TOGETHER WE CARE. WE SHARE.

NAMI — National Alliance on Mental Illness

COMMUNITY OUTREACH & IMPLEMENTATION GUIDE

Building Meaningful Relationships to Reach New Communities

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Community Outreach and Implementation Guide:
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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. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

For more information about mental illness, NAMI programs near you and other NAMI offerings, visit our website at **nami.org** or contact the NAMI HelpLine at **800-950-NAMI (6264)** or **info@nami.org**.

nami
National Alliance on Mental Illness

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Introduction

The COVID-19 pandemic provoked a mental health crisis while exposing, and worsening, deep-seated inequities. Grave disparities in mental health care access already existed even before the pandemic. In 2019, 50% of adults who identified as white reported to have received mental health services over the last year — compared to 43% who identified as multiracial, 34% who identified as Hispanic, 33% who identified as Black, and 23% who identified as Asian. The trauma, uncertainty, and cultural isolation accelerated by the pandemic affected the mental health of many communities, especially young adults and communities of color.

Through our national infrastructure and core offerings like NAMI Connection and NAMI Family Support Group, NAMI is uniquely positioned to help bring healing to America's most underreached communities. When Kohl's approached NAMI with the goal of increasing the availability of mental health support in underreached communities, we immediately jumped at the opportunity to partner to address the mental health needs exposed by the pandemic. NAMI is deeply grateful to Kohl's for its groundbreaking investment in NAMI Connection and NAMI Family Support Group, which allows us to build our capacity at local community levels to provide trauma-informed peer support to new communities.

To create trust-building resources and support for the three levels of the NAMI alliance, we established the NAMI-Kohl's Advisory Group. This multicultural, multigenerational advisory group helped guide our NAMI Support Group expansion efforts while establishing best practices for outreach to diverse and underreached communities, with a focus on Black/African Ancestry, Hispanic/Latinx, and Asian communities. Through sharing personal and professional experiences, advisory group members highlighted the importance of establishing and building trust within a community to cultivate lasting, meaningful relationships with previously underreached communities. These conversations and discussions guided the creation of this guide, which aims to empower NAMI field leaders to engage with their local community and understand how to effectively build and foster relationships.

By working in collaboration *with* the communities NAMI is trying to reach, we can most effectively address some of the mental health care disparities that were exposed by the pandemic.

Foundational Information

The key to creating a lasting, genuine relationship with a new community is to ensure that the relationship is built on a foundation of trust — a necessity for meaningful engagement, such as peer support. This raises an important question: How can NAMI ensure that community relationships are built on trust? Although there might not be a one-size-fits-all strategy on rooting relationships in trust, three qualities that can help you begin to build trust are humility, relatability, and reliability.

Practice Humility

Although NAMI leaders have the best intentions when entering a new community to offer support, it can be easy to get carried away and miss out on potential relationship opportunities. Entering a community humbly and respectfully can help create a space for an open conversation. Asking questions with genuine curiosity and actively listening to the members of the community about what they need, and want, is the best way to learn about their priorities, values, and concerns.

Share Your Story

We know that millions of people are affected by mental illness each year. NAMI programs are all led by individuals with lived experience — whether they are a person in recovery with a mental health condition or a family member of a person with a mental health condition. Sharing your story with a community can help others who are going through similar things see the individuals within NAMI as relatable. Even if you are not familiar with a particular community, there are always opportunities to connect through shared human experiences. When someone seems relatable, it can be easier to feel they can also be trusted.

Be Reliable

Showing a community that they can count on NAMI and the individuals within NAMI to manage and honor their commitments is also important when it comes to building trust. By being reliable, the community is more likely to accept the support and resources that NAMI can provide. One important way to start this framework is to never end a meeting without a plan for the next meeting. By doing this, you are reassuring members of the community that NAMI is coming back, and that your outreach efforts were not a one-time deal.

The goal of this guide is to provide a tool to help NAMI Affiliates and NAMI State Organizations in their outreach efforts to new communities. It's important to be aware that when considering overarching outreach strategies or cultural norms, certain concepts can become generalizations. We must remember that it may not be the same for every single person within that community, and each community will likely have different needs. This is why it is important to learn about the specific needs of each community by providing them with a space to have their concerns heard.

5 Steps to Starting Meaningful Relationships with a Community

1. Learn About the Community

Before setting up a conversation, do your due diligence to learn as much as you can about the community. Looking into a community's past provides a better understanding of their present and helps to develop the plan for a potential partnership.

Questions to ask yourself about this community:

- What is their historical relationship with mental health and/or seeking treatment?
  This can provide some insight on possible barriers to accessing mental health care that members of the community are experiencing.
- What efforts have they made/are they currently making to advocate for themselves and their own mental health?
  You want to be able to honor the efforts that the community is already making to advocate for themselves. This may also highlight potential efforts that you can collaborate on or aid with.
- Are there needs for this community they have made known?
  If a community has already gone out of their way to make their needs or concerns known, coming into a conversation with a bit of background can help your outreach efforts be perceived as more genuine.
- Where do members of this community tend to gather?
  Is it a community or cultural center? Is it a place of worship? Is it a park? Knowing where the community routinely gathers will make it much easier to meet them where they are.

2. Set a Primary Goal

After gathering some background information on the community you are trying to connect with, you should be in a better position to set your goal. You may have several long-term goals, but what are you going to address first? Are you trying to raise awareness about NAMI within the community? Is your goal to have community members join classes and support groups? Are you trying to partner with an organization who has already paved the way into this community? Is the intention to develop lasting relationships? Once you figure out what your primary goal is – for now – you can start to plan how you are going to achieve it.

3. Develop a Strategic Plan to Start a Relationship

Identify Key Stakeholders

- Key stakeholders are going to be people within the target community who will be able to open doors and help NAMI expand into that community. They should be deeply involved and/or have a voice in the community.
- Meeting with stakeholders is also a wonderful opportunity to learn things about the community that you may not have been able to find in your prior research, such as if there are upcoming events being planned that NAMI can help with, be a part of or support in other ways.

- It is important that stakeholders not only support your immediate goals, but that you are also able to collaborate with them as a team to explore long term goals. This helps to build trust and ensure that your relationships are long-lasting.
- Examples of key stakeholders may include (but are not limited to): faith leaders, non-profit organizations, local volunteers, teachers, childcare or after care workers, parents/PTA leaders, Rotary/Lions Clubs, local politicians, local celebrities, law enforcement, community health workers, or local business leaders.
  See the "Engaging with Key Stakeholders" section for some guidance on starting these conversations.
- Look into joining your Chamber of Commerce
  Joining your city's Chamber of Commerce provides you with the opportunity to network with business executives. Businesses may be wanting to provide their employees with mental health education and resources. They may also want to sponsor your walk or support your current/future projects.

Engage with Key Stakeholders

- Join community events
  - You should look into local community centers/organizations to find upcoming events.
  - If you have not worked with this community before, it will be helpful to attend or join a few events that are already planned. This way you can get to know the community while also increasing the chance that the community will recognize who NAMI is.
- Partner with other organizations
  - If there are organizations that are already engaging with the community you are trying to connect with, partnering with these organizations would allow NAMI to be introduced to the community through a trusted source.
  - These organizations would also understand the current needs and barriers to access.
- Plan community events
  - These events could be in collaboration with other organizations, planned in collaboration with individual key stakeholders, or planned by the individual NSO/NA with the support of the key stakeholders.

  See the "Potential Community Events" section for ideas on potential events.

4. Get the Word Out

Be sure to promote your events in ways the community has identified as being the most likely to get attention and raise awareness. Some ways to promote your events may include:

- General Media
  Newspapers, magazines, billboards, radio, tv, etc.
- Social Media
  Facebook, Twitter, Instagram, LinkedIn, TikTok, etc.
- Email
- Physical mail
- Flyers

  See the "Media Outreach" section for additional ideas and tips.

5. Establish/Continue to Build Upon Your Relationship

Before your first community event takes place, be sure to have an answer to the question, "So what's next?" You should have details for your next community event and be sure to let the community know before your first event ends. This emphasizes that NAMI is coming back to continue to build this relationship.

By being engaged, you will be able to identify potential leaders within the community who may want to participate in or lead support groups in the future. Having program leaders and facilitators who represent the community will help others be more likely to participate in the programs and use available resources.

Engaging with Key Stakeholders

When thinking about how to start conversations to connect with key stakeholders in the community, it is always important to consider who your audience is and strategically plan the best way to reach out and engage with them. As a general practice, it is better to err on the side of over-communication and transparency. Let people know who you and NAMI are, why you are beginning this type of conversation, what you are asking of them, and what you hope to do in creating a partnership with them. In some scenarios you may be asking the key stakeholders to help get information to the community. In others, you may be asking them to guide you on the best ways to engage with the community, including introducing you to other community leaders.

Questions You Should be Ready to Answer:

- Who is NAMI?
- What are you doing/what are you trying to do?
- What are you asking of the key stakeholder?

Initial Ways to Connect with Key Stakeholders

- Email
  If the key stakeholder identified is a leader of an organization, local politician or local business owner, their email may be easily available on their website. Reaching out to get a conversation scheduled with a summary of your goals can be a great first step.
- LinkedIn (or Other Social Media Channels)
  Create a short, personalized invitation to connect with an individual on LinkedIn. After becoming connected, send a longer message to hopefully schedule a time to have a conversation.
- Phone Call
  Similarly to email, this information might be easily available on a website. Be prepared to leave a short voicemail in case the person does not answer the call.
- In Person
  Sometimes the best way to connect is at an in-person meeting or meeting community leaders at various events. You may find that it's helpful to physically visit the organization that you are trying to work with to get in contact with their leadership and demonstrating your commitment to the community.

Talking Points to Begin Conversations with Key Stakeholders

Using Statistics

- *"Statistics show that 1 in 5 U.S. adults experience mental illness each year. In your congregation of XXX number of people, it is very likely that around 20% have experienced this and many of them may have never spoken about it. Are you or other members of your community interested in speaking further with NAMI to discuss how we can support your community and their mental wellness?"*
- *"High school students with significant symptoms of depression are more than twice as likely to drop out compared to their peers. This is just one of the many reasons why NAMI is reaching out to your*

community to see what your experience has been and if we can work with you to bring mental health support and resources to the community"

- NAMI provides many national statistics with their sources (www.nami.org/mhstats).
- Using statistics that are relevant to the community will increase the impact of your statements. You may be able to find local mental health statistics through your county's Department of Human Services.

Acknowledging NAMI's Gaps

- *"I cannot speak on the experiences of this community, but I do want to know how NAMI can help. These are the resources/services/programs that NAMI has. Do you think there is a space where we can work together so that I can learn how NAMI can best support the community?"*
- *"I saw that your organization does XYZ. Although NAMI does not provide those same services, we do have these programs, ABC. I think we would make a powerful impact in the community if we were to collaborate."*
- By being transparent with what you can do and what you know, it shows that you are open to learning how to engage with the community. Open and honest communication is a key factor in establishing trust while building a relationship with a community.
- An easy way to remember what NAMI does is to keep the acronym **SEALL** in mind.

  S – Support: We host support groups for people experiencing mental illness as well as their family and caregivers.
  E – Educate: We offer education programs to individuals, families, caregivers, and educators to give them the support and information they need.
  A – Advocate: We help shape public policy for people with mental illness and their families and provide tools to volunteer leaders to advocate locally.
  L – Listen: We have a toll-free HelpLine to provide free information and support to hundreds of thousands of help seekers each year.
  L – Lead: We lead public awareness events and activities, such as Mental Illness Awareness Week and NAMIWalks to fight stigma and encourage understanding.

Questions to Inform Service

- "How have you seen attitudes toward mental health change or shift in the community?"
- "What are some of the things folks are asking about, seeking or wanting regarding mental health?"
- "In your opinion, what are the top stressors or points of anxiety for community members?"
- "What have people been doing to manage stress, anxiety, etc.?"
- "Have you all worked with other organizations in a city, state, or national level to address mental health and wellness in the community? How was that experience? What are the areas of growth or improvement?"
- Asking questions from a position of listening to understand will help inform you on the needs of the community.

Potential Community Events

When planning community events, it is important to keep a few things in mind. Time is a resource and a privilege that not everyone has. NAMI, and the people representing NAMI, must make sure that we are honoring the time the community is taking to be a part of these events by not only providing resources such as education and support, but also considering a community's barriers to resources — such as access to food or childcare.

Individual/Smaller-Scale Events

- Open House
  A casual event that allows the community to learn about who NAMI is and what NAMI does. You can also learn about the community members' needs and see how NAMI can support their efforts.
- BBQs/Picnic, Lunch and Learns, Chat and Chews, Support and Sips
  These mealtime-centered events could be hosted at your NAMI location, a restaurant, coffeeshop, park or community center. Sharing a meal and breaking bread with a community can be a wonderful way to help people open up and connect with one another. These events could be a mixture of open and guided conversations.
- Presentations
  There are a variety of NAMI presentations that may be useful tools to introduce NAMI to a community. A presentation could also be a component of a community event.
- Sharing Hope/Compartiendo Esperanza
  This is a three-part video series and guided discussion that explores the journey of mental wellness in Black/African Ancestry or Hispanic/Latinx communities. Each conversation is led by a member of the respective community. The first conversation is an opportunity to watch and discuss one of three videos. The second conversation is held with a clinician, and the third conversation focuses on coping strategies, wellness, and next steps. It also brings in the topic of NAMI/community resources. This is a great series to tie in with community conversation events. Because it is a series, you have a theme/guide for at least three events and a built-in answer to "What's happening next?"
- Virtual Events
  There may be scenarios where some of your events may need to happen over Zoom or other similar platforms. If your budget allows, see if your NAMI organization can send gift cards so people can grab lunch or coffee for a virtual lunch and learn or community coffee chat.
- Church/Religious Sector Events
  Working in collaboration with a faith-group or house of worship (church, mosque, synagogue, temple, etc.) on an event is another opportunity to introduce NAMI to a community in an environment the community is comfortable in.
- Restaurant Fundraiser Nights
  Some restaurants will work with nonprofit organizations to set up a night where a portion of the proceeds go to the nonprofit. This is a unique opportunity to have a presence in a location NAMI might not typically be represented. Some restaurants will let you set up a table where you can share information and have conversations with people in the community. Check out these 50+ Restaurants that work with nonprofits for fundraisers.

Collaborative/Larger-Scale Efforts

- Hosting

  Have someone the community knows (or is already comfortable with) facilitate an event. NAMI may be the one who is providing the space and resources, but an individual from NAMI does not necessarily need to be the person leading the conversation. Allowing this recognized person to lead the facilitation portion of the conversation fosters a safe space for community members to share their needs and concerns.

- Community Fairs

  Having events in collaboration with different organizations will allow community members to find several types of resources in one setting. There could be food, music, games, mental health screenings, and representatives from multiple organizations that can provide resources and information to the community. Collaborating with multiple organizations also means that the marketing for this event can reach a variety of members throughout the community.

Media Outreach

The Marketing and Communications section on NAMInet has a PR Toolkit with some wonderful resources on promoting and marketing NAMI and NAMI programs. In partnership with Kohl's, NAMI National also has developed materials for the *Together We Care. Together We Share.* campaign to help the NAMI Alliance spread the word about NAMI Support Groups. You can find these campaign materials on the Support Groups page on NAMInet.

Social Media Tips:

Managing Media

- Use a Social Media Suite
  Social media can feel overwhelming, especially when using multiple platforms. A suite allows you to schedule posts across platforms. This way, you can spend one to two days of your week focused on scheduling posts instead of feeling like you must stay glued to your social media 24/7 to get your posts out there. Although some suites have a fee to use, there are free suites available as well.
  For Facebook and Instagram: Meta Business Suite is a free tool that allows you to manage Instagram, Facebook, and Messenger in one place. They also have a feature that will point out the most optimal time for you to post.
- Use a Weekly/Biweekly/Monthly Tracking Sheet
  This can be especially helpful when your NAMI organization has more than one person managing social media. This allows you to track who is posting, what they are posting, when it is getting posted, and on what platform. This can help your NAMI organization avoid duplicate posts, ensure that announcements are made across all appropriate platforms, and can serve as way to proofread posts to verify correct links and times.
- Create Interactive and Engaging Posts
  Asking a question encourages viewers to comment, which can help increase engagement. Replying to questions or comments on your posts also shows that NAMI is engaging with our audience.

Reaching a New Audience

- Know Your Audience
  It is important to know who your NAMI organization is trying to engage with when posts are made. What platforms do they tend to use? Are there trends happening within that community at the time?
- Branch Out to New Platforms
  When trying to reach a new audience, we cannot always use the social media platforms we are comfortable with. We also need to be looking at what is popular and will reach the greatest number of people.
- Prioritize Representation
  Information such as age demographics and geography of your audience should be considered as well as race, ethnicity, and language.

Content and Features

- Focus on Education
  A great baseline to start with posts is education. Consider attention-grabbing statistics, fun facts, or myths that can be debunked.
- Keep Things Short and Sweet
  When posts or videos get too long, your audience is less likely to engage with the content. Instead of sharing an entire blog post, it can be helpful to summarize or list key points and then share a link to the blog.
- Instagram Collaborative Posts
  Instagram has a feature where you can invite a collaborator to your post. This allows a single post to have two authors, and the post is shared to both authors' followers. This feature can be helpful when your NAMI organization is partnering with another organization or key stakeholder.
- Facebook Live Events
  Some organizations have found success in using the Facebook Live feature to share events or host Q&As and presentations.
- LinkedIn
  Not only can you network with other professionals and organizations, but you can also post and share information and recruit volunteers, interns, and employees.
- YouTube
  This can be a valuable resource even if you are not the one creating content. NAMI National's channel has short, informational videos that can be shared on different platforms. There are also longer webinar or interview recordings.

Other forms of Media and Outreach

Email and Newsletters

- Using an Email Marketing Platform
  There are both paid and free platforms available to use. This allows your NAMI organization to have a simple way to send out mass emails with announcements and information. Some platforms have features where you can segment users into groups so that your email outreach can be as targeted and effective as possible.
- Have a clear opt-in/opt-out
  Allow your audience to have more control over what is being directly sent to them. Provide a way for new individuals to sign up to receive emails, newsletters and announcements.

Text and Similar Messaging

- Using an SMS Marketing Platform
  Similarly to an email marketing platform, this allows your NAMI organization to have a simple way to send out mass texts.
- Keep communication intentional
  Messages should be very direct and intentional. You do not want the messages to be too long or dense. You also do not want to send too many mass texts. One way to keep things intentional and direct is to use texts to send announcements with a shortened link to a newsletter with more detailed information.

- Investigate Communication Apps
  There are various free messaging and calling apps that are internationally available. Many international communities may use a specific app to communicate with each other and to stay connected with friends and family who are outside of the U.S.

Local and In-Person Opportunities

- Radio Stations
  Many radio stations have free publicity options for their social media platforms or on their stations. You only need a few minutes to get a lot of information out to a wide audience.
- Libraries
  Some areas may have multiple libraries within one county or city. By getting your information out to one library, they may be able to share and push that information to the multiple locations in that county.
- Business Cards
  Having physical business cards with your contact information can work well when you are forming partnerships, going to meetings, or doing in-person outreach. There are also digital options such as QR codes that you can scan or Near-Field Communication (NFC) cards that you can tap near a phone that allow you to share contact information.
- Flyers/Brochures
  Handing out forms of printed media can be highly effective. Some communities may not utilize social media to stay connected with one another. Some communities may also not have reliable access to the internet. Having printed media in collaboration with digital media allows your NAMI organization to share information to a wider audience.

Cultural Background and Highlights to Note for the Black/African Ancestry Community

Before engaging with a new community, it is important to check your own internalized belief system and assumptions about the community — especially as it relates to assumptions about community members' relationship to mental health and wellness. This is critical, as we all have unconscious belief systems about communities that are not our own. This internal analysis is a vital step to build relationships based on integrity and intention. NAMI's Cross-Cultural Innovation and Engagement (CCIE) Task Force is here to help, support and provide technical assistance through panels, webinars and thought partnership.

Black/African Ancestry communities are less trusting of mental health systems that reject the cultural beliefs that help anchor them to their community. It is important to be culturally informed when doing outreach to Black/African Ancestry communities.

Culture and Identity

Although the experience of being Black or of African Ancestry in America varies tremendously, there are shared cultural factors that play a role in helping define mental health and in supporting treatment and recovery. Some of these shared cultural factors can be great sources of strength and support — such as family connections, core values, expression through spirituality or music, and reliance on community and/or religious networks. Other shared experiences can be stressful and traumatizing. Being subject to racism, discrimination, and inequity combined with facing structural challenges accessing necessary care and treatment can significantly impact a person's mental health.

Barriers to Mental Health Care

Socioeconomic Disparities
Approximately 14% of working-age Black/African Ancestry adults in the U.S. have no form of health insurance, compared to 7.7% of non-Hispanic whites. Socioeconomic disparities can make treatment options less available. The Black/African Ancestry community is more likely to experience exclusion from health, educational, social, and economic resources, which may contribute to worse mental health outcomes.

Stigma
Although beliefs and attitudes may vary, adults who identify as Black/African Ancestry may view mental health conditions as a sign of weakness or cultural disobedience. This can lead to individuals experiencing shame and fearing discrimination due to their mental health condition. This shame and fear could also prevent individuals from seeking the care that they need.

Provider Bias and Inequality of Care
Conscious and unconscious belief systems from providers combined with a lack of cultural competency can lead to misdiagnosis and inadequate treatment. These detrimental experiences lead individuals to not trust mental health professionals and not want to seek treatment.

Gender Differences in Attitudes and Coping

Seeking Professional Help
Women tend to be more likely to be open to seeking profession help than men.

Perceived Causes of Mental Illness

Research shows that women believe mental illness could be caused by stress, trauma, drug use, alcohol use, heredity, family problems, and work stress; men believe it could be caused by alcohol use, drug use, trauma, stress, and family problems.

Effectiveness of Professional Treatment
Women are more likely to believe professional treatment can effectively treat mental illness.

Age Group Differences in Attitudes and Coping

Seeking Professional Help
Young adults are more open to seeking professional treatment than middle-aged and older adults.

Religious Coping
Older adults are most likely to use religious coping, and religious coping was identified as the most culturally accepted strategy for dealing with depression.

Informal Support
Young adults are more likely to use informal support than older adults.

Intersection between Faith and Mental Health Care

There is a history of absence and abuse from the American health care system — particularly with mental health. Eventually faith communities began to fill the void left by a broken system. To this day, many people choose to seek support from their faith community rather than seeking a medical diagnosis. For this community, faith institutions have been able to play a significant role in providing strength and connection.

Although faith and spirituality can be an important part of a treatment plan, they should not be the only treatment option for an individual severely impacted by their mental health symptoms.

Black/African Ancestry Immigrant Communities

- Roughly 1 in 5 Black/African Ancestry people in the U.S. are immigrants or children of immigrants.
- Although the Caribbean remains the largest origin region for Black/African Ancestry immigrants in the U.S., Africa has had the fastest growth in the U.S. Black/African Ancestry immigrant population.
- In addition to facing disparities generally associated with the experience of being Black/African Ancestry in America (such as racism, discrimination, and inequity), Black/African Ancestry immigrants face additional language and cultural barriers to health care.
- Faith/spirituality can be a protective factor as well as a source of stigma.
- Trust plays an even bigger role with Black/African Ancestry communities, and trust is most likely to be promoted through a shared identity with providers.

Cultural Background and Highlights to Note for the Hispanic/Latinx Community

Before engaging with a new community, it is important to check your own internalized belief system and assumptions about the community — especially as it relates to assumptions about community members' relationship to mental health and wellness. This is critical, as we all have unconscious belief systems about communities that are not our own. This internal analysis is a vital step in order to build relationships based on integrity and intention. NAMI's Cross-Cultural Innovation and Engagement (CCIE) Task Force is here to help, support and provide technical assistance through panels, webinars and thought partnership.

Hispanic/Latinx communities are less trusting of mental health systems that reject the cultural beliefs that help anchor them to their community. It is important to be culturally informed when doing outreach to Hispanic/Latinx communities.

Culture and Identity

The Hispanic/Latinx community is diverse and includes people from many different nations around the world. Latinx/Hispanic refers to individuals in the U.S. that identify as being of Spanish-speaking origin, descent or background. This includes 20 Latin American nations (Mexico, Central America, South America, Puerto Rico, Cuba) and Spain.

Although the community has great diversity, there are some shared cultural factors that connect people within the community, regardless of their national origin. A large portion of this community speaks Spanish. There are also strong senses of resilience and strong connections to religious affiliations. Another common value is "familismo," which is the collective value of strong family bonds and unity.

Because there are so many different nations and histories, there is no single Hispanic/Latinx culture. Rather, this community is made up of many different cultures. Although there are more similarities than differences in the Hispanic/Latinx cultures, there are a few differences in beliefs, food, and traditions.

Community members may self-identify based on race, ethnicity and/or national origin. Hispanic may refer to ancestors from Spain or another Spanish-speaking country. Latino, Latina, Latine or Latinx refer to those of Latin American ancestry (Central America, South America, and the Caribbean). Since the Spanish language typically uses gendered terms, Latine or Latinx are used as nongendered terms that are more inclusive to trans, gender fluid or non-binary individuals. People may also identify by their country of origin. It is also possible that some members of this community may use different terms interchangeably.

Barriers To Mental Health Care

Only 35.1% of Hispanic/Latinx adults with mental illness receive treatment each year, compared to 51.8% of non-Hispanic white adults. Although the Hispanic/Latinx community shows similar vulnerability to mental illness as the general population, they still face barriers in accessing quality mental health care.

Language Barriers

The lack of appropriate interpreting services in health care institutions is a barrier to communication between patients/community members and providers. This can put patients and community members at risk of missing opportunities for appropriate treatment, misunderstanding their diagnosis or even getting the wrong diagnosis.

For example, a primary care doctor may send a person to a behavioral health care professional after stating "Estado cansado de la vida por los ultimos ocho dias." "Cansado de la vida" literally translates to "tired of life," but is actually an expression to express that someone is just extremely tired. Hispanic people also may use eight days to describe a week instead of saying one week. In this example, the correct interpretation of what the patient was saying would have been "I've been extremely tired for the last week," and they would not have necessarily needed to be sent to more intensive behavioral health care.

Although many Hispanic/Latinx people speak Spanish, some may speak other languages or dialects such as Portuguese or Quechuan. Certain words or phrases may also differ in meaning depending on country or region. Additionally, some families may be bilingual or mixed-language families. Therefore, it is important to ask community members their preferred language and ensure plain language is being used for translations.

Poverty and Less Health Insurance Coverage

17% of Hispanic/Latinx people in the U.S. live in poverty — compared to 8.2% of non-Hispanic whites — and 20% of nonelderly Hispanic/Latinx people did not have of health insurance in 2019. People of lower socioeconomic status can have a difficult time finding providers in their community, and they face an even harder time finding services that are affordable. As a consequence, many people live with undiagnosed and untreated illnesses.

Lack of Cultural Competence

Traditional cultural beliefs play a big role in Hispanic/Latinx communities. They may rely on herbal and other types of home remedies. In some Latin/South American countries, it is believed that if a person eats pork while taking medication, the pork will counteract with the medication and make it ineffective.

Due to a lack of cultural competence from providers, Hispanic/Latinx patients may be misunderstood or misdiagnosed. For example, Hispanic/Latinx people are more likely to describe physical symptoms of mental illness, such as fatigue or headaches. Providers who do not understand how an individual's culture influences how they describe symptoms would be more likely to misdiagnose their patient.

Legal Status

The fear of deportation can prevent undocumented immigrants from seeking help. Even children of undocumented immigrants who are eligible for health insurance under the Affordable Care Act may be unaware of their eligibility or afraid to register due to fear of separation from their families.

Acculturation

Acculturation occurs when an individual embraces or adopts the predominant culture of the place they live. Acculturation has been tied with an increased willingness to use mental health care services. There is also stress that comes from the process of immigration and adapting to a new environment which can have negative health consequences.

Stigma

Hispanic/Latinx people can be very private, and they may not want to publicly discuss challenges they are facing. Talking about mental health can be viewed as taboo, and some do not seek treatment out of fear of being labeled as "locos" (crazy) or bringing unwanted attention to their families.

Youth and Young Adults

Acculturation and Cultural Identity

Second-generation Hispanic/Latinx people often experience stress related to navigating between the culture of their parents' homeland and the predominant culture of where they live.

Receiving Treatment

More than half *of Hispanic young adults ages 18-25 with serious mental illness may not receive mental health care. This puts these communities at higher risk for more severe and persistent mental health conditions, as these conditions often get worse without treatment.*

DACA (Deferred Action for Childhood Arrivals) Protective Factors

Young undocumented Hispanic/Latinx immigrants reported that DACA reduced their fears of legal repercussions (such as arrest or deportation) for seeking health care services. In general, undocumented Hispanic/Latinx immigrants have an improved sense of well-being and community security through the benefits provided by DACA.

Faith Communities

Shaping Stigma

Faith seems to play a large role in shaping the stigma that Hispanic/Latinx people may hold about mental health conditions. Communities tend to rely on religious institutions as an important spiritual, educational, and social resource. Faith communities may be a source of distress if they do not know how to support families dealing with mental health conditions.

Treatment

Another common obstacle to mental health treatment in the Hispanic/Latinx community is the belief that a person must choose between their religious beliefs and seeking mental health services. People may seek prayer or pastoral counseling as a primary alternative to mental health treatment rather than a component of their holistic mental health care.

Cultural Background and Highlights to Note for the Asian American and Pacific Islander Community

Before engaging with a new community, it is important to check your own internalized belief system and assumptions about the community — especially as it relates to assumptions about community members' relationship to mental health and wellness. This is critical, as we all have unconscious belief systems about communities that are not our own. This internal analysis is a vital step to build relationships based on integrity and intention. NAMI's Cross-Cultural Innovation and Engagement (CCIE) Task Force is here to help, support and provide technical assistance through panels, webinars and thought partnership.

AAPI communities are less trusting of mental health systems that reject the cultural beliefs that help anchor them to their community. It is important to be culturally informed when doing outreach to AAPI communities.

Culture and Identity

The Asian American and Pacific Islander (AAPI) community encompasses a wide range of diversity. With over 50 different ethnic and national backgrounds speaking over 100 languages, there are many cultural considerations to consider when reaching out to AAPI communities. Although the AAPI community faces many barriers to mental health care, a strong sense of ethnic and communal identity is considered a notable protective factor for many.

Community members may self-identify based on race, ethnicity, or national origin. Asians and Pacific Islanders are generally grouped by regions, but some of these can be politically controversial. Regional identity groupings include Central Asians (e.g., Afghan, Mongolian, Uzbek), East Asians (e.g., Chinese, Japanese, Korean), Native Hawaiians and Pacific Islanders (e.g., Fijian, Hawaiian, Samoan), Southeast Asians (e.g., Cambodian, Thai, Vietnamese), South Asians (e.g., Bangladeshi, Indian, Pakistani), and West Asians (e.g., Kuwait, Lebanon, Yemen). Most people from West Asia do not self-identify as such, and West Asia is typically referred to as the Middle East.

The term "Asian American" was first used in the 1960s to unite different communities of Asian descent to help their voices be heard. Having an Asian American movement was shown to have more of an impact than when individual ethnic groups were advocating alone. In the 1980s, the label expanded to include Pacific Islanders and became AAPI. The idea was to combine forces to raise voices and advocate for their communities. Although having one label can help communities come together, there is also the risk of erasing the voices of the many smaller, marginalized communities within the AAPI diaspora. It is important to listen to the community you are building a relationship with and acknowledge the cultural and socioeconomic diversity within the AAPI community.

Barriers to Mental Health Care

Asian Americans have a lower rate of help-seeking behavior compared to those of other racial and ethnic backgrounds. Only 20.8% of Asian adults with a mental illness received treatment in 2020.

Language Barriers

Although rates of English proficiency vary depending on the nation of origin, 30.9% of Asian Americans do not consider themselves fluent in English. Additionally, only 15% of AAPIs who are 65 and older speak English at home, and over half have limited English proficiency. Insufficient multilingual services in health care make it difficult for AAPIs to receive the care they need.

Stigma and Shame

Notions of shame and "loss of face" are important to consider when understanding why AAPIs have lower help-seeking behaviors. AAPIs are more likely to not seek treatment because they did not want others to find out, and they fear their neighbors' negative opinions. Mental illness is often seen as a source of shame not only to the individual, but also to the family's reputation.

The Model Minority Myth

AAPIs are burdened with the "model minority" stereotype, which is a misleading expectation that AAPIs are more economically and academically successful compared to other minorities. Not only does this create additional social and familial pressure that prevents AAPIs from seeking care, but it also has negative implications for policies, programs and resource allocations.

Insufficient Health Insurance Coverage

High costs for mental health care are another deterrent to seeking care. Subgroups within the AAPI community face disparities in health insurance coverage. Native Hawaiians and other Pacific Islanders have a higher uninsured rate of 13%, compared to 7% of Asian Americans.

Immigration Status

The estimated 1.5 million undocumented AAPIs — 14% of all undocumented immigrants in the U.S — live in fear of arrest, deportation and separation from their families. Some AAPI immigrants avoid seeking mental health care because they fear they might jeopardize their immigration status or citizen application process.

Faith and Spirituality

Religious diversity is a distinct characteristic of the AAPI community. Although faith and spiritual communities often offer a protective social support system, religious communities can also perpetuate stigma around mental illness and seeking care.

Alternatives to Treatment

Some AAPIs, especially first-generation immigrants, consider traditional or non-western medicine to be their primary source of treatment. This can result in delaying or refraining from seeking mental health care. Having culturally competent providers who are able to respectfully integrate an AAPI's traditional medicine with mental health care practices provides the AAPI with a safe space to receive the care they need.

Challenges in Research

Because of the diversity of the AAPI community, it can be challenging to obtain data for the many specific cultural subgroups within the community. It is also challenging to generalize the needs of this population. Data disaggregation is necessary to gain an accurate picture of the needs of specific cultural subgroups. Without data disaggregation, it is likely that the needs of certain AAPI subgroups are masked by the better outcomes of other AAPI subgroups.

Youth and Young Adults

Cultural Identity

Second-generation AAPIs may struggle to balance their familial ties to traditional culture with the pressure to assimilate to mainstream American society, which leads to challenges in finding their own cultural identity.

Suicidality

In 2019, AAPIs aged 15-24 were the only racial/ethnic group in that age category where suicide was the leading cause of death. For AAPI young adults aged 20-24, suicide is the cause of 33% of deaths in that age bracket, compared to 21% for non-Hispanic whites, 15% for people of Hispanic origin and just under 10% for non-Hispanic Blacks.

DACA Protective Factors

Young undocumented AAPI immigrants reported that DACA reduced their fears of legal repercussions (such as arrest or deportation) for seeking health care services. In general, undocumented AAPI immigrants have an improved sense of well-being and community security through the benefits provided by DACA.

Effects of Trauma

Racial Trauma

Since the pandemic, AAPIs have become more likely to experience racial trauma in the U.S. due to ongoing experiences of racism, micro- and macro-aggressions, discrimination, racial bias in the media and targeted racial violence. Racial trauma has been experienced by many AAPIs through witnessing, experiencing, and hearing about the many anti-Asian hate crimes across the country.

Intergenerational Trauma

Subgroups within the AAPI community have been faced with various atrocities throughout history. Although many of these atrocities occurred in the past, the trauma and impact of these events affected not only those who directly experienced them, but also the children and grandchildren who had the previous generations' anger, anxieties, emotional stress, and traumas passed down to them. Many second-generation AAPIs struggle to identify, express, and understand their feelings because of maladaptive coping strategies that may have been passed down from their parents and grandparents.

Use of Communication Apps

Many international communities may use a specific app to communicate with each other and stay connected with friends and family who are outside of the U.S. These apps may include:

- *WhatsApp (one of the most popular messaging apps worldwide)*
- *WeChat (the most popular messaging app in China)*
- *Viber (popular in Asian and Middle Eastern countries)*
- *Line (popular in Japan)*
- *KakaoTalk (popular in South Korea)*

Using a communication app that a particular community is already familiar with helps the community members feel like they are in a safer, more accommodating space.