MARIAN CONTRACT OF AN AND MARINE CONTRACTOR MARKED STATEMENT National Alliance on Mental Illness

Racial Disparities The Power of Advocacy







WHO/WHAT IS NAMI?

WHY TALK ABOUT MENTAL ILLNESS ? NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, we are an alliance of more than 600 local Affiliates and 48 State Organizations who work in your community to raise awareness and provide support and education that was not previously available to those in need.



WHAT WE DO

irrati

hyperactivity

depressiv

Understand

dissociat

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LISTEN 100,000+ PHONECALLS



EDUCATE 1000+ COMMITIES

ADVOCATE POLICY IN ALL 50 STATES



IEAD 5+ PUBLIC EVENIS



MHY DISCUSS MENTAL ILLNESS?

WHY TALK ABOUT MENTAL **ILLNESS**?

Facts About Mental Health Advocacy: Mental illness does not discriminate; not by race, religion socioeconomic status party affiliation, sex/sexual identification, or location (urban, suburban or rural).







WHAT IS STIGMA?

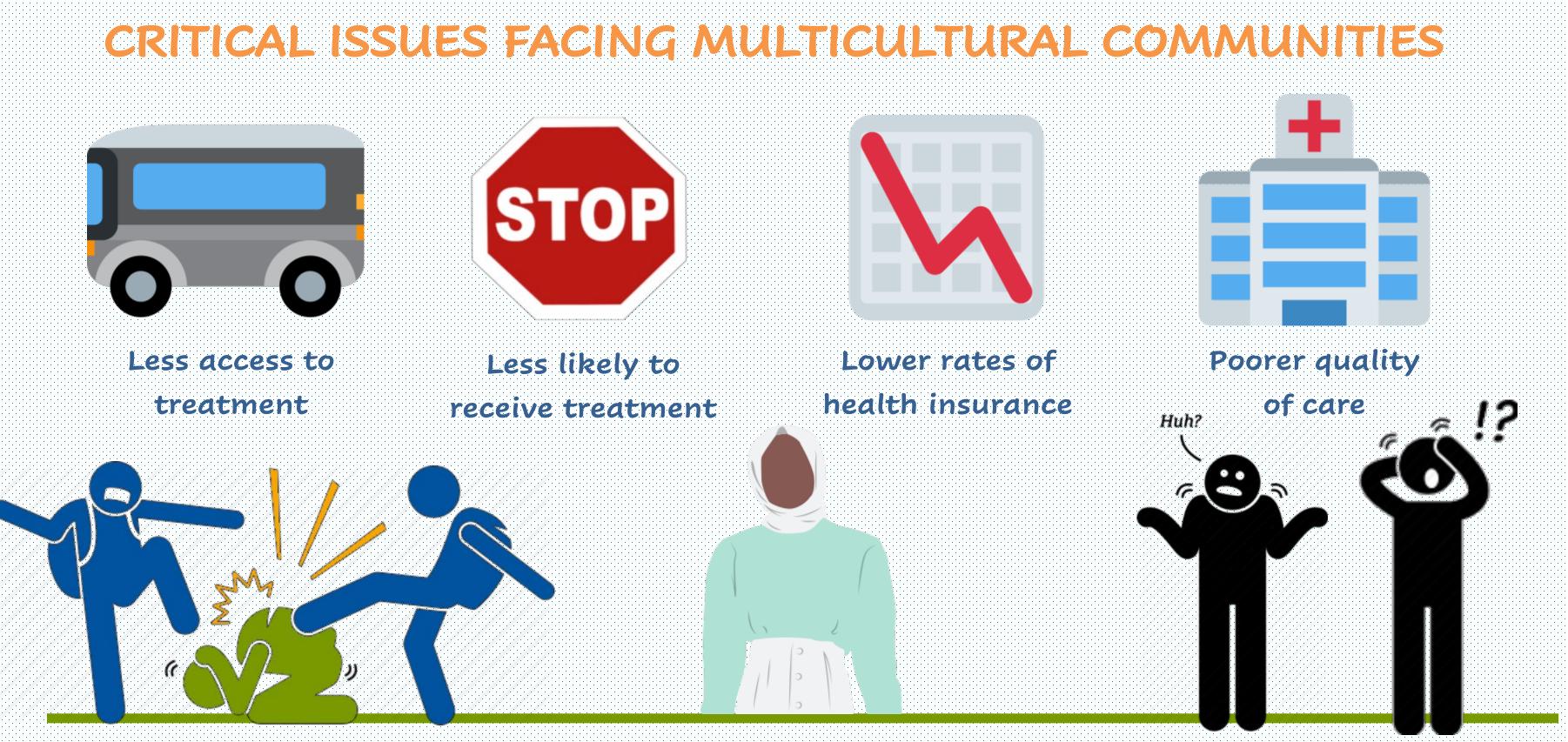
Stigma is a mark of disgrace that sets a person apart. When a person is labelled by their illness they are seen as part of a stereotyped group.



Have experienced STIGMA

STIGMA is the leading barrier to early diagnoses and treatment that leads to better outcomes.





Racism, bias, homophobia, or discrimination in treatment settings

Higher levels of stigma

Culturally insensitive healthcare





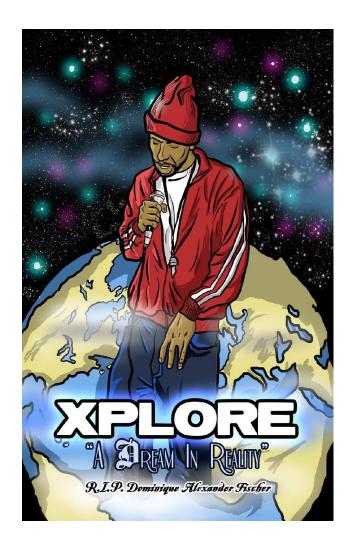
STIGMA KILLED MY SON!













"While there is much we need to do to address racism in our country,

we must not forget the importance of mental health as we do so."

"The effect of racism and racial trauma on mental health is real and cannot be ignored. The disparity in access to mental health care in communities of color cannot be ignored. The inequality and lack of cultural competency in mental health treatment cannot be ignored."

Daniel H. Gillison, Jr., CEO NAMI



What happens at the intersection of mental health and one's experience as a member of the Black community? While the experience of being Black in America varies tremendously, there are shared cultural factors that play a role in helping define mental health and supporting well-being, resiliency and healing.

Part of this shared cultural experience - family connections, values, expression through spirituality or music, reliance on community and religious networks - are enriching and can be great sources of strength and support.



However, another part of this shared experience is facing racism, discrimination and inequity that can significantly affect a person's mental health. Being treated or perceived as "less than" because of the color of your skin can be stressful and even traumatizing. Additionally, members of the Black community face structural challenges accessing the care and treatment they need.

Despite the needs, only one in three Black adults who need mental health care receive it. African Americans are:

•Less likely to receive guideline-consistent care •Less frequently included in research •More likely to use emergency rooms or primary care (rather than mental health specialists)



While rates of mental illnesses in African Americans are similar with those of the general population, disparities exist in regard to mental health care services. African Americans often receive poorer quality of care and lack access to culturally competent care.

Compared with non-Hispanic whites, African Americans with any mental illness have lower rates of any mental health service use including prescriptions medications and outpatient services, but higher use of inpatient services.



"Barriers to care"

Despite recent efforts to improve mental health services for African Americans and other minority groups, barriers remain regarding access to and quality of care. The barriers include:

- Stigma associated with mental illness
- Distrust of the health care system
- Lack of providers from diverse racial/ethnic backgrounds
- Lack of culturally competent providers
- Lack of insurance, underinsurance





"Barriers to Care"

Other common barriers include: the importance of family privacy, lack of knowledge regarding available treatments, and denial of mental health problems. Concerns about stigma, medications, not receiving appropriate information about services, and dehumanizing services have also been reported to hinder African Americans from accessing mental health services.









arriers to care?

Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with white patients.

Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.







even among family.



"Mhere do we do from HERE?"

WE EDUCATE: We must confront and really address systemic racial discrimination and racial disparities in behavioral healthcare.

We must encourage young people of color to pursue careers in behavioral healthcare.

We must educate and advocate in communities of color; eliminating the STIGMA of mental illness.

When people of color are ready to receive behavioral healthcare, we must treat them with dignity and respect.







Every year people overcome the challenges of mental illness to do the things they enjoy. Through developing and following a treatment plan, you can dramatically reduce many of your symptoms. People with mental health conditions can and do pursue higher education, succeed in their careers, make friends and have relationships. Mental illness can slow us down, but we don't

need to let it stop us.





- **REDIMAGING A DIVERSE PUBLIC BEHAVIORAL HEALTH SYSTEM**
- **IMPLEMENTATION OF MENTAL HEALTH DIVERSION PROGRAMS**
 - **ENFORCEMENT OF MENTAL HEALTH PARITY ACT (1996)**
 - EXPANDED USE OF ASSISTED OUTPATIENT TREARMENT
 - **EXPANDED USE OF SPECIALITY COURTS**
 - **ADDRESSING RACIAL DISPARITIES**
 - FIRST EPISODE PSYCHOSIS (FEP)
 - SUICIDE PREVENTION





National Suicide Prevention Lifeline 1-800-273-8255

> NAM Helpline 800-950-NAM (6264) www.nami.org

NAM Mchigan at 517-485-4049 www.namimi.org

Text NAM to 741741



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