Title:

Stop the stigma: Why black folk need to be in psychotherapy

Abstract:

Despite evidence that mental health problems (ranging from very mild to severe) affect all people, the rates of minorities engaged in personal psychotherapy have remained low throughout the past few decades. Historically, minorities have tended to devalue the importance of mental health, and stigmatize therapeutic interventions. This session will focus on why we need to shed the stigma surrounding mental health issues, and detail where we've been, where we are, and where we need to head in term of opening ourselves to self-exploration within the realm of psychotherapy. Also learn about how our physical health is intertwined with our mental health; thus, we cannot be holistically healthy without caring for both. If you're human, you need to sit in on this session!

Slide Material:

- History:
    - Where we've been
        - historically, minorities have not engaged in psychotherapy
    - Where we are
        - increasing amounts of minorities are engaging, but numbers are still disproportionately low
    - Where we need to be heading
        - continue to de-stigmatize mental health issues, make people aware of local resources, encourage friends and family to get help when they need it.
- We all need therapy…especially at different points of our lives!
- Many minorities won't get treated for depression or mild adjustment problems
    - Depression is the "common cold" of clinical psychology.
    - Mild adjustment problems can develop into much more serious psychopathologies.
- Mental health is just as important as physical health.
    - In fact, they are intertwined in such a way that one directly affects the other.
    - Similar to our physical health, many minorities do not seek help until the situation is dire. Intervention is then more intense and long-term than it would have been if preventative measures were taken, or earlier interventions were made.
- Interesting points:
    - The numbers of minorities in therapy can be miniscule; some clinics do not bother to efficiently track demographic data on race/nationality.
    - Brainstorm with audience – "Why don't Black folks go into therapy?"
        - We don't like people in our business.
        - We ask our momma.
        - We take it to Jesus.
        - We can't afford therapy.

- That therapist could never understand ME.
- I can’t relate to my therapist.