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Resilience and Protective Factors

Avenues to Improving Mental Health and Reducing Health Disparities

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People of color face unavoidable challenges to good mental health because of historic and ongoing marginalization, but they often have similar, or even lower, prevalence rates of some mental health issues than white people.[1] And while poor mental health is not the only risk factor for death by suicide, these rates are lower among most communities of color, too.

The existence of resilience and protective factors, such as a strong sense of identity and social connectedness, is one possible explanation. These qualities may help safeguard mental health among non-white groups despite the barriers they face.[2]

Protective factors play a crucial role in promoting good mental health, and they should not be overlooked as the state of Colorado makes a major investment in behavioral health in the wake of the COVID-19 pandemic. Promoting these factors — through increased research and integration into public health and health care delivery settings — has the power to destigmatize mental health, address long-standing systemic barriers, build resilience, and improve well-being for all Coloradans.

Key Takeaways:

- Strong resilience and protective factors likely play a role in safeguarding the mental health of communities of color despite the numerous barriers they face.
- Protective factors can improve mental health and suicide prevention efforts for all Coloradans, especially those of color who have been disproportionately affected by COVID-19. Harnessing these factors can also address long-standing systemic barriers to care.
- Health care providers, community leaders, and policymakers play a role in integrating protective factors that will build resilience, promote good mental health, and reduce disparities throughout the communities they serve.

A Look at Suicide Rates Among Communities of Color

Mental health stigma can lead to worse health outcomes for people of color. This is especially true when it is coupled with a multitude of systemic barriers to care, such as mistrust in health care providers, less access to insurance coverage, and a lack of culturally competent providers. See CHI's report *Stigma and Systemic Barriers: Why Mental Health Care Is Not the Same for Everyone* for more on the barriers that people of color face.

But in Colorado, the age-adjusted suicide rate by race and ethnicity shows that Asian/Pacific Islander, Black/African American, and white-Hispanic groups have lower rates of death by suicide compared with non-Hispanic whites. This is true for both males and females (see Figure 1). This is not the case for Native American and Indigenous populations, who experience the highest rates of suicide among all racial and ethnic groups in the U.S.[6]

Suicide data can be unreliable. Deaths by suicide among people of color are more likely to be misclassified compared with those of whites.[7] Coroners might classify a suicide as a homicide or as an undetermined cause of death, or families might not want to record the accurate cause of death due to stigma.[8] However, many believe these lower rates cannot be attributed solely to misclassification of deaths; instead, they point to resilience and powerful protective factors among people of color.[9]

A Note to the Reader

While data show that Black, Asian, and Hispanic/Latinx groups tend to have lower prevalence of mental health conditions and rates of suicide compared with whites, suicide and mental health challenges are still pressing concerns in these communities. Health disparities exist, and worse health outcomes are a reality due to racism that exists both inside and outside the health care system. Lack of large-scale mental health research focused on non-white racial and ethnic groups, misdiagnoses, and underutilization of mental health services are just some consequences of having a system that was not built to serve people of color and that continues to limit equitable and accessible mental health care.[3,4] Misdiagnosis and underuse of care are two possible reasons for the lower prevalence of some mental health conditions among people of color. Leveraging resilience and protective factors that are common to communities of color can help, but there are a multitude of systemic barriers people of color face that must also be dismantled to truly improve health for all.[5]

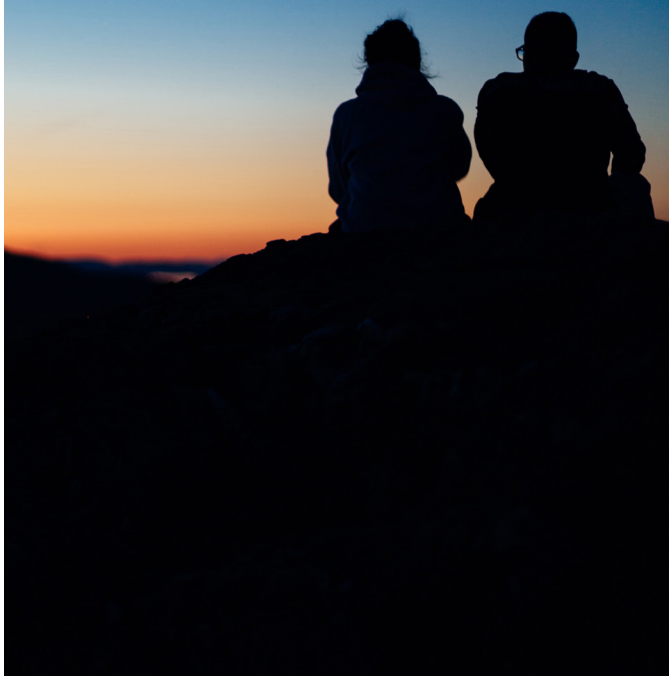
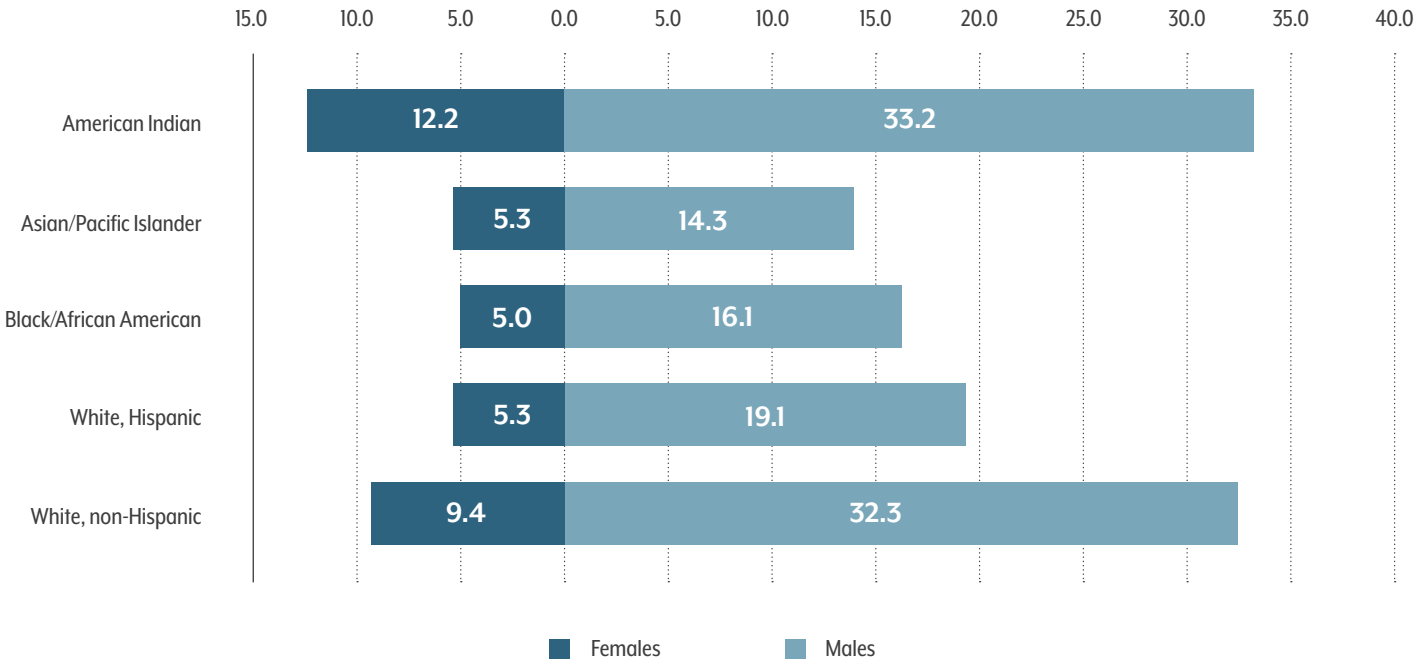


Figure 1. Age-Adjusted Suicide Rate, by Race, Ethnicity, and Gender, 2004-2020 (Rate per 100,000 People)

Source: Colorado Department of Public Health & Environment Vital Statistics Program and Colorado Violent Death Reporting System



Resilience, Protective Factors Bolster Mental Health

Resilience is the ability to adapt when facing tragedy, trauma, or other stress.[10] It can protect people from developing some mental health conditions and improve the coping ability of those with existing conditions.[11]

Resilience is not "toughness" and it's not a trait that people simply have or don't have. Harvard University's Center on the Developing Child describes resilience as the result of a combination of protective factors — individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events.[12] This can include, for example, problem-solving skills or strong social connectedness. As a result, resilience can be built at any age, though childhood and youth can be particularly formative years.

Resilience, recovery, and well-being are also deeply cultural concepts, writes Leslye Steptoe of the Mental Health Center of Denver.[13] For many people of color, resilience may be inherent due to the historic and ongoing trauma that they and their families have faced. Resilience is needed to survive. And in combination with powerful protective factors that exist in these communities, it may bolster mental health.

> *"For Black, Indigenous, and other people of color (BIPOC), generations of trauma, systemic racism, and cultural barriers lead to resilience looking very different than what we have taken it to mean in our society. This is not to say that we should discard resilience. In fact, I would say we should pay more attention to it. While resilience can be developed, we should consider how some have no choice but to be resilient."*
>
> *— Gustavo A. Molinar; Mental Health America; (Re)Defining Resilience: A Perspective of 'Toughness' in BIPOC Communities*

Protective Factors in Practice

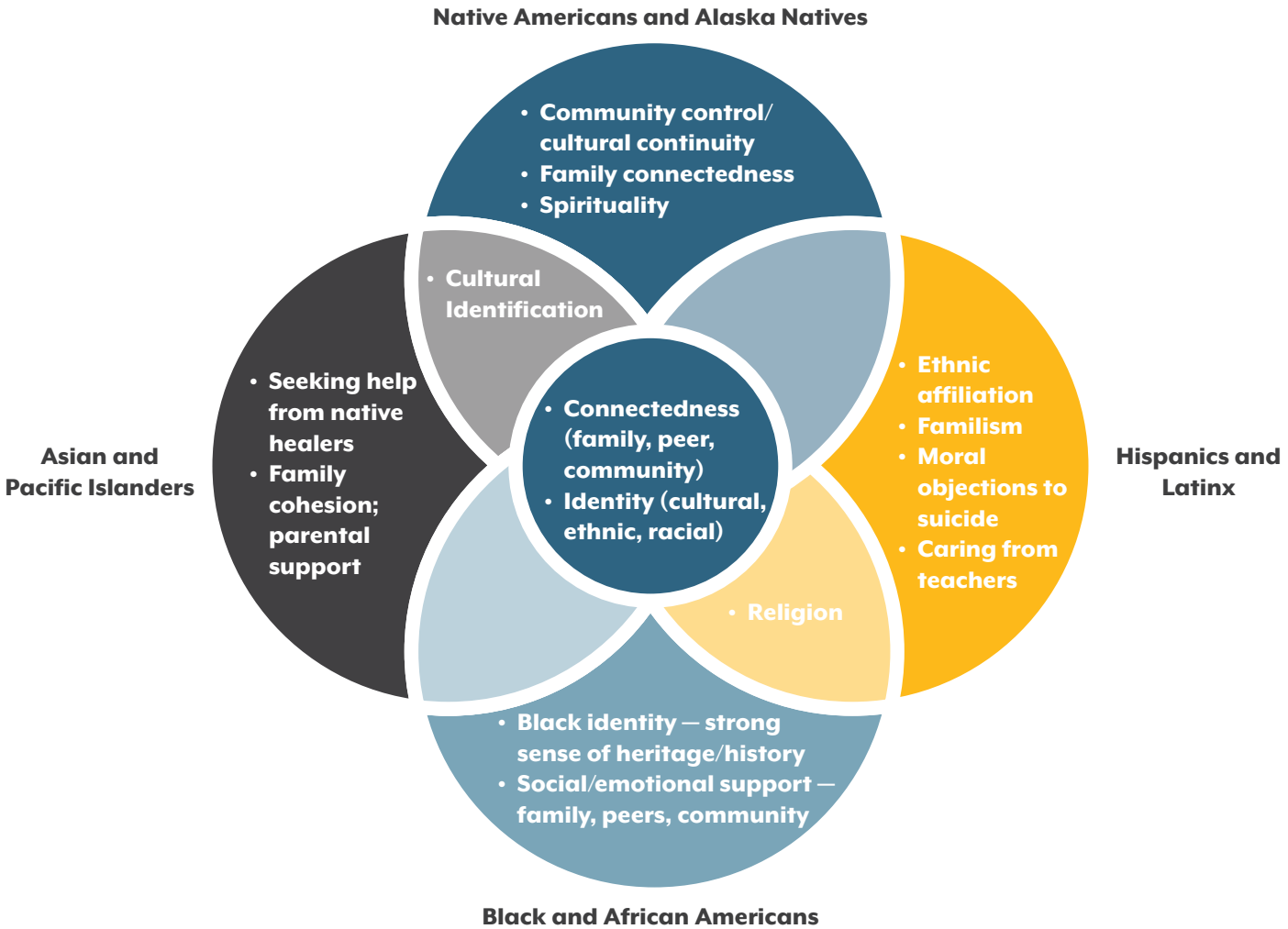
Effective mental health care, connectedness, problem-solving skills, and contacts with caregivers are protective factors that have been shown to be significant across all racial and ethnic populations.[14] But other protective factors specific and significant to non-white racial and ethnic groups also exist. Figure 2 shows these commonly identified protective factors among different communities of color as outlined by the Suicide Prevention Resource Center.[15]

Providers, policymakers, and others need to understand how these protective factors can build resilience and safeguard mental health. The benefits of this are twofold: Protective factors are critical to ensuring positive outcomes for youth and encourage resilience-building throughout critical formative years;[16] and the lack of certain protective factors, for example strong social connectedness, can exacerbate mental health stressors, such as increased social isolation.

With increasing mental health needs due to COVID-19 alongside ongoing efforts to reform Colorado's behavioral health system, there is a key opportunity at hand to rethink how to best integrate these factors to build resilience and to better tailor mental health awareness, treatment, and intervention programs.

The rest of this report examines how protective factors can be used to improve the work of health care delivery, research, the community, and public health.

Figure 2. *The Suicide Prevention Research Center identifies these traits as some of the most significant protective factors for suicide prevention common among Native American/Alaskan Native, Hispanic/Latinx, Black/African American, and Asian/Pacific Islander communities. The factors are not exclusive to any community and not universal within a community.*



In Health Care Delivery

Cultural and racial/ethnic identity is a commonly identified protective factor for people of color. Providers should tailor treatments and assess whether they are connecting to this — and other — core values of the community they serve. Doing so can improve providers' cultural competency, which addresses systemic barriers like a lack of trust. This also helps improve health outcomes, as generalized or Eurocentric treatments may cause some patients to stop seeing a provider.[17]

Health care providers can also curb risk factors by using validated screening tools for social determinants of health and resilience. These tools assess whether patients' basic needs are met and whether they have personal and social foundations to benefit from protective factors, such as strong social supports and family coherence.

Screening for resilience in children and adolescents in the primary care setting has also shown to be an important tool for health promotion.[19] The American Academy of Pediatrics says resilience questionnaires that assess parental resilience and support systems can be used to identify and more effectively care for children who have been exposed to violence.[20]

> *Denver Indian Health and Family Services (DIHFS) models how cultural identification can be leveraged to deliver culturally competent care. DIHFS incorporates many protective factors and values of Native American and Alaskan Native communities into the health care setting. Beyond providing health care services, the organization promotes a sense of community, culture, and connectedness.[18] The importance of centering health care around these factors was especially apparent in addressing COVID-19 vaccine hesitancy. Protective factors like community control and cultural continuity — the presence of cultural facilities and self-governance in the provision of services — are critical in encouraging vaccination and addressing some aspects of systemic mistrust.*

> *"The success of the vaccine rollout efforts is a point of pride in Native communities ... How they're distributing vaccines is an exercise in tribal sovereignty."*
>
> *— Darius Lee Smith, quoted in "COVID-19 Vaccine Rollout Among Indigenous Communities Seen as a Model for Others" by Kristin Jones, The Colorado Trust*

In Research

More research is needed on tailored, evidence-based mental health interventions specific to communities of color. Robust research efforts allow for a better understanding of the mental health of people of color, including the impact of protective factors that can reduce persistent health disparities, decrease rates of death by suicide, and improve care delivery.

> *The Alma program focuses on promoting the mental health of new mothers by pairing women with trained peer mentors. Through the program, which has three sites across Colorado, including one in the Roaring Fork Valley aimed at Spanish-speaking women, mothers who have faced depression in their own lives are trained to provide support to depressed pregnant or postpartum women. The use of peer navigators who share similar aspects of identity — a common protective factor — has been shown to destigmatize mental health and can help increase access to mental health services for Latinx patients.[21]*

> *"Depression can be incredibly lonely, but Alma exists to connect [women] to a powerful community of Latina women who understand depression and the challenges of adapting to a new country and culture."*
>
> *— Ana Tapia, Alma peer mentor, quoted in "The Impact of Alma" by Valley Settlement*

In the Community

Libraries, places of worship, and other community gathering spots can promote protective factors and destigmatize mental health issues. This promotes community wellness and resilience-building for people of all ages and can have significant long-term, positive impacts on mental health.

The Dahlia Campus for Health & Well-Being in the Northeast Park Hill neighborhood shows how protective factors can be integrated into a community. The Mental Health Center of Denver and other partners worked alongside community members to find solutions to the neighborhood's greatest needs — access to education, food security, and health care services, including mental health — while simultaneously uplifting protective factors like social connectedness. The Dahlia Campus has a preschool that includes special needs students and three farms (including an aquaponics greenhouse). It serves as a gathering place for people of all ages.[22] Barriers like mental health stigma and limited access to care are addressed through integration of mental health into the multitude of services the campus offers, all within walking distance for many in the neighborhood.

"[The] Dahlia Campus for Health & Well-Being was designed from the first brick to be a home that contained an entire neighborhood... [It] is a key resource for community connections."

— "Dahlia Campus: A Healthy Home for the Whole Neighborhood" by Michael Booth, The Colorado Health Foundation

In Public Health

Local public health agencies can implement larger efforts at a county scale. Many are already committed to addressing barriers and are also focused on increasing opportunities for social and community connectedness.

The Broomfield Department of Public Health and Environment's "Let's Talk About [it]" campaign addresses stigma around mental health and improves local connections. The campaign is based on the Metro Denver Partnership for Health's "Let's Talk Colorado" campaign.[23] The Broomfield campaign website features the mental health journeys of 13 community members. Others are encouraged to share their own story through the "Let's Talk About [it] Padlet" — an app that allows users to anonymously share information about their mental health condition, what has helped them, and advice they want others to know. Month-long trainings offered in partnership with the two mental health centers serving Broomfield help the broader community understand mental and behavioral health needs.

"[The campaign] offers a genuine representation of voices in our community ... By hearing our neighbors, leaders, and peers discuss their personal experiences with difficult topics such as suicide loss, depression and anxiety, substance use disorder, accessing care, bipolar disorder, postpartum depression, and others, it makes these stories relatable, real, and shows that Broomfield is not immune to these challenges and that no one is alone on their journey to having positive mental health."

— Sarah Mauch, Health Planning and Systems Manager, Broomfield Public Health and Environment

Mental Health of Immigrants, Refugees, and Asylum Seekers

Refugees and asylum seekers have high rates of post-traumatic stress disorder and depression but also face stigma and systemic barriers to accessing mental health care.[24] Discrimination, feelings of isolation, cultural adjustment, language barriers, and the stress of finding a job or housing can also lead to worse mental health outcomes for Colorado's immigrants and refugees.[25] Therefore, health care — and particularly mental health care — is critical and is best delivered in partnership with social, cultural, and family supports that uplift protective factors.

The Asian Pacific Development Center (APDC) supports immigrant and refugee communities through a whole-health, community-based engagement approach. The organization provides an integrated system of care that includes physical and mental health services, adult education, youth programming, and other initiatives that promote protective factors and build upon resilience within these communities. Mental health services are provided by bilingual staff who share the same cultural background as their clients, which uplifts cultural identity, builds trust, and serves as a bridge to accessing other systems of support.

"Bilingual and bicultural staff are important — that's a minimum requirement to serve immigrants and refugees. Trust of the community is also important, and this became very apparent during COVID-19 ... There were a lot of organizations near our building offering COVID-19 vaccines, and we thought the community would take advantage of that. But they're not comfortable going to other organizations. They want to come to our building and meet with our staff that they know because that's their level of comfort."

— Harry Budisidharta, Executive Director, Asian Pacific Development Center

Conclusion

Health care providers, policymakers, and community leaders can take concrete steps to integrate protective factors and build resilience among Coloradans. This is especially important as state leaders work to address the mental health crises that were problematic before the pandemic, and the mental health needs that have been exacerbated by it.

Understanding and applying protective factors, particularly those specific to a given racial/ethnic group, can have significant positive impacts in promoting good mental health and resilience for individuals and throughout a community. But more research is needed on mental health promotion and suicide intervention programs for people of color. Systemic change within the health care system is required to address long-standing disparities.

Through a better understanding of the mental health experiences of people of color and the nuanced role of protective factors, and through following the lead of effective organizations in Colorado and around the country, we can address racial and ethnic disparities and better tailor programs to promote one of the most important health outcomes: good mental health for all.

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Endnotes

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