

BREAKING DOWN MENTAL HEALTH STIGMA IN BIPOC COMMUNITIES

Mental health stigma is a negative or discriminatory attitude someone holds about mental health. Learn more about how to break down stigma in BIPOC communities and create spaces where everyone feels comfortable sharing their experiences with mental health.



Factors that may contribute to negative beliefs about mental health:

Communities of Arab and Middle Eastern Descent: In this community, mental health challenges can be considered a personal failure. People from communities of Arab and Middle Eastern descent may fear being labeled as someone with a mental health condition because it could potentially alienate them from their friends and families. They may also be influenced by religious beliefs that a mental health condition is a form of spiritual punishment.

Communities of Asian/Pacific Islander Descent: The pressure of the “model minority myth” can contribute to stigma for communities of Asian/Pacific Islander descent. People from this community may believe that they need to live up to expectations of achievement and success, and that experiencing mental health challenges would deem them incapable of doing so. Sharing their mental health challenges with someone outside of the family might also be considered a betrayal and bring shame to the family.

Communities of Black/African American Descent: In this community, seeking mental health care can be seen as a sign of spiritual or moral weakness. Some people may think that if their ancestors survived slavery and segregation, their mental health struggles seem insignificant in comparison.

Communities of Indigenous Descent: Communities of Indigenous descent may fear being perceived as weak if they are experiencing mental health challenges. Because of their close family ties and collectivist worldview, they may worry that seeking help would bring shame to their family and impact their family’s status within the community.

Communities of Latine/Hispanic Descent: In this community, people may tend to be more private, keeping them from discussing mental health concerns with others. Many people in the Latine/Hispanic community are familiar with the phrase “la ropa sucia se lava en casa,” similar to the phrase, “don’t air your dirty laundry in public.” Because of their religious affiliations, some people may also believe that demons or sinful behavior are the cause of mental health conditions.

Communities of Multiracial Descent: Multiracial individuals may have to navigate different types of stigma from the multiple ethnic communities they are a part of. They may also experience alienation from communities they are a part of if they are not perceived as “enough” of a given race/ethnicity. This isolation can make it more difficult to speak up about mental health challenges.

How to normalize conversations about mental health in your community:

Tailor your approach:

Different generations may have different comfort levels when it comes to talking about mental health.

Older generations may prefer face-to-face conversations where they can share stories and connect with others. Adults may appreciate resources and workshops that provide strategies for managing mental health. Young people may gravitate towards [digital platforms because they feel more relatable](#).

Get creative with your wording:

Are there words that people in your community use to talk about mental health without saying the words “mental health?” Some examples of this might be words like: wellness, health, spirit, soul, or mind. For example, asking “how are you feeling spiritually?” or “how are you feeling - really?”

Instead of the word “anxiety,” you could use terms like: nervous, nerves, jittery, on edge, jumpy, or irritable. For example, telling someone, “Wow, I feel really on edge today” can normalize talking about feelings.

Alternatives for the word “depressed” could be: tired, down, low, or not feeling it. For example, someone telling you, “I’m just not feeling it today” may be their way of asking for emotional support.

If you speak another language, there may also be words in that language you can consider.

Make connections to physical health:

Sometimes mental health challenges can show up as physical symptoms. For example, [people experiencing anxiety and/or depression may also experience headaches, stomach aches, or pain in their joints, limbs, or back](#).

People may be more comfortable talking about physical health than mental health. This could be a good entry point to help you start a conversation about mental health.

For example:

- If someone shares that they have a bad headache, you could try saying something like, “I’m so sorry you’re dealing with that. Do you know what might have caused it?”
- You could also ask, “Have you been feeling stressed lately? Sometimes I get a headache when I am feeling that way.”

Share Your Story:

When people who live with a mental health condition share their stories, it can help others feel less alone and reduce any shame they may have when talking about their own mental health.

Sometimes, it can be helpful to [create a plan](#) before talking to your loved ones about your mental health. This can help you think through how you want to share and how they might respond.

You can share your story in an informal setting while chatting with friends and family. You can also share your story in a more public way. Whatever method you choose, this can be a powerful way to stop the stigma from spreading in your community.

If you are struggling with your mental health, visit mhascreening.org to take a free and private mental health test. It only takes a few minutes, and after you are finished you will be given information about the next steps you can take based on the results.

Visit mhanational.org/bipoc to learn more about mental health in BIPOC communities.

