



COVID-19 AND THE ESCALATING MENTAL HEALTH CRISIS AMONG BIPOC AND IMMIGRANTS

ANALYZING THE IMPACT OF MENTAL HEALTH STIGMA DURING A GLOBAL PANDEMIC

AREEBA ZANUB

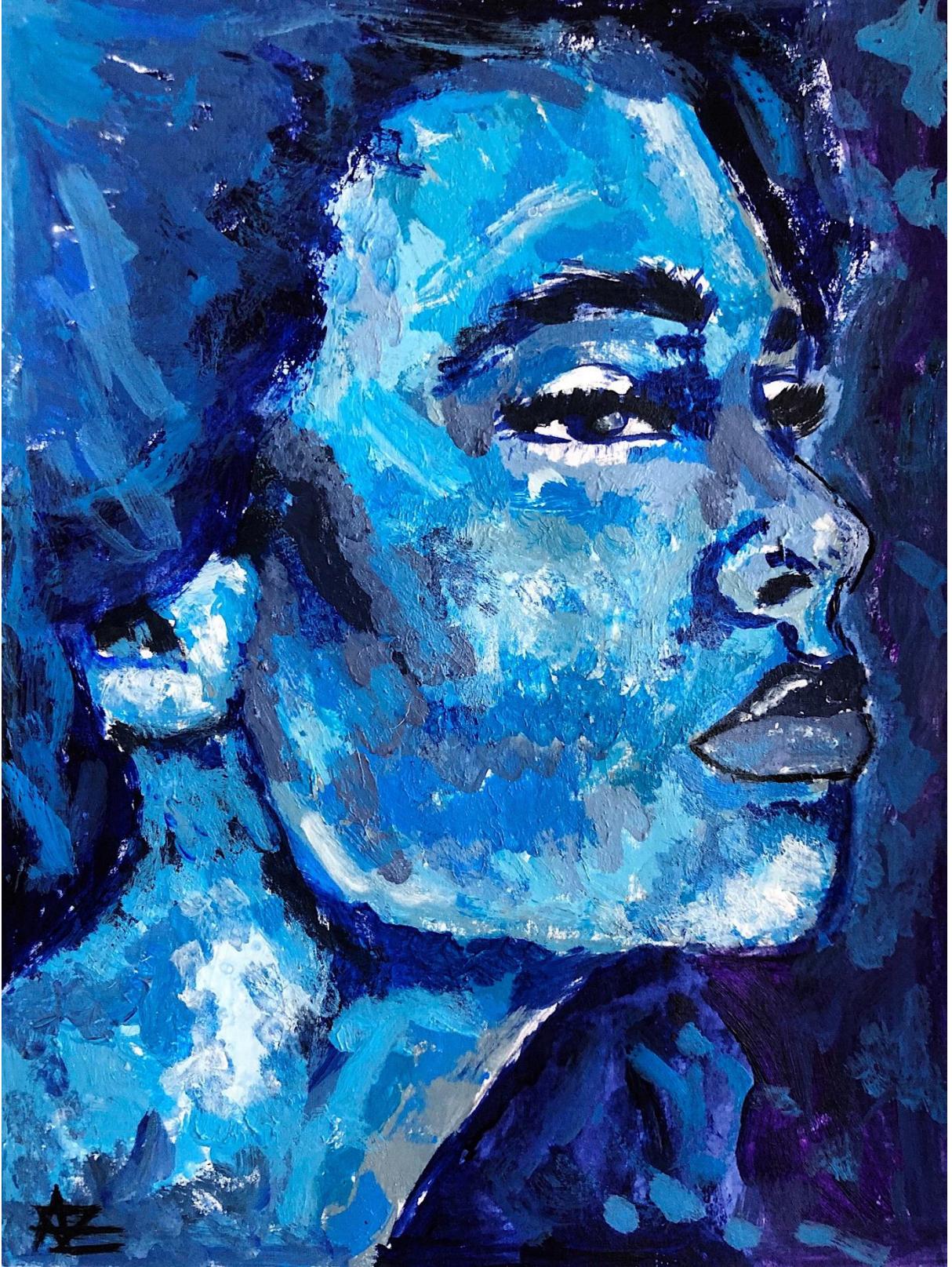
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EXECUTIVE SUMMARY

The purpose of “COVID-19 and the Escalating Mental Health Crisis among BIPOC and Immigrants” is to analyze the already existing socioeconomic conditions in BIPOC and immigrant communities that perpetuate mental health stigma and are also causes for the rising mental health crisis during the COVID-19 pandemic. The research project aims to investigate generational trauma and its correlation to the pressurizing notion of the ‘essential worker,’ how the silence of trauma creates stigma, and the lack of representation and affordable mental health resources for low-income BIPOC and immigrants.



Areeba Zanub, *I've Always Dreamt of Living*, 2019, Acrylic on paper.

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1 INTRODUCTION

It still felt like March when May began.

After a while in quarantine with no social interaction, the days started to blend in; my mind remained in darkness for most of them.

It was as if the loneliness caved in more and more every week that I did not step outside; my anxiety worsening each week.

As the conditions of the COVID-19 pandemic worsened, so did the hopelessness and uncertainty.

And I think that was the most terrifying thing—*the uncertainty*.

It was the uncertainty of my family members being able to work again and those who were working, if they would remain safe.

The uncertainty of older family member's health who were isolated and sick; who could not take care of themselves.

The uncertainty of receiving and affording physical and mental healthcare in times when both are most at risk.

I still feel uncertain about these things.

I still go through some of my days overthinking about the pandemic.

There is no uncertainty that there is a rising mental health crisis, especially for BIPOC and immigrant communities.

However, retaining focus on mental healthcare disparities during a global pandemic means investigating the discriminations that existed within conversations and fields of mental healthcare *prior* because, that is where I and many other BIPOC and immigrant's stories of healthcare, socioeconomic pressures, mental health stigma, generational trauma, etc. begin.

2 i remember the sky being so blue and the sun being so bright by Areeba Zaub

at 12: i awakened on the floor, a bright light emerged from the darkness.
my science teacher hovering over me: *you fainted, it's going to be okay.*
this can't be happening right now, i hyperventilate.
at the hospital they make me follow a light: *you had an anxiety attack.*
my parents say: *the ambulance, the emergency room, this is going to cost us. eat more and may then you'd stop being so weak.*

at 15: i awakened on the floor, a bright light emerged from the darkness.
my math teacher hovering over me: *we heard a loud bang, and you were on the floor. we called the nurse.*
this can't be happening right now, i hear a laugh, i hyperventilate and it happens all over again.
the nurse walks in: *do you want me to call your parents?*
i say: *no, i just need a few minutes to calm down.*
i skip class the next day.

1 week later: my doctor refers me to a cardiologist; i mentioned how before i fainted my heart was racing.
at the end, an intern at the cardiologist speaks: *do you ever feel lonely? or nervous?*
i dont know how to reply, no one has ever asked me this before. i don't feel comfortable speaking with my mom in the room.
the final verdict from *dr. cardiologist*: *nothing is wrong with your heart. things like this happen— maybe it was because your scarf on your head made you feel hot and you fainted from a hot flash? still, nothing is wrong with your heart.*

at 16: i am in my mosque praying. i shake as i rise from prayer; as i contemplate my existence. i am overwhelmed and i collapse.
a brown woman in black, picks me up and says: *where is your mom?*
i say: *i don't know, i just had an anxiety attack and fainted.*
she: *you are too young for that. no darling, it is because you are so slim, it makes you weak. come on, eat something.*
she drags me towards the food table.

at 18: in my college elevator, alone. i'm beginning to believe that i am being closed in and imagine images of the elevator falling. no one can hear my screams. i hyperventilate.
it opens, *thank God.*
i ran to the first floor, onto the field towards the campus bench.

...
i awakened and the sun rays hit my eyes.

1 week later: at the community doctor's office. i admire the Pakistani flag above the height chart. i feel safe.
my mom leaves the room so i can speak to *dr. community* alone.
i say: *i am struggling. i convince myself that i am dying, i know i am not but once the thought emerges, it really feels like it.*
my doctor: light chuckle, *it'll be over by your 20's. by the way, you are missing a few vaccines.*

3 ANXIETY

From flashes of failure, shame, weakness, and trauma my body embedded the sensations I was perceiving in those instances as conditions of danger. And when I encountered resemblances of those physical sensations in unrelated moments, the same reactions I experienced during my trauma would recur.

My body became a sensor of possible danger, always on high alert.

The heart race always came with an uncomfortable familiarity, I knew it so well that the moment it would begin, I expected failure. The anxiety would eventually move from my heart into my stomach, and then collapse into hypersensitivity.

Things would become too loud and pain would feel sharper.

My breathing would become harder to control—it felt like being backed onto the edge of a cliff, until there was no room left—I would just fall and break down.

The aftermath was even more difficult as I felt extreme embarrassment and shame.

In this shame and embarrassment, the worries of having another anxiety attack would begin looming. I became tormented by the sheer thought that pain is inevitable in life and that the days aren't certain before they've begun—that I could possibly encounter failure and wouldn't be able to handle it when it came and the cycle would always continue.

However, the hardest thing is when you expect everyone to understand but instead you are received with indifference; a plethora of psychological and emotional invalidation in forms of backhanded advice, subtle disregard, or simple ignorance.

I expected this empathy from my Pakistani community but I was shown the latter.

4 STIGMA

I remember times when I would break down in tears from being anxious and being unable to control my stream of negative thoughts, I was told by family that I was too sensitive; that I made it difficult for myself, that I was ungrateful for my life.

*How are you going to be able to **survive** in the future?*

*You're going to miss out on life **if you keep thinking that way.***

*Stop being so **weak**, there are so many things you're going to have to go through.*

And there were other times when I would desperately try to explain that deep down, I know I can get through it, but every single part of me has convinced me that I cannot, and I was told by friends that I was weak and overreacting.

*Everyone has issues, your life is better than others. You're **ungrateful.***

*Stop complaining all the time, **you bring this negative energy to yourself.***

It's always some new problem with you.

And the time when I was seeing my community doctor for a checkup, I built up the courage to ask for help, surely a doctor would understand, so I began trying to explain to her that my anxiety was exhausting and debilitating—I was told that I would grow out of it in my 20s and it was just a phase.

And because of invalidating instances like these, for a long time I refrained from sharing my emotional experiences with members of my community.

5 THE UNSPOKEN: MENTAL HEALTH & THE SOUTH-ASIAN COMMUNITY

The disappointment was hard to bear for it was my community where I first searched for comfort and validation for my mental health because of the way I saw mosques filled with hugs and kisses, community gatherings filled with the benevolence of strangers who despite not knowing each other, knew each other. We were family as we were bound by the same national roots and all congregated in a foreign land, trying to make a home. We understood each other's struggles and often shared similar stories of Pakistan and immigrating to New York. In times of physical sickness, we would pray for each other, offer aid and support.

Community felt like “a dance of strangers in my blood,” for Fatimah Asghar describes it best in her poem “If They Should Come for Us, “my people my people I can’t be lost/when I see you my compass/is brown & gold & blood...for the fire my people my people/the long years we’ve survived” (Asghar).

My people, I have always thought them strong, for they are—they have endured the pain and suffering of partition, immigration, economic struggle, and loss and still came out of it alive. Still, I feel there is something missing in our conversations of generational struggle, suffering and resilience: the proper awareness, the acknowledgement, or even the conversation of mental health—I’m speaking about the unspoken.

I’m speaking about the countless number of Brown children whose mental health have gone unnoticed or have been neglected, who've been left undiagnosed and then, untreated.

I'm speaking about the countless number of Brown women who were abused for years under their own roof, the same ones who were neglected and shamed, who were told to stay quiet because *what will people say?*

I'm speaking about the countless number of Brown fathers, homesick and lonely in their empty American apartments, counting the days until their wife and children are granted visas, the same ones who were told that tears on a man are a sign of weakness.

I’m speaking about the older generation, the ones who fled during the 1947 British India Partition, the ones who witnessed massacres, rape and famine, the ones who didn’t process trauma in their lifetimes amidst all the fight for their land and freedom, the ones who were forced to live with it and then struggled to explain their sorrow to their children.

I’m speaking about the lack of connection and trust, the unresolved trauma and generational pain, and the ideologies formed from pain that become embedded in our worldviews—that we *must* be strong.

I’m speaking about this because it is bigger than my own mental health being disregarded, as I have come to realize our neglect of our own generational trauma is our biggest barrier of speaking about mental health without stigmatization.



Areeba Zanub, 'my people my people,' 2019, Photograph.*

*I took these photographs in Wadi-us-Salaam (Valley of Peace), Iraq; the largest cemetery in the world. I went to Iraq in 2019 on a group trip with families from my mosque--we got to see where our lineage originates from alongside the traumatic history of our people.

6 DEFINING AND EXEMPLIFYING GENERATIONAL TRAUMA

Generational trauma is rooted from traumatic experiences that have manifested behavioral disorders. These emotional and social behavioral disorders that are rooted from this trauma are passed down (Zurich). Studies have shown that epigenetics play a role in trauma as well, as trauma can leave a chemical mark on genes and alter the mechanisms of functioning proteins (Carey).

“The Legacy of Trauma” by Tori DeAngelis for the American Psychological Association discusses Professor Brent Bezo’s study on generational trauma in Ukrainian children and the effects that this trauma manifested in social and emotional behaviors:

People spontaneously shared what they saw as transgenerational impacts from that time, including risky health behaviors, anxiety and shame, food hoarding, overeating, authoritarian parenting styles, high emotional neediness on the part of parents and low community trust and cohesiveness—what many described as living in “survival mode” (*Social Science & Medicine*, Vol. 134, 2015). “Each generation seemed to kind of learn from the previous one, with survivors telling children, ‘Don’t trust others, don’t trust the world,’” says Bezo. (DeAngelis)

In Stephanie C. Jones’ dissertation “Being Black and Depressed Double Sucks,” Jones states that the National Alliance for Mental Illness (NAMI) found that Black Americans perceptions of mental illness as negative are traced back to “slavery, during which Black communities were conditioned to swallow their emotions and hold generational burdens of secrets, lies, and shame. Avoiding emotions was a survival technique, which has now become a cultural custom for Black Americans and a subsequent obstacle to dealing with depression” (Jones). Jones states Black people may show shame in the face of these perceived negative emotions and thus, avoid them.

Another example is that of Cambodians fleeing from the Khmer Rouge. Cambodians endured violence, starvation, rape, familial separation, etc. However, many Cambodian refugees avoided speaking about their traumatic experiences, creating a transgenerational trauma from the silence and the refusal to confront pain and seek treatment. These behaviors are reflected through the transmission of PTSD from Cambodian parents to Cambodian children (Lin, et al.)

- “Intergenerational trauma can negatively impact families as a result of:*
- 1 Unresolved emotions and thoughts about a traumatic event*
 - 2 Negative repeated patterns of behavior including beliefs about parenting*
 - 3 Untreated or poorly treated substance abuse or severe mental illness*
 - 4 Poor parent-child relationships and emotional attachment*
 - 5 Complicated personality traits or personality disorder*
 - 6 Content attitude with the ways things are within the family” (Hill)*

7 THE 1947 BRITISH INDIA PARTITION AND SOUTH ASIAN GENERATIONAL TRAUMA

The 1947 Partition Archives document the oral histories and memories of those who witnessed the 1947 British India Partition:

“The sharing of lived memories over social media, millions of times has helped create a ‘critical mass’ acknowledgement of the human suffering that resulted from Partition. As a result, we are watching a change in the tide of public consciousness. We are watching as memories of Partition are becoming accepted in the mainstream and drawing attention from popular filmmakers, media makers, news organizations and educators” (1947 Partition Archives)

The 1947 Partition Archives are important as they reflect millions of other stories that are unspoken and untold by South-Asians. I have collected some of the descriptions of these stories of war, famine, bloodshed, etc. from *The 1947 Partition Archives*’ oral histories to reflect how dire the need for therapeutic conversation and representation of the South-Asian past and collective consciousness is in order to prevent the cycle of silence that leads to stigmatization from continuing.

“More than the love for my birthplace, I have fear of it. I can never forget those awful days of Partition.”

—Oral history with Taj Begum, 2017 February 6.

“She put all three children in the family jeep and they headed for Amritsar. On the journey, Mrs. Vikram Singh saw the dead lying in ditches along the road and floating in the canals. She clearly remembers the limbs of the butchered bodies. Even now, she says, the images are vivid. Her mother tried to cover her daughter's eyes with her dupatta to protect her from the scenes.”

—Oral history with Baljit Dhillon Vikram Singh, 2016 January 1.

“Taji believes that the generation today is suffering from a culture of individualized lifestyles. The isolation and the restlessness we have comes from that culture. We need to bring back the days when it was considered normal for people in one mohallah to get together in one place and share their happiness and sorrows like a joint family system.” On nostalgia concerning their childhood at Amritsar, they say: “There is nothing compared to memories of one's birthplace, the home one grows up in, and friends from the mohallah one used to play with. No one wants to be forced out of their houses all of sudden. The pain of losing home is unbearable, especially when we really had no choice in the matter. It makes me very sad to think of our lost childhood, even today.”

—Oral history with Mai Taji, 2016 January 16.

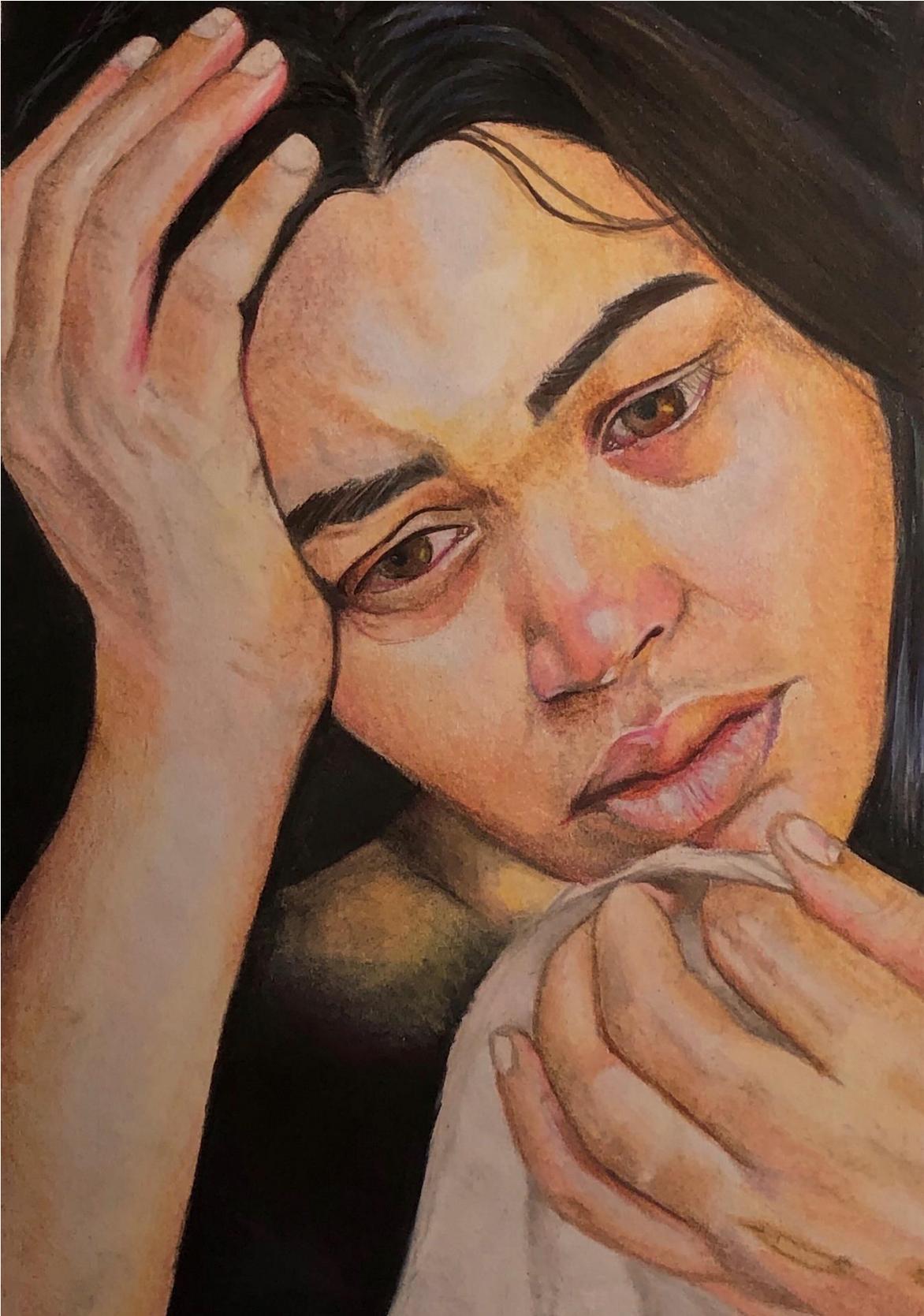
“Chopra recalls seeing young girls throwing themselves into wells to protect their honor, and seeing dead bodies strewn along the train tracks. Once they arrived at Ferozepur, Ravi and his family spent ten nights in a refugee camps, where there was no hygiene, and life was miserable... Today, Ravi has still not been able to go back to his home in Pakistan,”

—Oral history with Ravinder Kumar Chopra, 2011 April 2.

“Many other nations had situations like ours, but no blood shed like the one we saw, half a million lost lives. It's hard to imagine how neighbors living next to each other became enemies, we became like animals, I saw people being killed, houses being burned, bodies of the people flowing in the canals and people being shot in trains.” He saw this happen everywhere, in Punjab and it was a horrible scene. He says that he saw ladies weeping and men being killed on the streets of Patiala and that “one can't imagine how a human can be so wild.”

—Oral history with Sardar Tarlochan Singh, 2012 January 15.

Areeba Zaub, *Generational Burnout*, 2020, Prismacolor colored pencils on paper.



8 GENERATIONAL TRAUMA, EXPECTATIONS AND STIGMA

BIPOC and immigrants who struggle with mental health disorders struggle with label avoidance. Label avoidance in relation to mental health stigma is that many who struggle with mental health fear being perceived as weak or in a negative manner if we publicly speak up about it (Ciftci). This very fear for BIPOC and immigrants who struggle with their mental health is rooted from being seen as weak in a society whose expectations formed from generational trauma from poverty, war, discrimination, etc. rely heavily on the usefulness of an individual—if they are able to work, be successful members and *survive* (American Psychiatric Association).

“Survival, expectations, and employment” by Baran et al. collected data on the lived experience of refugees and immigrants within the United States, the data showed that many of these communities have a “complex trajectory of expectations, adversity, turning points, and status changes as refugees attempt to “make it” in the United States” (Baran et al.). The pressure of culturally normative expectations of socioeconomic prosperity for immigrants once they reach the United States hinders these individuals from confronting their pain, as their mental health issues might go against their *expected* strength.

Consequently, stigma is part of what makes mental health related issues more long-lasting because it works alongside socioeconomic factors and prevents these individuals from coping more so, believing that their mental health matters (DHHS). Stigma discredits a lived experience through silence and thus, makes that experience complex as the individual then begins resisting the confrontation of their own trauma. This continues the cycle of silence and repression, leading to negative behavioral complexities becoming cultural norms like the lack of trust and expectations of raising solely strong individuals.

Stephanie C. Jones’ dissertation “Being Black and Depressed Double Sucks” researches mental health stigma for Black people. Jones finds that Black people, more than white and Latinx, isolate themselves from those who outwardly displayed symptoms of their mental health issues, “out of fear of being stigmatized because of proximity” (Jones). Similarly, a study conducted by Deepa Rao, Joseph Feinglass, and Patrick Corrigan, “Racial and ethnic disparities in mental illness stigma” found that Black people and Asian people perceived those with mental illness as more dangerous and consequently had more stigma for them. Rao et al. also found that those who feared stigmatization feared receiving it from members of their *own* community rather than other races (Rao, et al.).

To further exemplify personal experience of BIPOC and immigrant individuals, I surveyed a few who identify with these communities and have struggled with mental health stigma.

"I believe my community does not acknowledge mental health related issues...I believe this because for years the people of the Dominican community (at least the older people in my family) have trouble grasping the fact that their kids and grandkids can have such a thing as anxiety, depression, etc. It's like they know what it is but they just brush it off"

—Lailah, 20, Brooklyn, NY

"As a Muslim-Albanian I have struggled discussing mental health issues with family members. As far as they were concerned it was just me being a teenager...I have felt scared and shamed. As a person who sought therapy due to the worsening of my mental health, I was constantly told I don't need it and that I'm overreacting. Despite clear signs of anxiety and depression I was always brushed off and blamed for the downward spiral of my illnesses."

—Anonymous #1, 20, Brooklyn, NY

"There are people who can speak up, but there is a majority of people who are afraid to. This is because they feel like they won't be understood. Most people will assume that someone is just having a "bad day..." I've had times in my life where I've felt unsure about speaking up about what I'm feeling inside...There were people who used to tell me that it's just a passing phase and I'll get over it."

—Anonymous #2, 20, NY

"I do feel that my community does not acknowledge mental health issues. I think that it comes from our parents not having someone who to talk to about their mental health issues so they tend to ignore ours. Living in a predominantly Hispanic community, we tend to ignore our feelings because there are a lot more problems to worry about it...I have felt ashamed to talk about my emotional wellbeing because not everyone within my community takes mental health issues seriously or thinks that you are victimizing yourself. I have talked to my parents about my mental health and I am lucky enough to say that they understand and are looking for the best ways to help me. But if I go to anyone else like an aunt, uncle, or an older family friend, they would laugh or say that our generation is weak minded..."

—Jacqueline, 20, Brooklyn, NY

"I attended private schools contained within my own community for elementary and high schools and received almost no education on mental illness or any such matters. I believe my community does have resources—particularly therapy—available to those who need it, but I personally was never able to even identify if I was struggling with a mental illness because it was and is not something that we spoke about and thus I was severely lacking in adequate knowledge on the matter...Mostly, in my experience, people regard mental health as an exaggeration. If you are depressed you are just sad and implicitly weak. If you have OCD, organized and perhaps paranoid and implicitly weak, though no one would tell you they think

you are weak. Suicidal thoughts are unheard of; self-harm is unheard of. I have never met or heard of a member of my community struggling with mental illness to this extent, which does not surprise me because exposure on such matters can harm an individual's chances to marry well (a prominent concern for many of my friends and relatives)."

—Anonymous #3, 20, Brooklyn, NY

8.1 ANALYZING THE RESPONSES

What I learned from these responses is that immigrant and BIPOC communities know about the existence of mental disorders such as depression and anxiety, as they are common. But the lack of overall conversations and openness about mental health hinders them from broadening this scope and accepting the existence of other mental disorders. Yet, the respondents that identified depression and anxiety as something they have struggled with, still felt that their mental health was brushed off and seen as trivial, an “overreaction” as Anonymous #1 says, “I was constantly told I don’t need it [therapy] and that I’m overreacting.” This is similar to Jacqueline’s response, “not everyone within my community takes mental health issues seriously or thinks that you are victimizing yourself.”

To begin serious conversations about mental health in our communities, we must accept that mental health disorders *exist* and that every experience for every individual is unique, like responses to traumatic events. But, this uniqueness does not diminish the importance for acknowledgment.

From my own cultural experience in the South-Asian community, mental illness is sometimes perceived as a passing phase that can be subdued easily if one is continuously hopeful and willing. This perception is harmful as various mental health disorders diminish feelings of hope and confidence in overcoming one's struggles. Furthermore, this perception can lead a person who is struggling with mental health issues into self-blaming practices and doubts in their own mental strength and abilities. These ways of thinking about mental health further perpetuates stigma in receiving proper treatment as it hinders individuals from truly believing that their mental health issues need to be addressed.



Areeba Zaub, *Lineal Boundaries*, 2020, Acrylic on paper.

9 A BRIEF SNAPSHOT OF MENTAL HEALTHCARE FOR BIPOC & IMMIGRANTS

The larger issue that is reflective of this lack of knowledge of mental health within BIPOC and immigrant communities, is the lack of access to affordable mental healthcare services (Sorkin et. al.) as well as the lack of representation and resources that are inclusive of BIPOC and immigrants and their intersectionality.

9.1 MY EXPERIENCE

I was not able to afford therapy until I was in my second year of college (before the COVID-19 pandemic). Before this, I would use school based counseling centers. However, the experience of being culturally misunderstood remained the same for both my school counselors and my experience with therapy outside of school.

Overall, I felt that my school counselors regarded teenage mental health issues as passing phases that were due to us still maturing; mental health issues were not taken as seriously as they should have been. The first time I was sent to a counselor was in middle school, my parents were called up because my counselor felt that I had anger issues. Instead of working with me through them, my counselor critiqued the way I was raised to my father. She never spoke to me again or followed up on why I was so angry—in fact I was struggling and was full of resentment during that time.

In high school, I was reported to a guidance counselor by a teacher because I wrote about my experiences with depression in a personal narrative essay. The guidance counselor asked me about my experiences; if I still struggle with those things. She ended up giving me a piece of paper with a list of recommendations of psychologists near my area—all of which I could not afford. I told her my insurance would not cover for these psychologists, so she referred me to the school social worker/student counselor. I feared being honest with him about what I was actually going through because my parents did not know that I was seeing a student counselor and I didn't want to say anything that would make him call my parents.

I still continued seeing him despite this fear. Often times he would forget my name, I understand that he probably had a lot of students he would speak to but confusing my name, *Areeba*, with other Muslim-girl names like *Fatima* just didn't sit right with me. It also made me feel like he was not actually listening to what I was saying sincerely. In fact, a lot of assumptions would be made about my identity or what I was struggling with. He would assume that I was dealing with racism directed towards me and that was the reason why I needed counseling and was sent to him—I wasn't struggling with racism at the time at all, nor did I bring this up in any of our meetings myself. My counselor would also make assumptions of my lived experience

through negative stereotypes about Muslim and Brown women—that I am oppressed at home because of my religion (he would often times give motivational speeches about breaking free from my religion and culture). After that I began feeling more uncomfortable than I had ever been so I just stopped showing up and emailed my guidance counselor that I no longer needed counseling and that I am fine.

In my first year of college, I reached a breaking point with my mental health, during this time I was able to afford a therapist outside of school counseling centers. However, I had a similar experience with being misunderstood, but this time my cultural foundations were rejected as valid truths. I would try to explain certain parts of my culture, why I can/can't do certain things or why I view the world the way I do. I would be told that it was ridiculous or to not include these aspects (my religious and cultural views) in making decisions, when in reality they were inherent to my life's circumstances; opportunities, relationships, values, familial connections, etc.

Consequently, finding a balance between a therapist who is inclusive of my cultural and religious truths while also validating my mental health is hard because there really aren't that many people that look like me in mental healthcare fields or therapists that understand where I am coming from culturally.

the stigma of exposing family secrets or accessing mental health resources, the lack of a language for 'trauma' or a lack of access to trauma treatment resources, and the pressures of a new work/family balance that limit the time available to 'sit' with one's own grief."
(Ellefsen)

It is apparent that the healthcare system is inherently built on racial bias through decisions made for BIPOC individuals being driven by conscious and unconscious ways of thinking, as well as, systemic factors like the healthcare system not being inclusive to the needs of BIPOC patients—innately rooted from structurally racist histories of wellness systems.

"Race-based exclusion from health, educational, social, and economic resources, translates into socioeconomic disparities experienced by Black and African American people today. Socioeconomic status, in turn, is linked to mental health: people who are impoverished, homeless, incarcerated, or have substance use problems are at higher risk for poor mental health." (MHA)

BIPOC and immigrants are more likely to live in low-income neighbourhoods with less access to healthcare and healthier food; they have higher rates of chronic conditions with less resources to treat them—factors that are part of the worse health outcomes for BIPOC and factors that take a toll on the mental wellbeing for BIPOC and immigrants.

"The non-profit think tank The Aspen Institute defines this [structural racism] as 'a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity' – with or without intentional bias on the part of individual participants" (Igmen, Zuckerman)

9.2 DATA AND STUDIES

- Kaiser Health News outlines data collected from data taken from 37 million individuals in all 50 states of the US with commercial PPO health insurance, they found that spending for substance abuse treatment was only 0.9% of total health care spending (2017) and for mental health treatment it was only 2.4%.
- In the National Comorbidity Study, 47% of respondents with mood, substance-use, and/or anxiety disorder who believed they would benefit from mental health care told the NCS that they did not have health insurance as the reason for not receiving care (Sareen et al).
- “The Agency for Healthcare Research and Quality (AHRQ) reports that racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower-quality care.” (AHA)
- The CDC notes in Health Equity Considerations and Racial and Ethnic Minority Groups that racial and ethnic minority groups are more likely to be uninsured than non-Hispanic whites. What amplifies this lack of unaffordability is the economic issues that surrounds healthcare such as, transportation, childcare, work vacations as well as social issues like language barriers, cultural differences between patients and providers, and historical and current discrimination in healthcare systems. (CDC)
- The American Psychological Association notes in data taken in 2015 that 86 percent of psychologists in the U.S workforce were white, 5% Asian, 5% Hispanic, 4% Black/African-American and 1% as multiracial or other racial/ethnic groups (Luona et. al.). Without proper representation of racial/ethnic groups in therapeutic environments, patients can feel a lack of relation and have lower retention rates in therapy (R.C. Kessler et al.)

10 COVID-19 THROUGH THE FRAMEWORK OF BIPOC & IMMIGRANT MENTAL HEALTH

BIPOC and immigrants have higher rates of trauma and persisting mental health related issues due the prevalence of socioeconomic tensions like immigration, lack of healthcare, unemployment, discrimination, generational trauma, etc. As a consequence, psychopathology rates are as high as 40% in low-income BIPOC neighbourhoods (Jones, et al.).

The reason why the conversation about mental health care is important now more than ever is because the way we handle trauma from COVID-19—our resilience—is innately impacted by the way mental health stigma functioned within our communities prior to the pandemic; innately rooted from unhealed generational trauma which formed the expectations for BIPOC and immigrant workers and also the systemic racial inequalities of healthcare.



Areeba Zaub, *Turn the Other Cheek*, 2020, Acrylic stencil on paper.

Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.

“The pandemic has impacted my mental health deeply. Before the quarantine I had stopped going to therapy and stopped taking medication because I thought I didn’t need it, not because I felt better, but because I’ve been told by people who are not professionals that I don’t need them, and I believed them. Being stuck at home has caused me to go through spirals. Some days I’ll be really happy and some days I can’t get out of bed and I just cry all day.”

—Lailah, 20, Brooklyn, NY

“Yes, I used school and seeing friends as a distraction from my mental health. Being stuck home has forced me to face my demons, and temporarily made my mental health worse.”

—Anonymous #1, 20, Brooklyn, NY

“I don’t think the pandemic impacted my mental well-being, but it has made me feel nervous and unsafe. I feel like going out is a risk, but staying at home all day is a bigger risk. I do like my peace at home, but there’s only so much you can do. When you’re alone, it just leaves your mind to wander.”

—Anonymous #2, 20, NY

“I think the COVID-19 pandemic did impact my well being in a negative way because I felt that I had all this free time to do more than what I usually do. I think we all completely forgot the fact that we were in the middle of a pandemic and it’s okay to not feel okay and to want to rest.”

—Jacqueline, 20, Brooklyn, NY

“Certainly. The feeling of enclosure in an anxiety/panic attack waiting to happen. The absence of routine or even the ability to engage in an external routine is concerning. The apocalyptic warping of norms feels alien and terrifying. The deaths, the gloomy unpredictability, the political helplessness, the economic catastrophe—the mood is extremely upsetting.”

—Anonymous #3, 20, Brooklyn, NY

11 MORTALITY, UNEMPLOYMENT AND HEALTHCARE SYSTEMS DURING A GLOBAL PANDEMIC

Though stress, anxiety, depression and all around mental deterioration during the pandemic is a normal response to the isolative effects of quarantine, constant circulation of death tolls and, fearful media headlines, the stress will hit harder in BIPOC and immigrant communities. This is due to the fact that the COVID-19 pandemic has amplified the already existing systemic racial inequalities—the poverty levels, the lack of resources in low-income BIPOC communities, the lack of healthcare, etc.

The conditions of higher mortality and higher unemployment rates, as well as, being more prone to the economic, social, political, and physiological effects of COVID-19, the negative impacts on mental health and levels of depression and anxiety amplify for BIPOC and immigrants.

To add on to the pressure, mental healthcare is currently halted as access to both pharmacological and psychological mental healthcare treatments has become disrupted in BIPOC and immigrant communities, and because of isolation many who have previously dealt with loneliness because of immigration, adjustment issues, discrimination and, mental health disorders have felt it increase (Rothman, et. al., 2020)—further provoking the long-term mental health consequences from the pandemic (Vinkers et al.).

As a consequence of this inequality of proper treatment, prevention, and protection from infection for BIPOC and immigrants, the rates for COVID-19 fatalities are highest among these communities, specifically, Hispanic and Black communities in New York State and the United States as a whole. According to the New York State Department of Health, the preliminary data for racial disparities amongst confirmed cases in New York City shows that Hispanics make up 34% of coronavirus deaths (29% of population) and Black people make up 28% of deaths (22% of population) (NYCDOHMH). In the United States as a whole, the CDC notes that hospitalization rates due to COVID-19 are highest among highest among non-Hispanic American Indian or Alaska Native and non-Hispanic Black persons, then by Hispanic or Latino persons (CDC).

"The racial disparities that remain in society and in systems of care, including lack of access to mental health services in BIPOC communities, must be not only recognized but also addressed with solutions, especially during the COVID-19...If the barriers that BIPOC communities encounter are considered in a mental health framework, it would lead to more effective outcomes,"

-- Debra L. Wentz, PhD, President and CEO of the New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA)

12 THE MENTAL HEALTH OF THE ESSENTIAL WORKER

BIPOC and immigrants have always been the backbone of the United States. Before the pandemic we were *expected* to maintain and prosper communities—anything less was a sign of weakness—as our generational trauma has often caused us to repress our pain and embody only strength in the face of pain.

Qualitative research collected by Hammonds and Kerrissey in “A Survey of Essential Workers’ Safety and Security During COVID-19” records the responses of essential workers in response to stress:

“Shoppers are becoming more belligerent and less friendly. I cry almost every shift. Please be kind to retail workers.”

“We’re overloaded with customers, but we’re trying our best. We’re exhausted — essential feels a lot like sacrificial.”

“We are all feeling burned out.”

“I just want a day off. I’m tired.”

“Wish customers knew how hard we are trying and how stressed we are. I’ve had a couple of days that I’ve gone home and just cried the whole way home because I am so stressed and just keep getting yelled at and have people take their frustrations out on me day after day...”

“None of us signed up for this. Yes, we are healthcare workers and of course we will take care of these patients because we are healthCARE workers. But this is very different, it is uncertain, and it is scary. The hospital calls us “heroes” yet apparently doesn’t think we deserve hazard pay. Our sacrifices, coming into work everyday to a Covid positive unit, uncertain of what effect this will have on us/our family - seems to be undervalued and underappreciated. As if just because we’re healthcare workers, we’re automatically expected to do this. Expected to put any concern for ourselves and our families aside. And because we’re “expected” to do this, we don’t deserve hazard pay or proper compensation. This doesn’t just take a physical toll; this isn’t only physically exhausting. This job has become emotionally and mentally draining-- we are getting burned out at an increasing rate”

(Hammonds, Kerrissey)

A survey I conducted among 3 essential workers and their experiences; “Has being an essential worker during COVID-19 impacted your mental wellbeing?”

“I only worked the weekends and every weekend I would have to go in at 6am and constantly clean my area which I didn’t mind at all but I ALWAYS had to clean because of the customers didn’t think it was clean they would complain and hassle me about it. And I guess because of the pandemic, the customers are super antsy and restless so I guess that makes them extra rude and impatient because if I took too long making their order I would for sure hear about it and constantly being told I’m taking too long and being yelled at by customers made my anxiety worse cause after a while I would just try to finish everything as fast as I can and because Home Depot was one of the few businesses open during the earlier months when Covid hit so there would be SO many people coming in and out of the store and I usually opened by myself so I would take the customers’ orders and do them myself for bourse before someone else clocked in so I wouldn’t have time to go to the bathroom or drink water and it would stress me out so much. Also, because there would be so much people, some customers thought they could get away with taking of their masks and not being held accountable and I was told that whenever I see someone without a mask I would have to stop them and give them one that we had in a box under the paint desk and some of them would get so mad and I would have to straight up argue with them and that was always so exhausting cause like I can argue about it with them in a “nice way” sort of like obviously I couldn’t scream at them or anything because I would get in a lot of trouble so I would have some man or woman screaming in my face while I’m trying to calmly tell them that they need to wear their mask or I’m going to have to get someone to kick them out of the store and being yelled at gives me so much anxiety it gets bad so I would come home and have a little panic attack before I do anything else. also management wouldn’t let me sit down at all during my shift until i had a break so I got blisters on my feet so when I got home I would be so unproductive and I would just lay in bed and when I lay in bed I THINK and it makes my mental health so much worse because I would constantly think about the day”

—Lailah, 20, Brooklyn, NY

Has being an essential worker during COVID-19 impacted your mental wellbeing?
(cont.)

“During the COVID-19 outbreak, the severity of the virus had impacted my life and those close to me. With no work being available we all had to apply for unemployment, myself and my mother. It got us by but with no work we were keeping busy at home, and only went out for necessities we needed for the house. Not being able to see loved ones made me nervous for their health, and made me worried about potentially being a carrier for the virus and not knowing about it. It was hard to find stuff to do at home, being inside all day can really make you feel cooped up and flustered. Once I did return to work, I found myself being very paranoid every day. Worried about coming into contact with someone who is sick, especially working so close to body parts all day long. As soon as I’d get home I’d throw off my uniform and shower, worried that I might spread bacteria around. I’ve also found that I’ve been cleaning obsessively at work, as part of the new policy, and for my own wellbeing. It is a lot to handle sometimes. But being able to work again has made my mind calm down a bit. COVID-19 is not over yet, which still keeps me concerned.”

—Anonymous #2, 20, NY

“Yes Covid-19 has impacted my mental health in a negative way. Since the beginning of this pandemic many of my coworkers decided to quit or “take a break” leaving me and a very few workers to fill in those long boring hours. It was almost impossible to request a day off due to short staff which was ridiculous because we want to spend time with our family or just relax at home...the short staff was such a problem at work it was impossible to get a vacation. The amount of times I had to beg to get a vacation was ridiculous. And hours after hours made me want to quit my job because it was the same long schedule every single day. And fight broke out in my job too with customers because of the six feet rule. Like that’s such a small store relax or stay home. It was ridiculous what I had to go through and till this day it’s still pretty difficult”

—Rocky, 20, Brooklyn

The term “essential worker” has now been noted to many of the jobs majority BIPOC and immigrants hold. During the time of this pandemic we are regarded as “heroes,” adding to the pressure of the constant reliance of BIPOC and immigrants to remain strong and uphold communities. “Heroes” and our work recognized as “essential” yet, we live without the benefits of being deemed as such and still are the most economically at risk.

Before the pandemic, immigrant Asian and Latinx New Yorkers were more likely to work in low-wage sectors like service jobs—food, personal care and accommodation—these industries were the most impacted by COVID-19 in business shutdowns and business volume (Lew). Citywide unemployment rates were at 21.1 percent among Asian residents, 22.7 percent among Latinx residents, also 23.7 percent among Black residents and only 13.9 percent among white residents in New York (Lew). The rates were also reflected nationwide, 13.8 percent of Asian workers, 14.5 percent of Latinx workers, and 15.4 percent of Black workers nationwide were unemployed nationwide (Lew).

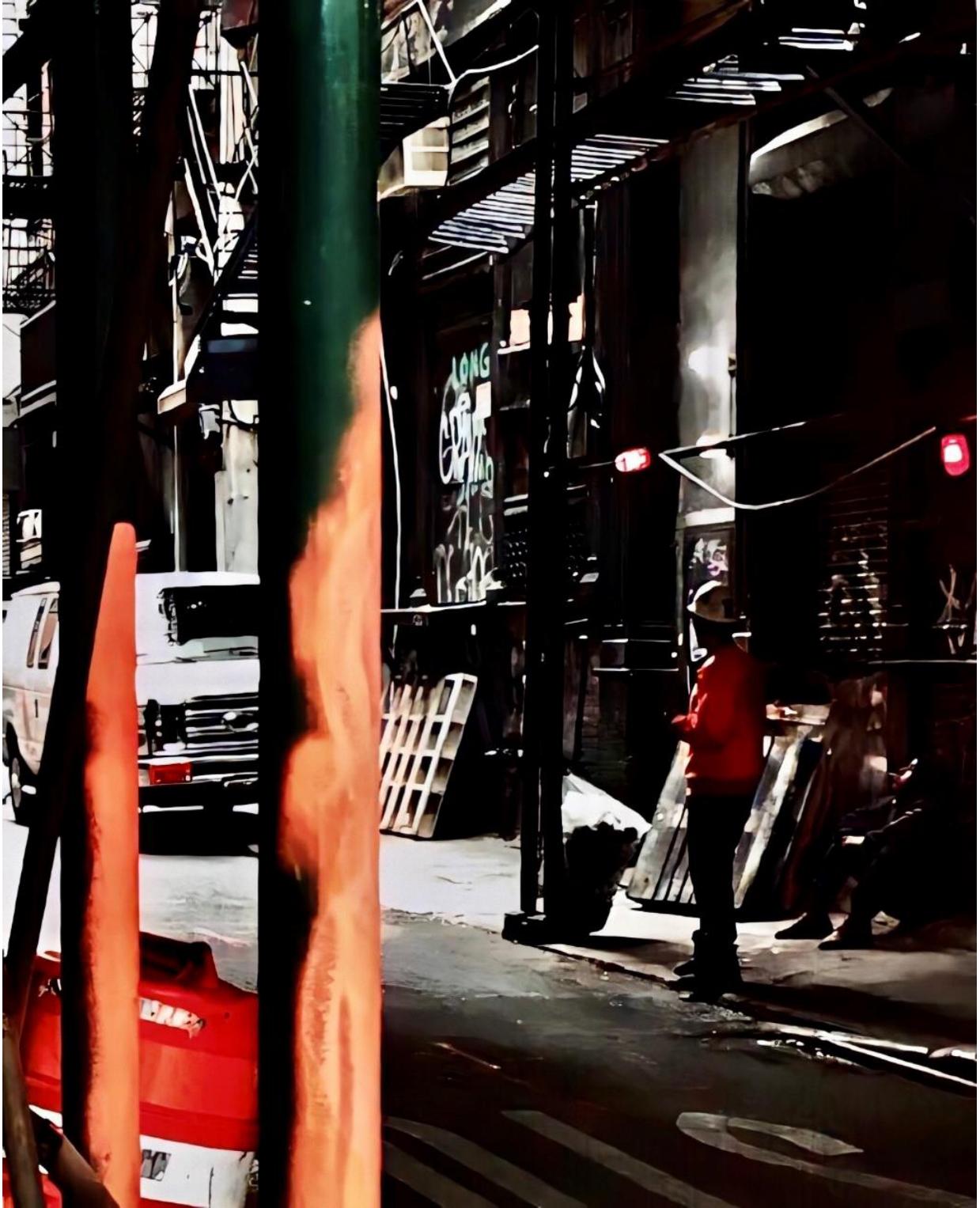
Mental Health America outlines the impacts of COVID-19 and BIPOC communities, stating that many BIPOC and immigrants are essential workers, therefore they do not have the luxury to remain home and quarantine. The additional fears and anxieties of possibly being prone to getting the coronavirus, adds onto the stress of being an essential worker.

“Economic power is saying, if I’ve got wealth, ‘Hell no, I’m not coming into work in a pandemic,’” Hamilton of Ohio State said. ‘Political power is saying, ‘We won’t tolerate certain people in certain sectors having to put themselves at risk. We just won’t tolerate it.’ The combination of political and economic insecurity makes certain people more vulnerable than others.” (Lowrey)

The pressure that comes with being a support for a community like service jobs, bodega owners, drivers, community care centers, etc. is not reciprocated back to us. During this pandemic, essential workers still work with lower wages, low benefits, and low healthcare protection with no paid sick leave or paid personal leave (Damian et al., Hammonds and Kerrissey)

KFF Health Tracking Poll collected data whose results noted that, essential workers report having more difficulty affording necessities, such as credit card bills, utilities, and food; 1 in 4 essential workers report having difficulties in affording basic household needs and expenses (Kearney, Muñana). Similarly, key findings in “A Survey of Essential Workers’ Safety and Security During COVID-19” by the Labor Center University of Massachusetts Amherst found the low wage workers were 2 to 3 times more likely to lack access to safety measures of COVID-19 like masks, hand sanitizer, and regular hand-washing (Hammonds, Kerrissey).

Furthermore, Studies have shown that about half of essential workers (49%) and a statistically similar share of non-essential workers (58%) have stated that the COVID-19 pandemic has caused them to experience at least one negative effect which include sleeping and appetite issues, increased drug and alcohol use, or worsening chronic health problems (Kearney, Muñana).



Areeba Zanub, *Essential*, 2020, Photograph*

*Manhattan, New York City

13 FINDINGS & CONCLUSION

There is an increasing mental health crisis among BIPOC and immigrant communities alongside a reduced access to therapy and unrelieved mental health stigma.

The narrative of mental health stigma is being challenged by this project by raising the question and beginning the conversation about the influence of unfronted generational trauma in mental health stigma—the silencing and repressing of trauma, creating the notion of the purely strong community that can continuously keep pushing in the face of pain. This stigma alongside the lack of affordable mental healthcare and lack of representation of BIPOC and immigrant communities creates a cyclic situation where the individual feels emotionally rejected by their community and once they step out of their community to receive help (after crossing the barrier of affording healthcare services), they are combatted with cultural rejection and un/consciousness racism by biased healthcare workers.

From investigating this topic from narratives, surveys, studies and data, long-term systematic limits and barriers for BIPOC and immigrants in healthcare and socioeconomic settings are exposed. I found that essential workers need affordable, accepting and representative mental healthcare systems now more than ever. Essential workers, prior to the pandemic and during, are made up of majority BIPOC and immigrant individuals—the same individuals who are more likely to have mental health issues related to socioeconomic distress, generational trauma, stigma, etc., less likely to have access to mental health services because of unaffordable healthcare, and more likely to receive lower-quality care because of un/conscious racial biases within healthcare systems (AHA).

COVID-19 targeted our physical health, but the effects of the pandemic amplified pre-existing social, economic, and political inequalities BIPOC and immigrants have endured—as a consequence— BIPOC and immigrant mental health has worsened.

During this time, our focus needs to be retained on our mental wellbeing. Validating community resources, therapeutic clinics, systems of care, etc. that are diverse, represent, and communicate the intersectional issues endured by BIPOC and immigrants need to begin forming for us to collectively share our experiences without stigmatization and to increase our social connectedness during this global pandemic. Additionally, representative and inclusive resources that address mental health and educate BIPOC and immigrant individuals who might not have had a previous understanding of it because of the lack of teaching and conversation within their own community, barriers of dialect, finance, stigma etc. need to begin forming. These public health services, and more specifically mental health services should be culturally representative rather than standard and uniform; expressing and considering the role of local contexts of BIPOC and immigrant communities such as population, community, family, socio-economic issues, immigration, etc. when approaching healthcare. With the change of economic, healthcare and social systems that concern and control BIPOC and immigrant mental health outcomes within the United States, mental health stigma can begin unfolding and the worldviews that developed from unprocessed generational trauma—the lack of trust, the repression of pain, the need to be continuously strong, the invalidation for anything less than strong, etc. can begin breaking.

APPENDIX: METHODOLOGY

POEM

“i remember the sky being so blue and the sun being so bright” is part of the ‘self-narrative’ portion of the research project. The poem contains the themes of struggling with mental health, unaffordable healthcare, invalidation and biases by healthcare workers, and mental health stigma—all my own experiences. The poem intends to capture a brief synopsis of the self-narrative and research that will follow about these very themes.

ARTWORK/PHOTOGRAPHY

My artwork (4) is the visual expression of my narrative. It is featured to symbolically represent themes of mental health, stigma, silence and generational burden. Additionally, my photography (2) shows the physical realities of the research.

Areeba Zanut, *I’ve Always Dreamt of Living*, 2019, Acrylic on paper.

When I began writing this self-narrative, I looked back on *I’ve Always Dreamt of Living*, a painting I drew last summer, during a time of loneliness and mental surrender. I spent that summer in bed, unmotivated and emotionally battered; completely given up. The day I painted *I’ve Always Dreamt of Living*, was a rare moment where I felt the need to physically release all the stress, anger, and sadness. Ergo, this painting was created.

Consequently, the original introduction for “COVID-19 and the Escalating Mental Health Crisis among BIPOC and Immigrants” was written based on this very painting but later eradicated:

I imagine the body to be like a piece of clay—clouded with soot, dull and lifeless when it first emerges into the temporal. As we move forward, the clay molds itself with experiences of madness, ecstasy and sorrow; clays of other colors, yellows and scarlets; lilacs and indigos. This is life—our bodies being mottled with arrays of experience, both pleasant and wicked. Though, some colors become dimmed as the clay keeps molding; they fade from being overcome with sharper blues and oranges, or they simply are forgotten in our minds. But the clay itself—the body itself—remembers what was there; where, when and how it felt pain and pleasure, from whom and why.

Our bodies remember trauma.

Areeba Zanut, ‘my people my people,’ 2019, Photograph.

The title ‘my people my people’ is based on the poem referenced in 5, “Standing on Two Boundaries,” titled, “If They Should Come for Us” by Fatimah Asghar, a Pakistani-Kashmiri-American poet and screenwriter. The photos are of 3 sections of Wadi-us-Salaam (Valley of Peace), Iraq; the largest cemetery in the world. I went to Iraq in January of 2019 with my mother, grandmother, aunt and cousin alongside many families from my mosque. We visited many historical sites that are said to be of our ancestral heritage—that heritage filled with war, violence, and trauma. The morning of the day I was going to visit the cemetery, I was extremely

anxious. The cemetery itself was a maze, we were told not to wander off because one could easily get lost. There were tombstones piled on others, some graves were littered with plastic and graffiti.

Areeba Zanub, Generational Burnout, 2020, Prismacolor colored pencils on paper.

Generational Burnout was drawn the last week of June 2020, specifically for this research project. The woman in the photo's face is illuminated but the background surrounding her is slowly darkening, inevitably to reach her face—like a match slowly burning out. The drawing exemplifies generational trauma slowly catching up to a person; a moment of realization that takes a mental toll on oneself.

Areeba Zanub, Lineal Boundaries, 2020, Acrylic on paper.

Lineal Boundaries was one of the first “real” abstract pieces I’ve created compared to the realism that I have always done. The faces are intended to be free from form and convention, though they are each covering their faces with their hands, each surrounded by a black outline, and each conformed by broken red barriers. The piece intends to raise the question—can we truly be free from mental and generational burden?—as each figure after the other loses more, and more of the red barrier, begins to reveal more and more of their face; the last figure's eyes full in contact with the viewer compared to the first whose eyes' are closed.

Areeba Zanub, Turn the Other Cheek, 2020, Acrylic stencil on paper.

Turn the Other Cheek, was created specifically for this project. It shows an impression of three tired eyes, each darker than the other, within the background. And in front of the blue impressions are two red side profiles, opposite each other, smiling. The abstract piece intends to represent the silencing of trauma overtime and the facade of strength that cover's this trauma.

Areeba Zanub, Essential, 2020, Photograph

Essential was taken a while after quarantine in Manhattan, New York City. The narrow corner around SoHo was completely empty, only a construction worker was taking a smoke break and another who is sitting against the building next to them. Street photography is always planned for me, I just happened to be in the right place at the right time. However, the editing that was done for this photo was intentional—the construction worker facing the light while the darkness is behind him; essential workers as the foundations for not only this country, but our preservation throughout this pandemic.

SELF NARRATIVE

My self-narrative is most prominent in the beginning of the research project in order to contextualize the research that follows—though my own experiences and opinions are embedded throughout the project to continue referencing and validating the lived experiences of I and many others.

ORAL HISTORIES

Oral Histories from the public *The 1947 Partition Archives* via Stanford Libraries was used to exemplify generational trauma within the South-Asian collective consciousness that is often repressed and unheard of within our own community as well as Western media and education.

REMOTE INTERVIEW/SURVEY

A survey was given out to 5 students from BIPOC and/or immigrant communities through a virtual questionnaire made through JotForm. I reached out to individuals through social media, posting a brief summary of my project alongside an invitation asking those who would like to participate to directly message me. 5 individuals responded and were asked the following questions:

1. Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.
2. Has being an essential worker during COVID-19 impacted your mental wellbeing?
3. Do you feel your community lacks proper awareness or does not acknowledge mental health related issues? You may choose to elaborate or further describe how and why.
4. Have you ever personally felt ashamed, scared, or stigmatized by your community in regards to your own emotional and psychological wellbeing? You may choose to elaborate or further describe how and why.
5. What are some emotionally invalidating statements you have been told when opening up about your mental health? You may choose to elaborate or further describe by who, how and why it made you feel invalidated.
6. Have you ever felt culturally misunderstood by a mental healthcare worker before? You may choose to elaborate or further describe how and why.
7. Do you feel that there are not many mental healthcare resources for members of your community? You may choose to elaborate or further describe how and why.

Interviewees consented to the following:

- I am participating in a project that will be published for the SSRC, Brooklyn College and the Brooklyn Public Library
- My answers will be available to the general public and researchers for further use
- I will not be videotaped or voice recorded
- I do not have to share any identifying information if I do not want to
- I can choose to omit my participation at any time
- I do not have to answer any questions that I do not want to

Only some of the answers were used and collected for the qualitative portion of my research project.

All the answers to the surveys are as follows:

Lailah, 20, Brooklyn, NY

Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.

The pandemic has impacted my mental health deeply. Before the quarantine I had stopped going to therapy and stopped taking medication because I thought I didn't need it, not because I felt better, but because I've been told by people who are not professionals that i don't need them, and I believed them. Being stuck at home has caused me to go through spirals. Some days I'll be really happy and some days I can't get out of bed and I just cry all day.

“Has being an essential worker during COVID-19 impacted your mental wellbeing?”

I only worked the weekends and every weekend I would have to go in at 6am and constantly clean my area which I didn't mind at all but I ALWAYS had to clean because of the customers didn't think it was

clean they would complain and hassle me about it. And I guess because of the pandemic, the customers are super antsy and restless so I guess that makes them extra rude and impatient because if I took too long making their order I would for sure hear about it and constantly being told I'm taking too long and being yelled at by customers made my anxiety worse cause after a while I would just try to finish everything as fast as I can and because Home Depot was one of the few businesses open during the earlier months when Covid hit so there would be SO many people coming in and out of the store and I usually opened by myself so I would take the customers' orders and do them myself for bourse before someone else clocked in so I wouldn't have time to go to the bathroom or drink water and it would stress me out so much. Also, because there would be so much people, some customers thought they could get away with taking of their masks and not being held accountable and I was told that whenever I see someone without a mask I would have to stop them and give them one that we had in a box under the paint desk and some of them would get so mad and I would have to straight up argue with them and that was always so exhausting cause like I can argue about it with them in a "nice way" sort of like obviously I couldn't scream at them or anything because I would get in a lot of trouble so I would have some man or woman screaming in my face while I'm trying to calmly tell them that they need to wear their mask or I'm going to have to get someone to kick them out of the store and being yelled at gives me so much anxiety it gets bad so I would come home and have a little panic attack before I do anything else. also management wouldn't let me sit down at all during my shift until i had a break so I got blisters on my feet so when I got home I would be so unproductive and I would just lay in bed and when I lay in bed I THINK and it makes my mental health so much worse because I would constantly think about the day

Do you feel your community lacks proper awareness or does not acknowledge mental health related issues? You may choose to elaborate or further describe how and why.

I believe my community does not acknowledge mental health related issues nor do they lack the proper awareness. I believe this because for years the people of the Dominican community (at least the older people in my family) have trouble grasping the fact that their kids and grandkids can have such a thing as anxiety, depression, etc. It's like they know what it is but they just brush it off.

Have you ever personally felt ashamed, scared, or stigmatized by your community in regards to your own emotional and psychological well being? You may choose to elaborate or further describe how and why.

I don't talk to my whole family about my mental health due to the fear of being judged and talked about by them. I have only talked to the family members close to me about my mental health but even then, I do not go into detail.

What are some emotionally invalidating statements you have been told when opening up about your mental health? You may choose to elaborate or further describe by who, how and why it made you feel invalidated.

A family member who's extremely close to me once told me I was pathetic when my mental health was at its lowest, as well as another close family member just laughing it off when I was going through a complete downward spiral.

Have you ever felt culturally misunderstood by a mental healthcare worker before? You may choose to elaborate or further describe how and why.

I don't think so.

Do you feel that there are not many mental healthcare resources for members of your community? You may choose to elaborate or further describe how and why.

I honestly never even checked or have done any research on it.

Anonymous #1, 20, Brooklyn, NY

Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.

Yes, I used school and seeing friends as a distraction from my mental health. Being stuck home has forced me to face my demons, and temporarily made my mental health worse.

Do you feel your community lacks proper awareness or does not acknowledge mental health related issues? You may choose to elaborate or further describe how and why.

Yes, as an Muslim-Albanian I have struggled discussing mental health issues with family members. As far as they were concerned it was just me being a teenager. Regardless, they think people with mental health issues are sick and/or crazy.

Have you ever personally felt ashamed, scared, or stigmatized by your community in regards to your own emotional and psychological well being? You may choose to elaborate or further describe how and why.

I have felt scared and shamed. As a person who seeked therapy due to the worsening of my mental health, I was constantly told I don't need it and that I'm overreacting. I would be met with anger whenever I discussed an upcoming therapy appointment. My mom would continuously tell me to just pray and it would go away, she has never expressed genuine concern. Since my mom has always told me this and forced religion upon me, it actually discouraged me from continuing to follow the religion and now I struggle with my identity.

What are some emotionally invalidating statements you have been told when opening up about your mental health? You may choose to elaborate or further describe by who, how and why it made you feel invalidated.

My father always has told me that I just need to calm down in regards to my anxiety. My mom has told me that I'm too dramatic and I need to mature. Despite clear signs of anxiety and depression I was always brushed off and blamed for the downward spiral of my illnesses.

Have you ever felt culturally misunderstood by a mental healthcare worker before? You may choose to elaborate or further describe how and why.

No I have not, I have stated that I'm not religious and do not follow the Albanian tradition.

Do you feel that there are not many mental healthcare resources for members of your community? You may choose to elaborate or further describe how and why.

I believe that there are mental healthcare resources offered, but if a person chooses to seek resources or a professional they are immediately shamed or frowned upon.

Anonymous #2, 20, NY

Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.

I don't think the pandemic impacted my mental well-being, but it has made me feel nervous and unsafe. I feel like going out is a risk, but staying at home all day is a bigger risk. I do like my peace at home, but there's only so much you can do. When you're alone, it just leaves your mind to wander.

“Has being an essential worker during COVID-19 impacted your mental wellbeing?”

During the COVID-19 outbreak, the severity of the virus had impacted my life and those close to me. With no work being available we all had to apply for unemployment, myself and my mother. It got us by but with no work we were keeping busy at home, and only went out for necessities we needed for the house. Not being able to see loved ones made me nervous for their health, and made me worried about potentially being a carrier for the virus and not knowing about it. It was hard to find stuff to do at home, being inside all day can really make you feel cooped up and flustered. Once I did return to work, I found myself being very paranoid every day. Worried about coming into contact with someone who is sick, especially working so close to body parts all day long. As soon as I'd get home I'd throw off my uniform and shower, worried that I might spread bacteria around. I've also found that I've been cleaning obsessively at work, as part of the new policy, and for my own wellbeing. It is a lot to handle sometimes. But being able to work again has made my mind calm down a bit. COVID-19 is not over yet, which still keeps me concerned.

Do you feel your community lacks proper awareness or does not acknowledge mental health related issues? You may choose to elaborate or further describe how and why.

I do feel that my community lacks proper awareness and does not really acknowledge mental health related issues. I feel that my community will draw conclusions without finding the time to ask what's wrong, or give the person with mental issues a chance to open up about their issues. There are people who can speak up, but there is a majority of people who are afraid to. This is because they feel like they won't be understood. Most people will assume that someone is just having a “bad day”.

Have you ever personally felt ashamed, scared, or stigmatized by your community in regards to your own emotional and psychological well being? You may choose to elaborate or further describe how and why.

I've had times in my life where I've felt unsure about speaking up about what I'm feeling inside. I have friends who can truly understand me, but then there are others who don't think my issues are worth being upset about. There were people who used to tell me that it's a passing phase and I'll get over it.

Do you feel that there are not many mental healthcare resources for members of your community? You may choose to elaborate or further describe how and why.

I feel that my community has mental care resources, but not as much as there should be. I feel that more locations for mental health should be opening up as well. I do not really see too many places to go to around my neighborhood. I also think that there should be free resources for people who can't afford help. Anybody should be able to get help for mental issues, no one should have to deal with it on their own.

Rocky, 20, Brooklyn

Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.

Yes Covid-19 has impacted my mental health in a negative way.

“Has being an essential worker during COVID-19 impacted your mental wellbeing?”

Since the beginning of this pandemic many of my coworkers decided to quit or “take a break” leaving me and a very few workers to fill in those long boring hours. It was almost impossible to request a day off due to short staff which was ridiculous because we want to spend time with our family or just relax at home...the short staff was such a problem at work it was impossible to get a vacation. The amount of times I had to beg to get a vacation was ridiculous. And hours after hours made me want to quit my job because it was the same long schedule every single day. And fight broke out in my job too with customers because of the six feet rule. Like that’s such a small store relax or stay home. It was ridiculous what I had to go through and till this day it’s still pretty difficult

Jacqueline, 20, Brooklyn, NY

Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.

I think the COVID-19 pandemic did impact my well being in a negative way because I felt that I had all this free time to do more than what I usually do. I think we all completely forgot the fact that we were in the middle of a pandemic and it's okay to not feel okay and to want to rest.

Do you feel your community lacks proper awareness or does not acknowledge mental health related issues? You may choose to elaborate or further describe how and why.

I do feel that my community does not acknowledge mental health issues. I think that it comes from our parents not having someone who to talk to about their mental health issues so they tend to ignore ours. Living in a predominantly hispanic community, we tend to ignore our feelings because there are a lot more problems to worry about it.

Have you ever personally felt ashamed, scared, or stigmatized by your community in regards to your own emotional and psychological well being? You may choose to elaborate or further describe how and why.

I have felt ashamed to talk about my emotional well being because not everyone within my community takes mental health issues seriously or think that you are victimizing yourself. I have talked to my parents about my mental health and I am lucky enough to say that they understand and are looking for the best ways to help me. But if I go to anyone else like an aunt, uncle, or a older family friend, they would laugh or say that our generation is weak minded.

Have you ever felt culturally misunderstood by a mental healthcare worker before? You may choose to elaborate or further describe how and why.

- *My past doctor completely ignored me when I told him I was nervous all the time and was having deeply bad thoughts. He basically told me that it was just in my head and that it'll go away. He never offered me help or given me resources to help me out in any way.*

Anonymous #3, 20, Brooklyn, NY

Has the COVID-19 pandemic impacted your mental well-being in a negative way? You may choose to elaborate or further describe how and why.

Certainly. The feeling of enclosure in an anxiety/panic attack waiting to happen. The absence of routine or even the ability to engage in an external routine is concerning. The apocalyptic warping of norms feels alien and terrifying. The deaths, the gloomy unpredictability, the political helplessness, the economic catastrophe—the mood is extremely upsetting.

Do you feel your community lacks proper awareness or does not acknowledge mental health related issues? You may choose to elaborate or further describe how and why.

Yes. I attended private schools contained within my own community for elementary and high schools and received almost no education on mental illness or any such matters. I believe my community does have resources—particularly therapy—available to those who need it, but I personally was never able to even identify if I was struggling with a mental illness because it was and is not something that we spoke about and thus I was severely lacking in adequate knowledge on the matter.

Have you ever personally felt ashamed, scared, or stigmatized by your community in regards to your own emotional and psychological well being? You may choose to elaborate or further describe how and why.

My community is extremely particular. We have rather specific methods of living that can mostly be attributed to heritage and adjustment upon arriving in the US. Because I was raised to abide by those standards, I knew in most cases that discussing my mental health would benefit neither me nor my family's "reputation," nor those I was speaking to. So I would not see I felt ashamed or scared, but I worry that if I had been honest to those who aren't truly my friends I would have been distorted and dismissed

What are some emotionally invalidating statements you have been told when opening up about your mental health? You may choose to elaborate or further describe by who, how and why it made you feel invalidated.

Mostly, in my experience, people regard mental health as an exaggeration. If you are depressed you are just sad and implicitly weak. If you have OCD, organized and perhaps paranoid and implicitly weak, though no one would tell you they think you are weak. Suicidal thoughts are unheard of; self harm is unheard of. I have never met or heard of a member of my community struggling with mental illness to this extent, which does not surprise me because exposure on such matters can harm an individual's chances to marry well (a prominent concern for many of my friends and relatives).

Have you ever felt culturally misunderstood by a mental healthcare worker before? You may choose to elaborate or further describe how and why.

Yes, but not maliciously. Because my community is somewhat small and not widely known, I find myself having to clarify many misconceptions formed when I attempt to explain my culture.

Do you feel that there are not many mental healthcare resources for members of your community? You may choose to elaborate or further describe how and why.

Of this, I am not sure. My community is quite self-sufficient and so we maintain many resources—food pantries, visits to nursing homes, youth programs, etc. But because mental health is not seen as an appropriate topic of conversation except perhaps behind closed doors, I'm not even sure what resources are available to me. We have guidance counselors and therapists, though I personally have never felt comfortable speaking to those within my community about mental health concerns.

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