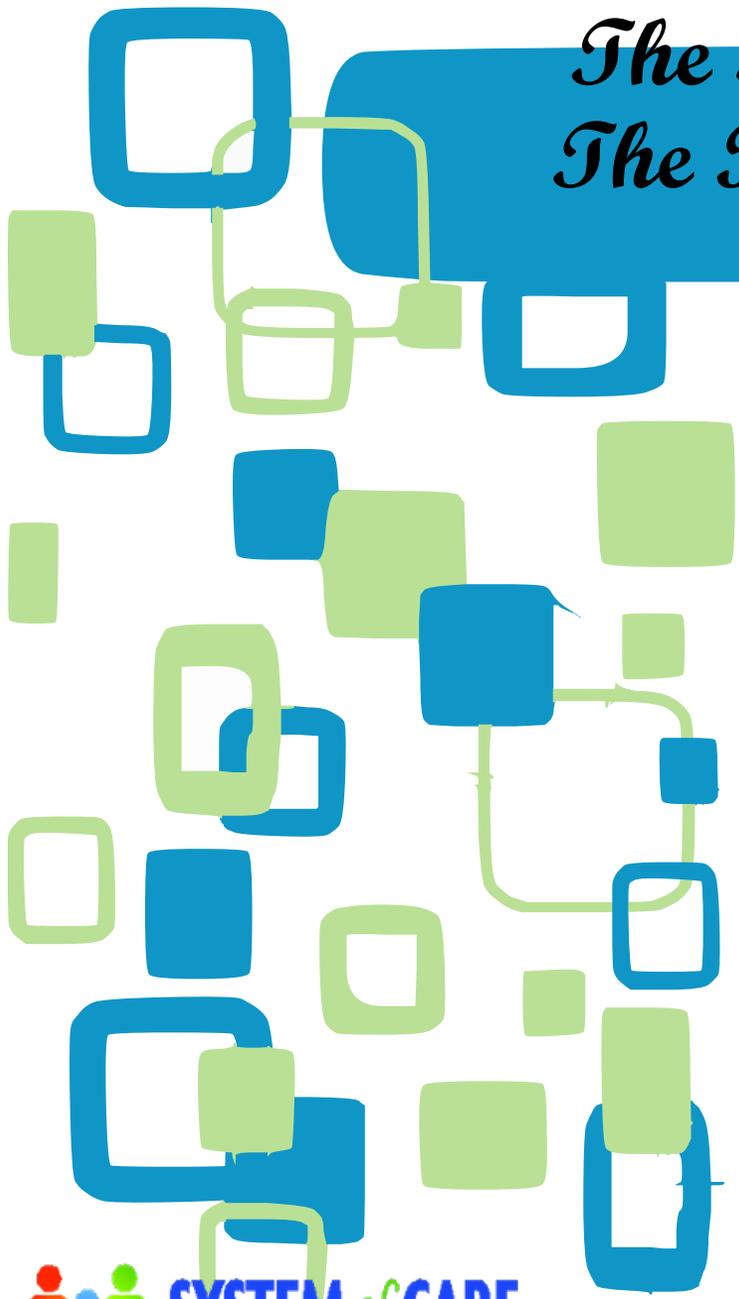
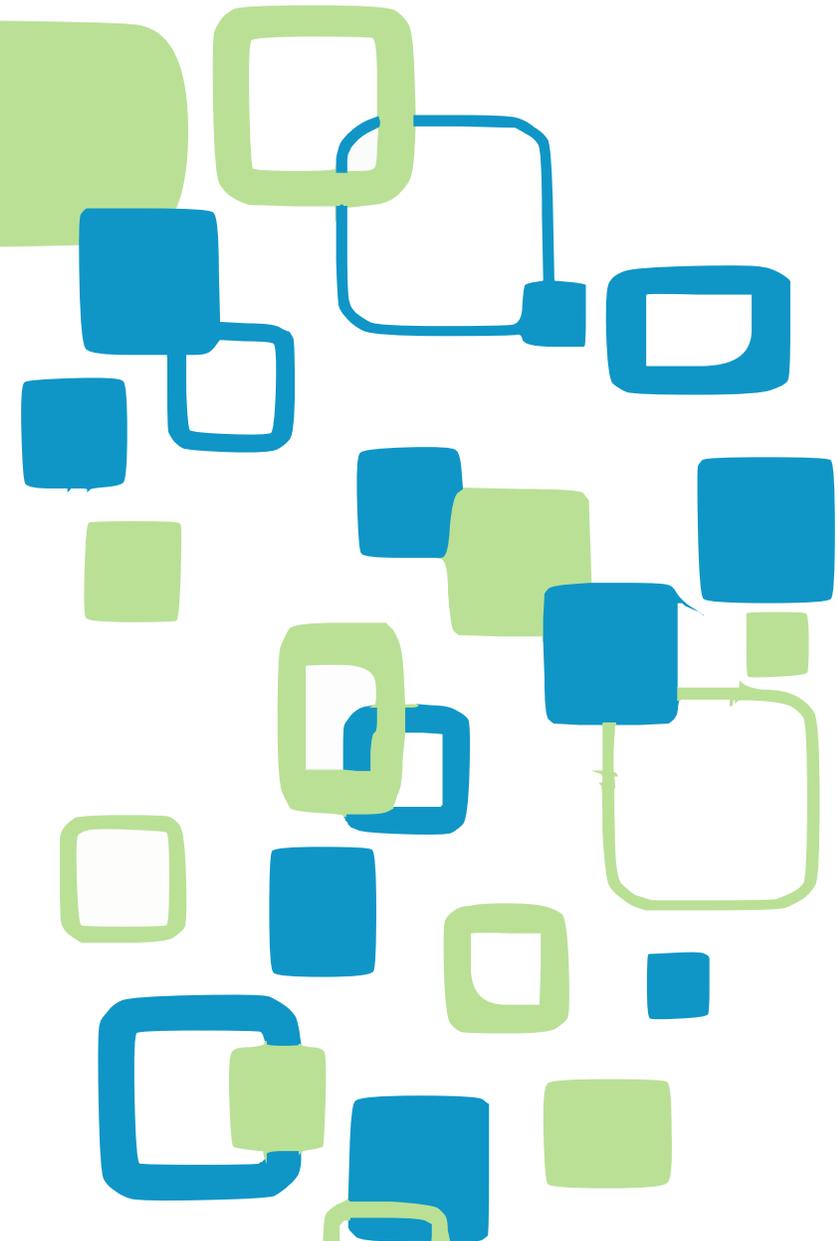


*The State of Black and Brown Mental Health*  
*The PPAAL 11<sup>th</sup> Annual Virtual and Celebration*  
*June 3, 2022*



# *Who's in the Room???*



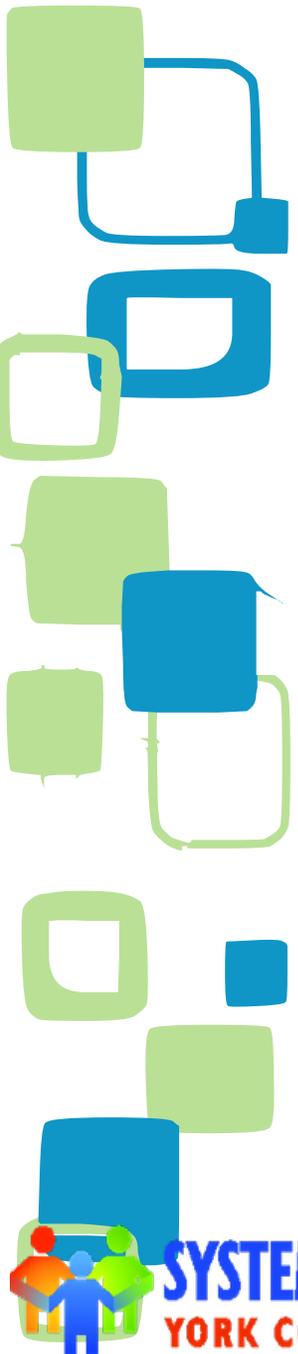
## *Goals of the Presentation*

Bring awareness to an area that is often overlooked

Share meaningful data and information to help frame the lens of this work

Review specific information from national experts about communities of color

Encourage participants to be more intentional with decision making with communities of color



We may finally have an opportunity to change the future for others.

It's about time to focus on this topic.

PROMISE

Communities of color get lost amongst all other issues when mental health plays a huge role.

## *Why this topic?*

The Intersection of mental health on communities of color is rarely, if ever, addressed.



*History of mental health (communities of color)  
Intersection of criminal justice,  
homelessness, poverty, domestic*

*Statistical data  
education, policing, physical health,  
violence and more.....*

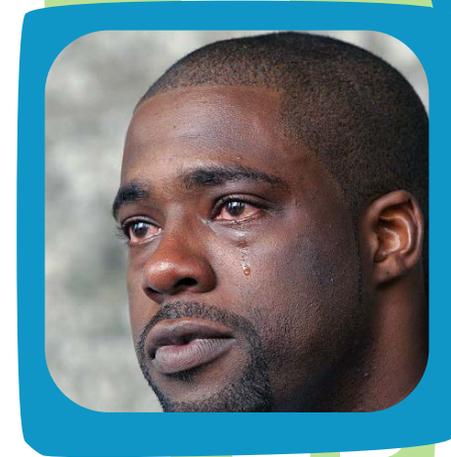
# *Initial Thoughts from others about this topic!!*

It will be difficult for participants to connect and understand

I am looking forward to going on this journey

This could dispel myths about who is receiving services within our systems

Would there be an interest in on-going discussions?





## *Crucial Conversations about Race*

Special Thank you to -

PA Care Partnership – PA arm of  
Systems of Care

PA Mental Health Planning Council

York County Department of Human  
Services(PA)

UPMC

PennCares

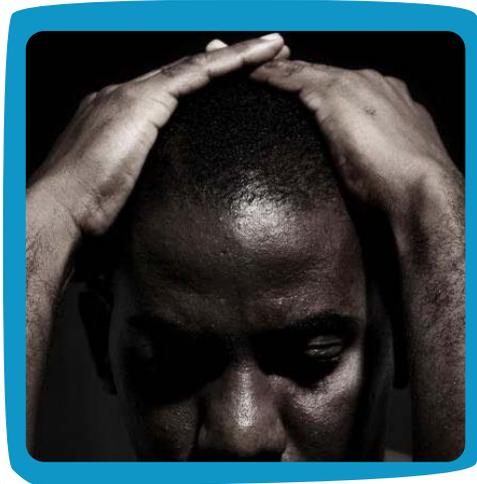
Many Other Organizations

## *Let's Talk Numbers*

- 10 sessions over the last 10 months
- 1115 total participants
- 2230 total collective training hours
- Potentially closer to 2400 training hours as several sessions ran much longer than planned
- Guest speakers - national, state, county and city



# Session Topics Included.....





*How to have the  
difficult*

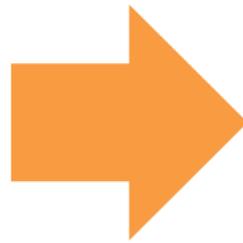
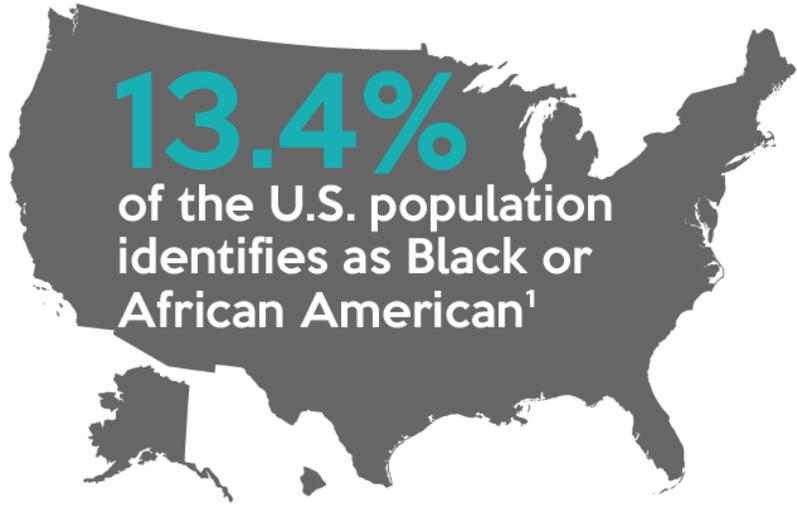
*conversations!*

Being uncomfortable is  
necessary for change!



**13.4%**

of the U.S. population identifies as Black or African American<sup>1</sup>



Of those, over

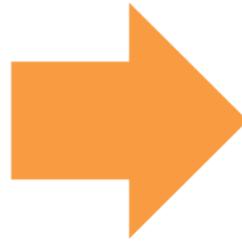
**16%**

reported having a mental illness in the past year<sup>2</sup>

That is over

**7**

million people



MORE people than the populations of Chicago, Houston, and Philadelphia



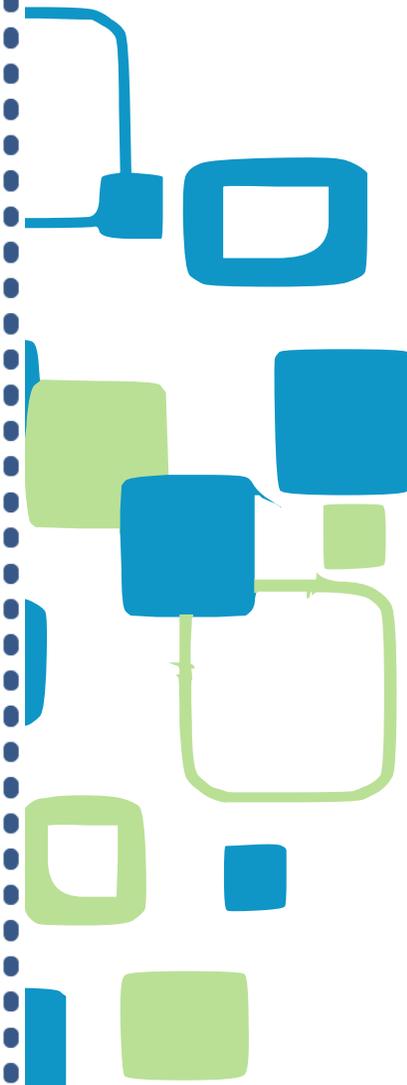
**COMBINED<sup>3</sup>**

SOURCES

<sup>1</sup><https://www.census.gov/quickfacts/fact/table/US#>

<sup>2</sup>Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS)

<sup>3</sup><https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html>

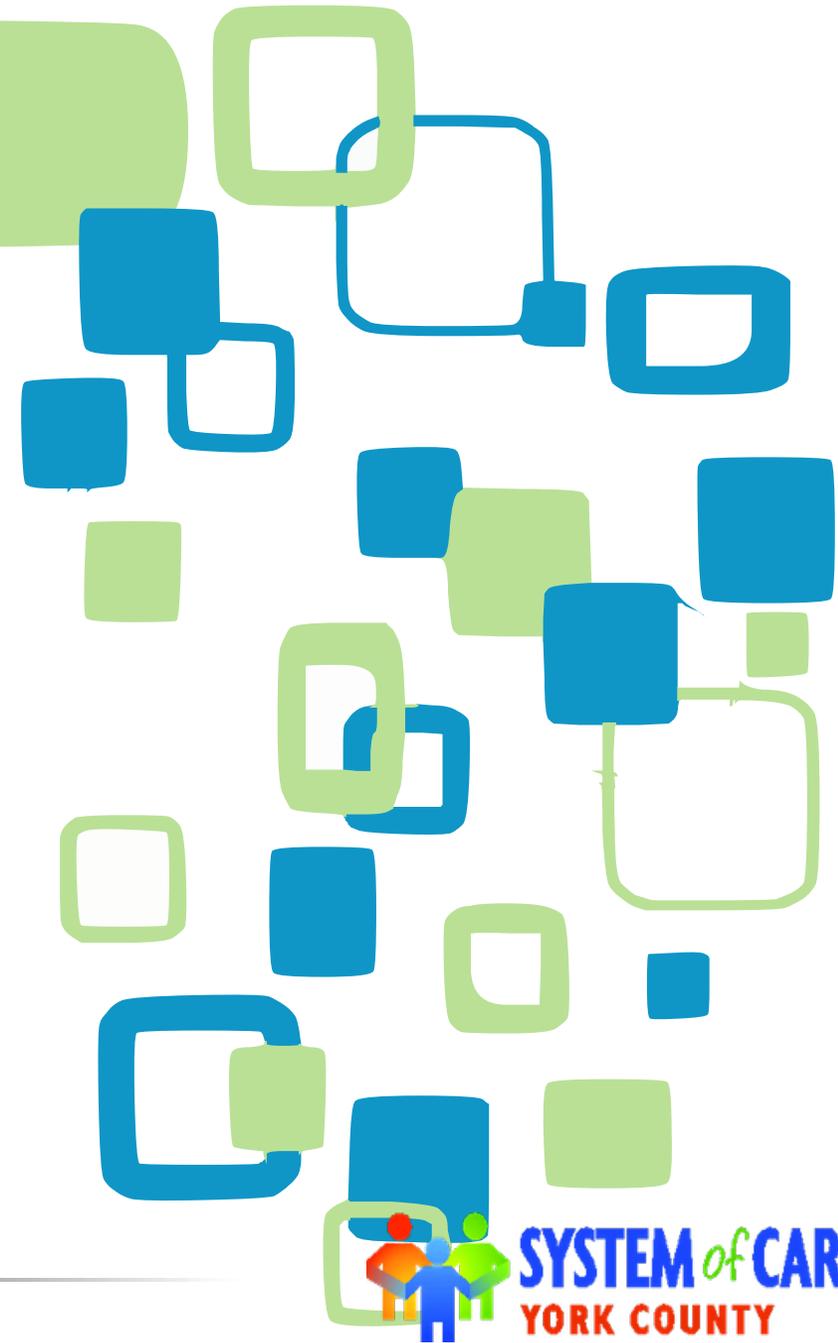


**SYSTEM of CARE**  
**YORK COUNTY**

# 2018 Mental Illness Statistics

*Ref. Dr. Jeffrey Gardner and SAMSHA*

- ▶ Sixteen percent (4.8 million) of Black and African American people reported having a mental illness, and 22.4 percent of those (1.1 million people) reported a serious mental illness over the past year.
- ▶ Major depressive episodes increased between 2015 and 2018.
- ▶ Suicidal thoughts, plans, and attempts are also rising among Black and African American young adults.
- ▶ According to the [Centers for Disease Control and Prevention](#), suicide is the third cause of death among African-American males between ages 15 and 24, behind homicide and accidents.
- ▶ Suicide death rates among Black men are five times that of Black women.
- ▶ Binge drinking, smoking (cigarettes and marijuana), illicit drug use and prescription pain reliever misuse are more frequent among Black and African American adults with mental illnesses.



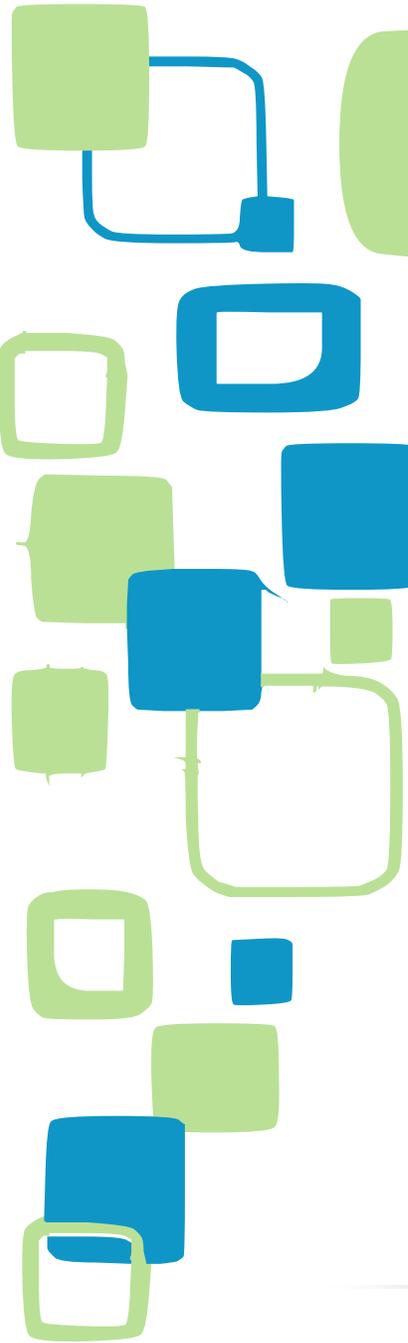
## *Dr. Sherwin Assari Studies on High Socio-Economic Status and Education on Major Depressive Disorder*

Higher household income may be associated with higher risk of MDD for African American males.

Black men, with the highest educational credentials were associated with an increase, rather than a decrease, in depressive symptoms.

Discrimination during adolescence was a predictor of depressive symptoms as individuals transitioned to young adulthood a decade later.

Black males seem to be more susceptible than Black females to the psychological effects of an increase in racial discrimination over time.



# More Statistics

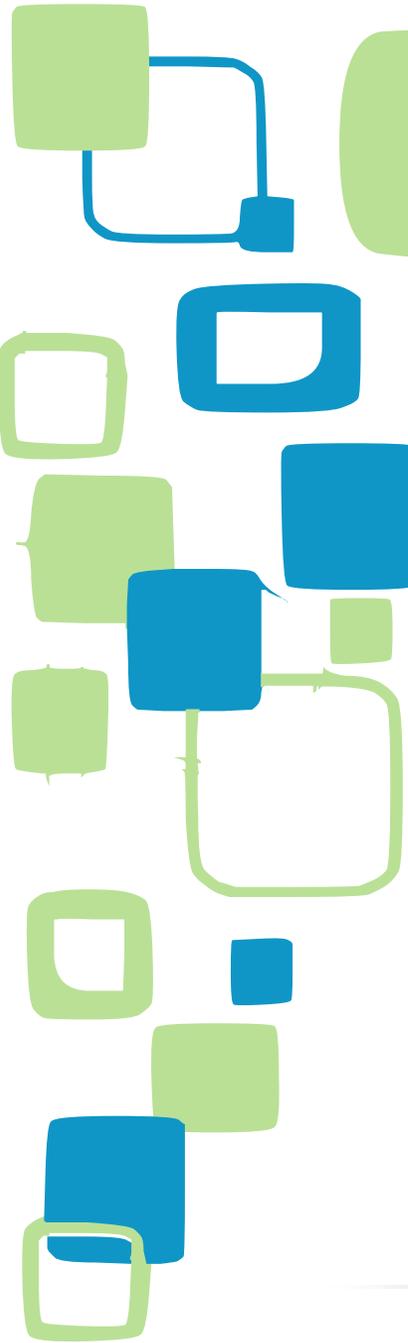
*Ref. MHA National*

## Prevalence of MH

- Asian 14.4%
- White 22.2%
- Black 17.3%
- American Indian/Alaska Native 18.7%
- Bi-Racial/Multi Cultural 31.7%
- Native Hawaiian or Pacific Islander 16.6%
- Latino 18.0%

## Treatment Rates

- Male 36.8%
- Female 49.7%
- Asian 23.3%
- White 50.3%
- Black 32.9%
- Bi-Racial/Multi-Cultural 43%
- Latino 33.9%
- 10.9% of US adults had no insurance coverage in 2019
- 11.9% of US adults with serious mental illness had no insurance coverage in 2019



# *National Indicators*

*Ref. MHA National*

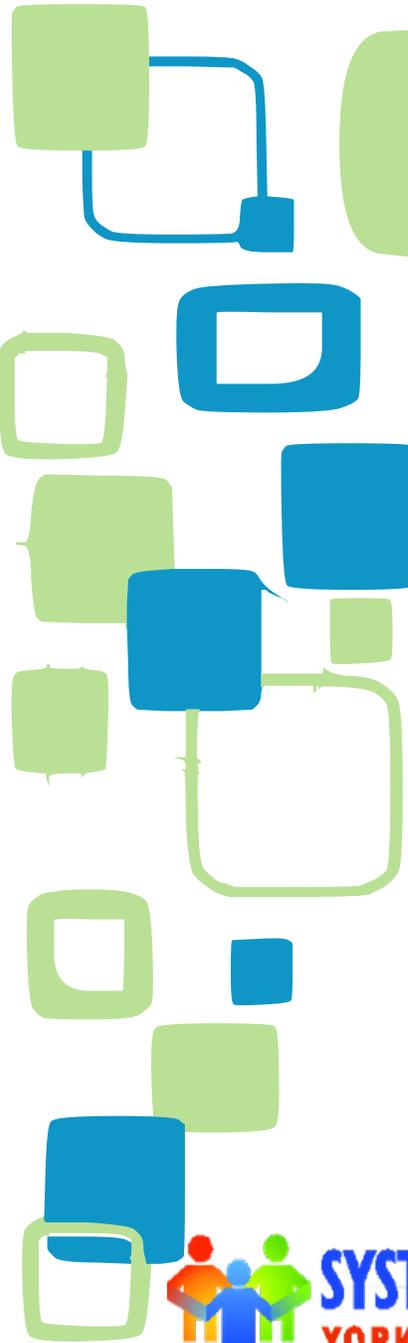
## **1-13 indicates lower prevalence of MH**

- 1 – Vermont
- 2 – Pennsylvania
- 3 – Massachusetts
- 4 – Maryland
- 5 – New Jersey
- 6 – New York
- 7 – Minnesota
- 8 – Hawaii
- 9 – District of Columbia
- 10 - Delaware

## **And higher rates of access to care**

- 11 – Ohio
- 12 – Rhode Island
- 13 – Connecticut
- 14 – Maine
- 15 – Michigan
- 16 – South Dakota
- 17 – Kentucky

• Ref. MHA National



# *Youth – National Indicators*

## **1-13 have lower prevalence of MH**

- 1 – Vermont
- 2 – Pennsylvania
- 3 – District of Columbia
- 4 – Maryland
- 5 – Massachusetts
- 6 – New Jersey
- 7 – Rhode Island
- 8 – Delaware
- 9 – Maine
- 10 - Minnesota

## **And higher rates of access to care for youth**

- 11 – Ohio
- 12 – New York
- 13 – South Dakota
- 14 – New Hampshire
- 15 – Wisconsin
- 16 – Louisiana
- 17 – Connecticut

• Ref. MHA National

# *Some Barriers for seeking MH care*

Ref. [www.zcenter.org](http://www.zcenter.org)

- Lack of resources
- Financial burden/lack of insurance
- Social stigma/ shame of mental illness
- Lack of awareness/ what's available
- Location of treatments/offices/transportation
- Lack of Bilingual services
- Cultural beliefs or needs not being met
- Mistrust of the mental health system
- Families take care of it at home - Shame



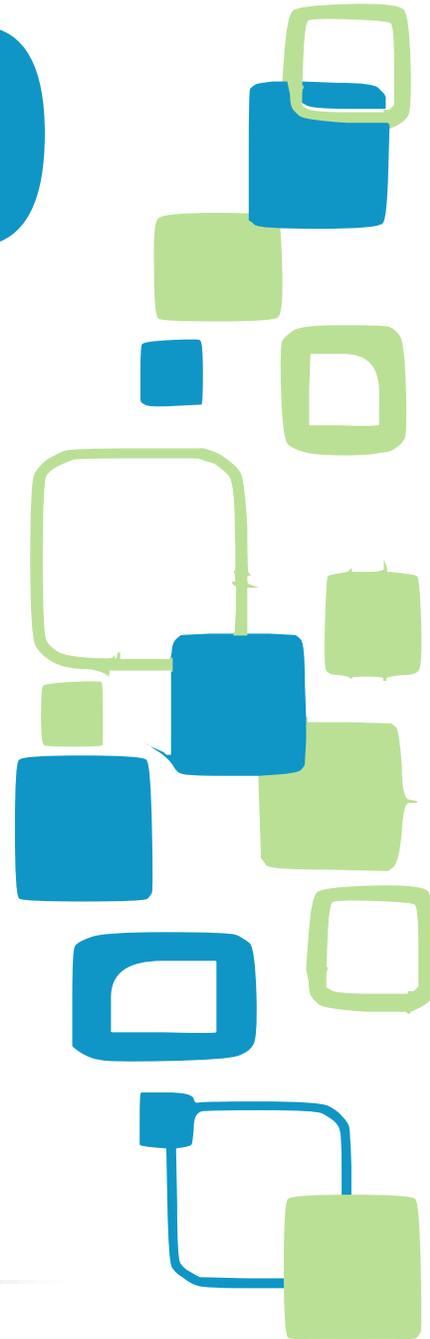
# *Potential Solutions to Improving MH for Communities of Color*



# Research shows the following....

- Research shows those with faith based engagement show less drug use and positive overall influence
  - Ethnic identity matters for some people of color as it relates to treatment – connection
  - Cultural Competence and sensitivity matters with Providers and Programming
  - The role the educational system plays has greatly impacted MH experience for communities of color- better, balanced identification
  - Recognizing the role Covid-19 has played on MH for communities of color
  - Advocacy and Empowering others
- ❖ Standard Life Reinforcers (SLRs) have been defined as “a basic set of rewarding circumstances or experiences that persons ... strive for” (Spillane & Smith, 2007 p. 405). They include housing, economic security, work opportunity, knowledge, and relationships.
    - Housing
    - Education
    - Coaching
    - Job training
    - Dressing for success
    - Family involvement and reunification

• Ref. Dr. Jeffrey Gardere



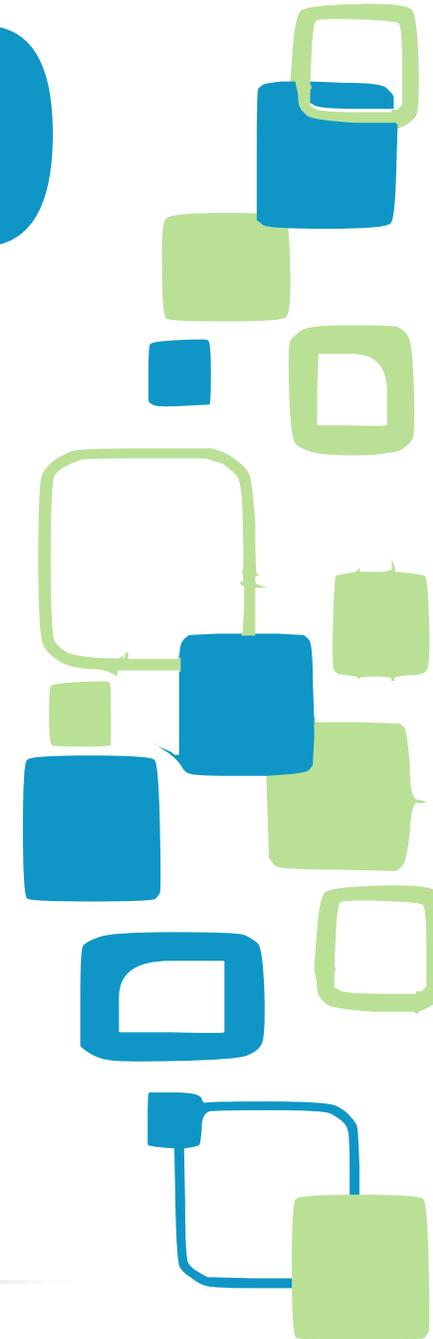
# *Research continued.....*

-Screening important for specific high-risk groups such as Black and Brown people.

-Wide-scale mental health screening at medical offices, schools, EAP's vaccination sites, houses of worship.

-Brief screenings: Anxiety, Depression, PTSD

- Ref. Dr. Jeffrey Gardere



# Looking Ahead

Several relationships and connections have been made in this process

Building on areas of focus

Revisiting a few areas for a more in-depth look

Creating paths of access for communities of color to remain engaged in their mental health needs

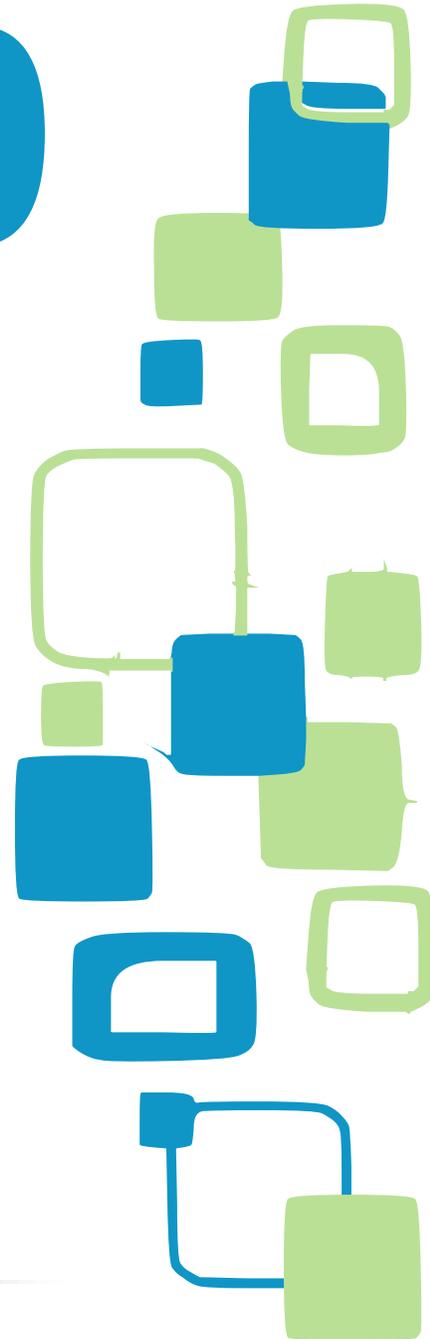
Always ready to ask the tough questions

Continuing to believe the facts/data and experiences of families of color firsthand



# Lessons Learned

- Across our state, very little focus has been placed on the specific needs of communities of color as it relates to mental health
- Little effort has been spent reflecting on the intersectionality of other systems on communities of color
- Mental Health in Black and Brown communities still has high levels of stigma attached to it
- Bringing an awareness and intentional focus on mental health within my local community is supporting families and they are seeking help for the *first* time
- Continue pushing the conversation within systems to enhance the experience for communities of color
- We must continue connecting the importance of mental health to that of physical health
- Communities of color are learning they will be ok by taking the first step towards getting help
- For some – continues to be uncomfortable conversations



# *Cultural Considerations:* *Ponder this .....*

**American Dominant Culture**



**African American Culture or  
other communities of color**



## *Questions from the Audience – Pre Session*

**What suggestions can be given to help people when they feel they don't need mental health treatment?**

Maintain a level of awareness

Continue to be available to them

Be ready to connect them to a resource/service

Give them information that's readily available in their hands

Let them see you taking care of your stuff/issues

Make use of all stakeholders

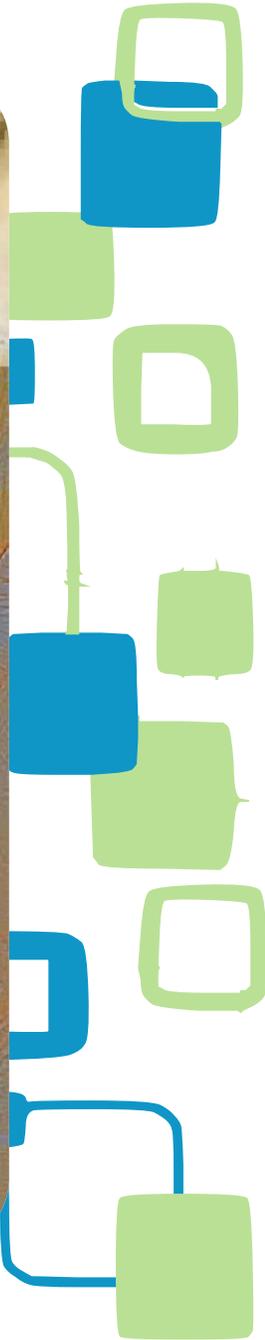


## 2<sup>nd</sup> Pre-Session Question

**What are the statistics of people of color with undiagnosed mental health?**

About 1 in 5 adults suffer from a diagnosable mental illness in a given year(MHA)

Suicide amongst all communities has greatly increased over the last couple of years. And for communities of color, we must dispel the myth that suicide is not an issue because it has become a major issue.



## *3<sup>rd</sup> Pre-Session Question*

**What are some suggestions around working with this population to feel more comfortable in accessing help and breaking the stigma that people with mental health needs are crazy?**

Talking about mental health being just as important as physical health

Dispel the myth that people are only born with mental illness

Find a connector for that person –

Use support person/mentor





*Consider this quote -*

“ In order to Change a Community, You must first Change the Composition of the Soil.

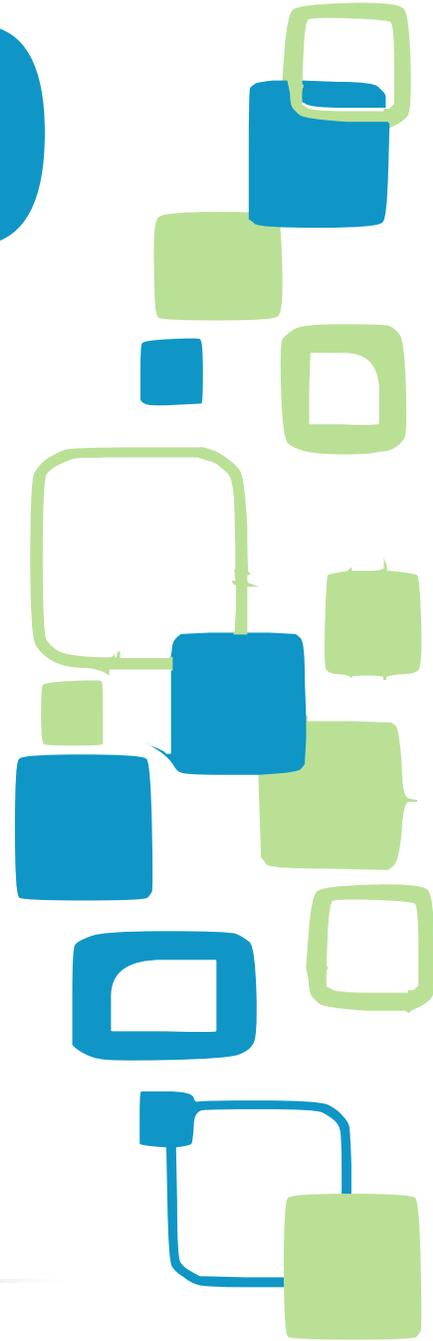
“You must Change the Roots to impact the Foundation.”

Lisa M. Kennedy

# *Any Questions and/or Comments*



- Thank you for your participation
- Any questions or comments????
- Final Thoughts!!
- How was this presentation helpful?
- Did it spark any immediate thoughts for you?





## *Contact Information*

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Services

System of Care

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