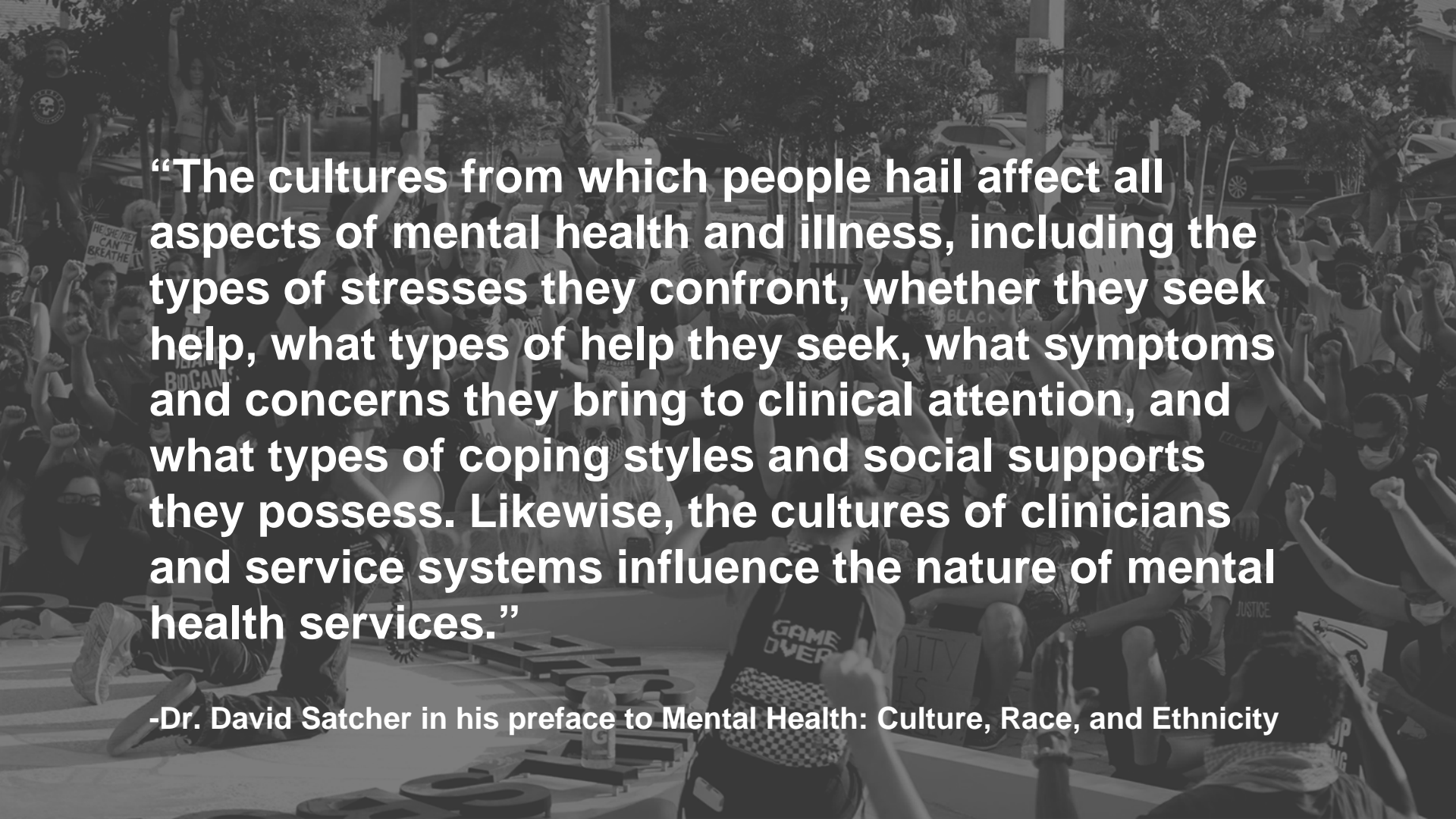# Presentation Outline

○ **Study Overview**

○ **Prevalence of Diagnoses**

○ **BIPOC Mental Health & Treatment**

○ **Strengths & Barriers of Mental Health Landscape**

○ **Need for Culturally Appropriate Services**

○ **Recommendations**

○ **Limitations**

○ **Acknowledgements**
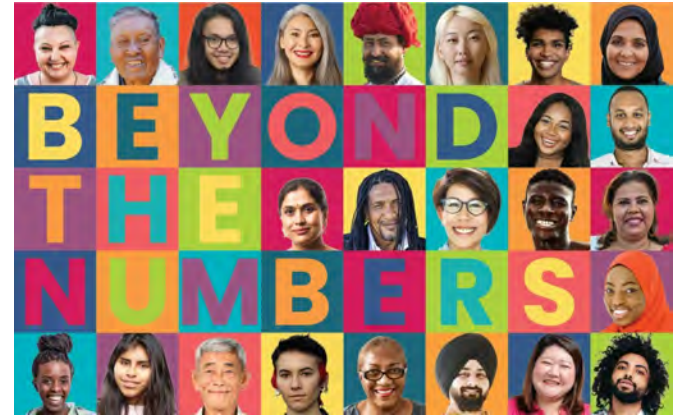
"We are all dealing with something. Everybody is dealing with something whether it's been triggered by recent events, whether it's something that was in the past, whether a family member is dealing with something. Somebody is dealing with everything."

Study Overview

"The cultures from which people hail affect all aspects of mental health and illness, including the types of stresses they confront, whether they seek help, what types of help they seek, what symptoms and concerns they bring to clinical attention, and what types of coping styles and social supports they possess. Likewise, the cultures of clinicians and service systems influence the nature of mental health services."

-Dr. David Satcher in his preface to Mental Health: Culture, Race, and Ethnicity

Purpose of Study

LEARN

- The Foundation for a Healthy St. Petersburg has commissioned a scan of the Pinellas County and St. Petersburg communities that explores the data trends, services (access and utilization), and perceptions around behavioral health among BIPOC communities.

POSITION

- Nationally, there has been an intense effort to bring attention to the mental and behavioral health needs of the BIPOC communities. The report examined the cultural contexts and specific barriers of both national and the local Pinellas County BIPOC communities, to shed light on how each community seeks and receives mental health care. The report acknowledged the influence of history and culture on mental health and care seeking behaviors, and that racism and discrimination contextualize both the patient and provider experiences.

BUILD AWARENESS

- Gain a deeper understanding of the BIPOC Mental/Behavioral Health Landscape in Pinellas County with a focus on South St. Petersburg.

BIPOC

An acronym for Black, Indigenous, and People of Color. By including "BI" Black and Indigenous in addition to "POC" people of color, we are honoring the unique experiences of Black and Indigenous individuals and their communities, as well as the spectrum of existence and experience by POC (Mental Health America, 2023).

This study recognizes people from Black, Indigenous, Asian, Latin (regardless of race) and Pacific Islander communities as a part of the BIPOC community. It is acknowledged that not all people embrace the term BIPOC, much like there are differences in acceptance of the terms "Black", "African American", and "Latinx". The goal in this study is to acknowledge the unique experiences and culture of these communities, and to highlight how culture impacts one's experiences with mental health and mental health care.

Methodology

LITERATURE REVIEW	FOCUS GROUPS	SURVEYS	QUALITATIVE ANALYSIS	QUANTITATIVE ANALYSIS
Review of national and local data sources for trends, incidence, and prevalence rates for populations and mental health indicators. Examination of cultural practices within BIPOC populations.	Recruited 31 BIPOC Pinellas County residents for 3 focus groups Demographics questionnaire Focus group protocol/ Informed consent $150 stipend for their time	34 Mental and behavioral health service providers for BIPOC community in Pinellas Anonymous survey Screening Tool/ Demographic questionnaire Open-ended questions	Qualitative thematic analysis Familiarization with the data, open coding, generating themes, validating themes across coders, naming themes, and writing up the findings	Frequency Charts for demographics Map of participants by zip code to show geographic distribution

BIPOC mental health research can be traumatic in nature. The researchers were intentionally mindful of their own biases, lived experience, vicarious trauma, and emotional labor in the process of this work.

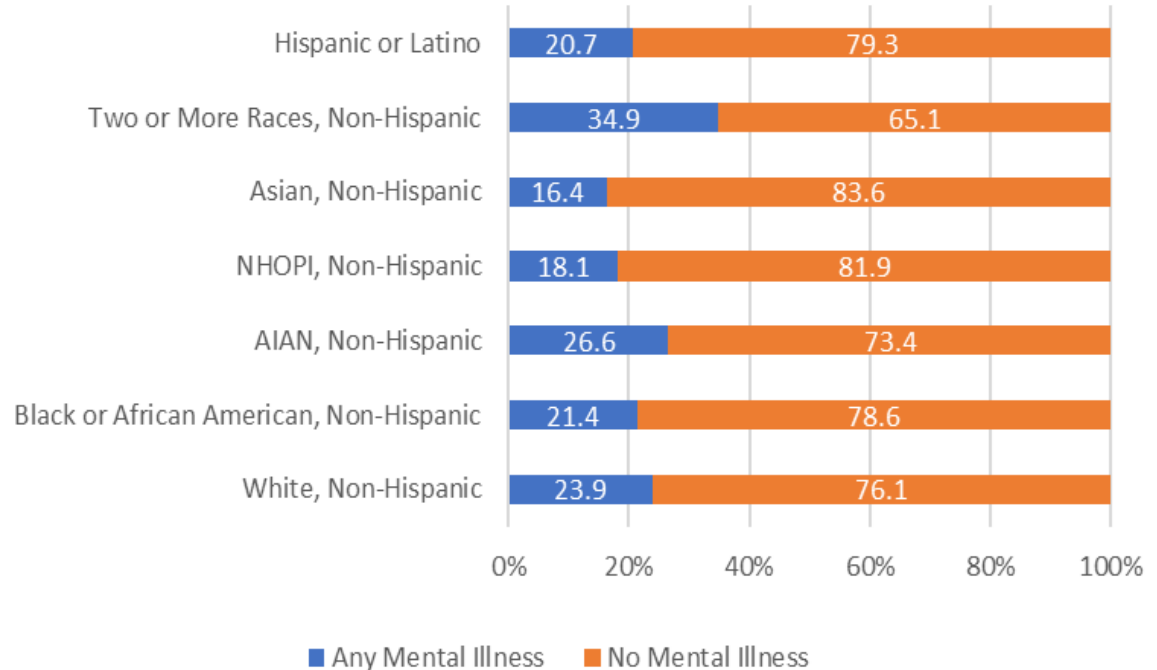# Prevalence

Prevalence: U.S.

Any Mental Illness

1 in 5 people in the US have any mental illness,

1 in 3 persons of two or more races have any mental illness, the highest of any racial group.

> "I realized that me and my friends were completely unaware about what our environment was doing to us mentally. In my world, PTSD didn't exist. They was like, 'What they say you got?' I would tell them and they were so unaware."

Prevalence of Mental Illness Among People Aged 18+, by Race & Ethnicity, U.S. 2021

Race & Ethnicity	Any Mental Illness	No Mental Illness
Hispanic or Latino	20.7	79.3
Two or More Races, Non-Hispanic	34.9	65.1
Asian, Non-Hispanic	16.4	83.6
NHOPI, Non-Hispanic	18.1	81.9
AIAN, Non-Hispanic	26.6	73.4
Black or African American, Non-Hispanic	21.4	78.6
White, Non-Hispanic	23.9	76.1

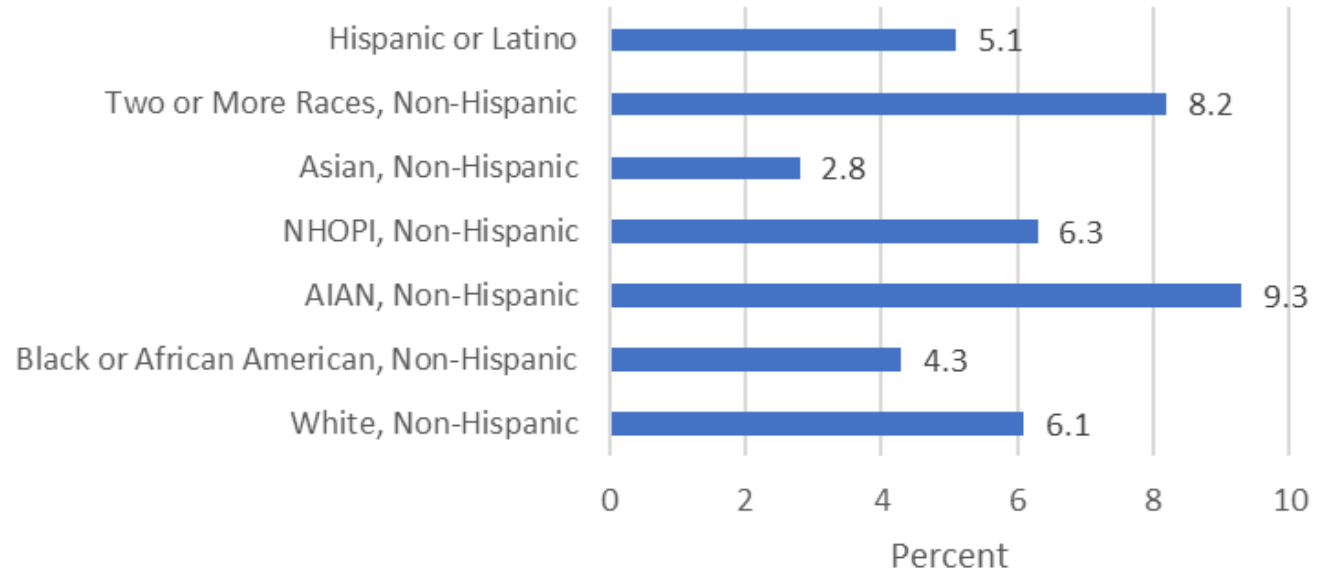■ Any Mental Illness ■ No Mental Illness

Prevalence: U.S.

Serious Mental Illness

9.3% of American Indian/Alaska Native adults have serious mental illness, the highest levels of all racial/ethnic groups.

Prevalence of Serious Mental Illness Among People Aged 18+, by Race & Ethnicity, U.S., 2021

Race/Ethnicity	Percent
Hispanic or Latino	5.1
Two or More Races, Non-Hispanic	8.2
Asian, Non-Hispanic	2.8
NHOPI, Non-Hispanic	6.3
AIAN, Non-Hispanic	9.3
Black or African American, Non-Hispanic	4.3
White, Non-Hispanic	6.1

Percent

Substance Abuse and Mental Health Services Administration. (2021). *Key Substance Use and Mental Health Indicators in the Unites States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003). Retrieved from Rockville, MD: https://www.samhsa.gov/data/

Prevalence: U.S.

Co–Occurring SU/AMI

16.3% of persons of two or more races have co-occurring substance use and mental illness.

Percentage with Co-Occurring SU and AMI, age 18+, by Race/Ethnicity, 2021

Race/Ethnicity	Percentage
Not Hispanic or Latino	7.7
White	7.9
Black or African American	7.4
AIAN	10.4
NHOPI	10.2
Asian	3.5
Two or More Races	16.3
Hispanic or Latino	7.2
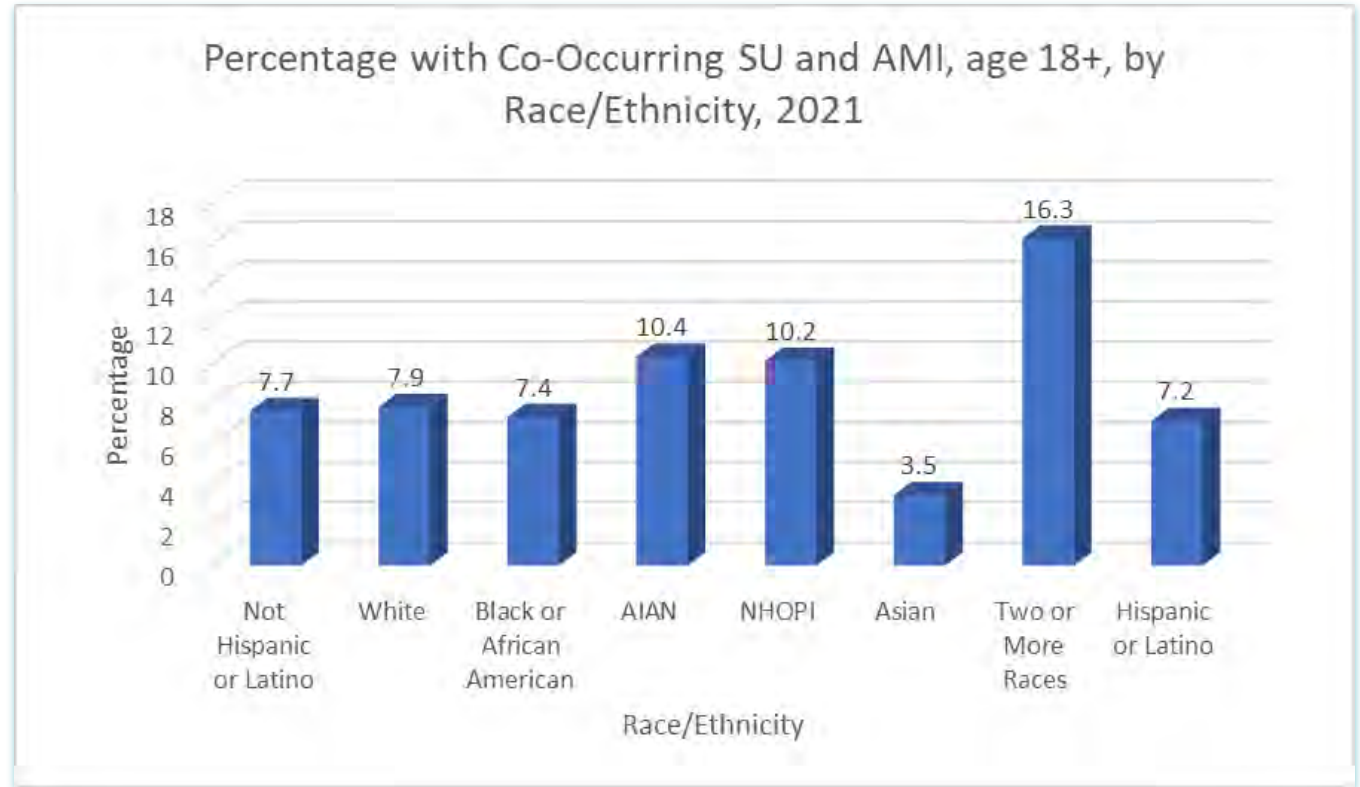
Prevalence: Pinellas County and Florida

Depressive Disorder

Local data capture prevalence of depressive disorder, with slightly **lower proportions in Pinellas** compared to Florida for all populations **except non-Hispanic Black Women.**

Percentage of Adults Ever Told They Have a Depressive Disorder by Race/Ethnicity and Gender, Florida and Pinellas, 2019-20

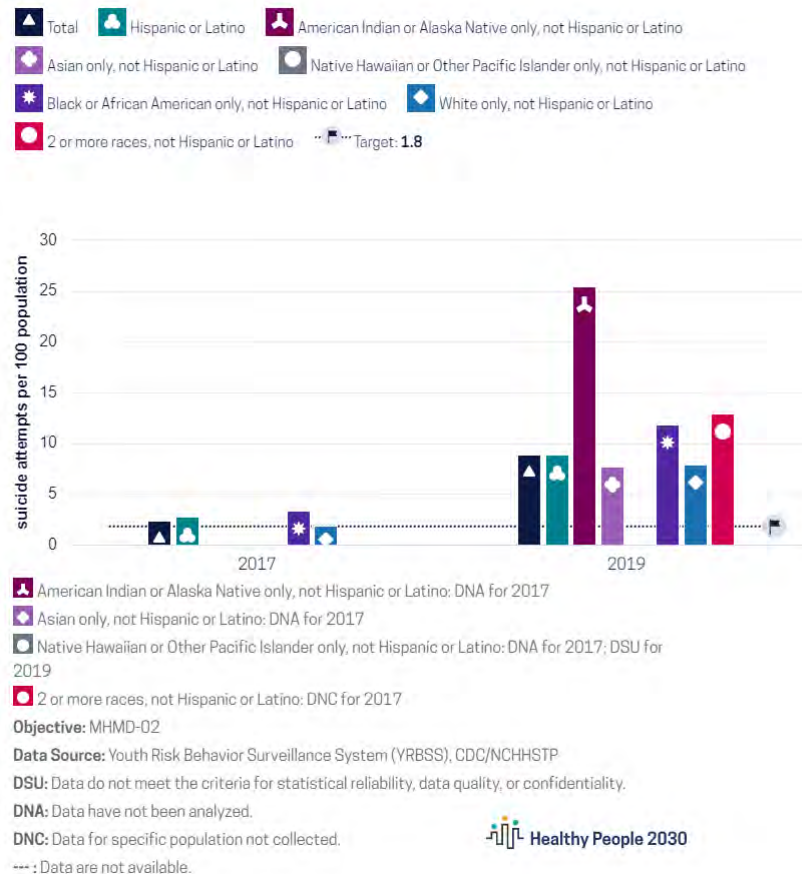|	Pinellas County 2020	Florida 2019
Hispanic Men	9.80%	9.90%
Hispanic Women	13.00%	19.30%
Non-Hispanic Black Men	6.50%	12.10%
Non-Hispanic Black Women	16.20%	11.80%
Non-Hispanic White Men	10.80%	14.50%
Non-Hispanic White Women	23.10%	25.20%
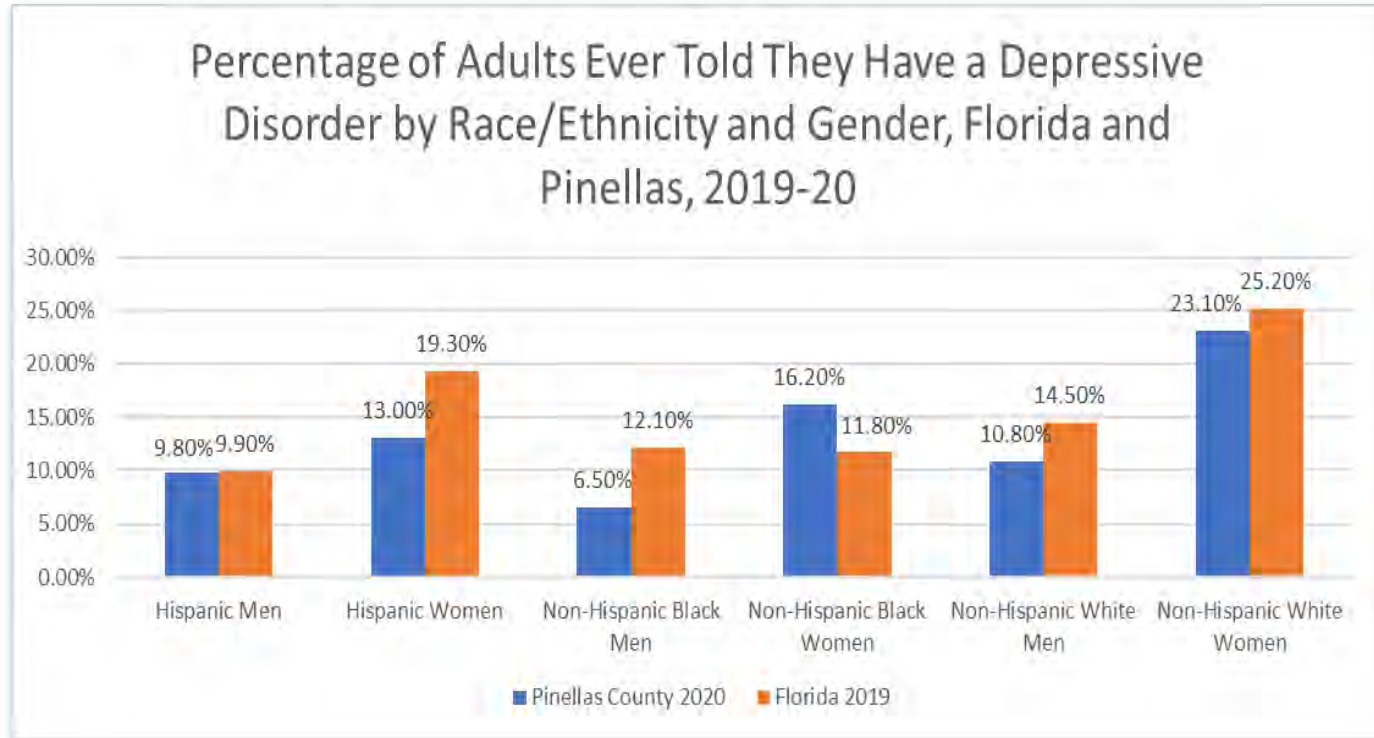
Suicide Among Youth: U.S.

Suicide Attempts

Suicide attempts requiring medical attention among all **adolescents** increased from 2017 to 2019 from **2.4 to 8.9 per 100 population**.

Suicide attempts **increased** dramatically from **3.4 to 11.8 per 100 Black adolescents**.

There were **12.9 per 100** suicide attempts among **Hispanic** and **25.5 per 100 American Indian/Alaska Native adolescents**.
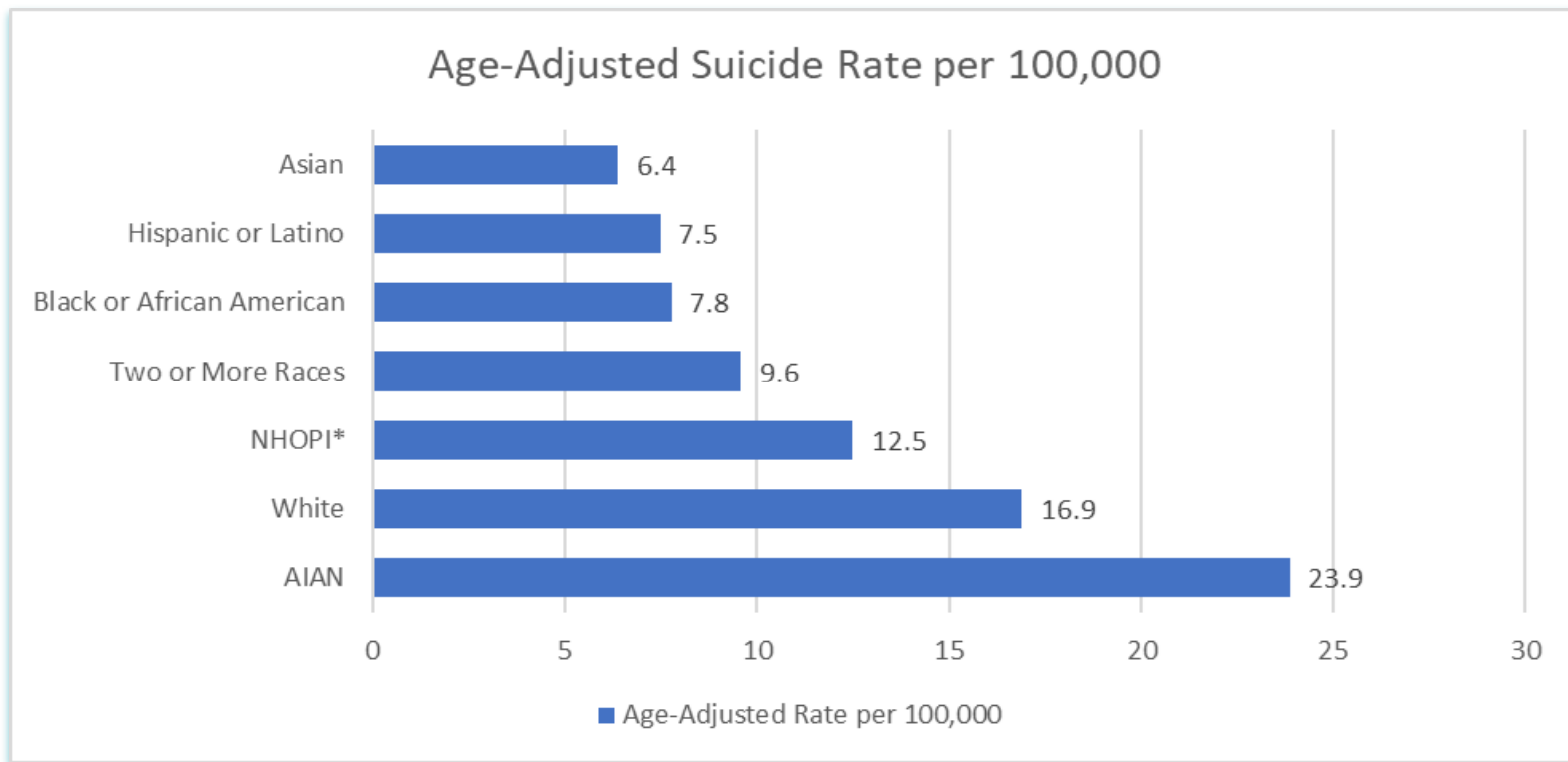
> *"I have a beautiful daughter, very smart and very artsy. During Covid, she noticed that she wasn't feeling right and she was brave enough to keep at it. It was me, who was like, oh, you'll be alright. You'll be alright. We'll get through this. But it took a darker turn and she tried to commit suicide."*

Suicide attempts by adolescents that required medical attention by Race/Ethnicity, 2017-2019

Legend: Total, Hispanic or Latino, American Indian or Alaska Native only, not Hispanic or Latino, Asian only, not Hispanic or Latino, Native Hawaiian or Other Pacific Islander only, not Hispanic or Latino, Black or African American only, not Hispanic or Latino, White only, not Hispanic or Latino, 2 or more races, not Hispanic or Latino, Target: 1.8

American Indian or Alaska Native only, not Hispanic or Latino: DNA for 2017
Asian only, not Hispanic or Latino: DNA for 2017
Native Hawaiian or Other Pacific Islander only, not Hispanic or Latino: DNA for 2017; DSU for 2019
2 or more races, not Hispanic or Latino: DNC for 2017
Objective: MHMD-02
Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
DSU: Data do not meet the criteria for statistical reliability, data quality, or confidentiality.
DNA: Data have not been analyzed.
DNC: Data for specific population not collected.
--- : Data are not available.

Healthy People 2030

Suicide Incidence: U.S.

Nationally, American Indian/Alaska Natives have the highest rate of deaths by suicide.

Age-Adjusted Suicide Rate per 100,000

Group	Rate
Asian	6.4
Hispanic or Latino	7.5
Black or African American	7.8
Two or More Races	9.6
NHOPI*	12.5
White	16.9
AIAN	23.9

■ Age-Adjusted Rate per 100,000

Ehlman, D. Y., E; Stone, DM; Jones, CM; Mack, KA. (2022). *Changes in Suicide Rates - United States, 2019 and 2020.*
Retrieved from Atlanta, GA: http://dx.doi.org/10.15585/mmwr.mm7108a5

Suicide Incidence: Pinellas County and Florida

Deaths by Suicide

The number of deaths by suicide has trended upward over the past 20 years in Pinellas and Florida.
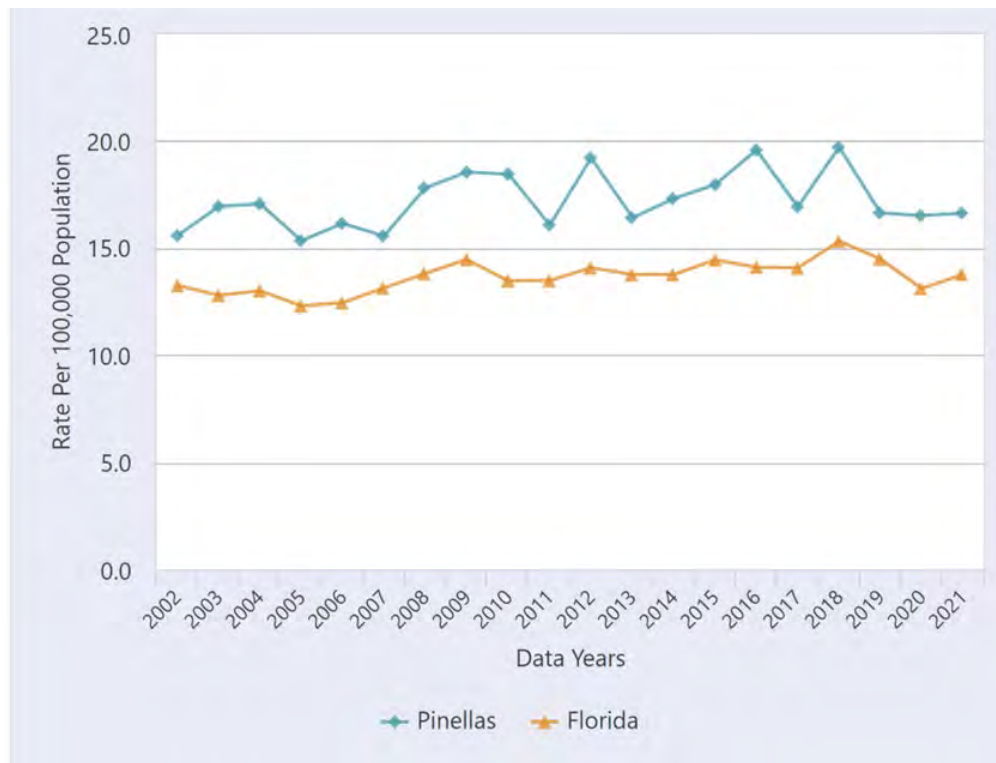
Florida Department of Health. (2020). *2017-2019 Florida Risk factor Behavioral risk Factor Surveillance System*. Retrieved from Tallahassee, FL: https://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/2019county/PinellasCombinedReport.pdf
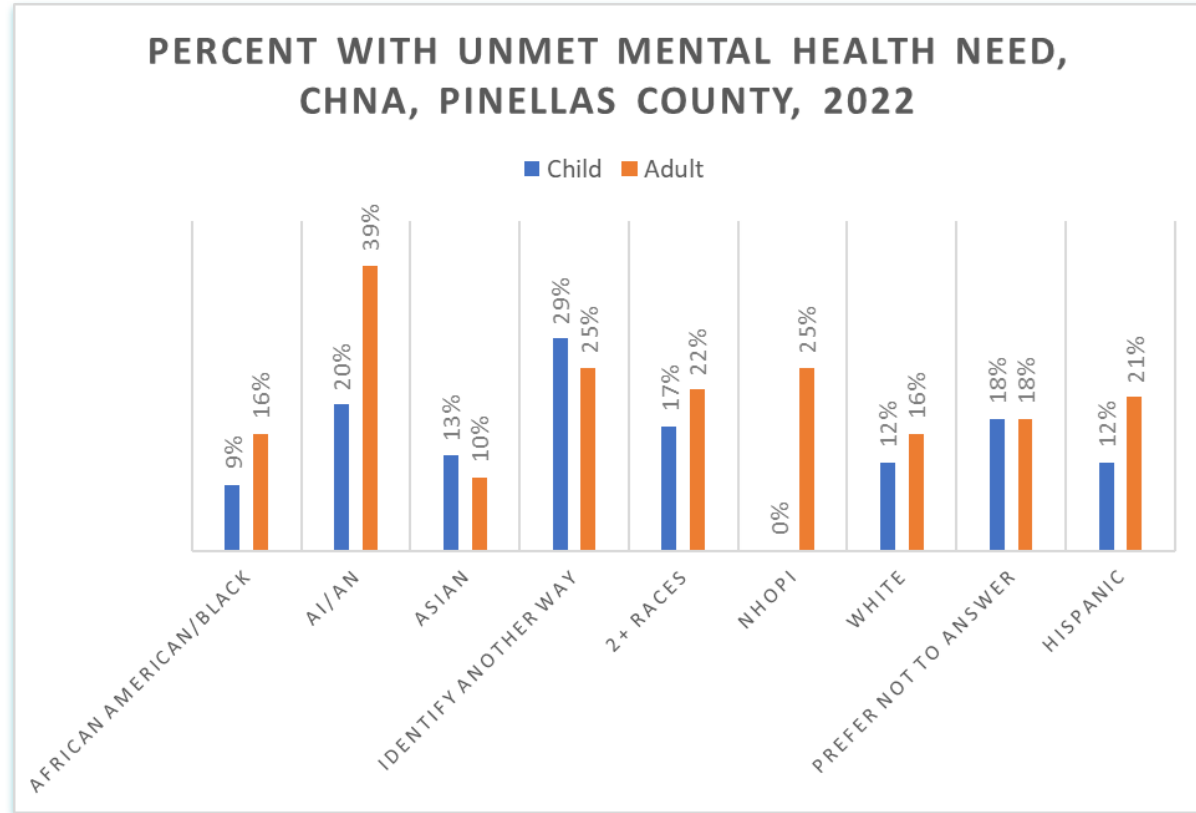
Florida Department of Health. (2021). Florida Charts. Retrieved from https://www.flhealthcharts.gov/charts/default.aspx

Prevalence

Unmet Mental Health Need

45% of Pinellas residents responding to the Community Health Needs Assessment, ranked **behavioral health** as a **leading health concern,** however there is significant unmet mental health need across BIPOC communities.

Asian adults had the **highest** levels of self-reported **unmet need.**

PERCENT WITH UNMET MENTAL HEALTH NEED, CHNA, PINELLAS COUNTY, 2022

■ Child ■ Adult

	Child	Adult
AFRICAN AMERICAN/BLACK	9%	16%
AI/AN	20%	39%
ASIAN	13%	10%
IDENTIFY ANOTHER WAY	29%	25%
2+ RACES	17%	22%
NHOPI	0%	25%
WHITE	12%	16%
PREFER NOT TO ANSWER	18%	18%
HISPANIC	12%	21%

All4HealthFL Collaborative. (2022). *Community Health Needs Assessment Pinellas County 2022*. Retrieved from
https://www.all4healthfl.org/content/sites/wcfl/Reports__Plans/2022_All4HealthFL_Pinellas_County_Report_Final_1.pdf#page=41&zoom=100,92,586

Racial/Ethnic Distribution of Psychology Workforce, U.S., 2015

- BIPOC are underrepresented among mental health providers.

- Nationally, only 19% of psychologists and 17.6% of mental health counselors are BIPOC compared to 41% in the population.

Racial/Ethnic Distribution of Psychology Workforce, U.S., 2015

Racial/Ethnic Group	Value
White	80.85
All Other Racial/Ethnic Groups	2.68%
Native Hawaiian or Pacific Islander	0.3
Hispanic	7.95
Black	5.08
Asian	3.28
American Indian and Alaska Native	0.13
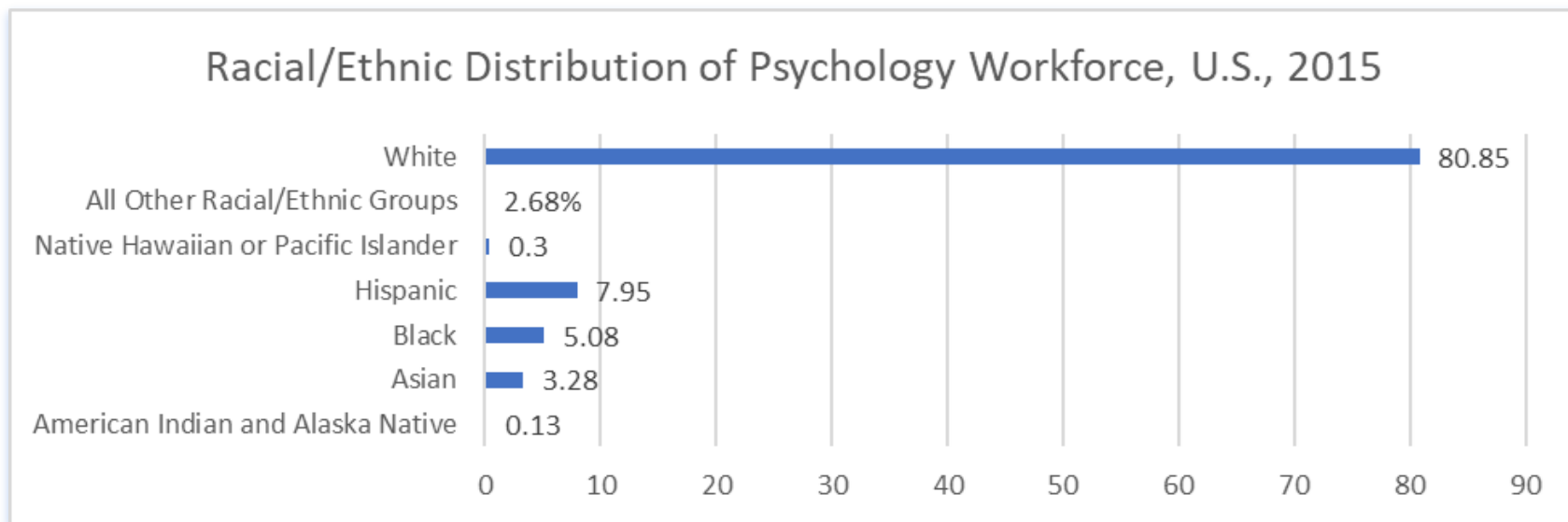
Focus Group and Survey Demographics

Demographics of Study Participants

All focus group participants identified as being a part of the BIPOC community.

RACE

- Indigenous or American Indian or Alaska Native, 6.50%
- 2 or more Races, 16.10%
- White, 3.20%
- Puerto Rican, 3.20%
- Black or African American, 71%

ETHNICITY

- Latinx/Hispanic, 38.70%
- Non-Latinx/Hispanic, 61.30%
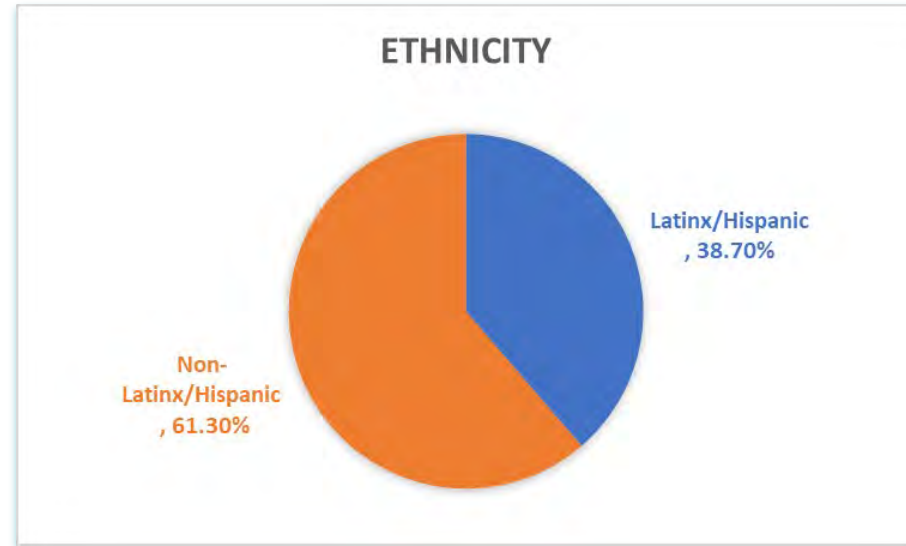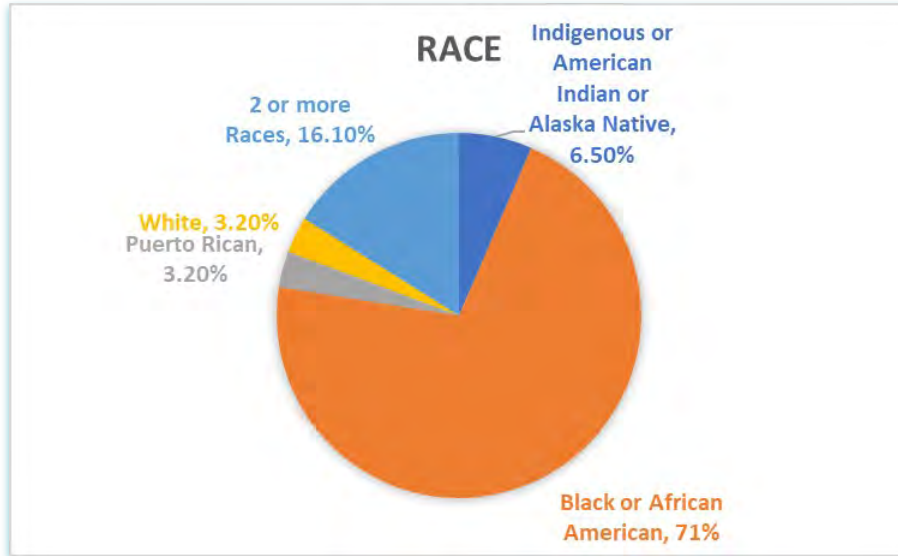
Demographics of Study Participants

71% of participants were female or female ascribed and 71% of participants were younger than 45 years old.
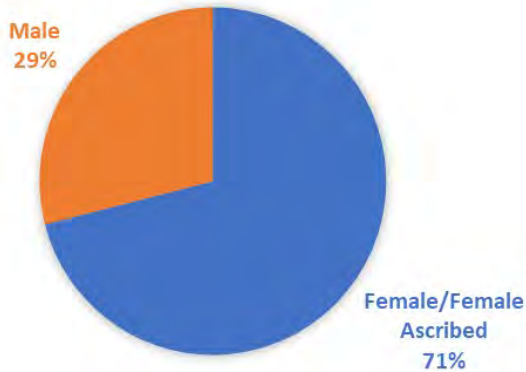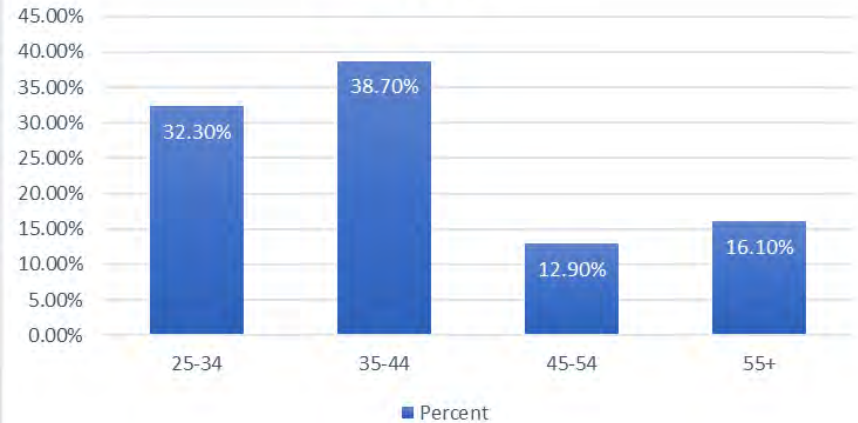
Demographics of Study Participants

Geography

All focus group participants lived in mid and south Pinellas County, with the majority residing in South St. Petersburg.

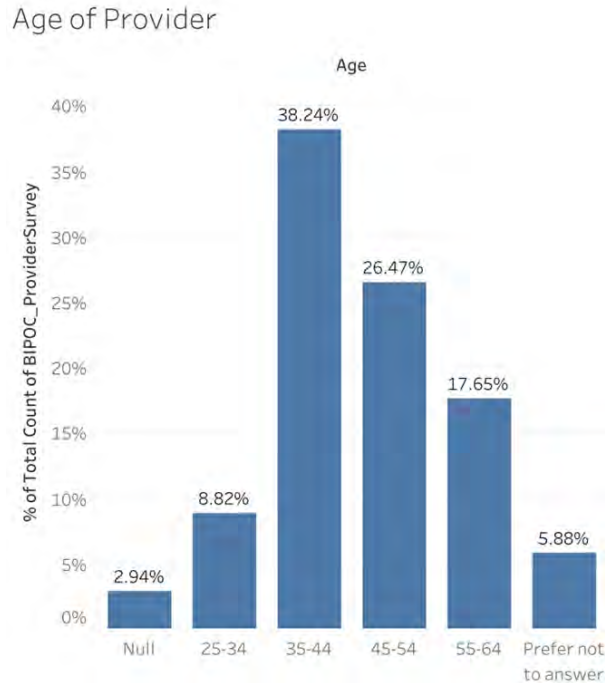# Demographics of Providers Surveyed

Race

2.94%

44.12%

47.06%

2.94%

Count of BIPOC_ProviderSurvey
34

Race (select all that apply)
- Null
- Asian or Asian-American
- Black or African-American
- Prefer not to answer
- White

Ethnicity

5.88%   11.76%

79.41%

Count of BIPOC_ProviderSurvey
34

Ethnicity
- Null
- Latinx/Hispanic
- Non-Latinx/Non-Hispanic
- Prefer not to answer
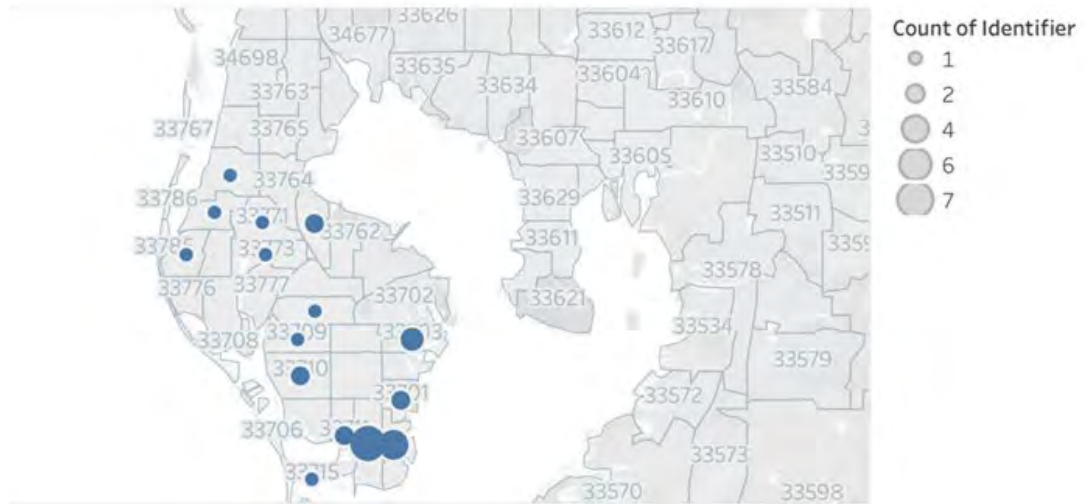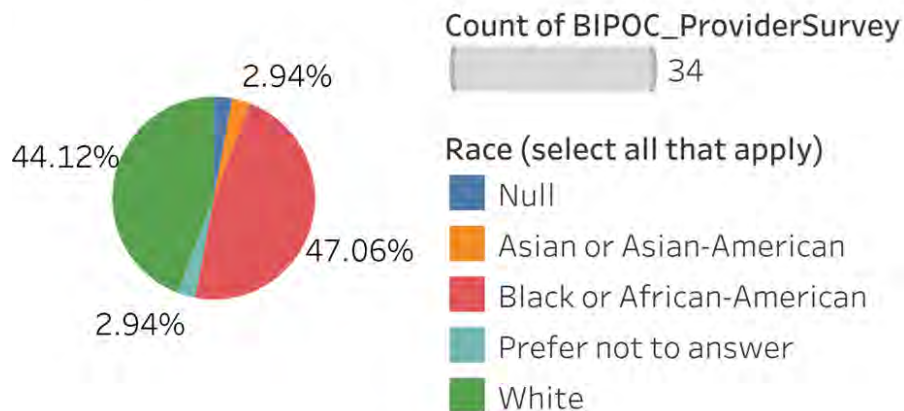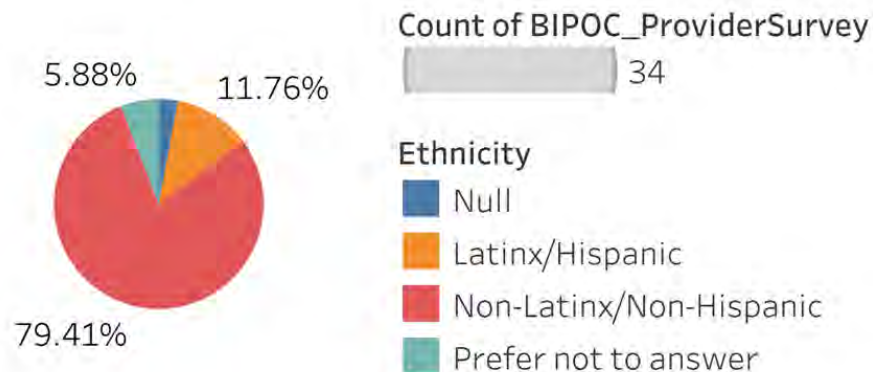
Demographics of Providers Surveyed

85% of providers surveyed were ages 35 and above.

Age of Provider

Age

Demographics of Providers Surveyed

Geography

Providers were located across Pinellas County.

What is the Zip code(s) of the primary location where you provide mental/behavioral health services to the BIPOC community?

Count of Providers
○ 1
○ 2
○ 4
○ 6
○ 8

© 2023 Mapbox © OpenStreetMap

BIPOC Mental Health & Treatment

Influences on BIPOC Mental Health

BIPOC HEALING OF INTERGENERATIONAL TRAUMA IS NOT JUST ABOUT MENTAL WELLNESS. THIS IS ALSO AN ACT OF POST-COLONIAL RESISTANCE.

Intergenerational Trauma

- BIPOC community members shared their thoughts on the impact of **generational trauma**, some discussed their belief that the origins of such trauma in BIPOC communities were tied to slavery and historical racism.

> *"When we talk about post-traumatic stress, we need to talk about post-traumatic slavery syndrome, and the effect that it has and still has on us and racism. It's definitely intergenerational. I think that's a part of life that we don't understand. So frequently some of the things we're going through, we don't realize that it is intergenerational, it's almost inherited, it's almost an idea of the racialized trauma that we have experienced, and it still is with us today."*

- generational expectation to be "strong" and "happy" while making your family proud
- generational trauma being passed down from their parents
- the need to have difficult discussions with their partners, elders, and the larger BIPOC community
- devotion to ending "generational curses" with their own children (e.g., adjust child rearing, model behavior for their children, reparent themselves, and work on personal healing that could be shared across generations)

Influences on BIPOC Mental Health (cont'd)

- BIPOC community members discussed the impact of the **dual pandemics of COVID-19 and racial unrest** on their mental health.

> *"I think if anyone of color says that they're not going through something, especially after so much was on the news while we were locked up [during the pandemic]. With crimes against people of color. If you're saying that you were not affected mentally then then I don't think you're being really honest with yourself."*

- **Education and trauma** were constant themes throughout the mental health discussions, not only for participants' children, but for the desire to protect all BIPOC children in the community.

- BIPOC community members discussed aspects of **community violence** and the lasting impact it had on their mental health and that of their family members

Treatment Seeking Behavior

Concerns about Seeking Treatment
- Fear of accessing services due to past experiences of trauma in treatment
- Lack of BIPOC providers
- The importance of selecting the "right help," and the need to be cautious when pursuing services

> *"People don't understand what it feels like to be a person of color.*
> *I also have had some counselors who were demonizing and pathologizing towards me, and who just wouldn't validate my feelings."*

Reasons to Seek Treatment
- Beneficial to themselves and others
- Someone else "normalized" seeking treatment first
- The need for support through varying stages of life

> *"I go to therapy for me, for my son, for my relationships, for my partner.*
> *I go because it's important to the community, my central community, and it's important for my son to see me go to therapy just like I had the experience with my mom going to therapy."*

Strengths in Mental Health Landscape

Strengths of Current Mental Health Landscape

BIPOC Community Perspective

- BIPOC community members noted a "shared sense of community" and the belief that our voices were starting to be heard as evidenced by local BIPOC centered mental health convenings.

> *"It is this creation of a sense of community that's the one thing that I think is a strength. This idea that we do it together, this idea of support."*

Provider Perspective

- Local service providers discussed:
  - Inclusive and diverse workforces
  - The opportunity to create a safe space for BIPOC clients
  - The variation in approaches used in serving BIPOC clients
  - Free and reduced services, no waitlist, and community engagement events

Strengths of Current Mental Health Landscape

Culturally affirming modalities

- The literature shares that BIPOC communities are more likely to **use alternative or complementary therapies** for mental health treatment than their White peers. This was reinforced locally.

- The literature shares that **BIPOC professionals are likely to incorporate culturally affirming forms of therapy** into their treatment, a.k.a. radical healing.
  - Healing circles (e.g., Sawubona)
  - Storytelling
  - Bodywork (e.g., dance and body positivity)
  - Culture–centered approach to therapy

> *"As expert mental health counselors, we recognize the brilliance, strength, and resilience of members of the BIPOC community. We know that acknowledging their power, pride, and capacity is an essential foundation for the services we provide."*

Barriers in Mental Health Landscape

Barriers of Current Mental Health Landscape

BIPOC Community Perspective from Focus Groups & Literature

- Stigma
- Denial
- Desire for holistic care
- Provider Bias
- Lack of culturally-based care
- Shortage of BIPOC Providers
- High Provider Caseloads
- High Provider Turnover
- Service Availability
- Distrust of the healthcare system
- Language barriers
- Lack of culturally competent providers
- Low perceived need/Not thinking treatment would help

- Structural Barriers
  - Lack of Outreach
  - Access to services
    - Inability to find provider
    - Not sure how to find a provider
    - Unable to schedule an appointment when needed
  - Cost of care/Lack of insurance/ non-acceptance of insurance
- Doctor/counselor office does not have convenient hours
- Transportation challenges
- Cannot take time off from work

"It is very difficult to find mental health providers. I'm interested in providers that look like me."

Barriers of Current Mental Health Landscape (Cont'd)

Provider Perspective

- Affordability
  - High cost of services
  - Lack of funding
  - Insurance
    - Lack of coverage for needed services
    - Underinsured/Uninsured Clients
    - Low insurance reimbursement Rates

- Cultural Considerations
  - Lack of representation of BIPOC providers
  - Lack of time needed to build trust

- Workforce Issues
  - Provider turnover
  - National and local provider shortage
  - Low salaries
  - High level of competition in recruitment
  - Lack of proper training due to COVID-19

> *"Recruitment of mental/behavioral health professionals that "look like" or represent the community of people to be served is often a barrier, made more difficult by the substandard salaries and benefits nonprofits are expected to pay."*

Culturally Appropriate Service Delivery

Need for Culturally Appropriate Services

- Complementary Therapies
  - Traditional healing services
  - Limpias
  - Prayer and other faith-based forms of treatment
  - Ayurvedic medicine
  - Home remedies and self-treatments including dietary approaches

"It's much easier for some to think about breathing while praying than to do a mindfulness practice that has been White-washed and clients experience as too different."

- Acknowledgement and understanding of how BIPOC communities engage in complementary therapies may lead to improved treatment experiences and better mental health outcomes.

"When my son was looking for a therapist, we went through looking for someone that he could relate to, someone who was respectful and understanding of cultural differences was very challenging. So that experience led me to know how much of a need it is in our community, and even more so how much of it is needed to have therapists who can provide services in a culturally respectful way."

Need for Culturally Appropriate Services

BIPOC Community Perspective

- Racial concordance with mental health providers is highly desired by BIPOC patients (as well as concordance on other intersecting identities)
  - Patients feel their care is of higher quality
  - Higher levels of satisfaction
  - Higher levels of rapport
  - More patient-centered communication style

- Racial equity and anti-racist lens in service provision

> **"Times have changed. The world has changed. attitudes have changed, racism is more blatant than ever before. So I think the times that we're living in now really caused me to prefer a BIPOC person as a therapist, I feel that there is a level of shared experience, a level of awareness and the least resistance and defensiveness."**

Need for Culturally Appropriate Services

- **BIPOC Intersectionality and Care**
  - Race, Ethnicity, Religion, Sexual Orientation Age, Gender/Gender Identity, Immigration Status, Weight, etc.)

- Safety and Cultural Identity
  - Desire to bring "whole self" to the table
  - The experience of partialized treatment
  - Decision not to seek/or leave treatment

> *"It was a quest. I feel that sometimes when you don't have that many options the tendency is to either not go or settle for less... So then you give up."*

Need for Culturally Appropriate Services

Nothing/ Same

BIPOC Centric

Client Centric

Barriers
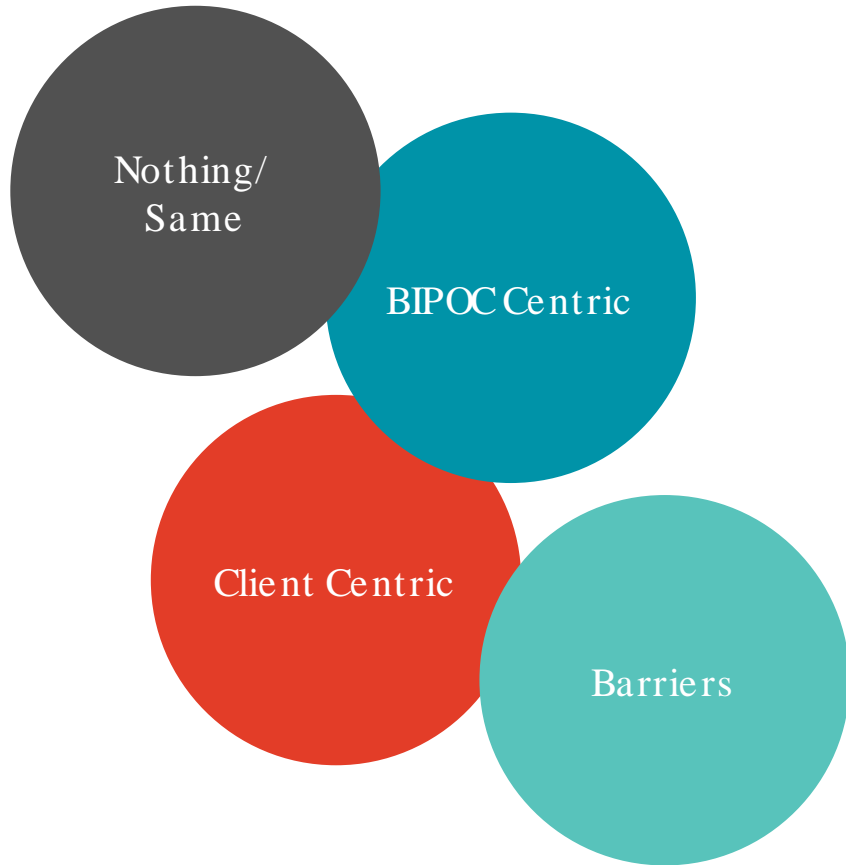
Provider Perspective

- Culturally Informed Interventions
- Approaches & Frameworks
- Adaptations to Treatment
- Assessment Tools
- Professional Development
- **BIPOC Intersectionality and Care**

Recommendations

Recommendations

BIPOC Communities

- Provide culturally responsive education to BIPOC communities to decrease stigma around mental illness
- Allow shared spaces among BIPOC for intergenerational community conversations to normalize mental health conversations
- Acknowledge the impact of intergenerational trauma and racism on mental health for BIPOC communities

Structural Barriers

- Provide expansive outreach regarding mental health services by utilizing community entities where BIPOC communities connect
- Advocate for increased reimbursement rates for mental health services
- Advocate for increased funding for publicly funded mental health services
- Engage BIPOC communities in mental health prevention and early intervention activities to decrease the incidence of crisis care and suicides
- Streamline the mental health system of care to make it easier to navigate

Recommendations

Mental Health Professionals

- Recruit and retain more BIPOC mental health providers
- Provide culturally responsive training for non–BIPOC providers to prepare them to engage with BIPOC communities
- Create a safe, easily accessible mechanism for patients to identify mental health service providers who align on multiple identities and who competently serve BIPOC communities
- Provide means for self–reflection by mental health providers/organizations to assess the cultural–appropriateness and quality of care they provide to the BIPOC community

> *"Mental health conditions don't discriminate, and neither should our mental health system. We are calling for systematic change and improved access to culturally competent care, so no one feels alone in their journey."*
>
> – *Daniel H. Gillison, Jr., CEO of NAMI National*

Limitations

Limitations

- Small sample sizes for AI/AN and NHOPI populations

- Incarcerated/institutionalized populations not included in mental health and substance abuse data, however, BIPOC are overrepresented in these populations.

- Survey data included in this literature review did not contain enough BIPOC participants to stratify by race for geographies smaller than Pinellas County, therefore BIPOC populations had to be combined.

- Asian American and NHOPI community members were not represented in focus groups.

- Very little data regarding mental health are available for LGBTQ+ communities.

Acknowledgements

Acknowledgments

- The Foundation for a Healthy St. Petersburg

- BIPOC Community Focus Group participants

- Mental Health Providers who responded to the survey

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