How Can Therapists Better Help Minorities?

By Headway Staff

There is a known disparity in mental health care among minorities and people of color. According to the US HHS Office of Minority Health, adult black or African Americans are 20 percent more likely to report serious psychological distress than adult whites. Yet almost 19 percent more adult whites receive treatment for a major depressive episode than adult blacks or African Americans.

Part of the disparity is due to the stigma around mental health in communities of people of color. But part of it is due to an ongoing lack of care, a fear that therapists and mental health

providers are not culturally aware enough to provide appropriate support, and a fear of experiencing continued racism and microaggression while seeking therapeutic help.

Two Headway staff members, Regina Brown and Marina Himmer, spoke about the problems surrounding minority mental and emotional health, and ways to provide supportive care.

By Regina M. Brown, EdD, ABD

With National Minority Health Month coming to a close, it is important to remember that the concept of "minority health" should cover all aspects of a person's wellbeing, regardless of the month: not only their physical health, but their mental, emotional, and social health as well. Given a mental health practitioner's position of particular trust and openness as regards their clients' personal life and trauma, it is vital that practitioners are cognizant of the historic and current trauma their clients of color experience in their workplaces, and the toll that trauma takes on workers' overall health and wellbeing.

In a 2004 article regarding workplace oppression as experienced by people of color, Aileen Alleyne helps counseling and psychotherapy practitioners understand the stress and ongoing traumatic experiences of these groups, specifically those of African or black descent. The study explored the experience of being black in the workplace and the impact of the workplace experiences on the wellbeing of the workers.

The nature of workplace oppression of black people was not overt, but rather subtle microaggressions that included infractions such as not being noticed, heard, or supported, as well as being met with an absence of pleasantries, silence, or exclusion—all of which were normally accorded to their white colleagues.

Over time, this subtly oppressive behavior contributes to "longer periods of hurt, shame, and demoralization, that often leave workers traumatized." The unrelenting nature of these onslaughts and the natural tendency of people to find ways to guard themselves through protective and defensive postures leads to considerable negative effects on emotional health.

The symptoms include insomnia, increased irritability, and poor concentration, as well as various adverse physiological somatic responses.

In the therapeutic relationship, it is vital that mental health practitioners comprehend the historic nature of racial trauma and the contemporaneous nature of racism. Practitioners are challenged to understand not only their own worldview and sense of self, but their historic and contemporary relationship to racial oppression as well. One of the goals of therapy is to help people of color come to terms with and separate the "traumatic historical memories" and work towards a critical consciousness that allows them to become more fully themselves and re-center their identity even in the face of microaggressions in the workplace.

By Marina Himmer, MA

When working with clients of different races, cultures, nationalities, and backgrounds, I have noticed that they appreciate when they are acknowledged by their unique, individual, and genuine cultural and nationality background combination when it comes to getting to know them and their worldview.

One effective way to do that is to be very curious in getting to know them, as well as never, never, never assuming or stereotyping them based on their appearance! It is very easy for anyone to be quick to assume or use stereotypes based on someone's external appearance, but it goes beyond that.

In working with Hispanic clients, for example, I've heard stories of some of my clients being assumed for being of Mexican heritage just because they speak Spanish, or because of the color of their skin; but they can be Ecuadorian, Honduran, Puerto-Rican, Salvadorian, Costa-Rican, etc. More often than not, this assumption makes the client feel "disregarded" since each country has its own unique and distinctive cultural-national background that transcends racial differences and similarities.

The truth is, that just by appearance, we as mental health providers don't know what a client is going to bring to the table. So, in being curious and asking them to tell us what being

‘_____’ in this country means to them, they will appreciate that you are willing to learn about them by letting them be the expert this time around.

Regina M. Brown is the Chief Services Officer at Headway. She brings more than 25 years of experience in strategy execution to develop the potential of our organization through the effective integration of people, processes, and communication. She works to help Headway increase its capacity by utilizing a systems-methodology to resolve a wide range of interpersonal and organizational issues.

Marina Himmer has been a Bilingual Therapist at Headway since November 2016 and has worked in the human services field since 2012. She has experience working with children, adolescents, adults, and couples. She enjoys working with minorities, especially those of Hispanic origin, using CBT and other client-centered approaches with her clients.