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Mental health in ethnic minority groups**Olusola Togun-Butler***Butterfly Counseling Services, USA*

Background: According to Abraham Maslow's (1943) hierarchy of needs, to self-actualize, the individual must feel like they belong and they are safe in their environment. This means that the society in which they reside informs them that they are welcome and secure. This message communicates to the individual that they can self-actualize and become the person they want to be because their need for safety and belonging is being met. For members of ethnic minority groups, the message they receive from society is vastly different. They are constantly reminded that they do not belong based on their race, ethnicity, skin color, and national origin. This societal rejection creates a hostile environment in the form of racism, discrimination, oppression, and, microaggression which harms the mental health of ethnic minority group members. The interaction with a hostile environment has a negative impact on their mental health resulting in the development of mental health disorders such as stress, anxiety, depression, and trauma.

Aim: To highlight the impact that a hostile environment has on the mental health of ethnic minority group members as they are more likely to experience racism/discrimination, live in poverty, lack access to quality healthcare, education, housing, and culturally competent mental health services.

Method: The clinician reviewed the completed written initial intake assessment of individuals who identified as being members of ethnic minority groups and who were seeking mental health services. The assessment inquired about the presenting problem, racial, ethnic & cultural identity, experiences with racism, discrimination, & microaggression as well as past experiences with mental health practices, agencies, or organizations.

Results: The results indicated that members of ethnic minority groups are more likely to be victims of racism and discrimination which has a negative impact on their emotional and mental health. The most common diagnosis was anxiety, depression, adjustment disorders, and PTSD (Post-traumatic Stress Disorder). Ethnic minority group members described experiences that left them feeling unsafe in their living environment and in their workplace. Some female individuals reported heightened feelings of anxiety regarding male members of their family having interaction with law enforcement officials that could potentially result in their incarceration or death. They described those environments as unwelcoming for ethnic minority group members in general especially male members of the group.

Members of ethnic minority groups also expressed feelings of shame or stigma when seeking mental health services due to cultural beliefs about mental health. Second-generation ethnic group members reported seeking mental health services in secrecy due to concerns about the familial and community reactions to such services. Those who had sought mental health services in the past described practitioners as being culturally incompetent without the awareness of their culture and how it impacts their worldview. The incompetency on the part of practitioners resulted in them being misdiagnosed and mistreated. In addition, they described practitioners as being unaware of the role that racism, discrimination, and microaggression have on their mental health. As a result of their past negative experience with mental health practitioners, ethnic minority group members who sought mental health services were intentional about seeking out practitioners who were of the same racial or ethnic background. They reported that practitioners of the same racial or ethnic backgrounds would understand their culture, have an awareness of the impact of racism/discrimination on mental health, and would be empathetic toward their struggles.

Discussion: The societal experience of ethnic minority groups consists of the fear of speaking their languages in public, possible interaction with law enforcement, the need to hide their identity to blend in, worry about what to wear in public, how to navigate spaces where they are often unwelcome, and deciding whether to use their real names on job applications. These experiences of not belonging negatively impact their physical, emotional, and mental health. Some members of ethnic minority groups often fail to seek mental health services due to the stigma associated with receiving mental health services. In addition, even when they seek mental health services, there is a lack of cultural competency and sensitivity. Therefore, it is important that professionals such as caseworkers, social workers, educators, psychologists, psychiatrists, and medical doctors who have contact with ethnic minority members are trained on how to be culturally competent and sensitive. Cultural competency training will ensure that professionals are aware of the impact a hostile environment has on the mental health of ethnic minority groups, confront their own biases and stereotypes, and learn about the culture of their clients/patients so as to incorporate a strengths-based approach.

Conclusion: Members of ethnic minority groups must have access to resources that allow them to function at their optimal level despite living in a hostile environment. Mental health services must be accessible and affordable with a fundamental understanding of the ethnic minority group experience and the impact on their worldview. An interprofessional approach bringing together professionals from the fields of education, mental health, and healthcare will ensure that ethnic minority groups are supported and their specific mental health needs addressed effectively. Caseworkers, social workers, psychologists, psychiatrists, educators, and medical doctors must undergo continuous training to learn how to be culturally competent and sensitive as part of understanding the experiences of ethnic minority group members so they can meet their respective needs. This cultural competency training can help set the foundation for interprofessional collaborative care specific to the needs of ethnic minority group members and ensure a strengths-based approach by involving them in decisions related to their care.

Interprofessional collaboration with ethnic minority communities and their community leaders can help professionals further understand the unique needs of the community and involve them in the creation of culturally competent mental health practices. Community resources can be created with the assistance of community members and leaders to identify services that will help to reduce feelings of isolation, depression, and anxiety while establishing protective barriers to cope and flourish despite living in a hostile environment.

Biography

Dr. Sola Togun-Butler is the Founder, CEO, and Psychotherapist of Butterfly Counseling Services. A group mental health practice that was established in 2019 with the vision of making mental health services accessible and affordable to a diverse client population and challenging the stigma associated with receiving mental health services. She is also the Founder, CEO & Certified Professional Life Coach at Transformative Coaching & Consulting, LLC with a focus on burnout prevention and stress management.