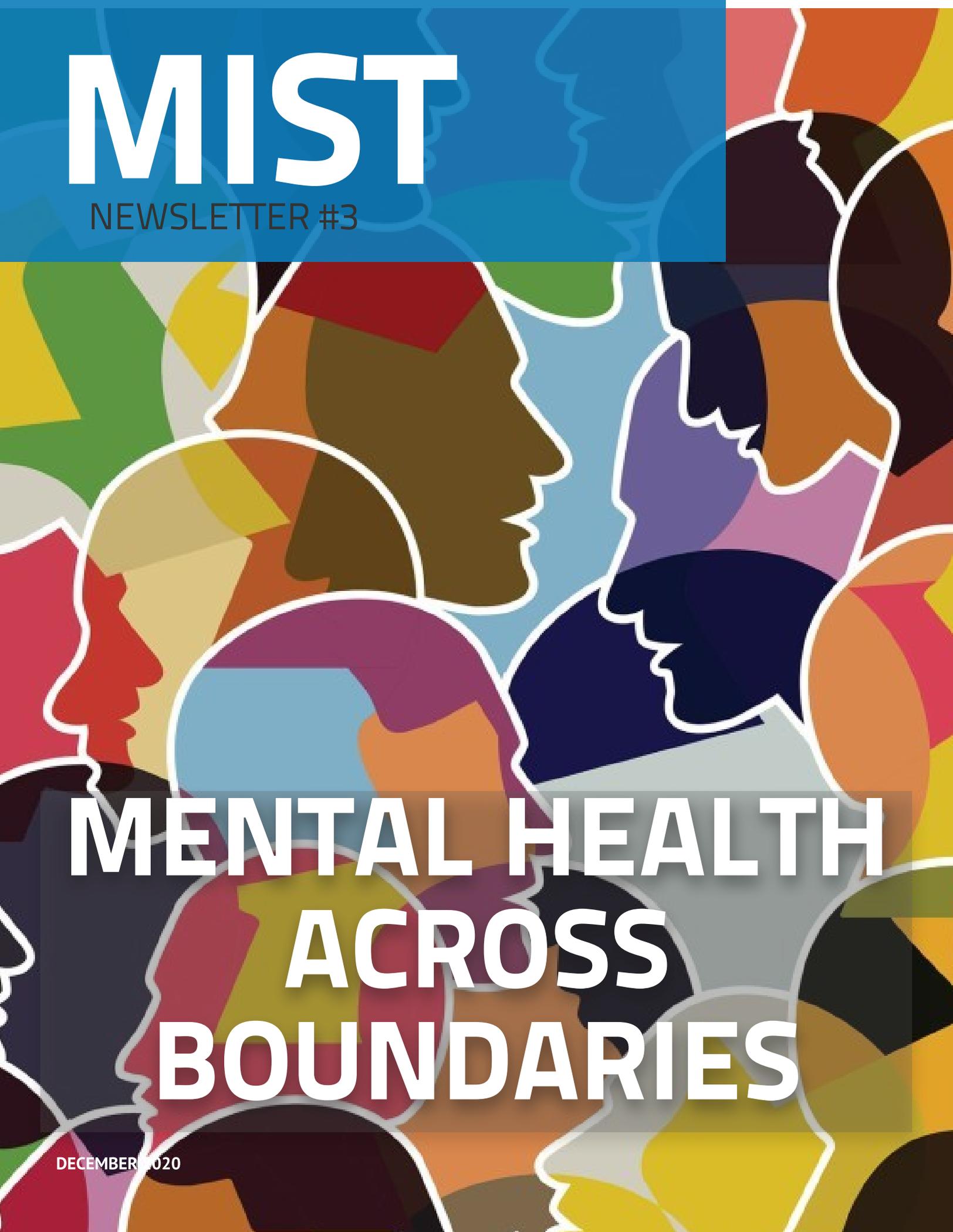


# MIST



NEWSLETTER #3

## MENTAL HEALTH ACROSS BOUNDARIES

DECEMBER 2020

# Foreword from the Founders



Left: Siri Battula, Right: Shelly Bhagat

Dear reader,

As you enjoy the holiday season and the last few days of the year, we want to thank you for picking up this edition of our MIST newsletter. There is no doubt that 2020 has been a wild ride: the year started with threats of World War III and ended at the pinnacle of a global pandemic. This has undoubtedly been a difficult year

for mental health as well as many people continue to cope with the struggles that this pandemic has brought on, whether it be with social isolation, financial struggles, or the loss of a loved one due to the virus. However, 2020 has also been a year of social justice movements, in particular The Black Lives Matter Movement in light of the killings of George Floyd, Breonna Taylor, and countless others. We cannot ignore the struggle of the Black community and we must understand how oppression of this community leads to higher rates of mental health issues, which you can read more about in the article *Mental Health Consequences as the BLM Movement Expands* beautifully written by Nell Williams later in this newsletter. Additionally, with this newsletter, we also wanted to take the time to shed light on the mental health struggles and amplify the voices of other marginalized communities across the world: in various racial and ethnic groups, the LGBTQ+ community, across genders, and more. We must understand that mental health issues don't discriminate and can affect anyone of any age, gender, race, social class, etc. This has also been a year of extreme political divides especially in the United States, where we as the founders are based in. Know that with MIST, we do not associate ourselves with any political party and we welcome all views and opinions about mental health as long as they do not violate the rights of other people or communities or stigmatize the topic. No matter what side of the political spectrum you are on, basic human rights and mental health aren't topics that should be controversial and divide us as humans, even if they do in this day and age become up for debate. As Leslie Dwight stated in a recent poem on social media, "2020 isn't cancelled, but rather the most important year of all." With our generation-Generation Z- we often feel like we have very little say in what happens in the world around us especially those of us who are too young to vote, but in reality,

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our voices are powerful and we have the ability to make them heard thanks to ever connected world that we live in with the internet and social media. Additionally, we have the ability to shape the future with the actions that we take today; one day, our generation will be leading the world and we have the ability to make it one where everyone is treated with respect and dignity and mental health becomes a widely accepted topic that is no longer stigmatized. We would like to thank our contributors to this edition for getting this important conversation started. We hope you enjoy this edition of our newsletter and have a wonderful New Year!

Sincerely,

*Shelly Bhagat and Siri Battula*

Founders of MIST



**Follow us on Instagram:** @mist\_teens

**MIST Website:**

<https://mist-support.weebly.com/>

**Contact us:** [mist.teens@gmail.com](mailto:mist.teens@gmail.com)

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# Mental Health Consequences as the BLM Movement Expands

By: Nell Williams



The Black Lives Matter movement was founded at first in 2013, but the fight has been going on for a long time before then too. The BLM movement really brought social media attention to the fight and has done a lot to bring the whole world into this issue. I think this summer especially showed how Black Americans are sick and tired of having to keep fighting and how much we want justice. I know that especially Black men and women in St. Louis felt more heard and empowered. We never got justice for Micael Brown and we wanted justice for all the other Black Americans facing police brutality, so we came forward and fought again.

Even though so many great things came from this summer and are continuing to come thanks to this movement, there are so many things that created fear and uneasiness in Black Americans. Of course, Black people are so overjoyed to see the awareness of the social justice issues on social media and in daily life. It finally feels like we are being heard and are being seen. After George Floyd, it was so empowering and almost a relief to finally see people hit the streets and join us. Even though it took way too long, I know that I finally saw hope for the future and I can't even put into words how much it warmed my heart to see my friends and the people I look up to show support for people like me. But, I think I can say on behalf of a lot of other people of color in America that we also felt some fear and stress after the George Floyd and Breonna Taylor information became public. I am half black, and these events really brought out some complex emotions and thoughts in myself too.

An article by the Washington Post explains that in the week after the video of George Floyd was posted, the signs of anxiety and depressive disorders in Black Americans went from 36% to 41%. That's 1.4 million more people that experienced those symptoms. The George Floyd video specifically was really hard to watch and it really opened the public's eye to how much racism there is against Black Americans in the justice system. It also created so much uneasiness to think that this is possibly just a social media trend and that it might just fade away in a few months. Personally, I have even seen this start to happen already, especially after the summer when protests

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started to become less common. It also is panicking to see videos of Black men and women continuing to be killed and attacked by police and the public. Seeing this creates so much anxiety and fear about my safety and the safety of my black peers and family. Seeing lynchings in 2020 is so unbelievably scary and more than ever, I have felt my freedom be threatened. It makes me go into those deep thoughts and sometimes makes me feel alone.

Many Black Americans like myself have a good community and support system that they can rely on to protect and empathize with them. But, many Black Americans also lack that. They might feel alone physically and mentally and are feeling very threatened, scared, and excluded. It's crazy that racial injustice is something all people of color in America still have to face. We have fought for so long with so little outcome that it's becoming exhausting. We often feel alone in this fight and even though many other Americans have joined the fight, support has decreased majorly since June. A BBC article written by Lola Jaye describes this exhaustion by relating it to Black people having to be constant "cheerleaders". I think this perfectly explains how Black people have felt they have to do all the work to get justice, but we end up feeling exhausted when this work isn't getting the pay off we deserve. This same BBC article also explains "racial trauma", which is an effect of experiencing racism (indirect and direct) that has symptoms close to those of post traumatic stress disorder. Racism is being brought to the media's attention and racism has changed, but that doesn't mean it's gone away.

To all the people that have supported the movement, I just want to say thank you. Black Americans see your support and are feeling more heard and respected than ever. But, I don't want you to forget that the fight is still continuing and just because the media isn't running these stories everyday like in the summer, we still need your support. We are still facing so much anxiety and depression as families have lost loved ones to police brutality and aren't getting justice. Just remember that BLM isn't just a trend. We still need you.

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# Overcoming Racial Disparities in the Psychology Workforce

By: Selina Balci



It's often talked about how racial minorities experience higher rates of mental health issues due to the trauma surrounding racial injustices and stigma. We need to ensure that everyone has access to mental health care, regardless of racial identity or ethnic background, but less addressed is the need for more diversity in the field of psychology. It's true that no race or ethnicity is a monolith; however, a therapist or psychologist is much more likely to empathize with a BIPOC or immigrant client if they identify in similar ways racially, ethnically, or culturally. It's unfortunate that racism and xenophobia continues to shape people's mental states, so it's important that therapists represent the various cultural backgrounds of those they serve. That being said, the psychology workforce is not diverse at all, with 86% of psychologists being white compared to 5% Asian, 5% Hispanic, and 4% Black. There is some hope for better representation--the share of Hispanic or Latino students out of all students studying psychology has gone up by 6% and there have been small increases in Black and Asian students in the field as well. However, the field is still far from representing the demographics of the entire population, let alone bringing sufficient representation to communities that need mental health support the most.

In addition to the workforce lacking in racial diversity, it's important to note that the principles of psychology are largely euro-centric, yet are taught as universal. This approach ignores the existence of racial or ethnic biases or any other mental health struggles that may stem from cultural background. The thing is, it's a privilege to not have to think about racial or ethnic identity, yet it is important for it to be addressed, not only among those that need it to be, but also among white people. It's unfortunate how difficult it is to have an American upbringing (or that of any other majority-white country) without coming out with any racial biases or assumptions based on race. Social change happens on an individual level, and through the improvement of cultural competency in the psychology field, this individual change is much more possible.

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# Mental Health Stigma in Indian Communities

By: Niveditha Sukesh



Mental health is defined as our emotional, psychological, and social well-being. It influences how we think, feel, and act as well as how we handle stress, relate to others, and make choices. According to the World Health Organization (WHO), about 450 million people suffer from mental disorders globally and around 80% of the people with mental disabilities live in low and middle income countries.<sup>1</sup>

The prevalence of mental disorders is found to be 5.8% among the Indian population.<sup>2</sup> Despite the existing programs for control of noncommunicable disease, including mental illness, due to stigma and discrimination, mental health disorders remain hidden in India.

In general, stigma associated with mental health issues come from misguided views that individuals with such issues are 'different,' therefore, separate from everyone else. Common stigmas include the misconception that people who are mentally ill are dangerous, people can just 'snap out of' depression, therapy is a waste of time, and much more.

The stigma in India can be divided into two parts: public stigma and self-stigma. Public stigma occurs when the general public supports a prejudice about a stigmatized group. Self-stigma occurs when a member of a stigmatized group internalizes the negative views held by the general public. Because stigma can have a negative impact on treatment seeking, adherence, and effectiveness, it can be considered as a major public health concern.

To address this, knowledge and awareness is the power to challenging these stigmas. The following are some ways to combat mental health stigmas:

- Talk openly about mental health
- Educate yourself and others about mental health
- Be conscious of your language (For example, "I'm so OCD." or "That person is crazy.")
- Be empathetic and compassionate for those living with a mental illness
- Be an advocate for mental health reform

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While mental health stigmas will not simply disappear, by working together as a community, we can change the way mental illness is perceived in societies such as India.

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# MIST Updates

We have hard at work during these past few months establishing our volunteer program and our chapters. Here is some of the details about what we have been working on:

## 1. MIST Chapters

We currently have 4 MIST chapters: MICDS in St Louis (headed by Shelly Bhagat and Siri Battula), St Louis in general (headed by Maanvi Aggarwal), Fresno County California (headed by Ashley Park), and Sharjah UAE (headed by Mariya Ladha and Shrinidhi Sriram). So far, our chapters have worked on getting to know each other over zoom. Some have even held a virtual mental health movie night and have brought in mental health professionals to give presentations.



## 2. MIST Volunteers



Our volunteers hail from across The United States and India. They are divided into 3 teams, the recruitment team, the research team and the social media team. The recruitment team has been working closely with our chapters while the research team and the social media teams have been working on designing our instagram page.

## 3. Instagram Page: @mist\_teens

Check out our Instagram page with posts designed by our social media team, under the direction of Selina Balci (the head of our social media team). Our Instagram page covers everything from facts about mental health (researched by our research team) to our latest projects to bios of our members and volunteers!



*Stay tuned for our January 2021 newsletter about the education system and mental health as well as our upcoming podcast!*

# It's the Mistreatment, not the "Disorder": Social Influences on Mental Health in LGBTQ Youth

By: Selina Balci



Up to 1973, homosexuality was classified as a "mental disorder" by the American Psychiatric Association, and though homosexuality isn't viewed in such a way by psychiatrists any more, the two terms "mental illness" and "LGBTQ" still go hand in hand. Especially teens and youth that identify as LGBTQ+ report significantly higher rates of depression, anxiety, and suicidal ideation compared to cisgender youth. According to Trevor Project's national survey on LGBTQ youth mental health in 2020, 68% of LGBTQ youth experienced generalized anxiety disorder, 48% engaged in self-harm, and 40% seriously considered attempting suicide in the past 12 months.

These higher rates have nothing to do with however the individual identifies, but rather the external treatment they receive, as queer identification continues to be heavily stigmatized, even more so in younger populations. 33% of queer teens have been physically threatened or harmed due to their identity, with 29% of the community having experienced homelessness, being kicked out, or run away. 40% of homeless youth identify as LGBTQ. This discrimination significantly increases their likelihood for mental issues. 29% of those who experienced housing instability, 28% of those sent to conversion therapy, and 31% of those who experienced physical harm as a result of their sexual orientation or gender identity attempted suicide in the past year.

The issue here isn't that we are unaware of the mental health struggles that the community faces--84% of LGBTQ youth wanted counseling from a mental health professional in the past 12 months. The issue is that professional help suited towards LGBTQ individuals isn't accessible. Affordability, parental permission, LGBTQ competency of the counselor, fear of being outed, and previous negative experiences are among the top barriers to receiving professional help. Oftentimes, queer individuals prefer to receive help from those who also identify as queer, as they may better understand the patient's struggles and provide solace through this common identity, especially if the individual is in the closet and doesn't have any other places to express their concerns. This is why it is important to seek for diversity in the psychology field in terms of gender identity and sexual orientation as well.

In addition to getting professional help, some of the best ways for LGBTQ teens to avoid or mitigate such mental health issues is by finding a support net that may extend beyond the biological family. Such groups are often referred to as “chosen family,” and are an essential way for LGBTQ individuals to find connection and feel supported and loved if they don’t have a supportive environment back at home among their blood relatives. According to the CDC, some of the biggest reasons behind mental health issues are feelings of loneliness and isolation, for people on the LGBTQ spectrum or otherwise, so if you have any LGBT friends, take an extra effort to tell them that you’ll support them no matter what.

Sources:

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<https://www.cdc.gov/mentalhealth/learn/index.htm>

# Gender Prejudice and Mental Health

By: Haya Hussain



Gender is a “socially constructed” concept that is related to both gender identity and gender expression[1]. Sex refers to the biological attributes an individual is assigned with at birth (male/female/intersex). The difference between gender expression and identity is vital to understand: expression being how someone presents themselves, and identity being how someone may psychologically identify. **There are many (although not limited to) gender identities:** agender, meaning someone who does not have identification with gender; aliagender, a nonbinary gender that is not limited to constructal standards; cisgender, someone who identifies with the gender correlating to their assigned sex at birth; demigender, meaning anyone who may partially identify with a specific gender (e.g. demigirl, demiboy, deminonbinary, demitrans); genderfluid, meaning the person’s gender identification changes over periods of time and is not strictly defined to one or another; multigender, an umbrella term for people who experience or identify with one or more gender (e.g. polygender, trigender, bigender); nonbinary, an umbrella term for gender identities that are not “exclusively categorized” as male or female; transgender, an umbrella term encompassing genders different from assigned sex at birth that people may identify with[2].

Many gender-nonconforming people experience **gender dysphoria**, a state of mental and psychological distress due to “incongruence between one’s sex assigned at birth and one’s gender identity”, as defined by the American Psychiatric Association[3]. Although gender dysphoria tends to develop in adolescents from the early age of 7, it can be developed further on in life as well. Prejudice may trigger or worsen gender dysphoria of individuals.

Trans people as well as gender-nonconforming people struggle with excessive discrimination and stigmatization, ranging from denial of healthcare (transition-related or not), barring trans people from military, hate crimes, and more. Prejudice against trans individuals results in higher suicide rates, and gender-nonconforming individuals are often the victims of targeted bullying in schools.

## How do I prevent this?

Foremost, it is important to be aware of people's pronouns, as misgendering or usage of incorrect pronouns may cause people to be uncomfortable, induce anxiety, and other mental health issues. There are several types of pronouns: gender neutral pronouns (e.g. they/them/their), neopronouns (sets of pronouns that are used by people who have a unique relationship with gender, e.g. xe/xem/xyr, or cloud/clouds/cloudself). Secondly, it is important to normalize putting your pronouns in your bio, which is why it is preferred that cis people put their pronouns in their bios as well. Lastly, stand up for people when you see someone making fun of their pronouns or gender identity. Encourage respecting people's pronouns and spread information.

## How do I ask someone for their pronouns?

A lot of people have them in their bios, but if they don't, you can always ask personally: what are your pronouns? If you are unsure about how their pronouns decline, you can search their pronouns of pronouny.xyz. A lot of people also have their own pronouns on the same site, which showcase all of their pronouns and how to use them.

## How do I use pronouns?

**she/her:** I like the way she is dressed today, and her hair looks good.

**he/him:** I like the way he is dressed today, and his hair looks good.

**she/they:** I like the way she is dressed today, and their hair looks good.

**he/they:** I like the way they are dressed today, and their hair looks good.

**xe/xem:** I went to the park with xem, and that dog is xers.

**cloud/clouds:** I went to the park with cloud, and that dog is clouds.

**bun/buns:** I went to the park with bun, and that dog is buns.

There is no apostrophe used to show possession.

As said earlier, pronouny.xyz provides a variety of pronouns with examples on how to use them. Some people use more than one set of pronouns (e.g. an individual may use she/her & they/them), but that does not mean you can only selectively use she/her or they/them for them. Acknowledge their pronouns and use them both. Not respecting someone's pronouns or making fun of them implies that you believe their identity isn't valid. Certain pronouns are not accepted in the community as they are offensive (e.g. blm/blmself, or slurs), but sexualizing pronouns is also invalidating

as refusal to show emotion, working, and being brave or strong. This may result in silencing of cis or male identifying individuals when they show emotion. Men also have higher rates of suicide in the working fields, as they may feel overworked due to the expectations society has historically put on them. Furthermore, less men report sexual harassment than women. Women, as history shows, have been systematically oppressed for centuries, such as being denied voting rights and education, and instead being objectified or reduced to bearing children and taking care of their husbands and/or households. Women are statistically more susceptible to sexual harassment, rape, and further violations. As we know, gender imbalance in the government and places of authority was and sometimes still is a very prevalent issue[4]. Keep in mind that although cis women/men and trans women/men are not exactly the same, trans women are still women, just as cis women are (same with men) **How do I prevent this?** Acknowledge internalized misogyny or toxic masculinity. It is okay, normal, and valid for women to do what they want their bodies (just as it is for men and everyone), and for men to wear dresses and paint their nails if they want to. Attributes, activities, and duties do not belong to any gender or sex. Degrading people because of their sex or gender due to historical prejudice and because you find it comical is harmful, and this gender/sex-based oppression needs to be fought. Clothes are not invitations for sexually motivated skinship or touching, regardless of who is wearing them. Femininity and masculinity include many oppressive stereotypes, and can be negatively utilized to harm someone or bring them down. A woman's body is not a man's to control, and vice versa. Someone's sex or gender does not define who they are or how they act, and generalizing is harmful.

Someone else's choices with their own body or gender identity/expression do not affect you, but what you say to them and how you treat them because of their choices *will* affect them and their mental health.

Sources:

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# How Mental Health is Perceived in the Middle East: An Issue That People Need to be More Aware Of

By: Mackenzie Piano



All over the world mental health is perceived in different ways. This article will be discussing how mental health is perceived in the Middle East. The Middle East is made up of 18 relatively large countries with a wide variety of people. According to a global study, the Middle East suffers from some of the highest rates of depression, PTSD, and suicide, which may be explained by the lack of help offered to those with mental illnesses. In a recent survey conducted by the Arab Youth, 31% of Arabs said they know someone who suffers from mental health issues. Another part of the survey asked youth how easy they thought it was to access resources for mental health in the country, 54% of them said it was difficult. In my opinion, these numbers are very high considering the large amount of people who suffer from mental illness in the Middle East. The stigma revolving around mental health issues in these countries has made people feel ashamed of their mental state, as many people view it as taboo. Many people disrespect those who say they have mental health issues instead of choosing to support them in the ways they need. Support is a crucial part of a healthy mind, and without it people with mental illnesses may feel alone and like outcasts. The stigma around mental health has made it hard for people to access resources they need to help themselves like therapy, medications, and much more. There are very few therapists who have been properly trained to deal with patients who have mental illnesses in the Middle East, and many people are too afraid of the judgement they may face if they went to therapy to even go to a therapist. In the majority of countries in the Middle East they are 0.5 therapists found for every 100,000 people (*Mental Health Services in the Arab World*). Out of the many billions of people in the world only 8.6 million of them sought out treatment for their disorder. Getting help is crucial to living with a mental illness and in the Middle East that is very hard to find. It is important that while we look at some of the factors that affect how mental health is perceived we do not discriminate or place blame in a specific area, because in reality there is no one cause of this issue. It is most important that we focus on how to fix the stigma and lack of resources rather than place blame.

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# How to Get Involved With MIST



## 1. Join or start a chapter at your school or city!

To do this you can reach out to: [mist.teens@gmail.com](mailto:mist.teens@gmail.com)

To find our club curriculum or instructions on how to start a club visit our website written below.

## 2. Contribute to our Newsletter

Love writing articles or are good at designing pages? You can help us with the newsletter! Email Siri or Shelly if interested at the email above.

## 3. Become a speaker on our podcast

If you have a mental health story that you want to share, whether it be an experience or a service project you have worked on and you would like to share it, please reach out to Shelly and Siri with more details on how to get involved.

## 4. Stay tuned for volunteer opportunities

We are occasionally looking for new volunteers for our teams so stay turned or email us if you are interested.

## 5. Follow us on Instagram and subscribe to our future newsletters!

Our instagram: @mist\_teens,  
[https://www.instagram.com/mist\\_teens/?hl=en](https://www.instagram.com/mist_teens/?hl=en)

Our website: <https://mist-support.weebly.com/>

Subscribe to future newsletters:  
<https://mist-support.weebly.com/newsletter.html>

# Images

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