

THE MENTAL HEALTH MINUTE

IT'S OK TO NOT BE OK

The Official Newsletter of MHPHC

IN RECOGNITION

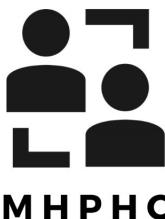
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There have been multiple incidents of mass gun violence in the month of March, one of which directly targeted Asian Americans; this comes after a year of a steep increase in xenophobic attacks against Asian people. We dedicate this second edition of our newsletter to all of the victims of these hate crimes and to the memory of those who have been killed, including Soon Chung Park, Hyun Jung Grant, Suncha Kim and Yong Ae Yue who were killed in the Atlanta shootings, as well as Mohammad Anwar who was killed in a car-jacking in DC.

We would like to offer our readers the following mental health resources for Asian Americans-

- [Asian American Health Initiative \(AAHI\)](#)
- [Asian American Psychological Association \(AAPA\)](#)
- [Asian American Counseling and Referral Services \(ACRS\)](#)
- [Asian Mental Health Project \(AMHP\)](#)
- [Asian Pride Project](#)
- [National Asian American Pacific Islander Mental Health Association \(NAAPIMHA\)](#)
- [National Queer Asian American Pacific Islander Alliance \(NQAPIA\)](#)
- [Asian Mental Health Collective](#)
- [Asian, Pacific Islander, and South Asian American \(APISAA\) Therapist Directory](#)



AMERICA IS PLAGUED BY ANTI-TRANSGENDER LEGISLATION

by Michael Hanks (he/him/his)

03/29/2021

With anti-trans violence up 266% since last year, policies oppressing transgender youth are continuing to gain momentum throughout the U.S. This year alone, 28 states have proposed at least one anti-trans bill and this number is continuing to grow.

The most recent and egregious anti-trans bills in the works are happening right now in Arkansas and Alabama. In Arkansas, companion Bills SB347 / HB1570 would prohibit trans youth from receiving health care AND from receiving a referral for health care***. On March 3rd, the Alabama Senate voted to ban gender-affirming care for minors under the The Vulnerable Child Compassion and Protection Act (SB10 / HB1) -- making it a felony for trans youth to receive hormone therapy, puberty-blockers, or surgery, while also prohibiting children from withholding personal medical information from parents. Senator Shay Shelnutt, who introduced SB10/HB1, stated before the members of the House prior to the bill receiving approval:

"We just don't think that minors should be making these decisions that can have lifelong consequences".

This claim may be warranted in circumstances regarding different issues surrounding minors, but SB10/HB1 is presenting a solution to a problem that doesn't exist, creating a dangerous precedent for trans teens in Alabama. According to Alabamian doctors, the surgeries referenced in the bill are not currently being performed on teens in the state, and puberty-blockers and hormones are scientifically proven to not have irreversible consequences. In other words, treatment based on science and backed by medicine -- which is meant to preserve and promote the mental health of trans youth -- is being stripped in order to preserve and promote transphobic ideology based on Bible quotes and backed by the privileged and powerful.

Clinical psychologist Keith Abrams of Alabama, who has spent the past 20 years working within the transgender community (many of whom are minors), responded to HB1/SB2:

"If people don't get the help they need, it can cause people a great deal of distress ... It's extremely difficult to deny or suppress an innate part of yourself, and doing so is very harmful,"..."You're just prolonging the problem, and again [trans youth]more at risk of significant mental health issues like depression, anxiety and suicide, and then you're denying them crucial support."

Powell Burke, an Atlanta-based psychotherapist and clinical social worker, provides therapy for transgender youth and adults, is also expressing grave concern over the potential effects of anti-trans legislation springing up around the country:

"It is well-established that trans people are at higher risk of suicide," he said. "This legislation directly blocks access to the very medical interventions that help treat symptoms associated with gender dysphoria, at an age when people are already particularly vulnerable to mental health struggles."

This month, we are also recognizing Women's History Month. However, the historical oppression of women continues as 20 states initiate legislation that would prevent trans girls from playing sports. While this anti-trans legislation supposedly pertains to fairness in women's sports, lawmakers cannot cite previous instances regarding trans women in sports. Instead, this legislation is rooted in misogyny and stems from a ubiquitous urge for men to control women's bodies. The first of these anti-trans bills to be signed into law came earlier this month thanks to Mississippi Governor Tate Reeves; SB2536 will become law on July 1. The Alabama House of Representatives have since passed a bill, separate from SB10/H1, which bans public school sports teams from allowing transgender players to participate. A similar bill, which was passed by Florida House committee earlier this month, was received with a grand applause on the floor of the House of Representatives at the State Capitol in Tallahassee.

The aforementioned legislation proposals are being initiated by mostly cis-gendered white men, whose biggest daily grievance is the sun setting on the wrong side of the high-storied mansion they find solitude in; These figurative mansions are secluded from the realm of actual societal grievances. In other words, the mental anguish endowed upon a transgender teen in, say, inner-city Birmingham is far removed from the reality of the average American Legislator. With that being said, a lack of understanding does not warrant the passage of hurried, harmful legislation. The key here is to accept all human beings not for who you think they should be, because that's not your choice, but for who that person wants to be. As citizens of a democracy, whatever the hell that means, we are obligated to stand in solidarity with the oppressed. Not only the oppressed of the citizens of our city, state or nation of origin—but the systematically oppressed individuals across the world. We build strength by accepting something which we do not understand, except when that something infringes on the rights of another human-being: That's when we fight.

What our politicians must understand is that **a lack of understanding does NOT warrant the passage of hurried, harmful legislation**. We must accept all human beings not for who we *think* they should be, but for who they *are*. As human beings, we must stand in solidarity with the oppressed and provide a safe environment for their voices to be heard. This includes not only the oppressed citizens of our city, state or nation of origin—but the systematically oppressed individuals across the world. We stand with the transgender community both here in the United States and worldwide. Despite the hateful actions of our lawmakers, we believe that humans of every gender identity deserve human rights. We love you, we support you, and we will fight for you.

Make your voice heard by contacting your local legislature.

*** This is an ongoing story. As of 03/30/2021, Arkansas passed companion Bills SB347 / HB1570, which bans essential gender-affirming care for transgender youth.

HOW TO BE AN ALLY TO THE ASIAN-AMERICAN COMMUNITY

A piece by Irene Jose (she/her/hers)



In light of the recent acts of racism and terrorism committed against the Asian American community, I think (as a representative of the South Asian community) it is high-time to highlight our stories as an ethnic minority in the United States and outline ways in which you could be an ally to us.

1) Learn to pronounce our names: A name serves as a unique identifier for each individual. As human beings, our earliest memories are shaped by the association of our name with our individuality. In the endeavor of assimilating to mainstream U.S. society, we strip ourselves of this very integral fabric of our identity. In many ways, it de-identifies us and coerces us to disrobe ourselves of our heritage. Many Asian Americans can attest to this urge to dissociate ourselves from our cultural backgrounds - the food we eat, the clothes we wear, our names, our parents' "accents" - in an attempt to assimilate. Many of us can also attest to this being especially prominent in high school. However, instead of levying this minority tax of maneuvering assimilation and self-acceptance, we would appreciate mainstream society's acceptance of us - firstly, by allotting some effort to pronouncing our names.

2) Treat the model minority myth for what it is - a myth: Asian-Americans are not a monolithic group. The model minority myth diminishes our identity, quells the diversity in our experiences and stories, and sidelines the disparities in economic and health outcomes amongst Asian-Americans. For example, Bhutanese-Americans report higher rates of poverty in comparison to other Asian-American populations. However, this issue is not actively explored or tended to due to the model minority myth. The model minority myth is also actively utilized to discriminate against other ethnic minorities. Our identities do not exist for political weaponization nor do they exist to suppress other minority voices and experiences.

3) Recognize the diversity within "Asia": I've always had a problem with the term "Asian-American" since it fundamentally ignores the diversity encapsulated in that term. Asia, known as the largest continent, is comprised of diverse regions and diverse populations - the region is not even unified by a common language. Asia captures the Middle East, South Asia, East Asia, Southeast Asia, and Central Asia. The term "Asian-American" essentially erases this diversity and serves as another platform in de-identifying us and our unique experiences. I want to urge researchers to oversample for "Asian-Americans" in their studies and to de-aggregate data acquired on "Asian-Americans" to account for specificities within that demographic (Chinese Americans, Korean Americans, Japanese Americans, etc.) in an attempt to overcome institutional racism. I also want to urge my classmates to understand and recognize this geographic and ethnic diversity.

4) Encourage our representation: We grow up with scarce representation in mainstream media. This, again, contributes to diminishing our stories and sidelining our experiences. Familiarity with our stories and experiences not only aids in fostering an environment of inclusivity but also lessens acculturative stress - it erodes internalized notions of "othering" or "in-group vs. out-group" dynamics.

Asian-Americans form an integral part of U.S. history, diversity, culture, and demographics. Acknowledge us. Help us tackle the factors that #StopAsianHate.

MHPHC ASKED BUSPH
STUDENTS FOR

NEW WAYS TO PRACTICE SELF CARE

AND YOU DELIVERED!

RuPaul's Drag Race

Listening to
podcasts about
my favorite
hobbies

Singing oldies to my dogs
-- subbing their names
into the song. They don't
mind that I am off-key
most of the time!

Mini dance
parties in my
room

Bullet
Journaling

I scream
into a pillow

Running!

Making time for
my creative outlet
/ artistic time

Printing my own
coloring pages

Crocheting
stuffed
animals

Photography



What helps YOU unwind?

90s and 2000s
throwback
playlists!

Laying in the grass

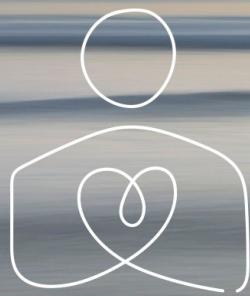
Puzzling!

Watching
Spanish
Telenovelas

*Each week I make a
new kind of cookie*

Blasting &
dancing to
Maggie Rogers

I'm watching more
shows with people. I
watch an episode at
the same time as my
friends while we
video chat!



Dance
parties with
my dog

I usually put on loud,
punk music and hit the
gym, run on the treadmill
for 5 miles straight.
Sweating really helps with
stress coping!

I blast
music in
the shower!

blasting my favorite
music from high
school

Paint by Numbers (using
an app called
ColorHappy)

Have a beer and an edible
while I cook something
elaborate

Since I don't have a
commute anymore, I set
aside 15 minutes every
morning to read for fun



Solo Dance
Parties

Facetiming my Grandma

Letter from the President

Dear MHPHC Community,

Let's talk about women and mental health. As Women's History Month comes to a close, I've been thinking about this challenging topic. I am an AFAB person, have battled major depressive disorder throughout my life, and have worked as a mental health clinician. In every facet of my life, the places where womanhood and mental health intersect are challenging at best.

Women in this country have a complicated history with mental health. On one hand, there is a rampant history of being dismissed by clinicians when reporting mental challenges (ex: how often postpartum depression is missed). On the other, there is a massive problematic history of women presenting physical concerns to doctors and having them be psychologically pathologized – either leading to their complete dismissal or forced inappropriate mental health treatment. Read up on the history of hysteria for evidence of this, or talk to any of your female identified friends – I have never met a woman without a story about this happening to her. Despite this, the mental health field is dominated by women; society raises us to see empathy and emotional intelligence simultaneously as what makes us weak and how we should contribute to society. In short, being a woman navigating mental health in any capacity is exhausting.

This is only amplified when we consider intersectionality. Black women are more likely than women of other races to be diagnosed with Schizophrenia, often incorrectly. Trans women and lesbians are still forced into conversion "therapy" at alarming rates, highlighting that many in the medical field still view being LGBTQIA+ as a mental diagnosis rather than a valid and full identity. Asian American women are less



likely than any other racial subgroup of women to seek mental health support, likely in large part due to the model-minority standard white supremacy holds them to. Women with disabilities often go far longer than their male counterparts to receive a diagnosis for their physical challenges due to being dismissed as mentally unwell, rather than in valid physical distress. These examples are just the tip of the iceberg.

Take a minute and ask yourself – as a public health professional, what am I doing to challenge this narrative? How can I support women's access to safe and appropriate mental health care? How can I take a multiculturally responsive approach to answering these questions?

To my fellow women, fenes, and/or uterus owners – I see you. I see how hard you fight to navigate this, and how much critical work you've put into making the world better. Thank you.

Warmly,
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Resources 4 U

Boston-based resources:

Therapists Who Are POC -

<https://docs.google.com/spreadsheets/d/1oVdIFg9TNkgbIJxAxVcCgCfCaOmRnJGUUV52rEH3fpc/edit#gid=1927960264>.

Finding a Therapist - <https://www.psychologytoday.com/us>

BU resources:

Behavioral Medicine at BU - <https://www.bu.edu/shs/behavioral-medicine/>

Wellness and Prevention - <https://www.bu.edu/shs/wellness/>

Center for Anxiety & Related Resources - <https://www.bu.edu/card/>

BUSPH Wellness Survey to help you find the right support (thanks Ilana!) -
https://bostonu.qualtrics.com/jfe/form/SV_oAgtSh1gfhOtp2J

Wellness Tips (POC resources)

Black Women in Wellness - <https://www.thegoodtrade.com/features/black-women-in-wellness>

Mental Health Resources and Tips for POC - <https://www.self.com/story/black-mental-health-resources>

Wellness Space - <https://www.yougoodsisyoga.com/about-us>

General Tips

Distress Tolerance Skills - <https://www.sunrisertc.com/distress-tolerance-skills/>

Wellness Amidst Coronavirus -

<https://www.bu.edu/sph/files/2020/07/Wellness-Amidst-Coronavirus.pdf>

Journal for Anxiety - <https://silviabastos.medium.com/7-ways-you-can-use-your-journal-to-instantly-soothe-anxiety-3e72b7d20958>

How to Get Sleep in Anxious Times (Podcast) -

<https://podcasts.apple.com/us/podcast/how-to-get-sleep-in-anxious-times-dr-donn-posner/id1087147821?i=1000486233873>