

**2023**

**Bebe Moore Campbell  
National Minority  
Mental Health  
Awareness Month**

**PARTNER GUIDE**



CONTINUING  
**Bebe Moore Campbell's**  
LEGACY

# WHAT'S INSIDE

## This Guide

This guide is intended to help our partners coordinate their public awareness efforts with NAMI's for greater impact.

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# Bebe Moore Campbell National Minority Mental Health Awareness Month

Advocates Educators Supporters Researchers  
People with Serious Mental Illness Peers Parents  
Champions Teachers Veterans Mentors  
Underrepresented Communities Organizations  
Affiliates Caregivers Youth and Young Adults  
Trainers Partners Groups Frontline Professionals

## About Bebe Moore Campbell National Minority Mental Health Awareness Month

In May of 2008, the US House of Representatives announced [July as Bebe Moore Campbell National Minority Mental Health Awareness Month](#). The resolution, sponsored by Rep. Albert Wynn [D-MD] and cosponsored by a large bipartisan group, was to achieve two goals:

- Improve access to mental health treatment/services and promote public awareness of mental illness.
- Honor Bebe Moore Campbell by creating a National Minority Mental Health Awareness Month in her name to enhance public awareness of mental illness and mental illness among underserved communities.

### About Bebe Moore Campbell

Bebe Moore Campbell was an author, advocate, co-founder of NAMI Urban Los Angeles and national spokesperson, calling for mental health education and support in underserved communities. She received NAMI's 2003 Outstanding Media Award for Literature.

In 2005, inspired by Campbell's charge to end stigma and provide mental health information, longtime friend Linda Wharton-Boyd suggested dedicating a month to the effort. With the support of the D.C. Department of Mental Health, the duo held a news conference in Southeast D.C., where they encouraged residents to get mental health checkups. They went on to hold book signings, speak in churches and create a National Minority Mental Health Task Force of friends and allies. However, the effort came to a halt when Campbell became too ill to continue.

When Campbell lost her battle to cancer, Wharton-Boyd, friends, family and allied advocates continued their efforts. The group researched and obtained the support of Representatives Albert Wynn [D-MD] and Diane Watson [D-CA], who co-signed legislation to create an official minority mental health awareness month, which we now observe every July.

In this partner guide, we've included ways to help spread awareness during Minority Mental Health Awareness Month to help start healthy mental health conversations in your communities.

# Bebe Moore Campbell National Minority Mental Health Awareness Month

## Ways to Engage



In this partner guide, we've included many ways to help spread awareness and start healthy mental health conversations in your communities.

## Content and Media Resources

### Read the NAMI Blog and Share

The NAMI Blog will feature three stories per week with content related to our awareness events. In July, we will feature the theme, “How Identity and Culture Intersect with Mental Health.” Be sure to visit the NAMI Blog at [nami.org/Blog](https://nami.org/Blog) and look for posts on our social media channels featuring quotes from our authors.

### Get Inspired by NAMI.org Personal Stories

We will also feature personal stories of lived experience on [nami.org/Personal-Stories](https://nami.org/Personal-Stories) and on our social media channels. Personal stories are brief pieces sharing the course of individuals' mental health journeys submitted to NAMI. By sharing these stories, we aim to highlight the importance of mental health in all communities and to make people feel less alone in their mental health journeys.

### Strength Over Silence: Stories of Courage, Culture and Community

In this ongoing [docuseries](#), NAMI highlights perspectives on mental health across backgrounds and communities. Through candid and courageous stories of lived experience, these mental health champions share their resilience and recovery, emphasizing the importance of culture and identity in the mental health movement.

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### Creating Community Conversations

Sign up to receive more information on how you can shift the mental health culture in your family and community through conversation. You can inspire others who may be silently struggling. Your story and resilience have the power to inspire and uplift those around you.

- [NAMI Sharing Hope: Mental Wellness in the Black/African Ancestry Communities](#)
- [NAMI Compartiendo Esperanza: Mental Wellness in Hispanic/Latin American Community](#)

### Get Social with #ShadesofMentalHealth

#ShadesofMentalHealth recognizes and celebrates the rich diversity and uniqueness within the mental health community. It encourages inclusivity, empathy and understanding while striving for more equitable and culturally competent approaches to mental health support and care.

Use #ShadesofMentalHealth on your favorite social channels to help us shift the culture through the power of courageous conversations and amplify the message that there is strength in vulnerability.

Don't forget to tag us at @NAMICommunicate on Instagram and Twitter and @NAMI on TikTok and Facebook.



# Bebe Moore Campbell National Minority Mental Health Awareness Month

## Ways to Engage



## Graphics Inspiration, Samples and Downloads

You can download graphics, logos and social media images to use during our awareness events here: [nami.org/Get-Involved/Awareness-Events/Awareness-Resources](https://nami.org/Get-Involved/Awareness-Events/Awareness-Resources) or visit page 8 to see samples.

- Video Backdrops: When connecting with others virtually on video conferencing applications, show your support with NAMI branded Zoom/ video conferencing backdrops.

### Social Media

Daily activations will be taking place on NAMI's social media channels. Be sure to follow NAMI to tune in, repost, retweet and share:

- [Facebook](#)
- [LinkedIn](#)
- [Instagram](#)
- [Twitter](#)
- [TikTok](#)
- [YouTube](#)

Hashtags for Bebe Moore Campbell National Minority Mental Health Awareness Month

**#ShadesofMentalHealth**

### Sample Posts

Below are some sample social media posts you can use throughout the month of July.

- Let's join forces to confront and break down harmful stigmas and systemic barriers which perpetuate mental health inequalities in communities of color. #ShadesofMentalHealth
- By sharing our stories and experiences, we break the silence and raise awareness about mental health in communities of color. Join me in creating a safe space for open conversations. #ShadesofMentalHealth
- Everyone deserves culturally competent mental health care that acknowledges and respects the intersection of their identity and experiences. #ShadesofMentalHealth

# Bebe Moore Campbell National Minority Mental Health Awareness Month

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- 19% of U.S. adults, representing individuals of different races, sexual orientations, socioeconomic statuses and abilities, have an anxiety disorder. #Together4MH
- Each year, mental illness affects:
  - 16% of non-Hispanic Asian adults
  - 18% of non-Hispanic Native Hawaiian or Other Pacific Islander adults
  - 21% of non-Hispanic Black or African American adults
  - 21% of Hispanic or Latino adults
  - 27% of non-Hispanic American Indian or Alaska Native adults
  - 35% of non-Hispanic mixed/multiracial adults
  - 51% of LGB adults

Here are a few awareness dates happening during July as additional opportunities for posting relevant content:

**Jul 11:** World Population Day

**Jul 17:** World Day for International Justice

**Jul 24:** International Self-Care Day

*Source: Data from CDC, NIMH and other select sources. Find citations at [nami.org/mhstats](https://nami.org/mhstats).*

# Bebe Moore Campbell National Minority Mental Health Awareness Month

## Suggested Graphics



Incorporate these graphics and logos in your social media posts, cover images, website hero images or existing messaging to help spread awareness during July. High-quality files can be downloaded from: [nami.org/MinorityMentalHealthMonth](https://nami.org/MinorityMentalHealthMonth).

Bebe Moore Campbell National Minority Mental Health Awareness Month

Bebe Moore Campbell's groundbreaking work revolutionized the way we approach mental health in underserved communities. She fearlessly challenged the status quo, shedding light on the unique struggles faced by people of color and advocating for their voices to be heard.

#ShadesofMentalHealth

I am grateful to live my truth unapologetically.

#ShadesofMentalHealth

Bebe Moore Campbell National Minority Mental Health Awareness Month

“ We need a national campaign to destigmatize mental illness, especially one targeted toward African Americans ... it is not shameful to have a mental illness. Get treatment. Recovery is possible.

Bebe Moore Campbell

#ShadesofMentalHealth

I choose to find people who make me feel safe and supported.

#ShadesofMentalHealth

Bebe Moore Campbell National Minority Mental Health Awareness Month

Taking on the challenges of mental health conditions, health coverage, and erasing the stigma around mental illness requires all of us.

#ShadesofMentalHealth

Bebe Moore Campbell National Minority Mental Health Awareness Month

“ My color is my joy and not my burden.

Bebe Moore Campbell

#ShadesofMentalHealth

My vulnerability is My Strength.

#ShadesofMentalHealth

Bebe Moore Campbell National Minority Mental Health Awareness Month

Stigma and discrimination have caused so many of us to suffer.

Let's break down stigma so no one struggles in silence.

#ShadesofMentalHealth

Bebe Moore Campbell National Minority Mental Health Awareness Month

“ Race, redemption and healing – that's my thing.

Bebe Moore Campbell

#ShadesofMentalHealth



# Bebe Moore Campbell National Minority Mental Health Awareness Month

## General Fast Facts

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## Why We Need Increased Access to Care

- 1 in 5 U.S. adults experience mental illness each year, and less than half of them receive treatment.
- 1 in 20 U.S. adults experience a serious mental illness each year, and less than two-thirds of them receive treatment.
- 1 in 6 U.S. youth experience a mental health condition each year, and only half of them receive treatment.
- 50% of all lifetime mental illnesses begin by age 14 and 75% by age 24.
- The average delay between onset of mental illness symptoms and treatment is 11 years.
- 163 million people live in a designated Mental Health Professional Shortage Area.
- In 2020, 1 in 5 young people reported that the pandemic had a significant negative impact on their mental health.
- 1 in 10 young people under age 18 have experienced a mental health condition following a COVID-19 diagnosis.
- In 2020, mental health-related emergency department visits increased by 31% among adolescents aged 12–17 compared to the same period in 2019.
- More than three quarters of Americans (77%) say they are not content with the state of mental health treatment in this country. Those with a mental health condition are more likely to say they are unhappy with the state of mental health treatment (82%).
- 65% of Americans are concerned about the stigma surrounding mental illness.
- Just 52% of Americans consider themselves familiar with the U.S. mental health care system.

Source: Data from CDC, NIMH and other select sources. Find citations at [nami.org/mhstats](https://nami.org/mhstats).

# Bebe Moore Campbell National Minority Mental Health Awareness Month Equity and Inclusion Guide



## Advocates

- Be an advocate when there is an opportunity to speak out on behalf of mental health efforts for underrepresented groups and communities.
- Share information you've learned about what practices ensure quality care from a cultural and equity lens.
- Show compassion and seek to understand the experience of individuals with identities and backgrounds different from your own.
- Do not assume that low treatment rates by members of a cultural or social group is due to a lack of effort in seeking care. Instead, consider any underlying challenges — individuals are less likely to seek help or engage in treatment if they cannot find a provider they can trust, who understands their identity and will treat them with dignity and respect.
- Write, call or talk to legislators — both local and federal — to support efforts to improve access to and the quality of mental health services for those who are underserved.
- Ensure providers are required to be trained on cultural competence.
- Make linguistic services (interpretation and translation) available in treatment settings.

## Providers

- Follow the Culturally and Linguistically Appropriate Services Standards developed by the U.S. Department of Health and Human Services.
- Provide equitable and respectful quality care/services that are inclusive of the cultural health beliefs and practices of the community you serve.
- Offer free language assistance (and other needed assistance) to individuals with limited English proficiency.
- Hire diverse, bilingual staff who are representative of the community served.

# Bebe Moore Campbell National Minority Mental Health Awareness Month

## Culture and Identity Key information

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### Asian American and Pacific Islanders (AAPI)

#### Barriers To Mental Health Care

- Compared to those of other racial/ethnic backgrounds, non-Hispanic Asian Americans with mental illness are least likely to receive mental health treatment — only 25% of Asian adults with a mental illness received treatment in 2021.
- There are many systemic barriers to accessing quality mental health care and treatment for Asian Americans, which are worsened by stigma and lack of culturally relevant and integrated care.
- These disparities, and resulting lack of timely treatment, can lead to worsened symptoms and poorer quality of life.

#### Language Barriers

- 30.9% of Asian Americans are not fluent in English
- 60% of AAPIs aged 65 years and older have limited English proficiency.
- Language barriers and the limited availability of culturally appropriate mental health service providers may prevent people from getting the care they need.

### Black/African American

#### Provider Bias and Inequality of Care

- Black adults in the U.S. are more likely than white adults to report persistent symptoms of emotional distress, such as sadness and feeling like everything is an effort.
- Only 39% of non-Hispanic Black or African American adults with mental illness received treatment in 2021.
- Despite the changing conversation, discrimination in the health care system persists, and many Black people encounter negative experiences when seeking treatment.
- Provider bias, both conscious and unconscious, and a lack of cultural competency can result in misdiagnosis and inadequate treatment.

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- Black people may also be more likely to identify and describe physical symptoms related to mental health problems. For example, they may describe bodily aches and pains when talking about depression. A health care provider who is not culturally competent might not recognize these as symptoms of a mental health condition.
- Black people are more likely to receive a misdiagnosis of schizophrenia when expressing symptoms related to mood disorders.

### Hispanic/Latino

- More than half of Hispanic or Latino young adults ages 18-25 with serious mental illness do not receive treatment.
- Approximately 36% of Hispanic or Latino adults with mental illness receive treatment each year compared to the U.S. average of 47%.

### Legal Status

- For immigrants who arrive without documentation, the fear of deportation can prevent them from seeking help.
- Many children of undocumented immigrants are eligible for health insurance under the Affordable Care Act, but families may not know about the eligibility or be afraid to register due to fear of separation.

### Poverty and Reduced Health Insurance Coverage

- 17% of Hispanic people in the U.S. live in poverty (compared to 8% of non-Hispanic whites).
- People who live in poverty have a higher risk of mental illness and, conversely, individuals with mental illness have a higher risk of living in poverty.
- According to the Kaiser Family Foundation, in 2021, 19% of nonelderly Hispanic people had no form of health insurance.

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### Indigenous

#### Rural and Isolated Locations

- While not all Indigenous/Native people live in rural and isolated areas, many still do, and they don't have appropriate mental health services to meet their needs.
- Most clinics and hospitals of the Indian Health Service (IHS) are located on reservations, but the majority of Indigenous/Native people live outside of tribal areas.

#### Inadequate Funding and Mistrust

- The program that provides health-related services to the Indigenous/Native population, the IHS, is historically underfunded and often runs out of funds mid-year.
- Many in Indigenous/Native communities do not trust services provided by the federal government.

### People with Disabilities

#### Lack of Integrated Care

- Many people with disabilities experience traumatic stress due to the painful treatments received for their physical condition, as well as depression and anxiety from the isolation they experience.
- In the field of health and medicine, there is often a disconnect in integration of care. Health care practices, particularly those in rural and other underserved communities, often do not have the capacity to work with providers from other specialties to coordinate care for patients.



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### LGBTQ+

#### Coming Out

- Societal acceptance of LGBTQ+ people is a protective factor for mental health. However, an increased level of acceptance has meant that many LGBTQ+ youth “come out” — or share their sexual orientation or gender identity — at younger developmental ages, which can impact their social experiences and relationships.
- According to a 2013 survey, 40% of LGBT adults have experienced rejection from a family member or a close friend.
- A 2021 school climate survey showed that 83% of LGBTQ+ youth who attended school in-person at some point during the 2020-2021 school year reported being harassed or assaulted at school.
- According to a 2023 report from The Trevor Project, just 38% of LGBTQ young people identified their home as an LGBTQ-affirming space.

#### Culture and Identity Resources

Our culture, beliefs, sexual identity, values, race and language all affect how we perceive and experience mental health conditions. Cultural differences can significantly influence what treatments, coping mechanisms and supports work for us. Therefore, it is essential for culture and identity to be a part of the conversation as we discuss both mental health and mental health care.

Visit NAMI's online Identity and Cultural Dimensions section at [nami.org/Your-Journey/Identity-and-Cultural-Dimensions](https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions) for resources specific to these communities:

- Asian American and Pacific Islander
- Black/African American
- Hispanic/Latino
- Indigenous
- LGBTQ+
- People with Disabilities

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### Additional Helpful Sites

- National Institute of Mental Health:  
[www.nimh.nih.gov/health/statistics/mental-illness.shtml](http://www.nimh.nih.gov/health/statistics/mental-illness.shtml)
- U.S. Department of Health and Human Services, Office of Minority Health:  
[www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26](http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26)
- American Psychological Association Office of Ethnic and Minority Affairs:  
[www.apa.org/pi/oema/resources/index](http://www.apa.org/pi/oema/resources/index)
- American Psychological Association Office on Sexual Orientation:  
[www.apa.org/pi/lgbt](http://www.apa.org/pi/lgbt)

# BRAND AND LOGO Information



## Brand Guidelines

As always, we ask that you follow NAMI's brand guidelines.

The NAMI Identity Guide and NAMI logos can be found at [nami.org/Identity](https://nami.org/Identity) or upon request to [marcom@nami.org](mailto:marcom@nami.org). We encourage you to use and share these in your campaigns.

## Recommended Fonts

- Franklin Gothic (sans serif)
- Museo Slab (serif) [or Roboto Slab as a free alternative]
- Proxima Nova (sans serif) [or Open Sans as a free alternative]

## Color Palette

Primary Colors:



NAMI Blue  
PMS Reflex Blue  
CMYK: 100/82/0/2  
RGB: 0/37/150



Teal  
PMS 321  
CMYK: 80/21/32/1  
RGB: 0/153/168



Pear Green  
PMS 377  
CMYK: 58/23/100/4  
RGB: 121/153/0



MHM Teal  
CMYK: 74/0/54/0  
RGB: 96/193/153

## Questions?

If you have any questions about the materials in this guide or how to use them, please reach out to Marketing and Communications, at [marcom@nami.org](mailto:marcom@nami.org)