Who We Are

At The AAKOMA Project, we believe that to meet the mental health needs of Youth of Color, we need to operate at three levels:

**Raising Consciousness**
Ensure that young People of Color are aware of the importance of their mental health and that they and their caregivers can share, support, and understand young people’s experience with mental health.

**Empowering People**
Provide tools and resources for young People of Color and their caregivers to manage their own well-being and mental health in a timely, accessible, and approachable way and when needed, connect with culturally relevant, formal and/or clinical service offerings for support.

**Changing Systems**
Build a set of systems and services that are equipped to receive Youth of Color and their caregivers to address their unique needs. This requires a well-trained workforce, culturally relevant, evidence-informed services/interventions, and an accessible set of supportive resources.

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ABOUT OUR FOUNDER

Dr. Alfiee Breland-Noble
Psychologist, Scientist, Mental Health Correspondent

Dr. Alfiee Breland-Noble—known professionally as Dr. Alfiee—is a pioneering psychologist, scientist, author, and media contributor who founded the innovative nonprofit, The AAKOMA Project. As its founder, Dr. Alfiee envisioned and built the organization from an academic medicine research lab in major teaching hospitals (i.e., Duke and Georgetown) into a thriving Woman of Color led, million-dollar mental health 501(c)3 nonprofit.

She is lauded for her remarkable ability to motivate and inspire by translating complex scientific concepts into everyday language. She lives by the mantra that everyone deserves #optimalmentalhealth which should always be informed by #lovelightscience.

Meet Our Team

Evan Ochsenfaber
Operations Director

Lexy Fields
Executive Assistant

Morgann Noble
Intern
Development of the Theory of Change

Our theory of change indicates that the most effective and sustainable approaches to improved mental health begins with understanding the needs of the people we seek to serve, collaborating with them to develop solutions, then implementing solutions via a collaborative, community engaged model.

The AAKOMA Project stands apart given our deep bench of knowledge gained over 20 years in traditional academic medicine. We used clinical trials methodology enhanced by an equal number of years honing a culturally, relevant, and strategic focus on full engagement and collaboration with communities of color.

1999
Dr. Alfiee launches The AAKOMA Project in response to Surgeon General Dr. David Satcher’s release of the groundbreaking report “Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General”

2010
Dr. Alfiee and The AAKOMA Advisory Board release the study: “Engaging Depressed African-American Adolescents in Treatment: Lessons from The AAKOMA Project”

2011
Her new studies are released – Examining African-American Adolescent Depression in a Community Sample: The Impact of Parent/Child Agreement and Community and Treatment Engagement For Depressed African American Youth: The AAKOMA FLOA pilot

2012
Dr. Alfiee and The AAKOMA Advisory Board release “Mama just won’t accept this”: Adult Perspectives on Engaging Depressed African American Teens in Clinical Research and Treatment"

2022
The AAKOMA Project releases the results for the inaugural State of Mental Health for Youth of Color report
Youth of Color are in critical need of improved mental health, but research about Youth of Color specifically is mainly absent.

This past spring, The AAKOMA Project embarked on the journey of addressing this major limitation by gathering survey data from 2,905 Youth of Color.

The Sample

The sample is comprised of Black, Latino/e, Asian-American Pacific Islander (AAPI), Native American and Multiracial Youth. The majority of the sample identified as female (66%), followed by male (27%) and non-binary or transgender (7%). Youth mainly reported identifying as heterosexual (61%).

Ethnicity

Age

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Black</td>
<td>20%</td>
</tr>
<tr>
<td>Latino/e</td>
<td>26%</td>
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<tr>
<td>Asian</td>
<td>19%</td>
</tr>
<tr>
<td>Native American</td>
<td>15%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>20%</td>
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<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>13-17 year olds</td>
<td>49%</td>
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<tr>
<td>18-25 year olds</td>
<td>51%</td>
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At least half of Youth of Color in this sample reported experiencing moderate to severe depression or anxiety. Some Youth of Color reported significantly higher depression and anxiety severity scores.

At least half of Youth of Color in our sample reported experiencing moderate to severe depression or anxiety.

Overall the most commonly reported symptom of depression was being tired and having low energy (76% - 85%), and the most commonly reported symptom of anxiety was feeling anxious, worried, and nervous (68% - 78%).

Youth of Color also reported engaging in non-suicidal self-injurious behavior (22%), having suicidal ideation (27%), and attempting suicide at least once (18%).

Of the Youth of Color who attempted suicide, 5% reported needing medical treatment.

22% reported engaging in non-suicidal self-injurious behavior

18% attempted suicide at least once

HALF reported experiencing moderate to severe depression or anxiety
Of the youth who reported needing treatment, 30% reported they did not receive treatment.

35% reported taking medication for mental health care, and Latino/e (32%) and AAPI (28%) youth were less likely to receive medication for mental health concerns than multiracial youth (42%).

Additionally, 23% of youth reported using alternative health care for their mental health, and 18% of youth agree or strongly agree that they would have thought less of someone who sought treatment.

30% reported needing treatment but hadn’t received it

35% reported taking medication for mental health care

18% agree that they would have thought less of someone for seeking mental health treatment
The coronavirus pandemic affected youth in ways that will shape generations to come. We examined this effect in Youth of Color by asking them:

Has someone you care about had COVID?

### Impact of COVID-19 on Youth of Color

#### 70%

of youth had someone they care about have COVID.

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<tr>
<td>Black</td>
<td>77.1</td>
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<tr>
<td>Latino/e</td>
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<td>Asian</td>
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<td>Native American</td>
<td>64.9</td>
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<tr>
<td>Multiracial</td>
<td>62.1</td>
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#### 22%

of youth had someone they care about die because of COVID.

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<th>Percentage</th>
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<tr>
<td>Latino/e</td>
<td>24.9</td>
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<td>Asian</td>
<td>19.5</td>
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<tr>
<td>Native American</td>
<td>22.6</td>
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<tr>
<td>Multiracial</td>
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42% of Youth of Color reported exposure to at least one form of race-based trauma

In the prior year, 10% of Youth of Color reported exposure to racial trauma often or very often.

In their lifetime, 18% of youth reported exposure to racial trauma often or very often.

42% reported exposure to at least one source of racial trauma, such as interactions with police, teachers and employers.
Despite the high rate of mental health concerns and threats to their mental health, Youth of Color reported experiencing support.

77.9% report they have at least one person they feel loves them

77% report they have at least one person they feel they can trust

Most importantly, 61% of Youth of Color were hopeful about their future.
Acknowledgements

Thank you to our Board of Directors, sponsors, partners and donors for their support in this labor of love.

And last but definitely not least, we would like to thank the young participants who bravely stepped forward to help us capture the mental health experiences and needs of their generation.

We could not do this work without you.