

Mental Health Care Models for Communities of Color

Findings from the 9th Annual Veterans Mental Health Summit

Swords to Plowshares

February 2022

Current engagement and treatment models are not reaching underserved communities effectively. Mental health approaches need to amplify the lived experience of veterans of color and engage these communities with a wellness model that explores their cultural values, experiences, and connection to their ancestral traditions.

BACKGROUND

Research suggests that a lack of racial representation in treatment environments and perceptions that providers have negative attitudes toward patients of color may impact how well these patients engage with and trust clinicians.ⁱ That lack of trust and engagement has been found to impact treatment success.ⁱⁱ In addition, the perceived level of a clinician's cultural sensitivity to a patient's racial or ethnic background may also influence mental health and treatment outcomes.

Veterans of color can experience marginalization and cumulative incidents of racism and discrimination during their military service and civilian lives, which can adversely affect mental health and well-being. These stressors are in addition to traumatic experiences they may have in common with other veterans. Research has found that experiencing racism is associated with post-traumatic stress disorder (PTSD), depression, stress, anxiety, heart disease, hypertension, and mortality. The stress of discrimination can substantially exacerbate PTSD symptomsⁱⁱⁱ and veterans of color report higher rates of PTSD than their white counterparts.^{iv}

Racist events experienced as negative, sudden, and uncontrollable can lead to trauma symptoms that are similar to those of PTSD, but race-based traumatic stress is not the same as PTSD. There are three important race-based stress theories and frameworks:

1. Minority Stress Theory, which suggests that marginalized groups experience higher levels of stress as well as socially based and chronic unique stressors in addition to the general stressors that many people face;
2. Race-Based Traumatic Stress (RBTS), which refers to the psychological and physiological outcomes that can result from interpersonal racially or ethnically based stressors such as racial discrimination, harassment, and discriminatory harassment; and
3. Race-Based Traumatic Stress Injury, which is an injury from individual, institutional, or cultural factors that lead to racial discrimination, harassment, hostility, physical and verbal assaults, stereotypical treatment, and professional isolation.^v

During the 9th Annual Veterans Mental Health Summit held on September 30, 2021, co-hosted by the San Francisco Department of Veterans Affairs Health Care System (SFVAHCS) and Swords to Plowshares, speakers described the effects of intergenerational racial disparities and strategies to address inequities in mental health care.

Jessica Brown, Mental Health Services Act Director at the San Francisco Department of Public Health (SFPDHP), described a new initiative to create culturally congruent models of care for Black/African American clients and communities that have not been served well by previous approaches. Dr. Monique LeSarre, Executive Director of the Rafiki Coalition for Health and Wellness, described the development of Afrocentric practices based on connecting to ancestral stories to address mental health outcomes in Black/African American clients and communities. Mink Lincoln, Director of Diversity, Equity, and Inclusion (DEI) at Swords to Plowshares, described cultural humility and the concept of critical self-reflection. Dr. Asale Hubbard, Psychologist and Director of DEI at the SFVAHCS, described race-based stress and empowerment groups and the progress of the VA's DEI initiative. The following information is based on their presentations, unless otherwise noted.

EXPLORING NEW MODELS IN MENTAL HEALTH CARE: AFROCENTRIC HEALING PRACTICES

"We really want to look at how to better link someone to care and how to look at their intersectionalities ... how their race, their gender, their age all play a part ... Using African-centered storytelling, expressive art, community rituals or spiritual practices ... looking at the person as a whole and not just a person to diagnose."

*– Jessica Brown, Mental Health Services Act Director,
San Francisco Department of Public Health*

RECOGNIZING THE GAP

There have been inadequate approaches to Black/African American mental health care in San Francisco, and a pressing need: The rate of hospitalization for depression among Black/African Americans in San Francisco is 23 percent, the highest of any racial/ethnic group, yet Black/African Americans comprise only 6 percent of the city's population.

Past and current programs in San Francisco that specifically target the needs of Black/African American communities have had limited resources. For example:

- In 2015, OMI Family Center provided mental health support for those with heart disease, but funding was limited.
- Currently, a clinic south of Market Street has only one Black/African American clinician to provide culturally responsive care to all adults.
- Mission Mental Health, a facility that provides services to high acuity clients coming out of jail systems, also has limited funding.

Despite years of trying to better engage Black/African Americans with mental health care, existing strategies have not been working. Community planning meetings and input from community organizations and experts have identified the need to create innovative culturally congruent approaches:

- Nineteen community engagement meetings revealed a desire for community and non-traditional practices and interventions to be offered to the Black/African American community.
- There is a need to incorporate cultural values into services and explore other alternative methods of engagement, including developing partnerships to access community spaces such as churches, barbershops, and other gathering places.
- San Francisco County needs to integrate Afrocentric art, socialization, life-skills, and family-based groups into treatment models.

CULTURALLY CONGRUENT MODELS

The San Francisco Department of Public Health developed a culturally congruent project that includes the use of African-Centered storytelling, arts, community rituals and/or spiritual practices based on interest of participants; holding community healing circles at churches and other faith-based programs, barbershops, and other community programs and settings; and connecting people to someone who is representative of intersecting identities such as race gender, sexual identity, and age.

The culturally congruent project has four primary goals:

1. Evaluate outreach and engagement approaches for Black/African American clients, including those underserved by the current county mental health plan.
2. Identify culturally-based practices that increase efficacy and retention, informed by the realization that few existing practices are relevant to the lived experience of Black/African American people or address racism and the environmental factors that influence coping.
3. Evaluate the use of peers with lived experience who are representative of and have expertise working with Black/African American communities (e.g., faith-based communities and community organizations) that can have an impact on reducing stigma of mental health services.
4. Develop a wellness-oriented curriculum.

Ultimately, the evaluation aims to identify culturally congruent programs that improve mental health and wellness for Black/African American clients and create positive experiences across the continuum of care, approaches that work best to engage Black/African American to access mental and behavioral health services, and the most effective peer interventions.

SANKOFA:

"A BENCH BY THE SIDE OF THE ROAD"

"We have to understand who we are and what our relationship is to these stories and how we have all be influenced by anti-blackness... We cannot take something that happened generationally and solve it with some kind of logical piece. We have to engage with culture. We have to engage with spirit...we have to engage with those dreams from our ancestors. We have to go back and recognize that our ancestors did not have the same opportunities that we have, but they had other ways of healing, and we want to remember their ways of healing and bring those forward."

*- Dr. Monique LeSarre, Executive Director of the
Rafiki Coalition for Health and Wellness*

Sankofa, meaning "go back and fetch it," seeks to elicit lessons from stories from the past and from ancestors. Sankofa curriculum includes:

- Understanding, whether a clinician of color or a white clinician, the need to look at personal relationships to stories of African traditions, because the influence is pervasive.
- An emphasis on self-care and personal wellness.
- "Nothing for us without us:" Including peers and stories of the place where people are.

Participants learn lessons through workshoping and practice sessions to better understand how to collaborate with Black clients, as well as understand the internalization of anti-blackness that can dehumanize white clinicians and impact their capacity to see Black people. It involves flipping the script:

- Black people are often charged with the task of solving the problem of anti-blackness. But they really need to heal internalized trauma from anti-blackness and intergenerational trauma.
- Black people should be encouraged to be the actor in their own narrative and write their own scripts, creating new narratives that offer a chance for healing.
- White people are responsible for solving the problem of anti-blackness, not Black people.
- Decolonizing wellness changes the theory and structure of the clinical model from a white-centric, colonized approach to a culturally specific model for healing based on ancestral traditions.

ADDRESSING POWER IMBALANCES: CULTURAL HUMILITY AND CRITICAL SELF-REFLECTION

"If we don't take time to really recognize how we show up in the world, we will never see what's unseen ... In our interactions, we really have to dig deep to acknowledge and know what we're bringing to interactions and what we can learn from someone who might be receiving services. ... Practicing self-reflection really allows us as individuals to learn our own backgrounds and... to understand our own experiences, our own expectations, the way that we impact other folks ... Thinking about the languages that we use, the words that we use, and how that affects other people."

– Mink Lincoln, Director of Diversity, Equity, and Inclusion (DEI)
at Swords to Plowshares

CULTURAL HUMILITY

Cultural humility was conceptualized by physicians Melanie Tervalon, MD, MPH and Jan Murray-Garcia, MD, MPH, and was initially intended to address power imbalances in clinical settings. There are four main principles:

1. Lifelong process of critical self-reflection and self-critique, which is a process that comes from within not from others.
2. Redressing the power imbalances in a patient/client-provider dynamic.
3. Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations, which creates an organizational structure that maintains partnerships capable of improving the health and wellbeing of communities that a program serves.
4. Advocating and maintaining institutional accountability that parallels the three other principles, because individual development is essential but is not sufficient by itself to redirect the social hierarchy.

Why say "humility?"

- Humility is characterized by modesty in behavior, spirit, and attitude. It shows patience, gentleness and moderation about one's own abilities, values, and assumptions.
- Humility avoids arrogance or prideful behavior, which when cultural humility's framework was initially conceptualized, referred to minimizing a physician's ambition to be all-knowing in all areas rather than allowing the patient to be an expert about their own health.
- Humility allows a clinician to have a patient-centered focus.

What do we mean by “culture?”

- Culture is shared values and beliefs, is viewing through a “world’ lens, evolving, socially framed, expressed in attitudes and behaviors, and is often individually defined.
- Culture can include ethnic, religious, or racial identity as well as ability, disability, profession, gender, country of origin, veteran status, societal status, socioeconomic status, geographic, age, generation, immigration status, and health status.

CRITICAL SELF-REFLECTION

Critical self-reflection is a lifelong learning process that involves constantly asking ourselves questions as we interact with other people. Our own identity is important to critical self-reflection because it can inform what we bring to our interactions and what power and privilege we bring to the process:

- Social identities, a combination of cultural identities or more circumstantial or “hidden” (e.g., older white woman, black educated male, college graduate, black military enlisted, hidden disability, birth order, relationship status, childhood circumstances, health status, housing status, social circumstances) can inform the process as well.
- We carry some identities, but we might not recognize them as a privilege.
- It is important to recognize our assumptions about the above factors, how we can apply them, and what more we need to learn.

UNDERSTANDING RACE-BASED STRESS, EMPOWERMENT, AND DEI AT THE SFVAHCS

“We need servant leadership...having people in positions of power who are attuned and can lead in such a way that inspires and encourages others...Our vision is an innovative and welcoming community grounded in respect, safety, and connection where veterans receive unparalleled, individualized care, and employees fulfill their greatest potential...This speaks to where we are, where we hope to go, the aspirations that we have.”

– Dr. Asale Hubbard, Psychologist and Director of DEI at the SFVAHCS

EXPLORING RACE- BASED STRESS AND EMPOWERMENT

The Race Based Stress and Empowerment (RBSTE) group started in 2017 at the San Francisco VA. The RBSTE group features a hybrid approach of discussion, interventions, and learning new skills.

The group has eight session protocols that include mindfulness practice, cognitive behavioral techniques, empowerment approaches.

- Topics include how to address race, overt racism and microaggressions, validating and de-pathologizing the impact of race-based traumatic experiences, and resilience and empowerment.
- The goals include providing a safe environment, reducing internalizing of societal negative messages, improved coping approaches, and empowering positive action to minimize the “pit of despair.”
- There is a rotating staff of facilitators who all identify as people of color and recently a Peer Support Specialist was added to the group.

DEI INITIATIVE AT THE SFVAHCS

SFVAHCS developed the Diversity, Equity, and Inclusion Initiative and leadership team in November 2020. This represented a systemic change in a health care system to create a diverse and equitable environment.

- The DEI Office was officially established at SFVAHCS in the summer of 2021.
- The office launched a diversity training initiative for staff and providers in collaboration with University of California, San Francisco (UCSF), where providers consider the unique aspects of VA care and environment that are not found in other clinical settings.
- Employee feedback indicates that they see positive changes that motivate them to be employed at SFVAHCS.
- Veteran clients’ feedback suggests they are aware of the changes and have become encouraged to seek care at SFVAHCS.

Goals in the coming year include:

- Employee engagement: Creating an environment that enables employees to have the tools they need to effectively perform their work, which can significantly impact the patient care experience.
- Recruitment and retention: Addressing issues of turnover to identify how to retain staff to ensure that they are available to provide ongoing care.
- Addressing health care disparities in care for veterans of color: An effort to identify interventions, education, and research necessary to create changes.
- “Be Heard” Campaign: Creating a shared language to connect all stakeholders by convening meetings with staff and patients in order to better understand how they define DEI and how to apply that input.

THE FUTURE OF MENTAL HEALTH CARE

Current engagement and treatment models are not reaching underserved communities effectively. Mental health approaches need to amplify the lived experience of veterans of color and engage these communities with a wellness model that explores their cultural values, experiences, and connection to their ancestral traditions. These models need to elevate staff positions of those with lived experience and veteran status to reach veterans of color and explore culturally congruent approaches that traditional approaches might not have considered.

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