Get Your Head in the Game:
Recognizing Mental Health in an Urban Setting

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Introduction

According to the National Alliance on Mental Health, approximately 20% of Americans experience mental illness.[1] Within urban communities, mental illness stems from a number of stressors, including race, violence, and economic disparity. Many of these stressors also contribute to instances of addiction and incarceration. Mental illness is stigmatized within urban communities and results in members of the community having restricted access to forms of treatment that are made available to more privileged populations. In this paper, we examine the ways in which stressors within urban communities contribute to trauma, addiction, and incarceration, which in turn is directly linked to mental illness.

Race and Trauma

A growing body of scholarly work has recently begun to examine the effects of race on mental illness, and specifically, racism and racial discrimination as stressors and traumatic events that can lead to PTSD symptoms. Trenton's racial breakdown is similar to that of other majority low-income concentrated urban areas; approximately 51% of the city's residents are Black, 32% are Hispanic, 3% are other Non-White races (Asian, Mixed, and Other), and only 14.5% are White.[2] Race, therefore, is a crucial component of Trenton's identity as a city, and its mental health as a community. A recent US Department of Health and Human Services and NIMH-sponsored study examined the link between experiencing racism and displaying symptoms of trauma. The study found statistically significant correlations between people who reported experiencing more incidences of racial discrimination and dissociation, a flag for trauma.[3] Studies on perceptions of racism are limited in scope, and differ in exact results. A 2015 survey of African American women found that the average woman had experienced more than 15 incidents of racial discrimination in her lifetime, while a separate study found that a third of African American adults report experiencing racism in the last six months.[4] The high prevalence of perceived racism combined with the internalization of racial discrimination as a traumatic event suggests that a high proportion of the Trenton population may be experiencing symptoms of trauma as a consequence of skin color.

This projected conclusion that race is correlated with trauma in American society is supported by various empirical studies. For instance, the prevalence of symptoms of PTSD and other mental illnesses is higher in Black and Hispanic adolescents than in white adolescents (note that the symptoms are more common, but the diagnoses are not, demonstrating unequal levels of diagnosis and different societal attitudes toward mental illness).[5] This supports the theory that the experience of being a racial minority in the US has an independent effect on PTSD levels. Parallel studies have linked racial discrimination to other mental illnesses, like anxiety disorder and major depressive disorder, again reinforcing the psychological impact of racial discrimination, and strengthening theories equating racial discrimination to trauma.[6]

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[1] "Mental Health By the Numbers | NAMI: National Alliance on Mental Illness."

[2] "Race and Ethnicity in Trenton, New Jersey (City) - Statistical Atlas."

[3] Polanco-Roman, Danies, and Anglin, "Racial Discrimination as Race-Based Trauma, Coping Strategies, and Dissociative Symptoms among Emerging Adults."

[4] Stevens-Watkins et al., "Examining the Associations of Racism, Sexism, and Stressful Life Events on Psychological Distress among African American Women"; Thompson, "Perceived Experiences of Racism as Stressful Life Events."

[5] López et al., "Racial/Ethnic Differences in Trauma Exposure and Mental Health Disorders in Adolescents."

[6] Thompson, "Perceived Experiences of Racism as Stressful Life Events"; Pieterse et al., "Perceived Racism and Mental Health among Black American Adults."

Interactions Between Trauma and Other Factors

Trauma and PTSD are linked to other negative social outcomes and dangerous patterns that perpetuate the cycle of mental illness in communities. Consider, for example, the interactions between trauma and incarceration. A representative study of black American adults found that exposure to trauma and PTSD symptoms correlated with higher rates of arrest and incarceration.[7] High trauma loads correlate with a broad range of interactions with the criminal justice system - the larger the number of PTSD symptoms, the higher the likelihood of interactions with the criminal justice system.[8] The (projected) high incarceration rate of Trenton contributes to an understanding of trauma in the city, because it is both a result and a cause of high rates of incarceration (it is crucial to note that there is no data on the incarceration rates within the city of Trenton, but Mercer county data, combined with the racial breakdowns of the inmates compared to the racial breakdown of the county suggest a high incarceration rate from the city.)

Substance use is also shown to correlate with trauma, and rate of use and abuse rises with PTSD and traumatic exposures. A variety of studies point to this same conclusion with different sample demographics, including Latinx immigrants, the homeless population, and adolescents.[9] The overlap between substance abuse and trauma is especially significant because the interplay can lead to higher rates of violence and criminal behaviors.[10] It is also significantly correlated with rates of homelessness, as the combination of substance abuse and trauma can be particularly destructive.[11] This is important to note during treatment, because neither issue can be fully and effectively addressed independently.[12]

Violence as a Source of Trauma within Urban Communities

One key source of trauma within urban communities is violence. Trauma that is a result of violence can be categorized into two sectors, violence on a community level and violence on an interpersonal level. Exposure to trauma is a common occurrence among adolescents. In a study conducted by Catherine McDonald and colleagues, "Greater than half of the youth [studied] (54%) had been directly victimized. Of the total sample, almost 40%... had been beaten up, 33%... had been chased or seriously threatened, 15%... robbed or mugged, and 5%... had been shot or stabbed".[13] With such high levels of exposure to crime, as youth, communities begin to experience a snowball effect. Growing up in a community with a high prevalence of violence, "[results] in the child committing violent acts in the future" and youth exhibiting "greater aggressiveness, impulsivity, anger, and susceptibility to substance use".[14] From a mental health standpoint, consistent exposure to violence can result in withdrawal,

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[7] Lena J. Jäggi et al., "The Relationship between Trauma, Arrest, and Incarceration History among Black Americans: Findings from the National Survey of American Life," *Society and Mental Health* 6, no. 3 (November 1, 2016): 187–206, https://doi.org/10.1177/2156869316641730.

[8] Sachiko Donley et al., "Civilian PTSD Symptoms and Risk for Involvement in the Criminal Justice System," *Journal of the American Academy of Psychiatry and the Law Online* 40, no. 4 (December 1, 2012): 522–29.

[9] Ramos et al., "Posttraumatic Stress Symptoms and Their Relationship to Drug and Alcohol Use in an International Sample of Latino Immigrants"; Christensen et al., "Homeless, Mentally Ill and Addicted"; "Pediatrics; Studies from University of Washington Reveal New Findings on Pediatric Psychology and Psychiatry (Substance Abuse and Trauma)."

[10] Sommer et al., "The Interplay between Trauma, Substance Abuse and Appetitive Aggression and Its Relation to Criminal Activity among High-Risk Males in South Africa."

[11] Christensen et al., "Homeless, Mentally Ill and Addicted";

[12] Sommer et al.

[13] McDonald et al., "Community Violence Exposure and Positive Youth Development in Urban Youth," 927.

[14] Anakwenze and Zuberi, "Mental Health and Poverty in the Inner City," 150.

depression, and social disengagement.[15] In relation to males, women are more likely to experience "increased symptoms of depression and hostility".[16]

Another tier of trauma related to violence is physical abuse experienced within interpersonal relationships. In a study of Latino women in Detroit, a high percentage of women reported their partners being psychologically aggressive towards them. A smaller percent of women reported interpersonal violence and these women reported high levels of depression and PTSD.[17] Violence within a home and/or relationship results in a lack of empowerment for the victim. Stress results from this sense of lack of control. In a series of population-based surveys, 15-23% of victims of interpersonal violence experience post traumatic stress disorder or acute stress disorder.[18] According to a study conducted by Zaneta Thayer and colleagues, in response to a questionnaire, 29% of participants reported physical abuse from parents. In this same report, the correlation between early life trauma (like physical abuse from guardians), post traumatic stress disorder, and "elevated allostatic load[s] in adulthood" was established.[19] Violence within communities is a key indicator of mental health conditions among individuals. Consistent exposure to violence on a community and/or interpersonal level potentially results in mental illnesses, such as depression, post traumatic stress disorder, and acute stress disorder.

Economic Disparity, a common cause of mental distress

Economic disparity within families is a common cause of mental illnesses among children and parents. Approximately one in five children in the United States live below the federal poverty line. These children and their parents/guardians are very likely to experience depression and disruptive behavior disorders (DBD).[20] Factors, like "scarce resources and supports, community violence, vandalism and crime…unstable housing, unemployment, and food insecurity", all serve as contributors to negative mental health. In a study analyzing the effects of environment on mental health, moving families from high poverty areas to low poverty areas results in positive mental improvements.[21] Among mothers, there were lower levels of anxiety and depression. Huge improvements were seen specifically among girls ages 5-19, as they experienced a 70% reduction in generalized anxiety symptoms.[22] Poverty is the cause of anxiety for a lot of parents because they must handle taking care of their children and meeting and maintaining "federally mandated work requirements".

One root element of effective caregiving is providing sufficient food sources to children. For those living in poverty, food insufficiency is a common problem. Those unable to provide food for their households "may subjectively [experience stress], and its presence or persistence could initiate and maintain feelings of self-blame and the perception that one is not efficacious".[23] Nutritional intake is an important element of positive mental health. In a study of "1081 young men in good health, reduced vitamin intake over a 2-month period was associated with negative changes in psychological disposition and functioning". Decreased consumption of nutritious foods results in the same conclusions drawn from

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[15] Ibid, 150.
[16] Ibid, 152.
[17] Ramirez, "Domestic Violence and Mothers' Mental Health in Two Latino Communities (Detroit, Michigan and Santiago, Chile)," 78.
[18] Corbin et al., "The Prevalence of Trauma and Childhood Adversity in an Urban, Hospital-Based Violence Intervention Program," 1022.
[19] "Early Life Trauma, Post-Traumatic Stress Disorder, and Allostatic Load in a Sample of American Indian Adults - Thayer - 2016 - American Journal of Human Biology - Wiley Online Library."
[20] Acri et al., "The Intersection of Extreme Poverty and Familial Mental Health in the United States," 677.
[21] Ibid, 678.
[22] Jackson et al., "Does Moving from a High-Poverty to Lower-Poverty Neighborhood Improve Mental Health?," 964.
[23] Heflin, Siefert, and Williams, "Food Insufficiency and Women's Mental Health," 1973.

this study. As a result of reduced vitamin intake, the research participants were subject to "increased irritability, nervousness, depression, feelings of fear and decreased well-being, memory and reaction performance". When participants were provided with vitamins again, some of these negative changes were reversed.[24] Poverty serves as a major stressor for many within urban communities. It often results in behavioral issues, anxiety, and depression. Providing solutions, like nutritious food options, can indirectly improve mental health within a community.

Addressing Addiction in Urban Communities (Mothers as a Case Study)

Data shows that low-income women in urban communities have higher rates of substance abuse than any other demographic. It is difficult to find information on the amount of mothers who struggle with substance abuse within these communities. This is rooted in the fact that a majority of mothers are afraid of reporting their struggles with addiction because they have a fear of getting child protective services involved in their lives. Finding solutions to substance abuse amongst mothers is even more significant because there is a higher chance that their children will also become substance abusers. However, this proves to be difficult due to the many different social barriers that contribute to their addictions, poverty being one of the most significant factors. Temporary Assistance for Needy Families (TANF) report that 5 to 11 percent of low-income women have a substance dependence on drugs or alcohol while an additional 5 to 8 percent participate in heavy drinking or drug use[25]. These percentages may seem small but it has also been reported that these numbers may be highly underestimated due to the stigma that many mothers feel when it comes to admitting that they're substance abusers. These low-income mothers have a lot that they can possibly lose if it is found that they are substance abusers. For example, a loss of welfare and their children to Child Protective Services.

Though there has been difficulty in finding the amount of mothers that struggle with substance abuse, there are services made available. In New Jersey, the type of care that is provided is called Usual Care. It has been proven that it might not be the most effective care for these women. For example, under national organizations such as TANF, women are encouraged to get jobs; however, many of them struggle to get jobs because of social and healthcare issues. TANF also takes away a woman's benefits if she doesn't participate in their work activities[26]. These consequential approaches have proven to be ineffective. These women aren't encouraged to attend these services. Under Usual Care, clients have to be screened for their level of substance abuse along with the level of treatment that they might need. It is only after this screening that they'll be able to attend a session. In fact, under the Usual care structure if women miss sessions, they are only encouraged to get rescreened through phone calls and letters. An alternative program to Usual Care has been Intensive Care Management (ICM). The most significant part of ICM is that it encourages people to view the treatment of substance abuse as if it were a treatment for a chronic disease. These women are encouraged to participate in these programs because there is more of an incentive to attend. Under ICM, the caseworkers are a lot more involved in the process of helping these women through their substance abuse treatment. Based on this treatment, we shouldn't only focus on crises that happen when dealing with substance abuse but ICM attempts to look at long term issues. For example, the first step of ICM is to meet with the case manager and in the meeting the case manager looks at the social barriers that limit treatment and the case manager is tasked with finding solutions for these issues. Some of these social barriers include transportation, child care, and housing issues. If the client does not attend the meetings then the case manager will go to the extent of calling family members and

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[24] Heflin, Siefert, and Williams, 1974.

[25] Jon Morgenstern et al., "Effectiveness of Intensive Case Management for Substance-Dependent Women Receiving Temporary Assistance for Needy Families," American Journal of Public Health; Washington 96, no. 11 (November 2006): 2016–23.

[26] Ibid

visiting the client daily[27]. ICM has shown to be a much more effective program to mothers who struggle with addiction. The program is a lot more intensive which increases the success of it. There is also the fact that they are able to acknowledge the barriers that may be prohibiting these women from overcoming their addictions and offer assistance. This is in itself is getting to the root causes of addiction and the root causes of why Usual care has not been as effective as it should be. Techniques and strategy must change.

Racial Disparities in How Addiction is Addressed

In recent news, the opioid epidemic has become rather prevalent. The way that media portrays addiction varies greatly and it is also a reflection of the way that the government also addresses these issues. In recent news, the opioid epidemic has become rather prevalent. Donald Trump has even declared a public state of emergency over the opioid epidemic. In media, there is an obvious difference between the way that the opioid crisis is reported and the way that the heroin epidemic was reported. With the opioid epidemic, addiction is presented as a disease that can happen to anyone. However, during the heroin epidemic black and brown people were persecuted both in the media and the legal system[28]. Even now, there is no difference between the likelihood of a black or white person taking drugs but blacks are still 6 to 10 times more likely to be incarcerated for drug offenses[29]. One of the most astounding facts how the government persecutes blacks for drug offenses is that drug offenses are the cause of two-thirds of the rise in prison population. This has resulted in more than half of black men in urban cities being underneath the criminal justice system and "middle aged black men are more likely to be in prison than in college or the military.[30]" Even when we look at the way that black and brown drug uses are treated versus the treatment of white drug users, there is a vast difference. It is harder for black and brown people to get access to treatment. For example, for many black and brown people that suffer with opioid addiction, black and brown people are given methadone and referred to methadone clinics which are very public. However, whites are instead given buprenorphine which is prescribed and can be taken in the privacy of one's home[31]. The difference in the treatment of white people with addictions and people of color with addiction is the access that both groups have to programs that may help combat addiction. The difference in treatment in itself leaves people of color within urban communities without help to combat their addictions.

Addiction and Mental Illness in Urban Communities

Strong correlations exist between mental health and addiction to alcohol and other drugs. Understanding the two and how they co-inside is essential to improving issues of addiction and mental health in urban communities. Addiction first interacts with mental illness in that addiction *is* a form of mental illness, given that it "changes the brain in fundamental ways."[32] There is also a strong correlation between rates of other forms of mental illness and addiction; the two often co-occur. It is quite difficult to determine whether or not high alcohol and drug abuse rates and mental illness cause each other, or whether or not similar "underlying biologic vulnerability to these disorders exists in affected individuals."

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[27]Ibid.

[28]. Julie Netherland and Helena B. Hansen, "The War on Drugs That Wasn't: Wasted Whiteness, 'Dirty Doctors,' and Race in Media Coverage of Prescription Opioid Misuse," *Culture, Medicine and Psychiatry; New York* 40, no. 4 (December 2016): 664–86, https://doi.org/http://dx.doi.org/10.1007/s11013-016-9496-5.

[29]. Netherland and Hansen.

[30]. Ibid.

[31]. Ibid.

[32]. Abuse, National Institute on Drug. "Is Drug Addiction a Mental Illness?" Accessed December 3, 2017. https://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/drug-addiction-mental-illness.

[33] Still, based on ample evidence from a number of studies, it can be concluded that addiction can "cause mental illness, be caused by mental illness, or develop simultaneously and independently due to overlapping risk factors," and vice versa (for example, one who suffers from addiction is twice as likely to have a mental disorders, and one who suffers from mental illness is twice as likely to become addicted to substances).[34]A study at the University of Chicago further linked addiction and social experiences that indicate mental illness. The study found that the "vast majority of inner-city users... of cocaine, heroin, and crack come from backgrounds that… exhibit… interrelated social problems," problems that indicate the users and dealers experienced traumatic events that likely indicate at least some prevalence of mental illness[35] (given that between 20 and 40 percent of recovering addicts are also experiencing PTSD).[36]

The National Institute of Mental Health Epidemiologic Catchment Area Program conducted studies on the relationships between mental illness, alcoholism, and drug disorders, establishing base-rates and controlling for "race, sex, race, and/or ethnicity, marital status, and socioeconomic status" among the general population. The program found that 37 percent of those with alcohol abuse disorders also suffered from mental disorders, and 53 percent of those addicted to drug substances other than alcohol also suffered from mental illness.[37] The Epidemiologic Catchment Area found that 70 percent of those with alcohol addiction experienced drug addiction (12 percent) or a mental disorder as well.[38]

The study additionally found that of those with "lifetime mental disorders," 22.3 percent abused alcohol and 14.7 percent abused other drugs (28.9 percent of either group), as compared to the 11 percent of those without mental disorders who suffered from alcohol abuse and 3.7 percent who abused drugs (and 13.2 percent of the population who were victims of alcohol or drug abuse).[39] Of those suffering from lifetime alcohol disorders, 36.6 percent were mentally ill in some way, and 21.5 percent abused another drug. In addition, for one with a lifetime alcohol illness, the "rate of mental illness was almost double, and the rate of another drug abuse-dependence disorder almost six times that of persons with no history of an alcohol disorder."[40] Of those with a lifetime dependency on drugs, 53.1 percent suffered from mental illness and 47.3 percent from alcohol addiction; 71.6 percent had one of the two.[41]

Trenton's population is especially prone to high rates of addiction and mental illness. High rates of stress and trauma facilitate both addiction and mental illness, and both are highly prevalent in urban environments with demographics similar to those of Trenton, and in Trenton itself. Trenton's substance abuse demographics are the highest by far in Mercer County; in 2016, Trenton had 1542 admissions to hospital for drug and alcohol abuse, versus 23 in Princeton Borough, and accounting for nearly half of

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[33]. Regier, Darrel. *Comorbidity of Mental Disorders with Alcohol and Other Drug Abuse. Results from the Epidemiologic Catchment Area (ECA) Study*. Vol. 264, 1990. https://doi.org/10.1001/jama.264.19.2511.
[34]. "Addiction & Mental Illness: Does One Cause the Other?" Dual Diagnosis. Accessed December 13, 2017. http://www.dualdiagnosis.org/addiction-mental-illness-one-cause/.
[35]. Johnson, Bruce D., Terry Williams, Kojo A. Dei, and Harry Sanabria. "Drug Abuse in the Inner City: Impact on Hard-Drug Users and the Community." *Crime and Justice* 13 (1990): 32.
[36]. "Addiction & Mental Illness: Does One Cause the Other?" Dual Diagnosis. Accessed December 13, 2017. http://www.dualdiagnosis.org/addiction-mental-illness-one-cause/.
[37]. Abuse, National Institute on Drug. "Is Drug Addiction a Mental Illness?" Accessed December 3, 2017. https://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/drug-addiction-mental-illness.
[38]. Ibid.
[39]. Regier, Darrel. *Comorbidity of Mental Disorders with Alcohol and Other Drug Abuse. Results from the Epidemiologic Catchment Area (ECA) Study*. Vol. 264, 1990. https://doi.org/10.1001/jama.264.19.2511.
[40]Ibid.
[41]Ibid.

Mercer County's 3130 total admissions.[42] These high rates of substance abuse likely lead to, were caused by, or indicate high levels of mental illness. In addition, these issues are less likely to be treated in urban centers like Trenton, where high poverty rates are prevalent, awareness around mental illness is limited, and mental health itself is heavily stigmatized.

The Interaction between Incarceration and Mental Health in Urban Communities

Incarceration and mental health are extraordinarily interrelated. Individuals with mental health disorders are disproportionately represented in the incarcerated population. Around 6-16% of people who have mental disorders are incarcerated in a correctional facility at some point in their lifetime.[43] The rates of incarceration amongst individuals with severe mental illness who live in urban areas are quite high, and having a psychotic disorder often leads to incarceration. In a study conducted in urban areas in both New Hampshire and Connecticut among clients at urban mental health treatment centers, over one-third, 38%, of participants with co-occurring disorders were incarcerated. The correlation is clear: mental health contributes to a person's incarceration or re-incarceration.[44] Incarceration also acts as a stressor which causes mental illness to arise. Arrests, convictions, and incarcerations are each stressors themselves. The stressor of incarceration is equivalent to the stressors of racial and ethnic minority status, which cause mental health issues. Specifically, arrests act as stressors for an individual's mental health, because of reported alienation, powerlessness, and worry about fate, that arrested individuals often feel. Conviction impairs mental health because it is a formal punishment, which explicitly conveys guilt and criminality. And of course, incarceration is a major, traumatic stressor, which includes the stressors of confinement, isolation, regimentation, and general danger of prison environments.[45]

Incarceration, and the endless cycle of recidivism, is perpetuated by mental illness along with other health-related issues such as substance abuse and infectious and chronic diseases.[46] For a large part, jails, which are correctional facilities for individuals with much shorter terms, have a profound impact on urban communities because they house such a large number of individuals from those communities, approximately 10 million each year.[47] As of June 30, 2015, there were 744,600 inmates in the US jails, yet only 3% of them were in drug, alcohol, or mental health treatment programs.[48] Upon further interviews and research, 11% of the men and 14% of women who had been released reported use of mental health treatment prior to arrest. Health insurance companies can often be blamed for these low numbers; companies will erect many insurmountable barriers for re-enrollment in insurance for those released from

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[42]. "Statewide.Pdf." Accessed December 3, 2017. http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2015/statewide.pdf.

[43] Steadman HJ, Osher FC, Robbins PC, Case B, Samuels S. Prevalence of serious mental illness among jail inmates. Psychiatric Services. 2009;60:761–765.

[44] Luciano, A., Belstock, J., Malmberg, P., Mchugo, G. J., Drake, R. E., Xie, H., . . . Covell, N. H. (2014). Predictors of Incarceration Among Urban Adults With Co-Occurring Severe Mental Illness and a Substance Use Disorder. *Psychiatric Services,65*(11), 1325-1331. doi:10.1176/appi.ps.201300408

[45] Sugie, N. F., & Turney, K. (2017). Beyond Incarceration: Criminal Justice Contact and Mental Health. *American Sociological Review,82*(4), 719-743. doi:10.1177/0003122417713188

[46] Freudenberg, N., Daniels, J., Crum, M., Perkins, T., & Richie, B. E. (2005). Coming Home From Jail: The Social and Health Consequences of Community Reentry for Women, Male Adolescents, and Their Families and Communities. *American Journal of Public Health*, *95*(10), 1725–1736. http://doi.org/10.2105/AJPH.2004.056325

[47] Bureau of Justice Statistics. *Correctional Populations in the United States 1997.* Washington, DC: US Dept of Justice, Office of Justice Programs, Bureau of Justice Statistics; 1997.

[48] Minten, T. D., & Zeng, Z. (2015, June). Jail Inmates at Midyear 2014. Retrieved December 6, 2017, from https://www.bjs.gov/content/pub/pdf/jim14.pdf

jail, in spite of their high rates of illness of all kinds, including mental illnesses.[49] In the case of mentally ill ex-convicts, a deficiency of insurance leads to an endangering of themselves or others, and a higher likelihood of recidivism. [50] As mentioned earlier in this paper, the lack of Trenton-specific data about the incarceration, particularly in terms of the intersection of incarceration and mental health, is significant, and marks a need for that kind of research and data to be collected.

Conclusion

This paper addressed what differentiates mental health in an urban setting, focusing specifically on stressors that lead to increased levels of trauma and addiction, the impact of high rates of incarceration in the community, and why mental health issues are so under-identified in urban settings. Many of the mental health issues that are prevalent in urban communities are rooted in different stressors specific to the communities. Poverty, violence, racism, incarceration, and addiction are primary stressors with direct ties to decreased levels of mental health. These stressors can increase the trauma load of members of urban communities, which then leads to higher levels of mental illness, including substance abuse disorder. Incarceration rates also factor highly into trauma and mental illness rates, and vice versa in a vicious cycle. Race has been shown to interact with each of the stressors, increasing levels of stress and trauma, and making treatment less accessible.

Responding to mental illness in urban communities poses particular challenges. One of the most prevalent issues with handling mental illnesses in these urban communities is the fact that it is so stigmatized. There is a large difference in how mental illness is treated in communities that tend to be more marginalized. In these communities, we find that found that stigma surrounding mental illness prohibits many people from seeking help. However, there is also the issue of there not being that many organizations or government willingness to address mental illness in the urban communities where people are dealing with multiple stressors. Addressing these issues is most effective in community-based movements and organizations, such as UMHA. UMHA, in its work specifically on combating stigma and increasing awareness of mental health resources in the community, explicitly targets some of the challenges in urban mental health treatment.

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[49] Freudenberg, N., Daniels, J., Crum, M., Perkins, T., & Richie, B. E. (2005). Coming Home From Jail: The Social and Health Consequences of Community Reentry for Women, Male Adolescents, and Their Families and Communities. *American Journal of Public Health*, *95*(10), 1725–1736. http://doi.org/10.2105/AJPH.2004.056325

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