



National Alliance on Mental Illness



2022

Bebe Moore Campbell
National Minority
Mental Health
Awareness Month

FIELD GUIDE



#Together4MH

TOGETHER
for Mental Health



WHAT'S INSIDE

This Guide

This guide is intended to help our partners and supporters coordinate their public awareness efforts with NAMI's for greater impact.

About NAMI's Together for Mental Health

Awareness Campaign.....3
 Calls to Action..... 4-5

Bebe Moore Campbell Minority

Mental Health Awareness Month 6

Ways to Engage 7-8

NAMI Blog 7
 Personal Stories 7
 Videos 8

Social Media 9-10

Sample Graphics 11

General Fast Facts 12

Equity and Inclusion Guide 13

Culture and Identity Key Information 14-18

NAMI Brand and Logo Information 19

Brand Guidelines 19
 Recommended Fonts 19
 Color Palette 19

TOGETHER

for Mental Health



About NAMI's Together for Mental Health Awareness Campaign

Throughout the COVID-19 pandemic, we have faced isolation, turmoil and unrest — and a growing number of Americans experienced symptoms of mental illness. We've learned through this experience that we all struggle during challenging times, and we need support and access to care so we can thrive.

With our **Together for Mental Health** awareness campaign, which will run through all of 2022, NAMI is emphasizing what we have all experienced — that mental health is an incredibly important part of overall health. With this message, we are encouraging people to unite and advocate for better mental health care.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Calls to Action

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

The overarching goal of NAMI's Together for Mental Health awareness campaign is to advocate for improving our mental health care system. In 2022, we will focus on a few key initiatives:

1. #ReimagineCrisisResponse

In fall 2020, the National Suicide Hotline Designation Act was passed by Congress establishing 988 as a three-digit nationwide mental health and suicide crisis number to be available in communities this July. The implementation of 988 will involve making sure appropriate resources, funding, staffing and infrastructure are in place for a successful rollout across the country.

While establishing this easy-to-remember crisis number is a landmark first step, our nation needs more than a number. We need robust crisis response services in every community that provide mental health responses to mental health crises.

Call to Action: Visit www.nami.org/reimagine to take action to build a better crisis response system.

2. #Vote4MentalHealth

People with mental illness are traditionally disenfranchised in the elections process, and every level of policy impacts the mental health services we see in our communities. Voting with mental health in mind is critical.

NAMI is nonpartisan. We won't tell people who to vote for on their ballot. Rather, we share information on why their vote matters, how to register, where/when to vote and how to engage candidates on the topic of mental health.

Call to Action: Visit www.nami.org/v4mh and take the pledge to Vote4MentalHealth and learn more about the candidates in your area.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Calls to Action



3. Support Mental Health

As important policies come to pass, we will make sure our advocates know what's at stake and how they can best support our movement. To keep them engaged throughout the year, our general action page will contain ways for them to get involved.

Call to Action: Visit www.nami.org/act4mh to sign our petition and take action to improve mental health care.

Throughout our awareness months, NAMI will highlight our Together for Mental Health campaign, which encourages people to connect and use their voices to advocate for better mental health care. NAMI wants any person experiencing a mental health crisis to have a number to call — and a system to turn to — that would connect them to the treatment and support they need.

Messaging

- Mental health is an essential part of overall health.
- We need to advocate for improved access to and quality of mental health care.
- We need to reimagine our crisis response system to one that offers help, not handcuffs.
- Share your mental health crisis story with us here:
nami.quorum.us/campaign/crisiscallstory/
- Share why you #Vote4MH.
- NAMI HelpLine information as a mental health resource:
Monday – Friday, 10 a.m. – 10 p.m. ET
800-950-NAMI (6264)
helpline@nami.org
nami.org/help

Bebe Moore Campbell National Minority Mental Health Awareness Month

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

About Bebe Moore Campbell National Minority Mental Health Awareness Month

In May of 2008, the US House of Representatives announced July as Bebe Moore Campbell National Minority Mental Health Awareness Month. The resolution, sponsored by Rep. Albert Wynn [D-MD] and cosponsored by a large bipartisan group, was to achieve two goals:

- Improve access to mental health treatment/services and promote public awareness of mental illness.
- Honor Bebe Moore Campbell by creating a National Minority Mental Health Awareness Month in her name to enhance public awareness of mental illness and mental illness among underserved communities.

About Bebe Moore Campbell

Bebe Moore Campbell was an author, advocate, co-founder of NAMI Urban Los Angeles and national spokesperson, calling for mental health education and support in underserved communities. She received NAMI's 2003 Outstanding Media Award for Literature.

In 2005, inspired by Campbell's charge to end stigma and provide mental health information, longtime friend Linda Wharton-Boyd suggested dedicating a month to the effort. With the support of the D.C. Department of Mental Health, the duo held a news conference in Southeast D.C., where they encouraged residents to get mental health checkups. They went on to hold book signings, speak in churches and create a National Minority Mental Health Task Force of friends and allies. However, the effort came to a halt when Campbell became too ill to continue.

When Campbell lost her battle to cancer, Wharton-Boyd, friends, family and allied advocates continued their efforts. The group researched and obtained the support of Representatives Albert Wynn [D-MD] and Diane Watson [D-CA], who co-signed legislation to create an official minority mental health awareness month, which we now observe every July.

In this field guide, we've included ways to help spread awareness during Minority Mental Health Awareness Month to help start healthy mental health conversations in your communities.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Ways to Engage



In this partner guide, we've included many ways to help spread awareness to help start healthy mental health conversations in your communities.

Field Content and Media Resources

Read the NAMI Blog and Share

The NAMI Blog will feature three stories per week with content related to our awareness events. In July, we will feature the theme, “How Identity and Culture Intersect with Mental Health.” Be sure to visit the NAMI Blog at nami.org/Blog and look for posts on our social media channels featuring quotes from our authors.

Get Inspired by NAMI.org Personal Stories

We will also feature personal stories of lived experience on nami.org/Personal-Stories and on our social media channels. Personal stories are brief pieces sharing the course of individuals' mental health journeys submitted to NAMI. By sharing these stories, we aim to highlight the importance of mental health in all communities and to make people feel less alone in their mental health journeys.

Strength Over Silence: Stories of Courage, Culture and Community

In this ongoing docuseries, NAMI highlights perspectives on mental health across backgrounds and communities. Through candid and courageous stories of lived experience, these mental health champions share their

Bebe Moore Campbell National Minority Mental Health Awareness Month

Ways to Engage

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

resilience and recovery, emphasizing the importance of culture and identity in the mental health movement.

View the videos here and share with your networks:

nami.org/StrengthOverSilence

The videos we have added since this time last year include:

- Rosemary Ketchum, the first trans woman to be elected to political office in the state of West Virginia
- Yulanda Ming Blackston, a NAMI In Our Own Voice presenter who shares her mental health and faith journey
- Charita Cole Brown, an author, educator and NAMI presenter who advocates for mental health resources in the Black community
- Joseline Castaños, an advocate for culturally competent care in the Hispanic/Latinx community
- Nao Gamo, a neuroscientist and entrepreneur who speaks about living with bipolar disorder

Additional videos will be uploaded to nami.org/Awareness and our [YouTube Channel](#) during July.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Ways to Engage



Graphics Inspiration, Samples and Downloads

You can download graphics, logos and social media images to use during our awareness events here: nami.org/Get-Involved/Awareness-Events/Awareness-Resources or visit page 11 to see samples.

- Video Backdrops: When connecting with others virtually on video conferencing applications, show your support with NAMI or Together for Mental Health branded Zoom/video conferencing backdrops.

Social Media

Daily activations will be taking place on NAMI's social media channels. Be sure to follow NAMI to tune in, repost, retweet and share:

- [Facebook](#)
- [LinkedIn](#)
- [Instagram](#)
- [Twitter](#)
- [TikTok](#)
- [YouTube](#)

Hashtags for Bebe Moore Campbell National Minority Mental Health Awareness Month

#Together4MH | #MMHAM

Sample Posts

Below are some sample social media posts you can use throughout the month of July.

- You are not alone on your mental health journey. NAMI is here to support you and uplift your community. #Together4MH #MMHAM
- Mental illness can impact anyone, reaching across lines of socioeconomic status, race, sexual orientation and ability. More than 50 million people in the U.S. are affected by mental illness. Visit nami.org/act4mh and sign our petition and take action to improve mental health care #Together4MH
- 17% of youth aged 6–17 experience a mental health condition. Visit nami.org/v4mh and take the pledge to Vote4MentalHealth to support youth mental health #Together4MH

Bebe Moore Campbell National Minority Mental Health Awareness Month

Ways to Engage

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

- Sharing your story can be a therapeutic experience. It's an important way to communicate that we are #Together4MH — and to connect with others in your community who may have similar backgrounds and experiences.
- For far too long, stigma and discrimination have silenced those living with mental health conditions, particularly those in underserved communities. This #MMHAM, let's challenge stigma and change the conversation.
- 19% of U.S. adults, representing individuals of different races, sexual orientations, socioeconomic statuses and abilities, have an anxiety disorder. #Together4MH
- Each year, mental illness affects:
 - 14% of Asian adults
 - 17% of Black adults
 - 17% of Native Hawaiian/Pacific Islander adults
 - 18% of Hispanic/Latinx adults
 - 19% of American Indian/Alaska Native (AI/AN) adults
 - 36% of multiracial adults
 - 47% of LGB adults
- The rate of suicide in the U.S. has increased 35% since 1999. Visit nami.org/reimagine to take action to build a better crisis response system #Together4MH

Here are a few awareness dates happening during July as additional opportunities for posting relevant content:

Jul 11: World Population Day

Jul 17: World Day for International Justice

Jul 24: International Self-Care Day

Source: Data from CDC, NIMH and other select sources. Find citations at nami.org/mhstats.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Suggested Graphics



Incorporate these graphics and logos in your social media posts, cover images, website hero images or existing messaging to help spread awareness during July. High-quality files can be downloaded from: nami.org/MinorityMentalHealthMonth.

#Together4MH

TOGETHER
for Mental Health

Only 1 in 3 Black Americans who need mental health care receives it.

nami.org/minoritymentalhealth

Mental health conditions do not discriminate based on race, color, gender or identity. Learn more and get involved.

YOU ARE NOT ALONE

#Together4MH www.nami.org

BEBE MOORE CAMPBELL MINORITY MENTAL HEALTH AWARENESS MONTH

#Together4MH nami.org/minoritymentalhealth

TOGETHER
for Mental Health

#Together4MH

"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."

nami.org/minoritymentalhealth

TOGETHER
for Mental Health

#Together4MH

We need to understand how culture, race and background impact people's mental health. No one should feel alone or without the support and help they need.

nami.org/minoritymentalhealth

TOGETHER
for Mental Health

#Together4MH

Anyone can experience mental illness, regardless of race, ethnicity, sexual orientation or gender identity.

nami.org/minoritymentalhealth

#Together4MH

TOGETHER
for Mental Health

Common barriers to treatment include the cost of mental health care and insurance, prejudice and discrimination and structural barriers like transportation.

nami.org/minoritymentalhealth

#Together4MH

TOGETHER
for Mental Health

Mental illness affects 18% of Hispanic/Latinx adults.

nami.org/minoritymentalhealth

TOGETHER
for Mental Health

Mental health is an incredibly important part of our overall health. We're strongest when we join **Together for Mental Health** to advocate for resources, support and access to quality care.

nami.org/minoritymentalhealth

TOGETHER
for Mental Health

#Together4MH

Mental health conditions do not discriminate based on race, color, gender or identity. Anyone can experience the challenges of mental illness regardless of their background. However, background and identity can make access to mental health treatment much more difficult. Bebe Moore Campbell National Minority Mental Health Awareness Month was established in 2008 to start changing this.

nami.org/minoritymentalhealth

Bebe Moore Campbell National Minority Mental Health Awareness Month

General Fast Facts

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

Why We Need Increased Access to Care

- 1 in 5 U.S. adults experience mental illness each year, and less than half of them receive treatment.
- 1 in 20 U.S. adults experience a serious mental illness each year, and less than two-thirds of them receive treatment.
- 1 in 6 U.S. youth experience a mental health condition each year, and only half of them receive treatment.
- 50% of all lifetime mental illnesses begin by age 14 and 75% by age 24.
- The average delay between onset of mental illness symptoms and treatment is 11 years.
- 150 million people live in a designated Mental Health Professional Shortage Area.
- 1 in 5 young people report that the pandemic had a significant negative impact on their mental health.
- 1 in 10 young people under age 18 have experienced a mental health condition following a COVID-19 diagnosis.
- In 2020, mental health-related emergency department visits increased by 31% among adolescents aged 12–17.
- Three quarters of Americans (75%) say they are not content with the state of mental health treatment in this country. That is particularly true if they are diagnosed with a mental health condition (84%).
- 60% of Americans are concerned about the stigma surrounding mental illness.
- Less than half (49%) of Americans consider themselves familiar with the U.S. mental health care system.

Source: Data from CDC, NIMH and other select sources. Find citations at nami.org/mhstats.

Bebe Moore Campbell National Minority Mental Health Awareness Month Equity and Inclusion Guide



Advocates

- Be an advocate when there is an opportunity to speak out on behalf of mental health efforts for underrepresented groups and communities.
- Share information you've learned about what practices ensure quality care from a cultural and equity lens.
- Show compassion and seek to understand the experience of individuals with identities and backgrounds different from your own.
- Do not assume that low treatment rates by members of a cultural or social group is due to a lack of effort in seeking care. Instead, consider any underlying challenges — individuals are less likely to seek help or engage in treatment if they cannot find a provider they can trust, who understands their identity and will treat them with dignity and respect.
- Write, call or talk to legislators — both local and federal — to support efforts to improve access to and the quality of mental health services for those who are underserved.
- Ensure providers are required to be trained on cultural competence.
- Make linguistic services (interpretation and translation) available in treatment settings.

Providers

- Follow the Culturally and Linguistically Appropriate Services Standards developed by the U.S. Department of Health and Human Services.
- Provide equitable and respectful quality care/services that are inclusive of the cultural health beliefs and practices of the community you serve.
- Offer free language assistance (and other needed assistance) to individuals with limited English proficiency.
- Hire diverse, bilingual staff who are representative of the community served.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Culture and Identity Key information

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

Asian American and Pacific Islanders (AAPI)

Barriers To Mental Health Care

- Compared to those of other racial/ethnic backgrounds, Asian Americans are least likely to receive mental health treatment – only 20.8% of Asian adults with a mental illness received treatment in 2020.
- There are many systemic barriers to accessing quality mental health care and treatment for Asian Americans, which are worsened by stigma and lack of culturally relevant and integrated care.
- These disparities, and resulting lack of timely treatment, can lead to worsened symptoms and poorer quality of life.

Language Barriers

- 30.9% of Asian Americans are not fluent in English
- 60% of AAPIs aged 65 years and older have limited English proficiency.
- Language barriers and the limited availability of culturally appropriate mental health service providers may prevent people from getting the care they need.

Black/African American

Provider Bias and Inequality of Care

- Black adults in the U.S. are more likely than white adults to report persistent symptoms of emotional distress, such as sadness and hopelessness.
- Only 37% of Black adults with mental illness receive treatment.
- Despite the changing conversation, discrimination in the health care system persists, and many Black people encounter negative experiences when seeking treatment.
- Provider bias, both conscious and unconscious, and a lack of cultural competency can result in misdiagnosis and inadequate treatment.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Culture and Identity Key information

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

- Black people may also be more likely to identify and describe physical symptoms related to mental health problems. For example, they may describe bodily aches and pains when talking about depression. A health care provider who is not culturally competent might not recognize these as symptoms of a mental health condition.
- Black people are more likely to receive a misdiagnosis of schizophrenia when expressing symptoms related to mood disorders.

Hispanic/Latinx

- More than half of Hispanic young adults ages 18-25 with serious mental illness do not receive treatment.
- Approximately 35.1% of Hispanic/Latinx adults with mental illness receive treatment each year compared to the U.S. average of 46.2%.

Legal Status

- For immigrants who arrive without documentation, the fear of deportation can prevent them from seeking help.
- Many children of undocumented immigrants are eligible for health insurance under the Affordable Care Act, but families may not know about the eligibility or be afraid to register due to fear of separation.

Poverty and Reduced Health Insurance Coverage

- 17% of Hispanic/Latinx people in the U.S. live in poverty (compared to 8.2% of non-Hispanic whites).
- People who live in poverty have a higher risk of mental illness and, conversely, individuals with mental illness have a higher risk of living in poverty.
- According to the Kaiser Family Foundation, in 2019, 20% of Hispanic people had no form of health insurance.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Culture and Identity Key Information

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

Indigenous

Rural and Isolated Locations

- While not all Indigenous/Native people live in rural and isolated areas, many still do, and they don't have appropriate mental health services to meet their needs.
- Most clinics and hospitals of the Indian Health Service are located on reservations, but the majority of Indigenous/Native people live outside of tribal areas.

Inadequate Funding and Mistrust

- The program that provides health-related services to the Indigenous/Native population, the Indian Health Service (IHS), is historically underfunded and often runs out of funds mid-year.
- Many in Indigenous/Native communities do not trust services provided by the federal government.

People with Disabilities

Lack of Integrated Care

- Many people with disabilities experience traumatic stress due to the painful treatments received for their physical condition, as well as depression and anxiety from the isolation they experience.
- In the field of health and medicine, there is often a disconnect in integration of care. Health care practices, particularly those in rural and other under-served communities, often do not have the capacity to work with providers from other specialties to coordinate care for patients.

Bebe Moore Campbell National Minority Mental Health Awareness Month

Culture and Identity Key Information

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

LGBTQ+

Coming Out

- Societal acceptance of LGBTQ+ people is a protective factor for mental health. However, an increased level of acceptance has meant that many LGBTQI youth “come out” – or share their sexual orientation or gender identity – at younger developmental ages, which can impact their social experiences and relationships.
- According to a 2013 survey, 40% of LGBT adults have experienced rejection from a family member or a close friend.
- A 2019 school climate survey showed that 86% of LGBTQ youth reported being harassed or assaulted at school, which can significantly impact their mental health.
- According to a 2022 report from The Trevor Project, just 37% of LGBTQ youth identified their home as an LGBTQ-affirming space.

Culture and Identity Resources

Our culture, beliefs, sexual identity, values, race and language all affect how we perceive and experience mental health conditions. Cultural differences can significantly influence what treatments, coping mechanisms and supports work for us. Therefore, it is essential for culture and identity to be a part of the conversation as we discuss both mental health and mental health care.

Visit NAMI's online Identity and Cultural Dimensions section at nami.org/Your-Journey/Identity-and-Cultural-Dimensions for resources specific to these communities:

- Asian American and Pacific Islander
- Black/African American
- Hispanic/Latinx
- Indigenous
- LGBTQ+
- People with Disabilities

Bebe Moore Campbell National Minority Mental Health Awareness Month

Culture and Identity Key Information

Advocates Educators Supporters Researchers
People with Serious Mental Illness Peers Parents
Champions Teachers Veterans Mentors
Underrepresented Communities Organizations
Affiliates Caregivers Youth and Young Adults
Trainers Partners Groups Frontline Professionals

Additional Helpful Sites

- National Institute of Mental Health:
www.nimh.nih.gov/health/statistics/mental-illness.shtml
- U.S. Department of Health and Human Services, Office of Minority Health:
www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26
- American Psychological Association Office of Ethnic and Minority Affairs:
www.apa.org/pi/oema/resources/index
- American Psychological Association Office on Sexual Orientation:
www.apa.org/pi/lgbt

BRAND AND LOGO Information



Brand Guidelines

As always, we ask that you follow NAMI's brand guidelines.

The NAMI Identity Guide and NAMI logos can be found at nami.org/identity or upon request to marcom@nami.org. We encourage you to use and share these in your campaigns.

Recommended Fonts

- Franklin Gothic (sans serif)
- Museo Slab (serif) [or Roboto Slab as a free alternative]
- Proxima Nova (sans serif) [or Open Sans as a free alternative]

Color Palette

Primary Colors:



NAMI Blue
PMS Reflex Blue
CMYK: 100/82/0/2
RGB: 0/37/150



Teal
PMS 321
CMYK: 80/21/32/1
RGB: 0/153/168



Pear Green
PMS 377
CMYK: 58/23/100/4
RGB: 121/153/0



MHM Teal
CMYK: 74/0/54/0
RGB: 96/193/153

Questions?

If you have any questions about the materials in this guide or how to use them, please reach out to Blake Rostine, Senior Coordinator, Marketing and Communications, at brostine@nami.org