

ATTN: Clerk of the Board
Supervisor John Gioia
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16 August 2022

Re Agenda Item D2: Report on Equity in Mental Health Services

My name is Rachel Rosekind. I sit on the Library Commission and work in varied capacities to advance community literacy and conversations around racial, social, and economic justice.

Racism is not just a public health crisis. It is a wealth crisis, an educational crisis, a social justice crisis, and a housing crisis. It is an institutional crisis with deep roots. And as such, it demands rooting out its insidious inputs and outcomes in deep, meaningful, and sustainable ways.

Some of the most pronounced effects of racism's intergenerational trauma and harms are evident in the mental health sector. If, as Martin Luther King told us, riot is the voice of the unheard, then the persistent data revealing profound disparities in access to and outcomes of care for Black Americans reveals yet another tragic byproduct of our society's failure to listen.

Not only does racism trigger mental health problems like depression, anxiety, and trauma, it also adds barriers to getting help, which lead to: significant delays in treatment and diagnosis; pervasive misdiagnosis; provider bias and lack of cultural competency that generates mistrust of mental health professionals and skepticism about treatment; disproportionate representation of African Americans in our unhoused and unsheltered population, systems-involved youth population, and food-insecure networks of need. Furthermore, the Black community is more likely to experience socioeconomic disparities resulting from exclusion from health, educational, social and economic resources, disparities which contribute to worse mental health outcomes. For example, Black adults living below the poverty line are more than twice as likely to report serious psychological distress than those with more financial security.

The U.S. spends twice as much as peer nations on health care yet has far worse population health outcomes and greater restrictions to accessing care. Likewise, the U.S. spends less money per capita on social services, a relative underinvestment that helps to explain why our health care spending does not yield the beneficial outcomes that it should. Structural problems demand structural solutions and transformative visions. They demand targeted resources to reach and impact consistently underserved and unserved populations. People are hurting. Communities are hurting. There is a deep need and a clear call for more culturally competent and trauma-informed mental health services and counselors. We need to empower the community to lift up community defined, strength-based approaches—approaches that, like housing first, have been proven to work.

Racism is not just a public health issue. It is a sickness that calls for reckoning, redress, and healing. A community-powered, meaningfully-funded African American health and wellness center will bring justice and resources to residents of our community who have long suffered and continue to suffer from a lack of both. Such a center is especially vital as the numbers of those without shelter or housing in our county continues to grow, and Blacks are overrepresented in this population.

To be clear: ***These are deeply challenging problems and we are, all of us together and individually, imperfect problem solvers.*** But big problems demand bold solutions; structurally-segmented impacts demand targeted resources. This concept moves us there.

Thank you for your consideration,


Rachel Rosekind, PhD