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After Atlanta-area attacks, Asian communities reckon with mental health crises



Psychotherapist Linda Yoon, shown in her downtown L.A. office, says she has been flooded with calls from people from across the U.S., many of them mentioning the Georgia spa shootings or racial trauma and seeking an Asian therapist who could help them cope. (Dania Maxwell / Los Angeles Times)

BY MARISSA EVANS | STAFF WRITER

MARCH 31, 2021 5 AM PT



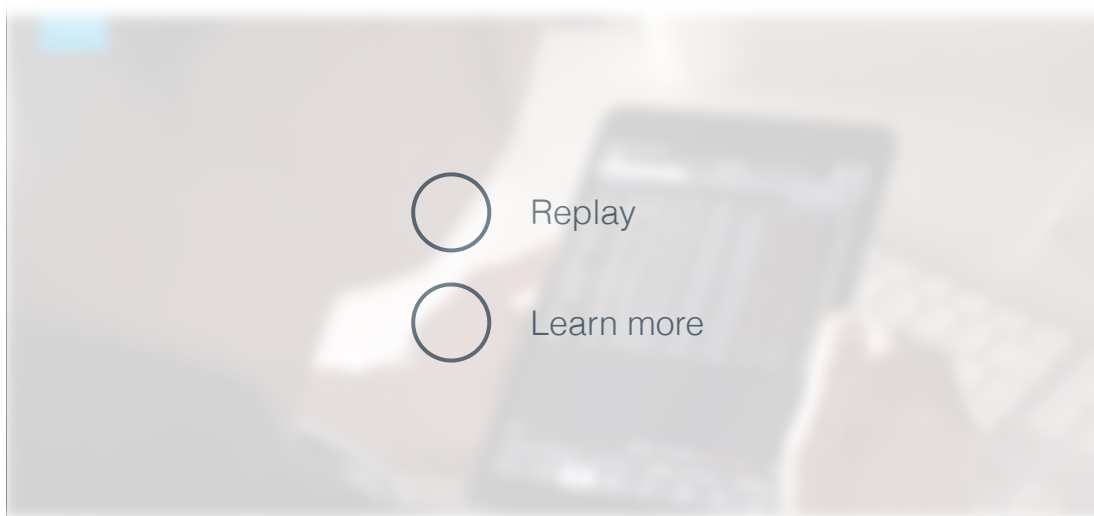
When Linda Yoon, a Korean American psychotherapist, heard about the Atlanta-area spa shootings two weeks ago, she braced for what would likely come next.

After the killing of eight people, including six Asian women, she and the other therapists in her Los Angeles-area practice were virtually flooded with calls and emails from would-be clients. Ninety percent of them were Asian people mentioning the shooting or racial trauma.

The calls came not just from L.A. or across California, but also from Alabama, Kansas and even Georgia, with desperate requests for an Asian therapist who could help them cope.

Since she started the [Yellow Chair Collective](#) with a partner in 2019, the out-of-state inquiries were not new for Yoon. But due to overwhelming demand and licensing restrictions that limit practitioners' ability to treat people in other states, Yoon and her fellow therapists felt a sense of helplessness, realizing they could not serve everyone.

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“We’ve been getting a lot more inquiries than we could accommodate,” Yoon said. “We’ve been getting a lot of inquiries out of state where they don’t have a lot of Asian providers and that’s been hard ... we had to turn some Asian clients away.”

The Atlanta-area shootings amplified the longtime mental health crisis in Asian American and Pacific Islander communities after a year of anti-Asian violence and grief over COVID-19 deaths.



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March 25, 2021

Experts and advocates say these events also helped expose other shortcomings in the healthcare system particular to Asian Americans, including a lack of Asian mental health providers, ongoing language barriers and ignorance of Asian culture, histories and the decades of violence they've faced in America.



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During the pandemic, Asian communities are also dealing with displacement from loss of income or the need to move, being without usual support systems because of social distancing and fear of violence inspired by bigoted rhetoric that Asian people are responsible for the coronavirus.

“It’s just making a lot of mental health challenges worse,” said Mandy Diec, California policy director for the Washington, D.C.-based [Southeast Asia Resource Action Center](#). “It’s really nothing new, but it’s something reinforcing a lot of the trauma and it’s unfortunate that the biggest problem is that we live in a healthcare system that doesn’t account for the needs of our community.”

Depression, post-traumatic stress disorder, anxiety, unresolved trauma and cultural stigma about mental illness are longtime concerns in Asian communities.

Nearly [44% of Asian Americans who had a past-year major depressive episode received treatment](#) for it, according to the 2018 federal National Survey on Drug Use and Health. Refugees from Cambodia, Laos and Vietnam are most at risk for PTSD from the traumas

of genocide, war and assimilating to resettlement in the U.S., according to the federal Centers for Disease Control and Prevention.

A [report released last week](#) by the Southeast Asia Resource Action Center found that 29% of respondents faced challenges due to an insufficient understanding of mental health services and how to navigate the mental health system.

Survey participants said they care most about someone understanding their cultural values, roles and expectations, a welcoming environment and an understanding of their community's history.

Diec said younger generations are “cultural brokers” between older adults and the mental health system, helping them make appointments, research therapists and receive care.

She said Asian American and Pacific Islander communities revolve around family and the collective community, making mental health — often treated individually — a challenging subject to broach because it's not seen as “necessary or really worthy of talking about.”

In 2019, there were 4,887 Asian psychologists across the U.S., making up [just 4% of the workforce](#), according to a report from the American Psychological Assn.

Yoon had to find a therapist for her mom in 2019 when she was experiencing depression. Her mother speaks Korean and finding a therapist in San Diego who speaks the same language was challenging. Given her background, Yoon said she did the therapist consultations and made the appointments.

Yoon said it's common to see young Asian people asking for a consultation or making appointments on behalf of their parents, grandparents, aunts and uncles.

“Because of their generation, therapy wasn’t even an option, they didn’t think about it,” Yoon said. “They’re still hesitant, so younger people are trying to bring that idea to their parents.”



Korean psychotherapists Linda Yoon, right, and Soojin Lee. To meet the increased need of the community, Yoon’s practice will host an anti-Asian racism workshop for Asian parents and a support group for Asian American teens. (Dania Maxwell / Los Angeles Times)

To meet the increased need of the community, Yoon and her staff initially offered two free support groups after the Atlanta-area shootings. They filled up quickly. The practice is hosting a workshop for Asian parents on how to talk about anti-Asian racism with their children and a support group for Asian American teens.

They’re also offering coaching group services on topics such as “How to find your voice as an Asian American” and “How to advocate for yourself and your community.”

But Yoon says her Asian clients are struggling to process what happened in the Atlanta area and the violent attacks that have long occurred in their communities.

Often they've been told by older generations to ignore the racist attacks, work harder and "don't rock the boat," Yoon said. Now they're trying to find the words to explain the traumas of feeling culturally and emotionally invisible. Her female clients are feeling especially isolated.

"A lot of them were telling me that a lot of companies didn't acknowledge what happened," Yoon said of her clients. "They're feeling the tragedy but their companies, their own managers, are going like it's just a normal day and that was on St. Patrick's Day so people were celebrating ... they're really struggling, and they feel like they want to cry and it's like, 'OK, when I go to therapy, I can cry.'"

Kate Wadsworth, clinical director for the Center for Empowering Refugees and Immigrants in Oakland, worried how the Atlanta-area shootings would trigger PTSD among her Southeast Asian clients. During the pandemic, the organization has held virtual sessions four times a week to talk about how people are coping with their grief and isolation, and the violence.

As the only white person on the center's staff, Wadsworth said she works with interpreters who are often refugees, immigrants or children of survivors. Clients can always work with someone of Asian descent or a refugee, but Wadsworth said interpreters serve to provide potential clients with "an unspoken 'OK, you can trust her.'"

Wadsworth said it's harder for members of the community to open up about their grief and trauma if they have to first explain the history of genocide in their country.

"It's really important to be humble and acknowledge there may be things I don't understand because I'm white," Wadsworth said. "Your job is not to teach me, but I'm

here to learn about you and what works for you and your culture ... it's true cultural humility.”

Kao Saechao, specialty mental health division director for Asian Health Services in Oakland, said the community health center offers mental health services through more than 30 mental health workers and in 14 Asian languages.

Patients coming in are often dealing with trauma, depression and anxiety. The center, which offers medical, mental health and dental care, serves about 50,000 people from low-income communities each year.

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Since the Atlanta shooting, the center has seen an uptick in requests for mental health services.

“The stigma is still very present in our community. I think there’s still a lot of work that could be done to improve that,” Saechao said. “And also, somehow just normalizing mental health services and actually educating people on what that means and the benefits of mental health care.”

Yoon’s practice will soon have 12 therapists on staff and currently offers therapy services in Cantonese, Mandarin, Korean, Spanish and Vietnamese.

But Yoon often thinks about the people they’ve had to turn away. While the practice tries to make referrals to therapists living closer to people making out-of-state inquiries, Yoon says they often have full client lists too.

Recently Yoon and her business partner went to Big Bear with their families to decompress and enjoy the snow. But they still found themselves responding to emails and tinkering with how they'll run the upcoming support groups.

“We just can’t take time off right now,” Yoon said. “I feel like we need to be there.”

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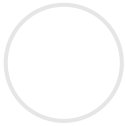
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Marissa Evans

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Marissa Evans covers healthcare and communities of color in California for the Los Angeles Times. Before joining The Times in 2021, she worked for the Star Tribune in Minneapolis. She also previously reported for the Texas Tribune, CQ Roll Call and Kaiser Health News. Evans graduated from Marquette University with a degree in journalism.

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Depression is why I'm writing this. Shame is why I'm writing it under a pseudonym

Shin Yh

Mon 23 Aug 2021 02.00 EDT

I can't recall exactly when we started referring to them as my vitamins. Looking back, it feels as if I woke up one day and my parents had it decreed: they were just to be one in a series of supplements for me to gulp down on my way out the door to school - nothing less, nothing more.

Every morning, my regimen remained the same: one Vitamin C and one echinacea tablet for my immune system. One disgusting fish oil capsule, for my

brain health. And sometime after I turned 16, 50mg of Zoloft for the unspoken.

Back then, so much of my vacillating mental health was beyond what my Taiwanese immigrant parents had been prepared for. But they were trying. They did not want to talk about my depression, but they had to make sure I was taking my antidepressant.

And so there we were, every morning: “Don’t forget your vitamins.”

Mental health is a fraught topic among families like mine. [Suicide is the leading cause of death](#) for Asians ages 15 to 24 in the US, yet studies have shown that Asians are the [least likely](#) among all other racial groups to utilize mental health services.

Research [has found](#) that some norms within many Asian cultures - not talking about their feelings, believing that hard work and perseverance can solve all manners of crises - make it difficult for some to accept the existence of certain mental illnesses or understand the benefits of psychotherapy.

I am familiar with these findings because I’ve lived them. My parents had long been against the idea of medicating their youngest daughter, their baby, with unnecessary chemicals. But somewhere along the way - as the vitamin talk proved - they had understood it was necessary.

When I think back on this time in my life, I picture my father, painstakingly cutting up tablets of Zoloft for me with a pill cutter after my prescription changed to a smaller dose. I remember him having to leave work every Tuesday to take me to a therapist, a woman he didn’t trust and had argued with on at least one occasion.

My parents hadn’t entirely gotten it, I told my older sister on one of our family FaceTime chats recently - but at least they had been able to let go of some of their preconceived notions to get their daughter the help she needed.

My sister flinched. “Is that what you think happened?” she asked carefully.

My sister panned the phone over to where my mother sat, quietly looking down at the table. Just out of frame, my father gently walked my infant niece into a nap in the hallway behind them: an idyllic tableau of a family that talked daily over group chat. Through the grace of growth, distance and hindsight, our family had overcome any prickly residual grievances that remained around my teenage years - or so I thought.

My sister brought the phone back to her face. What actually happened, she told me, was that one of my friends had gone to a school guidance counselor, concerned about my depression and suicidal thoughts.

“The school called,” my sister said. “They told them that if they didn’t do something they’d call social services.”

In the background, I heard my mother murmur a soft confirmation.

Shame is a powerful emotion in Asian cultures. It is the reason why I am writing this piece using a pseudonym, a first since I began working in journalism when I was 17.

In Chinese, we have a concept of “losing face” that goes beyond that of embarrassment - it’s the loss of respect, dignity and standing. In short, it’s something akin to shame, and it rules our societal existence.

We do well in school so that we can get good jobs and we work hard at our jobs and we succeed all so that we do not bring shame upon ourselves and our families. We behave as perfect little daughters, sons, mothers, fathers and so forth so we do not bring shame upon us all as the model minority in a broken racial hierarchical system.

“You maintain face by carrying out the roles that are ascribed to you by one culture and one society,” said Dr Nolan Zane, professor emeritus of psychology and Asian American studies at the University of California, Davis. “That is also how you lose face. If you are somehow perceived as failing at that role, then you somehow lose face.”

Mental illness - specifically, living in a healthy manner with your mental illness - has no place in a culture rooted in shame. I may have made peace with my diagnoses long ago, and yet I find myself writing under a pseudonym because I now have someone else’s shame to contend with instead of mine: my parents’.

First, let’s discuss *my* shame, the shame of my teenage years. Thinking about that time period has always been terrifying because of the large blanks in my memory - a few therapists I’ve seen over the years have suggested that I blocked out certain recollections because they were traumatic.

// You maintain face by carrying out the roles that are ascribed to you by one culture and one society
Dr Nolan Zane

I remember pieces here and there - like my sister on the phone from her freshman-year dorm room, screaming because I had attempted suicide. I remember feeling too much. I remember sometimes destroying things to find relief, I remember blood on my arms, I remember fighting nonstop with my parents, who really just did not seem to understand.

But I remember the shame most of all - the shame of not feeling able to do anything but lie on the couch. The shame of knowing something was so wrong when I was supposed to be perfect. The shame that always engulfed me after I emerged from those dark periods.

To my parents back then, mental illness conjured images of the homeless men we often saw on the street corners in Boston, mumbling to themselves. They didn't think it was their daughter. My mother knew me to be a sensitive teenager - "always the sweet one," she said - but did not think of me as depressed.

"We thought it was normal," my mother told me. "If you had asked me, someone with my background, I would have just called it mood swings. It never would have occurred to me to call it an illness."

This mindset is a common reason why Asians are less likely to seek mental health treatment for themselves or their loved ones, said Zane, the UC Davis professor emeritus.

It's not so much a stigma, as every culture has some around the topic, Zane said. But many Asians do not believe depression and anxiety are actual illnesses.

"They just say, 'that's life'," he said. "A lot of Asian Americans just say that persevering is a part of it for them."

When a school guidance counselor contacted them during my junior year, my parents were baffled. "Nobody knows their child better than a mother," my mother said. "But the school kept telling me, from the beginning, 'All parents have denial.' The school wouldn't listen to me."

Eventually, they formulated their threat: get her help, or we'll call social services.

I remember my mother screaming during one of our fights: "They will take you away from us, is that what you want?" Looking back now, I can fully understand both the fear and resentment they felt in bringing me to seek treatment. "We were forced to do it," my mother said.



▲ Posters created by the City of New York to combat Asian hate are on display at the Museum of Chinese in America. Photograph: Mary Altaffer/AP

Herein lies another common issue when it comes to connecting Asians with mental health services: when there's a failure in communication, it's up to the mental health professionals to make a culturally competent case for why mental health treatment is necessary.

“It’s almost as if when certain cultures don’t focus that much on certain psychological issues, when it’s brought up, it’s kind of like speaking a different language to parents and families,” Zane said. “To me, it’s incumbent on the mental health profession to make that translation.”

Threatening to call social services - essentially implying bad parenting - was clearly not the answer. In our conversations, Zane talked instead about meeting clients on their level and equating the value of treatment to their values. He’d help parents understand that illnesses like depression and anxiety are in fact debilitating by showing them research that would project how much school their kids could miss if they went untreated.

“You have to come from their experience,” Zane said. “A lot of Asian American parents and families, they worked really hard to get to the United States, they worked really

hard for their families. And then someone gets depressed. They don't understand it."

At the same time, I think to myself as I listen to Zane, no amount of translation would have solved the crux of the matter - a terrible, haunting piece of information which I always knew, but had buried for 16 years out of love: my mother simply didn't believe me back then.

For two weeks after that original FaceTime call with my sister, I knew I had to talk to my mom about it. But I didn't want to. Maybe the mind forgets for a reason. Maybe I loved my mom more than I wanted closure.

When I finally gathered the courage to pick up the phone, she was ready with answers.

"I was so mad at you at that time," she told me. "I said, 'Don't try to use this to escape responsibilities. When there is no project due, when there are no examinations, you are a happy sweetheart.' You were a funny girl. For some time, I kept thinking you were using this as an excuse."

// We would have sacrificed anything, if we had realized it was an illness. But the definition was different for us

She knows now that I was depressed. After I graduated college, she realized the depth of what I had been struggling with after she stumbled upon one of the few journals I hadn't destroyed. She knows and accepts that I've since been diagnosed with a slew of other disorders.

But back then, she thought it was typical teenage angst. Hormones, moodiness. A bad temper.

"The main problem wasn't that we were in denial," my mother said. "Please don't say denial. I hate denial. It wasn't that we felt shame. We would have done anything, we would have sacrificed anything, if we had realized it was an illness or a disease. But the definition was different for us."

We talked about how awful the school made my parents feel, how they felt forced to take me to treatment and allow a doctor to medicate me with an antidepressant they did not trust. We began to make peace with each other. I realized that the entire time I felt so trapped and misunderstood, they had too.

But my mother's timelines don't add up. She told me it all began for my family when the school got involved my junior year. Yet one of my only memories of that time was my sister reacting to my attempted suicide from her dorm room. That meant my family knew of my struggles at least two years before my mother said they did.

"There was one point when I *did* try to commit suicide though," I said to my mother.

She paused before answering. "There was one time," my mother admitted. "But the thing is, there was one time I tried suicide, too."

Just as I had my freshman year of high school, she had slashed her wrists after she had failed a test. She had been like me as a teenager, my mother said, prone to high emotion.

"That's why I didn't think it was something," she said of my suicide attempt.

She told me this in a brisk, matter-of-fact manner, like she was reading off a recipe, tactfully ignoring the wet sounds of my tear-choked breaths. Later she walked it back, saying that her attempt was never meant to be a true act of suicide. She never cut that deep, she claimed, and just wanted some relief from her parents who had been on her about her grades. But for the first time, I understood my mother better than I ever had before in my life. It's always nothing until the day it accidentally becomes something.

I could finally see why my mother pushed so hard for me then to try and overcome my struggles on my own: she herself had to, so she did.

I'm revisiting my teenage trauma at a time when Asian Americans nationwide have been traumatized in recent months by acts of hatred. In this moment of heightened vulnerability for Asian Americans, the question now arises whether we can care for ourselves and each other without confronting the ghosts that dwell in our past.



▲ Detroit activists host a Stop Asian Hate rally. Photograph: Adam J Dewey/NurPhoto/Rex/Shutterstock

The Asian American experience is not a monolith - it is as diverse, varied and widespread as our people. But for far too many of us, it is an experience steeped in generational trauma linked to wars, imperialism and genocide in the old world and poverty, hatred and discrimination in the new one.

“Our parents, their parents, their grandparents - they went through massacres, wars, poverty, and rarely talked about their struggles. It was just passed on,” said JR Kuo, program director for the National Asian American Pacific Islander Mental Health Association.

“It’s normal to carry the pain with us,” he said. “That is part of our culture.”

Out of respect and deference for our elders, we take on their hurts and stories without ever processing them, or helping them process them. We inherit their trauma as our birthright and subconsciously pass it on to our children.

My mother has told me enough of my family’s stories that I can trace the familial lines of our shared grief back to my grandparents fleeing communist China after the second world war. How does unprocessed trauma shape a parent and the choices they make? And how do we continue to pass that on, generation after generation?

Kuo pointed out that all traumas, big or small - from the aftermath of war to a relentless and punishing immigration process - can have long-term impacts on a person's mental health.

"Once you get to this country, there's this pressure to be American, to be white," Kuo said. "Looking back when we're young, I bet you got made fun of because of your food, how you looked, your language, everything. There's a pressure to throw away your immigrant past, to the point where you have to sacrifice a lot of your identity, your customs, your past. That's a lot of trauma."

I think of what my mother endured as a teenager in Taiwan, and I wonder how many more girls like her eventually became mothers to girls like me. I wonder what advice they gave them. To go outside, be active, lose weight to bring up your self-confidence? This is what my mother told me to do back then, when all I wanted was to put a stick through my brain to make everything around me stop.

"Do you remember what you told me in college?" my mother asked me during a recent conversation. I had told her back then that I lied in all my therapy sessions, that I made up stories for my therapist. "I was so angry at you," she said. She and my father had to pay out-of-pocket for sessions that they didn't even believe would do anything for me.

In actuality, I had lied about lying. I thought that was what my mother had wanted to hear: that it was all nonsense, therapy and depression and all that. That she was right all along, and I was in on it, I was on her side.

Later, I realized that it was more than that. I had lied to her about lying because I wanted her to believe I was strong like they had wanted me to be, and that I could overcome my demons on my own, just like they wanted me to do.

But no one needs to do this on their own.

At night, when all is quiet, I sometimes allow myself to ask if I'm mad at my parents for how they handled my mental health. I was sick to the point of considering suicide, and I needed help. They didn't believe me.

It's at this point I always remember joking the day I turned 31 that it was a nothing age, an age of no milestones - and then realizing with a jolt that 31 was the year my mother gave birth to me. I still felt like such a baby myself, so inept, so unsure of everything - how could she be a mother, twice over, at this age?

I think that's really what growing up is - understanding that your parents didn't know what they were doing either. They tried their best with what they knew, even when they themselves were terrified.

When I told my parents I was writing this essay, they did not object. My mother is my biggest fan and is always thrilled to see my name in print. When I read the first draft of this piece to them, however, they reacted differently. My mother told me she could not sleep the following night. She felt naked, she said. She felt guilt. She hated the line about the blood on my arms - she should have noticed that, she said.

Had I still been 16 and feeling misunderstood, I would have assumed that my parents still felt shame about my mental illness - but they repeatedly told me it was not that. I realize now that it's not shame of me that my mother feels, but shame of herself as a mother.

“ There's a pressure to throw away your immigrant past, your customs, your past. That's a lot of trauma

JR Kuo

I'm publishing this essay under a pseudonym not because I feel shame over my mental illness or my experiences - and not because my family feels shame over my mental illness. I'm doing so because I love my family and I can hear what my mother is saying when she won't meet my eyes on our FaceTime chats.

I understand their shame because it used to be my shame too. Because it was shame that made me hide those bloody arms from them when I was a teenager. It was shame that had me showing them an entirely different face outside my bedroom, when I should have been looking to them for help.

I'm doing it under a pseudonym to protect my parents from feeling shame for being human parents who were confronted with an unfamiliar situation - and so that a new generation of Asian parents will not fear being human if the circumstances call for it.

I'm publishing this essay so that a new generation of Asian teenagers doesn't have to feel that shame.

We've come a long way as a family when it comes to mental health. We share everything with each other, but it took almost a decade before I could feel comfortable telling them that I spent the weekend holed up in bed or was afraid to leave the apartment - and they, in turn, felt OK listening to me and offering support.

My father now talks with admiration about Grand Slam champion Naomi Osaka and the stand she's taking for mental health. And these days, my mother is fierce in making sure I find a good doctor.

"You have to live responsibly," she said. "You have people who love you."

This piece is part of an ongoing series looking at the evolution of mental health and healthcare in 2021. In the US, the National Suicide Prevention Lifeline is 1-800-273-8255. In the UK and Ireland, Samaritans can be contacted on 116 123 or email jo@samaritans.org or jo@samaritans.ie. In Australia, the crisis support service Lifeline is 13 11 14. Other international helplines can be found at www.befrienders.org.

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Stop white-washing neurodivergency.

When we ignore the everyday trauma of systemic racism, we ignore a fundamental experience of neurodivergency.



Renea Baek Goddard Jul 21, 2017 · 8 min read



A double-edged sword for stigma

When I was first diagnosed with attention deficit-hyperactivity disorder (ADHD), my mother ignored it. Repeating what my doctor had said, I explained to her that many of



me.

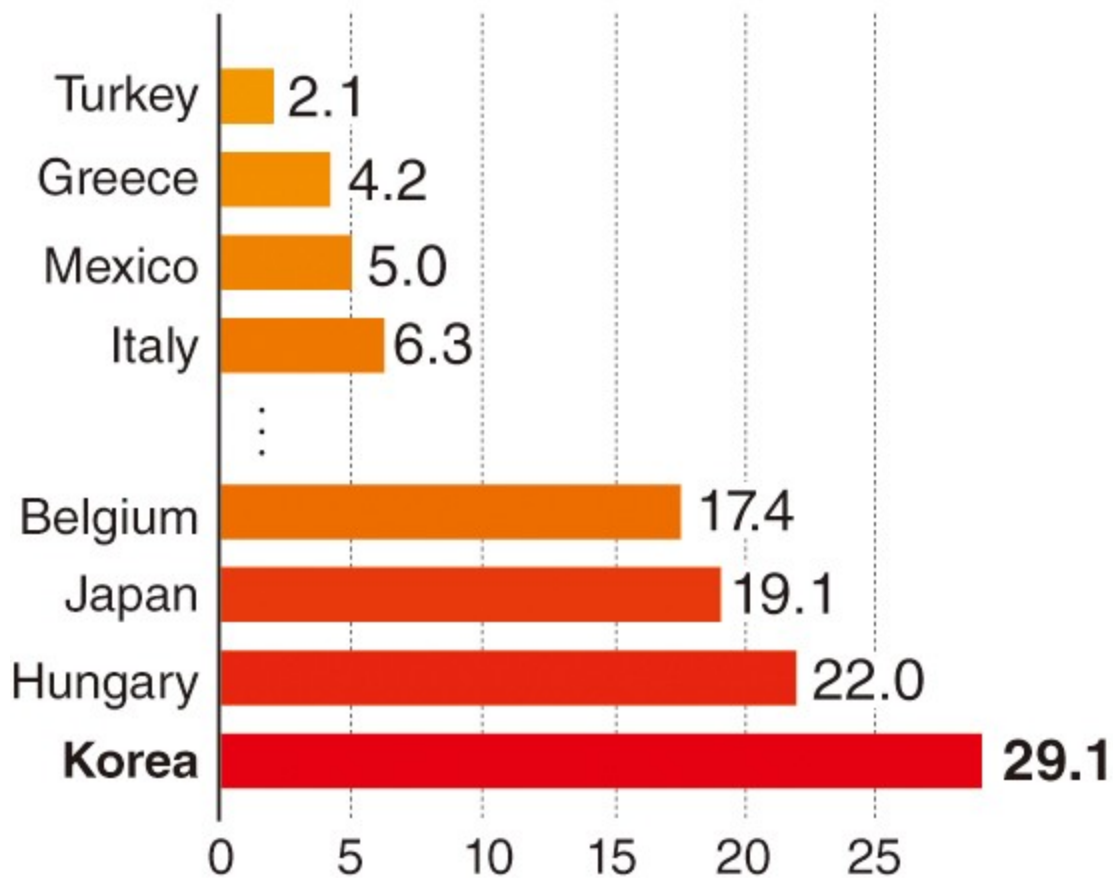
We had a lot of talks, but at the end of the day, she refused to budge. She told me that I was just lazy and needed to improve my “work ethic”. She reiterated that most of my problems were my own fault, and that I wouldn’t be able to find a husband if I didn’t do well in school.

Some of these statements are familiar to a great many neurodivergent* folks. Clearly my mom isn’t the only parent in the world who messed up when they were forced to confront their child’s mental illness.

Make no mistake: I love my mom. She’s one of the strongest and proudest women I know. But that doesn’t change the fact that my mom is also classist, that she is from a rich family, that she is an older woman raised on cultural values of hard work, that she acts on internalized biases.



(Total, per 100,000 persons, 2012)



Source: OECD

My mom is Korean. This is important because nothing exists in a vacuum. There are no empty voids in our society where we can escape the influence of our cultures and societies, and that includes our ableism.

Even though Koreans are not any more or less ableist than Americans, and Korean culture is no more or less accepting of neurodivergency than American culture, the challenges that Korean and Korean American neurodivergent folks face are often related to our family's cultures.

It's difficult to explain the obstacles that neurodivergent people face to older Korean family members who may prioritize more traditional cultural values. These values are sometimes used to explain away neurodivergency as a lack of will, laziness, or a desire to rebel.



these numbers are generational, affecting Korean Americans in the United States who then find it hard to seek help from their own families and communities.

Minority Mental Health Month

Among women aged 15-24, Asian American females have the highest suicide rates across all racial/ethnic groups.

**National Alliance on Mental Illness*

#MMHM

activeminds

These attitudes may not be exclusive to Koreans or East Asians, but the cultural background is. Experiences like these represent neurodivergency. When black neurodivergent people discuss their intersecting experiences of ableism within their communities, those experiences represent neurodivergency. When neurodivergent people of color are looking down a double-edged sword, ableism from our own communities along with ableism and racism from society in general, experiences like these need to be uplifted.

Conversations about neurodivergency that operate on the assumption that everyone's experiences are culturally alike are so often whitewashed conversations. It's impossible to accurately address stigma against mentally ill and neurodivergent people without also addressing racial stigma that specifically targets neurodivergent people of color.



Prioritizing the right experiences

Racism and ableism are not two different worlds, but rather intersecting regions. Consider the popularly perceived binary: the nonthreatening, vulnerable, and infantilized victims of neurodivergency on one hand, and the “aggressive”, manipulative, untrustworthy, or otherwise “crazy” neurodivergent folks on the other. It may not be easy to admit, but these perceptions often depend on race, gender, sexuality, and other factors.

Suddenly suffering becomes less sympathetic, less relatable, less shocking when it’s on nonwhite body. Suddenly, images of “harmless” neurodivergent folks become inherently white, while the most violent stereotypes of neurodivergency target black and brown people.


Suddenly the sympathetic white neurodivergent faces represent *all* neurodivergent people.

“Socioeconomic status, in turn, is linked to mental health: People who are impoverished, homeless, incarcerated or have substance abuse problems are at higher risk for poor mental health.” -Mental Health America (MHA)

It’s not enough to simply “include” people of color in discussions of ableism and stigma. Why fight for inclusion in a conversation that should have already been ours in the first place? When we ignore the everyday trauma of racial microaggressions and the weight of systemic racism on people’s heads, we ignore a fundamental experience of neurodivergency.

Racial Disparities in Mental Health Treatment





31% of white children with mental health problems receive mental health services.



Only **13%** of children from diverse racial and ethnic backgrounds with mental health problems receive mental health services.

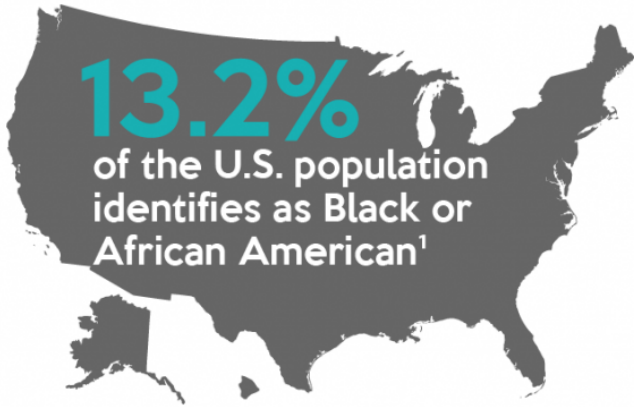
SOCIALWORK@SIMMONS

Source: National Center for Children in Poverty

Rather than making race a footnote in discussions of ableism and mental health stigma, it needs to be a reoccurring point.

It shouldn't be necessary to pull out the statistics— the subjectivities and lived experiences of people of color are more than enough. But it never hurts to know:

“African Americans are 20% more likely to experience serious mental health problems than the general population,” reports the [National Alliance on Mental Illness \(NAMI\)](#). One of the biggest issues is suicide, which has extremely high rates among black men. Another is PTSD, “because African Americans are more likely to be victims of violent crime.”



13.2%
of the U.S. population
identifies as Black or
African American¹



Of those, over
16%
had a diagnosable
mental illness in the
past year²



100
million
people



COMBINED³

SOURCES

¹United States Census Bureau. (2014). American fact finder. Retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

²Substance Abuse and Mental Health Services Administration. (2014). Racial and ethnic minority populations. Retrieved from <http://www.samhsa.gov/specific-populations/racial-ethnic-minority>

³United States Census Bureau. (2015). American fact finder. Retrieved from <http://factfinder2.census.gov/bkmk/table/1.0/en/PEP/2014/PE-PANNRSIP:US12A>

In addition, NAMI reports that “only about one-quarter of African Americans seek mental health care, compared to 40% of whites”. Socioeconomic factors, such as lack of access to healthcare, as well as cultural/social barriers are listed as contributing reasons.

Weaponizing identities

Growing acceptance of neurodivergency and neurodivergent individuals isn't progressive if it's limited to white neurodivergent folks. In fact, it's the opposite — any movement that only empowers whites, regardless of their marginalized status, is a movement that upholds white supremacy. Starting from the top and going down doesn't work. When the most marginalized of our communities are fed, clothed, housed, educated, and cared for, so will everyone else.

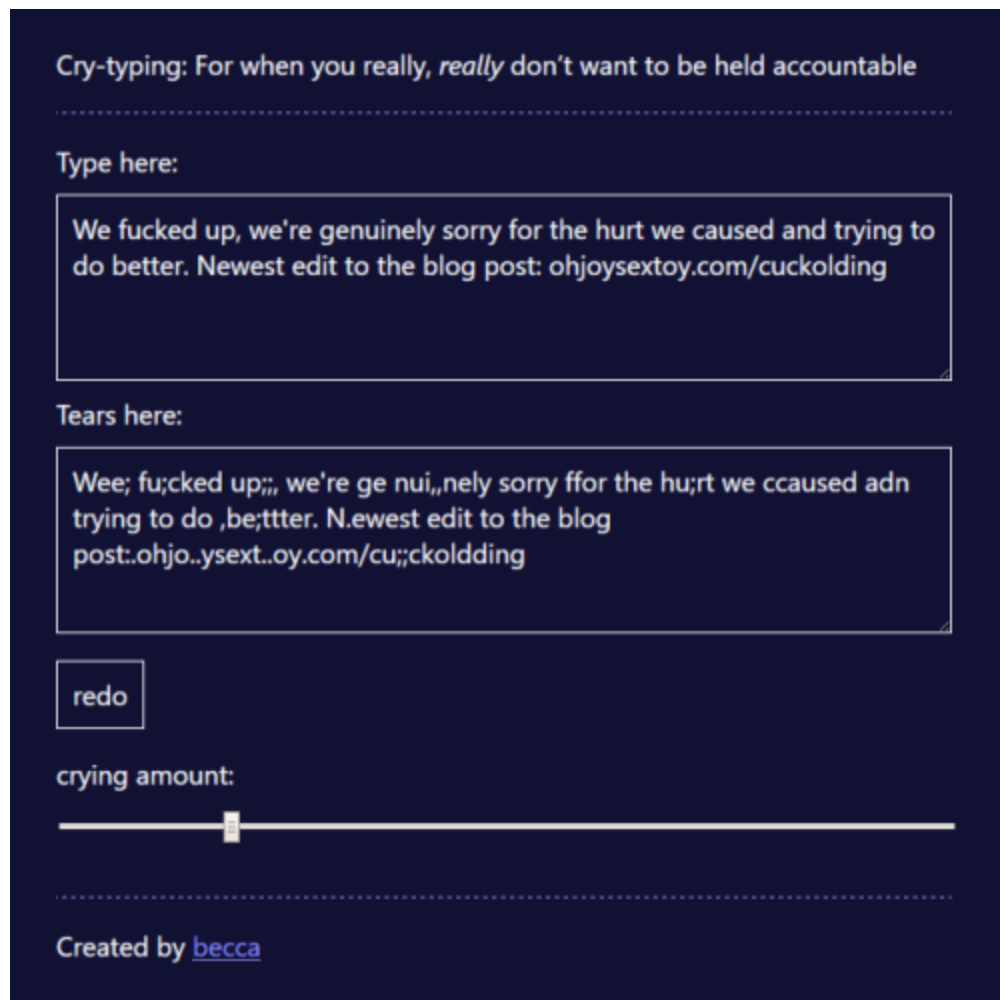
This isn't just baseless theorizing, either. What actually happens when we center white experiences in conversations about mental health?

One example of a recent effect is a trend of whites in “radical” or activist spaces trying to avoid accountability for racist behavior by using their neurodivergent identities. Though this seems like a new development, it turns out to be pretty old. Who hasn't heard of someone trying to get out of taking responsibility for their behavior by fishing for sympathy?

This is especially insidious for white neurodivergent people because sympathy is so easily within their access. Taking on the victim's role becomes almost natural. Fragility is so often reserved only for the white and white-passing (and sometimes for light-skinned



When this is allowed to occur, pointing out someone's behavior as racist, predatory, or otherwise problematic suddenly becomes "ableist" and therefore invalid. Suddenly it becomes acceptable to respond to criticism by portraying people of color (even other neurodivergent people of color) as aggressors while taking a victim role. Suddenly, we have young, white, self-appointed authorities on social justice going so far as to suicide bait and fake panic/anxiety attack symptoms (like "crytyping") to elicit sympathy. All of this effort just to avoid accountability.



It's an all too common defense tactic to pin racist or ethnocentric behavior on mental illness. All white people (neurotypicals* included) are capable of perpetuating racism. It follows that being neurodivergent is *not* a prerequisite for being racist.

Racism is abusive behavior, and abuse is just not an inherent symptom of mental illness. Mentally ill people are not somehow predisposed to being abusers, including racial

Another example of what happens when we center whiteness in discussions of mental illness: The Forest. The story of Aokigahara, the “Suicide Forest”, is a story that should have been about the lack of resources for mentally ill people and the suicide epidemic in Japan. Instead, it was repackaged and marketed as a horror movie with an all-white cast.



A suicide note from Aokigahara seen in a 2010 Vice documentary about the forest.

Of course, westernizing Asian stories and replacing the characters with white celebrity faces is nothing new for Hollywood. But “The Forest” reads blatantly as exploitation. Aokigahara is a real place that attracts real suicidal people.

It doesn’t even need to be said that if the second most popular suicide site in the world only attracted western white people, no one would even think to turn it into entertainment.

What you see when you think of neurodivergency

There’s no getting around the fact that every single one of us has internalized similar images of neurodivergency. From the stoic, silent Asians of Hollywood to the even more



Time and time again, these so-called “positive” stereotypes paint people of color as inherently less emotional, mentally stronger, or somehow invincible to pain and suffering. These stereotypes are not only dehumanizing, but they completely erase the actual struggles that communities of color face.

Changing the way we talk about neurodivergency starts with changing the images we see in neurodivergency. This means paying attention to the different ways our communities face ableism. This means centering neurodivergent people of color. Neurodivergent poor people. Neurodivergent LGBT people. Neurodivergent women of color. Neurodivergent trans people (especially trans women of color, who experience higher rates of suicide, harassment, and violence).

Most of all, however, it means being uncomfortable. Addressing your own privileges is not meant to be an easy process — but it’s an obligatory one for all of us, especially when the goal is collective liberation.

*Vocab

Neurodivergent – having a brain that functions in ways that diverge significantly from the dominant societal standards of “normal.”

Neurotypical – having a style of neurocognitive functioning that falls within the dominant societal standards of “normal.”

Neurodiversity – the diversity of human brains and minds — the infinite variation in neurocognitive functioning within our species.