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**Police excessive use of force: Preventing trauma-induced stress and anxiety in the Black community, St. Louis, Mo.**

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COUN 6785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

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## Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

**Please do not modify the content section, nor remove the hyperlinks.**

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

## OVERVIEW

**Keywords:** Trauma, Stress, and Anxiety in the Black Population, Police Excessive Use-of-Force, St. Louis, Missouri.

**Police excessive use of force: Preventing trauma-induced stress and anxiety in the Black community, St. Louis, Mo.**

**Goal Statement:** The goal of this portfolio is to increase awareness of mental health disparities in the Black community due to experiencing or witnessing police brutality.

**Significant Findings:** This brief explores issues of police excessive use of force during interactions with Blacks that result in trauma-induced stress and anxiety, whether witnessing or experiencing such brutality, for this marginalized population. In St. Louis, Missouri, Blacks who experience police use of force in person or “seeing a video of police use of force in the media” experience moderately high police contact anxiety (Murez, 2021, para. 7). The scope of the problem illuminates the connections between mental health stability and well-being in the Black community, with encounters between law enforcement. Risk factors at the individual (discrimination/somatic symptoms), relationship (mental health stigma), community, and societal levels significantly influence Blacks to negate mental health treatment and resources, further aggravating and increasing poor mental health within the community. The Black male is a target for police excessive use of force as this subgroup is criminalized and positioned as “missing” or invisible, “not present in their families and communities, or actively seeking healthcare services,” causing an impending gap in this subgroups role, in civic and social life (Gilbert & Ray, 2016, para. 6). The protective factors that mitigate the risk factors include employment and educational opportunities and building a solid family support system to hold each other

accountable for overall well-being and to do away with the negative narratives around mental health care. The Black population will benefit from multicultural competent prevention strategies that address the scope and consequences of mental health disparities resulting from police excessive use of force.

**Objectives/Strategies/Interventions/Next Steps:** Helping professionals often serve as a voice for the voiceless or those from underserved populations. A competent counselor understands their client's intersectionality of identities and recognizes their influence over the client's presenting problems. Through this multicultural lens, prevention strategies (addressing socioeconomic disparities in Black communities) and interventions (SCT/Community organizing) can be crafted to further demonstrate advocacy for clients and help inform social change initiatives for the entire population. Using theories "presents a systematic way of understanding events or situations" through concepts, definitions, and constructs that help explain said events through the relationship and interactions between the Black community and the police (National Cancer Institute, 2005, p. 4). Using the social-ecological model will help reveal insight into practical tools and prevention mechanisms rooted in cultural attributes while evidence-based programs tailored to address the factors displayed in the model assist in customizing client's cultural expectations. The identified EBP for this portfolio is the CPSTF's improving and addressing mental health and illness via updating mental health to benefit legislation. This EBP aims to address the disparity between benefits for mental health services and physical health services to increase the "parity for mental health coverage" at the state and federal levels (CPSTF, 2015, p. 2).

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## INTRODUCTION

[Police excessive use of force: Preventing trauma-induced stress and anxiety in the Black community, St. Louis, Mo.]

The Black Lives Matter Movement formed in 2013 placed a microscope on the alarming statistics surrounding the frequency of police brutality in Black communities. Often, the fatalities and physical damages left in the wake of violent police interactions are exposed, but the emotional trauma produced is not always clearly addressed (HIP, 2015). In St. Louis, Missouri, Blacks who experience police excessive use of force in person or “seeing a video of police use of force in the media” experience moderately high police contact anxiety (Murez, 2021, para. 7). Research reveals that Black communities’ vulnerability to anxiety disorders induced by police contact or the anticipation thereof is heightened by reoccurring escalating events (Murez, 2021). This Social Change Portfolio aims to dissect the heightened mental health instability (anxiety and stress) between the Black community and law enforcement interaction evidenced by mental health disparities and poor mental health outcomes. To advocate for improved mental health for the Black community, this portfolio highlights the contributing attributes that affect the interactions between law enforcement that result in unfavorable circumstances.

This brief outlines the problem of “mental health and well-being interactions between police” and the Black population and the consequences of mental health disparities that impact the community and society altogether (HIP, 2015, para.). Detailed within, a discussion of framework prevention dissects the scope and consequences of the problem, then the social-ecological model isolates contributing factors at individual, relationship, community, and societal levels, followed by theories of prevention to propose interventions and strategies to address the issue. Next, diversity and ethical considerations, and advocacy are isolated and

emphasized to further address mental health disparities in the Black community following police excessive use of force.

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## PART 1: SCOPE AND CONSEQUENCES

[Police excessive use-of-force: Trauma-induced stress and anxiety in the Black community, St. Louis, Mo.]

The target problem within the Black community is increased vulnerability to trauma-induced anxiety and stress disorders during police anticipation and interactions. Although the physical effects of police brutality within this population are often discussed, this brief surrounds the racial trauma generated from such violent indecencies that manifest in mental health turmoil (Devylder et al., 2018). Anxiety disorders are associated with ongoing anxiety or fear that does not subside, where symptoms “can interfere with daily activities such as job performance, schoolwork, and relationships” (NIMH, n.d., para. 1). They can challenge Black communities by paralyzing daily functioning and immobilizing fear within their environment. Society is also challenged in that the cost of police misconduct “has led to police mistrust and trauma due to the deaths of so many Black boys and young men” and their resulting absence at home (Motley et al., 2020, para. 3).

The scope of the problem illuminates the connections between mental health stability and well-being in the Black community, with encounters between law enforcement. This historical and current societal climate reveals that being Black increases the risk of injury or death at the hands of police (HIP, 2015). Black males in St. Louis make up 13.2% of the city’s population but account for 76.9% of all people killed by law enforcement between 2013-2019 (Motley et al., 2020). The prevalence of brutality and “the strain of living in a society that dehumanizes and criminalizes you from birth, and has no regard for your personal safety” places Black males “at

risk for a host of negative physical, emotional, and psychological outcomes” (Motley et al., 2020, para. 3). The adverse physical outcomes Blacks experience during violent encounters encompass injury or death by police chokeholds and other policing techniques. With elevated stress levels in their bodies, Blacks may also experience increased heart rate and blood pressure, which puts the Black community at increased risk for hypertension, heart attack, and stroke (APA, 2018). The emotional outcomes reflect heightened sensitivity and vulnerability to poor mental health after exposure to one or more police killings with an unarmed Black American, lasting days after the incident (Bor et al., 2018). This reflects the psychological shift in the minds of Black individuals during and after an altercation, and if not addressed, it can cause further mental turmoil and life-altering effects (APA, 2018).

We see the heaviest use of force incidents in urban or majority-Black neighborhoods. The St. Louis Equity Indicators project and the Forward Through Ferguson initiative report that such incidents occur three times more often in Black neighborhoods than White ones (City of St. Louis, 2018, as cited in Motley et al., 2020). This type of policing illustrates the discrimination between the probability of police encounters for White and Black citizens.

The National Justice Database City Report for St. Louis Metropolitan Police Department (2012-2019) further breaks down findings between pedestrian stops, vehicle stops, and the use of force. Black pedestrians were stopped more often than Whites, where “neighborhoods with less poverty experienced greater racial disparities” (SLMPD, 2021, para. 2). The Black population in St. Louis City is 47.5%, but 65.4% of all drivers stopped between 2012 and 2019 were Black. Whites make up 42.9%, with 32.2% of their drivers being stopped. The use of force statistics for St. Louis reveals that between 2012 and 2019, Blacks were exposed to police force 3.3 times



more often than their counterpart White residents, again displaying the disparities in force behavior between races.

We also see these alarming trends or statistics on a national level. A systematic review of *Police Interactions and the Mental Health of Black Americans* finds that although Blacks contribute to only 13% of the US population, they are the most prominent race, at 23%, to be fatally shot by police officers (Mcleod et al., 2020). The researchers take a step further to investigate the consequences of this problem by also reviewing the psychological and emotional effects that mimic trauma response in the form of stress, anxiety, and other depressive symptoms, that inhibit the Black community's growth in mental health stability (Mcleod et al., 2020). Six of the eleven studies reviewed found significant connections between police interactions "and mental health (psychotic experiences, psychological distress, depression, PTSD, anxiety, suicidal ideation, and attempts)," uncovering a much higher prevalence of poor mental health in those with prior police interaction, compared to those absent of police interaction (Mcleod et al., 2020, para. 1). These findings divulge the consequences and connections between police interactions and negative mental health instability which reflects as incongruency in daily functioning because of the barriers present.

Witnessing or experiencing racial discrimination is linked to poor mental and physical health and is a reoccurring theme between law enforcement and the Black community. A study conducted in Ohio reports on the psychological consequences the Black community faces because of inappropriate police interaction. The study found that more than 40 percent of Black respondents (n=131) are very afraid or somewhat afraid of police in their community, whereas 15 percent of White respondents agreed (HIP, 2015). Similarly, two-thirds of Black respondents fear that police would cause injury or kill them or fear for another in a witnessed incident, while

two-thirds of the White respondents admit to never having the same fear (HIP, 2015). The research supports that some Blacks dismiss police as their protectors or servants because of such connotations, and with this environment, mistrust is bred and often hard to regain. When a community loses trust in law enforcement, chaos ensues as the lines between the good and bad guys blur, resulting in “a devastating cycle of poverty and arrest” (HRW, 2019, para. 15). A vicious downward spiral ensues after the consequences of an arrest that mirrors breaking up a family (support system), loss of job/income, incurring court fees and fines, and having a criminal record or rap sheet that may impede educational, social, and economic progress (HRW, 2019). The social uproar and protests that help “decrease feelings of powerlessness” directly result from unaddressed and unnecessary police brutality in the Black community (Hathaway, 2021, para. 10).

The goal is to increase awareness of mental health disparities in the Black community due to experiencing or witnessing police brutality.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

[Police excessive use of force: Trauma-induced stress and anxiety in the Black community, St. Louis, Mo.]

Because the “mortality rate due to police violence [is] highest in non-Hispanic Black people,” we must consider the risk factors that contribute to increased trauma during police interactions in the Black community and the protective factors to confront them (Lancet, 2021, para. 3). SAMHSA affords that risk “factors influence a person’s chance of developing a mental and/or substance use disorder,” but with effective prevention, we can begin to reduce these factors and promote stronger protective ones “most closely related to the problem being addressed” (SAMHSA, n.d., p. 1). Practitioners that use the Strategic Prevention Framework

(SPF) model focus on identifying these significant factors that attenuate mental health stability to have “the greatest impact on their target population” (SAMHSA, n.d., p. 2). To understand the factors that influence increased trauma for Blacks during police interactions, the Social-Ecological Model provides the framework for analyzing “violence and the effect of potential prevention strategies” (CDC, n.d., para 1).

The Social-Ecological Model is a representation of the “interplay between individual, relationship, community, and societal factors” that solicits understanding of the factors that protect against or promote violence” (CDC, n.d., para. 1). At an individual level, Blacks are at risk for increased mental health instability from police brutality interactions because of sociocultural factors like “greater experiences of discrimination, stigma toward mental illness, and an increased focus on somatic symptoms, [that] may increase the risk of developing severe and chronic anxiety” Blacks (Williams, 2018, para. 6). Research shows that these individual constituents play a significant role in poor mental health among Blacks which often leads to “an increased risk of poor/fair self-related health, high-blood pressure, diabetes, and obesity” (Sewell, 2016, para. 32). Because “the fear of violent encounters with the police and the ensuing stress [that] negative affects [have] on the mental (and physical) health” of Blacks, some experts categorize such stressors as a continuum of structural racism (Sandoiu, 2020, para. 3). However, research shows that Blacks who work have “reduced risk for higher PCA (police contact anxiety)” than the unemployed, making employment a protective factor on an individual level (Gramigna & Houck, 2021, para. 4). Self-efficacy, empowerment, and awareness are also individual protective factors that decrease mental health instability.

In the identification of the risk factors associated with relationships that affect poor mental health in Blacks, the focus is placed on “a person’s closest social circle-peers, partners

and family” and the “members-influences” that contribute to behavior and experiences (CDC, n.d., para. 5). In other words, our immediate family members, best friends, colleagues, and coworkers’ values, behaviors, experiences, and actions, directly and indirectly, contribute to poor mental health. For instance, childhood abuse via neglect or trauma can accelerate declining self-awareness, esteem, efficacy, and resilience. A dark-skinned Black client may not believe in their beauty because their verbally abusive parents spewed the opposite imagery their way daily. Similarly, losing a loved one (best friend, partner) can cause a breakdown in mental health stability that may disrupt daily functioning. One study found that “family support” serves “as a buffer for stress exposure” and is a protective factor in fighting against risk factors for Blacks (Gayman et al., 2018, para. 37). Other protective factors include religious beliefs/affiliation, culture, social-peer support, and effective mental health care (Reed, 2020).

The settings in which Black communities were and still are created include poor educational systems, lack of jobs and opportunities, and poverty-stricken environments. These “integrated oppressive structures cause systematic disempowerment” in the Black community, which may make Blacks feel helpless in their life trajectory and decision-making abilities (Alang et al., 2017, para. 1). A Black child may lack self-efficacy in achievement (school, sports) because of their neighborhood’s scarcity of role models and opportunities for extracurricular exploration via sports and academics. Therefore, the child’s belief that they can excel in such acts may be nonexistent or hard to conjure. An identical cycle is seen when Black high schoolers fall absent of college goals because of the lack of teacher encouragement, support, and guidance.

The historical roots of systemic racial discrimination play a vital role in the societal level of risk factors in police brutality and Black interactions. Policing in America was formed during a discriminatory climate and grounded in “two primary modes—centralized municipal policing

and slave patrols” (Solomon, 2016). This is the foundation on which society is a critical component in affecting the mental health of Blacks during police interactions. If a police officer is embedded in traditional racist policing practices, they may view a Black man as less human than their White counterpart and display more force towards the Black male. Encounters like these in the Black community lower its trust in law enforcement and elevate PCA or Police Contact Anxiety (Gramigna & Houck, 2021). They also create an environment where “Black people often have the task of explaining to non-Black friends, co-workers, and strangers the connection between structural racism and the latest police shooting,” which is “a profoundly stressful process to undergo while grieving these deaths (arguing that victims are not responsible for their death)” (Gramigna & Houck, 2021, para. 3). Research is in support of the implementation of schools and programs that “include systematic ongoing training on skills for navigating racial bias (explicit and implicit) in and outside of the classroom” and into society as a protective factor (Alang et al., 2017, para. 5). With “12.1% of black residents [being] unemployed” in the City of St. Louis, the city is struggling in its pursuit of employment as a protective factor for the Black community (City of St. Louis, n.d., para 1).

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### PART 3: THEORIES OF PREVENTION

[Police excessive use of force: Trauma-induced stress and anxiety in the Black community, St. Louis, Mo.]

In the quest to address the prevention of trauma-induced stress and anxiety in the Black community during police interactions, the theory of prevention must be the road map in providing guidance and support. Using theories "presents a systematic way of understanding events or situations" through concepts, definitions, and constructs that help explain said events through the relationship and interactions between the Black community and the police (National

Cancer Institute, 2005, p. 4). Behavioral health practitioners utilize theory to study the problems the communities they serve face and to develop prevention initiatives to answer the "why," "what," and "how" of the problem and how it can be prevented (National Cancer Institute, 2005, p. 5). From this discovery comes the birth of evidence-based programs (EBPs) that enact change and prevention strategies. One theory to apply to the prevention plan of reduced stress and anxiety in Blacks is the Community Organization initiatives that serve and address populations' "individual, group, institutional, and community issues" (National Cancer Institute, 2005, p. 22). The EBP to follow this theory in preventing mental health instability is the Community Preventive Services Task Force (CPSTF) suggestions and findings on improving and addressing mental health legislation.

The community organizing and social-ecological models share the perspective of "multiple levels of" health and mental health problems, integrating SCT-based elements that highlight personal factors, environmental factors, and human behaviors (National Cancer Institute, 2005, p. 23). The Social Systems Theory, which helps to identify and explain the interactions between communities and society outside of the community, is another theory under community organizing that "is also useful for this purpose" (National Cancer Institute, 2005, p. 23). For example, recruiting Blacks to research influencing direct and indirect attributes and behaviors to interconnected social systems like law enforcement helps provide a theoretical framework that leads to prevention.

Research provides "wide recognition that grassroots community organizing is a uniquely necessary approach for contending with the persistent and escalating socioeconomic inequities that manifest as disparities across many societal domains, including housing, safety, education, and mental and physical health" (Christens et al., 2021, p. 1). Evidence proves that community

organizing affords an increased understanding of community organizing processes to “produce actionable knowledge that can enhance these and other similar efforts to create more equitable and just cities and regions” (Christens et al., 2021, p. 1). Simply put, community organizing empowers and encourages community residents to join together in social power to “investigate and take sustained collective action on systemic issues that negatively affect their daily lives,” in this case, increased trauma induced by stress and anxiety (Christens et al., 2021, p. 2). Examples of these social power congregations, as seen “in almost every city across the United States,” reflect subsets of community organizing in youth organizing (SPIRIT- school initiative for kids against bullying and tobacco/vape usage ) and social-political organizing, like the BLM Movement and updated legislation (Christens et al., 2021, p. 5). With statistics in St. Louis surrounding Blacks being “71% more likely to be pulled over by Missouri police officers last year than white drivers,” or Black drivers being searched 8.5% more than White drivers, it highlights a trigger (variable) for stress and anxiety in Blacks and the need to put forth community-based prevention plans within this environment (St. Louis Public Radio, 2021, para 2).

In addition to utilizing theory in prevention planning, evidence-based programs are also used to help inform social change initiatives. The identified EBP for the target problem within this portfolio is the CPSTF’s improving and addressing mental health and illness via updating mental health to benefit legislation. This EBP aims to address the disparity between benefits for mental health services and physical health services to increase the “parity for mental health coverage” at the state and federal levels (CPSTF, 2015, p. 2). The core concepts surround implementing “mental health legislation, particularly comprehensive parity legislation, based on sufficient evidence of effectiveness in improving financial protection and increasing appropriate

utilization of mental health services for people with mental health conditions” (CPSTF, 2015, p. 2). In other words, the Black population can benefit from new laws that cater to those with mental health issues crafted from affordable and accessible guidelines and practices. The average rate for counseling in St. Louis on the high end is about \$150, with a \$50 range for the low end. The experience or expertise does not determine the practitioner’s rate; the community or area they practice informs their price (Changelnc, 2015). It is not surprising that St. Louis’ Black neighborhoods lack access to mental health care services because of their geological positioning and economic status.

Updated mental health legislation “is associated with increased access to care, increased diagnosis of mental health conditions, reduced prevalence of poor mental health and reduced suicide rates,” which are all issues in the Black community (CPSTF, 2015, p. 3). NAMI Missouri reports that “63% of Black people believe mental health conditions [are] a sign of personal weakness” along with seeking treatment for such conditions, which directly leads to a “mental health crisis in Black communities (NAMI, n.d., para. 9). This narrative echos and multiplies within Black populations but by normalizing and advocating for mental health stability through counseling services and access to affordable care, we can help prevent mental health turmoil for skeptical clients and communities.

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## **PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS**

[Police excessive use of force: Trauma-induced stress and anxiety in the Black community, St. Louis, Mo.]

The subgroup within the Black community most affected by trauma-induced stress and anxiety during encounters with law enforcement is the Black male— the primary target of police



excessive use of force. History provides foundational support for "the criminalization of black males" that directly results in "an increase in policing behaviors by legal authorities and create[s] inequitable life chances for black males" (Gilbert & Ray, 2016). The impact of criminalizing the Black male results in this subgroup's leading cause of death. Black males dying average is "7 years earlier than women of all races and all other groups of men except Native American men in the USA" (National Center for Health Statistics, 2010; Gilbert et al., 2014, as cited in Gilbert & Ray, 2016, para. 13). Justifiable homicides and entanglement with the criminal justice system render Black males as "missing" or invisible, "not present in their families and communities, or actively seeking health-care services," impeding a gap in this subgroups participation in civic and social life which creates a public health challenge for this population (Gilbert & Ray, 2016, para. 13).

With discrimination as "an established risk factor for poor mental health, whether personally experienced or observed," we see that racial violent police events "serve as a window into the structure of society and elicit strong emotional responses among observers" (Schmitt et al., 2014, as cited in Curtis et al., 2021, para. 4). Ferguson, Missouri was the hometown of the late Michael Brown, the young Black man gunned down by police who were acquitted of all charges under the justifiable homicide statute. Brown's untimely death and global media coverage forced society to pay attention to police misconduct. However, it also became "a source of stress for Black Americans," evoking "anger, threat, and grief" (Freelon & Clark, 2016; Rothstein, 2015; APA, 2017, as cited in Curtis et al., 2021, para. 4). Evidence supports that "racialized public incidents may therefore have measurable spillover effects on the mental and physical health of members of the targeted racial group," causing an overall health challenge for the population (Curtis, 2021, para. 6).

Looking under the PHCRP (critical race theory-principle of voice) confirms that “although intersectionality is normally applied to Black women, it is also applicable to Black men,” meaning the intersection of gender and race play a huge role in the fact that “Black men are more likely to be criminalized,” due to their identity (Gilbert et al., 2016, as cited in Gilbert & Ray, 2016, para. 12). For example, Officer Wilson described Brown as “demonic” and had the “strength of that of famed wrestler Hulk Hogan, while describing his own stature and presence as that of a 5-year-old child” in his defense of taking Brown’s life (State of Missouri v. Darren Wilson, 2014, as cited in Gilbert & Ray, 2016, para. 12). The psychological fear of Black males in police heightens “the criminalization and profiling of Black males in a broader social context where longstanding sociological and psychological factors play powerful” negative roles on the psyche of the subgroup and population as a whole— *they think I am a monster, then I must be a monster* (Gilbert & Ray, 2016, para. 12).

Based on these findings, we must employ mechanisms to increase the cultural relevance of prevention programs within the Black population. On the law enforcement side, police officers should be required to wear body cameras to document incidents between Blacks. This increases “accountability and transparency between police officers and the community” and provides context and validity to the Black voice and experience (Saint Louis University, 2015). Similarly, “establishing community review boards to improve relations between police and local residents” is critical in engaging community issues (voicing opinions/concerns), building trust, and formulating liaisons between Blacks and the justice system (Saint Louis University, 2015). The main goal is to assist the Black community in gaining autonomy in the challenges they face when encountering law enforcement. This mechanism may also “facilitate client growth and

development” to “promote [the] formation of healthy relationships” with the justice system and law enforcement (ACA, 2014, p. 4).

All helping professionals, counselors, and law enforcement included, must recognize their prejudice and biases "to formulate more equitable approaches to the treatment of individuals from groups they have not encountered during their upbringing" ((Saint Louis University, 2015). One does not have to agree with another's cultural norms, attributes, or behaviors. However, they must "respect the diversity of individuals" and "avoid imposing—their own values, attitudes, beliefs, and behaviors" (ACA, 2014, p. 5). Providing "mental and preventive health services to" the Black community where "levels of violence and policing" are high in a multicultural fashion will help alleviate such bias and elicit a better understanding of adequate preventative care (Saint Louis University, 2015). You do *better when you know better*.

The core ethical considerations in prevention programming for the Black population with trauma-induced stress and anxiety from police interactions include the identification and emphasis on stakeholder collaboration, informed consent, and confidentiality. The stakeholders in this scenario include Blacks, their community (family/friends), mental health/health care professionals, the justice system/law enforcement, and community leaders. The ACA Code of Ethics A.1.d. *Support Network Involvement* highlights that "counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent" (ACA, 2014, p. 4). Therefore, when serving the Black community, a culturally competent counselor and police officer are ethically charged with tailoring care or solutions that cater to an individual's culture.

For example, enlisting the family pastor for resources or support with the client's permission is one way to provide an ethical consideration for a Black individual.

Similarly, clearly and effectively expressing informed consent early within the counseling relationship is a crucial core ethical consideration. History shows us that Blacks have been second-class citizens meant to obey commands without questions. It is essential to inform a Black client that they “have the freedom [autonomy] to choose whether to enter into or remain in a counseling relationship” with “adequate information about the counseling process and the counselor” so they understand their choices in healing and change (ACA, 2014, p. 4). Along the same lines, confidentiality is also important to express to Blacks because it helps to provide a safe environment for a population that is reluctant to trust and disclose. If a Black man has criminal warrants or a “criminalized status with the state,” they may avoid mental health help and resources and refuse to disclose truthfully for fear of being exposed and sent to jail (Gilbert & Ray, 2016, para. 13). Therefore, we must uphold and express confidentiality (within our parameters) in implanting prevention programs with Blacks to solicit the answer and variables needed to enact positive social change.

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## PART 5: ADVOCACY

[Police excessive use-of-force: Trauma-induced stress and anxiety in the Black community, St. Louis, MO.]

To advocate is to stand up for oneself and others. Those who advocate “acknowledge responsibility as citizens to shape public policy to address intentional or unintentional harm to minorities and the oppressed, whether caused by action or inaction” (Washington University, n.d. para. 3). Social Justice involves the inclusion of equal participation of all groups in society,

shaped to meet their needs. It is grounded in “a vision of society in which the distribution of resources is equitable, and all members are physically and psychologically safe and secure” (Washington University, n.d. para. 3). Advocacy and Social Justice are critical factors in addressing and preventing trauma-induced stress for this portfolio’s target population. The Black community faces several barriers in mental health care at institutional, community, and public policy levels. At an institutional level, there is a lack of insurance coverage or affordable care, institutional racism/implicit bias, and the lack of diversity in mental health care providers. The familial and cultural shame and stigma surrounding mental health care, employment restrictions/limitations, microaggressions (racial trauma), and mistrust in mental health care providers are community barriers. Because the DSM-5 and the foundation of mental health care were crafted with White people, their norms, values, and beliefs in mind—implicit bias, inadequate support for mental health services (Medicaid/Medicare), and systematic racism present as barriers on a public policy level.

SAMHSA found that the most frequent reason for racial/ethnic groups to neglect mental health care is due to the “service cost or lack of insurance coverage” (SAMHSA, 2020, para. 4). The Affordable Care Act does not include the 12% of uninsured Blacks, and even those with health insurance often do not have “mental health services covered or have expensive co-pays or deductibles” (Bryant, 2022, para. 2). If Blacks can afford it and turn to care, they face racism and implicit bias by the institution soliciting such care. “Racism is a mental health issue because racism causes trauma,” and Blacks experience institutional racism within and between mental health institutions (MHA, n.d., para. 1). Blacks face “discriminatory treatment, unfair policies [cost],” and inequitable resources in some mental health care institutions (MHA, n.d. para. 1). The Black teen is “disproportionately disciplined and arrested rather than receiving the support

and services that allow them to remain in the classroom and continue to make educational progress,” making incarceration another barrier to mental health care services for this population (CFJJ, n.d. para. 2).

### **Institutional Interventions**

- Practitioners can connect Black clients with social institutions like churches and non-profit businesses “to help alter inequities influencing marginalized clients,” like providing assistance (funds, rides) for mental health services (MSJCC, n.d., p. 12).
- Mental Health institutions and practitioners should provide free or reduced services for qualified people. These should include group therapy and other resources outside of individual counseling.
- Mental health institutions should diversify their staff by employing practitioners from different cultural backgrounds and races to understand and serve BIPOC effectively.
- Multicultural training should be mandatory for all health and mental care providers across all institutions.

The familial and cultural input in the Black community often discourages its members from seeking mental health care services because of the shame and negative stigmas surrounding mental health. In fact, “more than 80% of Black Americans are very concerned about the stigma associated with mental illness, which discourages them from seeking treatment” and keeps this population’s mental illness rates high (Ward et al., 2013, para. 4). Microaggressions spewed at Blacks can weaken their sense of self-worth, “potentially impacting their mental health” (Marrast et al., 2016, para. 5) as mistrust that is “rooted deeply inside the Black community as a result of racism, discrimination, and trauma” replaces any need to seek care (Keane, n.d., para. 3).

### **Community Interventions**

- To shift the Black community's view of mental health, we must "employ social advocacy to address community norms, values, and regulations embedded in society that hinder the growth and development of" this population (MSJCC, n.d., p. 13). We must change the negative narrative surrounding care to empower Blacks to take control of their entire health (health fairs, block parties, informational).
- Provide the Black community with more job and educational opportunities to help offset the need for state assistance, which is a risk factor for developing depression in Blacks (Alegria et al., 2010, para. 2).
- Facilitate a community buddy system where each community member holds each other accountable for keeping up with their overall health to encourage prevention methods, treatment outcomes and to build a cultural support system.
- Conduct research in Black communities to identify and evaluate the extent to which community norms, values, and regulations affect them (MSJCC, n.d., p. 13).

Lacking cultural competency in public policy decision-making directly affects the Black population because their mental health needs are unmet. Engaging with practitioners with implicit bias who may "consciously rejects stereotypes and supports anti-discrimination efforts" but unconsciously hones negative associations" plays a role in Blacks avoiding care (Washington University, n.d, para 6.).Having a cut-off age for receiving mental health benefits under Medicaid and Medicare places youth and elderly Blacks in jeopardy of losing services and discontinuing treatment (improvement). Since "institutions and policies make up the fundamental relationships and rules across society, which reinforces racism and gives it societal legitimacy," Blacks face barriers in public policy creation because of the system's "foundation (history) of racism" (MHA, n.d., para 2).

## Public Policy Interventions

- Implement new public policies that allow free mental health services for marginalized groups, taking out limiting language surrounding age to include children and senior citizens.
  - Practitioners should “engage in social action” on every level to help advocate for the Black population (MSJCC, 2015, p. 13).
  - Lawmakers should address their cultural bias through multicultural training before creating public policy that affects society.
  - Provide mental health alternatives to juveniles going into juvenile detention who are inflicted with mental health issues. This will help close the gap between White and Black teens in the criminal justice system.
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