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How Mental Health Professionals Can Support Well-Being and Break Stigma in BIPOC Communities



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Providers

In preparation for BIPOC Mental Health Awareness Month, we talked with a group of our amazing Care Solace staff members. Each of them is a member of the BIPOC community (see their bios below) and working in service of the BIPOC community. We tapped into their unique personal and professional experiences to learn about the ways they are thinking about and providing culturally competent care.

In your experience, what are some mental health challenges that disproportionately affect BIPOC communities?

Kimberly: The primary mental health challenge that I see impacting the Black community is trauma/anxiety. Oftentimes we are exposed to traumatic events that we see as simple facts of life. For example, I had one client who spoke casually about murders and suicides that she witnessed growing up. Through therapy, she was able to recognize how some of those early experiences contributed to her interpretation of the world around her and her perception of safety.

Yolande: Substance use disorders, mood disorders, and PTSD are prevalent in impoverished areas with limited access to resources that improve and enhance a sense of optimism and purpose.

Vivian: When you consider mental health challenges disproportionate in BIPOC communities, you have to also consider the systems that diagnose, treat, and assess. Systemic racism is interwoven into most aspects of our society, including diagnostic criteria; BIPOC communities may be overdiagnosed with some disorders and underdiagnosed in others.

What cultural and systemic factors contribute to these mental health disparities? How have you addressed them?

Vivian: The most notable cultural factor/systemic factor is generational trauma. Advocating for culturally-competent care is always at the forefront of my work, which includes asking hard questions, supporting the families I have the opportunity to serve, and linking them to providers who reflect their preferences (gender, cultural sensitivities, etc.).

Yolande: I see four clear factors that contribute to disparities and keep members of the BIPOC community from seeking the mental health care they need:

- A sense of invisibility and powerlessness.
- Cultural belief systems that see any mental health impairment as a chosen weakness.
- The confusing pathways to care — and cost of care due to insurance insufficiencies.
- Mental health care treatments that are hard to relate to.

I make every effort to make treatment relatable to my clients and help them normalize and process feelings they've been taught to suppress. I often reference the quote, "I think therefore I am," in order to stress the power that belief systems have on behavior and outcomes.

What are some strategies or interventions that you've found effective in promoting mental health and well-being within BIPOC communities?

Catherine: I've found that it has been extremely helpful to build trust. Real trust takes time, but ultimately the time allows me to educate and help destigmatize mental health.

Kimberly: I've had success with meeting with people at events they're already attending in their own communities. Also, sites like Therapy for Black Girls have been particularly helpful in making mental health treatment more mainstream in the Black community.

Julian: Narrative Therapy (NT) is effective in promoting mental well-being within BIPOC communities. In NT, therapists work with clients to help them better understand and revise the stories they tell about themselves and their experiences in ways that are more empowering and liberating.

How do you try to create inclusive and culturally sensitive spaces for BIPOC individuals seeking mental health support?

Julian: The creation of inclusive spaces starts with me first. I need to be aware of my implicit biases and the impact that my words and behaviors have on others. Developing cultural sensitivity/humility requires constant learning. I also need to expose myself to real experiences with real people. How many friends or acquaintances with different sexual orientations, races, or ethnicities do I have in my social circle? That should be a fundamental question for all of us.

Yolande: I like to use colorful abstract artwork to stimulate brain activity, along with soothing pieces such as tabletop waterfalls to create subtle background noises. I have stand-alone pieces from many cultures in my office spaces (African, Asian, Indigenous, and American graffiti and other pieces from various cultures are represented).

Vivian: I have been a fierce and relentless advocate for my clients, and sometimes disclosing that I am Latinx helps people feel more comfortable and able to share their experiences and voice their needs.

What steps do you take to address the stigma surrounding mental health within BIPOC communities?

Catherine: I start by addressing the stigma within my own family and circle of friends. My family has a way of minimizing traumatic experiences and laughing when bringing up serious issues. I have made it a point to address it and provide psychoeducation to my family and friends.

Vivian: Addressing the stigma of mental health within BIPOC communities can be via 1:1 education, community presentations, advocacy in friend groups, and personal and cultural redefinitions.

There are two Spanish phrases that I equate with "suck it up, buttercup:" "ponte las pilas," which translates to "put in the batteries," and "hechale mas ganas," which roughly translates to "put some more effort in." In a lot of BIPOC cultures, these phrases sum up how our families survived. The mindset served them well when they didn't have another option.

We don't have to judge our families or ancestors for the ways in which they survived. In fact, we can honor their experiences and forge our own. Instead of continuing to carry the burden of stigma, we have the opportunity to draw from the resilience of our people — it courses through our veins — and use that as fuel. We can redefine what strength and resilience are for us and for our generation — and for the ones that follow.

Millions of Americans in BIPOC communities face mental health and substance use issues, and accessing quality care can be deeply challenging. At Care Solace, it is our mission to destigmatize mental health issues and enable everyone, no matter the circumstance, to get the help they need.

[Learn more about our impact on communities like yours.](#)

Our Care Solace Staff Contributors

Kimberly Chase, LCSW

Care Manager

Kimberly is an African American Licensed Clinical Social Worker (LCSW) with over ten years of experience in the mental health and counseling field. In her practice, Kimberly focuses on providing relatable therapeutic services to people of color and members of the LGBTQIA+ communities.

Julian Crespo, CFT

Care Manager

Julian was born and raised in Cali, Colombia, and is an immigrant member of the BIPOC community. He moved to the United States to realize his dream of becoming a Couples and Family Therapist (CFT). Julian has worked with members of the BIPOC community as a Care Manager with Care Solace, as a therapist, and as an assistant professor of CFT at a Hispanic-serving institution.

Catherine Kidd, LMFT

Lead Care Manager

Catherine is a Licensed Marriage and Family Therapist (LMFT) who brings over a decade of experience in the mental health field to Care Solace. She connects individuals and families with mental health or substance use issues to the services right for them. Catherine is a first-generation Salvadoran American from Los Angeles, CA. Catherine's parents sought asylum in the United States from El Salvador to escape the war in hopes of providing a safer environment for their future children.

Yolande McVey, LPC

Care Manager

Yolande is an African American Licensed Professional Counselor (LPC) with 13 years of experience. She grew up in an impoverished single parent household and deeply understands the challenges that face the BIPOC community. Yolande has worked in senior citizen facilities, jails, detention centers, ICE holding facilities, with rape and sexual assault victims, with victims and perpetrators of domestic violence, with suicide prevention groups, with veterans, with the aged, within hospitals, as a mobile crisis responder, in mental health crisis training, and as a high level administrator.

Vivian Richards, LICSW

Director of Care Coordination

Vivian is a third generation Licensed Social Worker (LICSW) who has spent the past decade dedicated to reducing or eliminating barriers to mental health care. At Care Solace, she supports the operations of the care coordination team, manages the professional development team, and leads a dynamic mental health team. Vivian is first generation US-born, and as the daughter of resilient Cuban Refugees, identifies as Cuban-American.

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For life threatening emergencies, call 911 or the 988 Suicide & Crisis Lifeline.