

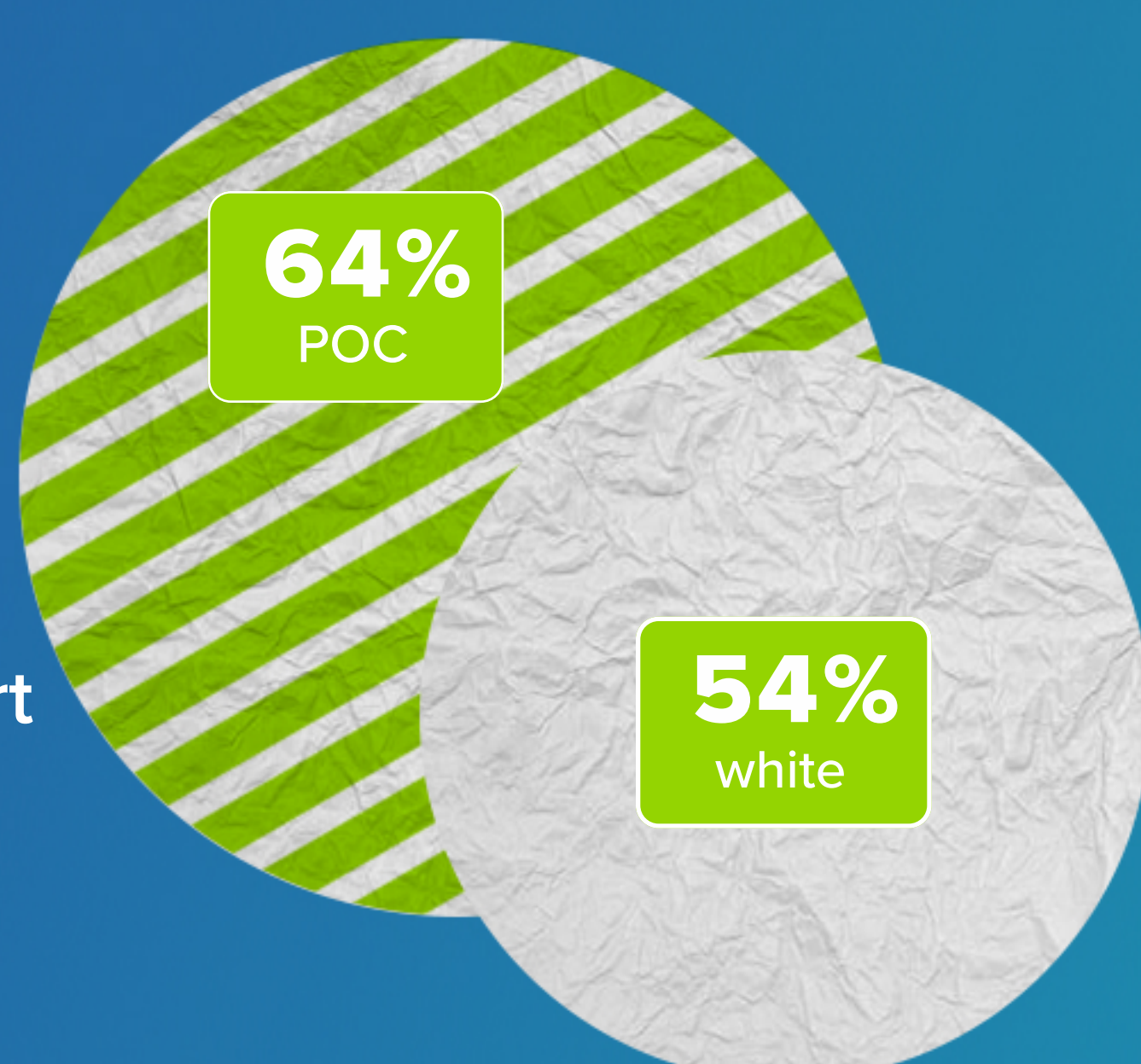
Break the Silence on Mood Disorders!

Countering Stigma & Cultural Barriers with Openness & Understanding

According to a recent survey by NAMI/Harris Poll, **people of color** experience significantly greater challenges when managing a mood disorder.

64%

of respondents with a mood disorder who identify as POC report that there has been a time when they wanted mental health treatment but did not receive it.

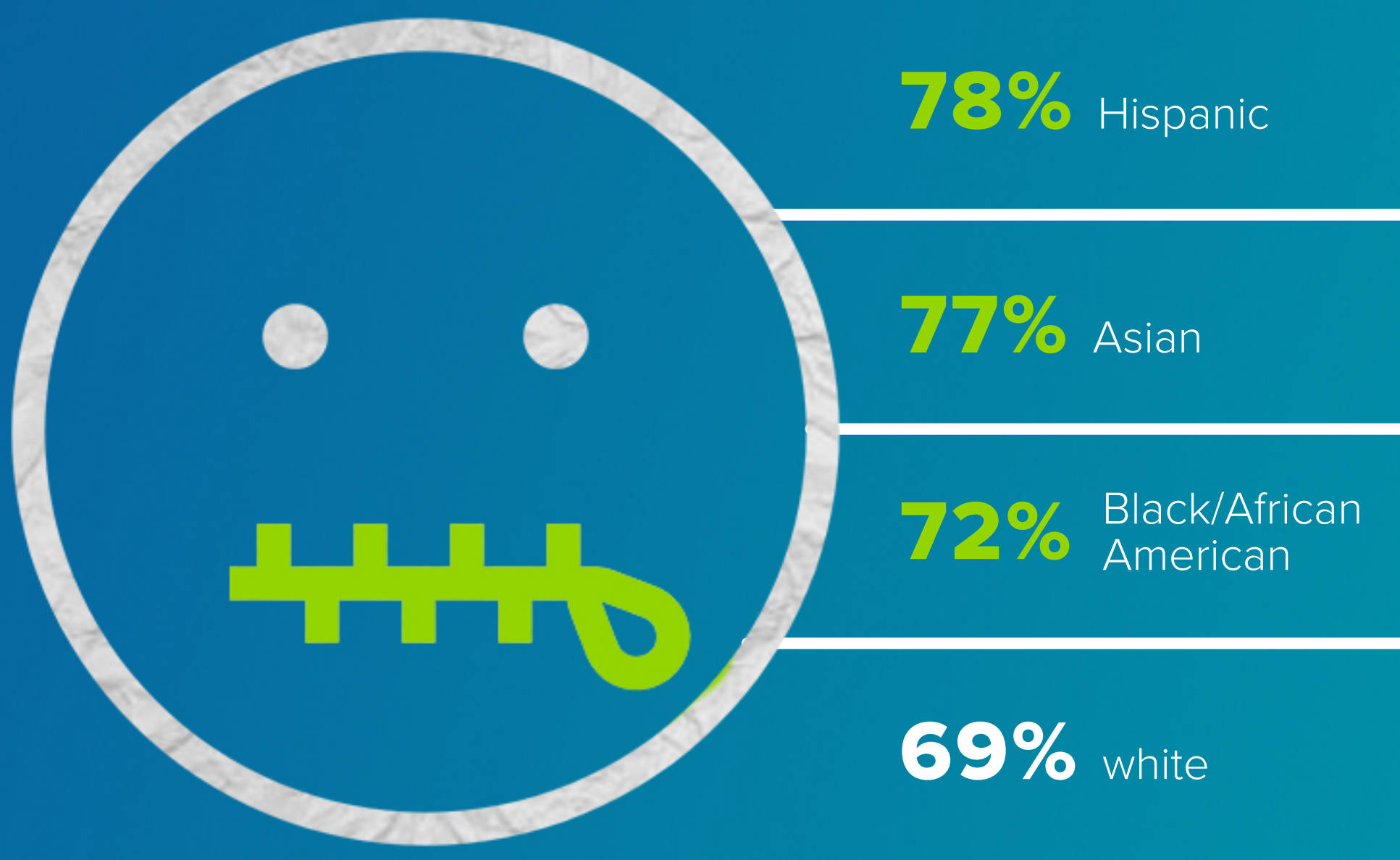


Mood disorder symptoms can include:

- Changes in sleeping habits/feeling tired & low energy
- Feeling excessively sad or low
- Excessive worry or fear
- Changes in eating habits
- Avoidance of friends & social activities
- Trouble concentrating & learning
- Multiple physical ailments without obvious causes
- Prolonged or strong feelings of irritability or anger
- Extreme mood changes
- Changes in sex drive

In addition to structural barriers like cost and access to providers, stigma and lack of cultural competency can prevent people of color from getting appropriate treatment – many struggle to be seen, heard and understood.

77% of respondents who identify as POC report it is difficult to open up to others about their mood disorder.



74%

of respondents who identify as POC report having positive experiences with health care professionals.

81% of white respondents reported the same.

“While racial disparities exist across all communities, our survey found that Hispanic and Asian American individuals are facing more significant struggles – including a lack of cultural competency among health care professionals. This is of great concern and needs to be remedied.”

- NAMI CEO Daniel H. Gillison, Jr.

Share and Listen!

- Talk openly about cultural and racial disparities.**
“I don’t feel heard / seen.”
- Find support among mental health professionals who are culturally and linguistically competent.**
- Talk openly about mental health and share your experience with mental health challenges.**
- Use non-stigmatizing language:**
 1. Use “person-first” language (e.g., “John has bipolar disorder,” instead of “John is bipolar”)
 2. Avoid diagnostic categories as adjectives (e.g., “I’m so OCD.”)
 3. Avoiding potentially hurtful terms, such as “crazy” or “insane”
- Be understanding and supportive of others’ journeys to recovery.**

Reach Out! Stop the Stigma!
We are all in this **#Together4MH**