

MENTAL HEALTH FAMILY SUPPORT FOR BIPOC NEW YORKERS



Report by: Matt Kudish, Jennifer Reres, & Lorena Valencia
The National Alliance on Mental Illness of New York City (NAMI-NYC)
July 2022

Letter to Our Community

July 2023

Dear Friends,

This Minority Mental Health Awareness Month, we are proud to present this report on mental health family support for BIPOC communities.

We are indebted to the NYS Office of Mental Health for their generous grant.

This grant offered us the opportunity to produce a public service announcement video and campaign aiming to reduce mental health stigma in the Latino community.

This grant also connected us to the six other grant recipients—Montefiore & Adelphi University, Special Treatment and Research (STAR) Program/ SUNY Downstate, Hands Across Long Island (HALI), Integrated Community Alternatives Network (ICAN), United Way of Dutchess-Orange Region (UWDOR), and Yates Community Services (Yates County MH). Thank you for your feedback, camaraderie, and community.

We are also grateful to The Brooklyn Public Library's Community Health Team who offered their leadership, expertise, time, and space for our community conversations event and mental health resource fair. Thank you for participating in our fair—Acacia Network, Academy of Medical & Public Health Services (AMPHS), Bridging Access to Care, Fountain House, HeartShare St. Vincent's Services, Mixteca, OHEL Children's Home and Family Services, Partnership to End Addiction, and Puerto Rican Family Institute.

Thank you to Jennifer Reres for her leadership on this project, Lorena Valencia for producing the PSA, and to our production assistant interns Marina Inoue and Anis Boukadoum, who helped conduct the field research featured in this report.

Matt Kudish
CEO, NAMI-NYC

Introduction

As a part of our anti-stigma grant with NYS Office of Mental Health, we conducted field work throughout New York City to determine baseline attitudes about mental health within the Latino community. We discovered so much more. We were able to speak to New Yorkers of various ages and backgrounds.

Methods

Our Video Producer and her team selected neighborhoods to canvas and interview New Yorkers in highly trafficked public spaces, such as parks and pedestrian plazas. Our goal was to understand attitudes, concerns, and struggles around mental health. We conducted interviews anonymously in English, Spanish, and Chinese, as appropriate. Before asking our questions, we provided a brief overview of NAMI-NYC and the PSA project. All participants gave their consent verbally and their brief interviews were recorded. The team then transcribed 48 interviews for further analysis and review.

Interview questions included:

- In your opinion, what is mental health?
- Is anyone among your family or friends dealing with mental health challenges?
- Do you talk about your feelings and emotions to anyone?

Demographics

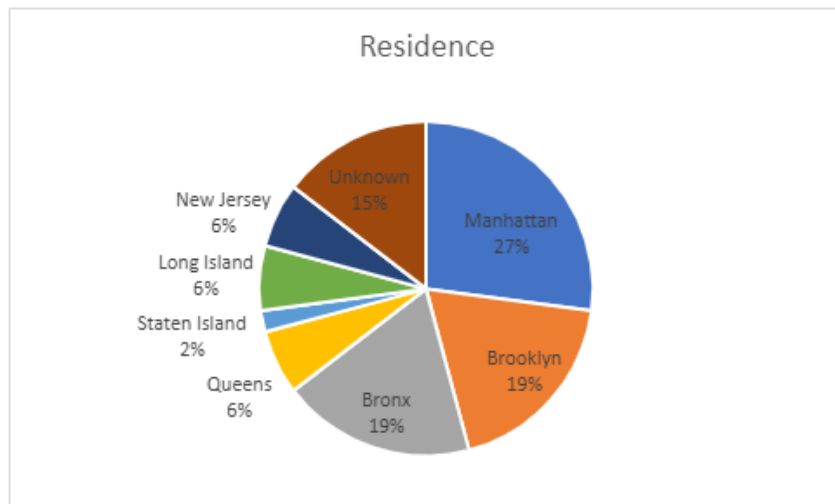
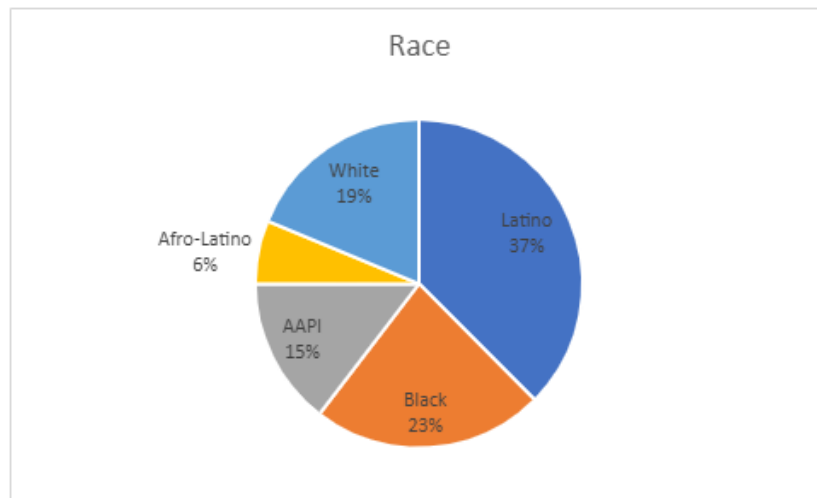
Our PSA project aimed to focus on the Latino community, so those who identify as Latino are the largest group of interviewees. About 43% of the interviewees identified as Latino, including Afro-Latino, 23% Black, 15% AAPI, and 19% white. We recorded each interviewee's background as they chose to identify, which is why there is variation in the quote attributions below, e.g. Latino, Latina, Latinx. Individuals ranged from ages 21 to 70, with a mean age of 30, skewing towards younger participants.

Interviewees were from diverse neighborhoods throughout New York City, including, but not limited to:

- Chelsea, Chinatown, East Harlem, Financial District, and Lower East Side in Manhattan,
- Bedford Stuyvesant, Bushwick, Cypress Hills, East New York, Flatbush, Downtown Brooklyn, Dyker Heights, and Bay Ridge, Sunset Park, and Williamsburg in Brooklyn,

- Castle Hill, Highbridge, Longwood, Melrose, Mott Haven, Soundview, Wakefield, and Westchester Square in the Bronx, and
- Jamaica, Rego Park, Ridgewood, and Sunnyside in Queens

There were a handful of people from Long Island and New Jersey but were visiting or working in the city at the time of the interview. For residences unknown, interviewees did not disclose their home location. Others were tourists from other countries, including Israel, Italy, and Scotland, which were not included in the main quantitative analysis.



Themes

We are grateful that many New Yorkers shared their thoughts so candidly. Several themes arose. Please note that these were random, anonymous on-the-street interviews with individuals who agreed to talk about mental health and their related experiences. We extrapolated themes and recommendations around family support based on their answers.

There remains conflation between mental health and mental illness. Our first question was: What is mental health? About 60% of participants identified mental health as a core component of our overall wellbeing. Interviewees described mental health as: health, wellbeing, wellness, a spectrum, and the ability to overcome challenges, and regulate emotions:

“...we all go through situations in life that can bring us down or make us really happy, and we have a spectrum or gauge that society deems normal.”

- Male, 31, Latinx, Bushwick, Brooklyn

“...mental health is wellness... It reflects our ability to make decisions, how we manage stress, and our social interactions.” - Female, 34, Mexican, Ridgewood, Queens

In response to the question, “What is mental health?” others immediately started defining mental illness, including an inability to handle life’s challenges and hardships.

“[Mental health is knowing how] not to be crazy...I guess not be overwhelmed by life and don't let it get to you.” - Female, 49, Puerto Rican, Wakefield, Bronx

“[Mental health] is not being able to think clearly. Someone who is not acting right. You know, it could be talking to themselves...causing disruption constantly.”

- Male, 39, Latino, Mott Haven, Bronx

“Mental health, it could be anything...it could be verbal abuse, physical abuse, like, you know, it could be a loss in family like death.”

- Female, 41, Puerto Rican, Ridgewood, Queens

“Mental health isn't exactly one diagnosis, but I feel like that's probably the most severe type of health problem you could have.”

- Male, 21, Latino, Dominican, Longwood, Bronx

“Like, you can't function, like everything is just wrong up in your, *in here* (points to head).” - Female, 52, African American

Most interviewees were able to define mental health. This is key to understanding that mental health is something that we all have and needs to be actively taken care of.

There is still widespread internalization of mental health stigma. About 62% of interviewees identified, acknowledged, or displayed some form of mental health stigma:

- Interviewees stated there is stigma, shame, or taboo associated with mental health,
- Interviewees stated they do not talk to others about mental health at all. They may also talk to a select few, e.g. one family member, or friends over family
- Interviewees conveyed the stigma or shame through their language. Some participants outright associated mental health with being “crazy,” either seriously or laughing it off.

Q: In your opinion, what is mental health? A: “Crazy people. [Laughs]. Sorry to laugh. Someone that needs help. They’re not functioning properly.”

- Female, 31, African American

“I think there's a lot of shame still, because I'm somebody who likes to think, you know, I do the right thing and I make sound choices in life and I'm afraid of being judged.”

- Female, 31, Latinx/Dominica, Bushwick, Brooklyn

There is the perception that sharing mental health challenges helps alleviate pain, but ultimately can be a burden to others. About 80% identified some type of coping mechanism for challenging times, including talking to others, therapy, exercise, or faith. Many were willing to discuss their challenges with family and friends:

“...it's good to talk about it because if you don't talk about certain things and keep things bottled up, it's going to eat you alive.” - Female, 37, Jamaica, Queens

“...[talking] allows me to express myself and just get it off my chest and I never have to keep anything bottled inside.” - Female, 18, Puerto Rican/African American, Westchester Square, Bronx

“[When you’re confused] about something, you always ask for...their opinion, but at the end of the day, you make, you know, your own choice, but at least it helps you out.”

- Female, 30, Hispanic, West Farms, Bronx

“[My mom and I] have shared life experiences. She's raised me and she's affected my mental health for the better. So, it's been great help discussing it with her.”

- Male, 34, Latino, Dominican, Highbridge, Bronx

However, about 10% of participants withheld sharing out of concern for their loved ones. They were concerned about adding stress to a family member, especially older ones. Those who identified as immigrant New Yorkers did not want to worry their family back home.

“...I try not to confess all my anguish to my closest relatives like mom, dad. I do tell them that I miss them and what I think in that moment. Being in a country different from yours and with relatives far away, you also have to learn to detach yourself a little to be able to move forward with an idea of living in another country.”

- Male, Colombian, age/location unknown

“Not all the time and not all my family members. I also feel like I don't wanna bombard people that I love with things that might not be so important. Maybe they do care about it. But I don't know, sometimes I do like to isolate myself.”

- Female, Dominican, Harlem, Manhattan

“I'm not sure how [talking about it] helps me either way. I guess maybe I don't want to like, stress my mom out, or like, worry her. If I'm going through something hard, I don't want it to affect my mom. She's really sensitive, and, you know, I'm very protective of her and her feelings.”

- Female, 43, Afro-Latina, Chelsea, Manhattan

“Normally, I just keep them inside just cause like other people be going through certain things, so I just don't wanna put my own problems onto them either.”

- Female, 19, African American, Soundview, Bronx

“...it's better that I connect with one person and tell one person about it than I have everyone thinking about it. Cuz then my anxiety will just go through the roof.”

- Female, 21, Panamanian, Honduran, African American, Sunnyside, Queens

“I talk to my husband, other family members. All the other family members are abroad, so I don't want to offend them.”

- Female, 53, Asian, Bay Ridge, Brooklyn

“I don't want to burden [my family] with things that I can handle and manage. I mainly talk to my friends.”

- Woman, 35, Chinese, SoHo

“[I don’t talk to family about this] too often, not to bother. [I want to make] sure not to worry about life too much. I talk to the sky, to God.” - Man, 70, Chinese, SoHo

Cultural and language barriers make it difficult to share mental health challenges.

While younger participants seemed to be more willing to discuss their mental health challenges, about 23% of interviewees acknowledged the intergenerational cultural and language barriers that they experienced. Mental health is considered taboo and simply not discussed within their family structure or culture.

“The older generation focuses a lot on getting work done and pushing through tough battles... And I could see that in my own parents too, where sometimes they'll go ahead and state, ‘yeah, this sucks, but you just have to deal with it and move on’.” - Male, 25, Hispanic

“I do not talk to my family about mental health. I don't know if it's a cultural obstacle, but both my parents are immigrants and they never really held that kind of space for open dialogue.” - Female, 31, Ecuadorian, Melrose, Bronx

“I had always sort of thought of therapy as a bit taboo. No one in my family had seen a therapist.” - Female, 31, Latinx/Dominica, Bushwick, Brooklyn

“Yeah, I have friends back home in the Caribbean that go through a lot. We call it the *G building* here, but back home, they call it the *crazy house*.” - Female, 31, African American [Note: The G building is the psychiatric unit at Kings County Hospital.]

“...my Hispanic mother is kind of ‘judgy’...I just don't feel like telling her cuz then she'll automatically think I want to die and all this stuff when it's not about that. Not all the time anyway.” - Female, 49, Puerto Rican, Soundview, Bronx

“Coming from a Spanish/Asian heritage, mental health is not accepted well...Thankfully my girl, even though she is, you know, Hispanic is trying to break out the chains of family members saying, ‘ah, just walk it off or just sleep it off.’ She definitely believes in like therapy and...what [therapists] can do for you.” - Male, 29, Filipino, Lower East Side

“My family is an immigrant family, and it's a bit of a taboo topic. Also, there's a bit of a language barrier. I don't know how to express some of my feelings to them in my true authentic way and self.” - Woman, 35, Chinese, SoHo

“It’s hard to talk to my parents. They have like mental health stuff that they’ve worked through...and there’s a little bit of stigma around getting mental health care.”

- Woman, 26, Korean, SoHo

“[Mental health]...in a Bengali household is very overlooked. There’s no such thing as mental health and things like that. So, as I get older, as I’m becoming my own person, you know, I do bring it up and I try to tell them it’s very important.”

- Woman, 26, Asian/Bangladeshi, Soundview, Bronx

There are concerns about perceived masculinity and mental health challenges.

A few participants stated that they would not share their struggles with others. Some male participants stated that they would not share with others at all and implied that such sharing wouldn’t help anyway. This is a stark contrast to many interviewees, who suggested that talking to someone – anyone – helps them process problems and make decisions.

Q: Do you talk to people about your feelings?

A: Absolutely not, with nobody [laughs].

Q: Do you talk to your family about your mental health?

A: No.

- Male, 31, Black, East New York, Brooklyn

“It’s going sound crazy. I talk to myself about my mental health. I feel like I can handle [it] on my own. There’s no reason to really speak about it. - Male, 24, African American, Jamaica, Queens

“As a man, it’s hard to even talk about emotions. Society deems it, you know, too emotional for a man. But I stopped caring about, like, what society thinks and kind of put myself first always.” - Male, 25, Hispanic

“Um, not very much. I think we can more or less handle on our own.”

- Man, 38, Asian, SoHo

“I tried once, and I didn’t feel like I was being heard. So, we really don’t talk too much about mental health.” Man, 21, White

“I speak to God daily throughout the day about my feelings, yes. With people, not so much, no. I’m an old-fashioned man. I’m a relic.” - Man, 52, White, SoHo

Recommendations

We learned a great deal from these interviews, which helped us create our PSA video and provide the following recommendations. We would like to make these recommendations through the lens of family support, not only because it's a unique component of NAMI-NYC's work, but family members continue to be the most trusted and credible messengers for people nationally.

Last year, an Ad Council report titled, “Who Do We Trust with Our Lives?” researchers found that Americans place the most trust in their families on almost any issue—mental health, voting and civic engagement, racial equity and justice, climate change, addiction, and COVID-19.¹

People most trusted their spouse or partner (72%), immediate family members (66%), doctors and medical professionals (60%), close friends (59%), and scientists (51%). Trusted community leaders include pastors/religious leaders, teachers, church members, and local businesses.

New Yorkers need culturally specific, multilingual PSAs that normalize talking about mental illness for both individuals and family members. With our “man on the street” interviews, we learned that it's not just members of the Latino community struggling with mental health. Future campaigns for different communities would continue to drive home key fundamentals, like:

- We can rely on family and friends for support.
- Mental health is as important as physical health.
- Mental health is a spectrum of emotional wellness.
- Mental health affects all of us.

Various cultural communities will require their own mental health vernacular. For example, in Latino communities, it would be important to emphasize the role of spirituality as well as the role of the family and parental authority, even for adults.^{2,3}

¹ New Study Reveals Most Americans Look to Medical Professionals for Trusted Information on Social & Societal Issues, After Family. (3 February 2022). Ad Council. <https://www.prnewswire.com/news-releases/new-study-reveals-most-americans-look-to-medical-professionals-for-trusted-information-on-social--societal-issues-after-family-301474433.html>.

² Fortuna, L. Working with Latino/a and Hispanic Patients. *American Psychological Association*. <https://www.psychiatry.org/psychiatrists/diversity/education/best-practice-highlights/working-with-latino-patients>.

³ Murray, T. (28 July 2022). Using *Cuento* to Support the Behavioral Health Needs of Hispanic/Latinos. SAMHSA. <https://www.samhsa.gov/blog/using-cuento-support-behavioral-health-needs-hispanic-latinos>.

We can build resources on how to talk about mental health with loved ones and friends based on real lived experience in cultural communities. Many interviewees were highly reluctant to break the ice with their family members. Talking points from other community members who have been through this dialogue before can provide confidence and conversation starters.

We would learn this information from further research and interviews with community-based organizations, government leaders, and New Yorkers. We would likely go to South Queens to explore Bangladeshi culture, Chinatown in lower Manhattan to explore Asian cultures, and south Brooklyn to explore Arab cultures.

Various communities also require their own customized campaign in an accessible, engaging formats. For example, a video requiring technology knowledge, as well as device and WiFi access, might not work for older BIPOC New Yorkers.

New Yorkers need family support programs for culturally specific, multilingual communities. Through our research process, we spoke to a variety of non-profit community partners who responded strongly and positively to our anti-stigma PSA—and there is a demand for family support programs. In conversation with a New York Chinese cultural institution, their team was glad to hear about our AAPI support group conducted in English and eagerly anticipated the development of our Family-to-Family course in Chinese in order to open the conversation around mental health, particularly given the trauma of anti-Asian hate crimes and sentiment during the pandemic.⁴

Our Family-to-Family course is a free, 8-week class for family, significant others, and friends of people living with mental illness. Research shows that Family-to-Family makes a big difference in the coping and problem-solving abilities of the people closest to someone living with a mental health condition.

To offer this course to the community, NAMI-NYC needs to recruit and train volunteers who identify as and speak Chinese to teach and facilitate the course. We also need programmatic staff for greater cultural understanding and to converse fluently with our new participants in Chinese rather than solely relying on volunteers.

We'll also need outreach staff to make connections in Chinese-speaking communities throughout New York City, including in-person outreach events and health fairs to build relationships, create trust, and bridge the digital divide. This is only one program and one

⁴ Health of Asians and Pacific Islanders in New York City. [NYC.gov. https://www.nyc.gov/assets/doh/downloads/pdf/episrv/asian-pacific-islander-health-2021.pdf](https://www.nyc.gov/assets/doh/downloads/pdf/episrv/asian-pacific-islander-health-2021.pdf).

cultural community. There needs to be a significant public investment in family support programs and services citywide.

New Yorkers need family support programs to normalize conversation about men's mental health, especially for men of color.

NAMI-NYC works with NYU McSilver Institute for program evaluation. Data includes participant demographics by program. Broadly speaking, our class participants are typically middle-aged women who are caregivers to loved ones with mental health challenges. Overall, we have less participation and engagement from New Yorkers who identify as male. During our focus groups evaluating the PSA, participants expressed interest in men's mental health. There is cause for concern. Suicide is the 11th leading cause of death in the U.S. and men die by suicide 3.9 times more than women.⁵

There could be an opportunity to create a family support program specifically around breaking this stigma for men, providing tools and resources for family members to use a culture of inquiry. This way, family members will know how to ask their loved ones, especially men who may not be inclined share, how they are doing and how to support them. Family support is as important as addressing men directly, as loved ones can break down stereotypes and create an opening for fathers, sons, brothers, nephews, cousins, and other family members who identify as male to share their struggles with others.

New Yorkers need family support programs in faith and interfaith communities.

NAMI-NYC's Sharing Hope program is a three-part community conversation series and guided dialogue on mental wellness and support specifically designed for Black/African ancestry communities who may struggle with being open about mental health challenges. In fact, Black adults are 20% more likely to report serious psychological distress than white adults.⁶ Sharing Hope addresses stereotypes to overcome, pressures to be excellent, and fears of being perceived as vulnerable or spiritually weak.

There is an opportunity to engage New Yorkers through faith and interfaith communities. Through outreach, we can convene and educate faith leaders who are mental health advocates to bring resources and information to their congregants.

⁵ Suicide Statistics. AFSP. <https://afsp.org/suicide-statistics/>.

⁶ NAMI Sharing Hope: Mental Wellness in the Black/African Ancestry Communities. NAMI. https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Sharing-Hope-Mental-Wellness-in-the-Black-African-Ancestry-Communities?gad=1&gclid=EAlaIQobChMlyuKhktjlgAMVXmxvBB3cNAShEAAYASAAEgIZC_D_BwE.

Like with men's health, family and friends in religious communities need to know the signs of when loved ones are struggling and how to seek help. As we continue to equip New Yorkers with free programs and resources, more people may be open to accessing mental health care and knowing that such care does not contradict their spirituality or spiritual endeavors.

If you're interested in learning about our full campaign, please visit www.naminyc.org/psa.

To learn about NAMI-NYC's multilingual, culturally responsive classes, 40 support groups, and other programs, visit www.naminyc.org/find-support.