CBHN

Perspectives:
The State of Black Mental Health in California

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Introduction

These past two years have us all wondering about mental health and how our experiences have contributed to our physical and mental well-being. On an individual level, life journeys make us who we are; the stressors of those same journeys also determine the fate of our health and life expectancy. However, in most cases, this can live on both an individual and historical, systemic level. That is the case for the Black experience. The Black experience and generational trauma weigh heavily on the current state of Black mental health in this country. Generational trauma and violence have impacted the physical, emotional, and mental well-being of Black adults and youth, from slavery to present day racism on all levels – structural, historical, and institutional.

The past four years have added new dimensions to racial trauma and stress resulting from the isolation and grief associated with COVID-19 and its disproportionate impact on the Black population. This, coupled with the collective social distress spurred by violence against Black Americans, and the political volatility in the United States, has heightened the need for greater attention to Black Mental Health. As a result, many individuals seek help to address their mental health; however, help-seeking actions are often thwarted by the historical and inherent mistrust of the healthcare system and lack of access to culturally appropriate mental health resources.

So, what’s the solution? This CBHN Perspectives report attempts to answer the questions “What is the state of Black mental health in California?” and “What steps can we take to address the mental health crisis happening before us?” The following data reflects on the state of Black health before the pandemic. However, Lecia Harrison, Executive Director of Be Smooth, helps us answer these questions as we explore what California is doing to increase Black mental health awareness and access to culturally appropriate resources.
Over the past two years, Black communities have suffered disproportionately from COVID-19. These same communities continue to grapple with economic uncertainty and Black homicide victimization. Exposure to these racial traumas and stressors further exacerbates mental health disparities for Blacks in the United States.

Black adults in the United States are more likely to have feelings of sadness, hopelessness, and worthlessness than white adults. According to the 2018 Substance Abuse and Mental Health Services Administration survey, 16 percent of Black Americans have reported mental illness, and, within the past year, 22 percent of these individuals have reported a serious mental illness. There also exists treatment disparities when comparing Black and White patients. Black people are more frequently diagnosed with schizophrenia, rather than mood disorders, compared to White people with similar symptoms. And, in treating mood disorders, Black people are given medications and or therapy at a lower rate when compared to the general US population.
In regards to providing mental health care, 50.1 percent of Black adults with serious mental illness did not receive treatment. It is important to note that the data presented refers to reported mental illness cases. Many cases may go unreported due to screening measures that are not sensitive to the Black community, for mental illness is unique from subgroup to subgroup. In addition, Black Americans constitute only 5 percent of psychologists in the United States, compared to 82.3 percent for White individuals.

While overall, Black adults are less likely to commit suicide than White adults, there is a stark difference for Black youth. Recent studies revealed that Black teens are 1.6x more likely to attempt suicide than white teenagers and the Black teen suicide rate has increased by 90 percent between 1991 and 2019.6, 7

In September 2021, the Journal of the American Academy of Child and Adolescent Psychiatry found that over 1,800 Black children ages 5 to 17 passed by suicide between 2003 and 2017.8 Most deaths were among Black boys. However, the study revealed that the suicide rate of Black girls between 12 to 14 years of age, while lower than Black boys, increased by 6.6 percent on average each year – twice the average increase compared to Black boys. The same study from the Journal of the American Academy revealed that most Black children who died by suicide did not display any behavioral cause for mental health concerns.

Another cross-sectional study found that while the White youth suicide rates remain high, they decreased between 2013 to 2019.9 Within this same time frame, the suicide rates for Black boys and girls ages 15 to 24 years old increased by 47 percent and 59 percent, respectively.
Black Californians have higher rates of serious psychological distress than White Californians do – 5.4 percent and 2.9 percent, respectively.\textsuperscript{10}

The need to advocate for our health is urgent, as data reveals the clear gaps in how mental health is accessed and the lack of resources for those who severely need care. From 2017 to 2018, Medi-Cal mental health access rates varied by race and ethnicity; Black enrollees used specialty mental health care services (for those with serious mental illness) at a higher rate than managed care services for mild-moderate needs (7.4 percent vs. 3.3 percent, respectively).\textsuperscript{11} The rate of white Medi-Cal enrollees that utilized specialty mental health care and managed care was 5 percent and 5.7 percent, respectively. Outside of Medi-Cal, 11 percent of Black Californians have an unmet mental health need, compared to 8 percent of white Californians.\textsuperscript{1}

The State of Black Mental Health in California
Prepartum and Postpartum Depression

The COVID-19 pandemic exacerbated the existing disparities with pre- and postpartum depression. In California, about 25 percent of Black birthing people experienced symptoms of prenatal depression, and about one in six reported symptoms of postpartum depression in 2018 and 2019. Specifically, Black women have higher rates of depression and anxiety, on top of experiencing COVID-19 exclusive worries than White women. Another factor that played into the mental health of birthing people during the past two years was the social stress in association with the murder of George Floyd, the multiple trials and killings involving those who enacted violence against Black people, and so much more.

According to The Listening to Mothers in California survey in 2018, 30 percent of Black women reported anxiety symptoms, and 20 percent reported depression symptoms, compared to 20 percent and 10 percent of white women, respectively. During the postpartum period, 14 percent of Black women reported anxiety symptoms and 10 percent symptoms of depression.
Black Mental Health & an Expert’s Insight

“People are emotionally exhausted.” – Lecia Harrison

As of December 8, 2021, the Black population in California represents 5.1 percent of COVID-19 cases and 6.8 percent of deaths in California while making up 6 percent of the population. There was a point in time, however, when the Black population made up over 15 percent of cases. Not only this, but the social and political violence against Black Americans remains pervasive despite camera evidence and the justice system.

Despite the great need, there is an apparent lack of mental health resources in California. According to the 2018 American Community Survey in California, 3.1 percent of therapists are Black, and 73.8 percent are White, while the total population of Black individuals is 6 percent statewide. Community members and mental health experts, including Lecia Harrison, have expressed the urgent need for culturally competent and empathetic mental health care that would consider the racial trauma prevalent in the Black community.

Lecia Harrison of Be Smooth, a community-based organization focused on health empowerment in the Black communities of Stockton, has been a social worker for 14 years and has worked in public service for over 21 years, primarily working in Sacramento and San Joaquin counties. While she is not a native “Stocktonian,” she is dedicated to working with marginalized communities and has experience in various settings - as a clinical social worker in County hospitals to a shelter manager at domestic violence centers.
Now, Ms. Harrison acts as a mental health clinician at the County Behavioral Health Services in Stockton. Within all these roles, she has made it her mission to teach people to be their own health advocate and increase health literacy in Black communities: “I pride myself on taking time with each individual I come into contact with to really explain the process and procedures to them. And you know, explaining what their expectation should be once they’re connected, and for them to become that strong advocate for themselves and really find the power in their own voice.” While it should not be completely on the patient to make all health decisions, Harrison emphasized being empowered in our healthcare journey. “It’s sometimes disheartening because people are like ‘I didn’t know I could do that.’ It’s your life, your health, your well-being. You are absolutely in the driver’s seat.”

Ms. Harrison sheds light on the gaps in mental health utilization, services, and conditions. “Resources are limited everywhere,” she explains. “We’ve come pretty far with destigmatizing the need for mental health services... individuals in the Black community do want mental health services. They do want that engagement, but it’s just really hard finding those providers. And when we’re using county services, sometimes the linage to those services takes more time than it should.” When it comes to accessing county health mental health services, care and Black providers are limited: “You know we had a community-based organization that was able to fill that gap... no insurance requirement for the therapeutic services. You want assistance now, but having to wait two to four weeks to get that help is not only discouraging, but we don’t know what’s going to happen in that timeframe.” Lecia emphasized the need for other community-based organizations that can offer services and provide a more personalized linkage to appropriate services based on the community.

We asked Lecia about circumstances and conditions specific to California that contributes to the mental health crisis in Black communities:
Can you speak to events in the past four and 400 years that contribute to the current state of Black health in California?

“We know that there’s systemic racism. I mean, that is a given, but you know, with all that has happened in the past four years, I think we moved in a direction where it felt like we’re moving backward. The political divide, misinformation... became front and center. And on an individual level, a lot of us came to realize that individuals who we thought may have been our friends and allies were maybe not so much, right? And those relationships were broken, and sometimes, completely severed... I think it took a lot of us to a place of ‘where do we go from here?’”

How has COVID-19 in the past two years impacted the Black community? Including Black elders and youth?

“It has taken a toll and then being at home and disconnected from our support systems and our networks. You know, doing everything virtually, not being able to hang out with friends and families as we once had... I’ve seen it in my full-time job. With our elderly population and feeling so disconnected because they couldn’t go to church. Church in the Black community is a huge social network. That’s your other family. Kids not being able to be in school and socialize with their peers. That has become destructive for some kids, and it took a real toll on their mental health. I saw a lot of kids and still see quite a few kids coming into crisis. A lot of depression, anxiety, and suicidal ideations.
“You know, teenage years or being an adolescent is stressful enough, but not having those in life connections? Those relationships with peers are everything to them... I think that black people have just really become emotionally exhausted.”

**Is there a light at the end of the tunnel?**

“The flip side of what is happening is that people have become more aware of how important it is to take time to focus on their mental well-being and engage in more self-care practices. People I see my life, so many my friends and family, taking it seriously.”

**Here are some tips and steps from Lecia so you can advocate for your health and be the one in that driver’s seat:**

“Something that I give people as a resource is just activities to start doing on their own. Things that you know don’t cost money and aren’t a huge investment of time because we want people to be able to be successful in these small tasks that they’re able to accomplish.”
1. **Be outside:** “Go outside in the sunshine for 5-10 minutes. Just sit or take a walk. For some people, if they’re feeling depressed and don’t want to get out of the house, they do it and feel so much better.”

2. **Listen to music:** You know, if you take a break, and you sit and listen to music for 10 to 15 minutes, it puts you in a different space.”

3. **Deep breathing:** “Sometimes I get to that Walmart parking lot, and I’m just like, OK, there’s 5000 cars. I am not in the mood for this, but let’s get it together. You know, take some deep breaths to get in there so you can get out, right? Sounds silly, but that’s how I feel about Walmart. But you know, I’m in my car. You don’t have to feel self-conscious. People don’t know what you’re doing. You could do that at a red light!”

4. **Self-affirmations:** “Three words. Just pick three words. Tell me three wonderful things about yourself right now and think and say them aloud. OK, now repeat that.”

When it’s hard to access resources and mental health services that are right for you, the above can help in little ways—these little ways to get through the bits of anxiety or sadness. Trying and doing simple, easy things that do not require you to spend money and are achievable are out there. Lecia notes, “If there’s need for more or for someone with a mental health illness, then that’s about connecting people to appropriate resources in the community... there are few counseling services with African Americans clinicians to refer to, but I have people ask me specifically. Unfortunately, those people have waitlists, so I forward more than that.” The final section has resources and organizations specifically for Black individuals searching for Black, culturally competent therapists and organizations that are there for our community.
In 2017, Governor Jerry Brown passed bill **AB 470**, motivating more accurate and complete tracking for mental health services in Medi-Cal. The bill requires the Department of Health Care Services to publish performance outcomes based on specialty mental health services and present reports to the Legislature. In 2018, **SB 1004** was implemented and requires Medi-Cal managed care plans to provide access to palliative care services. Mental health and social services to reduce the stress and psychological impacts that arise from serious illness and the dying process. After surveying over 59 managed care plans throughout the state, the California Health Care Foundation found that 43 percent of plans frequently reported mental health referrals.
The California Black Health Network (CBHN) is a statewide partner with the California Pan-Ethnic Health Network (CPEHN). As partners, we collaborate with Local Level Entities in three counties in Northern California. CBHN is now working with Restorative Justice for Oakland Youth (RJOY) as its partner in Alameda. The goals and objectives of this partnership are to bring awareness of the challenges and issues facing the Diverse Racial and Ethnic Communities through advocacy, training and education, and outreach and engagement at the local levels. Ultimately, these activities seek to drive policy change that leads to increased access to needed mental health services and promotes government/private funding to address these unmet needs.

The project has two main components: a local advocacy component and a statewide advocacy component. The local advocacy component will be a joint venture between CBHN and RJOY to engage local mental health stakeholders with advocacy training, support, and opportunities. These local activities will feed into the statewide advocacy component, which seeks to connect local advocates to statewide policymakers, ensuring that state policymaking reflects the collective needs of the local community. All these activities come together with the end goal of building local stakeholder capacity to conduct mental health advocacy, furthering the vision of a mental health system that is responsive to the needs of the Black communities across California.
Mental Health Resources

Considering the generational trauma and current violence against the Black community, there must be a change in how mental health services are offered and conducted. It must be for the Black community. This change is happening and there exists resources, organizations, and initiatives passionate about our mental well-being. Below is a list of organizations, non-profits, and services dedicated to the mental health of Black Californians and Americans:

**Be Smooth** is a community-based organization founded in honor of Lecia Harrison’s son, who was tragically taken by gun violence at only 20 years old. He was a rising leader in youth justice and education advocacy movements. Be Smooth’s mission is to foster school communities where youth and families heal, grow, and create change.

**Restorative Justice for Oakland Youth (RJOY)** engages in public policy advocacy, offers training and technical assistance, and seeds restorative practices in schools, communities, and juvenile justice. Their goal is to fundamentally shift how we respond to youthful wrongdoing from punitive approaches that inflict more harm to restorative approaches that repair it.

**California Pan-Ethnic Health Network (CPEHN)** launched the Behavioral Health Equity Collaborative (BHEC) with the mission to advance mental health equity in California. CPEHN’s mission is to bring together communities of color to advocate for public policies that promote health equity.

**OnTrack** is a social justice organization dedicated to eliminating disparities through caring, community-centered approaches to health. Their goal is to strengthen programs for underserved communities by collaborating with diverse groups, leveraging knowledge, and advocating for policy change to improve social justice outcomes.
Each Mind Matters is a California Mental Health Movement and was created to unite those who share a vision of improved mental health and equality. Their Black Mental Health page has multiple resources for Black people searching for mental health care, including Black therapist directories and free to low-cost support.

California Black Women’s Health Project is the only statewide, non-profit organization that is solely committed to improving the health of California’s 1.2 million Black women and girls through advocacy, education, outreach, and policy. They focus on empowering Black women to take personal responsibility for their health and advocate for policies that negatively affect Black women’s health status.

The California Department of Health Care Services (DHCS) administers various mental health programs for children, youth, and adults. County Mental Health Departments provide or contract to provide Medi-Cal specialty mental health services and Mental Health Services Act (MHSA) services.

Safe Black Space is a collective of local practitioners, community members, activists, faith leaders, educators, and others of African ancestry in the Sacramento area. Safe Black Space provides culturally specific resources to help Black people heal from historical trauma and wounds.
National Alliance on Mental Illness (NAMI) California is the leading organization of individuals working with mutual respect to help those affected by serious mental illness. NAMI is dedicated to strengthening local, grassroots organizations.

Black Emotional and Mental (BEAM) Health Collective is a national training, movement building, and grant-making organization invested in the healing, wellness, and liberation of Black and marginalized communities. They provide tools, wellness directories, events, and more to support the healing of Black communities.

Therapy for Black Girls is a podcast and website dedicated to sharing how to become a balanced Black woman and helping Black women find trusted, culturally competent therapists. Their website provides guides to help find the right therapist and a geographical provider search.

This is My Brave is a platform to empower individuals to put their names and faces on their true stories of recovery from mental health and addiction. They share stories from the Black community that are authentic.
References


References cont.


