

Changing the Culture of Communication for Improved Mental Health

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Changing the culture around mental health



Active Minds is the leading nonprofit in the US working to end the silence and change the culture around mental health by mobilizing the next generation. Over the past 18 years, the organization has reached global acclaim with partnerships and signature programs at more than 1,000 schools and communities including the Send Silence Packing® suicide prevention exhibit, Active Minds Speakers, the Healthy Campus Award, Active Minds @Work, and the Active Minds National Conference, all powered by a network of chapters at colleges, high schools, and communities nationwide.



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Our Story

- Active Minds was established in 2003 by Alison Malmon following the tragic suicide of her only sibling -- Columbia University student, Brian Malmon.
- Determined to combat the stigma that had caused her brother to suffer in silence for three years before ultimately taking his own life, Alison created the first Active Minds chapter on her campus at the University of Pennsylvania.
- Now in its 19th year, Active Minds has become the nation's premier nonprofit organization supporting mental health promotion and education for the next generation.

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Active Minds' Commitment to Anti-Racism and Inclusion



An emotionally healthy world is not possible without a just world. Systemic racism is a mental health and public health crisis: changing the culture around mental health includes ending the systemic racism in that same culture. And that change starts with each organization and each individual – including us.

Source: www.activeminds.org/ariplan



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It is critical to address all areas of marginalization and inequity due to sexism, class oppression, homophobia, xenophobia and ableism. Given the deep divides that exist between groups in the United States, understanding and empathy can be extremely challenging for many.





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Session Objectives

Learning Objectives

1. Participants will be able to define microaggressions.
2. Participants will be able to identify microaggressions related to mental health and racial/ethnic equity.
3. Participants will be able to describe the Microaggressions Reparative Response Model.



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Our Health Matters

Physical Emotional Intellectual
Spiritual Social Environmental
Occupational Financial Cultural

There are various "dimensions" to our health and wellness.

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Equality

Equity

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What is Equity?

Equity means that each person receives what they need.

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What is Social Justice?

Social Justice is fairness and justice in terms of the distribution of wealth, opportunities and privileges within a society.

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What is Health Equity?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

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KEY DRIVERS AND DETERMINANTS FOR HEALTH EQUITY

Education Health and Health Care Neighborhood and built environment Economic Stability Social and Community Context TRUST!
Violence Policy, Policing and Law

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The Value of Health Equity

Dr. Camara Jones, Morehouse College, former president of the American Public Health Association, states that “Health equity is assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.”

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Given the deep divides that exist between groups in the United States, understanding and empathy can be extremely challenging for many because of an inability to consider the experience of others in an oppressive sense. Collectively, we have an opportunity and obligation to overcome these challenges and create spaces for understanding and healing.

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Intention vs. Impact

Some decisions made at the practice and institution level, and by individuals themselves, are not meeting our intended desired impact to ensure the full potential for optimal health.






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What are Microaggressions?

Microaggressions are defined as the everyday, subtle, intentional — and oftentimes unintentional — interactions or behaviors that communicate some sort of bias toward historically marginalized groups (Kevin Nadal).

The term was coined by Harvard University psychiatrist Chester M. Pierce in 1970


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Mental Health and Microaggressions

Microaggressions are commonplace, daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward people of color or other marginalized identities.

Perpetrators of microaggressions are often unaware that they engage in such communications when they interact with others.

Microaggressions come in three forms: microassaults, microinsults, and microinvalidations.



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Examples of Microaggressions

1. “Where are you from?”
2. “Their not a ‘real’ family.”
3. “You are so articulate?”
4. “You don’t have it together.”
5. “They seem so sensitive.”




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Microaggressions and the Helping Professional

- An academic advisor reacts with surprise when an Asian American student had trouble on the math portion of a standardized test.
- Advising a client, "Do you really think your problem stems from racism or heterosexism/homophobia?"
- A practitioner suggests, "Maybe if you work harder you can succeed like your peers."



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What are the implications for mental health?

Microaggressions can impact mental health such as increased or an onset of depression, anxiety, negative affect (or negative view of the world), and lack of behavioral control.



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The CPR: The Racial Microaggressions Reporative Response Model and Mental Health

The CPR: The Racial Microaggressions Reporative Response Model is a concise response model co-developed by Kita Manser Keenan, Jaymie Campbell, and Shannon Crinlin.

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Calm yourself.

- Take a deep breath.
- Collect your thoughts.
- Resist defending yourself.
- Remember it feels scarier than it feels.



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Practice humility.

- Elevate the harm you have caused over your own comfort.
- Take responsibility for your actions.
- Focus on the impact of your words and actions rather than your intent.



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Repair

- Center the relationship not your feelings or reputation.
- Ask what you can do.
- Accept that repairing the relationship might take time, you are just starting the process now.



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CPR for the Practitioner



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QUESTIONS

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