

Strength in Communities

2021 BEBE MOORE CAMPBELL
NATIONAL MINORITY MENTAL HEALTH
AWARENESS MONTH TOOLKIT

A toolkit that highlights alternative mental health supports created by BIPOC and QTBIPOC communities of color, for BIPOC and QTBIPOC communities of color.

THANK YOU FOR DOWNLOADING AND USING THIS TOOLKIT.

For the past seven years, I have been President and CEO of Mental Health America - a title I am relinquishing as of July, as I embark on traditional retirement - the next chapter of my life.

Like so many others, I have had many humbling experiences during the past seven years. The pandemic hit my family and me hard, and we lost my son Tim this past January. But what the pandemic uncovered was something many have experienced for generations. Our health care system wasn't designed for everyone.

It wasn't designed for my son, for example, a young Black man who lost his life after living with schizophrenia for thirty years. I hate to say this, but the jails and prisons were more designed for people like him. And that never struck me - or MHA - as fair or right.

When MHA began in 1909, our founder, Clifford Beers - a young white man with lived experience - argued that our segregated system of institution-based mental health care had to be changed. But while he experienced the segregation of mental health care from the rest of health care, even he could not relate directly to the racial segregation within mental health care systems in many of our states at that time.

What stands to reason is this: when you fail entire races, classes, and cultures in building systems of care, alternative strategies and solutions will emerge from those communities that better meet their needs.

This year, MHA is offering a toolkit that values and elevates some of those strategies and solutions. We are doing this because we know that these solutions have worked for many people in the past, but they are often overlooked by those in positions to make a difference in the present. They are heavy on self- and community-initiated strategies, as you might expect.

Our goal is this - to honor the work and memory of Bebe Moore Campbell, for whom this month is named, by carrying on a small part of her work - elevating the voices and work of those whose names and contributions may never have been recorded, but who have changed the trajectories of so many lives in spite of so many obstacles in their way.

I'd like to think that we have always done this during my time at MHA. But perhaps because we have so much of which we can be proud, it is okay for me to say as I move on that I know that we haven't gotten everything right and that we have been limited by our times and perspectives. But in making "mental health for all" our mission, we have taken seriously our responsibility always to try to do more and do it better, and always to have and give hope.



Paul Gionfriddo
President and CEO, 2014-2021

JULY IS BEBE MOORE CAMPBELL NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH

Also known as BIPOC Mental Health Month



Formally recognized in June 2008 (and still currently recognized today), [Bebe Moore Campbell National Minority Mental Health Awareness Month](#) was created to bring awareness to the unique struggles that underrepresented groups face with regard to mental illness in the U.S.

[Bebe Moore Campbell](#) was an American author, journalist, teacher, and [mental health advocate](#) who worked tirelessly to shed light on the mental health needs of the Black community and other underrepresented communities.

To continue the visionary work of Bebe Moore Campbell, each year Mental Health America (MHA) develops a public education campaign dedicated to addressing the mental health needs of Black, Indigenous, and People of Color (BIPOC).

Thank you to Janssen: Pharmaceutical Companies of Johnson & Johnson, Otsuka America Pharmaceutical, Inc., Alkermes, Inc., and the NFL Foundation for making this campaign possible.

2021 THEME: STRENGTH IN COMMUNITIES

This year's theme is **Strength in Communities**, where we will highlight alternative mental health supports created by BIPOC and queer and trans BIPOC (QTBIPOC) communities of color, for BIPOC and QTBIPOC communities of color.

Our 2021 toolkit will examine community-developed systems of support created to fill gaps within mainstream healthcare systems. These systems may overlook cultural and historical factors that impede BIPOC and QTBIPOC mental health. The toolkit will explore three topic areas: community care, self-directed care, and culturally-based practices.

- **Community care** refers to ways in which communities of color have provided support to each other. This can include things such as mutual aid, peer support, and healing circles.
- **Self-directed care** refers to an innovative practice that emphasizes that people with mental health and substance use conditions, or their representatives if applicable, have decision-making authority over services they receive.
- **Culturally-based practices** refer to practices that are embedded in cultures and are passed down through generations. They naturally provide resiliency and healing.



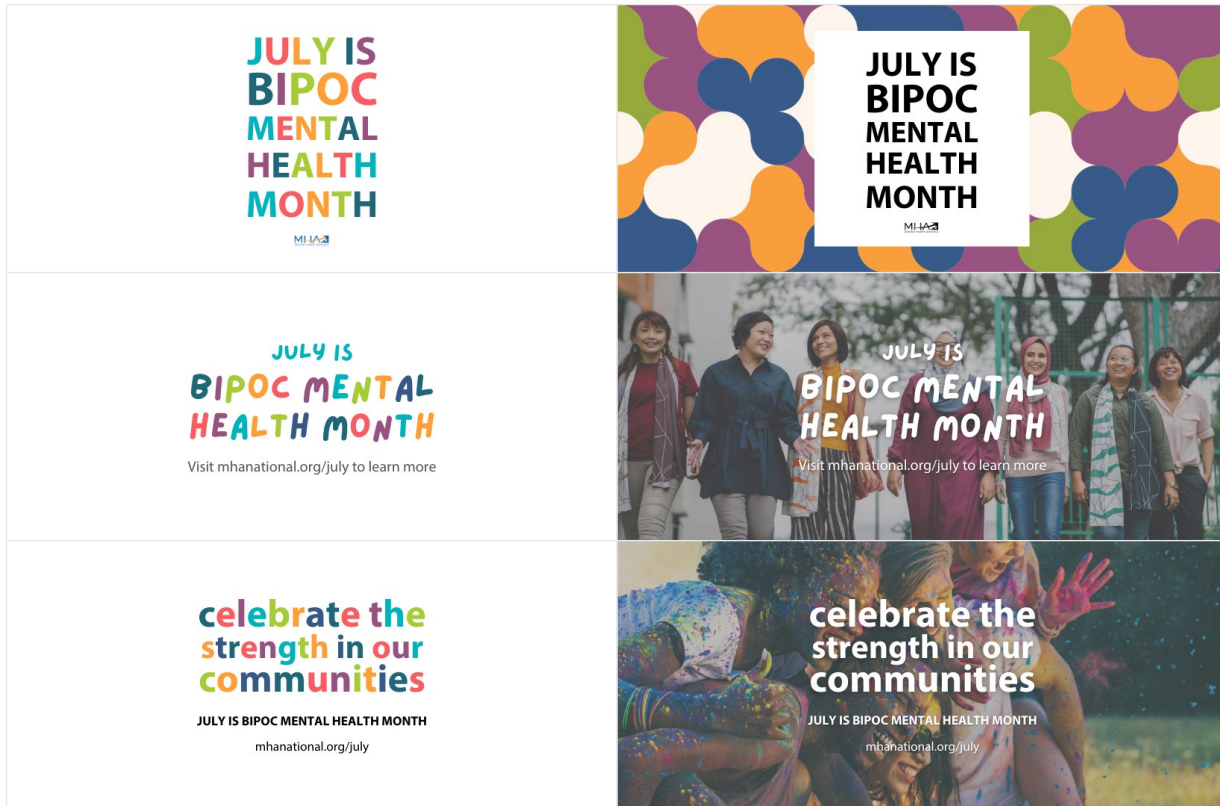
The toolkit will also explore why these types of care are valid and valuable choices people can make for their mental health

For more information about the campaign and resources for BIPOC and QTBIPOC, visit mhanational.org/july.

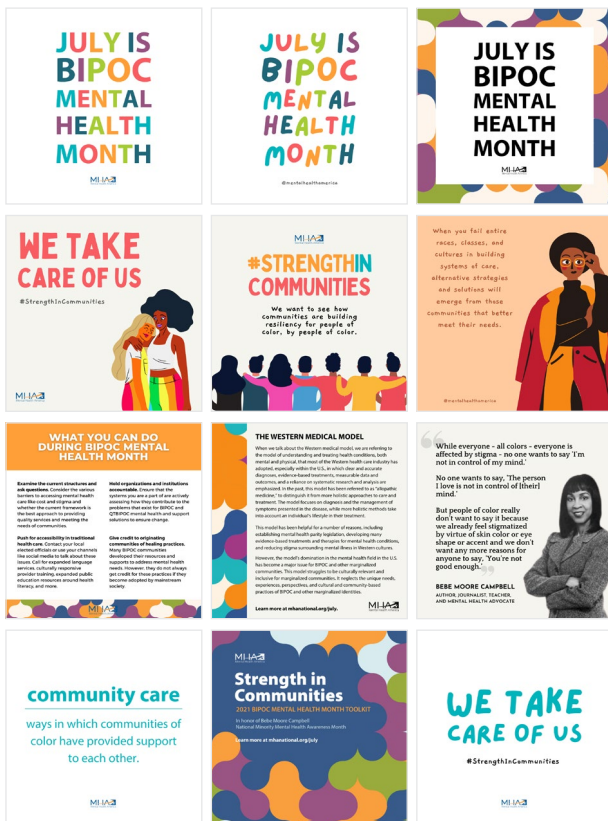
SOCIAL MEDIA GRAPHICS

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](#).

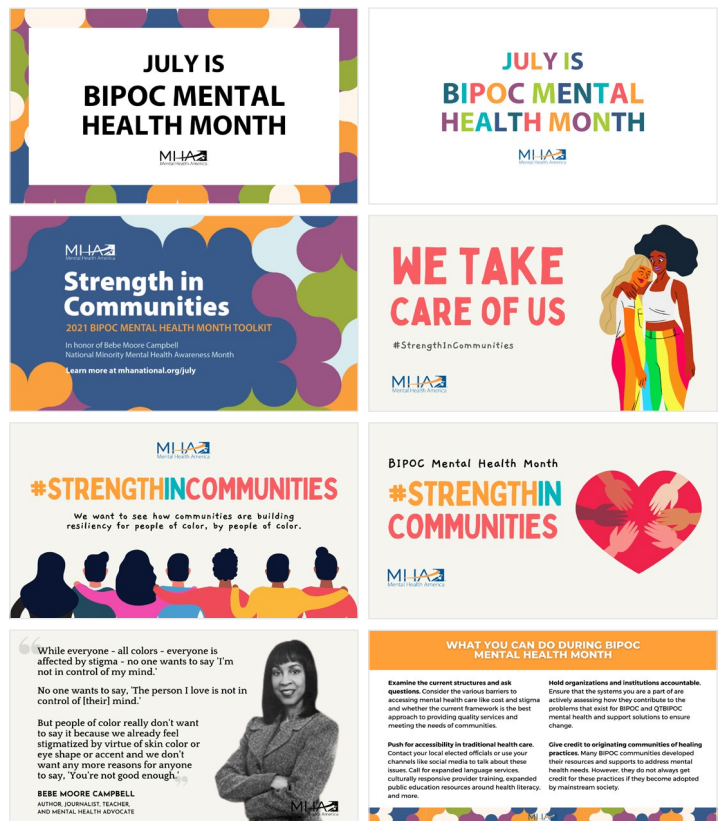
BANNERS



1:1 POSTS



16:9 POSTS



SOCIAL MEDIA SAMPLE POSTS

IMPORTANT HASHTAGS

#StrengthInCommunities

#BIPOCMentalHealthMonth

#BIPOCMHM

#BIPOCMHM21

SAMPLE POSTS

July is #BIPOCMentalHealthMonth! Join us as we highlight #StrengthInCommunities, mental health supports created by BIPOC and QTBIPOC, for BIPOC and QTBIPOC. Learn more at mhanational.org/july.

For #BIPOCMentalHealthMonth, Mental Health America developed a toolkit to highlight systems of support developed by BIPOC to fill gaps within traditional systems in the US. Learn more at mhanational.org/july. #StrengthInCommunities

Community care, self-directed care, and culturally-based practices are all valid and valuable choices people can make for their mental health - but they may not be aware of these options. Join us as we explore #StrengthInCommunities for BIPOC, by BIPOC. Learn more at mhanational.org/july.

For historically marginalized communities, traditional systems of care may overlook cultural and historical factors that impede BIPOC mental health. That's why we're highlighting #StrengthInCommunities. Learn more at mhanational.org/july. #BIPOCMentalHealthMonth

Traditional systems of care in the US may overlook experiences of BIPOC and QTBIPOC, making it difficult to seek mental health care. For #BIPOCMentalHealthMonth, we're highlighting supports created by BIPOC and QTBIPOC for their communities. Learn more at mhanational.org/july.

BIPOC and QTBIPOC are resilient and have worked to uplift their communities despite systemic barriers. For #BIPOCMentalHealthMonth, we're highlighting #StrengthInCommunities to showcase mental health supports created by BIPOC, for BIPOC. Learn more at mhanational.org/july.

Celebrate #StrengthInCommunities this July for #BIPOCMentalHealthMonth. From generational cultural practices to mutual aid, BIPOC and QTBIPOC have created systems of support that naturally foster resiliency and healing. Learn more at mhanational.org/july.


Let's honor the work and memory of Bebe Moore Campbell this July, for whom #BIPOCMHM is named. She worked to lift up the voices and agency of those whose experiences were often overlooked. Let's do the same. Learn more at mhanational.org/july. #strengthincommunities

#STRENGTHINCOMMUNITIES CAMPAIGN

We want to see how your communities are building resiliency for people of color, by people of color.



Tag Mental Health America on your post with the hashtag #StrengthInCommunities, and we'll share it with our audiences!

 @MentalHealthAm

 @mentalhealthamerica

 @mentalhealthamerica

BACKGROUND

THE WESTERN MEDICAL MODEL

When we talk about the Western medical model (referred to as the medical model from this point on), we are referring to the model of understanding and treating health conditions, both mental and physical, that most of the Western health care industry has adopted, especially within the U.S., in which clear and accurate diagnoses, evidence-based treatments, measurable data and outcomes, and a reliance on systematic research and analysis are emphasized. In the past, this model has been referred to as “allopathic medicine,” to distinguish it from more holistic approaches to care and treatment. The model focuses on diagnosis and the management of symptoms presented in the disease, while more holistic methods take into account an individual’s lifestyle in their treatment.

This model has been helpful for a number of reasons, including establishing mental health parity legislation, developing many evidence-based treatments and therapies for mental health conditions, and reducing stigma surrounding mental illness in Western cultures.

However, the model’s domination in the mental health field in the U.S. has become a major issue for BIPOC and other marginalized communities. This model struggles to be culturally relevant and inclusive for marginalized communities. It neglects the unique needs, experiences, perspectives, and cultural and community-based practices of BIPOC and other marginalized identities.

CHALLENGES UNDER THE WESTERN MEDICAL MODEL

DIAGNOSIS IS A PRIVILEGE

The key to effective treatment within the medical model is often a complete and accurate diagnosis, but medical model diagnosis procedures are not always culturally competent¹ and therefore cannot provide a complete and accurate diagnosis.

Additionally, not all mental health concerns should have to require a diagnosis to receive support. A diagnosis is not always attainable for many people who are struggling with their mental health.

MISDIAGNOSIS/UNDERDIAGNOSIS OF SYMPTOMS

Poor cultural competency of health care providers can contribute to underdiagnosis and/or misdiagnosis of mental illness in BIPOC in part due to the medical model's reliance on the DSM-V for diagnosis in the mental health care system. 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.

For example, when treating Black and African American clients, clinicians tend to overemphasize the relevance of psychotic symptoms and overlook symptoms of major depression compared to treating clients with other racial or ethnic backgrounds.² For this reason, Black men, in particular, are greatly over-diagnosed with schizophrenia.

BIPOC youth with mental health conditions are especially vulnerable as they are more likely to be directed to the juvenile justice system than to specialty care compared to non-Latinx white youth.³ Their symptoms may present differently than their white peers and are therefore treated as character flaws rather than struggles needing support and compassion.

LIMITED ACCEPTABLE TREATMENTS

Even if someone is able to receive a complete and accurate diagnosis, the medical model tends to have a narrow view of what practices are acceptable to treat these diagnoses, with particular therapies and medication management being the dominant treatment practices within the model. While these practices work for some people, they may not work for everyone, especially those in marginalized communities. This can lead to disillusionment with treatment, leading to dropping treatment altogether.

"Evidence-based" practices are also often designed and studied in specific communities and not always transportable or relevant to others. Because emphasis is then put on these specific evidence-based practices, many community and culturally-based treatments and mental health supports that are used by members of marginalized communities are dismissed or not treated as legitimate by the mainstream healthcare system.

EVIDENCE-BASED PRACTICES CAN EXCLUDE MARGINALIZED IDENTITIES

Evidence-based practice (EBP) is defined by Duke University Medical Center as "the integration of clinical expertise, patient values, and the best research evidence into the decision-making process for patient care."

Implicit racism and bias and lack of diversity in the health care industry can strain the doctor-patient relationship between the majority white healthcare workforce and BIPOC and other patients of marginalized identities, which can often mean that the "patient values" piece of evidence-based practices is lost or neglected for patients with marginalized identities.⁴

Furthermore, many practices and mental health supports utilized by marginalized communities have not been evaluated at all or have not been evaluated with a medical model-supported research design, which means that these practices are not recognized as "evidence-based" by those trained under the medical model. However, a lack of evidence does not mean a lack of effectiveness. These practices will not appear on lists of evidence-based practices due to the rigorous research required to establish effectiveness under the Western medical model.⁵

1 <https://www.apa.org/pi/oema/resources/brochures/treatment-minority.pdf>

2 <https://mhanational.org/racism-and-mental-health>

3 https://mhanational.org/racism-and-mental-health#_ftn6

4 <https://labblog.uofmhealth.org/rounds/minority-patients-benefit-from-having-minority-doctors-but-thats-a-hard-match-to-make-0>

5 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3246745/>

INSURANCE COVERAGE REINFORCES THE WESTERN MEDICAL MODEL

As mentioned above, many community and cultural supports utilized by marginalized communities to address mental health concerns will not appear on lists of evidence-based treatments based on the Western medical model. This is also problematic because most insurance companies have lists of approved treatments for particular conditions (both mental and physical) and it is unlikely to find a treatment on an insurance company's list that is not subject to the rigorous studying involved in creating an evidence base.

For a treatment to get sufficiently studied, two things are needed. Someone working in the recognized scientific community must decide to study that treatment, and someone else has to provide the dollars needed to carry out the study. But because the medical model frequently dismisses "non-medical" community and cultural practices, the lack of evidence for these practices perpetuates. Additionally, studies have shown that BIPOC receive different and worse treatment from doctors compared to white patients.⁶

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.⁷ These adverse experiences leave many marginalized folks with a deep distrust of healthcare systems, which translates into serious barriers to care.

DISTRUST OF THE HEALTH CARE SYSTEM

In addition to the inferior quality of health care treatment received by marginalized folks⁸, centuries of nonconsensual medical research on minorities at the hands of white doctors,⁹ language barriers and lack of representation in the field, and dangerous law enforcement responses to crisis calls contribute to the fear and mistrust of the health care system that often prevents BIPOC and other marginalized identities from seeking care from western medical providers.

It is necessary to provide legitimate, culturally relevant alternatives to the medical model to improve the existing mainstream systems and to provide sufficient care to all people -- not just those who benefit from the systems that are already in place.

⁶ <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

⁷ <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

⁸ <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

⁹ <https://www.webmd.com/diabetes/minority-health-20/minority-medical-distrust>

COMMUNITY CARE

Community care is an approach utilized by individuals to support one another and the broader community. Community care has existed in BIPOC and QTBIPOC communities for generations as this approach relies on the collectivistic beliefs of many of these communities, where the well-being of the individual is intrinsically tied to the well-being of others, including the larger community. Community care focuses on the connections, intentional actions, and efforts to mobilize individuals to support one another. Community care includes but is not limited to: mutual aid, healing circles, community healing, doulas, faith practices, community health workers, and peer support.

A foundational aspect of community care is the recognition of inequities that exist for individuals and communities. These inequities are often tied to systemic barriers and structures often referred to as social determinants of health¹⁰ that directly affect the well-being of individuals, including economic factors, access and quality of education and health care, the physical environment, and other complex community structures. As a result, community care responds to existing inequities and gaps in resources by creating new structures to bridge gaps and to increase access to meaningful resources through mutual support and aid provided by individuals and broader community-focused efforts.

HOW COMMUNITY CARE IMPACTS MENTAL HEALTH

In essence, community care pushes individuals to think about their well-being as an extension of the well-being of the community they are a part of and belong to, thus individuals work collectively and in solidarity with one another to identify and respond to needs that impact communities as whole systems.

Community care is also critical to an individual's mental health as it responds to the isolating factors often experienced by individuals who may feel disconnected to their community due to life circumstances, the impacts of racism, marginalization, violence, trauma, and other societal factors. Community care enables individuals to find belonging, connection, and collective support in a welcoming environment—factors which are tied to improved recovery from mental health conditions and overall well-being.¹¹ Additionally, community care allows for individuals to feel valued and taken care of in a mutually respectful manner by members of their community.

¹⁰ <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

¹¹ Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan III, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont)*, 4(5):35.

EXAMPLES OF COMMUNITY CARE

Below are a few examples of community care utilized across various communities.

TERM	DEFINITION	BACKGROUND	EXAMPLES
Peer Support	In behavioral health, a peer is usually used to refer to someone who shares the experience of living with a mental health condition or substance use disorder.	Peer services are based on the principle that individuals who have shared similar experiences can help themselves and each other. ¹² Research shows that peer support in traditional mental health settings improves engagement and well-being and reduces mental health hospitalizations. Many traditional peer support settings do not address aspects of shared identity like race and ethnicity. The increase in affordable online services has encouraged more grassroots peer-run organizations that engage in community-specific groups.	Peers go by many names and can work in many different settings. Some examples of peer support spaces include the Fireweed Collective and Peer Support Space .
Community Health Workers	A frontline public health worker who is a trusted member of, and/or has a close understanding of, the community served. ¹³	Community Health Workers can bridge the gap between vulnerable communities and health care, ¹⁴ aiding in creating meaningful connections between the community and formal medically-based systems of treatment and support. These roles were adopted into formal systems through the Bureau of Labor Statistics assigning occupational codes to community health workers in 2010 and recognizing them in the Patient Protection and Affordable Care Act (PPACA) and Medicaid reimbursements. ¹⁵	Community health workers may be recognized by various titles, including community health advisor, outreach worker, patient navigator, promotores de salud (health promoters), and are present in different settings, including community-based organizations, health care agencies, faith-based groups, and more. One of the earliest identified “community health worker” programs is known as the “Chinese barefoot doctors,” which refers to individuals who were peers trained to act as primary health care providers in rural Chinese communities. ¹⁶
Mutual aid	A voluntary reciprocal exchange of resources and services for mutual benefit.	Mutual aid recognizes that the well-being of BIPOC and QTBIPOC folks are bound in each other. Mutual aid showcases that our survival depends on cooperation, not competition. ¹⁷ The COVID-19 pandemic has emphasized this need as research shows an increase in mutual aid groups from just 50 in March 2020 to over 500 in May 2020. ¹⁸	Some early mutual aid groups include the Free African Society, which provided aid to newly freed Black Americans, and the Black Panthers, which provided free breakfast for children. Examples of current mutual aid efforts include the Okra Project , which provides meals and resources to Black trans folks; the Homies Empowerment Freedom Store , which provides free food, home and school supplies, and other resources to the local community, and similar efforts like Freedged, a program aimed to reduce food insecurity and food waste through the power of community.

¹² Position Statement 37: Peer Support Services | Mental Health America [Internet]. [cited 2021 May 19]. Available from: <https://mhanational.org/issues/position-statement-37-peer-support-services>

¹³ <https://www.apha.org/apha-communities/member-sections/community-health-workers>

¹⁴ Roles of Community Health Workers - RHIHub Toolkit [Internet]. [cited 2021 May 21]. Available from: <https://www.ruralhealthinfo.org/toolkits/community-health-workers/1/roles>

¹⁵ History of Community Health Workers (CHWs) in America | MHP Salud [Internet]. [cited 2021 May 21]. Available from: <https://mhpsalud.org/programs/who-are-promotoresas-chws/the-chw-landscape/>

¹⁶ Fang, X. (2012). Barefoot Doctors and Western Medicine in China. Rochester, NY, USA; Woodbridge, Suffolk, UK: Boydell & Brewer. Retrieved May 24, 2021, from <http://www.jstor.org/stable/10.7722/j.ctt1x7444>

¹⁷ Credit: Becca Barad Mutual Aid 101 2.

¹⁸ Mutual Aid Hub [cited 2021 May 19]. Available from: <https://www.mutualaidhub.org/resources>

EXAMPLES OF COMMUNITY CARE (CONTINUED)

<p>Healing Circles/ Talking Circles/ Peacemaking Circles</p>	<p>A practice where individuals come together to provide support and assistance to one another.</p>	<p>These practices are rooted in the traditional culture of indigenous people. Healing circles carry a purposeful acknowledgment of systemic racial trauma, stress, anger, pain, frustration, and hurt that diverse groups experience. Healing circles also allow BIPOC and QTBIPOC to recognize how these harmful experiences might affect feelings, thoughts, actions, and interactions.</p>	<p>A range of activities can occur within the realm of the circle of which some examples include the sharing of personal experiences, breath work, chanting, and collective prayer.</p>
<p>Community Healing/Healing Justice</p>	<p>A framework intended to identify and holistically respond to generational trauma and systemic oppression, and build community/survivor-led responses rooted in southern traditions of resiliency to sustain our emotional/physical/spiritual/psychic and environmental well-being.¹⁹</p>	<p>Community healing or healing justice was coined by Cara Page and the Kindred Healing Justice Collective. It is a framework and movement created by queer and trans people of color, Black and brown femmes, and their allies focused on community healing. Several practices are utilized in the healing justice framework such as collective art, rituals, and altar building.</p>	<p>Community healing/healing justice practices range for each community the practice is intended to serve, as the framework of healing justice requires a holistic response to the trauma and violence experienced by individuals and communities. Examples of organizations focused on healing justice include BEAM Collective, La Cura podcast, Spirit House, and Project South.</p>
<p>Doulas/Midwives</p>	<p>A trained professional who provides continuous physical, emotional, and informational support to a mother before, during, and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.²⁰</p>	<p>Doulas and midwives are an essential part of community care as these individuals provide critical support to women across BIPOC communities who are at increased risk for poor maternal and infant health outcomes. In fact, researchers have shown that Black and American Indian and Alaska Native (AIAN) women have higher rates of pregnancy-related death compared to white women.^{21 22} Additional studies show that doulas and midwives improve maternal health evident through reduced rates of C-sections, improved birth weight of the baby, and reduced birthing complications.²³</p>	<p>There are several organizations dedicated to improving access to doulas and midwives, as well as providing doula and midwife services to local communities. A few examples include Sista Midwife Production, Asian Birth Collective, Center for Indigenous Midwifery, La Luna Doula, National Black Doulas Association, and National Association of Certified Professional Midwives.</p>

¹⁹ <http://kindredsouthernhjcollective.org/what-is-healing-justice/>

²⁰ <https://www.dona.org/what-is-a-doula/>

²¹ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-maternal-infant-health-overview/>

²² Wint K, Elias TI, Mendez G, Mendez DD, Gary-Webb TL. Experiences of Community Doulas Working with Low-Income, African American Mothers. *Heal Equity* [Internet]. 2019 Apr 8 [cited 2021 May 20];3(1):109–16. Available from: <http://online.liebertpub.com/doi/10.1089/heq.2018.0045>

²³ <https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/community-models-improve-maternal-outcomes-equity>

CULTURALLY-BASED PRACTICES

Culturally-based practices are culturally-rooted customs, behaviors, values, and beliefs passed down through generations that function as “informal systems of support.” These culturally-based practices form part of a socially dynamic framework of assistance provided by and to individuals by their families, friends, and communities.

A culturally-based practice relies on intergenerational knowledge-sharing of customs, ancestral history and heritage, traditional practices, and relationship structures that function as key elements which provide comfort, security, trust, and healing for the individual and the broader community.²⁴ These culturally-based practices provide a safe space for individuals to talk about and share their lived experiences without the need for explanation or justification of feelings. There is an innate shared understanding among the community.

Culturally-based practices are deeply ingrained within an individual and a community, so much so that their existence may often go unnoticed as individuals have come to naturally rely on and integrate these practices into their daily life. These practices may be employed daily as part of significant life experiences and/or during times of distress and illness. Sometimes, they are very present and intentional - like building an altar - or they are less visible but evident through the social connections that exist, such as relationships with elders or aunts or communal bonds developed through shared activities such as prayer or healing circles.

HOW CULTURALLY-BASED PRACTICES IMPACT MENTAL HEALTH

For generations, culturally-based practices have been erased, set aside, hidden away, or utilized in secret. The efforts to erase these practices are a cornerstone of the oppressive and violent actions implemented toward diminishing the history, value, and pride in BIPOC and QTBIPOC communities²⁵.

As a result of these aspects of historical trauma, individuals and communities modified their behaviors and actions to keep themselves safe, out of harm’s way, and to protect the practices from erasure. Unfortunately, the long-lasting impact of these behavior modifications resulted in individuals being unaware of culturally-based practices or hesitant to engage in them out of fear.

However, it is important to shed light on and engage in culturally-based practices in order to heal. By learning about and embracing culturally-based practices, individuals and communities can begin the process of understanding the impacts of historical trauma, reclaiming the honor and pride of their ancestors, their historical knowledge, and the power that exists in connecting with one’s community through shared values, beliefs, and customs.²⁶

²⁴ Adekson, M. O. (2017). Culture and Holistic Healing as Integral parts of Indigenous Global Health. *JSM Health Education & Primary Health Care*, 2(2), 1-4.

²⁵ Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma.

²⁶ French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14-46.

EXAMPLES OF CULTURALLY-BASED PRACTICES

Each individual and community has an array of culturally-based practices that forms part of their daily lives and social interactions²⁷. It is important to keep in mind that these practices may not be utilized by all individuals or communities. Instead, it is up to the individual to determine what works best for their experience.

Below are a few examples of culturally-based practices utilized across various communities.

PRACTICE	DEFINITION	BACKGROUND	EXAMPLES
Healing or prayer circles	A practice where individuals come together to provide support and assistance to one another.	Historically focused on indigenous practices of communal bonding and assistance, these practices focus on the gathering of individuals where comfort and healing can occur in a sacred non-judgemental space.	A range of activities can occur within the realm of the circle of which some examples include the sharing of personal experiences, breath work, chanting, and collective prayer.
Traditional healers/practitioners	A person who uses culturally-rooted and traditional knowledge to address the well-being of an individual.	Within each cultural group, there are a variety of healers that focus on utilizing practices passed down through generations. Oftentimes, traditional healers are lumped together because they fall outside of the spectrum of the Western medical model. However, healers are unique to the communities they are a part of and engage in a variety of practices from herbalists to spiritualists and more.	Medicine men/women, spiritualists, shaman, and diviners.
Multigenerational households	An intentional practice where individuals from various generations live together in a shared space.	This practice is most often found among families and communities from collectivistic societies where familism, or the emphasis on group unity/cohesion, is dominant.	The group of individuals living within the shared space may vary, but is often made up of grandparents, adult children, and spouses of adult children, siblings, and offspring.
Kinship systems	A system of reciprocal social relationships between individuals who may or may not be blood-related but are connected socially through extended family ties.	Kinship systems are based on the existence of a network of social relationships created between individuals who have shared values and beliefs and who come to form a cooperative support network of shared responsibilities. Oftentimes, kinship systems are created for childrearing, strengthening of familial bonds, and as informal systems of support among a community.	Examples of kinship systems are present across various cultural groups including comadres/compadres, play cousins, aunts and uncles, and godparents.
Storytelling/Oral traditions	Practices focused on the sharing of experiences, ancestral history, and knowledge through verbal communication aimed at preserving cultural customs and values.	The verbal nature of these practices protects individuals from persecution and enables a broad group of people to take the information and share it.	Storytelling often occurs through the delivery of spoken word, poetry, folktales, singing, and an array of performance arts.
Energy healing/clearing/cleansing	Practices based on the belief of dynamic interconnectedness between the individual, their environment, social networks, and energy forces that may affect overall well-being.	Practices tied to healing and cleansing are present across cultural groups and vary in the rituals and forms of implementation. Oftentimes these practices focus on addressing energy changes for the individual, such as imbalances between an individual's external environment and physical, emotional, and spiritual well-being.	A few examples of energy healing and cleansing include smudging, limpias, sweat lodge rituals, reiki, and feng shui.

27 Ibeneme, S., Eni, G., Ezuma, A., & Fortwengel, G. (2017). Roads to health in developing countries: understanding the intersection of culture and healing. *Current Therapeutic Research*, 86, 13-18.

SELF-DIRECTED CARE

Self-directed care (SDC) is an innovative practice that emphasizes that people with mental health and substance use conditions should have decision-making authority over the services they receive.²⁸ Individuals are encouraged to take direct responsibility to manage their care, including determining their own needs, deciding how those needs are met, and continuously evaluating the services.

In SDC programs and initiatives, individuals control a budget that supports them in working toward their recovery and wellness goals. These financial resources can be used for things like transportation, gym memberships, employment-related goods and services, and traditional mental health services.

HOW SELF-DIRECTED CARE IMPACTS MENTAL HEALTH

The mental health care system is not exempt from systemic racism and discrimination practices - there are many barriers to care for BIPOC, like lack of insurance, language and communication differences, and lack of diversity among providers (in 2015, approximately 86% of psychologists in the U.S. were white²⁹).

The way people talk about and experience mental health is uniquely shaped by their racial/ethnic backgrounds and cultural experiences.³⁰ Because SDC gives the individual seeking services the power to decide what works best for them, it allows people from marginalized communities to determine their own priorities in recovery and move beyond traditional systems of care, which weren't originally designed with them in mind. SDC creates space in treatment plans for culturally relevant services and goes beyond diagnosis to treat the whole person.

SDC grants individuals autonomy, agency, and choice. It gives people seeking services the freedom to decide what is meaningful and life-enhancing to them. These factors are crucial in empowering individuals to take control over their own care, wellness, and life - and when people are motivated, they are more likely to succeed in recovery.

²⁸ https://www.mhanational.org/issues/position-statement-36-self-determination-initiatives#_Toc33805610

²⁹ Lin, L., Stamm, K., & Christadis, P. (2018). How diverse is the psychology workforce? *APA Monitor on Psychology*, 49(2). <https://www.apa.org/monitor/2018/02/datapoint>

³⁰ <https://www.mhanational.org/events/how-culture-and-race-can-impact-identifying-and-treating-mental-health-conditions>

INTEGRATING SELF-DIRECTED CARE INTO THE WESTERN MEDICAL MODEL

The Western medical model of mental health care focuses on concrete diagnoses and a handful of treatment options for each diagnosis. Services within this model, like therapy and medication management, are powerful tools for many individuals. But many others, especially those with marginalized identities, don't find these services effective or accessible.

SDC can be integrated into any established system of care - it is not a separate system in itself, but a philosophy that allows the individual receiving services to choose which supports work best for them. This may include some aspects of the Western medical model but remains flexible for the utilization of alternative services that meet the individual's unique needs.

There are a number of benefits to SDC programs, including:

Increased self-determination for participants.³¹

- Greater use of, and higher participant satisfaction with, services and care.³²
- Outcomes such as employment and housing stability, self-sufficiency, and engagement in mutual support and self-advocacy, all of which contribute to sustainable mental health recovery.³³
- Greater participant ability to ask for help, rely on social support from others, and willingness to pursue recovery goals over an extended period of time.³⁴

Everyone's experience with a mental health condition is different - which means everyone's treatment needs are different, too. Those with mental health challenges are experts in their own experiences and needs and should be empowered to create their own individualized wellness plan.

PRACTICING SELF-DIRECTED CARE

While SDC programs are often based on providing help-seeking individuals with funding to manage as they see fit, the general philosophy of SDC is something that anyone can integrate into their wellness plan.

- **Know what will - and will not - work for you.** Understand what supports and services match your lifestyle and expectations - if a treatment option requires you to change too much too quickly, it is unlikely to stick. The most effective services are ones that fit into your current life and are sustainable in the long term.
- **Focus on shared decision-making (SDM).** SDM notes that there are two experts in a provider-patient relationship - you are the expert on yourself and your life, and the provider is the expert on mental health conditions and how to treat them. Start with educating your provider about your concerns and goals. Then learn from them about your diagnosis and treatment options and do not hesitate to ask questions. Work as a team to come to an agreement about what next steps are best for you.
- **Be ready to advocate for yourself.** You know yourself better than anyone else does, regardless of credentials. It is important to speak up if a provider suggests something that won't work for you or doesn't seem to understand your individual needs. If they are not receptive to your input, it is okay to seek out new treatment options or providers.

³¹ See the research. Human Services Research Institute. <https://www.mentalhealthselfdirection.org/research>

³² Self-directed care: A promising path to enhance recovery for people with serious mental illness. National Rehabilitation Information Center. <https://www.naric.com/?q=en/rif/self-directed-care-promising-path-enhance-recovery-people-serious-mental-illness>

³³ Demonstration and evaluation of self-direction in mental health. Human Services Research Institute, <https://www.hsri.org/project/demonstration-and-evaluation-of-self-direction-in-mental-health>

³⁴ Cook, J. A., Shore, S., Burke-Miller, J. K., Jonikas, J. A., Hamilton, M., Ruckdeschel, B. & Bhaumik, D. (2019). Mental health self-directed care financing: Efficacy in improving outcomes and controlling costs for adults with serious mental illness. *Psychiatric Serv.* 70(3),191-201. <https://doi.org/10.1176/appi.ps.201800337>

WHAT CAN YOU DO

You can take action to support a community approach to addressing the mental health needs of BIPOC and QTBIPOC individuals. Whether you identify as a member of these communities or want to be a stronger ally, the following steps help promote mental health and increase access to care.

- 1. Examine the current structures and ask questions:** A great starting point is to look critically at different existing systems and networks and analyze how they hurt or help BIPOC mental health. Consider the various barriers to accessing mental health care like cost and stigma and whether the current framework is the best approach to providing quality services and meeting the needs of communities.
- 2. Push for accessibility in traditional health care:** Take action by advocating for BIPOC and QTBIPOC accessibility in our current health care systems. Contact your local elected officials or use your channels like social media to talk about these issues. Call for expanded language services, culturally responsive provider training, expanded public education resources around health literacy, and more.

[Start contacting your elected officials with MHA's action alerts.](#)
- 3. Hold organizations and institutions accountable:** Our health care systems are not the only ones responsible for BIPOC mental health and the barriers to care. Ensure that the systems you are a part of, including workplaces, research institutions, schools, political structures, and beyond, actively assess how they contribute to the problems that exist for BIPOC and QTBIPOC mental health and support solutions to ensure change.
- 4. Think beyond traditional health care:** When advocating or looking for resources for yourself or a loved one, keep non-traditional health care supports in mind. If you find that the mainstream health care systems do not support BIPOC mental health effectively, expand criteria to include community support that may not come up in traditional searches or doctor recommendations. You can also create your support systems if something that fits you or your community's needs does not already exist. The Sustainable Economies Law Center offers a [Mutual Aid Toolkit](#) as a resource for your efforts.
- 5. Give credit to originating communities of healing practices:** As outlined in this year's toolkit, many BIPOC and QTBIPOC identifying individuals and communities developed their resources and supports to address mental health needs. However, they do not always get credit for these practices if they become adopted by mainstream society. If you choose to utilize a BIPOC-established approach, ensure that you give credit to the originating community and encourage others to do the same.

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 MENTAL HEALTH RESOURCES FOR BIPOC

[BIPOC Mental Health](#)

[Infographic: BIPOC And LGBTQ+ Mental Health](#)

[Health Care Disparities Among Black, Indigenous, And People Of Color](#)

[BIPOC Communities and COVID-19](#)

[Racial Trauma](#)

[Racism and Mental Health](#)

[How To Find an Anti-Racist Therapist](#)

[Is My Therapist Being Racist?](#)

[I Have Trauma From Racism](#)

[I'm Angry About the Injustices I See Around Me](#)

BLACK AND AFRICAN AMERICAN COMMUNITIES

[Black and African American Communities and Mental Health](#)

[Black Pioneers In Mental Health](#)

[Bipolar Disorder And Black Americans](#)

[Depression In Black Americans](#)

MENTAL HEALTH SCREENING TOOLS

MHA 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. 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, available in English and Spanish, provide practical tools (tips and worksheets) that everyone can use to improve their mental health and increase resiliency regardless of their situation. Learn more at [mhanational.org/tools2thrive](#).

LATINX/HISPANIC COMMUNITIES

[Latinx/Hispanic Communities and Mental Health](#)

[Información Y Materiales De Salud Mental En Español \(Information and Materials for Mental Health in Spanish\)](#)

ASIAN AMERICAN AND PACIFIC ISLANDER COMMUNITIES

[Asian American/Pacific Islander Communities and Mental Health](#)

NATIVE AND INDIGENOUS COMMUNITIES

[Native and Indigenous Communities and Mental Health](#)

LGBTQ+ COMMUNITIES

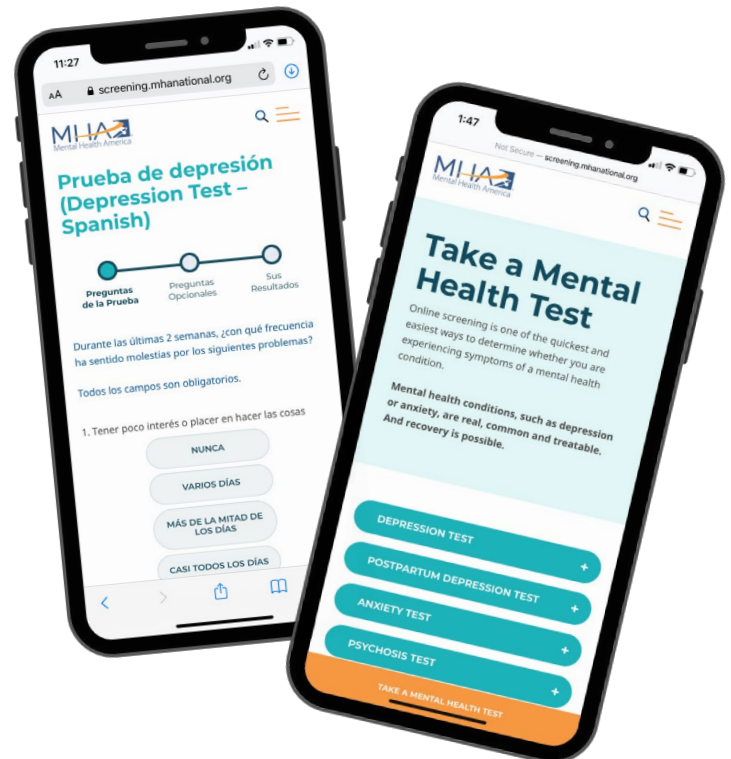
[LGBTQ+ Communities and Mental Health](#)

[Bullying: LGBTQ+ Youth](#)

[Experiencing Abuse in an LGBTQ+ Relationship](#)

[How To Find LGBTQ-Friendly Therapy](#)

[Questions to Help QTBIPOC Find Affirming Mental Health Providers](#)



OTHER RESOURCES AND TOOLS

BLACK/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.

- [Toolkits & Education](#): Graphics on accountability, self-control, and emotional awareness; journal prompts; articles on Black mental health.
- [Videos](#): Trainings and webinars, recorded and available for free.

The Boris Lawrence Henson Foundation: Changing 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.

- [Resource Guide](#): Directory of mental health providers and programs that serve the Black community; includes therapists, support groups, etc., but also digital content, faith-based programs, and educational programs.

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

- [Therapist Directory](#): Find trusted therapists that can help you navigate being a strong, Black woman; can search for an in-office therapist by your location or a virtual therapist.
- [The Yellow Couch Collective](#): A paid membership community (\$9.99/mo), space for Black women to gather to support, encourage, and learn from each other.

The Loveland Foundation: Financial assistance to Black women and girls seeking therapy.

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

- [Therapist Directory](#)

Dr. Ebony's My Therapy Cards: 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: National mental health resource for the Latinx community; provides resources for the Latinx community to heal, thrive, and become advocates for their own mental health.

- [Therapist Directory](#)
- [Book Recommendations](#)

Latinx Therapy: Breaking the stigma of mental health related to the Latinx community; learn self-help techniques, how to support yourself and others.

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

ASIAN AMERICAN/PACIFIC ISLANDER COMMUNITIES

Asian American Psychological Association (AAPA): Dedicated to advancing the mental health and well-being of Asian American communities through research, professional practice, education, and policy.

- [Fact Sheets](#)
- [Bullying Awareness Campaign](#)
- [LGBTQ+ Resources](#)

Asian & Pacific Islander American Health Forum: Focused on improving the health of Asian Americans, Native Hawaiians, and Pacific Islanders.

- [Community Care Package](#): COVID-focused weekly digital "community care package" 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: Part of the Montgomery County Department of Health & Human Services, includes Asian American resources.

- [Online Photo Novels](#)

[National Asian American Pacific Islander Mental Health Association](#)

- [Directory of Mental Health Service Providers for Asian Americans, Native Hawaiians, and Pacific Islanders \(by state\)](#)
- [COVID-19 Resources](#)
- [Combatting Racism Resources](#)

OTHER RESOURCES AND TOOLS

NATIVE AND INDIGENOUS COMMUNITIES

Indigenous Story Studio: Creates illustrations, posters, videos, and comic books on health and social issues for youth (Canada-based).

- [Strength of the Sash](#) and [Tomorrow's Hope](#): Suicide prevention
- [Making it Right](#): Community justice, policing
- [Just a Story](#): Mental health stigma

One Sky Center: The American Indian/Alaska Native National Resource Center for Health, Education, and Research; mission is to improve prevention and treatment of mental health and substance use problems and services among Native people.

- [A Guide to Suicide Prevention](#)
- [Presentations and Publications](#): A number of downloadable resources by topic (addiction treatment, adolescents, crisis care and disaster management, disparity of health services, mental health management, and more).

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.

- My Culture – [Wellness and Healing, Identity](#)
- My Life – My Mind – [Mental Health Difficulties, Improve Your Mood, Getting Help](#), and more (including specific mental health issues)
- My Relationships – [Unhealthy Relationships, Communicating, LGBT – Two Spirit](#)
- [Ask Auntie](#): Like an advice column – type in your question, and it will pull up similar ones; if none answer what you're asking, Auntie Amanda will write up an answer and notify you when it is posted.

LGBTQ+ COMMUNITIES

The Trevor Project: An American nonprofit organization founded in 1998 focused on suicide prevention efforts among lesbian, gay, bisexual, transgender, queer, and questioning youth.

- [TrevorLifeline/Chat/Text](#): 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).

Mental Health Fund for Queer and Trans People of Color: Provides financial support for QTPoC to increase access to mental health support.

- [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.

- [Resources for Educators](#)
- [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](#) (organized by topic – includes content on individual identities, communities of color, workplace, and more).