



MENTAL HEALTH MONDAYS



Key Takeaways – July 27, 2020 | 7 p.m.

Mental Health Mondays - “Why Minority Mental Health Matters”

On Monday, July 27, five local mental health experts discussed “Why Minority Mental Health Matters”. Below are takeaways from each of them as well as contact information to connect with the experts.

FOR CLINICIANS: To continue the conversation, the group will be launching a Minority Mental Health committee to gather as clinicians of color on a regular basis. If you have a desire to better serve your clients of color, they invite you to the table. For information, please email all inquiries to administration@providencefamilylifecenter.com

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What do we know about minority mental health?

We know that Black, Indigenous people and people of color have experienced a legacy of racial injustice, systemic racism, discrimination and micro-aggressions. The death of George Floyd and international unrest have caused Black and Brown communities to live in a state of constant alert, which has caused traumatic stress. **Traumatic stress** is like an alarm going off in your home, and for some of us, this alarm has been going off for more than 400 years. **Social determinants** of health are conditions in the environment which people are born, they live, they learn, they work, they play, they age, and they worship. These factors can influence our health, daily functioning and the quality of life. In other words, your zip code can impact your health and your ability to access services. For example, **COVID-19** has left many Black and Brown communities impacted. Contributing to the risk is many people of color have limited job options that put them at higher risk of exposure, not having paid sick days or the ability to miss work.

Other factors that contribute to poor mental health are people living in poverty with chronic physical conditions. They are emotionally stressed. Research connects the co-morbidity of physical pain that’s associated with depression and anxiety. **Remember, the traumatic stress alarm continues to sound off within black and brown bodies - impacting the functioning of vital organs within the body.**

Combine the above factors with Housing insecurity, food insecurity and poor nutrition leading to obesity, lack of exercise, all of which can impact the quality of life. **The Social Determinants of Health, have now become Social Determinants of Disease** - Chronic physical conditions like diabetes, obesity, asthma and high blood pressure can cause high blood sugar levels disrupting circulation that can impact brain function. All of these factors can impact mental health. The pandemic has caused our elderly and

elderly persons with disabilities to become isolated from their social supports, so they are not only aging, but they are depressed. Let's factor in the **Ratio of persons of color that require mental health care to the number of clinicians of color**. We need more clinicians of color. Minority populations have found themselves the victims of cruel experiments historically that have caused distrust of practitioners. In communities of color, many don't know how to advocate for themselves. **Despite advances in reducing healthcare equity, there are still giant gaps** for Black, indigenous people and people of color. Minorities are more likely to use community health and emergency rooms when seeking help and often times receive a lower quality of care. How do communities of color seek mental health? Many of us don't.

Statistics from the U.S. Department of Health and Human Services Office on Minority Health:

- In 2017, suicide was the second leading cause of death for African Americans ages 15-24
- African American females grades 9-12 were 70% more likely to attempt suicide in 2017 compared to non-Hispanic white females of the same age

RESOURCES

- [Social Determinants of Health](#)
- [Impact of COVID-19 – Prevalence of Disease in Communities of Color – Yale Research](#)
- [Youth Mental Health Data - U.S. Department Health and Human Services Office of Minority Health](#)
- [Improving Cultural Competency for Behavioral Health Professionals](#)

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Dealing with some of the trauma that goes along with minority mental health goes back to how we value ourselves first. When we value ourselves, we can put ourselves in position to ask for resources and seek opportunities to take care of myself in circumstances that I might face as a minority. To help people access themselves, I use two wheels: [The Wellness Wheel](#) and the feelings chart wheel.

The Wellness Wheel & Feelings Chart Wheel

From the wellness wheel, you have different dimensions: intellectual, social, physical, spiritual, occupational, emotional and environmental. When checking into self, investigate those boxes and see where those barriers come from as it relates to how can I progress as a minority. From the feelings chart wheel, you can access what you are feeling around being a minority. What does the word mean to you? And do you identify any limitations with it?

Implicit Bias and Self-reflection

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner, often formulated at an early age through family of origin, early social



interaction and societal norms. Sometimes how we feel as a minority is based on the mindset we have for ourselves. We learn that some of that comes from implicit bias and some of the basic stereotypes we have of ourselves and what we feel we can accomplish. Sometimes it's just an underlying understanding of who we are in a culture. **Having a particular mindset** can either motivate action or cause me to feel defeated when taking certain actions for myself. **Where do the messages you have about yourself come from?** Do they come from parents who may be immigrants and have different dynamics and circumstances than you may have living in America with the majority society? **It takes self-reflection.** Self-reflection is a deeply personal process where someone intentionally sets aside time to think constructively based on personal beliefs and values, practicing serious thought about one's character, actions and emotions. This allows people to heal trauma wounds, increase self-awareness, improve effective communication, and improve overall mental wellness. **We are going to experience some cultural barriers**, but begin to question yourself and ask yourself, where are some of these innate messages coming from? If I feel defeated in this area, and I feel this is something a minority may not be able to accomplish or have the opportunity to do, does the message come from self or inferiority or a feeling of defeat? Give yourself time and space to have a different mindset on how you are handling things.

Intentional Responding

Intentional responding is not just for yourself, but on social media and other instances. How we respond when someone doesn't agree with your lifestyle choice or may not understand some racial injustice someone is experiencing or may not understand some of the barriers people of color experience. If they are expressing a viewpoint, it doesn't mean we have to be argumentative or be in a place where we must put everyone in their place. What is the goal of our message? If we want to educate other people, do so in a way where people can understand what you are feeling and saying. But know that not everyone is going to agree with you.

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What does therapy look like for minorities from a family approach?

When we provide therapy to families, we are helping individuals solve their problems in the context of their family, where many issues are likely to begin. Each family member works with others to understand their group dynamic and how their individual actions affect each other and the family as a whole. As a family therapist when I'm providing tools to parents to deal with issues with their children, I see that many parents have their own level of trauma. When this trauma hasn't been dealt with, there is a probability for them to project their trauma onto their kiddos that can result in mental health issues.

Trans-generational trauma refers to trauma that passes through generations.

Not only can someone experience trauma, they can pass those symptoms and behaviors of trauma survival onto their children who might then pass them along to their family line.



With disparities that plague the African American community: Single-family homes and low economic status, trans-generational trauma is evident. With families without a lot of support, while having an overwhelming amount of responsibilities such as providing for their children and meeting their basic needs, oftentimes, mental health gets put on the back burner.

How do we make sure that the mental health component that is within the family and affects the child and the parents are being addressed?

It comes down to parents being aware of their own trauma so that it's not projected onto their children. To my African American readers, it's not easy to trust someone and open yourself up to receive care. However, it does allow you to be the best version of yourself. When you take care of yourself, you are taking care of your children. The outcome for African American children who are faced daily with disparities is not good. Having an intervention like therapy or family therapy greatly increases the ability to master challenges. Oftentimes that means taking small steps, including research and contacting someone who can provide resources. Also, a mind change. You want to do something different for your child, perhaps something that was lacking in your life. This is your story you are living. You can determine the meaning behind that. You can help your child determine their meaning as well.

RESOURCES:

1. [Helping Kids with Anxiety: Strategies to Help Anxious Children](#)
2. [Sibling Rivalry](#)
3. [22 Alternatives to Punishment](#)
4. [ADHD Interventions for Parents](#)
5. [Parenting a Child Who Has Experienced Trauma](#)

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Mental health statistics of pregnant women and new mothers:

- Nearly 700 women in the U.S. die each year as the result of pregnancy or delivery complications.
- Black women are 3 to 4 times more likely to die than white women.
- 1 in 7 mothers experience depression or anxiety during pregnancy or postpartum.
- Postpartum stress disorder affects 3 to 16% of women in the U.S. Birth trauma can be experienced even when the mother and baby are healthy. Poor care, medical neglect, lack of communication, change in plans can cause trauma.
- 1 to 2 in 1,000 post-partum women will develop perinatal psychosis, which can include delusion, hallucinations, delirium and paranoia after delivery. They often completely lose touch with reality; it's an emergency.
- About 10% of dads have post-partum depression or anxiety.



Perinatal Mood and Anxiety Disorders (PMADs)

The most common complication of pregnancy and can include anxiety, depression, PTSD and other mental health and emotional issues. Risk factors that affect Black women more than white women: lack of access to quality medical care or no care at all due to affordability, financial barriers (such as no PTO), no local providers, living conditions, chronic stress and racism. Black women are less likely to receive mental health care because they are not being screened appropriately, they have a fear of being labeled as an “unfit mother,” lack of trust in the healthcare system, and cultural barriers.

How does this affect children’s mental health?

If mom and dad are not healthy, how do you expect children to be healthy? When mothers are not emotionally healthy, they may not be able to take care of their children. Healthy mothers = healthy children. Grandparents are parenting children because of untreated, undiagnosed mental illness and trauma of the parents. We must have services to provide care to the entire family. Household disfunction (untreated mental illness) is considered an adverse childhood experience (ACES), which directly impacts the emotional wellness of children both in childhood and adulthood. Without appropriate interventions, poor maternal mental health can have long term and adverse implications for mom, child and the entire family.

What can we do?

Keep mothers and children alive. We have nearly 50,000 women annually who experience preventable “near misses” during pregnancy or shortly thereafter. Black and brown families need to live, so it’s important to address both systemic and structural racism as well as personal microaggressions and implicit bias. Intentionally seek out and give space to providers of color, so that we have more representation in our communities. It’s important to listen to our families when they reach out for help. Empathy and compassion go a long way. Advocate for adequate health and mental healthcare for pregnant women and mothers. Policy change and legislative work are also important in changing the narrative. An example is the Black Maternal Health Momnibus Act of 2020, which includes 9 different bills relating to Black maternal health. As providers, therapists, social workers, physicians, neighbors, etc., it’s our duty to stand up to help families of color get the services that they need.

RESOURCES

- Spanish support group for mothers: Wednesdays 2:30 p.m. EST, press #38 to turn prompt into Spanish, 844-875-7777 access code: 361324
- Beyond the Blues: Understanding and Treating Prenatal and Postpartum Depression & Anxiety by Shoshana S. Bennett PhD, Pec Indman PA,EdD
- [Shades of Blue Project](#)
- [Optimizing Postpartum Care](#)
- [Eliminating Racial Disparities in Maternal and Infant Mortality](#)
- [Black Mamas Matter](#)
- [Black Maternal Health Momnibus](#)
- [Severe Maternal Morbidity in the United States](#)
- [Center for Youth Wellness – The Science](#)
- [Taking Care of Your Mental Health During Pregnancy](#)



- [Why We Need Black Maternal Mental Health Week](#)

Dr. Belinda Bruster

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Working with Families and Children of Color

Mental health professionals need to understand that families of color, due to generations of trauma are not likely to seek mental health services. There's a mistrust of mental health professionals. Along with having mistrust, people of color usually go to their families, friends or clergy for services. What I have found is there's a huge **miscommunication** sometimes between children, families and practitioners. Due to miscommunication, sometimes the parents or children are misdiagnosed, people make assumptions and those assumptions are not accurate, which leads to the client not returning. For example: Black families and families of color may use different terms for spanking. They may say "I whup my child" or "I beat my child." Part of the miscommunication is not asking what does that mean? Instead, DCF is called, and an investigation may begin on the family.

How do we reach children and families of color, the people who are considered high risk due to all the variables: poverty, education, mental health, substance use, trauma, violence in their community?

Mental health professionals need to understand that families of color, children of color have strengths. Robert Hill discussed the **five significant strengths of black families**.

1. **Strong achievement orientation.** He's discussing not necessarily education, for example a person that is a janitor at a restaurant, their achievement orientation might say to them, "one day I'm going to be the head chef at this restaurant" person asks the chef to mentor them which provides them with first- hand experience., valuable knowledge and skills
2. **Flexible family roles**, not necessarily aligned with gender roles.
3. **Strong, strong work ethics.**
4. **Kinship bonds.** We may grow close to someone, bring them into our home and treat them like family. The person begins to take on a kinship role, such as daughter, son, aunt, uncle, etc..
5. **Strong religious orientation.** Religion is the foundation of Black families.

When you meet a black family or family of color, start with their strengths.

In order to do this, you need to be aware of your own self, your privilege and any implicit bias. Research shows that white clinicians have a tendency not to be aware of their white privilege and their implicit bias because they are in the dominant group. When you are in the dominant group, you don't think about another cultures. In order to really reach families of color, you need to say to yourself, what strengths do they have? If you get to know their strengths, get to know them, ask questions don't assume and you will have a successful outcome.



What happens when not successful with a client of color?

When you work from a strength base, you can think about what you are missing. “I’ve been working with a Latino client who is 11 years old. I was just not connecting with her. We are on Zoom, finally after 6 weeks and I assessed myself, the situation, zoom, and spoke with other professionals that work with her.” “I finally wondered I’m I not making a connection because I’m Black.” “I’m not Latino. I don’t speak Spanish.” I asked the client over zoom, “are we not connecting because you prefer to speak to a Latino person?” She said no.” “I decided to speak with her face to face. She said “Dr. Bruster, I want to speak to someone who speaks Spanish.” “I thanked her for being honest with me. When we are in a therapy session, it’s not about us. It’s about the client, if we think about the client first the outcome is usually successful. **Sometimes, people want to talk to someone who looks like them.** If I had continued therapy with that young lady, I would have done her a disservice.

RESOURCES

- [Social Workers – Data USA](#)
- [Profile of the Social Work Workforce](#)
- [“A ‘strengths perspective’ on black families by Robert Hill](#)

FINAL THOUGHTS

AK: Be quick to hear, slow to speak, and seek understanding. We invite all clinicians who are on this call, when that client of color comes into your office, remember it’s not about us. Acknowledge your limitations within your knowledge, seek guidance from colleagues. We don’t know it all.

TF: My point would be do not be afraid to ask questions. The topic of racism is so taboo for so many people. When in doubt, ask questions.

KB: Keep in mind with family components, there is so much more. What’s not being said. So much history. Meet people where they are. If you don’t have a healthy relationship with your therapist, reach out to find out one who meets your needs.

BB: When we talk about historical trauma, we need to know it is continuing today. That’s why we are having the protests we are having. One thing I tell clinicians I supervise who are not of color is that their client may have been traumatized right before they came into the office. They may have been discriminated against. While we are talking about historical trauma, let’s all remember it’s still continuing today.

DS: When we think about minority mental health, it goes into agism, so many different things, cultural barriers, gender, sexual orientation. Even with a client, there’s a power orientation, so you need to empower your client to advocate for themselves to express their needs. Just because I consider myself a minority and my client considers themselves a minority, with the power differentiation, they see us as the majority. It’s a matter of continuing to promote their ability to advocate for themselves.



Questions from Viewers

Q: How do we do a better job of taking care of the family unit? Especially for single parents/grandparent raising the child?

KB: It's definitely not an easy task. I often tell the people I work with that their children feel the energy that they give off. Oftentimes, they want Mom and Dad to be ok, so they'll do anything to make sure things are OK. Show empathy. For the child who is having anger outbursts or having some kind of oppositional behaviors and not following the rules, understand that there's something deeper than what you are seeing. Putting yourself in the child's position helps you be more patient and understanding. Especially for families of color, it's seeking out resources. Understand as a parent or grandparent that you could be contributing to that child's mental health. Be aware of your trauma, any negative projections, especially in single-parent homes. For example, not telling a young boy that he's acting like his no-good father. That's not going to support that child's mental health. It's not on one person, though. It takes a family unit.

DS: The word she is using is awareness. Manage the way we are speaking age-appropriately to our kids about the issues and some of the things we may encounter as minorities can be done in a way that isn't so fear-based. We are bringing awareness to these things, so when they are encountering these things, they can seek resources, they can speak for themselves and are aware that there are opportunities. It avoids them going into the defeated mindset where they are clueless of the direction they can take.

TF: From a health system perspective, we are trying to support single parents and grandparents, be sure caregivers have the appropriate documents and release forms, so they don't have to jump through hoops when they seek medical and mental health support.

Q: What's the best way to handle/heal from anxiety and sadness after a breakup?

BB: I would probably start with writing down the pros and cons of your relationship. What did you like about it? What was good? What was not healthy? Another suggestion: Try to find a therapist or speak to a clergy, someone who is neutral, to look at yourself. What is causing the sadness in you? What do you need to work on to become stronger? What do you need to do to empower yourself to feel worthy regardless of who is in your life? Sit. Be quiet and listen. Sometimes those answer come to us. There are a lot of different variables that can go along with your question. Find your center and find out where anxiety and sadness are coming from. What did he bring to the table that's making you so sad? What did he bring that you don't already have? Isn't that wonderful. A lot of times we already have what we thought they brought to the table. Sometimes we need to put positive affirmations up. Put them in a place that you see every single day.

Q: Unfortunately, we find ourselves a product of our environment. Anger was my biggest downfall.

KB: The unique thing about anger is it's a secondary emotion. Underneath anger, you often have hurt or fear. Once that root is uncovered, it brings awareness to why a child or adult is angry. If a child is in a



home where anger is manifested in unhealthy ways, a child will do the same. They'll mirror that same behavior. What we talk about in therapy is coping skills. How do we manage our feelings? What can we do to manifest the anger in a healthy way? Being angry is normal, it's human, it's something that we all experience. We need to understand if our angry behaviors hurt ourselves or others. If that's a challenge or struggle for you now, I like what Danesha said about self-care, taking care of your mental stability of your heart, attending to your inner child. You may still be experiencing some trauma, some hurt, some fear. That self-care can look very different from person to person, whether it's going back to your spiritual needs, connecting with positive people, getting therapy, going for walks, listening to inspirational music.

AK: I want to go back to something Danesha said. What are the voices we are hearing, and what are we responding to? We need to analyze what are we responding to and be able to discern what is true and what is not.





MENTAL HEALTH MONDAYS

About Kids' Minds Matter

The goal of Kids' Minds Matter is to raise awareness about the need for pediatric mental and behavioral health care services and to raise the funds required to make these services available in the region through Golisano Children's Hospital of Southwest Florida and Lee Health. An estimated 46,000 Southwest Florida children are impacted by mental and behavioral health disorders like anxiety, depression, eating disorders, psychosis, substance abuse, autism and attention deficit hyperactivity disorder. As part of the region's strategic solution to the children's mental and behavioral health epidemic in Southwest Florida, Kids' Minds Matter is dedicated to fostering partnerships that support existing services, identifying and filling gaps in the continuum of care, and innovating new treatments.

Philanthropic support for Kids' Minds Matter has allowed Lee Health and Golisano Children's Hospital of Southwest Florida to: implement a tiered model of care that clinically aligns community, inpatient and outpatient care; hire additional psychiatrists, child advocates and other mental health professionals; offer Mental Health First Aid training to local pediatricians, emergency service providers and others who work directly with children; renovate an outpatient center in Fort Myers where a child's needs can be addressed in a therapeutic setting; and launch a first-of-its-kind Pediatric Digital Cognitive Behavioral Health diagnostic and treatment protocols interlaced with Tele-Psychology support to treat anxiety, depression and trauma. Most recently, Kids' Minds Matter introduced mental health care navigators into Lee and Collier County schools who will help families find resources and care to address their child's mental healthcare needs.

The "Mental Health Mondays" segments are a public forum, designed for open discussions that benefit a large audience, and to provide real-time resources and advice from pediatric mental health professionals and advocates. The information shared on this platform is intended for general public consumption and not intended for individual treatment. The views, advice, and resources shared by each guest speaker are solely their own and are not endorsed by Lee Health, Golisano Children's Hospital of Southwest Florida and Kids' Minds Matter. Kids' Minds Matter is dedicated to raising awareness and essential funding to enhance pediatric mental & behavioral health programs, services and access to care in Southwest Florida. To learn more about Kids' Minds Matter, visit KidsMindsMatter.com.

