State of Mental Health for Youth of Color 2022

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• Sound It Out
• Community Foundation of Northern Virginia
• Asians for Mental Health

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Executive Summary

Youth of Color are in critical need of improved mental health; however, research about Youth of Color 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 was comprised of Black (20%), Latino/e (32%), AAPI (19%), Native American (15%), and Multiracial (20%) youth. The majority of the sample identified as female (66%), followed by male (27%) and nonbinary or transgender (7%). Youth mainly reported being heterosexual (61%). Further, 20% of the sample reported having a disability or learning difficulty. Youth in the sample reported going without food (33%) and the internet (24%).

At least half of Youth of Color in this sample reported experiencing moderate to severe depression or anxiety. Some Youth of Color had significantly higher depression and anxiety scores. Specifically, Latino/e and Native American youth had significantly higher scores of depression and anxiety than AAPI youth. The most common symptom of depression was being tired and having low energy (76% - 85%), and the most common 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% resulted in needing medical treatment.

Youth of Color also shared their engagement with treatment. Of the youth who reported needing treatment, 30% reported they did not receive it. However, 35% reported taking medication for mental health care. Latino (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 if they sought treatment.

Many Youth of Color experienced a range of threats that could impact their mental health. For instance, regarding COVID-19, 70% of youth had someone they cared about have COVID, and 22% of youth had someone they cared about die because of COVID. Further, youth reported experiences with racial trauma. In the prior year, 10% of youth reported exposure to racial trauma often or very often. Further, in their lifetime, 18% of youth reported exposure to racial trauma often or very often. Moreover, 42% of Youth of Color reported exposure to at least one source of race-based trauma, such as interactions with police, teachers, and employers. For instance, Youth of Color experienced race-based trauma from peers (11%) and social media (26%).

Youth of Color are having a variety of experiences with social media. For instance, 44% of youth reported they do not see enough people on social media who look like them, and 27% did not think there were enough people of color on social media. Further, youth were exposed to bullying and violence on social media, with 25% being bullied and 10% being threatened by violence because of their race. Similarly, 19% of youth were bullied, and 11% were threatened by violence because of their ethnicity. Nonetheless, 26% of youth reported they had tried to cut down on using social media without success.

Despite the high rate of mental health and threats to their mental health, youth reported experiencing support. For instance, 77% of youth reported agreeing or strongly agreeing that they have one person they trust, and 78% reported having one who loves them. Further, 61% of Youth of Color were hopeful about their future.
Purpose and Objectives

At The AAKOMA Project we recognize that research centered on the mental health of Youth of Color is largely absent, which makes it almost impossible to provide scientifically grounded, culturally relevant, and effective interventions. We, therefore, decided to generate a first of its kind story to amplify the mental health experiences and needs of Youth of Color along with illuminating the impacts of COVID-19, racial justice, social media and other timely influences on youth mental health.

Nationally representative samples in research aim for the minimum number of persons in a sample to "represent" their proportion in the nation. Typically, representativeness is based on factors like gender, race, ethnicity and socioeconomic status, among other variables. This approach sorely underrepresents people with marginalized identities for whom little data exists in the area of mental health. As well, this approach typically fails to account for within group diversity (e.g., ethnicity). Our goal with this study was to fill a much-needed gap in the literature, thus we were not aiming for a nationally representative sample as traditionally defined in research. This is because such an approach undercounts and underrepresents the needs of intersectional and racially diverse young People of Color.

Instead, we pursued an equitable sample across race and ethnicity accounting for the diversity within those groups regarding LGBTQ and disability representation. Our sample is more reflective of the racial diversity currently underrepresented in historically, nationally representative study samples.

We conceived and implemented our research to address:

• Mental health outcomes and service use
• Exposure to racial trauma
• The impacts of COVID-19 on youth, their families and communities
• Youth's relationship with social media
• Resilience
Research Methods/Methodology

Our study methods and approach were reviewed and approved by an independent IRB that specializes in working with independent organizations (i.e., non-traditional academic hubs).

The AAKOMA Project used volunteer sampling for this groundbreaking work. We collected cross-sectional, online survey data between May 20 and June 8, 2022. The founder of The AAKOMA Project, Dr. Alfiee Breland-Noble, guided the research project with support from The AAKOMA Project’s internal research team. We collected data using two approaches to recruitment as follows.

We engaged Rep Data, LLC, a full-service data collection solution for market research, to lead our online survey data collection process. All youth under the age of 18 were recruited via Rep Data, LLC through engagement with their parents/caregivers (i.e., their standardized respondent panel of adults). Using this method as an entry point, Rep Data recruited a sample of youth ages 13-17. A second sample of young adults, ages 18-25 were recruited directly because they are of consenting age.

Additionally, because The AAKOMA Project is a leader in engagement with diverse youth, young adults, and community research, we engaged our pre-existing network of organizational partners (including the Community Foundation of Northern Virginia, Asians for Mental Health, and the Ad Council’s Sound it Out Together campaign) to support community engagement of youth and young adults for survey completion.

Finally, we created online social media advertisements and recruited via Instagram, Facebook and LinkedIn. Again, all activities were reviewed and deemed appropriate for Human Subjects research by an independent Institutional Review Board.

Our survey was derived from standardized and widely used measures of youth and young adult mental health to facilitate comparisons with other large datasets of U.S. youth that typically have less comparative representation of Youth of Color (see Chapter 1 for additional detail and citations).

Survey respondents spent an average of 18 minutes completing the survey with a total 2,905 13-25 year-olds participating to completion. Regarding “gates” of participation (i.e. attrition), 7,643 respondents started the online survey. Of those, 1,006 were removed because they failed Rep Data’s validation checks, 1,309 did not provide information to at least one substantive survey item (e.g. they answered solely demographic data questions), 27 were removed because they did not meet our survey quality checks, and 156 were removed because they were identified as repeat respondents. We also note that our budget constraints prevented us from including an additional 2,240 respondents across racial groups (i.e. our budget only allowed for us to include respondents up to the sample size set for each racial/ethnic group, so all person above that sample size were not included in this inaugural iteration of the study).

Eligible participants included the following (based on self-report):

- Identify as Black, Latino/e, AAPI, Native American, or Multiracial
- Age 13 to 25
- Based in the United States
- Able to understand English and use a computer

Measurement

Participants responded to publicly available full measures or survey items and a limited number of items created by the research team (for topics typically understudied in the literature). A summary of the measures and survey items follows.

Mental Health

We measured two mental health outcomes for depression and anxiety. Depression was measured using nine items from the Severity Measure for Depression—Child Age 11–17 (Johnson, Harris, Spitzer, & Williams, 2002) and anxiety was measured using the ten items from the Severity Measure for Generalized Anxiety Disorder—Child Age 11–17 (Craske et al., 2013). These measures assessed mental health symptoms over the prior seven days, such as trouble sleeping and feeling worried. We used the response options indicated in the depression measure for both measures. Therefore, response options were on a four-point Likert scale (not at all, several days, more than half the days, and nearly every day). We summed youth responses to create composite scores and then categorized the scores according to the recommendations of the depression measure (none, mild, moderate, moderately severe, and severe). We also dichotomized the severity (none-to-mild and moderate-to-severe). We further dichotomized the severity item into a binary outcome of symptom severity (none-to-mild and moderate-to-severe). This enabled us to examine severity at the symptom level.

Using the same Likert scale and categorization approach as our depression and anxiety measures, we assessed youths’ perception of being a burden and belonging. We did not include these items in any of the composite scores; we treated them as individual items.

We assessed non-suicidal self-injury (NSSI) and suicide in the prior 12 months using brief measures including a one item, binary response measure for NSSI asking whether youth had cut or harmed themselves (yes/no response only) and suicidal ideation and attempts survey items from the Youth Risk Behavior Survey (Craske et al., 2013). This approach allowed us to categorize presence or absence of suicidal ideation and suicide attempts (no or yes) as well as the number of attempts along a five-point scale, ranging from zero to six or more. We further assessed whether youth made a suicide attempt requiring medical care permitting one of three response options (I didn’t attempt suicide, no, or yes). All respondents who reported NSSI, suicide ideation or attempts received an automatic pop-up message directing them to The National Suicide Prevention Lifeline along with a reminder at the end of the survey directing them to The AAKOMA Project’s Free Virtual Therapy Program for intersectional Youth of Color.

Mental Health Service Use

We measured mental health service need, access, and use with survey items from the National Survey of Children’s Health (Child and Adolescent Health Measurement Initiative, 2021). Because this measure captures caregiver perceptions, we modified the items slightly to capture youth’s perceptions. Response options were categorized to reflect whether youth did or did not need/receive treatment. We also included one item that assessed mental health stigma on a six-point Likert scale ranging from strongly disagree to strongly agree. We then dichotomized item responses (disagree and agree).
Exposure to Racial Trauma

We assessed the frequency of exposure, sources of exposure, lifetime exposure and exposure during the prior year for racial trauma. We defined racial trauma as, “the mental and emotional injury caused by encounters with racism, racial bias, racial/ethnic discrimination, and racial hate crimes,” and we measured frequency of racial trauma exposure in the prior year against seven possible sources (e.g., police, social media and family). All response options were on a five-point Likert scale ranging from never to very often. We dichotomized the response options (never-to-rarely and often-to-very often).

Experience with COVID-19

We assessed youth’s experience with COVID using two survey items. One item assessed whether someone youth cared about had COVID, and the other assessed whether someone youth knew died from COVID. Youth chose among three response options (yes, no, and don’t know).

Social Media

We measured youth’s experience using social media. We assessed the age of first use, which was an open-ended item. We also assessed the platforms used and preferred platforms with checkboxes that included various social media outlets (e.g., TikTok). Using two items, we also measured youth’s exposure to individuals from diverse backgrounds. One item assessed whether youth saw enough people on social media who shared their gender identity or sexual orientation, and the other assessed whether youth thought there were enough People of Color on social media. Youth selected from yes and no.

We also measured youth’s exposure to harmful experiences with social media (e.g., bullying, threatening, and exclusion) using seven items from the Online Victimization Scale (Tynes, Rose, & Williams, 2010). However, rather than examine the frequency of exposure, we modified this scale to allow youth to select the reason for the harmful experience (e.g., related to their race, ethnicity, or sexual orientation) using a checkbox. Therefore, we could examine the percentage of youth exposed to a range of harmful experiences.

We measured the potential for youth to be addicted to social media in the prior year using four items from Bergen Social Media Addiction Scale (Andreassen et al., 2016). Response options were on a five-point scale (very rarely to very often) and then dichotomized (very rarely-sometimes and often-very often).

Youth Supports and Resilience

We measured youth’s perception of their support with three questions we created. These questions assessed the youth’s perception of having someone who loves and cares about them. For resilience, we include three items from the Brief Resilience Scale (Smith et al., 2008) For all items, response options were on a five-point Likert scale ranging from strongly disagree to strongly agree. We dichotomized these responses (disagree and agree).
Demographic characteristics

We measured multiple demographic characteristics. To measure race and ethnicity, we included open-ended items and close-ended items. Youth provided a written response to how they identified for the open-ended items. For the close-ended items, youth selected from a list of options (African American/Black, Asian American/Pacific Islander, Native American, Latinx/e, White, and Multiracial). This report used responses to the close-ended item for racial/ethnic categorization.

To measure sexual orientation and gender identity, we included items from The Trevor Project’s 2022 National Survey on LGBTQ Youth Mental Health (The Trevor Project, 2022). We dichotomized sexual orientation response options (heterosexual and LGBTQIA) and included an open-ended item to measure gender identity via written responses (female, male, and non-binary). We included a list of ages from which youth could select, then dichotomized the responses (13-17 and 18-25).

We assessed for ability status using one item that asked whether youth had a disability or a learning difficulty. We included four response options (No, I do not have a disability or learning difficulty; Yes, I have a disability or learning difficulty; I don’t know what this question is asking; and Decline to answer).

We assessed socioeconomic status with two items asking youth to describe whether they or their family needed food or internet access in the prior 12 months but could not afford one or both. We offered three response options (yes, no, and don’t know).

Analysis

We conducted multiple analysis in addition to providing descriptive statistics, including examining differences across demographic groups on key outcomes (e.g., mental health service use and depression and anxiety symptoms) using chi-square, independent sample t-tests, and One-way ANOVA.

We also examined whether multiple items (e.g., demographic characteristics, experiences with social media, and experiences with COVID-19) were associated with mental health outcomes. For these analyses, we used multivariate logistic regression or multivariate ordinary least squares. We conducted all analyses with IBM SPSS Statistics for Windows, Version 26.0.

As indicated earlier, this study had independent IRB approval.
Chapter 1

Overview - The State of Mental Health for Youth of Color in 2022

We know that Youth of Color were facing unprecedented challenges in mental health prior to the pandemic and that the pandemic itself exacerbated long standing and rising challenges. From climate crisis to social media, to racial and social injustice, threats abound to the mental health of our youth.

This report aims to examine the many challenges faced by our young people here in the U.S. to lay some much-needed groundwork for addressing the crisis of youth mental illness as a means of setting the stage for equitable assessment and research to support ALL youth.

In late 2021, the U.S. Surgeon General Dr. Vivek Murthy issued an advisory on youth mental health (HHS.gov, Dec. 7, 2021). In this advisory, he speaks to some of the critical precursors to mental illness and mental health concerns facing diverse youth including racial discrimination, environmental challenges and stigma in families related to mental illness and help seeking.

We elected to focus on Youth of Color solely because this population is so severely underserved in existing datasets. To enable us to compare our findings to existing data however, we used free and widely available measures that are typically used in large scale assessments of youth mental health (e.g., YRBSS, NHANES and CDC MMWR reports) (Centers for Disease Control, n.d.; Centers for Disease Control and Prevention, 2019; Centers for Disease Control and Prevention & National Center for Health Statistics, 2019-2020; Underwood et al., 2020).
Youth of Color Sample Characteristics

The tables below indicate the percentage of the sample by race/ethnicity, gender identity, age, sexual orientation, disability, and socioeconomic status.

Race & Ethnicity
- Black: 20%
- Latina/o: 15%
- AAPI: 19%
- Multiracial: 26%
- Native American: 20%

Gender Identity
- Male: 66%
- Female: 27%
- Nonbinary/Transgender: 7%

Age
- 13–17: 49%
- 18–25: 51%

Sexual Orientation
- Heterosexual: 52.4%
- LGBTQIA: 33.8%
- No Answer: 13.8%

Disability Status
- No, I do not have a disability or learning difficulty: 79.7%
- Yes, I have a disability or learning difficulty: 20.3%
Socioeconomic Status (SES)

We elected to use youth perceived socioeconomic status as our measure of SES, aligned with similar approaches from health literature (Breland-Noble & Board, 2012; Svedberg, Nygren, Staland-Nyman, & Nyholm, 2016)

**Food Insecurity**

In the prior 12 months, has there been a time when you or your family needed food but couldn’t afford it?

- No: 66.7%
- Yes: 33.3%

**Internet Access**

In the prior 12 months, has there been a time when your family needed internet but couldn’t afford it?

- No: 74.6%
- Yes: 25.4%
Chapter 2
Mental Health and Mental Health Service Use

Anxiety

50.1% of Youth of Color report experiencing Moderate to Severe Anxiety in the prior 7 days

The chart on the right indicates the percentage of the sample that had moderate to severe Anxiety in the prior seven days by race/ethnicity. For example, in the prior seven days, 49.3% of Black youth experienced moderate to severe Anxiety.

NOTE: This measure is about severity of Anxiety symptoms but is not an indicator of diagnosis.

Severity of Anxiety Differed across Youth of Color

Overall, most Youth of Color sampled in our survey (ranging from approximately 70%-80%) report experiencing at least mild symptoms associated with Generalized Anxiety Disorder. Further, when we take a deeper dive, Native American youth (trailed closely by youth who identify as Multiracial) by far appear to be experiencing the greatest challenges with the severity of symptoms, as they are the least likely to report experiencing no symptoms of anxiety (16%).

Anxiety symptoms were from the publicly available measure titled, “Severity Measure for Generalized Anxiety Disorder—Child Age 11–17.” The measure response options were revised to match the respons options and timeframe for the depression measure.
**KEY FINDING:**
The most common symptom of Anxiety among Black youth was feeling anxious, worried or nervous, followed by struggling with decision-making and worrying about bad things happening.

Anxiety symptoms were from the publicly available measure titled, "Severity Measure for Generalized Anxiety Disorder—Child Age 11–17." The measure response options were revised to match the response options and timeframe for the depression measure.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt moments of sudden terror, fear, or fright.</td>
<td>48.0</td>
</tr>
<tr>
<td>I felt anxious, worried, or nervous.</td>
<td>73.4</td>
</tr>
<tr>
<td>I had thoughts of bad things happening, such as family tragedy</td>
<td>61.1</td>
</tr>
<tr>
<td>I felt a racing heart, sweaty, trouble breathing, faint, or shaky.</td>
<td>52.0</td>
</tr>
<tr>
<td>I felt tense muscles, felt on edge or restless, or had trouble</td>
<td>56.3</td>
</tr>
<tr>
<td>I avoided, or did not approach or enter, situations about which I worry.</td>
<td>56.4</td>
</tr>
<tr>
<td>I left situations early or participated only minimally due to worries.</td>
<td>52.3</td>
</tr>
<tr>
<td>I spent lots of time making decisions, putting off making decisions, or</td>
<td>61.1</td>
</tr>
<tr>
<td>I sought reassurance from others due to worries.</td>
<td>54.1</td>
</tr>
<tr>
<td>I needed help to cope with anxiety (e.g., alcohol or medication,</td>
<td>48.6</td>
</tr>
<tr>
<td>superstitious objects, or other people).</td>
<td></td>
</tr>
</tbody>
</table>
Symptoms of Anxiety over the Prior 7 Days for Latino/e Youth

**KEY FINDING:**
The most common symptoms of Anxiety among Latino/e youth were feeling anxious, worried, or nervous followed by struggling with decision-making.

Anxiety symptoms were from the publicly available measure titled, “Severity Measure for Generalized Anxiety Disorder—Child Age 11–17.” The measure response options were revised to match the response options and timeframe for the depression measure.
KEY FINDING:
The most common symptoms of Anxiety among AAPI (American Asian Pacific Islander) youth were feeling anxious worried or nervous, followed by avoiding situations they worried about.

Anxiety symptoms were from the publicly available measure titled, “Severity Measure for Generalized Anxiety Disorder—Child Age 11–17.” The measure response options were revised to match the response options and timeframe for the depression measure.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt moments of sudden terror, fear, or fright.</td>
<td>48.6</td>
</tr>
<tr>
<td>I felt anxious, worried, or nervous.</td>
<td>67.5</td>
</tr>
<tr>
<td>I had thoughts of bad things happening, such as family tragedy ill health, loss of a job, or accidents.</td>
<td>63.8</td>
</tr>
<tr>
<td>I felt a racing heart, sweaty, trouble breathing, faint, or shaky.</td>
<td>55.0</td>
</tr>
<tr>
<td>I felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping.</td>
<td>59.8</td>
</tr>
<tr>
<td>I avoided, or did not approach or enter, situations about which I worry.</td>
<td>64.5</td>
</tr>
<tr>
<td>I left situations early or participated only minimally due to worries.</td>
<td>53.6</td>
</tr>
<tr>
<td>I spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries.</td>
<td>62.5</td>
</tr>
<tr>
<td>I sought reassurance from others due to worries.</td>
<td>65.3</td>
</tr>
<tr>
<td>I needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people).</td>
<td>49.2</td>
</tr>
</tbody>
</table>
KEY FINDING:
The most common symptoms of Anxiety among Native American youth were feeling anxious, worried, or nervous, followed by avoiding situations they worried about.

Anxiety symptoms were from the publicly available measure titled, "Severity Measure for Generalized Anxiety Disorder—Child Age 11–17." The measure response options were revised to match the responses options and timeframe for the depression measure.
Symptoms of Anxiety over the Prior 7 Days for Multiracial Youth

**KEY FINDING:**
The most common symptoms of Anxiety among Multiracial youth were feeling anxious, worried, or nervous followed by tenseness and trouble relaxing/sleeping.

Anxiety symptoms were from the publicly available measure titled, “Severity Measure for Generalized Anxiety Disorder—Child Age 11–17.” The measure response options were revised to match the response options and timeframe for the depression measure.
### Anxiety and Gender Identity

**KEY FINDINGS:**
We examined youth with moderate to severe reports of anxiety by gender identity and found that:

- Nonbinary/transgender youth had significantly higher Anxiety scores than youth who identified as female or male, across both age groups.

- Male and female identified youth did not have significantly different Anxiety scores within each age band, but overall female identified youth had higher Anxiety scores than males.

Anxiety symptoms were from the publicly available measure titled, “Severity Measure for Generalized Anxiety Disorder—Child Age 11–17.” The measure response options were revised to match the response options and timeframe for the depression measure.

### Anxiety by Age and Race/Ethnicity

**KEY FINDING:**
Native American youth have significantly higher anxiety scores than AAPI American youth, among youth ages 18 – 25.
Anxiety by Sexual Orientation

**KEY FINDINGS:**
We identified a TREND for Pansexual youth having significantly higher ANXIETY scores compared to all other sexual orientations (but we note this trend with caution because of the very small sample size).

Heterosexual youth had significantly lower Anxiety scores than bisexual, gay, lesbian, and pansexual youth.

Among youth 18-25, Heterosexual youth had significantly lower scores than bisexual, lesbian, and pansexual youth.

Anxiety symptoms were from the publicly available measure titled, “Severity Measure for Generalized Anxiety Disorder—Child Age 11–17.” The measure response options were revised to match the responses options and timeframe for the depression measure.
Depression

53.3% of Youth of Color Experienced Moderate to Severe Depressive Symptoms in the Prior 7 Days

**KEY FINDING:**
Latino/e and Native American youth had significantly higher scores of depression than AAPI youth.

Severity of Depression Differed across Youth of Color

**KEY FINDING:**
Latino/e youth are most likely to report severe symptoms of depression in comparison to other racial ethnic groups and Native American youth are most likely to report moderate symptoms of depression in comparison to other racial ethnic groups.
Symptoms of Depressive Symptoms over the Prior 7 Days for Black Youth

**KEY FINDING:**
The most common symptoms of depression among Black youth was feeling tired or having little energy.

Symptoms of depression and response options were from the publicly available measure titled, "Severity Measure for Depression—Child Age 11–17."

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Symptoms of Depressive Symptoms over the Prior 7 Days for Latino/e Youth

**KEY FINDING:**
The most common symptoms of depression among Latino/e youth was feeling tired or having little energy.

Symptoms of depression and response options were from the publicly available measure titled, "Severity Measure for Depression—Child Age 11–17."

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Symptoms of Depressive Symptoms over the Prior 7 Days for AAPI Youth

**KEY FINDING:**
The most common symptoms of depression among AAPI youth was feeling tired or having little energy.

Symptoms of depression and response options were from the publicly available measure titled, “Severity Measure for Depression—Child Age 11–17.”

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, irritable, or hopeless.</td>
<td>69.5%</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things.</td>
<td>68.6%</td>
</tr>
<tr>
<td>Trouble falling asleep, staying asleep, or sleeping too much.</td>
<td>72.1%</td>
</tr>
<tr>
<td>Poor appetite, weight loss, or overeating.</td>
<td>61.5%</td>
</tr>
<tr>
<td>Feeling tired, or having little energy.</td>
<td>75.9%</td>
</tr>
<tr>
<td>Feeling bad about yourself.</td>
<td>59.9%</td>
</tr>
<tr>
<td>Trouble concentrating.</td>
<td>67.9%</td>
</tr>
<tr>
<td>Moving or speaking slowly or being fidgety or restless and moving a lot more than usual.</td>
<td>50.1%</td>
</tr>
<tr>
<td>Thoughts that would be better off dead or hurting yourself in some way.</td>
<td>45.0%</td>
</tr>
</tbody>
</table>

Symptoms of Depressive Symptoms over the Prior 7 Days for Native American Youth

**KEY FINDING:**
The most common symptoms of depression among Native American youth was feeling tired or having little energy.

Symptoms of depression and response options were from the publicly available measure titled, “Severity Measure for Depression—Child Age 11–17.”

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, irritable, or hopeless.</td>
<td>83.8%</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things.</td>
<td>73.8%</td>
</tr>
<tr>
<td>Trouble falling asleep, staying asleep, or sleeping too much.</td>
<td>80.4%</td>
</tr>
<tr>
<td>Poor appetite, weight loss, or overeating.</td>
<td>74.9%</td>
</tr>
<tr>
<td>Feeling tired, or having little energy.</td>
<td>84.5%</td>
</tr>
<tr>
<td>Feeling bad about yourself.</td>
<td>68.6%</td>
</tr>
<tr>
<td>Trouble concentrating.</td>
<td>74.9%</td>
</tr>
<tr>
<td>Moving or speaking slowly or being fidgety or restless and moving a lot more than usual.</td>
<td>62.0%</td>
</tr>
<tr>
<td>Thoughts that would be better off dead or hurting yourself in some way.</td>
<td>54.9%</td>
</tr>
</tbody>
</table>
**Symptoms of Depressive Symptoms over the Prior 7 Days for Multiracial Youth**

**KEY FINDING:**
The most common symptoms of depression among Multiracial youth was feeling tired or having little energy.

Symptoms of depression and response options were from the publicly available measure titled, “Severity Measure for Depression—Child Age 11–17.”

**Youth with Moderate to Severe Depression in the Prior 7 days by Gender Identity**

**KEY FINDINGS:**
Nonbinary and Transgender youth had significantly higher depression scores than youth who identified as female or male, regardless of age.

Youth who identified as female had significantly higher depression scores than youth who identified as male, regardless of age.
**KEY FINDINGS:**

We identified a TREND for Pansexual youth having significantly higher depression scores compared to all other sexual orientations (but we note this trend with caution because of the very small sample size).

Heterosexual youth had significantly lower depression scores than Bisexual youth and youth who were Questioning their sexual orientation.

Symptoms of depression and response options were from the publicly available measure titled, “Severity Measure for Depression—Child Age 11–17.”
Suicide and Self Injury

During the prior 12 months, have you ever cut yourself or self-harmed in some way?

![Bar chart showing percent reporting non-suicidal self injury by race and ethnicity.]

**KEY FINDINGS:**

- **22.4%** of youth in the sample reported engaging in non-suicidal self injury (NSSI) in the prior year.
- **50.5%** of youth who identified as Nonbinary/Transgender Youth of Color reported engaging in NSSI in the prior year, compared to 22.7% of females and 14.3% of males.
- Nonbinary/Transgender Youth of Color were significantly more likely to report NSSI than females and males.
- Further, females were significantly more likely to report NSSI than males.
During the prior 12 months, did you ever seriously consider attempting suicide?

**KEY FINDINGS:**

- **26.8%** of all youth reported suicidal ideation in the prior year. No differences across racial groups.
- **57.7%** of youth who identified as nonbinary Youth of Color reported suicidal ideation in the prior year, compared to 27.2% of females and 17.7% of males.
- Nonbinary Youth of Color were significantly more likely to report suicidal ideation than females and males. Further, females were significantly more likely to report suicidal ideation than males.

During the prior 12 months, did you make a plan about how you would attempt suicide?

**KEY FINDING:**

Black and Multiracial youth significantly more likely than AAPI youth to have a plan.
During the prior 12 months, how many times did you actually attempt suicide?

KEY FINDING:
18% of youth made at least one suicide attempt.

Black youth significantly more like to make a suicide attempt compared to Latino/e, AAPI, and Native American youth.

During the prior 12 months, did any suicide attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

KEY FINDING:
4.7% of all youth who made a suicide attempt in the prior year required medical attention.
Burden

In the prior 7 days, how often have you felt like a burden to others?

In the prior 7 days, how often have you felt like you didn’t belong?

KEY FINDING:
62.1% felt like a burden to others several days a week to nearly every day the prior 7 days.

KEY FINDING:
65.9% felt like they didn’t belong several days a week to nearly every day the prior 7 days.

Treatment Use and Engagement

Percent receiving treatment or counseling from a mental health professional in the prior year

KEY FINDINGS:
22.3% of youth who need mental health treatment received it.

20.7% of youth who thought they needed mental health treatment didn’t receive it.

Multiracial youth were significantly less likely than Latino/e youth to receive treatment; no other significant differences by race/ethnicity.
KEY FINDING:
34% of all Youth of Color surveyed report taking medications for mental health with Multiracial youth (42%) significantly more likely than Latino/e (31.5%) and AAPI youth (28.3%) (with no other significant differences between racial groups).

KEY FINDING:
23.2% of youth surveyed reported that they have used alternative forms of health care.

KEY FINDING:
17.7% of youth agree or strongly agree that they would have thought less of someone who sought treatment.
Chapter 3
Exposure to Racial Trauma

Racial trauma refers to the mental and emotional injury caused by encounters with racism, racial bias, racial/ethnic discrimination, and racial hate crimes.

In the prior year, how often have you been exposed to racial trauma?

**KEY FINDING:**
10.4% of all youth surveyed reported exposure to racial trauma often or very often.

In your lifetime, how often have you been exposed to racial trauma?

**KEY FINDING:**
18.4% of all youth surveyed reported exposure to racial trauma often or very often.
In the prior year, how often have you experienced racial trauma because of...

**teachers or employers?**

**KEY FINDING:**

8.7% of youth reported exposure to racial trauma often or very often in the prior year from teachers or employers.

**peers or friends?**

**KEY FINDING:**

11.3% of all youth reported exposure to racial trauma often or very often in the prior year from peers or friends.

**parents or caregivers?**

**KEY FINDING:**

7.3% of youth reported exposure to racial trauma often or very often in the prior year from parents or caregivers.
In the prior year, how often have you experienced racial trauma because of...

**police?**

**KEY FINDING:**
13.2% of all youth reported exposure to racial trauma often or very often in the prior year from police.

**the news?**

**KEY FINDINGS:**
17.6% of youth reported exposure to racial trauma often or very often in the prior year from watching/reading/exposure to the news.

Black and Multiracial youth experienced significantly more racial trauma from news than Native American youth.
In the prior year, how often have you experienced racial trauma because of social media?

**KEY FINDINGS:**

25.8% of Youth of Color reported exposure to racial trauma often or very often in the prior year from social media. Black youth experienced significantly more racial trauma from social media than Latino/e and Multiracial youth.

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**Overall Sum of Youth of Color’s Exposure to Racial Trauma**

42.1% of Youth of Color were exposed to at least one source of racial trauma. 22.6% of Youth of Color were exposed to two or more sources of racial trauma. Black and Multiracial youth were exposed to significantly more racial trauma than Latino/e. Nonbinary youth were exposed to significantly more racial trauma than female or male youth.

No difference by age
Chapter 4
The impacts of COVID-19 on youth, their families, and communities

Has someone you care about had COVID?

**KEY FINDING:**
70% of youth had someone they care about have COVID.

Has someone you care about died because of COVID?

**KEY FINDING:**
22% of Youth of Color had someone they care about die because of COVID.
Chapter 6
Youth’s supports and resilience

I have one person I can trust.

**KEY FINDING:**
77% of Youth of Color report they have at least one person they feel they can trust.

I have one person who loves me.

**KEY FINDING:**
77.9% of Youth of Color report they have at least one person they feel loves them.

I have one person who trusts and loves me.

**KEY FINDING:**
74.6% of Youth of Color report they have at least one person they feel loves and trusts them.

I am hopeful about my future.

**KEY FINDING:**
61.6% report they are hopeful about the future.

I have a hard time making it through stressful events

**KEY FINDING:**
74.6% of Youth of Color report they have a hard time making it through stressful events.
Summary and Conclusions

The goal of The AAKOMA Project with this report was to generate a foundation for a focus on the mental health needs of a highly under-studied and underserved population of youth, intersectional Youth of Color. This report is groundbreaking given the methodology, approach to this work (both of which are aligned with standard practices in research in the field of mental health) and most importantly because of the primary focus on racially, culturally, socioeconomically and gender diverse young people thus laying the foundation for sorely needed culturally responsive data on the mental health of ALL youth.

This work is historic for centering the needs to Young People of Color and asking them to share their lived experiences in general and in the context of the pandemic, COVID-19 and racial trauma.

What have we learned though this work? We have learned that The AAKOMA Project’s foundational pillars of raising consciousness, empowering people and changing the system of mental health is timely, vital and necessary. Specifically, the data from the #SOMHYOC informs us that there is a glaring lack of data on the mental health needs of Native American and AAPI youth, that Youth of Color face tremendous challenges to their mental health and that racial trauma is a real and present danger to the mental health of our young people.

Further, we understand from this groundbreaking survey that our young people require many more supports to uplift their mental health than what they currently have available and that there are unique requirements necessary for ensuring that Youth of Color have equitable access to high quality mental health care.

We have confirmation that almost a third of youth surveyed report struggling with suicidal thoughts and that Black and Multiracial youth are significantly more likely to have a suicide plan (findings aligned with the recent Ring the Alarm report produced by the Congressional Black Caucus and team of experts and thought leaders) (Emergency TaskForce on Black Youth Suicide and Mental Health, 2019). The racial trauma distress reported by Multiracial and Black youth is also cause for alarm.
Asian American/Pacific Islander (AAPI) youth are reporting elevated exposure to racial trauma in the prior year which is consistent with recent reports of anti-Asian violence that has escalated during the pandemic, while Native American youth are reporting elevated racial trauma within their familial relationships than some other groups of youth. It is extremely distressing to note the significant challenges that LGBTQ Youth of Color face regarding non-suicidal self-harm and self-injury.

Finally, COVID has clearly had significant impacts on our youth and their families with 70% having a family member test positive and another 22% losing a loved one to COVID.

On a hopeful note, the majority of Youth of Color surveyed feel loved and can identify someone whom they love. This challenges narratives that abound about the lack of support offered to Youth of Color, particularly by their own loved ones and families. The kind of love and support reported by the majority of the youth and young adult respondents to our survey is critical for bolstering Youth of Color mental health. In closing, it is also encouraging and gratifying to note how many youth of diverse backgrounds report being hopeful about the future even with all of the challenges they currently face.

So what are a few of the take aways from this inaugural study of Youth of Color mental health?

1. It is imperative that The AAKOMA Project replicates and scales this survey in coming years (annual report).

2. This report speaks to the dire need to ask Youth of Color how they are and what supports they need.

3. This is a first of its kind effort to do a deep dive into gaining a basic understanding of the mental health experiences, needs and supports of Youth of Color.

4. We cannot ignore the impacts of racial trauma on the mental health of Youth of Color.

5. Intersectionality is a key factor that we must always address when assessing the mental health of our young people of diverse backgrounds.
References


Emergency Task Force on Black Youth Suicide and Mental Health. (2019). Ring the Alarm - The Crisis of Black Youth Suicide in America: A Report to Congress from The Congressional Black Caucus. Retrieved from


Appendix

ETHNICITIES PROVIDED BY RESPONDENTS

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FINDINGS ACROSS THE AAKOMA PROJECT’S 3 PILLARS

At The AAKOMA Project, our foundation is three pillars—Raising Consciousness, Empowering People, and Changing Systems—all focused on uplifting and centering the mental health needs of Youth of Color with a special focus on the intersectionality of youth identities. Detailed below is how we at The AAKOMA Project conceptualize some of our high-level key findings from the 2022 State of Mental Health for Youth of Color report and how we will operationalize these outcomes in our future efforts.

Raising Consciousness

Our first pillar “Raising Consciousness” is designed to ensure that intersectional young people of color are aware of the importance of their mental health and that young people and caregivers have the ability to share, support, and understand young people’s experiences with mental health.

Lack of data on this population (Youth of Color) is glaring, particularly for Native American and AAPI youth.

Youth of Color are struggling with tremendous feelings of depression and anxiety.

Each racial group is experiencing a unique set of challenges:

- Black youth are most likely to be traumatized by social media/media.
- Native American youth are most likely to be traumatized by teachers or employers.
- Multiracial youth are most likely to be racially traumatized by police and family.

Empowering People

Our second pillar “Empowering People” is focused on providing tools and resources for intersectional Young People of Color and their caregivers to manage their own wellbeing and mental health in a timely, accessible, and approachable way and when needed, connect to more formal and/or clinical service offerings for support.

Asking about supports suggests that the overwhelming majority of youth have people whom they love and who love them and whom they feel they can trust.

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

Youth of Color need many more supports for their mental health.

Youth need to be told that they are not a burden (as we do in our annual Black History Month activations, including in 2022 when we hosted the You are Not a Burden Facebook Live event).

62% felt like a burden overall; 66% feel lack of belonging.

Interventions like Team AAKOMA (our youth leadership & advisory board) and virtual or in-person gatherings can help create a sense of belonging for youth.

Changing Systems

Our final pillar “Changing Systems” reflects our commitment to building a set of systems and services equipped to receive intersectional Youth of Color and their caregivers and address their unique needs, requiring a qualified workforce, culturally relevant evidence-informed services and interventions, and an accessible set of supportive resources.

Our findings for Black youth mirror the Ring the Alarm report regarding suicide in Black youth.

- Black and Multiracial youth more likely than others to have a suicide plan; AAPI youth least like to report having a plan.
- 29% say they have unmet needs (meaning they see a need for help, but are not receiving this help).

23% use alternate forms of care. What are those forms of care, how do we build on those healing practices? What is their perceived efficacy and effectiveness?

Why are Multiracial youth more likely than other youth to have received and used medications for mental health?

Why are almost a third (26.8%) of young people surveyed expressing suicidal ideation?
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.
ABOUT THE AAKOMA PROJECT

At The AAKOMA Project, we support the mental health of intersectional youth and Young Adults of Color and their families through dialogue and authentic, equitable engagement with the understanding that everyone deserves #optimalmentalhealth.

We are a diverse team of dedicated professionals who generate scientific knowledge and apply it via community-engaged, culturally responsive practices with the public.

Our founder’s vision is a world where EVERY child, teen, and young adult, inclusive of all points of diversity, feels the freedom to live unapologetically and authentically within an environment that allows them to rise and thrive.

MEET OUR TEAM

With special thanks to Dr. Bridget Weller for her tireless support and efforts on this project. The AAKOMA Project team also wishes to acknowledge the contributions of Evan Ochsenfaber, Katrina Lee and our Board of Directors.

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