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OP-ED from MHRB CEO: A Call for Culturally Competent Care, Because Black Mental Health Matters, Too

SPRINGFIELD, OH (July 30, 2020) – Last month, Mental Health Recovery Board of Clark, Greene & Madison Counties (MHRB) joined numerous other Ohio public health agencies in declaring racism a public health crisis. We join organizations across industries nationwide in reaffirming that the value of a Black life must be considered equal to any other in America. But racism as a public health crisis should not be news to anyone – and it’s certainly not news to those of us working in mental health and substance use disorder spaces that racism causes trauma which paves a pathway to mental illness, substance use disorders, and other chronic illnesses. Disparities exist in mental health access and treatment across racial and ethnic groups and geographic areas.

On average, Black people are over-diagnosed with symptoms of psychosis and under-diagnosed with mood disorders, like depression compared to white people—yet seek mental health care services far less often. For example, African Americans and Hispanics/Latinos receive treatment at 50 percent lower rates than Non-Hispanic Whites; American Indian/Alaska Native 20 percent lower; and Asian Americans 70 percent lower according to U.S. Department of Health and Human Services Office of Minority Health.

Much of this disparity can be attributed to a number of social determinants of health that are direct and indirect products of systemic racism, bias or discrimination, including but not limited to high levels of stigma or lack of awareness regarding mental health issues, mistrust of institutions, lack of access to care (healthcare, housing, education, employment, etc.), and lack of representation of marginalized groups amongst care providers.

Like many other industries, mental health and substance use prevention, treatment and recovery organizations can benefit from having more diversity of experience and backgrounds in its workforce. According to the American Psychological Association (APA), in 2015, 86 percent of psychologists in the U.S. workforce were white. This means the population of care providers is less diverse than the U.S. population as a whole, which is 62 percent white and 38 percent racial/ethnic minority. Although matching the race of providers to patients does not always improve clinical outcomes, it can facilitate trust-building with populations that carry strong instances of mental health stigma or that have historical reasons to mistrust a predominantly white medical establishment. In some cases, it also can aid in developing positive therapeutic relationships, which oftentimes lead to better treatment outcomes.

Adding more Black, Indigenous, and People of Color to the workforce takes time. But there is a way to create change now, and that is through improving cultural competency in our current workforce.

Culturally competent care is respectful of and responsive to the health beliefs, worldviews, practices and needs of diverse people seeking care. Part of this is recognizing that culture impacts the way symptoms of mental health disorders manifest or are communicated. In some Latinx cultures, Ataques de nervios (attack of the nerves) is a cultural bound syndrome of distress which includes such symptoms as uncontrollable screaming or shouting, crying, trembling, sensations of heat rising in the chest and head, dissociative experiences, and verbal or physical aggression. Asians are more likely to describe symptoms with physical traits like “dizziness” instead of emotional terms. And many Black women strongly identify as caretakers, which may make them reluctant to admit any mental distress of their own. In addition to cultural competence, ensuring health equity means crafting policies, programs and services that reduce stigma, mitigate adverse childhood and adult traumatic experiences, and eliminate barriers to care.

Cultural competency is only one side of the coin. When trying to connect or be culturally fluent, without the right context or tone, a well-intended statement can still offend. That’s why it is paramount for providers to identify and examine their implicit, unconscious biases. Forging alliances and partnerships to confront racism is needed for community-wide change.

As with all other public health initiatives, an anti-racist approach to transform policies and systems is multi-faceted, but it can start individually. Understanding our communities’ differing needs and our own biases is a crucial part of the job for all who work in public service. Just as cultural nuances and implicit biases have implications for the treatment of mental health concerns, they also shape the way certain communities respond to housing needs, the education system, criminal justice involvement and so forth.

Last but not least, we must remember that mental health and substance use concerns are public health issues. Those of us entrusted with the responsibility of keeping our communities safe and healthy must commit to active outreach to communities that are not seeking or receiving services. When one part of our community is underserved, it impacts us all.

July is Bebe Moore Campbell Minority Mental Health Awareness Month. As the month draws to a close, we carry on Campbell’s legacy and work advocating for mental health education and support among individuals of diverse communities, as part of our larger efforts to address racism’s impact on public health. MHRB will continue to ask ourselves and our care providers how we, as a system, can better reflect the communities we serve, become more culturally competent and provide a higher standard of care for everybody and every family in Clark, Greene, and Madison Counties. We hope you will join us by offering feedback and engaging in conversations with us.

For more information about mental health and substance use resources or to share your experiences with our system, please visit the MHRB website at www.mhrb.org or call 937-322-0648.

ABOUT MHRB

Mental Health Recovery Board of Clark, Greene & Madison Counties (MHRB) assists partners, stakeholders, residents, and anyone at risk of mental health or substance use concerns in our three-county area, providing pathways to mental health and addiction services. In collaboration with more than 20 care providers, the board advocates for the mental health needs and facilitates delivery of quality care for all ages, regardless of income or ability to pay.

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