About California Institute for Behavioral Health Solutions (CIBHS) and Our Presenters

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Introduction to a Framework for Confronting Racism in Behavioral Health

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Opening Reflection: A Conversation Between Adèle and Jei

When you reflect on this current time, what is your current understanding of where we are?
What keeps you from taking action to advance equity and confront racism?
(Multiple choice options)
- Fear of retaliation
- Being viewed as a troublemaker
- Fear that nothing will change if I say something
- Being seen as weak
- Fear of saying the wrong thing

What would support you in moving beyond your fear, worries, or concerns?
(Multiple choice options)
- Peer consultation
- Facilitated support groups
- Mentorship
- Leadership development
How Do We Know Racism Is the Issue?

It’s about racism if:

- It disproportionately or differently affects people of color
- It fits into a broader pattern of events that disproportionately or differently affect people of color

Levels of Racism

- Institutional
- Structural
- Internalized
- Interpersonal
SNAPSHOT OF MENTAL HEALTH DISPARITIES
American Psychiatric Association

African Americans
- With mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.
- Compared with whites, African Americans are less likely to receive guideline-consistent care.

Hispanics & Latinos
- U.S.-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants.
- Older Hispanic adults and Hispanic youth especially vulnerable to psychological stresses associated with immigration and acculturation.

American Indian/Alaskan Natives
- In 2014, suicide was the second leading cause of death for AI/ANs between the ages 10 and 34.
- In 2014, approximately 9% of AI/ANs ages 18 and up had co-occurring mental illness and substance use disorder in the past year—almost three times that of the general

Asian Americans/Pacific Islanders
- Southeast Asian refugees are likely to receive a diagnosis with post-traumatic stress disorder (PTSD) associated with immigration.
- AA/PIs are three times less likely to access mental health services than their white counterparts.

COMMONALITIES FOR BARRIERS TO MENTAL HEALTH SERVICES ACROSS RACIAL GROUPS
American Psychiatric Association

- Lack of culturally competent providers
- Lack of or insufficient health insurance
- For African Americans & American Indian/Alaskan Native - distrust of the health care system and providers

LEVELS OF CULTURAL RESPONSIVENESS

Individual
- Being capable of functioning effectively in the context of cultural difference.

Organizational
- A set of congruent behaviors, attitudes and policies that come together in a system agency enabling professionals to work effectively in cross cultural settings and situations.
A Framework for Confronting Racism

Jei Africa (he/his/him) @DrJeiAfrica
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How do we understand where we are?

John A. Powell (Otherness and Belonging Institute)
Biggest problem of the 21st century
Deny the belongingness of others; connection with others

Rupa Marya (UCSF)
Inflammation is the result of trauma
Colonization, supremacy and capitalism
Racism kills.

Whether through force, deprivation, or discrimination, it is a fundamental cause of disease and the strange but familiar root of racial health inequities.

Race is not Racism

- Lancet (2016): most use “race” (and not “structural racism” or “systemic racism”)
- Quick search of Health Affairs website reveals only 114 pieces that included the word racism; 39-year history of the journal
- 2018 systematic literature review of the public health literature additionally found only 25 articles that used “institutionalized racism” between 2002 and 2015
- Pub Med database done on June 23, 2020, revealed 86 articles that included both “race” and “structural racism” or “institutional racism”, 12 published within the last 18 months

Government Alliance on Race and Equity (GARE)

- National alliance of government agencies focused on achieving equity
- Defines racial equity to mean that “we eliminate racial disproportionalities so that race can no longer be used to predict success, and we increase the success of all communities”
GARE Model

- Normalize
  - Shared analysis; prioritize needs
  - Knowledge and skill building
  - Use of data and storytelling

- Operationalize
  - Identifying what Racial Equity (RE) looks like
  - Identifying behavior and organizational culture
  - Use of racial equity tools

- Organize
  - Coming together and cross collaboration (partnerships)
  - Building internal sustainable infrastructures

Social-Ecological Model: Framework that helps understand, explore and address issues on multiple levels.

- Structural (cumulative among institutions; durable; multigenerational)
- Institutional (bias within an agency)
- Interpersonal (bigotry between individuals; stereotype threats)
- Internalized (beliefs within individuals; stereotype threat)

Justice is the public face of love.

Cornell West
Call to Action: Have a conversation inside your organization...

Instructions: Respond to the following prompts to explore your stages of racial socialization. It is okay if you don’t know a lot about your early socialization. In those cases, write about your best guesses of what those racial scripts were.

First Socialization: Loved ones and others you are around teach you the typically unwritten and unspoken rules about racial scripts. Racial scripts can also be delivered explicitly through verbal messages about your race or other races. Even the absence of exposure to other races serves as a message. Write about the expectations and norms of racial scripts you were taught.

Questions

Contact Information
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Eliminating Inequities in Behavioral Health Care
Webinar 1: Introduction to a Framework for Confronting Racism in Behavioral Health

Information

• What to expect after the webinar
• The next webinar in our series:
  Systemic Racism and Structural Racialization: Examining the Impact on Behavioral Health Disparities
  Adèle James, MA, CPC, CEO, Adèle James Consulting
  Thursday, August 27, 2020
  10:00 a.m. – 11:30 a.m.

Certificate of Participation & List Serve

Certificate:
• After this webinar you will receive a certificate of participation.
• It will include your name, the name of the webinar, and the date of the webinar.
• It is emailed directly to all attendees 24 hours after the webinar.
• This is different from a Continuing Education certificate. It merely verifies that you participated.

List Serve:
• If you have attended any of the webinars, you will be automatically added to our list serve.
• If you know of anyone who has not attended any of the webinars and would like to receive information, they can go to: https://www.cibhs.org/pod/want-updates

Please complete the survey!

Phone or iPad:
1. Open the camera app on your iPad or iPhone.
2. Hold the device’s camera up to the QR code.
3. No need to hit the shutter button, your iOS device will automatically recognize the QR code and a screen with the link to the survey will appear.
4. Click on the survey link provided. You may need to click on the QR Code icon to open the survey.

Android phones will need to have an installed QR Code reader:
1. Participant must download the correct QR scanner app from the Google Play Store. We recommend using QR Droid, and free, QR Code scanner apps.
2. Once downloaded, open the QR Code scanner and point your camera/phone at the QR Code on screen. You may need to answer a few questions before the scanner icon is visible.
3. A screen with the URL to the survey opens. Either click on the URL to open the survey in the internet browser or click on the world globe or open the survey in the internet browser.

For those who have robust firewalls:
1. You can go to the CIBHS website, follow the instructions and take the survey there.
2. We will put the URL in the chat or question box. This option will be available until Friday at 5 p.m.

Link directly to survey:

Survey Link on the CIBHS website:
https://www.cibhs.org/pod/take-evaluation-survey-webinar-1