

Pathways to Mental Health, Wellness, and Healing

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Amittia Parker: Welcome to our Facebook Live session, entitled, "Pathways to Mental Health, Wellness, and Healing." I'm Amittia Parker. I am a senior trainer and technical assistance specialist with the National Center on Health, Behavioral Health, and Safety. And I'm so excited to be with you all today.

I co-lead our center's Equity Experts, with Steve Shuman, who is not with us today, but I just want to acknowledge Steve. I will be your host. However, Carmen and I are going to have a conversation. I'm going to be introducing my colleague, Carmen Holley. I would like her, actually, to introduce herself. She'll be joining us for this session today.

Carmen Holley: Hello, hello. Hey, everybody. Hi, Amittia. My name is Carmen Holley. I'm a licensed clinical social worker with the Center for Childhood Resilience, out of Lurie Children's Hospital, here in Chicago. I'm so excited to be here. I want to thank Amittia for the invitation.

Amittia: Absolutely. Now, I want to dig right in here. We're here to have a conversation. I want to set some framing for us and the dialogue we'll be having. To start, just as a common space of understanding, Head Start is a program that was designed with comprehensive and evidence-based services and practices in mind for the purpose of promoting health equity.

I want to just set the framing here for our discussion and highlight a couple of things before we really dive into the conversation. Now, we're talking about mental health and wellness and healing. The reason that we're talking about this is because there are some disparities or some differences that exist, where folks are not able to access the types of services and supports that they would like. Those who are engaging in services sometimes are finding them ineffective or not helpful.

Additionally, different people have different kinds of opportunities. Then we see different outcomes for certain groups of people. Those certain groups that I mentioned, where there are some of those really distinct differences and some poor outcomes, happen to be folks who have been purposefully chosen for historical marginalization, like Black, Indigenous, and person of color communities.

Some of those disparities that I mentioned are, for example, like how Black and Native American infants are least likely to make it to their first birthday and how Black and brown young children of color are more likely to be expelled or excluded within their early childhood settings; and then how mothers and fathers of color, and specifically, Black and Native American mothers, are most likely to die or experience near death during the birthing process or early postpartum period.

Other disparities include the differences in stress and who is more likely to experience chronic stress over time, who's most likely to experience depressive symptoms or traumatic experiences of different kinds. We're talking about families of color. I just highlight those pieces because it's important to recognize that there are some clear differences.

The causes are clear, as well, where it's the social determinants of health that are these factors that are really contributing to the differences in outcomes. Where even structural and systemic racism, a determinant is causing these racial disparities. We know that there are different needs. We know there are different experiences with poor outcomes. We also know that folks have different ways of talking about and expressing their mental health and well-being. We know that different culture groups have different ways of responding to their mental health and wellness needs and any of the challenges that they may face.

As we continue this dialogue – which I've been talking a lot – but I just want to get us really into this place of having a dialogue here, where I want us to remember that and thinking about that, that there are indeed many pathways to mental health wellness and healing. As we use that as a central framing, as you think about Head Start, and we take the individuals and the collective in mind, what are some ways that we can promote mental health and wellness and healing?

Carmen: I mean, I think that this conversation is really, really important. I think, when we think about what the individual can do, what we can do as a collective, I think it starts with going on a journey of exploration, of self-exploration. It's important to think about the actions each of us can take as individuals, particularly around pathways to mental health, wellness, and healing, particularly as it relates to addressing some of the health disparities that you've talked about.

I think we have to, first, just embed and infuse conversations around racial equity and all the things that we do. I think this lens is important, because we know that there are historic and present-day manifestations of racism and oppression that have created the conditions where some folks fare better than others. You talked about that already.

I think that our journeys could look like learning about health disparities, based on race, looking at the places and spaces where we work, finding like-minded allies to create a sphere of influence who impact change, but I think the journey starts with each of us.

Amittia: Absolutely. Thank you so much for sharing that. It brings up, for me, this piece around continuous learning and the importance of gaining a better understanding of what are some of those culturally grounded ways of reducing stress or dealing with trauma or harms that one is experiencing in their daily experience?

I think about support groups in communities and in the peer-to-peer support that can happen when a person is in community with their neighbors or folks in a spiritually oriented space that they visit. I think about meditation and healing circles and even how, in my work, when I was a mental health specialist, I had so many folks tell me about how they wanted to talk to their pastor or their imam or their shaman or the natural healer that was there in their community about what they were going through.

They were grateful that I could connect with them and help them recognize that piece, where you are struggling, and it probably would be helpful to connect with somebody. They already had a resource in the community. And it was an important opportunity for me to be with and be on that journey with them and be comfortable enough in my own way of thinking about how to respond to mental health challenges, to know that there is more than one path.

My research and experience and areas of focus have really focused on more Black mental health. I've worked a lot with the Latino community, and as you mentioned, going on this journey of self-exploration, it makes me think about how I, too, am on this journey, just like each person who may be listening or tuning into this talk, and how that for us, could mean learning about the culture, learning about values and beliefs within different cultures, and also, recognizing that you will never fully know.

While I identify as Black, I do not know everything about my people, Black people. There are many different ways that Black people choose to engage in conversations about mental health or not, and many different sources of support that folks find helpful and not. Just the last thing I would say that's important about this spirit of exploration is to stay on the journey and stay a lifelong learner. Keep that culture of humility and knowing that you won't know everything, and even the more you learn, the more you realize you don't know.

The next thing I wanted to talk about is maybe some recommendations that we might want to share with this audience about promoting multiple pathways. Carmen, I'm happy to start with you and what thoughts you might have to continue focusing and taking some next steps.

Carmen: I think that it's really ... I envision it as this idea of its head, heart, and hands work. You've talked about the data, Amittia. And many of us know the data. We've read the research. We've done book studies, and we've been in these conversations. We understand. I mean, we've attended the [Inaudible] trainings. We understand logically that there is an issue here. In our head, we understand that.

I think that the next part of that is the heart. We have to care about it. You have to understand what's happening and then feel something about it, be activated by it, be in our spaces to say, that these inequities cannot stand. They cannot persist, and these are the things that I can do.

Once we understand the problem, and we begin to have an emotional investment in the problem, and we're passionate, and we care about it, but we can't stop there. Then it's the hands work. It is the going from the knowing that there is a problem to the doing things about it. We talk about anti-racism. We talk about activism. It's the shift of the I know that this is an issue. I can talk about it in meetings and at committees, and I can talk about it when you give me the microphone. I can talk through these things. Also, but I might be challenged by the question of, what am I doing, in particular, to move this work forward?

Amittia: Absolutely. Thank you, Carmen. I think that's so essential. And speaking of the doing, there are some specific things that come to mind for me that programs can consider. And I invite folks to think about this.

Now, there are approaches or processes that we have, for example, to screening, referral, and follow-up. I want to share some questions. I could share some recommendations, but I think it might be more helpful to share some questions. Because there's nothing like a good question.

Now, some of the questions I have is, how do we determine what screening tools are being used? What is evidence-based? And how is that connected to or related to the actual population being served within your program?

Now, the next question I have is, how do we decide on what services or supports are included in our next steps? Let's say that we do some screening and then decide, "OK," that a certain individual then meets the criteria for a next step, a referral of some sort. What are the supports and services that we offer in that conversation?

What do the conversations look like, in general, where you share that somebody appears to have symptoms that may look like depression? Or a person may – a child may appear to be showing some signs of some social-emotional delays of some kind? What does the conversation look like when you enter into offering supports? Is the only service of support that you offer formal mental health services? That's a question. [Laughs]

Carmen: I think, Amittia, what you're talking about is really reminding me of the utility and value of cultural atonement. When we look at the data, and we know that we've done study after study, and we know that little Black boys are more likely to be diagnosed with behavioral challenges. We're throwing around at very young ages diagnosis of bipolar disorder, and all these types of things.

I think that when we look at those numbers and the disparities that exist there, it goes back to, how are we measuring? How are we assessing? What instruments are we're using? Then in those conversations, particularly as it relates to if my clinician or my provider looks different than me, the onus is on the clinician to make sure that they are bridging that cultural divide or that gap and being as sensitive to those nuances as possible.

Because I think that that's such a protected and important time, particularly as a caregiver, if you're giving me this information. If I think as we think about embedding issues around racial equity and all things, it might take some reinventing the wheel in some things. If the wheel was created with racial bias, then it would call into question, and maybe we might think about we need to reinvent the wheel. Then there are some spaces where we have systems that we can just make some tweaks, and then there are some systems that we need to dismantle.

Amittia: Absolutely. Thank you so much for highlighting that. Because I think there's one program example, that I'm aware of in Region 7, where they actually did do that, knowing that there were some preferences for certain types of providers and those that identify racially as Black or Brown.

This program decided to create an identity-based directory that highlighted not only the expertise of the providers who were there listed or featured, but that ask targeted questions about how they identify their race, how they identify their gender, sexual orientation, and still those things that are important, like, what's your area of expertise? Where are you located? Do you do hybrid or virtual?

Even that piece of asking about spiritual orientation, a little nuance, just adding that one little question, was just so helpful to the families who are being served, and especially those who identified as non-Judeo-Christian faiths. I think that's really important to consider.

I wanted to just, just as we wrap up, if there's anything else that you feel like would be helpful in terms of another action or a recommendation, or even example that you have that you want to share with this audience?

Carmen: Thank you, Amittia. I think that as we move forward in this heart and head work, as we look at and really start to sit in and grapple with and deal with our own issues around implicit bias, our own issues around stereotypes, I think that it's OK to not be OK for a while, long enough to sit in some stuff, and some realizations that may be, "Oh – like, maybe I choose to participate in this system non-directly. Maybe I've benefited from it non-directly."

It's OK to be in the conversation with people. It's OK to feel discomfort around these issues. And it's not overwhelming. Because there, each of us has a sphere of influence that we can leverage. Each of us has a seat at some table where we can challenge assumptions, have a conversation, and we can engage in the work in a meaningful way.

It may seem like a big, hairy, audacious goal to dismantle system oppression and racism in health care. But also, and at the same time, we acknowledge that. Also, we continue to use that habit in our vernacular. We continue for that to be our guiding star, the thing that binds us, joins us, and moves us, and also, understanding that it's going to take some time. Each day, we're given an opportunity to leverage our sphere of influence, wherever it may be, to have conversations and move these conversations forward in a meaningful way.

Amittia: Absolutely. Thank you so much. I totally agree. There is something that each of us can do. I feel like as folks experience that discomfort or those big feelings, do something intentionally to regulate that. Take the deep breath. Do the journaling. Reach out to a friend to talk about how you're feeling. Use your skills that you've learned, and you use on a day-to-day basis to help children and families and staff. Use it for yourself. Because we do indeed need it to be able to stay in conversations and continue to support others as they are on their journey.

I wanted to highlight one more piece. And it is this. And that is that formal mental health services are not the best and only option to support mental health wellness and healing for everyone. I pause there intentionally because I want that to sit and sink in for folks. Are we asking the right questions? Are we open enough to hear what folks really desire, want, or need, even the struggles that they may have had encountering or engaging with different systems of care? That is all really important information for us to lean into and to try to understand.

We need to recognize that Head Start really has a very important role in the community. We are that trusted and safe space for so many children and families and staff. It behooves us to really be that space where folks can feel comfortable talking about their mental health, their wellness, their challenges, whatever is coming up for them; and that they can show up and share whatever their preferences, beliefs, values, or desires are; and that we'll be right there to support them.

We'll be right there to talk to them about the strengths and the limitations of their choices and be on the journey with them when they are ready to talk about other options. Now, I want to thank you all for joining us for this conversation today. I hope that you continue to talk and have conversations about mental health, especially this month, and that you keep in mind and center the needs of those you serve. Thank you.

Carmen: Thanks, everybody.