Bridging Perspectives: Fostering Mental Health Equity Through Intersectionality & Integrated Care

Hannah Counter, MA, LPC, EMDR Trained

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"People of different religions and cultures live side by side in almost every part of the world, and most of us have overlapping identities which unite us with very different groups. We can love what we are, without hating what – and who – we are not. We can thrive in our own tradition, even as we learn from others, and come to respect their teachings.“

—Kofi Annan, Former Secretary-General of the United Nations

DEFINITIONS

Trauma Informed Care

(Ranjbar et al., 2020)

CULTURAL COMPETENCE: Six Core Assumptions

Cultural competence is not an individual responsibility. It must be sustained by the support and commitment of the overall organization.

One must understand race, ethnicity, and culture (including their own) to treat clients effectively.

Incorporation of cultural competence into treatment improves therapeutic decision-making and offers alternative treatment planning options pointed toward healing and recovery as designed by the therapist and the client.

Consideration of culture is important at all levels of operation and in all activities at every treatment phase.

Achieving cultural competence is an organization requires the participation of racially and ethnically diverse groups and underserved populations in the development and implementation of all organizational practices.

Public advocacy of culturally responsive practices can increase trust among the community, agency, and staff.

(TIP 59: Improving Cultural Competence, 2015)

CULTURAL HUMILITY

Cultural humility is a generic approach to understanding that does not necessarily require a study of what is, in some respects, ineffable.

Cultural humility entails admitting that cultural experience is something one cannot fully analyze or understand but can seek to appreciate and respect.

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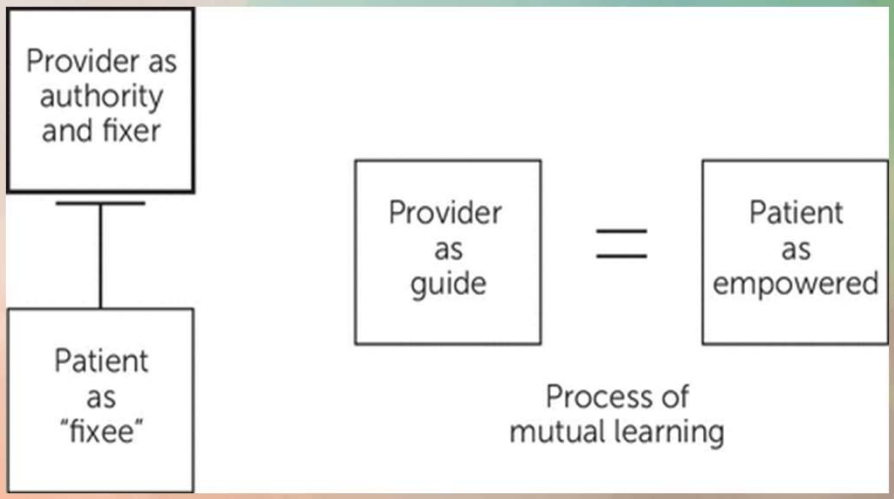
Clients should be considered as embedded within a cultural context and to have the humility to learn from patients about resources that their cultural context might contribute to the healing journey.



(Ranjbar et al., 2020)

Intersectionality

"Intersectionality is the interconnected nature of social categorizations such as race, class and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage."

"Through an awareness of intersectionality, we can better acknowledge and ground the differences among us"

– Kimberlé Crenshaw

(*What Is Intersectionality, and What Does It Have to Do With Me?*, 2020)


Statistics

Mental Health Statistics

- In 2019-2020, **20.78%** of adults were experiencing a mental illness. **That is equivalent to over 50 million Americans.**
- **15.35%** of adults had a substance use disorder . Of them, **93.5%** did not receive any form of treatment.
- Over half **(54.7%)** of adults with a mental illness do not receive treatment, **totaling over 28 million individuals.**
- **16.39%** of youth (age 12-17) report suffering from at least one major depressive episode (MDE), **11.5%** of youth **(over 2.7 million youth)** are experiencing severe major depression.
- Almost a third **(28.2%)** of all adults with a mental illness reported that they were not able to receive the treatment they needed. **42%** of adults with AMI reported they were unable to receive necessary care because they could not afford it.
- **6.34%** of youth in the U.S. reported a substance use disorder in the past year. That is equivalent to over 1.5 million youth in the U.S. who meet the criteria for an illicit drug or alcohol use disorder.
- Mental health problems are common among people in the criminal justice system, which has a disproportionate representation of racial/ ethnic minorities. Approximately **50% to 75%** of youth in the juvenile justice system meet criteria for a mental health disorder.
- **22.87%** of adults who report experiencing 14 or more mentally unhealthy days each month were not able to see a doctor due to costs.
- **59.8%** of youth with major depression do not receive any mental health treatment. Asian youth with major depression were least likely to receive specialty mental health care, with **78%** reporting they did not receive mental health services in the past year
- **10.8% (over 5.5 million)** of adults with a mental illness are uninsured. Hispanic adults with AMI were least likely to have health insurance, with **19%** reporting they were not covered by insurance.
- Millions of adults in the U.S. experience serious thoughts of suicide, with the highest rate among multiracial individuals. The percentage of adults reporting serious thoughts of suicide is **4.84%**, totaling over **12.1 million individuals**. **11%** of adults who identified with two or more races reported serious thoughts of suicide in 2020 – **6%** higher than the average among all adults.
- Although rates of depression are lower in blacks **(24.6%)** and Hispanics **(19.6%)** than in whites **(34.7%)**, depression in blacks and Hispanics is likely to be more persistent.
- People who identify as being two or more races **(24.9%)** are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives **(22.7%)**, white **(19%)**, and black **(16.8%)**.

(*The State of Mental Health in America*, 2023.)
(*Mental Health Disparities: Diverse Populations*, 2017.)

Barriers to Mental Health Equity

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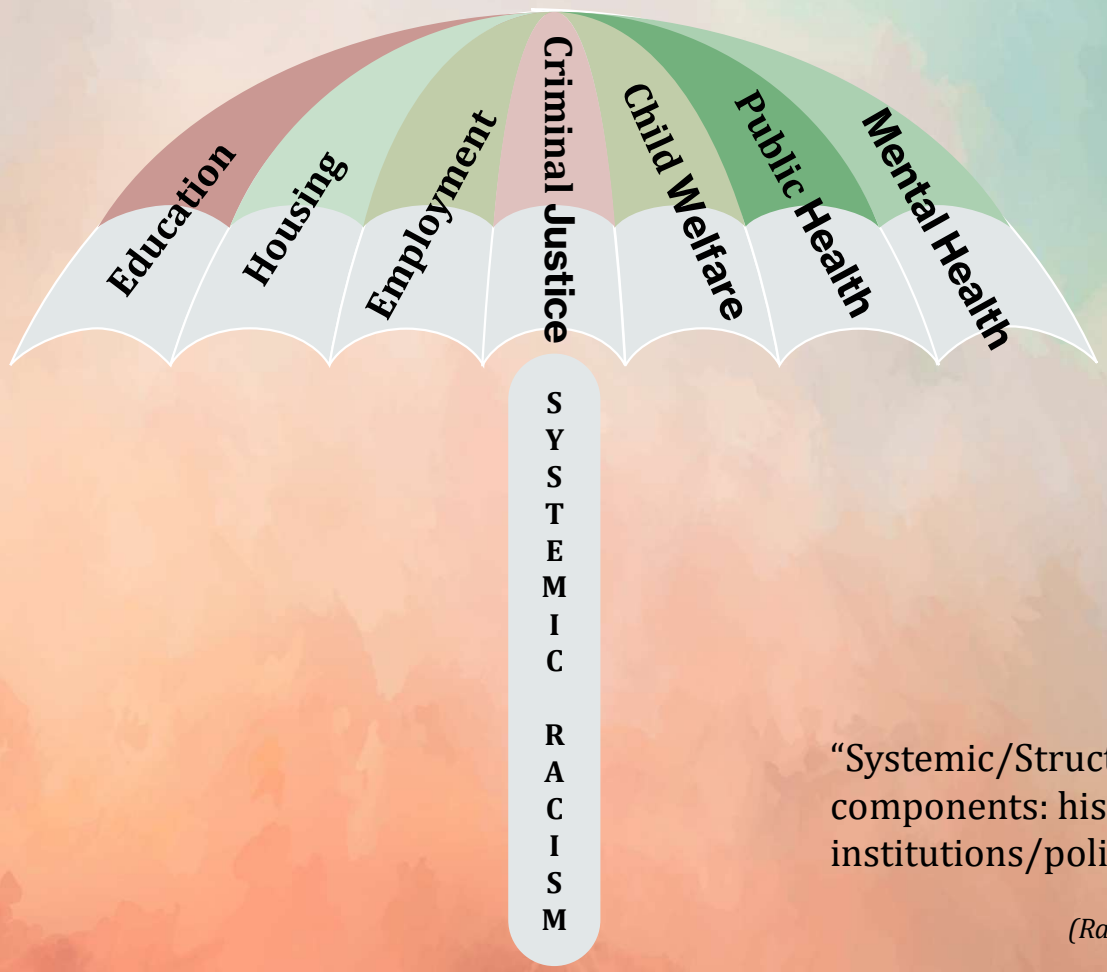

"Systemic/Structural racism has three components: history, culture, and institutions/policy"

(Racism and Mental Health, n.d.)

Barriers to Mental Health Equity

- Implicit Bias
- Stigma
- Health Insurance
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)

(*Mental Health Disparities: Diverse Populations*, 2017.)

Population Specific Care

Native/Indigenous Communities

POPULATION STATS

Approximately 2% of the U.S. population – 6.6 million Americans – self identify as having American Indian/Alaska Native (AI/AN) heritage.

As of 2017, there are currently 567 federally recognized AI/AN tribes; they are culturally diverse and speak more than 200 languages

AI/ANs have the highest poverty rate of any race/ethnic group, with 26.6 % living in poverty (The national poverty rate is 14.7%).

Approximately 21% of single-race AI/ANs lack health insurance coverage in 2015 as compared with 9.4% of the general US population.

DISPARITIES

In 2014, approximately 21% of AI/ANs adults reported past-year mental illness, compared with 17.9% for the general population

AI/AN children and adolescents have the highest rates of lifetime major depressive episodes than any other ethnic/racial group.

In 2014, approximately 9% of AI/ANs adults had co-occurring MI/SUD in the past year—almost three times that of the general population.

In 2014, suicide was the second leading cause of death for AI/ANs between the ages 10 and 34 and girls between ages of 10 and 14. Girls 15 to 19, rates of completed suicides were almost 4 times higher than white female counterparts.

BARRIERS

- Rural and Isolated Locations / Impoverished Communities
- Mistrust of Government Services
- Language Barriers
- Lack of Cultural Competence

CULTURAL CONSIDERATIONS

- Traditional Healing Systems
- Holistic Approaches to Life
- Reliance on Family
- Enduring Spirit

(Native and Indigenous Communities and Mental Health, n.d.)
(Mental Health Disparities: American Indians and Alsaka Natives, n.d.)

Black/African American Communities

POPULATION STATS

- African Americans make up 13.3% of the US population
- AA communities across the US are diverse, with immigrants from African nations, the Caribbean, Central America, and other countries
- About 27% of African Americans live below the poverty level compared to about 10.8% of non-Hispanic whites
- In 2020, 10.4% of Black adults in the U.S. had no form of health insurance.

DISPARITIES

- Comparatively to whites, AA's with mental illness have lower rates of service use including RX and outpatient services, but higher use of inpatient services
- Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated
- Only one-in-three African Americans who need mental health care receives it.
- African Americans often receive poorer quality of care and lack access to culturally competent care

BARRIERS

- Socio-economic Disparities/ Un-Underinsured
- Stigma
- Distrust of the health care system
- Lack of Cultural Competence/ Diverse Providers

CULTURAL CONSIDERATIONS

- Collectivism
- Value of Oral Traditions
- Black Spirituality
- Eldership

(Archer, 2021)

(Mental Health Disparities: African Americans., n.d.)

(Bipolar Disorder and Black Americans, n.d.)

LatinX/Hispanic Communities

POPULATION STATS

- More than 17.6% of the U.S. population (56.6 million) self-identify as Hispanic or Latino, making people of Hispanic origin the nation's largest racial/ethnic minority
- LatinX is the youngest major racial/ethnic group in the U.S.: 1/3 of the nation's LatinX population is younger than 18
- Nineteen percent of Latinx/Hispanic people in the U.S. live in poverty.
- By 2060, LatinX/Hispanic people are expected to make up 30% of the total population (129 million)

DISPARITIES

- Nationally, 21.1% of LatinX/Hispanics are uninsured, compared with 7.5% of White non-Hispanic Americans
- Studies have shown that older LatinX/Hispanic adults And youth are especially vulnerable to psychological stresses associated with immigration and acculturation
- Among LatinX/Hispanic students in grades 9-12 in 2015: 18.9% had seriously considered attempting suicide, 15.7% had made a plan to attempt suicide, 11.3% had attempted suicide
- LatinX/Hispanics are more likely to report poor communication with their health provider

BARRIERS

- Health Insurance
- Stigma
- Language
- Awareness about mental Health and services available

CULTURAL CONSIDERATIONS

- Religion/ Spiritism
- Family
- Respect
- Emphasis on the Present

(Cultural Traditions, Beliefs and Values, 2023)
(Latinx/Hispanic Communities and Mental Health, n.d.)
(Mental Health Disparities: Hispanics and Latinos, n.d.)

Asian American/Pacific Islander Communities

POPULATION STATS

- A total of 23.8 million Americans identify as Asian American or Pacific Islanders (AA/PIs), making up 7.2% of the US population.
- Asian Americans, specifically, are the fastest growing racial/ethnic group in the U.S. Between 2000 and 2015, the population grew by 72%.
- The population is very diverse with ~50 subpopulations in terms of ethnicity, culture, religion, history, and language, among other identifiers.
- However, 11.1% of Asian Americans and 15.4% of Pacific Islanders live at the poverty level, compared with 9.6% of non-Hispanic whites

DISPARITIES

- Major depressive episodes increased from 10 percent-13.6 percent in AAPI youth ages 12-17, 8.9 percent to 10.1 percent in young adults 18-25, and 3.2 percent to 5 percent in the 26-49 age range between 2015 and 2018.
- 7.4 percent of Asian Americans and 9.4 percent of Pacific Islanders do not have health insurance.
- Of AAPI adults with a mental illness, 73.1 percent did not receive treatment compared to 56.7 percent of the overall population.
- AAPIs adults are the racial group least likely to seek mental health services - 3 times less likely than their white counterparts

BARRIERS

- The Model Minority Myth
- Stigma/Shame
- Lack of Cultural Competence/ Diverse Providers
- Absence of appropriate intervention strategies for diverse AA/PI populations.

CULTURAL CONSIDERATIONS

- Filial Piety
- Collectivism /Family
- Emotional Control
- Modesty/ Humility

(Asian American / Pacific Islander Communities and Mental Health, n.d.)
(Mental Health Disparities: Asian Americans/Pacific Islanders, n.d.)
(Culture in Evaluation #7: Asian/Pacific Islander Populations Tobacco Control Evaluation with Asians and Pacific Islanders in California, 2018)

LGBTQIA+ Communities

POPULATION STATS

Approximately 9 million US adults (3.8%) identify themselves as lesbian or gay (1.7%), bisexual (1.8%), or transgender (0.3%)

Nearly 25.6 million Americans (11%) acknowledge at least some same-sex sexual attraction.

Population estimates of LGBTQ people also appear to vary geographically, ranging from an average of 2% in South Dakota to 5.3% in Hawaii and 8.3% in D.C.

Approximately 19 million Americans (8.2%) report engaging in same-sex sexual interactions.

DISPARITIES

LGBTQ individuals are more than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime

LGBTQ individuals are 2.5 times more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals.

Transgender individuals who are BIPOC are at increased risk of suicide attempts than white transgender individuals.

The rate of suicide attempts is four times greater for lesbian, gay, and bisexual youth and two times greater for questioning youth than that of heterosexual youth.

BARRIERS

Absence of Social Support

Stigma & Discrimination

Higer rates of poverty for Transgender individuals

Increased Victimization through Violence

CULTURAL CONSIDERATIONS

Review of fundamental gender and sexuality concepts

Expansion of gender and sexual identity vocabulary

Standardized forms should reflect inclusive language

Normalized use of pronouns – online and in-person

(Mental Health Disparities: LGBTQ n.d.)
(Stewart, 2021)

Women

POPULATION STATS

- Population estimates in 2020 indicate that approximately 50,4% of the U.S. population is female.
- Each year, 1 in 5 women in the United States has a mental health problem such as depression, post-traumatic stress disorder (PTSD), or an eating disorder
- About 1 in 3 women have experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime
- The poverty rate for women aged 18 to 64 is 14.2% compared with 10.5% for men. For women aged 65 and older the poverty rate is 10.3%, while the poverty rate for men aged 65 and older is 7.0%.

DISPARITIES

- Women are twice as likely as men to experience generalized anxiety disorder or panic disorder
- Women are more likely to be prescribed psychotropic medications than men
- Depression is most common in women. Twice as many women experience depression in their lifetime than men. Approximately 1 in 9 women 18 and older have had at least one major depressive episode.
- Women attempt suicide more often than men; however, men are four times more likely to die by suicide

BARRIERS

- Economic barriers
- Stigma
- Lack of time/related support
- Lack of appropriate intervention strategies including integration of mental health and primary health care services

CULTURAL CONSIDERATIONS

- Increased attention on Safety
- Value in connection
- Personal Agency
- Strength's Based Perspective

(Greaves et al., 2012)
(*Mental Health Disparities: Women's Mental Health*, n.d.)

Individuals Living with Disabilities

POPULATION STATS

In the US, up to 1 in 4 adults have a disability.

Although "people with disabilities" sometimes refers to a single population, this is a diverse group of people with a wide range of needs and may be invisible.

People with disabilities are nearly three times as likely to live in poverty and earn a median income one-third less than those who do not have a disability.

Many people living with disability face employment discrimination and have difficulty accessing full-time employment, limiting access to health care benefits

DISPARITIES

In 2018, an estimated 17.4 million (32.9%) adults with disabilities experienced frequent mental distress,

As much as 35% of people with an intellectual or developmental disability (IDD) have a psychiatric disorder

in 2021, adults with disabilities were three times more likely to report suicidal ideation in the past month compared to people without disabilities

People with IDD are increased risk of developing more severe post-traumatic stress symptoms when exposed to the same traumatic event, according to the DM-ID

BARRIERS

Lack of Integrated Care

Poverty and Unemployment

Communication Barriers

Dehumanizing stigmas

CULTURAL CONSIDERATIONS

Equitable Access

Accommodating Environment

Personal Agency

Strength's Based Perspective

(Mental Health for All, 2023)

(People With Disabilities | NAMI: National Alliance on Mental Illness, n.d.)

(Mental Health Wellness for People With Intellectual and Developmental Disabilities, n.d.)

Implementation of Culturally Informed Care

A Brief Case Study

19 years old	LatinX : 1st Generation Mexican American	Hx of extensive childhood and adolescent sexual abuse	Trafficking Survivor
Cisgendered	LGBTQiA+ : Bisexual Identifying	High-School Diploma	Chronic Substance Use & Suicidality

Implementation of Culturally Informed Care

SAMSHA Treatment Intervention Protocol

- Step 1: Engage clients.
- Step 2: Familiarize clients and family members with the evaluation and treatment process.
- Step 3: Endorse a collaborative approach in facilitating interviews, conducting assessments, and planning treatment.
- Step 4: Obtain and integrate culturally relevant information and themes.
- Step 5: Gather culturally relevant collateral information.
- Step 6: Select culturally appropriate screening and assessment tools.
- Step 7: Determine readiness and motivation for change.
- Step 8: Provide culturally responsive case management.
- Step 9: Integrate cultural factors into treatment planning.

(TIP 59: Improving Cultural Competence, 2015)

Mental Health of America Policy Protocol

- Have a formalized, written cultural and linguistic competency plan
- Appoint planning and advisory councils and governing boards with diverse and culturally and linguistically competent membership
- Provide enrollment and educational materials in different languages and accessible formats that are responsive to the diversity and needs of the communities being served.
- Pre-test the reader-friendliness of enrollment and education materials with a diverse audience.
- Ensure availability of providers with language skills that complement the languages used by the communities being served
- Develop and implement standards for recruitment and hiring of culturally and linguistically competent leadership and staff
- Have a regular quality-monitoring program with indicators that separately evaluate both the quality of services and the outcomes
- Provide regular cultural and linguistic competency training for leadership and providers.
- Ensure that providers have an understanding of the cultural attitudes about healing systems, functional and environmental limitations, family dynamics, sexual orientations, and gender identities of people they serve.
- Ensure that providers are skilled in specialized assessment and treatment techniques to serve diverse populations.

(Cultural and Linguistic Competency in Mental Health Systems, n.d.)

Questions?

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The COUNTER COLLECTIVE

NEW FRIENDS New Life

Hannah Counter, M.A., LPC, EMDR - Trained

Owner + Founder
The Counter Collective, LLC
469-478-8340
h.counter@thecountercollective.org

Point your camera at the QR code.

Youth Program Director
New Friends New Life
214-433-3236
hcounter@newfriendsnewlife.org

Point your camera at the QR code.