



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

¹Mental Health America Achieves Milestone of 5 Million Mental Health Screenings. (2020, May 21). Retrieved June 23, 2020, from <https://www.mhanational.org/mental-health-america-achieves-milestone-5-million-mental-health-screenings>

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>

³Rutgers University. (2019, March 21). African-Americans more likely to be misdiagnosed with schizophrenia, study finds: The study suggests a bias in misdiagnosing blacks with major depression and schizophrenia. ScienceDaily. Retrieved June 23, 2020 from www.sciencedaily.com/releases/2019/03/190321130300.htm

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/>

⁵American Psychiatric Association. Mental Health Disparities: Diverse Populations. (2017). Retrieved 2020, from <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

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.

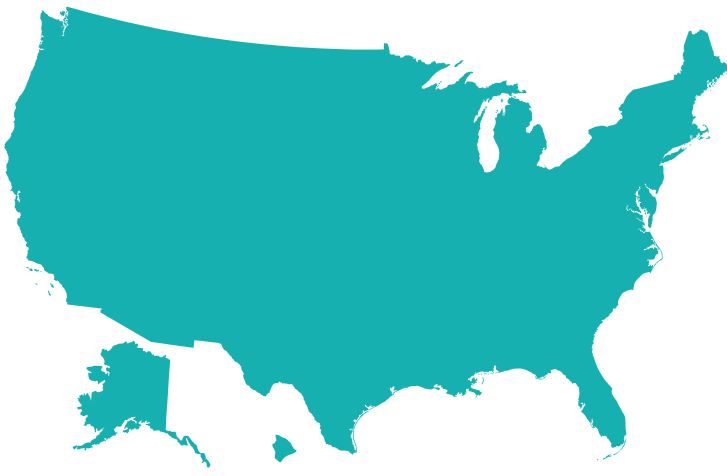
SOURCES

- 1 Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and ethnoviolence as trauma: Enhancing professional training. *Traumatology*, 16(4), 53-62. doi:10.1177/1534765610389595
- 2 Carter, R. T., Mazzula, S., Victoria, R., Vazquez, R., Hall, S., Smith, S., ... Williams, B. (2013). Initial development of the Race-Based Traumatic Stress Symptom Scale: Assessing the emotional impact of racism. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 1-9. doi:10.1037/a0025911
- 3 Carter, R. T., Johnson, V. E., Roberson, K., Mazzula, S. L., Kirkinis, K., & Sant-Barket, S. (2017). Race-based traumatic stress, racial identity statuses, and psychological functioning: An exploratory investigation. *Professional Psychology: Research and Practice*, 48(1), 30-37. doi:10.1037/pro0000116
- 4 Asian Pacific Policy and Planning Council (2020). In one month, STOP AAPI HATE Receives almost 1500 incident reports of verbal harassment, shunning and physical assaults. http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Press_Release_4_23_20.pdf
- 5 Lopez, M. H., Gonzalez-Barrera, A., & Krogstad, J. M. (2020, May 30). Latinos' experiences with discrimination. Retrieved June 25, 2020, from <https://www.pewresearch.org/hispanic/2018/10/25/latinos-and-discrimination/>
- 6 Quantifying Hate: A Year of Anti-Semitism on Twitter. (n.d.). Retrieved June 25, 2020, from <https://www.adl.org/resources/reports/quantifying-hate-a-year-of-anti-semitism-on-twitter#methodology>
- 7 FBI. (2019, September 22). Table 43. Retrieved June 25, 2020, from <https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/tables/table-43>
- 8 Integrated Public Use Microdata Series, U.S. Census Data for Social, Economic, and Health Research, 2013-2017 American Community Survey: 5-year estimates (Minneapolis Minnesota Population Center, 2017), available at <https://usa.ipeds.org/usa/>
- 9 Runes, C. (2017, May 22). "Invisibility is an unnatural disaster": Why funding the 2020 Census matters for Pacific Islanders. Retrieved June 25, 2020, from <https://www.urban.org/urban-wire/invisibility-unnatural-disaster-why-funding-2020-census-matters-pacific-islanders>
- 10 Tomaskovic-Devey, D., Zimmer, C., Stainback, K., Robinson, C., Taylor, T., & Mctague, T. (2006). Documenting Desegregation: Segregation in American Workplaces by Race, Ethnicity, and Sex, 1966-2003. *American Sociological Review*, 71(4), 565-588. doi:10.1177/000312240607100403
- 11 Leavitt, R. A., Ertl, A., Sheats, K., Petrosky, E., Ivey-Stephenson, A., & Fowler, K. A. (2018). Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003-2014. *MMWR. Morbidity and Mortality Weekly Report*, 67(8), 237-242. doi:10.15585/mmwr.mm6708a1
- 12 Bernstein KT;Ahern J;Tracy M;Boscarino JA;Vlahov D;Galea S. (n.d.). Television Watching and the Risk of Incident Probable Posttraumatic Stress Disorder: A Prospective Evaluation. Retrieved June 25, 2020, from <https://pubmed.ncbi.nlm.nih.gov/17220738/>
- 13 Cleary, S. D., Snead, R., Dietz-Chavez, D., Rivera, I., & Edberg, M. C. (2017). Immigrant Trauma and Mental Health Outcomes Among Latino Youth. *Journal of Immigrant and Minority Health*, 20(5), 1053-1059. doi:10.1007/s10903-017-0673-6
- 14 Bigfoot, D. S., & Schmidt, S. R. (2011). Cultural Enhancement of Trauma-Focused Cognitive-Behavioral Therapy for American Indian and Alaska Native Children. *PsychEXTRA Dataset*. doi:10.1037/e675942011-001
- 15 Office of the Surgeon General (US). (n.d.). Chapter 3 Mental Health Care for African Americans. Retrieved June 25, 2020, from <https://www.ncbi.nlm.nih.gov/books/NBK44251/>
- 16 Dashorst, P., Mooren, T. M., Kleber, R. J., De Jong, P. J., & Huntjens, R. J. (2019, August 30). Intergenerational consequences of the Holocaust on offspring mental health: A systematic review of associated factors and mechanisms. Retrieved June 25, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6720013/>
- 17 Designer, N. W. (2014, October 15). Examining the Theory of Historical Trauma Among Native Americans. Retrieved June 25, 2020, from <https://tpcjournals.nbcc.org/examining-the-theory-of-historical-trauma-among-native-americans/>



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BIPOC AND LGBTQ+ MENTAL HEALTH

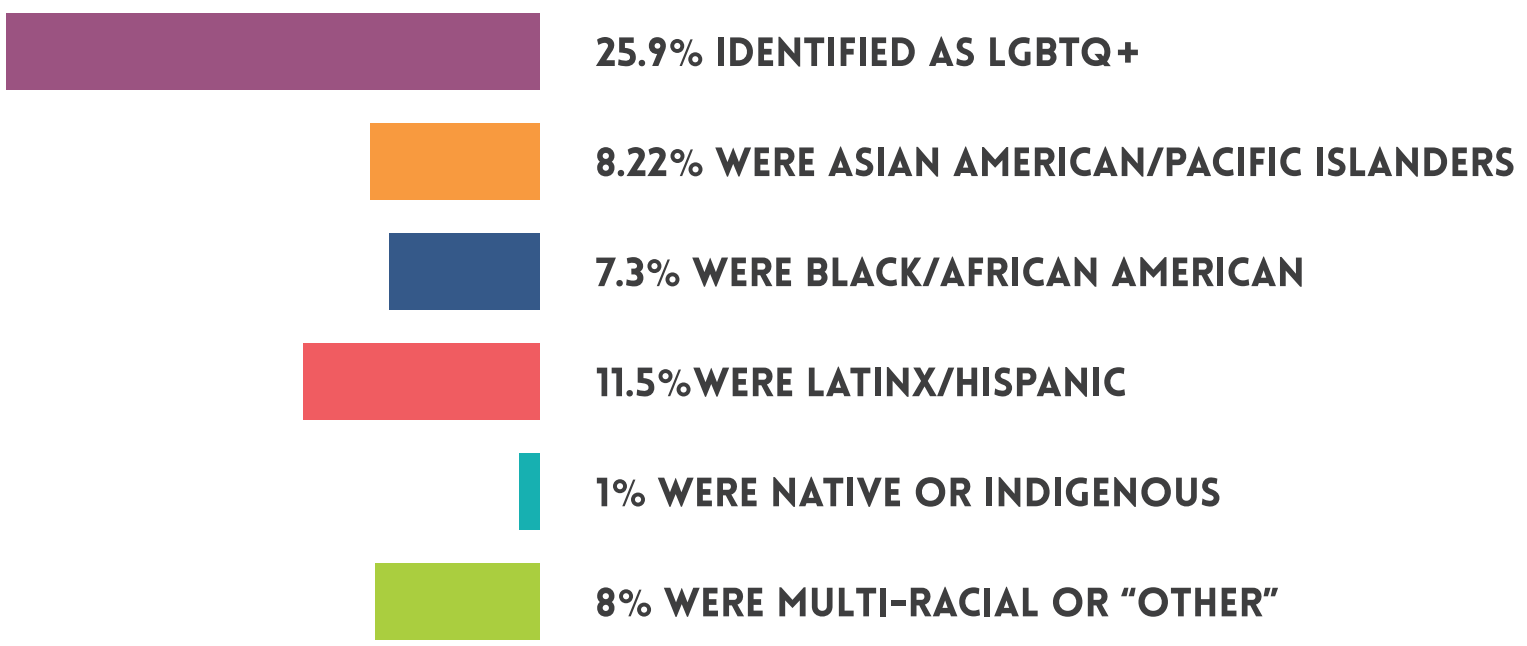


41.8%
OF THE U.S. POPULATION
ARE PEOPLE OF COLOR
AND
13.5%
WERE BORN IN A
DIFFERENT COUNTRY¹

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



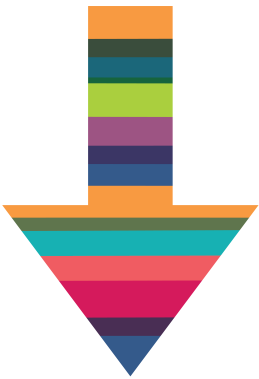
LGBTQ+ PEOPLE WERE MORE LIKELY THAN NON-LGBTQ+ PEOPLE TO SCREEN POSITIVE OR AT-RISK ACROSS ALL SCREENS.

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.



Sources

1. U.S. Census. (2019). Quick Facts. <https://www.census.gov/quickfacts/fact/table/US/PST120219>
 2. <https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>
- All other facts and figures derived from proprietary data from MHAScreening.org

