPLE HAVE TAKEN A MENTAL HEALTH SCREEN AT [MHASCREENING.ORG](https://mhascreening.org).

OF THOSE WHO SHARED PERSONAL INFORMATION:



HIGHER RISK



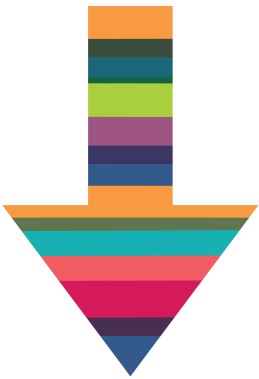
LGBTQ+ PEOPLE WERE MORE LIKELY THAN NON-LGBTQ+ PEOPLE TO SCREEN POSITIVE OR AT-RISK ACROSS ALL SCREENS.

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.

LOWER RISK



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](https://mhascreening.org) TO GET STARTED.



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- All other facts and figures derived from proprietary data from [MHAScreening.org](https://mhascreening.org)

