Foundation for a
Healthy St. Petersburg

BIPOC MENTAL HEALTH LANDSCAPE SCAN

PINELLAS COUNTY 2023

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Executive Summary

BIPOC communities suffer the greatest disparities in all areas of health and its social determinants. Mental health is more complex given cultural attitudes and perceptions about mental health, lack of access to culturally competent care providers, treatment modalities and access to care. Given the recent pandemic, coupled with overt acts of racism which have removed the scab of a long-standing history of traumas, the mental health impacts on BIPOC (Black, Indigenous, and People of Color) individuals are ever more concerning. More than ever before, there is a demand for mental health services, creating a capacity issue for treatment needs. Many, on the other hand, suffer in silence, never reaching out and receiving the help they desperately need.

Understanding the culture and history of racial/ethnic groups is necessary to provide culturally competent care to BIPOC communities. In the words of former Surgeon General David Satcher,

> *"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*

This BIPOC Community Mental Health Landscape Scan includes an examination of national, state, and local data to understand trends in care, treatment-seeking behaviors, and outcomes; cultural practices within BIPOC populations that may be regarded as either barriers or protective mechanisms to mental health; and an examination of the lived experiences of BIPOC communities through focus groups to understand the mental health needs of residents of Pinellas County and St. Petersburg, Florida. Additionally, a survey was distributed to mental health professionals who provide services to the BIPOC communities in Pinellas and St. Petersburg to understand the landscape of mental health treatment services available. The focus group and survey data were analyzed to capture prescient themes and provide evidence for recommendations.

Data indicates that while BIPOC populations have similar prevalence of mental health needs, they are more likely to have unmet needs. Significant structural and cultural barriers impact receipt of care. These structural barriers include transportation, appointment availability and wait times, and knowledge of how to access care services and providers. Locally, structural barriers were the most commonly reported reason for not getting mental health care in the 2022 Community Health Needs Assessment (All4HealthFL Collaborative, 2022). Fifty percent (50%) of all reasons reported for not getting mental health care when there was an unmet mental health need were structural barriers, including:

- Not sure how to find a provider
- Unable to schedule an appointment when needed
- Doctor/counselor office does not have convenient hours
- Transportation challenges
- Not being able to take time off work

Multiple studies cite cultural barriers to mental health care that are more common among BIPOC populations, including:

- Stigma associated with mental illness
- Distrust of the health care system
- Lack of providers from diverse racial/ethnic backgrounds (including patients' desire for racially concordant providers)
- Language barriers
- Lack of culturally responsive providers
- Language barriers

Cultural differences within BIPOC populations help explain differences in treatment seeking behavior and how individuals respond to mental health needs. It is important to recognize that culture impacts the ways in which BIPOC populations interpret and respond to their mental health needs. Specific areas to consider for providing care to BIPOC include racial concordance between patient and provider; use of modalities for providing culturally appropriate care, including incorporating complementary therapies; eliminating bias in providing evidence-based treatment; and recognizing intersecting identities of persons presenting for care.

Local BIPOC focus group findings aligned with the national data. BIPOC constituents discussed the lack of BIPOC providers locally, the need for greater outreach to BIPOC communities, the desire for safe community spaces to continue mental/behavioral health conversations, and the strong desire for generational healing. BIPOC community members discussed the need to heal for both themselves and their communities, and they expressed the desire for resources and support to pass on healing to others.

Service providers noted the national and local shortage of BIPOC providers and service providers in general. They expressed the difficulties in both recruitment and retention of service providers, the need for culturally relevant training, and high turnover rates. While some service providers identified culturally informed practices including assessment tools, frameworks, and adaptations of services for BIPOC communities, others used the same tools for all populations. Important considerations were given to the constraints of such tools, and the biases they present when working with diverse populations. BIPOC community members expressed their frustration in the lack of cultural awareness of some service providers and discussed additional trauma in treatment, the need to overexplain, and the compartmentalization of services due to the "hiding" of various parts of their identity, and not feeling comfortable in sharing their full selves. At times this resulted in the discontinuation of services, dissatisfaction in service delivery, or distrust in seeking future services.

Evidence-based treatments have been studied in controlled settings and when applied in an unbiased manner they yield similar results in patient outcomes and improvements. Several studies note, however, that Black patients are less likely to receive appropriate care compared to White patients and are often diagnosed less accurately compared to their White counterparts. Clinician bias, resulting in treatment bias and pre-judgment of Black patients and other BIPOC populations contribute to these disparities.

Stigma, distrust of medical providers, and institutions' lack of culturally responsive care delay or stand as barriers to care. Biased treatment such as prescribing less effective or side-effect prone medications to BIPOC populations reduces treatment maintenance. In fact, research indicates that BIPOC are less likely to be offered evidence-based medication therapy, psychotherapy, or substance abuse treatment medications than Whites.

BIPOC populations are seeking mental health providers who match their cultural backgrounds as well as intersecting identities such as race, gender identity and sexual orientation. Racial concordance is associated with patients feeling their care is of higher quality, greater levels of satisfaction, higher levels of rapport, and with more patient-centered communication styles (Cooper-Patrick et al., 1999; Nazione, Perrault, & Keating, 2019; Shen et al., 2018). This is likely due to shared cultural experiences that promote mutual understanding and greater levels of trust. Focus group data support these findings. BIPOC communities desire providers who bring an understanding of their background and culture which influence linguistics and contextualize the experiences they may share. They want to avoid being judged or misunderstood due to differences in cultures and experiences between providers and patients. Treatment lacking in cultural awareness and understanding may result in BIPOC patients avoiding sharing or bringing parts of themselves and experiences to therapy. However, BIPOC providers are underrepresented among mental health professionals nationally. More funding is needed for increasing the BIPOC mental health workforce as well as training the current workforce to be more culturally responsive.

Glossary of Terms

1. **ANY MENTAL ILLNESS (AMI)** is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below) (National Institute of Mental Health, 2023).

2. **BEHAVIORAL HEALTH** generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions (American Medical Association, 2022).

3. **BIPOC** stands 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.

4. **CULTURE** is defined as the distinctive customs, values, beliefs, knowledge, art, and language of a society or a community. These values and concepts are passed on from generation to generation, and they are the basis for everyday behaviors and practices (American Psychological Association, 2023a).

5. **CULTURAL COMPETENCE** is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (National Prevention Information Network, 2021). 11

6. **MAJOR DEPRESSIVE EPISODE** is defined in DSM-IV (American Psychiatric Association, 1994) as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. See Section 3.4.8 of 2019 NSDUH Methodological Report (Center for Behavioral Health Statistics and Quality, 2020).

7. **MENTAL HEALTH** includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices (National Center for Chronic Disease Prevention and Health Promotion, 2023).

8. **SERIOUS MENTAL ILLNESS (SMI)** is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI (National Institute of Mental Health, 2023).

9. **SUBSTANCE ABUSE** is a pattern of compulsive substance use marked by recurrent significant social, occupational, legal, or interpersonal adverse consequences, such as repeated absences from work or school, arrests, and marital difficulties. (American Psychological Association, 2023b).

10. **STIGMA** refers to the negative attitudes and beliefs that motivate the public to fear, reject, avoid, and discriminate against people with mental illness.

Background

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. Research indicates that BIPOC communities suffer the greatest disparities in all areas of health and its social determinants. Mental health is more complex given cultural attitudes and perceptions about mental health, lack of access to culturally competent care providers, culturally sensitive treatment modalities and access to care. Given the recent pandemic, coupled with overt acts of racism which have removed the scab of a long-standing history of historical traumas, the mental health impacts on BIPOC individuals are ever more concerning. More than ever before, there is a demand for mental health services, creating a capacity issue for treatment needs. Many, on the other hand, suffer in silence, never reaching out and receiving the help they desperately need.

Nationally, there has been an intense effort to bring attention to the mental and behavioral health needs of the BIPOC communities. In 1999, *Mental Health: A Report of the Surgeon General* (RSG) was published, which documented the devastating effects of mental illness on the lives of Americans. It also revealed that there were disparities in access and quality of care for BIPOC communities (U.S. Department of Health and Human Services, 1999). Subsequently, in 2001, Surgeon General Dr. David Satcher, commissioned a supplemental report entitled Mental Health: Culture, Race and Ethnicity which detailed the striking disparities for BIPOC populations in mental health diagnoses, treatment, and access (Office of the Surgeon General, 2001). The report examined the cultural contexts and specific barriers of each BIPOC community, and 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. These factors contribute to the major finding of the supplemental report that BIPOC individuals "bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity" (Office of the Surgeon General, 2001).

In 2017, the American Psychiatric Association's Division of Diversity and Health Equity published statistics regarding mental health disparities for African Americans. Their findings indicated that although the rates of mental illnesses among African Americans were similar to those of the general population, disparities existed in mental health service utilization, with only one in three African Americans in need of care receiving it. Compared to non-Hispanic Whites, African Americans were less likely to receive guideline-consistent care and were more likely to use emergency rooms or primary care than mental health specialists. Further, while African Americans with any mental illness have lower rates of any mental health service use, including prescription medicines and outpatient services, they experience a higher use of inpatient services (American Psychiatric Association, 2017).

Purpose

Understanding the culture and history of racial/ethnic groups is necessary to provide culturally competent care. In the words of former Surgeon General David Satcher,

> *"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."*
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The RSG also pointed out that understanding the culture of the patients should inform how services are delivered, specifically stating that "[e]xisting treatment guidelines should be used for all people with mental disorders, regardless of ethnicity or race. But to be most effective, treatments need to be tailored and delivered appropriately for individuals according to age, gender, race, ethnicity, and culture" (U.S. Department of Health and Human Services, 1999).

The purpose of this study is to gain a deeper understanding of the BIPOC Mental/Behavioral Health Landscape in Pinellas County with a focus on South St. Petersburg. The research questions to be answered are:

1. What can we learn about BIPOC mental health from regional and national data?
2. How do BIPOC community stakeholders perceive the current program/service delivery landscape in Pinellas County?
3. What is the current landscape for BIPOC Mental Health programs and services in Pinellas County?
4. What professional development opportunities exist for mental health professionals to become competent in providing mental health services to BIPOC communities?
5. What networks exist locally and nationally for professionals to support BIPOC mental health?

In addition to data, this literature review includes an examination of cultural practices within BIPOC populations that may be regarded as either barriers or protective mechanisms to mental health. The examination of these factors serves to make the reader aware of how culture and experiences influence a population's willingness to access services and the types of services they access. It is not intended to be attributable to all members of a particular racial or ethnic group.

Research Question 1 is explored through a review of national and local data sources which were examined to report trends, incidence, and prevalence rates for populations and mental health indicators. Data from the government-sponsored databases and surveys, such as the U.S. Census Bureau and the Substance Abuse and Mental Health Services Administration (SAMHSA) were used for national data. Local data were derived from surveys and state-sponsored databases such as the Youth Behavioral Risk Factor Surveillance Survey (YBRFSS) and Florida CHARTS. Peer reviewed literature and governmental reports provided additional data for the literature review. Specific data sources are cited throughout the report and listed in the reference section.

RESEARCH QUESTION 1

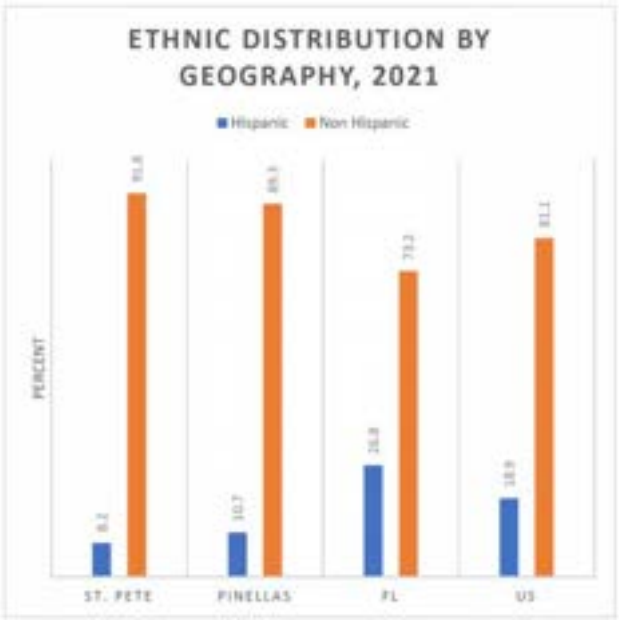
| *What can we learn about BIPOC mental health from regional and national data?*

POPULATION STATISTICS

Demographic data are typically captured and reported using both race and ethnicity. Data reports differ in how these data are shared, often reporting race and ethnicity separately, without consideration for overlapping identities, such as Black-Hispanic or White- Hispanic. Some individuals are also becoming more reluctant to ascribe to a racial group to self-identify, preferring to use ethnicity or identities reflecting their culture. This makes an exact calculation of BIPOC individuals more difficult yet highlights the diversity and richness of the population. Figure 1 shows the population of the United States based on Census data representing racial groups only. These data show that in Florida, BIPOC make up 23.1% of the population, not inclusive of Latinx/Hispanic individuals who may identify as any race (U.S. Census Bureau, 2022a). Ethnic distributions are shown in Figure 2, with Latinx/Hispanics representing 26.8% of the population in Florida. Census data also indicate that 59.3% of the U.S. population and 52.7% of Florida's population identify as White, non-Hispanic. This indicates that 40.7% of the U.S. population and 47.3% of Florida's population is BIPOC as defined herein. Demographic data show that Pinellas County's population is less diverse; however, the proportion of the population who are people of color and immigrants continues to steadily increase, with projections that Pinellas will be majority people of color in 2050 compared to 25% of the population in 2016 (PolicyLink, 2019).

FIGURE 1. RACE DISTRIBUTION BY GEOGRAPHY, 2021-2022

FIGURE 2. ETHNIC DISTRIBUTION BY GEOGRAPHY, 2021-2022



Behavioral Health Diagnoses

United States

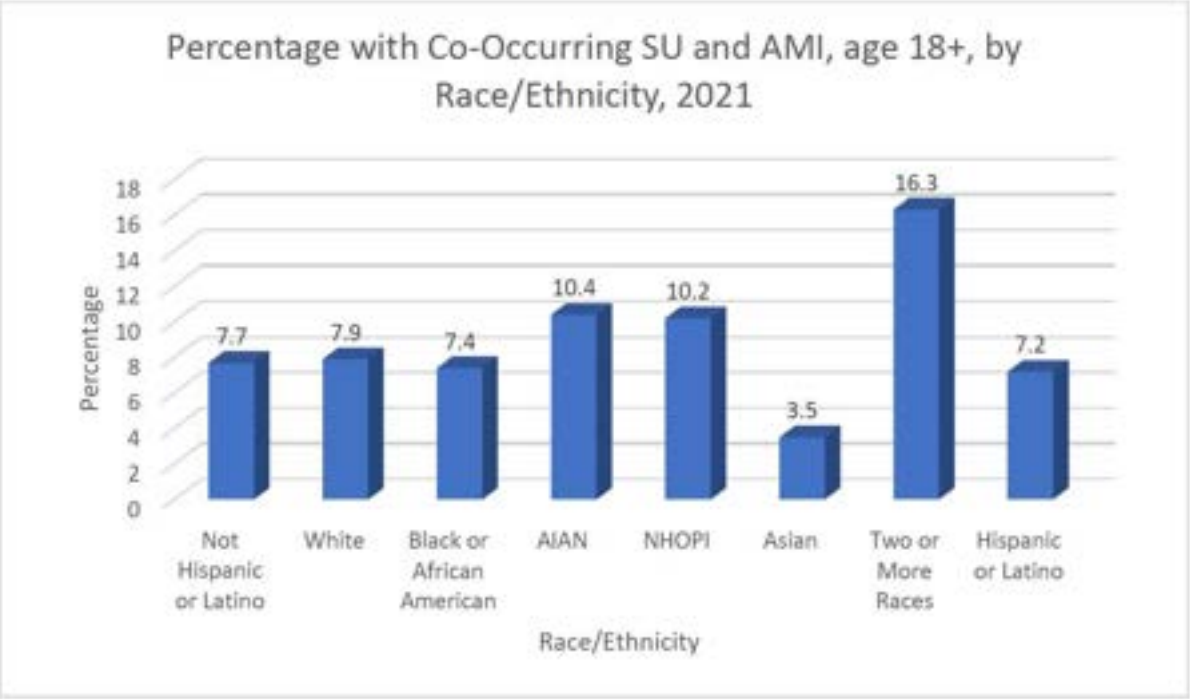
Data on levels of mental illness among adult populations from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health are presented in Table 1. In 2021, 22.8% of the adult US Population had any mental illness (AMI), with 5.5% of those having serious mental illness (SMI). Within BIPOC populations, the percentage of individuals with AMI ranged from 16.4% to 34.9%. Asian Americans were much less likely to have AMI with 16.4% of the population having any mental illness diagnosis, and 2.8% having a serious mental illness diagnosis. AMI and SMI prevalence among White Americans was 23.9% and 5.6%, respectively, and 21.4% and 4.3% for Black/African Americans. Persons of two or more races have the greatest AMI prevalence at 34.9%, and American Indian/Alaska Natives have the greatest SMI prevalence at 9.3%.government-sponsored databases and surveys, such as the U.S. Census Bureau and the Substance Abuse and Mental Health Services Administration (SAMHSA) were used for national data. Local data were derived from surveys and state-sponsored databases such as the Youth Behavioral Risk Factor Surveillance Survey (YBRFSS) and Florida CHARTS. Peer reviewed literature and governmental reports provided additional data for the literature review. Specific data sources are cited throughout the report and listed in the reference section.

TABLE 1. LEVELS OF MENTAL ILLNESS IN PAST YEAR: AMONG PEOPLE AGED 18 OR OLDER; BY DEMOGRAPHIC CHARACTERISTICS, PERCENTAGES, 2021(SAMHSA, 2015-2019).

Demographic Characteristic	Any Mental Illness (2021)	Serious Mental Illness (2021)	No Mental Illness (2021)
TOTAL	22.8	5.5	77.2
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	23.2	5.6	76.8
White	23.9	6.1	76.1
Black or African American	21.4	4.3	78.6
AIAN	26.6	9.3	73.4
NHOPI	18.1	6.3	81.9
Asian	16.4	2.8	83.6
Two or More Races	34.9	8.2	65.1
Hispanic or Latino	20.7	5.1	79.3

Prevalence of co-occurring substance use and mental illness for ages 18 or older followed similar trends as shown in Figure 3. Persons of two or more races have the greatest prevalence of co-occurring substance use disorder and any mental illness at 16.3% and Asian Americans having the lowest prevalence at 3.5%. White and Black/African Americans had prevalence of 7.9% and 7.4%, respectively.

FIGURE 3. CO-OCCURRING SUBSTANCE USE DISORDER AND ANY MENTAL ILLNESS IN PAST YEAR: AMONG PEOPLE AGED 18 OR OLDER; BY RACE AND ETHNICITY, PERCENTAGES, 2021(SAMHSA, 2015-2019).



Florida and Pinellas

In Pinellas County, the percentage of adults with poor mental health and depressive disorders has risen. In 2019, 12.7% of adults reported having poor mental health on 14 or more of the previous 30 days, up from 12% in 2016. Further, 17.2% of adults had been told they had a depressive disorder, up from 15.1% in 2016. Also of great concern is the rising number of children ages 11-17 who have tried to hurt themselves (13.5%) and the proportion who have felt sad or hopeless for two or more consecutive weeks (27.4%), both representing increases from 2016.

TABLE 2. ADULT AND STUDENT MENTAL HEALTH STATUS, PINELLAS COUNTY AND FLORIDA, BRFSS, 2016-2021(FLORIDA DEPARTMENT OF HEALTH, 2021).

	Pinellas County		Florida	
Indicator	**2016**	**2019-2020**	**2016**	**2021**
Adults who had poor mental health on 14 or more of the past 30 days	12%	12.7% (2019)	11.4%	15.2%
Adults who have ever been told they had a depressive disorder	15.1%	17.2% (2019)	14.2%	18%
Percent of Students, ages 11-17, who in the past year, did something to purposely hurt themselves without wanting to die	12.1%	13.5% (2020)	10.7%	14.7%
Percent of Students, ages 11-17, who in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities	24.4%	27.4% (2020)	21.7%	34.3%

The Florida Behavioral Risk Factor Surveillance Survey collects demographic data allowing for examination of mental health diagnoses by race/ethnicity. Data from 2020, the latest data available, indicate that Black and Hispanic populations are less likely to have been told they have a depressive disorder as shown in Table 2. Treatment-seeking behavior and differences in access may partially explain the disparity as one would have to be in care to receive a diagnosis of depressive disorder.

TABLE 3. PERCENTAGE OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER, BY RACE/ETHNICITY AND SEX, 2016, 2017-2019(FLORIDA DEPARTMENT OF HEALTH, 2020).

		Pinellas County			Florida
		2016	2017-2019	2020	2019
Race/Ethnicity	Hispanic	13.3%	16.4%	11.5%	14.8%
	Non-Hispanic Black	21.6%	13.2%	11.6%	11.9%
	Non-Hispanic White	14.5%	18.1%	17.2%	20.0%
Sex by Race/Ethnicity	Hispanic Men	15.9%	*	9.8%	9.9%
	Hispanic Women	*	14.7%	13.0%	19.3%
	Non-Hispanic Black Men	3.9%	13.6%	6.5%	12.1%
	Non-Hispanic Black Women	*	12.7%	16.2%	11.8%
	Non-Hispanic White Men	11.6%	13.3%	10.8%	14.5%
	Non-Hispanic White Women	16.9%	22.6%	23.1%	25.2%

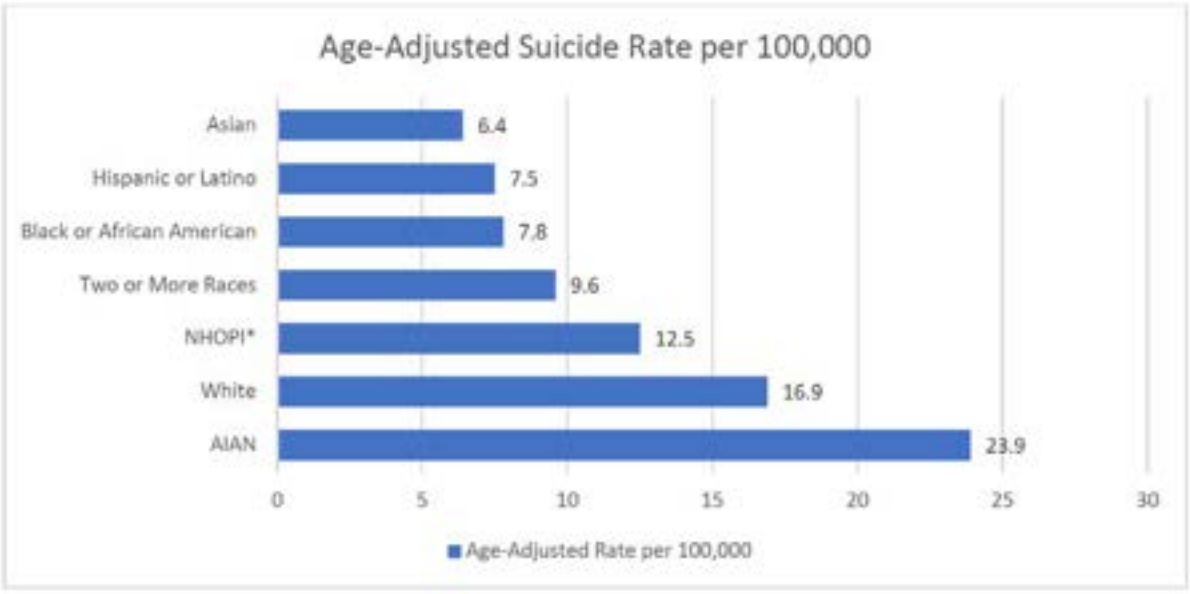
*Data not reliable due to small sample sizes.

Suicide

United States

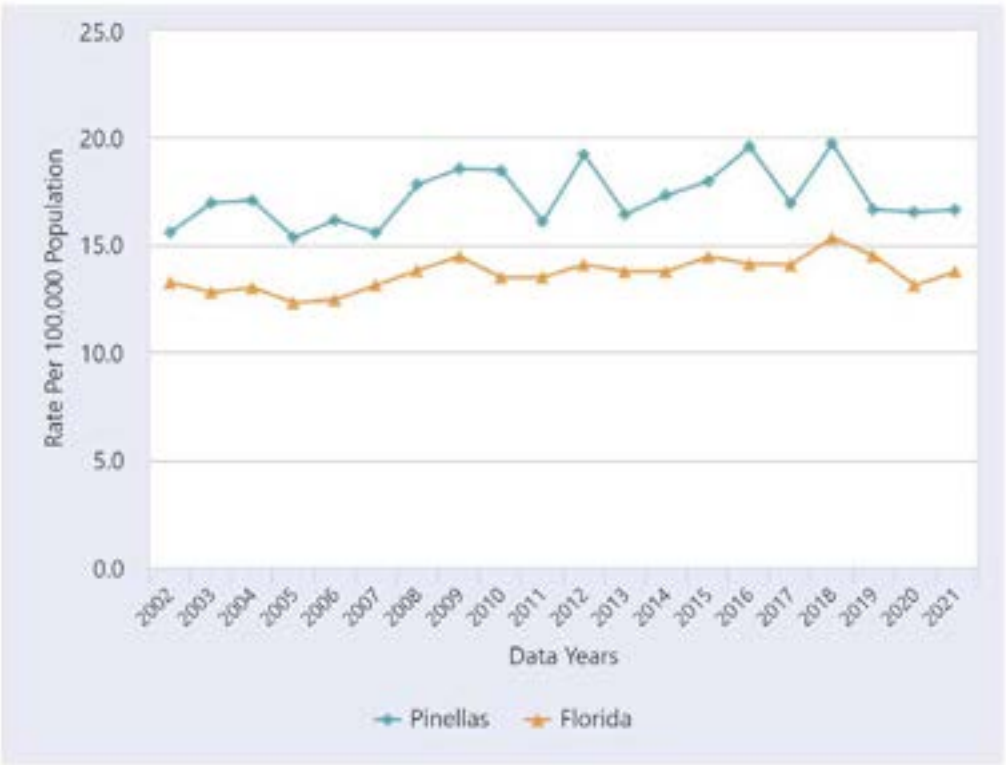
Nationally, suicide rates vary across racial and ethnic groups. In 2020, Asian people had the lowest suicide rate of all racial/ethnic groups at 6.4 per 100,000 of the population. Comparatively, American Indian/Alaska Native people had the highest suicide rate with an age-adjusted suicide rate that was nearly 4 times as high at 23.9 suicides per 100,000 population. That means that 1 in 418 American Indian/Alaska Native people dies by suicide in 2020 (D. C. Ehlman, Yard, Stone, Jones, & Mack, 2022).

FIGURE 4. AGE-ADJUSTED SUICIDE RATE BY RACE/ETHNICITY, AGES 18+, UNITED STATES, 2020.



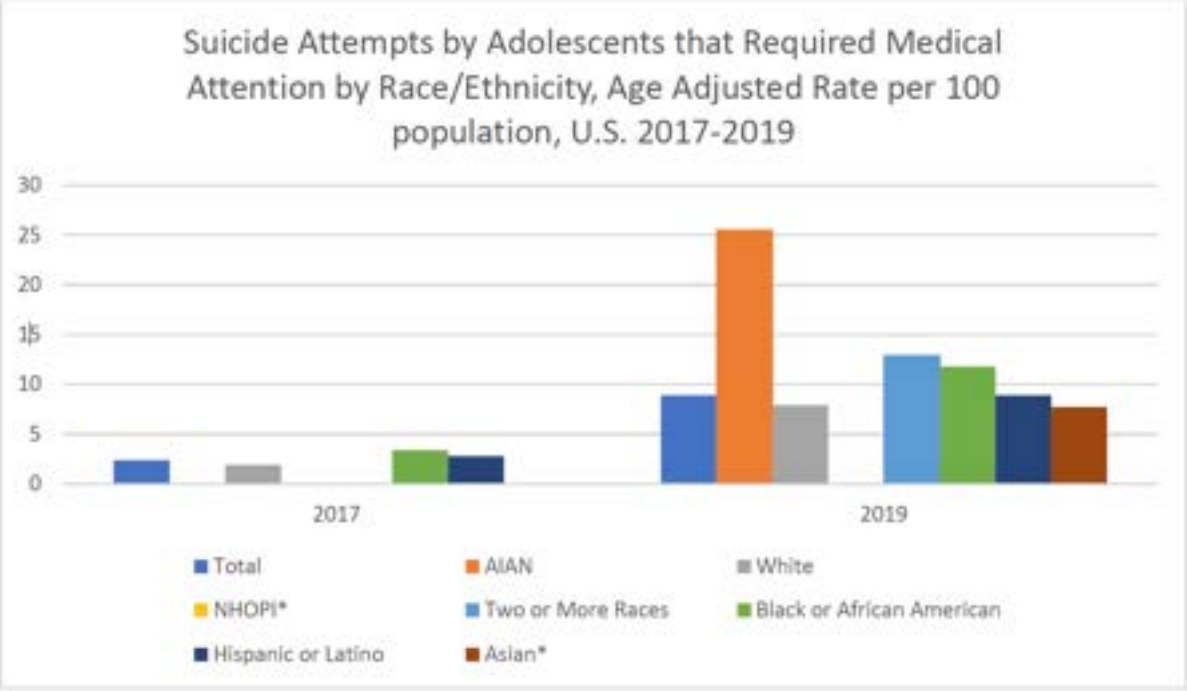
The age-adjusted suicide rates for Florida and Pinellas County are shown in Figure 4. The rate for Pinellas County hit a high of 19.7 per 100,000 population in 2018 and has hovered around 16.6 per 100,000 between 2019-2021 (Florida Department of Health, 2021).

FIGURE 5. AGE-ADJUSTED DEATHS FROM SUICIDE, SINGLE YEAR, FLORIDA AND PINELLAS COUNTY, 2002-2021.



Data from the Youth Behavioral Risk Factor Surveillance Survey (Figure 5) indicates that the number of suicide attempts among younger populations is getting worse. Suicide attempts requiring medical attention among all adolescents increased from 2017 to 2019 from 2.4 to 8.9 per 100 population. Among BIPOC populations, suicide attempts increased dramatically from 3.4 to 11.8 per 100 for Black young people. In 2019, there were 12.9 suicide deaths per 100 multirace persons and 25.4 suicide attempts per 100 indigenous populations, again, the highest of any racial or ethnic population (Kann et al., 2018; U.S. Department of Health and Human Services, 2020).

FIGURE 6. SUICIDE ATTEMPTS BY ADOLESCENTS THAT REQUIRED MEDICAL ATTENTION, RACE/ETHNICITY, U.S. 2017-2019.



Florida and Pinellas

Locally, in Pinellas County, there were 184 suicide deaths in 2021. Suicide attempts were likely much higher. Data from the 2020 National Survey on Drug Use and Health indicate that in 2020, for every suicide death, there were 27 suicide attempts and 275 people who seriously considered suicide (D. Y. Ehlman, E; Stone, DM; Jones, CM; Mack, KA, 2022; Substance Abuse and Mental Health Services Administration, 2021).

TABLE 4. NUMBER OF SUICIDE DEATHS, FLORIDA AND PINELLAS COUNTY 2019 AND 2021.

Year	Florida	Pinellas County
2019	3426	189
2021	3325	184

The following table shows age-adjusted suicide death rates by race and ethnicity for White, Black and Hispanic populations in Florida and Pinellas County for 2019-2021. Suicide rates increased for White, Black, and Hispanic populations in Florida from 2019 to 2021. In Pinellas, the suicide rates for Black residents more than doubled, although the absolute numbers are small compared to White residents.

TABLE 5. AGE-ADJUSTED SUICIDE RATES BY RACE AND ETHNICITY, FLORIDA AND PINELLAS COUNTY, 2019-2021.

	Pinellas						Florida					
	White		Black		Hispanic		White		Black		Hispanic	
Year	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2021	171	18.1	10	10.7	8	7.2	2,965	15.4	248	6.5	473	7.8
2020	159	18.2	6	4.7	12	11.4	2,808	14.9	195	5.2	429	7.3
2019	179	18.5	7	6.6	7	6.8	3,121	16.5	211	5.9	443	7.7

Data from the Florida Youth Behavioral Risk Factor Surveillance Survey (FL YBRSS) shown in Table 6 indicate that youth mental health is of particular concern. Among students ages 11-17 surveyed in Pinellas County, 14.7% indicate that, in the past year, they did something to purposely hurt themselves without wanting to die. More than a third of students in the age group felt sad or hopeless for two or more weeks in a row.

TABLE 6. FLORIDA YOUTH BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY DATA, MENTAL HEALTH, AGES 11-17, 2016-2020.

	Pinellas County		
Indicator	**2021**	**2019-2020**	**2016**
Percent of Students, ages 11-17, who in the past year, did something to purposely hurt themselves without wanting to die	14.7%	13.5% (2020)	12.1%
Percent of Students, ages 11-17, who in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities	34.3%	27.4% (2020)	24.4%

The Community Health Needs Assessment (CHNA) (All4HealthFL Collaborative, 2022) provides data that further help us understand the impact of mental illness in our local community. During 2022, the All4Health Collaborative disseminated the Community Health Needs Assessment survey and conducted focus groups with residents of Hillsborough, Polk, Pinellas, and Pasco Counties. The CHNA asked questions about residents' mental health needs and access to services. The survey also collected demographic data allowing for the survey results to be stratified by race/ethnicity and by county. Specific questions assessing mental health needs of the community include:

1. Was there a time in the past 12 months when children in your home needed mental and/or behavioral health care but did not get the care they needed?
2. What are some of the reasons that kept them from getting the mental and/or behavioral health care they needed?
3. Over the past 12 months, how often have you had thoughts that you would be better off dead, or of hurting yourself in some way?
4. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health?
5. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?
6. What are some reasons that kept you from getting mental health care?

Tables 7 and 8 show CHNA survey respondent race and ethnicity for all of Pinellas County. Due to sampling sizes, data are stratified and shared by race and ethnicity but aggregated for all of Pinellas County. Most respondents were White (76%), and 22% were BIPOC. Black and Asian populations were underrepresented in the CHNA data as indicated in Table 7.

TABLE 7. COMMUNITY HEALTH NEEDS SURVEY, RESPONDENT RACE, PINELLAS COUNTY, 2022.

Race	Number	Percent	Pinellas County
African American or Black	453	9%	11.1%
American Indian or Alaska Native	22	0%	0.4%
Asian	112	2%	3.7%
Identify in another way	97	2%	N/A
More than one race	194	4%	2.4%
Native Hawaiian or Pacific Islander	6	0%	0.1%
Prefer not to answer	316	6%	N/A
White	3,847	76%	73.1%
Grand Total*	**5,047**	**100%**	*Do not total to 100% due to differences in data collection.

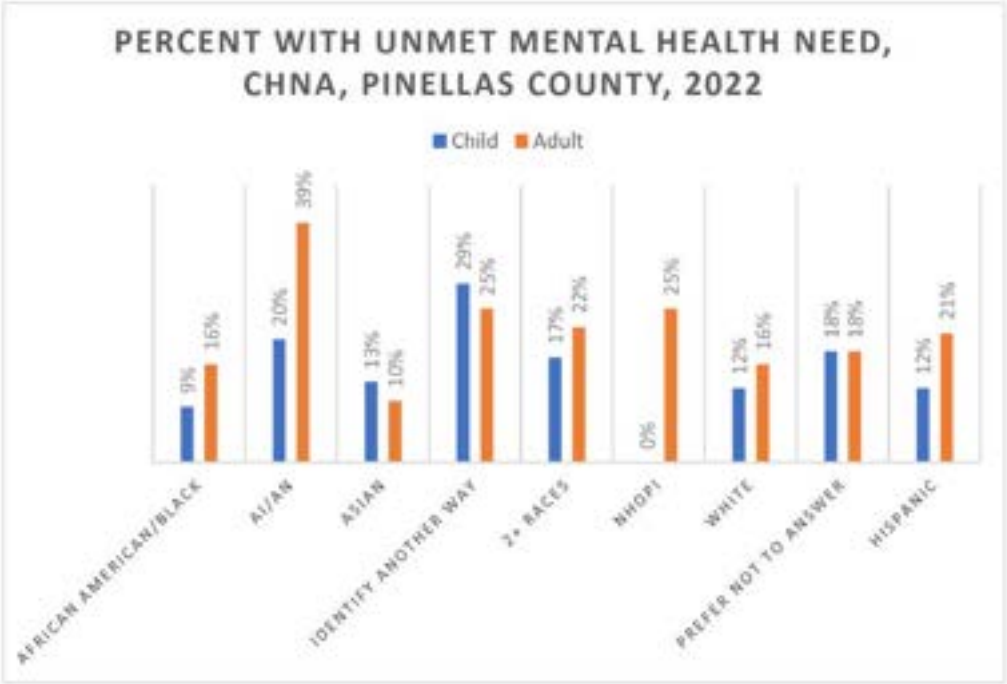
TABLE 8. POPULATION DISTRIBUTION BY ETHNICITY, PINELLAS, CHNA 2022.

Ethnicity	Number	Percent	Pinellas County
Latinx/Hispanic	436	9%	10.6%
Non-Hispanic	4320	86%	89.4%
Prefer not to answer	292	6%	N/A

Unmet Need

Of the respondents to the Community Health Needs Assessment, 45% of Pinellas residents ranked behavioral health as a leading health concern. The data in Figure 7 indicate the perceived mental health needs among the respondents for themselves and their children by race and ethnicity. Persons who identified another way and American Indian/Alaska Native people were most likely to indicate their child had an unmet mental or behavioral health care need at 29% and 20%, respectively. Persons identifying as Native Hawaiian or Pacific Islander (NHOPI) and Black were least likely to indicate unmet needs for their children at 0% and 9%, respectively. Due to small sample sizes among NHOPI (only 6 people responded), these numbers should not be considered representative of the County's NHOPI population. Adults were more likely to indicate unmet needs for themselves, with more than one third of Indigenous people indicating unmet mental health needs. Sixteen percent (16%) of Black respondents and 25% of those who identify another way indicated unmet MH needs.

FIGURE 7. PERCENT WITH UNMET MENTAL HEALTH NEEDS, CHILDREN AND ADULTS, CHNA, PINELLAS COUNTY, 2022



When asked "Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health?" a greater proportion of Asian respondents rated their overall mental health as good or better (76%) compared to all other racial groups. Indigenous respondents were least likely to rate their health as good or better at 67%. Seventy-one percent (71%) of Black, 73% of Latinx, 75% of Asian and 75% of White respondents rated their mental health as good or better.

TABLE 9. OVERALL MENTAL HEALTH, BY RACE, CHNA, PINELLAS COUNTY, 2022

Race	Excellent	Very good	Good	Not Sure	Fair	Poor	Grand Total
African American or Black	19%	23%	29%	1%	20%	7%	100%
American Indian or Alaska Native	6%	6%	56%	0%	22%	11%	100%
Asian	16%	29%	30%	0%	21%	3%	100%
Latinx/Hispanic	16%	25%	32%	0%	20%	7%	100%
I identify in another way (please specify):	18%	20%	25%	1%	29%	6%	100%
More than one race	16%	17%	33%	1%	26%	8%	100%
Native Hawaiian or Pacific Islander	25%	0%	25%	0%	50%	0%	100%
Prefer not to answer	16%	21%	33%	1%	20%	9%	100%
White	16%	29%	30%	0%	19%	6%	100%
Grand Total	**16%**	**27%**	**30%**	**0%**	**20%**	**6%**	**100%**

When asked "Over the past 12 months, how often have you had thoughts that you would be better off dead, or of hurting yourself in some way?", at least 10% of every racial group responded that they had had these thoughts for several days or more. Suicidal thoughts were most pronounced for Indigenous people (17%) and for those of more than one race (18%).

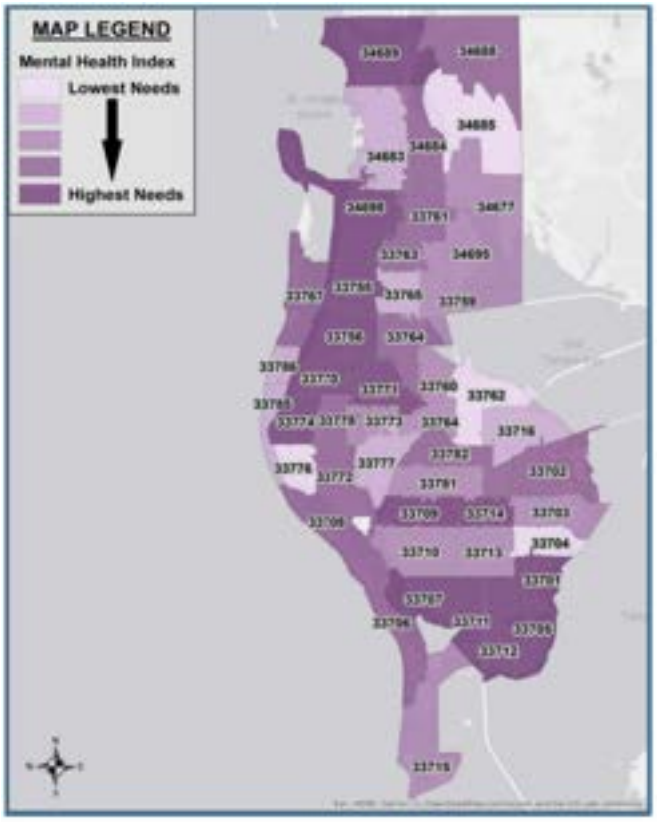
TABLE 10. FREQUENCY OF THOUGHTS OF SUICIDE, CHNA, PINELLAS COUNTY, 2022.

Race	Nearly every day	More than half the days	Several days	Not at all	Grand Total
African American or Black	1%	1%	8%	90%	100%
American Indian or Alaska Native	0%	11%	6%	83%	100%
Asian	1%	1%	8%	90%	100%
Latinx/Hispanic	1%	1%	10%	89%	
I identify in another way (please specify):	3%	0%	9%	89%	100%
More than one race	1%	2%	16%	82%	100%
Native Hawaiian or Pacific Islander	0%	0%	0%	100%	100%
Prefer not to answer	1%	3%	9%	87%	100%
White	1%	1%	10%	89%	100%
Grand Total	**1%**	**1%**	**10%**	**89%**	**100%**

The COVID-19 pandemic had a tremendous impact on the mental health of our community, putting a strain on resources, diminishing social support, and increasing experiences of grief and loss. It is likely that no one was untouched by loss and grief, whether it was the loss of employment, social connection, or the death of a family member or friend. The CHNA survey found that 36% of Indigenous respondents, 28% of Asian respondents, 27% of Black respondents and 25% of Latinx/Hispanic respondents experienced the death of a family member or friend, each higher than the average of 22% across all respondents. Just as COVID-19 had racially disproportionate physical health impacts in causing physical sickness and death, its mental health impacts are disproportionate and lingering.

The Community Health Needs Assessment included focus groups to understand the health and mental health needs of community residents. Focus group and survey data revealed Mental Health to be a top health issue, with 41% of survey respondents ranking mental health as a pressing health issue. Barriers to mental health were also identified and include affordability, lack of insurance, inability to schedule an appointment when needed, inability to find a doctor/counselor who takes insurance, inability to take time off work, and trust and fear of the health system. During CHNA focus groups, participants identified the impact of COVID-19 on behavioral health and discussed how the pandemic had worsened behavioral health due to the stress and the trauma it induced. They also acknowledged that COVID has brought more awareness of mental health issues. Focus group participants also shared how their lived experiences impact their mental health need as well as the existence of barriers to accessing mental health care as summarized in the CHNA report:

> *"The LGBTQ+, Black/African American, and Hispanic/Latino communities stressed the importance of political and provider acknowledgment about minority stress, discrimination, and external factors that have contributed to experienced trauma. These populations seem to experience more difficulty accessing mental health services."*
>
> *(All4HealthFL Collaborative, 2022)*



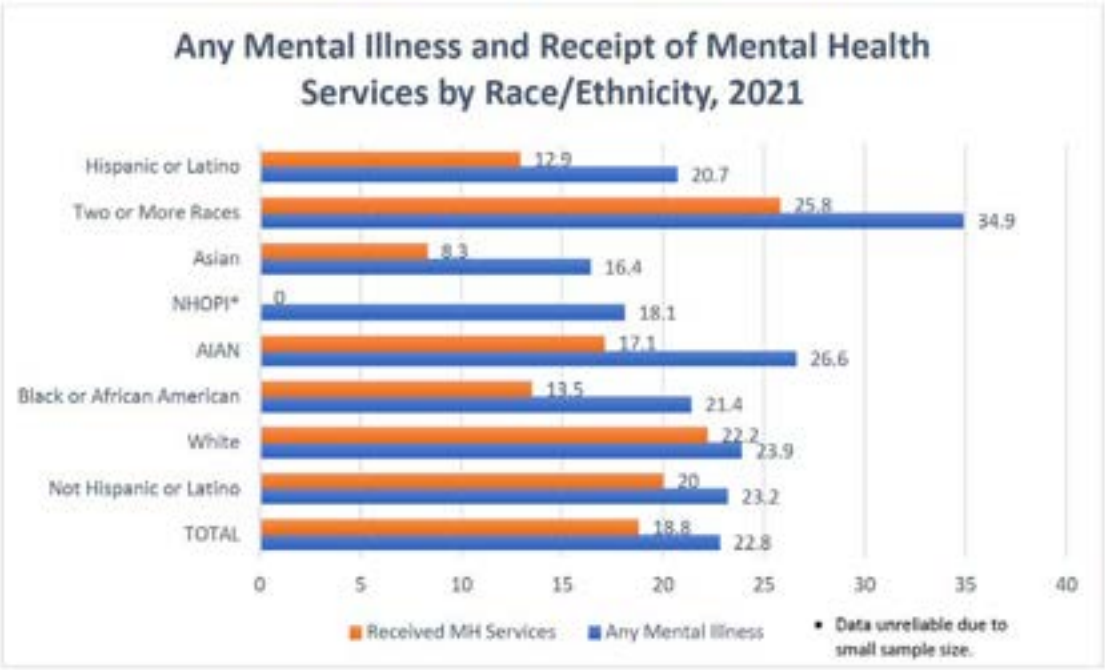
A Mental Health Index was developed by Conduent Healthy Communities Institute to understand the need for mental health services in Pinellas County. The Index indicates that individuals living in zip codes 33711, 33712, and 33756 experience the most significant demand for quality mental health services (All4HealthFL Collaborative, 2022). The geographic distribution of the Mental Health Indices is reprinted from the CHNA.

Treatment

United States

Nationally, while nearly 23% of Americans report having any mental illness, only 18% received any mental health services, including virtual services in 2021. Analysis of BIPOC populations reveals more disturbing treatment patterns. Specifically, of the 16.4% of Asian American people with any mental illness, only 8.3% received any mental health services. Following a similar pattern, of the 21.4% of Black/African American people with mental illness, only 13.5% received any mental health services. Figure 8 shows proportions of racial/ethnic populations in the U.S. that have received mental health services compared to those diagnosed within each population.

FIGURE 8. ANY MENTAL ILLNESS AND RECEIPT OF MENTAL HEALTH SERVICES INCLUDING VIRTUAL SERVICES IN PAST YEAR BY RACE/ETHNICITY, PERCENTAGES, UNITED STATES 2021 (SAMHSA, 2015-2019).



Florida and Pinellas

Comprehensive data regarding mental health care utilization is difficult to obtain due to the complexity of funding streams from self-pay to insurance and publicly funded services. Data from the SAMHSA Uniform Reporting System which administers the Mental Health Community Services Block Grant indicates that 30% of those served in Florida in 2020 were BIPOC. Almost a quarter (21.6%) of those served were Black.

The most recent data from the Baker Act Reporting Center indicates that 7,858 people had involuntary examinations in fiscal year 2019/2020 in Pinellas County. Of those, 17.21% were Black, 5.27% were Hispanic, and 75% were White. Comparatively, Black, and Hispanic residents make up 11% and 10% of the population in Pinellas County, respectively. Additional BIPOC populations are not stratified, but combined as 'Other' in the report, so other BIPOC populations could not be explored. For 2019/2020, 6.48% are classified as 'Other' (Christy, 2022). These numbers for involuntary examinations were not available for previous years as of the writing of this report, so the trend is unclear. Further, these numbers do not account for repeat involuntary examinations among individuals, so it is unknown what percentage of those receiving repeat involuntary examinations were Black or Latinx/Hispanic.

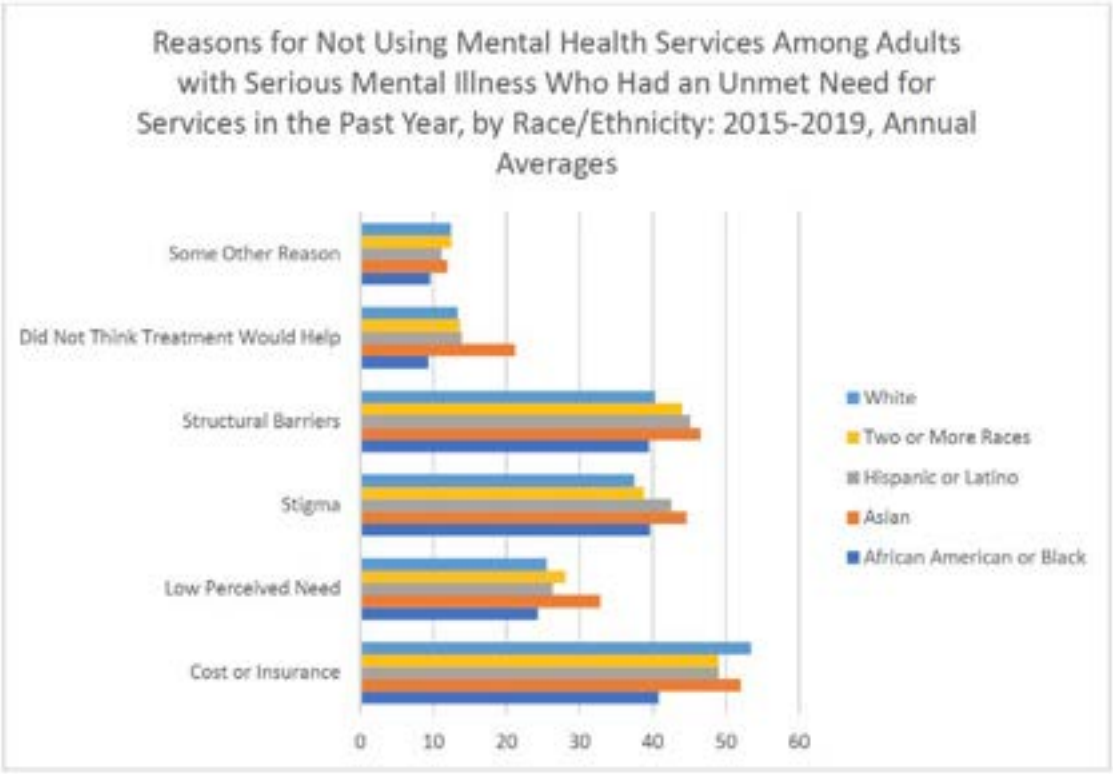
Barriers to Care and Treatment

Multiple studies cite barriers to mental health care that are more common among BIPOC populations, including:

- Stigma associated with mental illness
- Distrust of the health care system
- Lack of providers from diverse racial/ethnic backgrounds
- Language barriers
- Lack of culturally competent providers
- Lack of insurance, non-acceptance of insurance
- Low perceived need
- Not thinking treatment would help

The National Survey on Drug Use and Health examined racial/ethnic differences in reasons for not seeking treatment among adults with serious mental illness who reported an unmet need. Reasons included cost or lack of insurance, low perceived need, stigma, structural barriers, not thinking treatment would help, or some other reason. Annual average percentages from 2015- 2019 are reprinted in Figure 9.

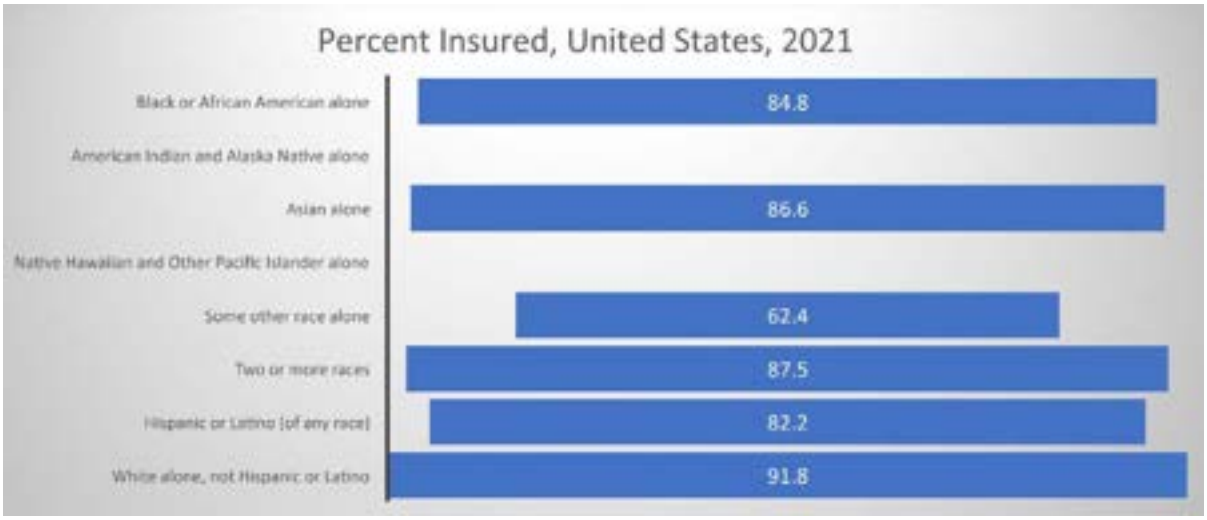
FIGURE 9. REASONS FOR NOT USING MENTAL HEALTH SERVICES AMONG ADULTS WITH SERIOUS MENTAL ILLNESS WHO HAD AN UNMET NEED FOR SERVICES IN THE PAST YEAR, BY RACE/ETHNICITY: 2015-2019, ANNUAL AVERAGES



COST/INSURANCE

BIPOC populations are less likely to have insurance than White people. U.S. Census data indicate that nationally, 92% of White people have health care insurance, while between 62% to 87% of BIPOC populations have health care insurance as shown in Figure 10. Cost and lack of insurance was the leading cause for not receiving mental health care among those with a serious mental illness for all races/ethnicities. A greater percentage of Asian American people experienced barriers to mental health care for every reason compared to other populations.

FIGURE 10. PERCENT INSURED BY RACE/ETHNICITY, UNITED STATES, 2021.(U.S. CENSUS BUREAU, 2021)



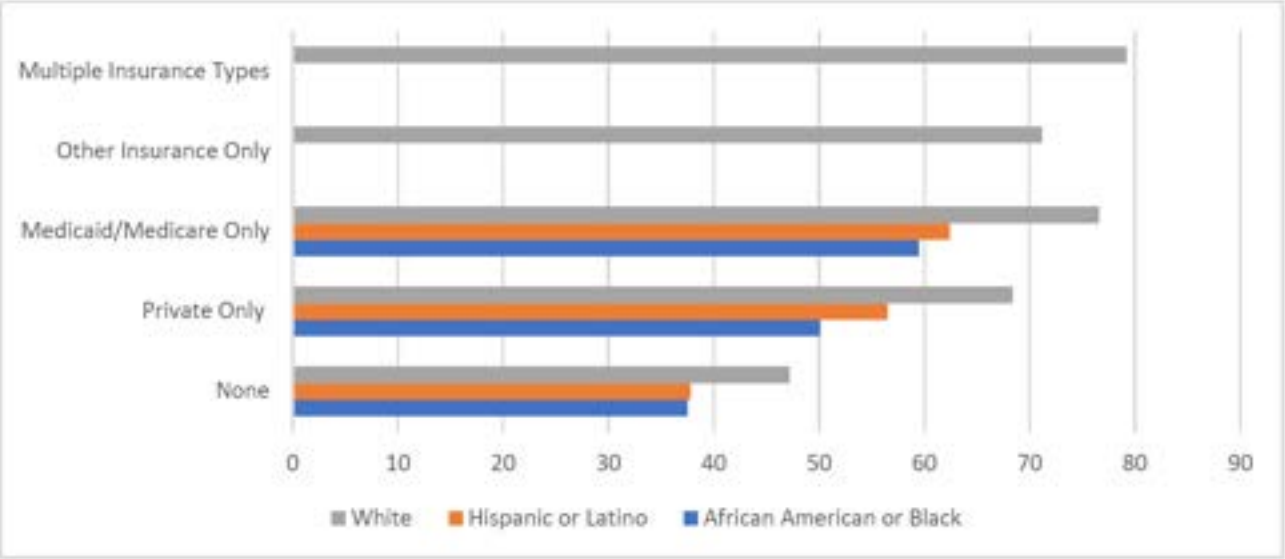
According to 2021 American Community Survey, 11.2% of Pinellas County residents and 10.7% of St. Petersburg residents do not have health insurance coverage (U.S. Census Bureau, 2022c). Moreover, for BIPOC populations in Pinellas County, cost prevented 26.6% of Hispanic and 21.5% of Black residents from seeing a doctor when they needed to see one. Black women were least able to see a doctor due to cost, with 27.3% unable to afford care. The proportion of Black women unable to afford care in Pinellas was nearly double that for Black women in the state of Florida at 15.9%.

TABLE 11. PERCENTAGE OF ADULTS WHO COULD NOT SEE A DOCTOR IN THE PAST YEAR DUE TO COST. (FLORIDA DEPARTMENT OF HEALTH, 2020)

Demographic		Pinellas County		Florida
		2016	2017-2019	2019
Race/Ethnicity	Hispanic	13.6	25.6	22.7
	Non-Hispanic Black	8.8	21.5	16.8
	Non-Hispanic White	17.9	13.2	13.5
Sex by Race/Ethnicity	Hispanic Men	19.1	*	25.2
	Hispanic Women	*	20.7	20.4
	Non-Hispanic Black Men	*	15.2	17.7
	Non-Hispanic Black Women	*	27.3	15.9
	Non-Hispanic White Men	16.2	13.1	12.7
	Non-Hispanic White Women	19.4	13.4	14.3

While a factor in mental health services utilization, insurance alone does not explain the disparity seen across racial/ethnic populations. SAMHSA data indicate that BIPOC populations with serious mental illness who are insured are less likely to use mental health services compared to White people regardless of insurance types as shown in Figure 11 (SAMHSA, 2015-2019).

FIGURE 11. MENTAL HEALTH SERVICE USE IN THE PAST YEAR AMONG ADULTS WITH SERIOUS MENTAL ILLNESS, BY RACE/ETHNICITY AND HEALTH INSURANCE STATUS: 2015-2019, ANNUAL AVERAGES (SAMHSA, 2015-2019)



STRUCTURAL BARRIERS

Structural barriers are the second most reported reason for not receiving mental health care for Hispanic people and those of 2 or more races according to SAMHSA data. Structural barriers were the third most reported barrier for Black people. Structural barriers include transportation, appointment availability and wait times, and knowledge of care services and providers. In Pinellas County, structural barriers were the most commonly reported reason for not getting mental health care in the 2022 Community Health Needs Assessment (All4HealthFL Collaborative, 2022). Structural barriers accounted for half (50%) of all reasons reported for not getting mental health care when there was an unmet mental health need, including:

- Not sure how to find a provider
- Unable to schedule an appointment when needed
- Doctor/counselor office does not have convenient hours
- Transportation challenges
- Cannot take time off work

The number of persons sampled in individual BIPOC populations were too small to analyze to elicit structural barriers by race in Pinellas County.

STIGMA

Stigma is a barrier to seeking mental health treatment for all populations, but of particular concern in BIPOC populations due to attitudes toward mental illness. In a study on Asian American people, only 12% of Asian respondents would mention their mental health problems to a friend or relative (versus 25% of White respondents), 4% would seek help from a psychiatrist or specialist (versus 26% of White respondents), and 3% would seek help from a physician (versus 13% of White respondents) (U.S. Department of Health and Human Services, 1999). Likewise for Black, Latino and Indigenous populations, feelings of stigma keep them from seeking treatment for mental health needs (Kapke & Gerdes, 2016) (Eisenberg, Downs, Golberstein, & Zivin, 2009) (Goetz, Mushquash, & Maranzan, 2023).

Attitudes of stigma may stem from how people view persons who have mental illness. The General Social Survey (GSS) is an annual survey conducted to monitor Americans' shifting attitudes on social issues. A study examining data from the GSS found that respondents generally viewed people with mental illness as dangerous and less competent to handle their own affairs. They viewed people with schizophrenia and substance use disorders as the most dangerous and least competent to handle their own affairs. The attitudes were consistent across race and ethnicities (Pescosolido, Monahan, Link, Stueve, & Kikuzawa, 1999).

Another study assessed differences in perceptions of the dangerousness of persons with mental illness but found a different relationship between race, ethnicity, and attitudes towards patients with mental illness. Asian and Hispanic American respondents saw persons with mental illness as more dangerous than their White counterparts did. Having contact with individuals with mental illness was associated with reduced stigma for White respondents, however stigma was unchanged among African Americans survey respondents (Whaley, 1997).

A more recent study examined changes in perceptions of the dangerousness of persons with mental illness over time from 1996 to 2018. Study data indicate a decrease in respondent concern about dangerousness for persons with depression, but an increase in concern for those with schizophrenia. This study categorized persons as White and non-White, so racial and ethnic differences were not examined (Pescosolido, Halpern-Manners, Luo, & Perry, 2021).

Few local data exist that examine the role of stigma in seeking mental health treatment. In Pinellas County, the Community Health Needs Assessment assessed barriers to mental health treatment by asking the following survey questions:

1. What are some of the reasons that kept [children in your home] from getting the mental and/or behavioral health care they needed?

2. What are some reasons that kept you from getting mental health care?

Survey responses cite stigma as a barrier to seeking mental health treatment, but it is not as significant a barrier as structural and cost barriers. The most commonly cited reason for children in the home not receiving mental health care were the inability to find a doctor or counselor who takes their insurance and the inability to schedule an appointment when needed. Other commonly cited reasons were not having insurance and not being sure how to find a doctor or counselor. Fear of family or community opinion was the 8th highest ranked reason out of 10 for not getting mental health care when needed. The numbers of responses are too small to analyze within each racial/ethnic group (All4HealthFL Collaborative, 2022).

CONSIDERATIONS FOR WORKING WITH BIPOC POPULATIONS

Cultural differences within BIPOC populations help explain differences in treatment seeking behavior and how individuals respond to mental health needs. It is important to recognize that culture impacts the ways in which BIPOC populations approach and respond to their mental health needs. Examples of approaches and responses include:

- Taking an active approach to facing person problems, rather than avoidance
- Relying on spirituality to help cope with adversity and symptoms of mental illness
- Relying on ministers who also serve as counselors, diagnosticians, or referral agents
- Relying on traditional healers who work side-by-side with formal providers in tribal mental health programs
- Not dwelling on upsetting thoughts, avoidance of issue
- Relying on themselves to cope with distress

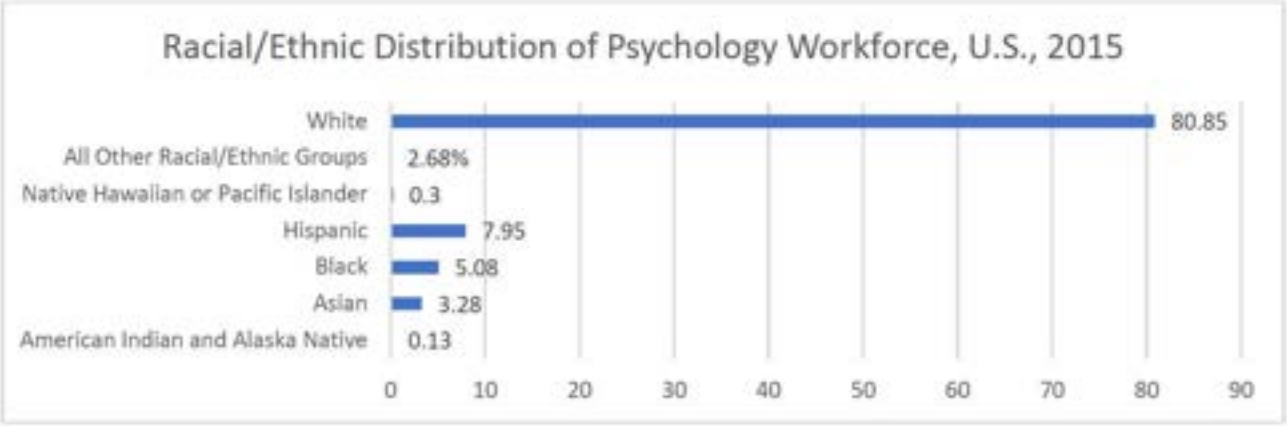
The history of racism and discrimination also impacts how BIPOC populations seek treatment and the levels of trust afforded to the professionals providing care. Specific areas to consider for providing care to BIPOC include racial concordance between patient and provider; use of modalities for providing culturally appropriate care, including incorporating complementary therapies; eliminating bias in providing evidence-based treatment; and recognizing intersecting identities of persons presenting for care.

RACIAL CONCORDANCE

Racial concordance refers to a provider and their patient sharing the same race. A barrier to seeking mental health treatment for many BIPOC is the inability to find a provider who shares his or her race. A meta-analysis of studies examining racial concordance in medical visits found that Black patients consistently experienced poorer communication quality, information-giving, patient participation, and participatory decision-making compared to White patients when treated by providers of a different race (Shen et al., 2018). Racial concordance is associated with patients feeling their care is of higher quality, greater levels of satisfaction, higher levels of rapport, and with more patient-centered communication styles (Cooper-Patrick et al., 1999; Nazione et al., 2019; Shen et al., 2018). The is likely due to shared cultural experiences that promote mutual understanding and greater levels of trust.

Nationally, in 2015, BIPOC psychologists made up only 19% of the workforce compared to 41% in the U.S. population, as shown in Figure 12 (American Psychological Association, 2021). In 2022, the Bureau of Labor Statistics found that about 17.6% mental health counselors identified as BIPOC (Bureau of Labor Statistics, 2022). This makes it extremely challenging for people seeking same-race providers to find care.

FIGURE 12. RACIAL/ETHNIC DISTRIBUTION OF PSYCHOLOGY WORKFORCE, U.S., 2015



COMPLEMENTARY THERAPIES AND MODALITIES

BIPOC communities are more likely to use alternative or complementary therapies for mental health treatment than their White peers. These treatments may be self-administered or provided by alternative providers. For example, traditional healing services, limpias, prayer and other faith-based forms of treatment, ayurvedic medicine, home remedies and self-treatments, including dietary approaches are used to different degrees by BIPOC populations. These therapies may be used alone or to complement mental health treatment from a therapist or counselor. For example, some Indigenous populations incorporate traditional healers who work side-by-side with formal providers in tribal mental health programs (Office of the Surgeon General, 2001). Some individuals using complementary practices may be reluctant to disclose their use for fear of stigma. Acknowledgement and understanding of how BIPOC communities engage in complementary therapies may lead to improved treatment experiences and better mental health outcomes.

BIPOC professionals are also likely to incorporate culturally affirming forms of therapy into their treatment. Indigenous modalities such as healing circles and storytelling, and bodywork such as dance and "body positivity" are used to bring culturally affirming methods to clinical practice. Collectively, BIPOC psychologists refer to these approaches as 'radical healing' where "individuals rely on the cultural strengths of their particular communities to survive, to thrive, to exist" (DeAngelis, 2022).

Additional culturally informed methods utilized by BIPOC providers include:

Theory in the flesh: Promotes that the physical realities of our lives all fuse to create a politic born of necessity. It emphasizes accepting and loving oneself, your body, your skin color, as you are, not as defined by outside norms.

Healing through Groups: Used to facilitate expression and healing; examples include Sawubona Healing Circles which are grounded in African-centered values like trust, reciprocity, collectivism, and acknowledging the divine spirit within each person.

Partnering with faith communities and other organizations that serve BIPOC communities to destigmatize mental health treatment and normalize discussions and attention to mental health.

Culture-centered approach: Acknowledging that people are not only affected by interpersonal relationships, but also by larger systems. Culture-centered approaches include consideration of Critical Race Theory, liberation psychology and relational-cultural which help providers understand and interact with BIPOC patients.

In an article exploring culture-centered counseling, Phillips explores Critical Race Theory which asks people to "stretch and expand themselves and bracket all the things they think they know and understand as 'right' and 'true' [about race and racism'] and make space for things that they can't understand because they haven't lived it". She posits that this is much like what counselors are trained to do when treating mental health — "isn't [making space for clients' experiences] what we are trained as counselors to do?...We just don't always talk about it in terms of race, sexual orientation, gender identity, religion and all these pieces" (Phillips, 2021). Understanding how one's experiences and identities influence thoughts and behaviors provides context for treatment. This is applicable for both the patient and the provider.

ELIMINATING BIAS

Evidence-based treatments have been studied in controlled settings, and when applied in an unbiased manner, results in patient outcomes that are similar regardless of race and ethnicity. Several studies note, however, that Black patients are less likely to receive appropriate care compared to White patients and are often diagnosed less accurately compared to White patients. 45 Clinician bias, resulting in treatment bias and pre-judgment of Black patients and other BIPOC populations contribute to these disparities.

Stigma, distrust of medical providers, and institutions' lack of culturally based care stand as barriers to care. Biased-treatment such as prescribing less-effective or side-effect prone medications to BIPOC populations reduces treatment maintenance. In fact, research indicates that BIPOC people are less likely to be offered evidence-based medication therapy, psychotherapy or substance abuse treatment medications (Dunphy, Zhang, Xu, & Guy, 2022; Office of the Surgeon General, 2001). These biased practices contribute to disparities and overrepresentation of BIPOC in crisis care (emergency rooms, involuntary examination/Baker Act facilities and inpatient facilities). Just as concerning is that Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races (Hawthorne et al., 2012).

Race, Homelessness, and Behavioral Health

In the US, people who are homeless experience mental health and substance use issues more frequently than the general population. The most serious disorders are the most common: schizophrenia (11 to 13% of the homeless versus 1% of the general population) and mood disorders (22 to 30% of homeless versus 8% of the general population) (Ayano, Tesfaw, & Shumet, 2019; Folsom & Jeste, 2002).

The Point in Time Survey conducted in January 2022 indicated that there were 7,324 persons experiencing homelessness in Pinellas County. In year 2022, HUD subpopulation data (n=1,985) indicate that 388 (23%) adults experiencing homelessness reported a Serious Mental Illness and 308 (18.3%) reported a substance use disorder (Homeless Leadership Allliance, 2022). The number of persons experiencing homelessness with any mental illness is likely higher as "any mental illness" was not captured.

The Homeless Information Management System (HMIS) is a demographic and service database for storing data on persons experiencing homelessness in Pinellas County. During the reporting period October to December 2022 there were 8,792 adults served through the Pinellas County Homeless System of Care. Of those, 2,750 or 31% were Black/African American (versus 11.1% in Pinellas), 4.5% were multi-racial (versus 2.4% in Pinellas), and 7.8% were Latino/Hispanic (versus 10.7% in Pinellas). AI/AN, Asian and Pacific Island people comprise less than 2% of persons experiencing homelessness served.

Given the overrepresentation of Black/African American people among those who are experiencing homelessness, the increased needs at the intersection of race and homelessness creates an even greater need for mental health services for a significant portion of the BIPOC community. Attention to the needs of the homeless community is paramount to improve behavioral health among BIPOC populations.

Intersection of Race, Gender Identity, and Sexual Orientation

Research demonstrates that LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, and Others) populations experience greater mental health needs and more challenges with accessing care than heterosexual populations. Coupled with racial and ethnic disparities, those with overlapping identities of BIPOC and LGBTQ+ may experience the highest risk for morbidity and mortality from mental illness and substance abuse of any population. In fact, research indicates that lesbian, gay, and bisexual adults are more than twice as likely to experience mental illness compared to heterosexual adults (Medley, 2016). One study showed that bisexual and unsure youth had higher odds of depressive symptoms, suicidal ideation and plans, and physical inter-partner violence than their same-race heterosexual peers. In this study, suicidal ideations were 5 times higher for Black bisexual men compared to heterosexual men of color, and 8 times higher for Latino bisexual men compared to heterosexual men of color (Pollitt & Mallory, 2021). Studies also report higher substance abuse and mental illness among transgender adults, likely due to experiences of discrimination, violence, and trauma (Pollitt & Mallory, 2021; SAMHSA, 2015- 2019; Schuler, Collins, & Ramchand, 2022; Schulman & Erickson-Schroth, 2019). LGBTQ+ populations are also more likely to experience homelessness, which places them at even greater risk for increased mental health needs and undertreatment.

Healthy People 2030 is an initiative of the U.S. Department of Health and Human Services which sets data-driven national objectives to improve health and well-being over the next decade. A Healthy People 2030 goal is to reduce suicidal ideation among lesbian, gay, or bisexual adolescents. In 2017, 58.5% of adolescent high school students surveyed who identified as lesbian, gay, or bisexual had contemplated suicide. These data were not stratified by race/ethnicity in 2017. In 2019, racially stratified data show high levels of suicide ideation among lesbian, gay, and bisexual students, with 59.6% of Black, 72.8% of Asian American, and 68% of students of two or more races having suicide ideations (U.S. Department of Health and Human Services, 2020). Unfortunately, no local data are available to indicate the depth of the mental health need for LGBTQ+ communities.

National, state, and local data provide some insight into the mental health needs and challenges within the BIPOC community, but do not provide enough information to understand needs at the local level. A qualitative review of BIPOC resident and provider experiences was conducted to provide deeper insights into mental health needs and challenges of the local community. The following sections explore the methodology and findings of the local analysis.

Methodology

The BIPOC Mental Health study utilized a mixed-methods approach. The focus of the study was to deepen our understanding of the local BIPOC mental/behavioral health landscape (Pinellas County with a focus in South St. Petersburg). The research questions answered through the qualitative portion of the study were as follows:

RESEARCH QUESTION 2

> *How do BIPOC community stakeholders perceive the current program/ service delivery landscape in Pinellas County?*

RESEARCH QUESTION 3

> *What is the current landscape for BIPOC Mental Health programs and services in Pinellas County?*

- This work was approached with the following principles:
- The study and team will bring in a racial equity lens
- The study and team are working towards systems change
- The study and team stand on the foundation that the community knows what the community needs
- The study and team will center BIPOC voices and those with Lived Experience in the research, collaboration, and learning
- The study and team will focus on shared learning through engagement with providers, partners, and community stakeholders

Findings from this study are drawn from several sources including focus groups with BIPOC community members with lived experience, and surveys with mental and behavioral health service providers.

Focus Groups: BIPOC Community with Lived Experience

Focus groups were conducted with 31 Pinellas County community residents self-identifying as Black, Indigenous, and People of Color (BIPOC) willing to share mental and behavioral health experiences. Participants discussed how they feel about the current service delivery for mental and behavioral health services in Pinellas County. A focus group protocol was used, and participants were provided an informed consent for participation. Participants were also given a short demographics questionnaire to document race, ethnicity, gender, age, and mental and behavioral health services usage. The demographics questionnaire, the focus group moderator's guide, and the informed consent are included as Appendices B, C, and D, respectively. Participants were recruited through social media, mental and behavioral health practitioners and service organizations in the Pinellas County, word of mouth, and personal contacts. BIPOC participants with lived experience regarding mental/behavioral health and/or relevant services in Pinellas County were given a $150 stipend for their time.

Surveys: Mental/Behavioral Health Service Providers

An anonymous survey was also distributed to capture data from individuals that provide mental and behavioral health services to members of the Black, Indigenous, and People of Color (BIPOC) communities within Pinellas County (with a focus on St. Petersburg, Florida). The survey included a brief screening tool to identify if the provider was providing services to the BIPOC community in Pinellas County; a short demographics questionnaire to document gender identity, age, race, ethnicity, sexual orientation; and open-ended questions regarding mental/behavioral health service delivery to BIPOC populations. The BIPOC Mental and Behavioral Health Service Delivery Survey can be found in Appendix E.

Qualitative Analyses

Qualitative thematic analysis was used to analyze the focus group and survey data. All data were cleaned and stripped of identifying information prior to data analysis. The researchers closely examined the data to identify common themes that came up repeatedly from BIPOC community members and service provider respondents. Dedoose v.9.0.90 and Microsoft 365 Suite products were used to conduct the thematic analysis.

The researchers used the process of familiarizing themselves with the data, open coding, generating themes, validating themes across coders, naming themes, and writing up the findings. Following this process helped the researchers to avoid confirmation bias in the analysis. It is important to note that BIPOC mental health research can be traumatic in nature; therefore, the researchers were intentionally mindful of their own biases, lived experience, vicarious trauma, and emotional labor in the process of this work.

Quantitative Analyses

Focus group participant demographic data were collected when individuals completed the focus group interest form available via QR code on recruitment fliers. The participant data were exported from Survey Monkey into a Microsoft Excel file. The data were cleaned and prepared for analysis in Excel. All observations were valid for analysis; therefore, none were excluded. All observations were imported into Tableau Cloud for analysis and visualizations. There were three focus groups held with a total of 31 participants. The data were combined for analysis, and the demographic data are presented together. Frequency charts were created to display age, race, ethnicity, gender, and whether participants have received mental health services. A map of their residence zip codes was created showing the geographic distribution of participants within Pinellas County.

Service provider demographic data were exported from Survey Monkey into an Excel file where they were cleaned and prepared for analysis and visualization. Observations were not included in analyses if respondents did not currently provide mental and/or behavioral health services to BIPOC residents of Pinellas County. There was a total of 41 responses. Six responses were excluded as they did not meet inclusion criteria, leaving 35 responses for analysis. The data were imported into Tableau Cloud which was used to complete all data visualizations.

Findings

The findings of the focus groups and provider surveys are included in the following sections.

DEMOGRAPHICS

Focus Group: BIPOC Community Members

Table 12 shows all focus group participant demographic data. All focus group participants identified as being a part of the BIPOC community, with 71% identifying as Black or African American, 3% identifying as Puerto Rican, 6% as Indigenous or American Indian/Alaska Native, and 16% as two or more races. One person (3%) identified a White racially, and as Latinx ethnically.

	Count	Percent
Race		
Indigenous or American Indian or Alaska Native	2	6.5%
Black or African American	22	71%
Puerto Rican	1	3.2%
White	1	3.2%
2 or more Races	5	16.1%
Ethnicity		
Latinx/Hispanic	12	38.7%
Non-Latinx/Hispanic	19	61.3%
Gender		
Female/Female Ascribed	22	71.0%
Male	9	29.0%
Age		
25-34	10	32.3%
35-44	12	38.7%
45-54	4	12.9%
55+	5	16.1%

TABLE 12. DEMOGRAPHIC DISTRIBUTION OF BIPOC MENTAL HEALTH FOCUS GROUP PARTICIPANTS, 2023.

Ethnicity data reveal that 38.7% of participants identify as Latinx/Hispanic, and 61% as non- Latinx/non-Hispanic. Seventy-one percent (71%) of focus group participants were younger than 45 years of age. Most participants (71%) were female. Male participants were more likely to be non-Hispanic/Black comprising 22.6% of the focus group participants.

Quantitative data show that 68% of focus group participants have received mental health services. A greater percentage of Black participants had received mental health services than Latinx participants (68% vs. 58%).

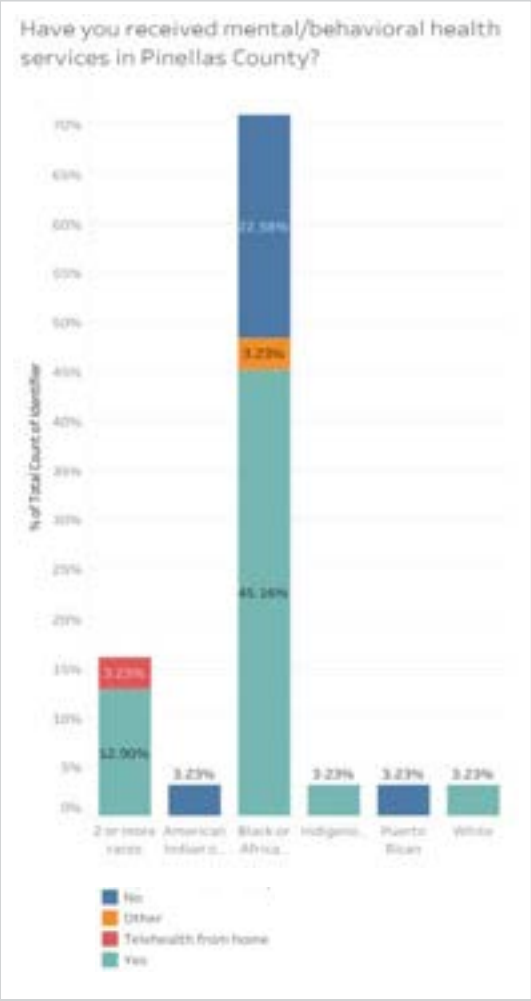


FIGURE 13. PERCENT RECEIVED MENTAL/BEHAVIORAL HEALTH SERVICES, FOCUS GROUP, PINELLAS COUNTY

All focus group participants lived in mid and south Pinellas County, with the majority residing in South St. Petersburg. Figure 14 shows the geographic distribution of participants by zip code of residence.

FIGURE 14. GEOGRAPHIC DISTRIBUTION OF BIPOC MENTAL HEALTH FOCUS GROUP PARTICIPANTS BY ZIP CODE, PINELLAS COUNTY, 2023.

TABLE 13. DEMOGRAPHIC DISTRIBUTION OF BIPOC MENTAL HEALTH PROVIDERS, SCAN SURVEY DATA, 2023.

	Count	Percent
Race		
Black or African American	16	47.1%
Asian American	1	2.9%
White	15	44.1%
Prefer Not to Answer	2	5.9%
Ethnicity		
Latinx/Hispanic	4	11.8%
Non-Latinx/Hispanic	27	79.4%
Prefer Not to Answer	3	8.8%
Gender		
Female/Female Ascribed	22	71.0%
Male	9	29.0%
Age		
25-34	3	8.8%
35-44	13	38.2%
45-54	9	26.5%
55+	6	17.7%
Prefer Not to Answer	3	8.8%

Survey: Service Providers

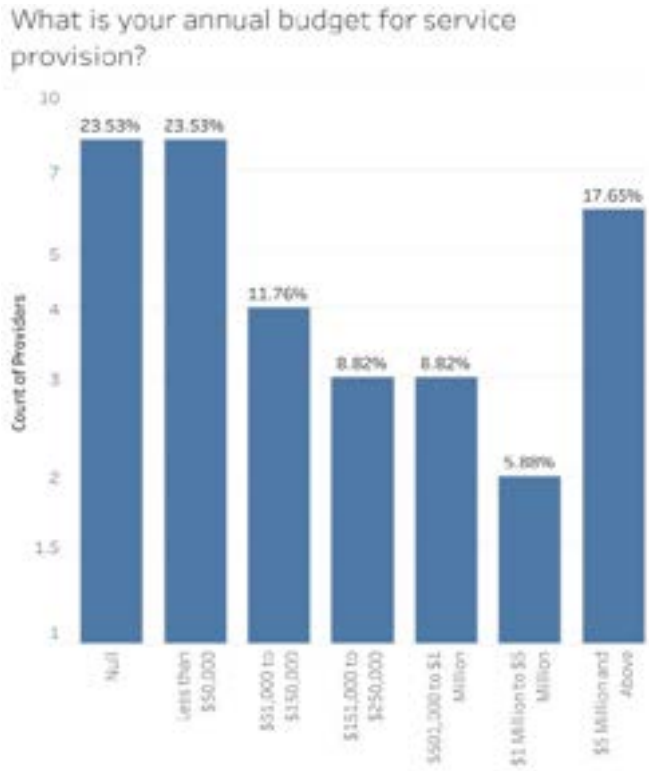
Table 13 shows the distribution of demographics for the provider survey. Almost half (47.1%) of survey respondents were Black, and nearly 12% were Latinx/Hispanic. There was one Asian respondent, however there were no respondents who identified as Indigenous or Native Hawaiian or Pacific Islander. Nearly three quarters (71%) of respondents were female or female ascribed, and more than half were between the ages of 35 and 54.

All providers indicated that they serve BIPOC communities in Pinellas County, with 97% indicating they serve BIPOC communities in St. Petersburg. Figure 15 shows the geographic distribution of the primary location where mental/behavioral health services are provided to the BIPOC Community.

Providers were asked about their service provision budget. Mental health service provision budgets ranged from less than $50,000 annually to over $5 million per year. Twenty-three percent of providers responded that their budgets were less than $50,000 per year. Forty-four percent had budgets less than $250,000 per year, and 17.7% had budgets at $5 million or more.

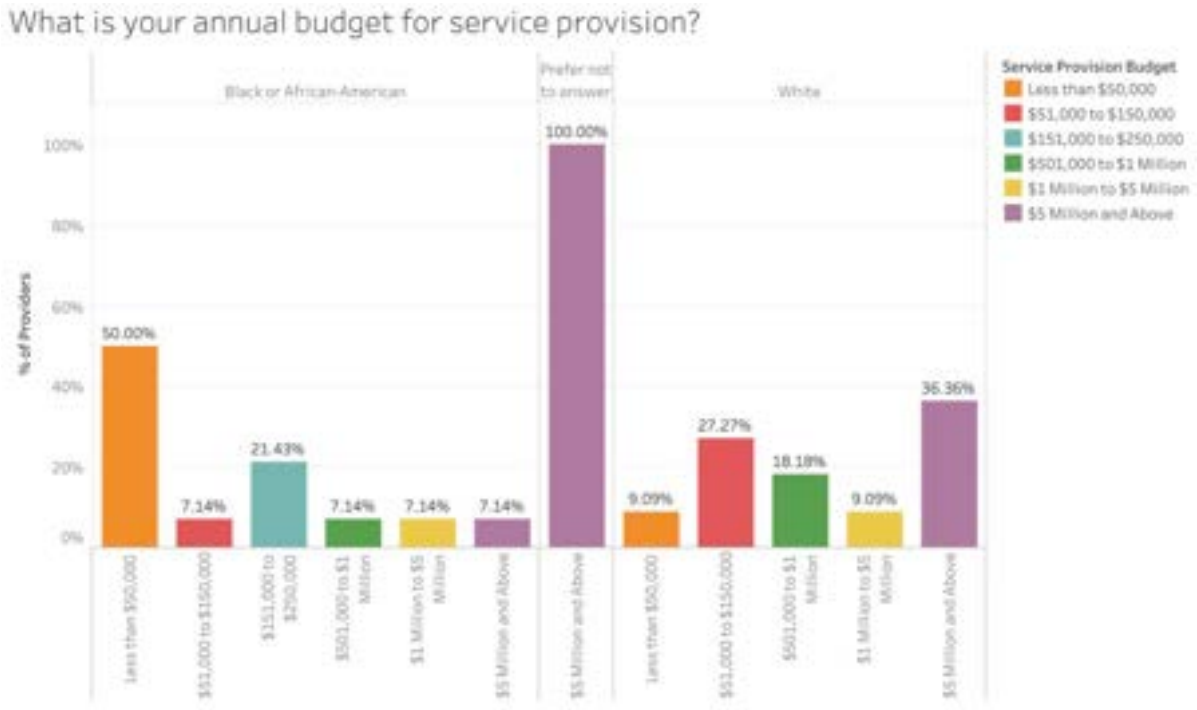
FIGURE 15. GEOGRAPHIC DISTRIBUTION OF PROVIDER SURVEY RESPONDENTS SERVING BIPOC

FIGURE 16. ANNUAL BEHAVIORAL HEALTH SERVICE BUDGETS OF PROVIDER SURVEY RESPONDENTS



Of interest is the proportion of BIPOC providers at each budget level. Black providers were more likely to work at organizations with budgets less than $50,000, (50% Black compared to 9.1% of White respondents) and much less likely to work at organizations with budgets more than $5 million than White respondents. (7.1% vs 36.4%). Of note, 100% of those who preferred not to provide race worked in organizations with budgets at $5 million and above. See Figure 17 for the distribution of budgets by race.

FIGURE 17. ANNUAL BEHAVIORAL HEALTH SERVICE BUDGETS OF PROVIDER SURVEY RESPONDENTS, BY RACE



BIPOC MENTAL HEALTH

BIPOC Mental Health Experiences

BIPOC community members were asked about their personal experience, and the experience of others that they knew in the BIPOC community, regarding their mental/behavioral health needs. Participants had a variety of responses as it related to their own mental health spanning from childhood to the present day. They discussed issues related to anxiety, bipolar disorder, depression, eating disorders, grief, ADHD, PTSD, schizophrenia, suicidal ideation, and suicide attempts, etc. These issues were not only personal in nature, but extended to their children, family members, friends, and the larger BIPOC community.

> *"Like we are all dealing with something ... like everybody's 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's dealing with everything."*

> *"I realized that me and my friends were completely unaware about what our environment was doing to us mentally. And back in 2011, 2010. In my world, it didn't exist. Post- PTSD didn't exist. They was like "What they say you got? What they say you got?" I would tell them and they just were unaware, they were so unaware."*

Severity of BIPOC Mental Health Needs

Throughout the sharing of lived experience around the severity of mental/behavioral health needs in BIPOC communities, several themes emerged as impactful factors to consider including the COVID-19 pandemic, racism, education and trauma, and violence.

Some BIPOC community members discussed the impact of the dual pandemics of COVID-19 and racial unrest on their mental health. Many found the COVID-19 pandemic to be isolating and felt that it served as a catalyst for deeper mental health concerns to surface.

> *"Some of my stuff has been within the last three years. I have a beautiful daughter, very smart and very artsy. But 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."*

> *"This last summer 2022 was particularly challenging dealing with a lot of young people coming out of COVID into a residential summer program and dealing with a lot of suicide ideations that took place."*

> *"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 I don't think you're being just really honest with yourself."*

While the pandemic also served as a period of racial unrest in the country, participants noted that life-long racism deeply impacted their mental/behavioral health.

> *"But as far as race relations, that was taking me back to the 50s and 60s and sitting at my grandmother and grandfather's feet listening to the stories of things that they had to endure in rural Georgia. It brought us back to that state of mind, and we're not having it."*

> *"One of the things that I think is not being addressed is the role that racism plays and the trauma that racism causes and how much racism impacts our mental health even in ways we don't think. We may think it's the job we hate. We may think it's financial stress, we may think it's all of these things, but we don't understand how structural racism impacts all of those things. I don't think enough is being done to address that within our community, or within the community of therapists, people are still not wanting to talk a lot about race and how it impacts our lives. And I think that's such a huge need."*

Education and trauma were constants theme throughout the mental health discussions, not only for participant's children, but for the desire to protect all BIPOC children in the community. Several stories were shared about school aged BIPOC children experiencing segregation, traumatic detainment for mental health purposes, and the effect of overall trauma.

> *"When she started middle school, that's when the segregation started and then eighth grade, you know, eighth grade graduation. But you're just plumbing it right in front of all the hate that was presented on TV. So I think that played a major part in her big turn around."*

> *"When in sixth grade, my daughter made a comment that she was gonna kill herself, you know, she wanted to die. In the school system when they took my daughter [to the publicly funded Crisis Stabilization Unit] the way they transport us in the back of a police car and you're handcuffed. And I was like, incredulous like, you put my kid in handcuffs in the backseat of a sheriff's cruiser and you want to know if she's gonna have problems after this like, so?"*

Several BIPOC educators discussed their lack of knowledge of resources on trauma and feeling like their hands were tied in supporting their students and BIPOC parents from a trauma- informed care lens.

> *"I think about traumatic experiences of students who have been Baker Acted and how they talk about how traumatic you know, and it was another concern and how sometimes now as educators, you're thinking, What do we do with this situation? Because we don't want the child to be re-traumatized as much as school is a traumatizing place for many students."*

> *"One question that came to mind is around education. As educators right now without really going into the political sphere, it has become very difficult to support students in the way that they need to be supported because people are saying, we don't need to teach kids about empathy or, you know, that's their job, whatever it might be, or even how to how to feel or trauma informed care."*

> *"I encounter a lot of young children that have things going on with their mental health and you know, prior to getting into education and working in my city, I hadn't seen how affected our babies are. I'm just wanting to be more connected with the information so that I can better support my kids, my real kids but also my kids that I touch every day."*

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

> *"My immediate family were all involved in a home invasion. Guns at my head, whole nine, very traumatic and I went to therapy for two years and I was diagnosed with- me and my family- We were all diagnosed with PTSD, post-traumatic stress syndrome. And we have never been the same."*

> *My brother was murdered, just out on one night, and he had never gone out. He was super young and I just went through a level of depression around that. I had moved away at the time and felt this survivor's guilt that kind of came with that situation and then got myself into therapy and still in therapy trying to grapple with that."*

Generational Trauma

BIPOC community members were asked to share their thoughts on the impact of generational trauma as it relates to BIPOC mental/behavioral health needs. Some participants discussed their belief that the origins of such trauma in BIPOC communities were tied to slavery and 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. And it's definitely intergenerational. And I think that's a part of life that we don't understand. And 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."*

> *"I realized that oftentimes in our communities where we're really hard on each other, we've bastardized how we used to treat each other to make sure we would be okay and why people came against us, but we sort of don't have to do that anymore. So I think that a lot of that is a trauma response intergenerationally from being enslaved, that we haven't broken away from."*

> *"I believe that that is transferred, especially if you were raised in this area depending on where your parents or grandparents came from, in a day that it was passed down, because my grandparents experienced a lot of racial trauma. My mother experienced a lot of racial trauma. And then, you know, you were raised a certain way."*

Other BIPOC community members discussed the generational expectation to be "strong" and "happy" while making your family proud.

> *"Two things that I see with the Latinx community and generational trauma. We keep on passing down two messages. To the younger generation, one the word 'strong', and the other one the words, happy people. And those days that you don't feel strong, that you are struggling, who you go to, who you say, who you tell, and those days that you don't feel happy. You know that you don't feel like everything is a Fiesta. Who do you go to? So it's already that's why I have issues with even good stereotypes that can cause harm."*

> *"As Latinos, we have this mindset that we respect our elders, so if I'm trying to heal and reach out to an elder in my family, that we also have this. I don't know, it's just something in our culture, that's like one I have to respect my elders, so you don't want to disrespect them. So it's like, how can I be authentic in the way that I want to heal if I'm also walking on eggshells? And then the other part of that is that you want to make your family proud, right? So if they're not accepting this growth of you trying to heal then you don't feel accepted by your family. Now you feel like you have somewhat failed in the community of your family. So you don't even want to start that process."*

Many participants discussed generational trauma being passed down from their parents and the difficulty in their parents not addressing their own mental health needs.

> *"My parents did not see the need for therapy. They do not see the need for mental health support at all. They still don't. They've had a lot of traumatic things happen to them in life that they just shook off and you know, and prayed, they thought would heal all the wounds without actually doing a little bit more of the work. So that's what they still believe for this new generation coming up."*

> *"I was being raised by a colonizer. She used to say it was a dictatorship. Do you think this is a democracy? You know, so it was a very intense thing, and it was because she had that baggage to carry to pass on to me."*

> *"This one is shrouded and secretive and there's lots of stigma and it's hidden, but it's there and I grew up, you know, with a parent that struggled with mental health. You pass on that trauma. I'm gonna say inadvertently, because I don't think my mother would have intentionally, but inadvertently passed on to me. So a lot of undoing a lot of work to do."*

While many of the BIPOC community members were aware of generational trauma, they found themselves having to be intentional in questioning the ways in which they were raising their own children, and at times repeating past behavioral patterns.

> *"My mother experienced a lot of racial trauma. And then, you know, you were raised a certain way. Hey, You gotta stand right here so they don't think we're stealing. We went to a shoe store and she had us stand right there because I don't want to have to deal with the White people. Keep your hands in your pocket. I try to teach my kids the same thing. Things have changed, but still people perceive Blacks a certain way. I'm carrying the burden of the grandparents and my parents, and I did inflict PTSD of some sort to my kids."*

> *"You're just doing stuff even as a new parent. I have two small Black boys. So I find myself doing stuff. And it's like, where did this come from? Like, why am I doing that? You know, is that necessary? They're not robots, they're children and learning how to parent lovingly and allow them to be children. But I still have to be cognizant that they will be Black men, they are Black boys, and this is Pinellas County. They need to know their alphabets. They need to be early readers because I want to mitigate what someone has already predetermined that they don't even know them. So yes, it's definitely generational, and I didn't think that I would be this person, but that's what I am."*

Many BIPOC community members also discussed the need to have difficult discussions with their partners, elders, and the larger BIPOC community due to the lingering effects of trauma on their own child rearing.

> *"I am raising a three-year-old Black boy in this county. I'm like, often struggling to do this gentle parenting and just like the right way that feels right to me and I have this conflicting fight with my mom. I'm realizing it is her not ever having dealt with her trauma. So she sees my parenting as soft and the wrong way often. So we have this, trying to draw that bridge of respect for her and as my elder and as my as my parent, but also wanting her to know that like there's a new way to do things and I might not be doing everything right but I still want to try it."*

> *"I think about a relative I have who was really mean, they were just really mean. You know, we're supposed to be gentle because she was talking about what she wanted to do to my nephew. She wanted to toughen him up. So when you go deal with the White people like, you know, you know his daddy White, right? So it was weird."*

> *"My fight is for her and I will stand for her. And even if it means that me and her are just in our own little bubble, which is not healthy, but I had to get into like a Robocop survival mode. Hey, I gotta be a warrior for both of us and it's standing up to my family."*

Participants were equally devoted to ending "generational curses" with their own children. They discussed the need to adjust their own child rearing, model behavior for their children, reparent themselves, and work on personal healing that could be shared across generations.

> *"I don't want to pass down to my son. So there's like this continuation of the legacy of trauma and how starting it with me or starting it with my mom, we're beginning to heal generations of the future and even generations of the past."*

> *"You know, so it was a very intense thing, and it was because she had that baggage to carry to pass on to me. It is very challenging to [parent intentionally] especially while you're healing, and I'm in a very recovery mode state right now so I think it's a very important thing to keep in mind that we do have to reparent ourselves a lot, and that it can be challenging to make that understood to a therapist, and to be serviced properly."*

> *"I've been so intentional, really methodical not to pass on that generational trauma to my children. Would they say differently, probably. But I've been really pausing and calculated about how I engage with them, but it's real. It's very real."*

> *"And then in closing generationally, I wanted to add a positive thing. I have a young son, and one of the questions I asked him was, how do you feel about today? Anything happened that makes you feel funky, that you want to talk about? We just didn't have that so I do feel like the way we can impact that is just learning from our experience."*

There was a strong desire to better understand personal mental health in hopes of sharing the learnings with the larger BIPOC community. Many people discussed the need to normalize the conversation about mental health, and their intentionality in healing and sharing that healing with their friends, families, and future generations. Several groups of focus arose throughout the discussion including children, young adults, elders, veterans, and BIPOC men and women. Participants also discussed the overwhelming desire for safe BIPOC community spaces to continue in healing.

BIPOC COMMUNITY CONCERNS & REASONS TO SEEK TREATMENT

BIPOC Community Concerns Regarding Services

When asked about the concerns of the BIPOC community as it relates to mental/behavioral health services in Pinellas. BIPOC Community members discussed the fear of accessing services due to past experiences of trauma in treatment.

> *"A lot of people are visual at this point. So visually, they are not seeing the people that reflect who they are, that they feel like they could trust in the first place. I think this promotes stigma because they automatically believe that that doesn't exist and so there's no way they could go that route."*

> *"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."*

> *"After my experience with my son and he was suicidal, did not attempt suicide but was suicidal and engaged in activities that were very frightening and concerning for us. So at one time, he was Baker Acted. He was held for three days and his treatment reeked of discrimination and prejudice in the way he was treated."*

> *"I feel like because there is this perception about Black women being strong Black women, and there's this perception that you'll be okay, that you can endure this type of thing, that there is often a disregard for what is in our best interest."*

Several BIPOC community members spoke about the importance of selecting the "right help," and the need to be cautious when pursuing services.

> *"So I think that those are the types of challenges that all of us are going through right now. How do we get the right help? What is the right help? Where is the right help? And how can we trust it when it is there to help us when it sometimes harms us?"*

> *"So yes, finding the right person. I'm fortunate right now, but it's not always been the case. I have some horror stories from the past but finding the right person is critically important. And then when you find that person it makes all the difference in the world in your life."*

One BIPOC community member discussed the concerns around mental/behavioral health and law enforcement. They feared that those in need of services were often arrested instead of directed to needed mental/behavioral health resources.

> *"Police is definitely used as a primary source of dealing with mental health issues that catapult into bigger issues. I think there's a lot of times where it's clear that there are some behavioral mental health issues, and those people are never directed to the resources to resolve them. It often results in just being arrested or something to that effect."*

Treatment Seeking

BIPOC community members were asked to share if they would pursue mental/behavioral health services, if available. Many of the participants felt that services would be beneficial. They discussed the need to "get help" for themselves because it may encourage others to do the same.

> *"I have people that look up to me. So I have relatives and you know, people that struggle with their mental health. So knowing that I could go do it could lead to somebody else going to do it as well."*

> *"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."*

For those that have chosen to pursue therapeutic services, the catalyst varied across participants. Several participants heard about therapy from a friend or family member and decided to pursue services, but it took someone they knew seeking services to "normalize" the process for them.

> *"I'm currently in therapy. Like I said it took me a while. I've never been opposed to it but it took me a while. To really see oh, that's like normal people really do that. You don't have to be crazy, so to speak, to go and seek someone."*

> *"The first time I really heard of someone I knew, going into therapy was a friend who was dealing with depression and anxiety, and she's like, I'm going to a therapist, and I was like, wow, I never thought about that. Like, that's a great idea. And it took me a while to get to that point. Maybe a few years. I was like okay, so this is just like a regular doctor, but it's about your mind. It's normal everybody is going through something, and it should be normalized."*

Other BIPOC community members felt that therapy was not a one-time thing, but something that could be pursued continuously depending on the various stages of life and the stressful events that come with them.

> *"I think it's something you should do through various stages of your life. It can be stressful normally. So it may be continually it may be hey, I'm going through a certain stage in my life."*

> *"I am in therapy because I'm a caregiver to my parents, and that is extremely stressful and sometimes depressing. So I quickly realized aside from all the other self care I'm engaging in, therapy was another piece that I needed to help me navigate this particular part of my life and being a caregiver to my parents."*

> *"I am utilizing services right now, and I have for over 40 years. It's been for different things at different times. It's not been 40 years consistently, but when I had an issue in my life I have never shied away from seeking out for that professional advice, professional listening. So I always have and I always will."*

BIPOC community members also discussed other types of services including art therapy, sound therapy, life coaches, and support groups.

> *"So it hasn't been in this formal health provider situation through insurance. It just happens to be that I signed up for something of high quality that I probably couldn't afford on my own. That was given to me and I think if those two could kind of merge, like this decolonization lens from a life coach perspective into those health service providers, that would be amazing."*

> *"So as an artist here and as someone who works with mental health. I want to champion the idea of art being normalized as healing."*

> *"Support groups have been very helpful for me. That's been a challenge because sometimes it can trigger but for a lot of people, we can't find any other help. So maybe normalizing more support groups, creating more space for support groups, creating more creative activities, as part of the outreach would be beneficial."*

> *"I think it's of the utmost importance that there is a plan in place so that we have holistic care. Like I said, the mental health, you know, experience that I have had wasn't in the most traditional sense, but I'm kind of in the physical therapy space. But I think having, you know, a plan to consider all parts of the human is how we can have real change and really make a difference."*

Nature and holistic medicine were also found to be beneficial pathways to healing.

> *"The more people are in touch with nature and get in touch with that, the more access they have to being resilient and stuff like that."*

> *"The whole nature aspect, like us getting back to nature and realizing that we should have some by symbiotic relationship with nature versus a parasitic and realize that, you know, we often take a lot but don't realize what we can receive."*

> *"The holistic things such as shrooms LSD and those things because I feel like on one sense, you know, it can be talked about in songs and stuff like that, and people you know, will do them recreationally, but we don't often shed light on the sides of it being able to also be utilized medicinally in order to help people who may not see any progression from the pharmaceutical aspect of things versus the more holistic and natural ways that may be provided."*

For Self or For Community

When BIPOC Community members were asked if they pursue services for their own benefit or for the benefit of the community, participants overwhelmingly stated that they must take care of themselves first so that they could be better for their communities.

> *"I feel like you know how people say you can't pour from an empty cup. So I might be doing it for myself, but that in turn impacts everyone else around me. So in turn, it does benefit my community and my family. But I need to do it for myself first."*

> *"It's for me first because there's a fire in the house. I need to put that out before it spreads to the community.*

> *"It is very important for my personal journey to address my own problems and get help figure myself out. It's good for the community because I feel especially as a man, there are so many there's so much trauma that I can cause and pass on that I feel that as a man it's important to get mental health treatment to resolve my own personal problems, my own insecurities, my own perceived inadequacies, dealing with my own misogyny dealing with all of those issues to prevent me from going out there and spreading the fire. I feel it's just as important for me to take care of myself as it is for me to not continue to cause grief to others."*

Trust in Service Delivery

Given the variety of formal and informal healing opportunities available, BIPOC Community members were asked who they trust to receive services from. Many identified the desire to receive mental/behavioral health services from a trained professional.

> *"A professional, because It takes a person who's trained to be able to help a person to be able to grow mentally and to heal, mentally."*

> *"A trained professional because a trained mental health professional may have the capability to say okay, you may just need therapy or you may need medication or you may need a combination of both. But as a professional they'll be able to make that diagnosis."*

Some BIPOC community members identified utilizing a full support system, they discussed a team approach to healing that could include a trained mental health professional, faith leader, colleagues, mentors, friends, and family.

> *"I trust the trained mental health professional for the advice. I also know and value my support group that I have that reinforces and supports, so for me it's a combination of both and they're both absolutely necessary."*

> *"I have a faith leader, I have my spiritual part. I definitely got like mentors at work, they also helped. I also have professional mental health providers. I like more than one perspective and like, I'll take lessons that I get from one and bounce it off the other and see how they know how that stuff works. So I like a team."*

> *"I'll actually go to my family, because of course they tend to get more and then followed by professional, accurate providers, because it's their profession."*

SERVICES AND MODALITIES

Strengths of Services in the BIPOC Community

Both BIPOC community members and service providers were asked to identify the strengths of mental/behavioral health services provided to the BIPOC community in Pinellas.

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's 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."*

> *"One strength that I'm noticing within the community is that the voices are being heard. I specifically like the Healing While Black Summit, I had never seen anything like that until then. And the way it brings so many Black people with the same color for the same cause together and raises awareness. I definitely think that that is a strength."*

Service providers discussed the opportunity to provide a safe space for BIPOC clients in Pinellas. Most providers were located in mid and south Pinellas County.

> *"Providing a safe space for BIPOC clients to connect with a provider who can relate to and show empathy for a variety of race related and identity issues as well as affirmative and validating care for them as a person as a whole."*

> *"We recognize that normalized conversations are indispensable for creating a safe and comfortable space where BIPOC clients can express themselves freely. By normalizing conversations about race, oppression, and marginalization, we can challenge dominant narratives and promote alternative perspectives."*

A few service providers discussed their "inclusive and diverse workforce" and the availability of diverse providers.

- *"Many diverse providers allow for choice in provider changes when not a "good fit" with client needs."*

Providers went on to identify the variation in approaches used in serving BIPOC clients including caring for the whole person, culturally sensitive practices, trauma-informed care, strengths- based approach, justice-oriented approach, and the importance of connectedness to the greater community.

> *"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. We understand that these core characteristics can be challenged and strained by systemic factors, which informs our approach and reduces the tendency to pathologize."*

- *"We address equity issues and our services are trauma informed and based on the needs of the client."*

Providers also mentioned offering free and reduced services, no waitlist, and community engagement events as strengths of their service provision.

> *"We provide free counseling to BIPOC clients that do not have insurance or cannot afford counseling services. Most of the BIPOC clients reside in South Pinellas County and are at or below the poverty level."*

> *"We received funding to host community engagement events and share the support services with the Black, Latino/Hispanic and Spanish communities in hopes of increasing the number of skilled volunteers who are trained to lead the support groups. These programs equip grassroots leaders with the tools and insights necessary to reconcile the issues of racism, institutional bias, discrimination, and other barriers to building trust and promoting understanding in care delivery."*

Barriers to Services in the BIPOC Community

BIPOC community members and service providers were asked to share the barriers to mental/behavioral health services by the BIPOC community in Pinellas County.

ACCESS TO SERVICES

Many community members discussed the time and effort that goes into finding a therapist. They were focused on finding the right fit and equated it to a research project, a dating app, a la carte services, etc.

> *"I feel like it is very much a research project, if it's financially prohibitive, and I don't necessarily feel like the places that I know about our safe spaces."*

> *"The amount of research that I had to do and all the work that I had to do, you know, it wasn't like, Oh, there I know this person who has these resources, or they can get me in contact with these people."*

> *"I remember trying to find a psychologist when I got diagnosed. Just trying to find anyone and going through the ones that were offered through my insurance, and I didn't have a ton of time because I was at work so I was having to do it on my lunch break. I went into a meeting and I had my camera off and my boss asked me about it. I was like, I just finished crying because I've called over three pages of doctors. They're telling me oh, we don't actually do that. We don't know why we're on that list. We're not accepting new patients. We're not this, we're not that."*

> *"I always hear it's like dating. It takes a while to find the therapists. It's like okay, do I have enough time to go and find someone that gets it or not?"*

AFFORDABILITY

Several BIPOC community members talked about the need for the care to not only be affordable, but also quality in nature. Some felt that free or reduced services also meant a lack in quality and treatment.

> *"I have limited income and limited resources. So I have to see counselors through free services or sliding scale fees."*

> *"So my current situation is that I've been with someone for five years, that's a sliding scale therapist, and we see each other once a week. I've had to consider leaving her because one of the options available in Pinellas County would require me to leave my therapist. Do I let it all go and trust the system, even though I've seen friends be both helped and harmed by it, you know, so it's a very challenging situation here in Pinellas County."*

> *"I don't really have a high opinion of free or low cost mental health programs because I've seen friends and even family go through them and not have the best experience. In contrast, I used to work for the government and I had the Cadillac, Blue Cross Blue Shield, health insurance at no cost to me, and the quality of care that I got with that magic healthcare card was extremely different compared to the care that I noticed everybody else who didn't have that kit. So because of those past experiences, it makes me very nervous to consider using a low cost or free system."*

Many providers agreed that there was an affordability issue and felt that it was linked to a lack of funding for needed services.

> *"Funding and rates in Florida are insufficient to cover the costs of services. Insurance can be a limitation instead of a benefit."*

> *"Lack of funding for pioneering innovative service delivery (e.g., responsible fatherhood)."*

> *"It is important for funding to be available for the program to continue servicing BIPOC clients. Without funding, the program is not possible."*

INSURANCE

Service providers identified a client's personal financial situation, non-insured and underinsured clients, the lack of coverage for needed services, low insurance reimbursement rates, and the high cost of services as barriers to service delivery.

Similarly, BIPOC Community members discussed the layered impact of health insurance on affordability. Many spent hours contacting providers that did not take insurance or stated that they did and later found that to be incorrect. Many felt that mental/behavioral health providers and services were out of reach due to cost. Several mentioned being uninsured.

> *"They even might even say they accept my insurance and then like as we get on a call, then they don't accept my insurance. So that's happened to me a few times."*

> *"Affordability because there are a lot of good ones out there. But if they don't take your insurance and you don't have the funds to pay out of pocket, that would be the biggest thing. And quite a few of the people that I've encountered have mentioned the same thing."*

TIME

Several community members discussed the barrier of time as it relates to service providers having high caseloads and being unable to see them as often as needed, in addition to making time to receive services.

> *"She is so busy, that she only has time to see me once a month because her schedule is so booked, and she's so overwhelmed with clients that she only has time, you know, she has very little time."*

> *"Money and time are a part of that because there are people that are just inundated with, you know, work, family, etcetera. And so where do you find the time to invest in mental health in that way?*

LACK OF OUTREACH

Many BIPOC community members felt that there was a lack of outreach to BIPOC communities as it relates to mental/behavioral health services. Although some were able to access services, they felt that classism and accessibility were at play with services not reaching those in the greatest need.

> *"The people that are closest to me going through these types of things, the stigma is so strong, that they're not even seeking the help to begin with. And I think a part of that too, is the outreach to them isn't present where they currently live like their current worlds."*

> *"I have seen tables and tents that are set up at workshops that are set up at colleges that are set up at let's say community meetings and things like that, but I've been lucky enough to be in those spaces. So it feels like a little classist too, because I know a lot of people who are never invited to those spaces. So how do they find out about those types of services?"*

Some community members stated that they wanted to see more outreach via the Internet, while others noted the digital divide and accessibility around receiving information makes that difficult for some populations.

> *"I think that there could be outreach online, I live online and I just don't see anything like that to be particular for me."*

> *"A lot of people are assuming that everybody has access to the internet and knows how to work a computer."*

Several community members offered recommendations to post outreach materials at local community convening locations such as churches, rec centers, libraries, etc.

> *"Most people, at least in my community, the church is the go to for mental health services, even though it's not necessarily the place to be. So I think that when people are doing outreach there's like a billion churches in Pinellas County. All the churches should have that info for sure."*

> *"Usually when people are really struggling, that's where they would go for community services like rec centers, libraries, anything that's like public access, anything that's public access. Should have all that information."*

SERVICE AVAILABILITY

Many BIPOC community members discussed the lack of services available in Pinellas, and that some organizations were unable to provide services as needed.

> *"I know for creative Latinos, there's a space in terms of understanding how you do therapy, how you do therapy well, and finding an art therapist of color for me and my son has been very difficult."*

> *"I've been to a nonprofit locally and they weren't able to support me in the ways I thought. It really led me to feeling completely alone. You know, when these kinds of crises happen."*

> *"Pinellas County is not funded. It is overwhelmed., I called several times for hotlines around domestic abuse support recently, and had 15 minute long waits. And I'm just thinking if this was really dangerous, what would happen in these 15 minutes for some other woman?"*

INABILITY TO FIND THE RIGHT PROVIDER

Participants were interested in bringing their full selves to the table and wanted to find service providers that validated their feelings, understood their intersectionality, and cultural nuances.

> *"I think accessibility and finding someone who looks like me who I think will be able to relate to and then making sure they either accept my insurance or I can afford them out of pocket is the thing."*

> *"There's like this nice little soft, sweet spot that I look for with a therapist where they're down to earth, but still with a level of professionalism. And it can go if they're too professional where I don't feel too comfortable. I don't feel comfortable letting it all out with them."*

A service provider discussed cultural considerations as it relates to BIPOC individuals receiving services and who provides those services.

> *"The cultural barriers that often interfere with people being willing to accept or receive mental or behavioral health services (this is different than stigma). There is a belief that there is only one person or one organization in St Pete qualified to provide mental and behavioral health services to the BIPOC populations."*

DESIRE FOR HOLISTIC CARE

Several BIPOC community members discussed concerns around being medicated as opposed to being treated in a holistic manner. They wanted to ensure that their full needs were understood and treated.

> *"Our younger students have a lot of times they're saying that they have ADHD, and they were prescribing a Ritalin or something like that. And those students are starting to not be who they normally are. I don't know if you're addressing that issue because they went once. They get off of whatever they prescribed, are they still having those same issues."*

> *"I think a lot of times when it comes to you going to seek mental health, they're quick to prescribe you something to make you normal. I don't want to be on anything. No, address the problem that I'm having and not try to put me on something that makes me dorm."*

> *"Instead of dealing with me you want to numb me or take away which then makes you apprehensive or reluctant to go and get services. If you feel like you will be overprescribed."*

STIGMA

BIPOC community members often discussed the fear of stigma for receiving services, or the thought that they may be judged or not seen fully by a non-BIPOC service provider. They discussed the history of mental health services and how those with mental health issues in the past were often viewed as "crazy" by society.

> *"With the ancestry thing back in my day there. It wasn't considered to be mental health or anything, people considered you crazy and crazy people were kept inside and it wasn't spoken of. You couldn't speak of those things. You didn't know what was going on. Nobody tried to, you know, get help for those people."*

> *"White people have the privilege of being able to be treated in a way that really highlight their humanity and the desire the impulses to make sure that they are well, whereas Black people, it's like, well, of course they're crazy. Or whatever it is, whatever the horrible stigma that the things that people think about us."*

Many BIPOC community members also discussed the stigma of not being viewed as strong if you seek services. The example shared below, deepened through the intersection of gender when from the standpoint of a BIPOC male.

> *"Stigma that goes along with it. Being a Black male, one of the things that you're supposed to be able to have is in the community and relationships and your family. You are supposed to have all the answers and only you might not be able to have those. And then if you don't have the answers that don't have the solution, you are looked at as being weak. You're not where you're supposed to be. You're not the man that she was supposed to be. So that stigma of going to someplace and presenting your weakness that there is a big list stigma.".*

WORKFORCE ISSUES

BIPOC community members discussed several workforce issues associated with barriers to care including the change in providers, the low pay of providers resulting in turnover, and the lack of BIPOC therapists.

For those that discussed the turnover of providers they found it very difficult to have a continuation in care, and often felt that their care suffered greatly. New providers were not always trained properly, culturally aware or prepared to take over their care.

> *"I have a different doctor every six months to nine months because they quit."*

> *"We've also struggled with trying to find grief counseling for my family. And when we finally found a group grief counseling, and it was going great, and it was helping my grandmother. They changed the providers in the middle of it."*

Several BIPOC community members discussed that their service providers were underpaid, which further perpetuated turnover and at times a decreased level of care.

> *"Recently my last doctor that I had, she was awesome and told me no, I can't do this. They just don't pay enough for what we do. Hearing that from them and then I think her frustration was that she couldn't help enough people. Which I understand."*

> *"I'm also concerned about the fact that therapists are psychiatrists that are part of that system. If they're not paid decently. They're going to be more stressed out than I am and that's not going to help me either."*

Service providers also shared their fear regarding workforce issues. They noted a national shortage of employees and expressed concern that newer providers may not be properly trained due to the recent COVID-19 pandemic.

> *"New providers may have never provided or learned to provide in person services-- many have completed both education and practice via video conferencing and are not fully prepared for in depth therapeutic services."*

Many BIPOC community members identified that they preferred a BIPOC service provider, but often had a difficult time finding one in Pinellas County. They discussed the difficulty in searching, some felt that it would never come to fruition, while others went outside of the county to find a virtual BIPOC provider.

> *"I feel like for a lot of people, it's difficult enough to find a therapist or a psychiatrist, which means it's even more difficult to find one of color."*

> *"I've had a lot of therapists, I have not had a BIPOC counselor. For many years. I had one in Atlanta, who was excellent. And then when I came here [Pinellas County] I had a very difficult time finding a counselor that I can relate to."*

> *"It is very difficult to find mental health providers. I'm interested in providers that look like me. I just always feel like representation is like the most important thing in any, you know, thing that you might be endeavoring to do, and especially with mental health."*

> *"I have never had a Latin you know, a person of color being my therapist, either. It's not even possible. They're not in the network, they have to get paid the big bucks and it's worth it, so I wish I could afford the big bucks but I typically see that if you have one, they are highly prized resources and they typically are more expensive."*

> *"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."*

Service providers also discussed the "lack of representation" of BIPOC providers, and the difficulty associated with the recruitment and retention of mental/behavioral health providers due to low salaries and high level of competition. This was believed to be further exacerbated by the nationwide shortage of therapists and psychiatric providers.

> *"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."*

> *"Shortage locally and nationwide for therapists and psychiatric providers. Significant competition for the staff leads to the placement of qualified staff in areas/ fields that take away from the ability to provide core services in our county."*

> *"Finding competent staff that stay."*

Additional barriers identified by service providers included the "disparity regarding criminalization of substance use disorders as well as mental health behavior", the time needed to build trust with clients, and the lack of connection with other local BIPOC providers.

Needed Services

When asked if there are mental and/or behavioral health services for the BIPOC community needed in St. Petersburg/ Pinellas County that are not available, or for which there is not enough capacity. BIPOC community members identified the need for additional services around grief support, eating disorders, affinity spaces, services for children and youth.

GRIEF SUPPORT

> *"Disenfranchised grief. We have a lot of people calling hospice, but their grief which is extremely valid is not necessarily to the loss of a loved one. It is migration, loss of a job, and also perinatal loss and people that are no safe spaces for you know BIPOC to talk about. You know, in any fertility issues, I think those disenfranchised grief situations need specialized therapy or counseling."*

> *"Eating disorders, as she mentioned that I've recently found an account online that talks about decolonizing eating disorder support. So that's an interesting subtopic that's developing there. And that was from a Latinx lens of a Latinx creator. This idea that even the health care that is provided for certain disorders is coming from a White perspective, that doesn't understand why we got to where we are."*

> *"Male focus groups. So that way, I really do think iron sharpens iron. So we have guys that are together and be able to know that hey, you're not going through this alone."*

> *"A few years back I was working with teenagers on the south side and realizing like there's not a lot of resources to get them therapy. That really complicates things for schools for other experiences that they have, and it puts them really at risk of like not being understood because there aren't enough mental health services for children or you know, youth in the south side that help explain what these emotions or feelings are or even just how to navigate in the everyday world."*

In addition, service providers identified a need for more housing services, professional development in working with BIPOC communities, affordable and free services, more community health centers, programming for fathers, and an increase in services overall.

> *"More training on working with BIPOC clients for both White and BIPOC clinicians."*

> *"We need a comprehensive funding model that allows providers to be made whole, we need to adequately fund the safety net providers who will see more than the "easy cases", and who can create a safe place for belonging and healing."*

Providers also identified capacity concerns around service delivery, the lack of workforce training, long waitlist, and access.

> *"Within our current climate, there is increased insecurity for the sense of self and belonging needed for healing within our schools, workplaces and community. As long as we are a nation that is marginalizing, demonizing, "othering" populations, we will never have enough capacity to treat all that need healing from the harm that we are doing."*

> *"Capacity issues due to workforce that is insufficiently trained."*

CULTURAL AWARENESS IN SERVICE DELIVERY

BIPOC community members and service providers were asked to discuss aspects of cultural awareness in service delivery. While community members outlined cultural awareness and safety concerns, providers went on to discuss specific modalities, assessments, adaptations, and professional development training related to working with BIPOC clients.

Safety and Cultural Identity

BIPOC community members were asked to describe their service providers' knowledge of safety risks and considerations related to their racial/cultural identity. Community members discussed the need for a culturally appropriate and respectful delivery of services.

> *"My current therapist is Latinx and she's from South America and it's amazing. I think that I'm seeing her using a cultural lens. She's very aware of the similarities in our culture because there are many and as well as the differences so she doesn't assume that we are alike in everything. But we talk about the cultural differences as well as the cultural similarities. Because typically you don't even get that."*

> *"I've been in therapy for many, many years. And I've only had one experience that I can point to of where I had a Latino provider and it was getting testing for ADHD and I was having a conversation and there was questions around like time management and how I felt and I was trying to asking how, you know, my family views time and Cubans run on Cuban time. And I was like, Okay, how do I explain Cuban time to this person? The therapist mentioned her Puerto Rican family and I was like, okay, so you get it like, and it opened up us being able to have much more in depth conversation and much more because it was like you get where I'm coming from you get how this is viewed."*

Several community members highlighted the importance of culturally aware services for their children and the ability for them to see themselves fully through the representation of their therapist.

> *"I really appreciate the therapist that my daughter sees. She recognized that she can only do so much and she brought in wraparound services for her with a younger Black lady that has become you know, her intern and that is helping her catapult to the next level. I felt that she didn't have to do what she did. She really wants the best for her patients. She said that she can't carry the BIPOC community to the next level. She needed help. It said a lot for her to bring in wraparound services for her with someone that looked like her and not too far from her age group."*

For the community members who have not found culturally aware providers in the area, they expressed their discomfort with services and expressed having to hold back what they discussed with their service provider. Some decided to end services.

> *I'd like to share something specific to South St. Pete area. I have not found a therapist within this area that has been able to really address some of the needs that I have specifically. I did have a biracial therapist in St. Pete who seemed to understand at times but didn't really like it. I just felt uncomfortable sometimes in trying to explain or having to validate my own experiences, or feel like I was explaining myself over and over again. So I stopped seeing her."*

> *"We were delving into some stuff that I've dealt with my parents had to deal with and then getting into the more cultural aspects. I had to over-explain. And then also it's a little uncomfortable, because at the time my parents were still of mixed status and my mom had gotten her residency card my dad had been denied. And so I was going through all that stress, and I didn't really feel comfortable enough to bring it up to her as a White woman. I don't know, I just had this thing about always wanting to feel safe."*

Culturally Informed Interventions

Service providers were asked to share what culturally informed interventions or modalities they incorporate into their practice. Several providers discussed the importance of culturally informed practices and DEI training.

> *"Our training programs include culturally specific information, supervision and practice to address BIPOC, LGBTQ+, and other marginalized communities. Supervision groups specifically address competency demonstration and practice development. We have worked to ensure that local historical cultural elements for these populations are included. It continues to be a work in progress that we are constantly addressing. It is even more evident with staffing turnover and new clinicians."*

> *"Cultural and linguistic competency training is required by all staff Changes in where a service can be provided (under a shade tree, in a barber shop) Language that is used to describe mental health disorders, interventions, etc."*

> *"We have an active Diversity committee that provides a variety of activities both educational and interactive to address a variety of topics of equity and equality issues."*

> *"We have an active Diversity committee that provides a variety of activities both educational and interactive to address a variety of topics of equity and equality issues."*

In addition, providers identified the following practices: sound therapy, meditation, faith-based, grief therapy, trauma informed care, race-based stress and empowerment intervention, evidence-based approaches and ensuring that clients feel heard and accepted.

> *"I adapt evidence-based approaches to be more aligned with Black clients and include a systemic and historical lens to case conceptualization."*

Professional Development

Providers were asked about what professional development opportunities they take part in to better serve BIPOC communities. Providers took part in continuing education, training, certifications, webinars, conferences, self-directed readings, and provider community groups.

When identifying topics of professional development, providers identified learning about strategies to address the unique needs of people of color in the mental health space, race/racism, trauma, domestic violence, sexual assault, diversity, equity, inclusion, and belonging (DEIB), didacticism, and political and mental health matters that negatively and positively support the BIPOC community.

> *"Professional development opportunities include understanding the importance of mental health in the BIPOC communities and what percentage of these communities are affected by sexual assault and domestic violence. Awareness builds knowledge which allows us to expand counseling services to improve mental health and build mental health awareness in BIPOC communities."*

> *"Continuing education and staying current on political and mental health matters that negatively and positively support the BIPOC community."*

Although training was viewed as important by many, one provider identified barriers to training due to staffing shortages.

> *"The large challenge has been negotiating the client volume and need within our community and the staff time for training. The staffing shortages and the complex needs of clients have been significant."*

Given the constraints, providers did note local and national training resources for mental/behavioral health providers some of which are offered virtually and/or free of charge.

> *"We have many rich opportunities in Pinellas and nationally. One benefit of the pandemic is that many training opportunities nationally became available without cost through SAMHSA, Mental Health Corporation of America, National Alliance for Mental Wellness, and tons others."*

> *"Nonprofit Leadership Center of Tampa Bay has tremendous professional development opportunities."*

Approaches & Frameworks

Service providers were asked to share which approaches or frameworks they use in the treatment of BIPOC populations. Some providers identified the use of no specific framework for BIPOC populations, while others stated that their approaches were very client centric.

> *"We do not have a specific framework because each client both BIPOC and non-BIPOC, has their own unique experience."*

> *"We use gender specific programming, determined by the personal self-identification."*

Other providers identified the use of Cognitive Behavioral Therapy (CBT), Structural Family Therapy (SFT), systemic models of family therapy, attachment theory, humanistic validation model, parent-child psychotherapy, co-parenting frameworks, multifamily systems approach, trans theoretical, trauma informed care model, and Eye Movement Desensitization and Reprocessing (EMDR) to manage racial trauma. One provider discussed the constraints of using the medical model.

> *"The medical model is the standard of care in nearly all community mental health agencies -based solely on how services are paid. However, it is a significant barrier to serving BIPOC populations for a variety of reasons starting with the need for a diagnosis. All treatment or services must then be medically necessary."*

In addition, some providers discussed the use of sound therapy, meditation, process groups, building trust and awareness. avoiding assumption and being culturally sensitive.

Adaptations to Treatment

Providers were asked about any adaptations they have made to treatments in their work with BIPOC populations. While a few providers noted no adaptations, others shared about the importance of language to communities of origin and client-centered services tailored to meet their needs. A few discussed taking courses designed for the BIPOC community, developing culturally relevant curriculum, and the need to evaluate their workforce's work with BIPOC clients. They felt that when staff are open and willing to connect practices to clients' culture then it leads to better outcomes for BIPOC clients.

> *"The clients are more open to work with staff and are not resistant."*

> *"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."*

> *"Utilize language and themes in communication that connect to those in my community of origin."*

Assessment Tools

Service providers were asked about what current assessment tools they use with BIPOC clients. Several providers shared that they use PHQ-9 and PCL-5 survey tools. Other assessments identified were the Wellness Wheel, Prepare-Enrich, Biopsychosocial Assessments, Depression Scale, Therapy iQ, and GAIN -- an evidence-based assessment that includes information of cultural, sexual, and spiritual needs and preferences.

In contrast, half of providers stated that they use the same tools as they do with all clients, "nothing special", and no assessments specifically adapted to BIPOC clients. This is important to note, given that a provider discussed the importance of understanding assessment bias when working with BIPOC populations.

> *"All assessment tools currently used are fraught with bias and have been standardized using middle class White people."*

Racial Equity and Anti-Racist Lens in Service Provision

BIPOC community members were asked if they had an experience with service providers incorporating a racial equity/anti-racist lens into their treatment. Several participants were not familiar with the terminology of racial equity or felt that it wasn't existent in the services they had received but desired it to be.

> *"I've never had an experience where the service providers used a racial equity lens, anti- racist lens to use towards healing. This has never happened and it ever happens. I'm signing up. I don't care what it costs."*

> *"I started trying to curate my experience. It's like an applicant, almost like a dating app. And you look at the therapist, and I'm like is this I wanted to be intentional about having someone from BIPOC therapists be my therapist, so I found this therapist with a Latinx last name. She's a White woman married to a Hispanic man. So I wanted to give her a chance, but it's never happened. I've never had an experience where the service providers used a racial equity lens, anti-racist lens to use towards healing."*

Some BIPOC community members went on to say that a partial understanding was in place, and at times service provision felt out of touch or racist.

> *"I really haven't had an experience where an anti-racist lens or race equity lens was used until the present day, most people don't understand race equity. And so there is, you know, there's a lot of racism in medicine, be it mental health or anything else. People are so resistant to being aware of these issues. I had a very bad experience years ago with a White male psychologist and after one visit his lens was a racist lens, not an anti racist lens."*

> *"There's that piece that has to do with this anti racist lens, this racial equity lens, that is super important to have even if there is a BIPOC mental health provider who can provide these resources. It's kind of like understanding the nuances of colorism, you know, what it's like to have these experiences. I think it's important to also consider when we talk about having an anti racist lens."*

For the community members that did have a race equity lens, they felt that the nuances of situations were reflected more clearly with the added layer of race being used.

> *"Seeing things through the lens of racial equity, allowed my therapist to spot something that I was struggling with. She realized I was struggling with perfectionism. Like if it's not 100-200% Perfect, you know, I'm not going to present it, you know, like, I couldn't allow myself to make mistakes and I was putting myself under an immense level of pressure. She explained to me how many of us, you know, people of color may feel that we always have to do more... she talked me out of that behavior because of her passion through racial equity. And she was seeing what I was wearing myself out, trying to prove that I belong, you know, and I think if I had had somebody else, that as somebody else, probably wouldn't have been able to spot that struggle from that lens."*

BIPOC vs Non-BIPOC Provider

BIPOC community members were asked if having a BIPOC mental/behavioral health provider was important to them. Many participants stated that it was important to have representation, someone that looked like them, especially given the racial unrest in the world that we live in today.

> *"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. If what I'm talking about with them is about racism."*

> *"Looking for someone who looked like me took a lot like I've only been to someone virtually because I haven't found there are some, I know there are but just looking for someone who looks like me and who's a match."*

> *"My desire would be to be looking at someone who looks like me, so that when I say the things that I see there is this shared understanding of where we're both coming from, if that makes sense."*

They stated that they wanted to not have to over-explain themselves and to be understood by someone with a shared lived experience.

> *"My last therapist I got very lucky with because he was a Black man, and also a psychologist and was just a little bit older than me so he's very modern, very progressive. Him being of a culture that I'm part of too, was very useful because I could have conversations with him where I didn't have to say everything for it to be understood."*

> *"I would describe the person that I'm being serviced by as good. Like I said, she's a Black woman. I'm a Black woman. We're not of the same generation, but we're not that many years apart, and we've experienced many similar things."*

Some BIPOC community members felt that non-BIPOC providers were judging them and not fairly assessing their needs.

> *"I only want Black everything because if I feel like you, I don't know and I hear I heard a lot kind of where we're at. We sometimes feel like White people. We're not just White people, but White people are almost judging. So, if I feel like I can't quite be my full self around you, but sometimes I feel like that I'm not going to be able to make any progress or any growth."*

> *"I believe it is important just for the simple fact that it gives you that sense of comfortability and familiarity and then also so you don't necessarily fall immediately on the defense because it may be somebody that looks like you or who understands your dynamic or where you're coming from. They should hopefully be more well versed, you know, versus other people who may assess you. I get overlooked or I don't necessarily get a fair diagnosis or like a real ear to kind of try and understand where I'm coming from or what my experience can be because there's nobody that actually understands where I'm coming from."*

> *"For me, it did make a big difference going from a White therapist to having a therapist of color because he understands things. There are things I don't even have to say that he understands that somebody who is not of color is of course not going to ever have to deal with. And it's going to be foreign to them to have those conversations around relationships, anything that race might play into just everyday life, anything."*

When discussing non-BIPOC providers several community members noted the importance of also having alternative perspectives from someone that does not share their lived experience.

> *"I was talking to a friend and colleague who is also a licensed social worker. She was saying sometimes you might need a very objective perspective of someone who doesn't look like you. They come from the same background and allow you to see things that someone who has a similar lens might not see. So I just think it's important to have both sides."*

> *"Sometimes you want to talk to somebody who has a different perspective. And it helps you because they see things the way that you don't see them because they share zero of your experiences. So I think what's most important is that they're compassionate and they want to help me get better."*

> *"All Black skinned folk ain't kinfolk, they could be against you just like anybody else. But if you have someone that's in my opinion, someone that's compassionate, that can give you help, then I'm willing to take that help. But for those on the racial side of things, they can't walk in your shoes."*

BIPOC Intersectionality and Care

BIPOC community members were asked about the importance of mental/behavioral health providers having a plan to utilize an intersectional lens during treatment. Many of the participants discussed it as being extremely important and wanting to bring their full selves to the table. Unfortunately, some felt uncomfortable sharing various parts of their identity when intersectionality wasn't taken into consideration.

> *"Not every Black person or person with that shares my skin tone has the same opinions about certain things. Being part of the LGBTQ community. I've experienced a lot of homophobia from Black women therapists, specifically. So when I started looking for a new therapist, I wanted to look for someone who's part of this LGBTQ community, and I found a therapist and then as I'm talking to him about things that are not related to my sexual orientation, and I'm just talking about my family and things like that. I'm like, it'd be a lot easier if you were Black. So yeah, so I've had you know, I'm the unicorn would be to find this Black gay therapist that exists out there, but it is a unicorn out there. They exist, but they probably don't take my insurance. But I'll keep looking."*

> *"It's super important, they need to know, I'm not just coming in there with one identity. So they need to be able to understand the complexity of the multiple identities that I bring to this space. So it's really important to me that they at least are able to be empathetic. They may not have the same experience. I'm not expecting them to on everything that I bring into the space but at least be able to listen in and be open minded to it."*

> *"What you see when you look at someone that's not that's not us, it's not who we are in our entirety. So for me, is ageism, so ages is gender, race and ethnicity, weight and size. I'm a voluptuous woman. And so many people are biased towards large women. So there's all of this that when I come I bring all of this and so yes I think intersectionality is very important do not compartmentalize me, but look at all of me."*

> *"Being multiracial is a unique experience that a lot of people don't understand and the best counselor that for me personally, was when I had a counselor who was a biracial person who, who understood, you know, what my experience was and why I was behaving the way I behave, and why I behave a certain way around some people and I behave another way around some people."*

> *"I wanted to mention one more thing beyond color. There's also religion and spirituality and I have come across that. I had a counselor who was a White woman and she really demonized or otherwise pathologized my belief systems, and you know, it's hard enough already being non melanated and having that be my truth of origin of family. of heritage, to not have that be understood or accepted in that safe space. Using all this very, makes you recoil and share even less. So I think it took a long time for me to own parts of that identity because of that early rejection and shut down. So I think therapy can be very beneficial, but you also have to be very, you know, careful about the experience you have. So yeah, it's important to be cautious. I think [name redacted] is right to be a bit cautious, you know, and we have to test people out. Unfortunately."*

> *"I feel like it's like an ala carte menu, not like a buffet, right? Because when I was looking for someone from the BIPOC community who also understands queer issues as a queer woman who's Latina and interracial relationship, it was like a la carte, like you can get this but you can't get the buffet. Like you cannot get someone who also understands intersectionality who also understands BIPOC issues queerness like all of it, no."*

> *"I've had a therapist when I was coming out, I got a therapist, and I worked on only that coming out and feeling safe to come out. It's very compartmentalized. I've never shown up as my whole self with all of my identities at any therapy session. Not that it hasn't benefited me has benefited me because I get something from it. But my whole self, as complex as this whole self is, I've never been able to show up like that."*

> *"It was a quest. I feel that sometimes when you don't have that many options the tendencies either not going or settling for less. So now you are looking for someone who is LGBTQ affirming, or somebody who is trauma informed, or somebody who will understand migration, you know, it's a grief that I'm going through you know, and I never talked about it for so many years. I need somebody who can understand that. And so, for so many years, I couldn't find it. I could eat you know, and then I started to feel again, I don't belong here. You know, the person that I'm speaking with doesn't understand what I'm going through. I have to over explain. So then you give up."*

Service providers were also asked what informs their approach to intersectional service provision. Several providers discussed "meeting clients where they are" by listening to their individual and current needs.

> *"Connecting to the unique stories of an individual first before developing goals for treatment and inviting them into collaborative care rather than directive care, looking from a strengths-based lens."*

> *"Listening to the client to understand their need, identity, stage of change, environmental influences, mental health capacity, barriers for change, and more."*

> *"Whole person health and wellness undergirds services."*

One provider discussed the constraints of the medical model in addressing the needs of the whole person.

> *"The medical model that we are forced to use makes navigating which approach more difficult. For example, meeting clients where they are emotionally, physically, etc. can be time consuming process - payers require a diagnosis in the first 30-days, diagnosis ALWAYS indicate what is wrong with you - people who do not have " mental Illness" and who are questioning, struggling, and or in true emotional pain are not eligible for services, or not eligible for the services they are seeking or that they need."*

Other providers identified their research to understand current trends related to intersectionality, their encouragement for clients to stay connected in community to fight oppression, and the need for more workforce training of non-BIPOC practitioners.

> *"Finding and building community and understanding the oppressions one faces."*

> *"We have the need for more trainings for staff that do not represent the BIPOC communities."*

Needs and Priorities of the BIPOC Community

BIPOC community members were asked whether the needs and priorities of BIPOC communities were being addressed by mental/behavioral health service providers in Pinellas County.

Some community members felt that the needs were not being met due to the large gap in representation of BIPOC service providers and the lack of resources on where to find BIPOC service providers.

> *"There is a huge gap between providers that identify as BIPOC band people looking for service. We continue to have a stigma. So even though we have a stigma about people not necessarily looking for professional service, we still have that gap. And in a number, itself growing among Latinx community and mental health issues and going untreated, and undiagnosed and numbers of suicide, completed suicides or attempted suicides going up."*

A community member also discussed the misalignment of hiring and funding in the Latino community when focusing solely on hiring bilingual providers, versus the need for providers with a cultural understanding of the Latinx lived experience. Noting that, "we are more than that."

> *"In Pinellas County, I think the problem is the hiring level and funding level. People are just looking to hire bilingual people and not necessarily people who are aligned with some of the struggles that you know, Latinx community people of color go through. And I know just by mundane conversations that we can have in the everyday, that the fact that somebody has a last name similar to my maiden name and they might look like me or they might have an accent. I know that some people are almost allergic to hear things that have to do with racial equity. So I think hiring and funding will have to be a lot more intentional than just hire people with you know, that speaks Spanish, you know, because that's how funders sometimes or people in authority they see us. You need to meet the needs of the Latino community, you have to hire bilingual. So I think at this point with my accent and everything, I feel more comfortable if I can speak in English with somebody who can understand a little bit of my journey. So you know, that mixture."*

Another BIPOC community member spoke about the societal shift from colorblindness to BIPOC people becoming aware of how and where they want to expend their dollars and energy.

> *"I don't believe there was a prioritization that happened because, of course there was the shift away from you know, focusing on color and we went to this whole ideology of colorblindness and so you know, you know, painting this you know, everything was such a broad stroke and not being focused on various demographics. But I do think that, because there's been a shift within the, I would say within the last few years anyway, towards being intentional about the ways that people spend money in the ways that people search for the things that they need that people like, even Black people."*

Service providers were asked if they felt that BIPOC community members, beneficiaries, and/or leaders were involved in identifying needs and designing strategies for mental and behavioral health services in Pinellas. Some providers felt that there was no involvement, or not enough involvement. While others were unsure of the BIPOC community's involvement.

The final group of providers stated that the BIPOC community was involved as evidenced by meeting the growing needs of the community, board participation, and networking.

> *"BIPOC community members and beneficiaries help build awareness and education on the needs of the BIPOC community."*

For the community members that felt that the mental and behavioral health needs of the BIPOC community were being prioritized as evidenced by the sense of community and the conversations taking place in St. Petersburg and Pinellas regarding BIPOC mental/behavioral health. Several participants mentioned that this was very different from what they experienced in their youth.

> *"I'm having conversations with my peers or events and issues of mental health come up, or we experience somebody going through a mental health small crisis or whatever, you know, there's a sense of community, there's a sense of acceptance, there's a set there's a sense of support. Right? And that's, you know, for me, that's very contrasting from my youth in a different place in a different city. Alright, so I think that's something that St. Petersburg does strongly in general and is a community."*

> *"I feel like as a community we're getting different avenues for mental health services. Even yoga and things like those being offered throughout the city. I saw something else related to stress. So I think organizations throughout the city at least are doing more than because I grew up here and I see way more than I could even think of a few years ago."*

A few participants discussed the caveat of accessibility. That people who want to get well have the opportunity to do so, but that the awareness of services may not reach those that are most in need.

> *"We've come a long way and there's so much more than just therapy. We are accessing those services to a higher level than we've ever done before, but not enough. So I think there's still this huge educational piece."*

> *"I feel like there's definitely an awareness why, there's definitely something for everyone. I don't know about the reach of the folks who really need it. Are they really getting it? Is it really sinking in and that might be something on a personal level for them. But I feel like the people who want to be well have the opportunity to be well, but the people who need to be well may not get the services to be well, if that makes sense."*

Conclusions and Recommendations

This study examined the mental health needs of BIPOC communities in Pinellas County, Florida, with special emphasis on St. Petersburg, Florida. Published data show that nationally the BIPOC community experiences similar rates of mental illness yet are more likely to have an unmet need for mental health care. A lack of access to providers due to cost and a lack of insurance, availability, along with stigma surrounding mental health have contributed to unmet need that results in BIPOC likely not receiving care until they experience crisis situations.

BIPOC COMMUNITY

BIPOC communities have experienced significant stigma around seeking mental health treatment, some of which comes from within their own communities. There is significant stigma towards persons with schizophrenia and other serious mental illness, with persons experiencing these illnesses being perceived negatively.

There is a great need to examine intergenerational trauma in BIPOC communities. Treatment is often considered taboo and at times unneeded by BIPOC elders who have historically identified prayer and internal strength as coping mechanisms to address traumatic events. Even with more education around depression and other mental issues, some communities are reluctant to seek care, yet acknowledge the importance of mental health treatment. Many BIPOC community members acknowledge the lack of healing from past trauma and historical racism by prior generations and the lifelong impact that it has on their upbringing and their own child rearing. Focus group participants identified the need for greater outreach to BIPOC elders and to reconcile intergenerational issues. BIPOC participants were devoted to ending intergenerational trauma and were focused on personal healing that could be shared across generations. The focus groups demonstrated that people feel the need to normalize mental health conversations, and to reconcile intergenerational trauma.

Recommendations:

- 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

For those who desire and seek mental health care, significant structural barriers exist including cost and service navigation. Results from the literature review and the focus groups support the need for improved access to mental health care. Cost is a significant barrier with many BIPOC either not having insurance or being underinsured. There is not enough funding for publicly funded services to meet the demand for mental health treatment. Often publicly funded employers and nonprofit organizations cannot afford to pay providers a competitive salary, resulting in turnover and a lack of accessible service providers where patients need them most. Providers express the need for increased reimbursement rates to be able to afford to offer services to people with insurance. This lack of funding and low reimbursement rates result in providers not accepting insurance in some cases and being unaffordable to lower income populations.

BIPOC communities find it difficult to navigate mental health and behavioral health resources. It is difficult to know how to locate mental health professionals for the specific needs one may have, or how to advise others to find resources. The complexities of the mental health system of care are a deterrent to treatment, and result in people not receiving treatment until they are in a crisis situation. These barriers, if remedied, could decrease suicide rates and the numbers of BIPOC patients who end up in crisis care.

Recommendations:

- 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

MENTAL HEALTH PROFESSIONALS

Racial concordance with mental health providers is highly desired by BIPOC patients. Data show that BIPOC are underrepresented among mental health providers nationally. Inadequate local data makes it difficult to know precisely how many BIPOC providers there are, but if national trends hold, there are not enough providers to meet the needs of the BIPOC community. BIPOC people desire providers who bring an understanding of their background and culture which influence linguistics and contextualize the experiences they may share. They want to avoid being judged or misunderstood due to differences in cultures and experiences between providers and patients. Treatment lacking in cultural awareness and understanding may result in BIPOC patients avoiding sharing or bringing parts of themselves and experiences to therapy. More BIPOC providers and providers prepared to treat BIPOC patients, incorporating a cultural and race- equity based lens are needed.

Concordance with therapists can be especially challenging for persons with multiple intersecting identities who desire matches across all of their identities to feel comfortable. Finding the perfect match has been described as finding a “unicorn” because it is so rare. Persons with multiple identities within oppressed populations are at higher risk of mental illness and increased risk of suicide. LGBTQ+ populations have greater incidence of mental illness and substance abuse than heterosexual populations due to trauma, discrimination, and violence. Therefore, providers are needed that are concordant on race as well as other areas of identity including LGBTQ, gender, and culture.

There is a lack of training and professional development opportunities for the mental health provider workforce that impacts the care that is available to BIPOC communities. There is a lack of opportunities for training to become culturally responsive to BIPOC populations. While there is a dearth of treatment modalities being used for BIPOC populations, not all therapists are aware of the tools and modalities that are used by some with BIPOC populations. This contributes to continued dismissal of the needs of BIPOC communities.

Recommendations:

- 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

Limitations

There were a few limitations to this study. There was a lack of data on the mental health status of BIPOC populations. The data that exist do not have enough participation from persons of all racial and ethnic backgrounds to allow the data to be analyzed within BIPOC communities. Some national samples of data did not include sufficient numbers of indigenous/American Indian/Alaska Native people to demonstrate their level of unmet need. This is likely due to Indigenous population having a separate care system and differences in treatment-seeking behavior. Hawaiian or Pacific Islander persons were also insufficiently sampled in several data sources. Further, incarcerated, and institutionalized populations are often not included in data on mental health and substance abuse, however BIPOC people are overrepresented in these populations. This results in underestimation of the mental health needs of the BIPOC community.

Surveys used for this study either did not include enough BIPOC participants to stratify by race beyond Pinellas County, or only intended to demonstrate outcomes at the county level. As such, there was limited information to describe the mental health status and outcomes of St. Petersburg and its BIPOC residents. Instead, BIPOC populations had to be combined; however, BIPOC communities are not monolithic. There is much richness and diversity within and between communities that deserves to be explored and shared.

Focus group participation included BIPOC self-identified representation from African American, Puerto Rican, Indigenous/American Indian/Alaska Natives, and Two or more Races communities to demonstrate their level of unmet need. One person identified a White racially, and as Latinx ethnically. Asian American community members were insufficiently sampled, and more information is needed to understand their unique mental/behavioral health needs in Pinellas County.

There are very little data available on the intersection of mental health and LGBTQ+ communities. Persons from LGBTQ+ communities are not included often enough in studies of mental health, or their identities are not captured. This creates an incomplete picture of how experiences surrounding LGBTQ+ and intersecting identities have impacted their mental health.

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APPENDIX A.

Professional Development and Networks for Mental Health Providers

Appendix A provides a list of professional development opportunities and networks for mental health providers to respond to the following research questions:

RESEARCH QUESTION 4

> *What professional development opportunities exist for mental health professionals to become competent in providing mental health services to BIPOC communities?*

RESEARCH QUESTION 5

> *What networks exist locally and nationally for professionals to support BIPOC mental health?*

Professional Development Opportunities

AMERICAN COUNSELING ASSOCIATION MULTICULTURAL DIVERSITY & SOCIAL JUSTICE CONTINUING EDUCATION CATALOG

Provides multiple courses for continuing education credits in Multicultural Diversity & Social Justice. Prices range from $14.99 for members to $42 for non-members. https://imis.counseling.org/store/catalog.aspx#category=multiculturalism-diversity

AMERICAN PSYCHIATRIC ASSOCIATION

Leadership, Equity and Diversity Institute Advocate/Protégé Program

The Advocate/Protégée Program of the LEAD Institute aims to refine APA/APAF SAMHSA Fellows' leadership skills by pairing them with APA leaders who share similar interests and will help foster professional growth and career development. https://www.psychiatry.org/residents-medical-students/residents/fellowships/additional-opportunities-for-fellows/lead-institute/lead-advocate-program

BLACK MENTAL HEALTH ALLIANCE TRAINING INSTITUTE

When joining BHMA, clinicians can connect with potential patients through the referral database. BMHA offers an opportunity for clinicians to gain culturally relevant educational growth through its network of subject matter experts in behavioral health. BMHA also develops high-quality and engaging content for clinicians, community health professionals and laypersons. If you or someone you know would be interested in serving as a trainers, please send your resume to rrowe@blackmentalhealth.com for review. https://Blackmentalhealth.com/

MENTAL HEALTH AMERICA CONFERENCE

The 2023 Mental Health America (MHA) Conference is a weeklong event in Washington, D.C. Events include Policy Institute Day on June 6, MHA Affiliate Day on June 7, and the Annual Conference Days on June 8-10. All events are offered in hybrid format on our custom platform and include in-person, live-streamed, and virtual sessions with closed captioning.

This year, we will focus on promoting lived experience, advancing health equity, and centering the social determinants of mental health. We will explore the ways these topics intersect with our collective efforts to promote well-being, prevent illness, increase resilience, and foster recovery — all at population scale — with a focus on Next Gen Prevention.

Policy Institute June 6, 2023
Affiliate Day June 7, 2023
Main Conference June 8-10, 2023
https://mhanational.org/annual-conference

MENTAL HEALTH FIRST AID – BLACK MENTAL HEALTH MATTERS: A RESOURCE GUIDE

Black mental wellbeing matters. To help you be an effective First Aider and honor individuals' diversity, we want to take a deeper dive into some of the resources available to Black communities. https://www.mentalhealthfirstaid.org/2022/02/black-mental-health-matters-a-resource-guide/

NEW VISIONS OF THE WELL

The Well presents the 6th Annual BIPOC Mental Health Summit: Healing While Black 2023

July 6-July 9, 2023
St. Petersburg, FL
https://www.thewellforlife.org/hwb

UPLIFTING BIPOC CLINICIANS PRIVATE PRACTICE DEVELOPMENT WORKSHOP

Join our virtual workshop for BIPOC mental health clinicians, students, and trainees that will teach you the essentials of opening up your own culturally-focused private practice. We will provide handouts and worksheets for participants to complete as they develop their own ideas and offer templates for forms that all clinicians starting out need.

Workshop Series Dates Spring 2023
Friday April 28 9AM-12PM PST
Friday May 5 9AM-12PM PST
Saturday May 6 9AM-12PM PST
http://www.drjenjees.com/bipoc-private-practice-workshop

BIPOC Professionals Networks

ASIAN MENTAL HEALTH COLLECTIVE https://www.asianmhc.org/relational-life-therapy/

THE ASSOCIATION OF BLACK PSYCHOLOGISTS https://abpsi.site-ym.com/

BLACK EMOTIONAL AND MENTAL HEALTH COLLECTIVE

BEAM offers skill-based trainings that help Black communities learn healing justice informed peer support practices. https://beam.community/trainings/

BLACK MENTAL HEALTH TAMPA BAY FACEBOOK PAGE

A private group for mental health professionals. https://www.facebook.com/groups/BMHTB

LATINX THERAPY FOR PROFESSIONALS https://latinxtherapy.com/mental-health-professionals/

NATIONAL LATINO BEHAVIORAL HEALTH ASSOCIATION https://www.nlbha.org/index.php/get-involved/latino-behavioral-health-juntos-network

NATIONAL QUEER AND TRANS THERAPISTS OF COLOR NETWORK https://nqttcn.com/en/

SAMHSA TRIBAL TRAINING AND TECHNICAL ASSISTANCE CENTER https://www.samhsa.gov/tribal-ttac/circles-care

SOUTH ASIAN THERAPISTS https://southasiantherapists.org/therapist/

THERAPY FOR LATINX https://www.therapyforlatinx.com/

APPENDIX B.

BIPOC Mental & Behavioral Health Virtual Focus Group Interest Form

Introduction

This form is to identify your interest in attending a Virtual BIPOC Mental & Behavioral Health Focus Group.

The focus groups are funded by The Foundation for a Healthy St. Petersburg under the direction of Providence Group International, LLC. The purpose of this focus group is to listen and learn from Black, Indigenous, and People of Color (BIPOC) community members regarding their feelings and experiences surrounding current program/ service delivery for mental/behavioral health services in Pinellas County (with a focus on St. Petersburg).

The information learned in this focus group will be used to inform the Foundation's grantmaking strategies and RFP process for BIPOC Mental Health service delivery.

We are committed to ensuring a diverse and multi-sector group of participants to center the voices and lived experience of the community. All information collected will remain confidential.

Thank you for your interest.

BIPOC Mental & Behavioral Health Virtual Focus Group Interest Form

Focus Group Participation Criteria

* 1. Do you self-identify as a member the Black, Indigenous, and People of Color (BIPOC) community?

- ◯ Yes
- ◯ No
- ◯ Other (Please explain)

* 2. Are you a current resident of Pinellas County?

- ◯ Yes
- ◯ No

* 3. Are you age 18 or older?

- ◯ Yes
- ◯ No

* 4. Are you comfortable sharing your views on BIPOC mental/behavioral health experiences and services in Pinellas County in a focus group setting?

- ☐ Yes
- ☐ No

* 5. Have you received mental/behavioral health services in Pinellas County?

- ○ Yes
- ○ No
- ○ Other (Please explain)

BIPOC Mental & Behavioral Health Virtual Focus Group Interest Form

Demographics

* 6. Contact Information

Name	
City/Town	
State/Province	-- select state --
ZIP/Postal Code	
Email Address	
Phone Number (Best contact number)	

* 7. Gender

- ○ Female
- ○ Male
- ○ Non-binary
- ○ Prefer not to answer
- ○ Prefer to self-describe:

* 8. Age

- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65+
- ◯ Prefer not to answer

* 9. Race (select all that apply)

- ☐ Black or African-American
- ☐ White
- ☐ Asian or Asian-American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ 2 or more races
- ☐ Prefer not to answer
- ☐ Prefer to self-describe:

* 10. Ethnicity

- ◯ Latinx/Hispanic
- ◯ Non-Latinx/Non-Hispanic
- ◯ Prefer not to answer
- ◯ Prefer to self-describe:

BIPOC Mental & Behavioral Health Virtual Focus Group Interest Form

Interest in attending

Identify your availability to attend the Virtual Focus groups via Zoom below for consideration.

Please note:

- **Participants must have a working camera and microphone in order to participate.**
- **Participants must stay for the full duration of the focus group to receive the**

$150 stipend.

- **Focus groups are limited to 10 participants, you will be notified by Tuesday, March 7th at 5pm.**

* 11. Are you available to attend the BIPOC Mental & Behavioral Health Virtual Focus Group on Wednesday, March 8th, 6-7:30pm via Zoom?

- ◯ Yes
- ◯ No

* 12. Are you available to attend the BIPOC Mental & Behavioral Health Virtual Focus Group on Thursday, March 9th, 6:30-8:00pm via Zoom?

- ◯ Yes
- ◯ No

* 13. Do you have a preference in which date you attend?
**Please note, in an effort to diversify the focus group participation you may or may not receive your preferred date.*

- ◯ Yes - I prefer Wednesday
- ◯ Yes - I prefer Thursday
- ◯ No preference

14. Do you have any additional questions/concerns about focus group participation?

APPENDIX C.

BIPOC Mental and Behavioral Health

Virtual Focus Group Moderator's Guide

90-Minute Session

Date _____ **Moderator**_____

FOCUS GROUP DETAILS

- Focus groups will be 1.5 hours in length
- The number of participants will be between [8-10 people] in each group
- Target Audience - participants should meet the following criteria
    - BIPOC community stakeholders with lived experience with mental and behavioral health needs
    - Individuals that are recipients of mental and behavioral health services in Pinellas County *(It is okay to have a few participants who have not sought services)*
    - Residents of PInellas County (with a focus on St. Petersburg, FL.)
- The moderator will facilitate and discuss, not lead it
- Focus groups will be video and audio recorded, transcription should take place via Zoom
- Findings will be included in a BIPOC Mental Health scan delivered to the Foundation for a Healthy St. Petersburg
- Participants must complete informed consent prior to participation in focus group
- Participants will receive $150 compensation for the Foundation for a Healthy St. Petersburg upon completion of the focus group and necessary documentation (e.g., W9)

We are entering into this work with the following assumptions:

- We will bring in a racial equity lens
- We are working towards systems change
- We stand on the foundation that the community knows what the community needs
- We will center BIPOC voices and those with Lived Experience in our research, collaboration and learning
- We will focus on shared learning as we engage providers, partners, and community stakeholders

INTRODUCTION

Hello my name is [MODERATOR NAME] and I'll be your moderator this evening. We're doing focus group interviews for Providence Group International, an independent consulting firm based in St. Petersburg, Florida. We are interested in understanding how Black, Indigenous, and People of Color (BIPOC) community stakeholders, in different parts of Pinellas county, think and feel about the current program/ service delivery for mental/behavioral health services in Pinellas County.

Over the next 1.5 hours or so, we'll discuss your views and experiences related to mental/behavioral health services to treat BIPOC individuals in Pinellas County. Our goal is to think through what services are available, who is providing them, and are they adequate in serving the needs of the BIPOC community.

BACKGROUND & EXPLANATION OF PROJECT

Providence Group International, LLC has been retained by the Foundation for a Healthy St. Petersburg to complete a BIPOC Mental Health Scan of Pinellas County. The objectives of this research are to:

- Deepen our understanding of the local mental/behavioral health landscape (Pinellas County with a focus in South St. Petersburg)
- Center BIPOC voices and those with Lived Experience in our research, collaboration and learning
- Use the data from the scan to inform the Foundation's grantmaking strategies and RFP process for BIPOC Mental Health service delivery

HOUSEKEEPING/ CONSENT VERIFICATION

- Please ask all participants to keep their cameras on and mute themselves when not speaking.
- Verify that all participants have electronically signed the written informed consent form that explains what the participants are being asked to do, what their rights are, and how privacy and confidentiality will be secured.
- Remind participants that this focus group will be **video** and **audio-recorded** and a **virtual note-taker** (otter.ai) will be present. However, their responses will remain confidential, and no names will be included in the final report. They can choose whether or not to participate in the focus group, and they may stop at any time during the course of the focus group.
- Please remind participant's that they must stay for the full duration of the focus group to receive the $150 stipend.

Are there any questions before we get started?

QUESTIONS

Personal Factors

1. Do you know anyone personally in the BIPOC community (including yourself) who has been affected by mental/behavioral health needs?
2. After that experience, did your opinion about the severity of mental/behavioral health needs in the BIPOC community change?
3. What are your thoughts on the impact of generational trauma as it relates to BIPOC mental/behavioral health needs?

Mental/Behavioral Health Services in Pinellas - BIPOC Acceptance/Reluctance

4. Would you pursue mental/behavioral health services if available to you? Why or why not?
5. What are some of the concerns you've heard from the BIPOC community (or other sources) regarding mental/behavioral health services in Pinellas?
6. When thinking about participating in services, is receiving mental/behavioral health services something people should do for their own benefit or for the benefit of the community as a whole?

Race & Health Equity

7. What is your experience with service providers incorporating a racial equity/anti-racist lens into your treatment?
8. How would you describe service providers' knowledge of safety risks and considerations related to your racial/cultural identity?
9. Is having a BIPOC mental/behavioral health provider important to you?
10. Intersectionality discusses the interconnected nature of social identities (eg., race + ethnicity, race + gender, race + sexual orientation, race + age, etc.). How important is it to you that mental/behavioral health providers have a plan to utilize an intersectional lens during treatment?
11. How are the needs/priorities of BIPOC communities being addressed by mental/behavioral health service providers in Pinellas County?

Services & Modalities

12. What are the strengths of the services being provided to the BIPOC community in Pinellas?
13. What are the barriers to the BIPOC community to receiving services in Pinellas County?
14. Are there services needed in St. Petersburg or Pinellas County that are not available or for which there is not enough capacity?

Service Provision

15. Can you name a few providers of BIPOC mental/behavioral mental health services in Pinellas? in St. Pete?
16. Where do you get your information in general about BIPOC mental/behavioral health services in PInellas?
17. Who do you trust the most to receive mental/behavioral health services from (i.e. mental/behavioral health professional, doctor, faith leader, friend, family, etc.).

CLOSING COMMENTS

Thank you for your time and participation. Any questions?

Your names will be forwarded to the Foundation for payment of your $150 stipend. Please ensure that you complete all necessary documentation once emailed to you to avoid delay in receiving your stipend.

-End Session-

APPENDIX D.

Informed Consent - BIPOC Mental & Behavioral Health Virtual Focus Group

Purpose/ Background
You have been invited to participate in a BIPOC Mental Health Virtual Focus Group funded by The Foundation for a Healthy St. Petersburg under the direction of Providence Group International, LLC. The purpose of this focus group is to listen and learn from Black, Indigenous, and People of Color (BIPOC) community members regarding their feelings and experiences surrounding current program/ service delivery for mental/behavioral health services in Pinellas County (with a focus on St. Petersburg).

The information learned in this focus group will be used to inform the Foundation's grantmaking strategies and funding decisions.

Procedure
As part of this focus group you will be placed in a group of 6 – 10 individuals. A moderator will ask you several questions while facilitating the discussion. This focus group will be video and audio-recorded and a note-taker may be present. However, no names will be included in the final report. You can choose whether or not to participate in the focus group, and you may stop at any time during the course of the focus group.

Please note that there are no right or wrong answers to focus group questions. We want to hear the many varying viewpoints and would like for everyone to contribute their thoughts. Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

Benefits to Participants and Others
While there are no direct benefits to you for participating, we are hoping you will find that the focus group gives you an opportunity to share your opinions and experiences. The results of this study may benefit the community at large by helping to inform BIPOC Mental Health funding decisions from the Foundation for a Healthy St. Petersburg as related to service delivery in Pinellas County, with a focus on St. Petersburg.

Risks of Participating in Focus Group
There are no known risks associated with participating in this project. However, it is possible that something may come up in the focus group that reminds you of past unpleasant or positive experiences. You don't have to answer any questions that you don't want to answer and can decide to end your participation at any time.

Confidentiality
Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the focus group. Facilitators and researchers from Providence Group International, LLC. and

the Foundation will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

Stipend Process
Focus group participants will receive a stipend of $150 for participation. Following the completion of the Virtual BIPOC Mental and Behavioral Health Focus Group, Providence Group International, LLC. will send the Foundation for a Healthy St. Petersburg the name and email address of each stipend recipient. The Foundation for a Healthy St. Petersburg will send to each recipient a secured request for Form W-9 (via e-mail from Finance@healthystpete.foundation); and a Stipend contract (via e-mail from DocuSign).

Once the Form W-9 is completed and submitted, a request will be sent to elect for electronic payment (e-mail from Bill.com). After the completed Form W-9 AND the signed stipend contract is provided to Finance, payment will be processed through Bill.com. Payments will be issued based on the payment method selected.

Contact
If you have any questions or concerns regarding this focus group, please contact:

Dr. Keesha Benson
Principal Owner
Providence Group International, LLC
Phone: (727) 490-8581
Email: kbenson@providencegroupintl.com

1. By typing your full name below you agree that you understand this information and consent to participate in a Virtual BIPOC Mental & Behavioral Health Focus Group fully under the conditions stated above.

First and Last Name

2. Please enter today's date.

MM/DD/YYYY

Date
MM/DD/YYYY

APPENDIX E.

BIPOC Mental & Behavioral Health Service Delivery Survey

Introduction

Providence Group International has been retained by the Foundation for a Healthy St. Petersburg to capture data from individuals that provide mental and behavioral health services to members of the Black, Indigenous, and People of Color (BIPOC) communities within Pinellas County (with a focus on St. Petersburg, Florida).

Our first and most critical step in this process is hearing from you regarding these efforts. The survey will take approximately 20 minutes to complete. We ask that you provide your genuine, authentic responses to the questions below, as your viewpoints are key to bettering the lives of BIPOC residents as they access our mental and behavioral health services.

This information will be used to inform the Foundation's grantmaking strategies and Request for Proposal (RFP) process for BIPOC Mental Health to be released in May of 2023.

We are committed to ensuring a diverse and multi-sector group of community respondents to the survey to maximize learning. We strongly encourage you to complete all information requested. Your responses are anonymous.

If you are interested in learning more about the BIPOC Mental Health Initiative at the Foundation for a Healthy St. Petersburg, please contact:
Dr. Susie Paterson
Research and Evaluation Manager
Foundation for a Healthy St. Petersburg
Susie@healthystpete.foundation

If you have any questions about this survey or the BIPOC Mental Health Scan, please contact:
Dr. Keesha Benson
Principal
Providence Group International
kbenson@providencegroupintl.com

The survey will close on March 20, 2023 at 11:59pm EST.

BIPOC Mental & Behavioral Health Service Delivery Survey

* 1. Do you currently provide mental and/or behavioral health services to BIPOC residents of Pinellas County?

- ◯ Yes
- ◯ No

* 2. Do you currently provide mental and/or behavioral health services to BIPOC residents of St. Petersburg, FL.?

- ◯ Yes
- ◯ No

* 3. What type(s) of formal and informal networks of service provision are you affiliated with? Please select all that apply.

- ☐ Sole Practicioner
- ☐ Group Practice
- ☐ Nonprofit/Philanthropy
- ☐ Educational Institution
- ☐ Government/Quasi-government
- ☐ Faith Based
- ☐ Corporation
- ☐ No Organizational Affiliation
- ☐ Other (please specify)

* 4. Do you self-identify as a member the Black, Indigenous, and People of Color (BIPOC) community?

- ◯ Yes
- ◯ No
- ◯ Other (Please explain)

BIPOC Mental & Behavioral Health Service Delivery Survey

Identity/Lived Experience

BIPOC community members sometimes seek out service providers with whom they share lived experience around issues of identity, community, age or gender.

* 5. Gender Identity

- ◯ Female
- ◯ Male
- ◯ Non-binary
- ◯ Transgender
- ◯ Genderqueer/Gender-nonconforming
- ◯ Prefer not to answer
- ◯ Prefer to self-describe:

* 6. Age

- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65+
- ◯ Prefer not to answer

* 7. Race (select all that apply)

- ☐ Black or African-American
- ☐ White
- ☐ Asian or Asian-American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ 2 or more races
- ☐ Prefer not to answer
- ☐ Prefer to self-describe:

* 8. Ethnicity

- ◯ Latinx/Hispanic
- ◯ Non-Latinx/Non-Hispanic
- ◯ Prefer not to answer
- ◯ Prefer to self-describe:

* 9. Sexual Orientation

- ◯ Asexual
- ◯ Bisexual
- ◯ Fluid
- ◯ Gay
- ◯ Heterosexual or straight
- ◯ Lesbian
- ◯ Pansexual
- ◯ Queer
- ◯ Questioning or unsure
- ◯ Prefer not to answer
- ◯ Prefer to self-describe:

BIPOC Mental & Behavioral Health Service Delivery Survey

Service Provision Details

* 10. How long have you been providing mental/behavioral health services to the BIPOC community in Pinellas County?

- ◯ Less than a year
- ◯ 1-5 Years
- ◯ 6-10 Years
- ◯ 11-15 Years
- ◯ 16-20 Years
- ◯ 21 years +

* 11. What mental and/or behavioral health services/programs do you provide to BIPOC residents of Pinellas County?

* 12. What is your age specialty with BIPOC populations for mental/behavioral health service provision? Select all that apply.

- [ ] Adults
- [ ] Toddler
- [ ] Children (6 to 10)
- [ ] Preteen
- [ ] Teen
- [ ] Elders (65+)
- [ ] All of the above

* 13. Are you allied with, or do you have experience supporting BIPOC clients in these groups? Please select all that apply.

- [ ] Bisexual Allied
- [ ] Blind Allied
- [ ] Body Acceptance
- [ ] Cancer
- [ ] Deaf Allied
- [ ] Faith/ Spirituality Allied
- [ ] Gay Allied
- [ ] HIV/AIDS Allied
- [ ] Immuno-disorders
- [ ] Intersex Allied
- [ ] Lesbian Allied
- [ ] Little Person Allied
- [ ] Non-Binary Allied
- [ ] Open Relationships/ Non-Monogamy
- [ ] Queer Allied
- [ ] Racial Justice Allied
- [ ] Sex Worker Allied
- [ ] Sex-Positive, Kink Allied
- [ ] Single Parent
- [ ] Transgender Allied
- [ ] Veterans
- [ ] Other (please specify)

* 14. What is your annual budget for service provision?

- ◯ Less than $50,000
- ◯ $51,000 to $150,000
- ◯ $151,000 to $250,000
- ◯ $251,000 to $500,000
- ◯ $501,000 to $1 Million
- ◯ $1 Million to $5 Million
- ◯ $5 Million and Above

20. Are there mental and/or behavioral health services for the BIPOC community needed in St. Petersburg or Pinellas County that are not available, or for which there is not enough capacity?

BIPOC Mental & Behavioral Health Service Delivery Survey

Frameworks & Professional Development

21. What approaches or frameworks do you implement in the treatment of BIPOC populations? Are there population or culturally specific models that you use? Please explain.

22. Have you adapted treatments in your work with BIPOC populations? Do you consider your adaptations proprietary? If not, please explain how your adaptations have benefitted your patients.

23. As you consider the intersectionality within BIPOC communities (e.g., race and ethnicity, race and gender/gender identity, race and sexual orientation, race and age, etc.), what informs your approach to mental and behavioral health services?

24. What current assessment tools do you use with BIPOC clients?

BIPOC Mental & Behavioral Health Service Delivery Survey

Closing Thoughts

25. Are BIPOC community members, beneficiaries, and/or leaders involved in identifying needs and designing strategies for mental and behavioral health services in Pinellas? How?

26. In responding to these questions that are specifically tailored around mental and behavioral health for BIPOC communities, what are the general thoughts or ideas that come to mind?

Foundation for a
Healthy St. Petersburg

PHILANTHROPY SCAN

TRENDS AND EXAMPLES IN BIPOC MENTAL HEALTH/WELLNESS

Courtney Bourns Consulting

This Scan was generously funded by The Foundation for a Healthy St. Petersburg

Published 2023

Overview of Field Scan

The goal of this field scan was to identify key trends in philanthropic funding for BIPOC mental health in the United States as well as a 10-12 examples of foundation grantmaking strategies and programs with this focus.

Below is a summary of how grants are being given, what kinds of approaches are being used, what types of projects and activities are being funded. Either a description of an exemplary project or a web link is provided.

Most of the information presented here is derived from an in-depth review of Grantmakers in Health member websites, articles in Inside Philanthropy and Nonprofit Quarterly as well as general web searches for BIPOC mental health funding. Search terms focused on mental health and wellbeing strategies; equity and mental health overlays; BIPOC and mental health overlays.

Government funding was beyond the scope of this project, but it should be noted that the federal government is the largest funder of mental and behavioral health related programs and investigation into government funding examples could be worthwhile.

Overview of Findings

There is clearly **an uptick in interest** in the philanthropic community in mental health and wellbeing in communities of color, especially since 2020. Articles in nonprofit and philanthropic journals and newsletters reflect this. (see pages 8-10)

Explicit focus on **'BIPOC mental health' in grant programs is not common:** While there is clearly an increase interest, there are not many specific examples of funding focused on the mental health of "BIPOC" defined people or communities. The term 'BIPOC' was rarely used in any of the over 250 Grantmakers in Health websites searched. However, given the clear attention and discussion in the field, it may be that funders are doing it, but not yet using these terms or giving in a strategic way.

The **language** being used is by many foundations is similar to that being used by the Foundation for a Healthy St. Petersburg (FHSP), many using some version of FHSP's statement that "health equity is inseparable from racial equity."

Other **language used by peers in philanthropy:**

- Wellness or well-being coupled with healthy equity and access is more broadly used than BIPOC mental health.
- Mental, Emotional and Behavioral Health and Well-being
- Social Determinants of Health framing, as in: "one's zip code should not be a determinant of health outcomes" and we work towards "reductions in health disparities."

The larger foundations that are focused on social determinants of health integrate equity into other focus areas. In a number of cases, they also integrate a mental/emotional wellbeing focus into other funding areas, for example within funding directed toward housing, prison reform, environment, trauma informed care, healthy schools, they consider health and well- being for people of color.

Range of Funding Activities

There are many choice points to explore for developing a grantmaking program, including type of funding, size of grants, type of projects. The values of and approach of FHSP would guide these decisions.

The following shows the range of funding activities found in the scan of foundations funding mental health with an equity focus:

- Early intervention, focus on babies and family well-being. Focus on maternal health.
- Focus on young people:
  - School-based interventions: e.g. social emotional learning curriculum and increase in school counselors
  - Increase availability of confidential and telehealth mental health services
  - Focus on a specific sub-population of youth, e.g. homeless youth, youth in foster care, youth exiting the juvenile legal system
- Re-granting through churches:
  - Supporting the well-being of Black pastors
  - Training Black pastors to support the well-being of their congregation.
  - Faith-based groups developing their own approaches to mental health supports in their community
  - Emergency response provided by churches for people or families in crisis. Builds on the foundation of relationships in churches and ability to wrap-around a person who is struggling.
  - Small grants given to community mental health providers as identified by church leadership
- Underwriting mental health counseling (see Methodist HealthCare Ministries of South Texas)
- Workforce development for mental health and medical professionals:
  - Attraction and retention of mental health providers, especially providers of color o Fellowship programs for cross-training in mental health for BIPOC populations o Anti-bias, equity and cultural competence training for therapists.
- Training for legislators on issues of racial disparities in health so that they can be better advocates.
- Neighborhood/zip code approaches, with deeper and systemic interventions within a neighborhood. (like this example of Health Equity Zones in RI)
- Policy initiatives: support efforts to increase reimbursement rates, make telehealth reimbursable, expand Medicaid, etc.

Foundation Examples

FUNDER NETWORK:

A. MINDFUL PHILANTHROPY: A funder network and resource aiming to increase funding going toward mental health and well-being "so that all people have equitable access to the tools and resources they need to be well."

"Mindful Philanthropy acts as a catalyst and multiplier for investment in mental health, addiction, and well-being. As a guide, we simplify the complex and vast mental health landscape, help you speed up your learning journey, and amplify your impact at the convergence of mental health and other issue areas."

While equity is a stated value, quick scan does not immediately reveal how much emphasis is on BIPOC mental health specifically, but could be worthwhile to have an exploratory conversation with them to connect with other funders who fund BIPOC mental health specifically. https://www.mindfulphilanthropy.org/

FAITH-BASED EXAMPLES:

B. DUKE ENDOWMENT providing funds to a faith-based group to re-grant to the community. This was one of the strongest examples in the scan in terms of explicit focus on BIPOC mental health and of funds going directly to affected communities and populations.

BIPOC Mental Health Grant - Partners in Health & Wholeness
https://healthandwholeness.org/bipoc-mental-health-grant/

C. BAPTIST COMMUNITY MINISTRIES, NEW ORLEANS, LOUISIANA http://www.bcm.org Faith-based approach — The description below is one aspect of their mental health work. From the website: In response to the identified exposure of the community to natural disasters and the increase in anxiety and behavioral health issues, Congregational Wellness partnered with the National Council for Mental Wellbeing to offer Mental Health First Aid (MHFA) courses to pastors and church wellness ministry volunteers in January 2020.

MHFA is a skills-based training that teaches people how to identify, understand, and respond to signs and symptoms of a mental health or substance use challenge in adults ages 18 and over. The evidence behind the program demonstrates that it builds mental health literacy, providing an action plan that teaches people to safely and responsibly identify and address a potential mental health or substance use challenge.

First Aiders have empathy for people living with mental illness and substance use problems. Their increased mental health literacy enables them to identify risk factors and warning signs for mental health and substance use challenges, confidence to provide strategies to help someone in crisis and non-crisis situations, and knowledge of where to turn for help.

D. METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC., SAN ANTONIO, TEXAS
http://www.mhm.org

The Ministries has a commitment to health equity and offers a community counseling program for uninsured people.

From the web: Community Counseling: Community Counselors help people who are uninsured, whose existing coverage does not provide mental health services benefits, are low-income and lack the money to pay for counseling services, or who would not receive treatment any other way. Counseling services are provided by trained, licensed professional counselors, licensed clinical social workers, and licensed marriage and family counselors in local churches, clinics, and community centers across the Rio Grande Valley, Laredo and the Coastal Bend. Sessions are private and conducted in a safe and familiar environment such as churches and community centers. The first meeting with a counselor is free. A modest fee based on a sliding fee scale is collected for each follow-up session; however, no one is denied service because they cannot pay. An appointment must be scheduled in advance.

HEALTH CONVERSATION FOUNDATIONS:

E. BLUE CROSS BLUE SHIELD OF MA. This BCBS directly funds communities to advance health equity including a focus on "access to behavioral health services." Two types of grants are described on their website: Special Initiatives grants and The Catalyst Fund.

- "The Special Initiatives grant program provides organizations with a one-time grant of up to $50,000 to pilot or launch a new project over a one-year period. Special Initiative grants are intended to fund projects which empower communities to advance health equity. Projects should positively impact the health or health care related needs of those Massachusetts residents who have been economically, socially, culturally, or racially marginalized. If successful, it is hoped that these projects can be sustained, scaled, and potentially replicated. Special Initiatives grant proposals must align with one or more of the Foundation's three focus areas: access to health coverage and care, access to behavioral health services, and elimination of structural racism and racial inequities in health. Projects must serve the Foundation's populations of focus: Massachusetts residents who are economically, racially, culturally, or socially marginalized."

- The Catalyst Fund provides one-time non-renewable grants of up to $7,500 for a 12-month period to help nonprofit organizations strengthen their capacity to expand access to health care in Massachusetts. Applications are accepted on an ongoing basis and proposals are reviewed monthly.

www.gih.org/philanthropy-work/requests-for-proposals/blue-cross-blue-shield-of- massachusetts-

F. RICHMOND MEMORIAL HEALTH FOUNDATION, RICHMOND, VIRGINIA http://www.rmhfoundation.org

RMHF Trustees committed to invest $1MM over two years to support community partners addressing the critical mental health and wellness needs in the Richmond region — in particular to address the "acute mental health impacts of pandemic" on people of color. It may be worth following up to see what kinds of projects where funded.

From the website: Richmond Announces Mental Health Funding. It is no surprise that stressors of the past two years — the COVID-19 pandemic, civil unrest, economic fluctuations, and political shifts — have taken a toll on the mental health and wellness of many Americans. The WHO reported a 25% increase in the prevalence of anxiety and depression worldwide as a result of the pandemic. Protecting Youth Mental Health, a publication by the U.S. Surgeon General's Advisory, highlights the unique challenges for young people and suggests resources for a healthier, more resilient future.

The degree to which the pandemic has impacted mental health is particularly acute for People of Color. According to a KFF study, 31% of Black adults and 25% of Hispanic adults say that the pandemic has had a major negative impact on their mental health.

As a foundation focused on health and racial equity, our Trustees felt compelled to provide support above and beyond our planned grantmaking for 2022-2023.

G. METROWEST FOUNDATION, FRAMINGHAM, MA: A health conversion foundation focused on addressing health inequities. http://www.mwhealth.org

- Deepening health equity and inclusion work within MetroWest organizations by supporting the work of the Racial and Ethnic Disparities Workgroup, as well as identifying greater opportunity for diverse community stakeholder participation and engagement in the work of the foundation.
- Increasing capacity of the health care and social service workforce to approach their work through an equity lens, as well as to promote a culture of equity within their organizations.
- Increasing the diversity of the pipeline of future leaders in health care and social service sectors by promoting policies within organizations that help to retain and promote a diverse workforce, as well as initiating strategies to bring more diversity to the workforce.

FLORIDA FOUNDATIONS:

H. QUANTUM FOUNDATION, WEST PALM BEACH, FL www.quantumfnd.org

A funder focused on creating a pipeline of people of color in the healthcare field. This also represents a collaborative approach.

From the web: The Healthcare Career Pipeline Network is a group of eight organizations in Palm Beach County that are individually working towards a common goal: increasing the number of Palm Beach County youth from underrepresented minority groups that work in the healthcare field.

I. FLORIDA BLUE FOUNDATION: FLORIDA'S BCBS FOUNDATION. https://www.floridablue.com/foundation

A likely partner of FHSP. They mention "mental well-being" in their description, though not specifically around BIPOC communities. "We partner with local organizations to advance innovative programs addressing health equity, food security, mental well-bring, health literacy, hurricane relief and more."

J. PALM HEALTH FOUNDATION, WEST PALM BEACH, FLORIDA http://www.PalmHealthFoundation.org

This foundation is likely known to FHSP. It received funding from Robert Wood Johnson in 2022 for The Healthier Together Initiative which is a good example of a county-wide collective impact project focused on health. Such a design could be extrapolated to BIPOC mental health focus in Pinellas County, FL.

From their website: The word "healthcare" alludes to clinical and acute care settings, where a person's health issue is being treated rather than prevented. While the foundation still supports clinical healthcare, we also acknowledge research that shows a person's health outcomes depend just as much on their zip code as their DNA code, or medical predispositions.

For Palm Health Foundation, Healthier Together represents a departure from traditional responsive grant-making, embracing the social determinants of health to implement a truly resident-led initiative viewed through a health equity lens.

OTHER FOUNDATION EXAMPLES:

K. CARING FOR DENVER FOUNDATION. www.caahealth.org

Focused exclusively on behavioral health. Its Community-Centered Solution provides good examples of community-based projects. For example: the Center for African American Health: Building Mental Health Equity in the Black Community. Goal is to expand access to culturally responsive mental health and substance misuse programs and counseling services provided by mental health professionals of color that positively impact the Black/African American community within the city of Denver. www.caring4denver.org

L. THE STEVE FUND: https://www.stevefund.org/About/

Dedicated to the mental health and emotional well-being of students of color, offering an array of virtual and in-person programs and services grounded in research and best practices designed to ensure young people of color have an equal opportunity to thrive in their academic & career pursuits.

M. HOGG FOUNDATION FOR MENTAL HEALTH. Texas-based funder. Been around since 1940. Powerful set of guiding values and emphasis on community voice in designing solutions.

An example from their website: In 2018, with an emphasis on addressing the upstream, or root causes, of poor mental health at the community level, the Hogg Foundation established the Collaborative Approaches to Well-Being in Rural Communities

(WRC) initiative. Recognizing that community-based approaches help make a lasting transformation to mental health and well-being, the Hogg Foundation, through the WRC, awarded $410,000 to the Community Action Corporation of South Texas (CACOST) in support of its Behavioral Health Outreach and Leadership Development Project (BHOLD).

BHOLD supports and guides Brooks County residents toward a healthier, more resilient future. As a citizen-driven collaborative, the program prioritizes the participation of local residents who have traditionally been excluded from community-level decision making. “The community voice is all over the Behavioral Health Outreach and Leadership Development Project (BHOLD),” says April Anzaldua, director of community services and development at the Community Action Corporation of South Texas. In her four yours of involvement with BHOLD, she has helped Brooks County navigate a range of complex issues that cut across sectors: youth mental health, investments in health and nutrition, and nurturing the next generation of leaders chief among them.

“We wouldn’t be doing the things we’re doing right now had it not been for the input and leadership of [Brooks County residents].”

N. PERIGREE FOUNDATION, WASHINGTON STATE
https://perigeefund.org/ Focuses on maternal mental health, infants — in communities of color.

From the web: Reducing the Impact of Trauma and Toxic Stress. All children deserve the best possible start in life. But when parents experience adversity, such as poverty, trauma and racism, their children can feel lasting effects, even into adulthood. Early support for babies, families, and caregivers can lessen the impact, leading to better long- term health and well-being.

Our Approach Perigee Fund partners with organizations whose initiatives support the infant-caregiver relationship and increase the capacity for all families to experience healthy, joyful connections. We focus our funding and resources on two key areas — Mental Health and Family Supports for Well-Being — particularly initiatives that center communities of color.

O. THE CONFESS PROJECT: Encourages cultural dialogue about African American male emotional health by training barbers to become mental health advocates. Using a grassroots organizing approach linked to direct action, the program immerses individuals with a voice to shape public policy, public opinion and eliminate mental health stigma. See list of funders on website: https://www.theconfessprojectofamerica.org/our-funders

Article Review and Resources

1. NORTHEAST OHIO MEDICAL UNIVERSITY coordinates health related "centers of excellence." The University has a Center of Excellence focused on BIPOC Mental Health Resources, including:

- "Equity in Mental Health Framework Toolkit"
- "55 Mental Health Resources for People of Color"
- "BIPOC Mental Health Infographic"
- "BIPOC Mental Health Toolkit"

www.neomed.edu

2. ALIGNING EFFORTS TO ACHIEVE EQUITABLE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH AND WELL-BEING FOR CHILDREN AND YOUTH. A Call to Action. Plus suggested strategies for aligning funding. By Nemours Foundation and Grantmakers in Health.

"Philanthropic organizations, policymakers, communities and caregivers share a common purpose in striving for conditions that enable children and youth to thrive. Though the COVID-19 pandemic has presented new challenges and exacerbated pre-existing stressors, it has also revealed strengths and resilience within communities. By shining a light on health disparities and the systemic underpinnings of social, racial and economic inequities, the pandemic calls upon leaders and communities to meet the moment with action. In particular, a mental, emotional and behavioral (MEB) health crisis has emerged among children and youth, presenting a significant concern along with an opportunity for improving care and support for children and young people.1 By aligning actions that elevate community-led voices and solutions, we can accelerate equitable MEB health and well-being for our nation's children, youth and their caregivers. This report issues a call to action for philanthropic organizations and public-sector partners that are ready to move forward in improving MEB health. It describes existing philanthropic and federal MEB initiatives, based on information gathered from policy scans, interviews, focus groups, and a convening of philanthropic organizations. Finally, it offers a potential portfolio of aligned strategies for private- and public-sector partners to consider. foundation-rfp-january-2023/Philanthropic-Action-for- Childrens-Health-Equity.pdf (gih.org)

3. ANNIE E. CASEY FOUNDATION DATA ON PANDEMIC-RELATED YOUTH MENTAL HEALTH
https://www.aecf.org/blog/national-state-by-state-data-show-depth-of-youth-mental- health-pandemic

4. KFF ARTICLE ABOUT GAPS IN MENTAL HEALTHCARE FOR AAPI PEOPLE
https://www.kff.org/policy-watch/gaps-in-mental-health-care-for-asian-and-pacific- islander-people-and-other-people-of-color/

5. PRO-BLACK ORGANIZATIONS LEAD THE WAY FOR WORK PLACE MENTAL HEALTH AND WELLBEING | Nonprofit Quarterly, March 2023

In his Framework for Mental Health and Well-Being, the US Surgeon General underscores the gravity of the mental health crisis that the country is experiencing. In the workplace, pro-black organizations have spearheaded a healing-justice framework, meeting and exceeding the Surgeon General's recommendations for workplace mental health. The demand for the destigmatization and normalization of mental health support is a prominent trend affecting the workplace and job market. Businesses must apply a racial-equity lens as they actualize a vision that ensures protection from harm, fosters connection and community, promotes work-life harmony, demonstrate that employees matter at work, and create growth opportunities.

6. MENTAL HEALTH PROFESSIONALS ARE IN HIGH DEMAND. WHO'S FUNDING WORKFORCE DEVELOPMENT? Paul Karon | Inside Philanthropy, January 12, 2023

Mentions several foundations investing in workforce development for training of mental health professionals (Connie and Steve Ballmer, to University of Oregon; Hogg Foundation for Mental Health, Texas)

7. HOW CAN WE SUPPORT YOUTH MENTAL HEALTH? | Nonprofit Quarterly , Nov 2022

Youth in the juvenile legal system have an abnormally high prevalence of mental disorders and psychosocial stressors. Structural racism and misogyny leave youth of color, particularly black girls and LGBTQ+ youth, disproportionately impacted in a system that is ill-equipped to accommodate these disadvantaged detainees. The juvenile system has exacerbated the national child and adolescent mental health emergency, which has been compounded by the pandemic. This crisis reflects alarming trends such as increased stress and trauma exposure as drivers for severe depression, anxiety, ADHD, and behavioral challenges, all of which often go undetected and untreated. Criminalization is a threat that widens the mental healthcare gap for young people. To confront these concerns, we must 'seize this moment,' as the Surgeon General notes, by "deepening our understanding of the forces driving the staggering rates of incarceration among youth with mental illness, listening to the young people most impacted by it, supporting their leadership, and letting their voices shape policy and systems change."

This report which is referenced in the article provides "Youth-Driven Policy Recommendations to Address Barriers to Well-Being." It is the result of in-depth engagement with young girls of color about what would support their emotional health.

8. REPAIRING THE WHOLE: HOW REPARATIONS CAN ADDRESS PHYSICAL AND MENTAL HEALTH | Nonprofit Quarterly, Feb 2022

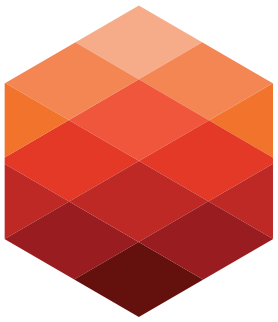
Accumulated stress and psychological distress have created mounting biopsychosocial concerns for black adults and children. Aside from traumatic experiences, the weight of poverty and years of complex race relations have anchored generational trauma (epigenetic change) as a leading contributor to psychological harm and illness. To ensure we are sustaining social policy that uproots the tenets of white supremacy, reparations must be approached with a trauma-informed framework, employing a holistic focus on wellness. An authentic acknowledgment "not only addresses the historical ways in which harm was caused by the perpetrator, but it also offers an apology and accepts responsibility for the ways in which both the action and inaction of the perpetrator caused harm." A racially conscious approach to providing access to better health care and resources is necessary to improve both black health and wealth. While much research surveys the intergenerational effects of trauma within the black American community, much work must be done to decolonize cross-sector endeavors to remedy the economic, social, and psychological harm done to black people.

9. THIS ISSUE OF ALLIANCE MAGAZINE from 2022 is dedicated to funding in mental health. International perspectives.

https://www.alliancemagazine.org/magazine/issue/march-2022/

10.PHILANTHROPY MUST INVEST IN BIPOC MENTAL HEALTH FOR A MORE EQUITABLE SOCIETY | Inside Philanthropy, July 2021

To boldly confront systemic racial and ethnic inequities, the philanthropic community must prioritize care for the whole person and consider the impact of social determinants of health (i.e. not just addressing economic needs, but also psychological and social health). Both pre- pandemic and post-pandemic, communities of color have been disproportionately susceptible to higher rates of addiction and mental health challenges, with structural racism exacerbating the consequences of poverty, housing instability, food insecurity, and unequal access to quality education. While the need is clear, governmental investment in awareness, prevention, and treatment is not. Therefore, the philanthropic sector must take lead in creating racial equity, which includes addressing social determinants of health to promote well-being by intentionally making funding decisions through the lens of mental health.



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