



# BEYOND THE NUMBERS: BLACK/AFRICAN AMERICAN HERITAGE



Nearly 45 million people in the U.S. identify as Black, with at least 3.1 million identifying as a combination of Black and another race. More than 7 million Black and African American individuals in the U.S. are living with a mental health condition.



## HISTORICAL CONTEXT

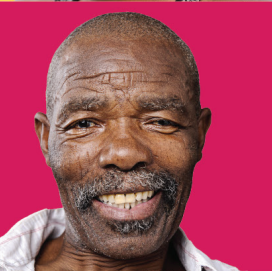
It is important to note that throughout the history of the United States, race and slavery overlap with mental health. In the mid-1800s, prominent American physician Samuel Cartwright created two racist and false mental diagnoses, “drapetomania” and “dysaesthesia aethiopica,” to label Black people with the motive of keeping Black people oppressed, captive, and abused. Cartwright, much of the medical community, and even the U.S. Census claimed that free Black/African American individuals suffered from mental diagnoses more than enslaved folks and used this in arguments with abolitionists. Even in the early 1900s, leading academic psychiatrists claimed Black and African American people to be “psychologically unfit” for freedom.



The history of Black and African Americans in the U.S. has been plagued by trauma and oppression, but that does not make up the whole story. There is much to be celebrated and learned from Black and African American cultures. These communities, many of which whose specific ethnic origins have been lost over time due to slavery, came from various areas of Africa, including areas in which the earliest humans are thought to originate 2 to 6 million years ago. As such, the heritage of Black and African Americans stems from roots filled with innovation and community.



In the U.S., Black and African Americans have been relatively erased from history books, often being reduced to only the difficulties of their pasts. These communities have been on the front lines of activism and fights for justice, including and supporting historical greats such as Harriet Tubman and Dr. Martin Luther King Jr. Beyond the many prominent names that we as a nation have come to know, there is a history of innovation and fortitude. Marsha P. Johnson was one of the revolutionaries who helped make LGBTQ+ pride what it is today. Audre Lorde spoke of intersectionality long before the term was coined by Kimberlé Crenshaw. Frederick McKinley Jones’ invention of the automatic refrigerated air-cooling unit led to refrigeration, which allows us to preserve food, medicines, and other medical supplies. Bebe Moore Campbell was an author whose writings and advocacy around the experiences of Black women and those with mental health conditions led to the formal recognition of Bebe Moore Campbell National Minority Mental Health Awareness Month, the exact month that has allowed Mental Health America and others the much-needed space to talk about BIPOC mental health.

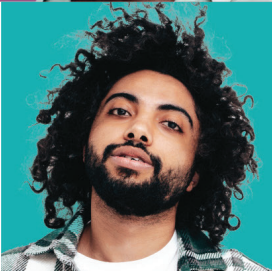


Due to the erasure of Black positive history, many of these great innovators and activists are not nearly the commonly known names they deserve. Furthermore, there is still much to be learned about Black history, especially for those within the healthcare field. Historical dehumanization, oppression, and violence against Black and African Americans still exist today as intergenerational trauma. Past and present instances of negative treatment have led to a distrust of authorities, many of whom are not seen as having the best interests of Black and African Americans in mind. And despite progress made over the years, current-day racism – structural, institutional, and individual – continues to impact access to and delivery of care in the health system.



## BARRIERS TO WELL-BEING

Racial disparities in mental health outcomes – and within the mental health care system – are well documented. Historically, the Black and African American experience in America has been unjustly characterized by violence and trauma, and racism and its effects are still pervasive. Black adults in the United States are more likely than white adults to report persistent symptoms of emotional distress – and face more barriers to receiving care. Less than half of Black and African American adults with serious mental health conditions received treatment, and even fewer Black and African American people with a substance use disorder



received treatment.

This lack of treatment is in part due to difficulty accessing services. While the Affordable Care Act helped close the gap in uninsured individuals, many Black Americans remain uninsured. Racism and bias within the health care system play an enormous role in this as well – with many Black Americans facing difficulties in getting needed care, tests, or treatment compared to white adults. Black Americans are also offered medication and therapy less often than the general population. Even when services are accessible, they aren't always culturally informed or relevant – very few of the psychology workforce is Black. Furthermore, screening tools have historically lacked cultural responsiveness and the ability to correctly identify key stressors in Black and African American communities.

Black and African American people with mental health conditions, specifically those involving psychosis, are more likely to be in jail or prison than people of other races because their symptoms are often labeled dangerous or scary. Instead of receiving needed care, Black and African Americans are instead overrepresented in prisons.

## CULTURAL BELIEFS

Black and African American communities generally hold a strong stigma against mental health challenges and seeking help. According to research, many Black and African American people – especially men – believe that mild depression or anxiety would be considered “crazy” in their social circles, inappropriate to discuss even among family, and sign of personal weakness. The root of this stigma in the U.S. can be traced back to slavery – enslaved people were incorrectly thought to not be sophisticated enough to develop mental health conditions (except for made-up conditions created to keep them enslaved). Thus, mental health challenges were ignored, explained away as “stress” or “exhaustion,” or blamed on the individual. These long-held negative attitudes cause many in the Black and African American community to feel shame and avoid seeking help for treatable mental health challenges and conditions.

Additionally, many people choose to seek support from their faith community over medical treatment. In several Black communities in the U.S., churches, mosques, and other faith-based institutions play a central role as a place to meet and support one another. Faith and spirituality can help aid in healing and be a valuable part of a treatment plan. For Black and African American communities, clinicians who seek to explore a person's faith or utilize it as a part of their treatment plan may have stronger chances at supporting the unique needs of the individual.

## STRENGTHS AND RESILIENCY FACTORS

Some of the cultural aspects of Black communities are protective factors for mental health that support well-being and healing. Cultural values like family connection, expression through spirituality or art, and reliance on community networks can all be great sources of strength. Research has found religion, social and emotional support from family/peers/community, and Black identity to be among the most significant protective factors in Black populations.

Religion or faith often supports mental health in a few ways – it can connect individuals to a community of people with whom they have something in common, as well as provide a deeper meaning or structure to their lives. Some studies have found religion to be particularly helpful during times of high stress or significant change.

Connecting to Black identity and having a strong sense of community, heritage, and history can be another factor in resilience for Black individuals. Studies show that race is central to identity for Black Americans and impacts how they relate with each other and society at large. Having a strong sense of self is important to be able to thrive, and connecting with their cultural identity can foster that.

## CALLS TO ACTION

In order to better support the mental health and well-being of those in the Black/African American community, the following calls to action are proposed:

- Explore community resources and other protective factors, such as faith, as part of treatment plans for Black/African Americans.
- Fund the development of a more culturally responsive mental health workforce through diverse recruitment, educational resources, and screening tools for Black/African Americans.
- Advocate for stronger overall systemic support for Black/African American communities, including in the justice system, education, and health care.