Mental Health is Physical Health: Stigma Reduction Starts with Me

Charde' Hollins, LISW Mental Health & Equity Consultant Relevant Connections, LLC





Who am I?

- Pronouns: She/her
- **Physical Description:** Fare skin AA woman, rainbow glasses, blonde locs, ongoing big smile
- Family: 1 husband, 1 daughter, & 1 son
- Academics: Historically Black College/University (HBCU) graduate – Oakwood University & Masters from Cleveland State University in Social Work
- Practice: School, Hospital, Corrections, Court, Grants Management, & Community
- Life Motto: "Nobody cares how much you know, until they know how much you care".



Learning Objectives

1 Explore the history of mental health stigma and discrimination on people with mental disabilities
Discuss the influences of culture and its role in perpetuating stigma within BIPOC population
Develop strategies for reducing stigma and implementing preventative and culturally responsive efforts to address mental health needs

By the end of this training, I hope you will:

Detect	Detect personal stigma related to mental health
Increase	Increase understanding of mental health and ways to integrate diverse partnerships
Feel	Feel more confident initiating conversations about mental health
Apply	Apply strategies for advancing equity in mental health on college campuses

- *Stigma* is a set of negative and often unfair beliefs that a society or group of people have about something.
- While stigma refers to an attitude or belief, *discrimination* is the behaviors that result from those attitudes or beliefs.

stand up against stigma No Health without Mental Health

Source: American Psychiatric Association

History & Perceptions

Ancient Beliefs:

• Supernatural causes by evil spirits or divine punishment. This led to fear, exclusion, and mistreatment.

Institutionalization - 18th & 19th Centuries:

• Forced into asylums or psychiatric hospitals, known for being abusive and inhumane.

Eugenics Movement – Early 20th Century:

• Advocacy to eliminate "undesirable" traits through sterilization and segregation.

Medical Model – Mid-20th Century:

• Focused on diagnosis and treatment. Reinforcing mental health as only being seen as a disease.

BIPOC History & Perceptions

Colonialism and	 Imposed cultural norms and beliefs, leading to the devaluation of traditional
Oppression:	healing practices and their own cultural understandings of mental health.
Racial Stereotypes:	 Inherent "savagery" or "inferiority," contributed to stigmatizing views of mental health within these communities.
Historical Trauma:	 Prevented individuals from seeking help due to cultural shame or mistrust in mental health systems.
Lack of Representation	 Limited access to culturally responsive care, biased diagnostic practices, and
and Access:	disparities in treatment.



Mental health vs Mental illness

Mental Health – Everyone Has It!

TANGLAW MENTAL HEALTH

WHAT IS MENTAL HEALTH?

MENTAL HEALTH, like physical health, is a category of health that caters to the balance between emotional and mental wellness and illness.

It includes the mental health management skills we need to (1) cope with the stresses of life, (2) live and work productively, and (3) create healthy social relationships and support systems. Not everyone has a mental illness but we all have mental health and we owe it to ourselves to manage our stress, overwhelm, and everyday anxieties.

MENTAL HEALTH CONTINUUM MODEL

HEALTHY	REACTING	INJURED	ILL
S			· · · · · ·
 Normal fluctuations in mood Normal sleep patterns Physically well, full of energy Consistent performance Socially active 	 Nervousness, irritability, sadness Trouble sleeping Tired/low energy, muscle tension, headaches Procrastination Decreased social activity 	 Anxiety, anger, pervasive sadness, hopelessness Restless or disturbed sleep Fatigue, aches and pains Decreased performance, presenteeism Social avoidance or withdrawal 	 Excessive anxiety, easily enraged, depressed mood Unable to fall or stay asleep Exhaustion, physical illness Unable to perform duties, absenteeism Isolation, avoiding social events
Act	ions to Take at Eac	h Phase of the Contir	าบบทา
 Focus on task at hand Break problems into manageable chunks Identify and nurture support systems Maintain healthy lifestyle 	 Recognize limits Get adequate rest, food, and exercise Engage in healthy coping strategies Identify and minimize stressors 	 Identify and understand own signs of distress Talk with someone Seek help Seek social support instead of withdrawing 	 Seek consultation as needed Follow health care provider recommendations Regain physical and mental health

AN OUNCE OF **PREVENTION IS** WORTH A POUND **OF CURE**

BENJAMIN FRANKLIN

2021 American College Health Survey

- Loneliness was reported by 50% of the surveyed students.
- Almost 70% of students reported their mental health as a concern for their perceived academic performance.
- Students who identified as LGBTQ+ had higher rates of mental health issues than their heterosexual counterparts.
- Black and Latinx college students reported higher rates of depression and anxiety compared to white students.
- 24% of students reported experiencing a traumatic event in the past year.

- 66% of students reported feeling consistently overwhelmed
- 79% of surveyed colleges and universities offer some form of mental health services to students.
- 45% of college students reported that they have felt so depressed that it was difficult to function in the past year.
- 42% of students reported needing help for a mental health issue in the past year but did not receive any services.
- 26% of students reported that they have seriously considered suicide at some point in their life.

MENTAL HEALTH CONTINUUM MODEL

HEALTHY	REACTING	INJURED	ILL
Normal fluctuations in mood Normal sleep patterns Physically well, full of energy Consistent performance Socially active	 Nervousness, irritability, sadness Trouble sleeping Tired/low energy, muscle tension, headaches Procrastination Decreased social activity 	 Anxiety, anger, pervasive sadness, hopelessness Restless or disturbed sleep Fatigue, aches and pains Decreased performance, presenteeism Social avoidance or withdrawal 	 Excessive anxiety, easily enraged, depressed mood Unable to fall or stay asleep Exhaustion, physical illness Unable to perform duties, absenteeism Isolation, avoiding social events
Act	ions to Take at Eac	h Phase of the Contir	าบบทา
Focus on task at hand Break problems into manageable chunks Identify and nurture support systems Maintain healthy lifestyle	 Recognize limits Get adequate rest, food, and exercise Engage in healthy coping strategies Identify and minimize stressors 	 Identify and understand own signs of distress Talk with someone Seek help Seek social support instead of withdrawing 	 Seek consultation as needed Follow health care provider recommendations Regain physical and mental health

Strategies for Implementation





Give feedback to Charde' Hollins

Scan this QR code



2. Enter this code on the screen
PREVENTION

Let's stay in touch!

in

@RelevantConnections

Hollins@RTConnects.org www.RelevantConnections.org

