

Mental Health and Racism: What Employers Need to Know

August 6, 2020 | 12:00 - 1:00 PM



Webinar Procedures



All lines will be muted



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Q&A

You have no question.

What h

☐ Send Anonymously

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Mental Health and Racism

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Objectives

- Explore ways history informs current sociological conditions
- Consider impact of discrimination on physical health of marginalized populations
- Learn four ways discrimination affects the mental health of marginalized populations
- Examine three approaches to address the mental health of Black and Brown professionals

KARINN A. GLOVER, MD, MPH



Achtung!

- This may be disturbing
- This is deeply uncomfortable
- You may feel embarrassed, angry, ashamed, guilty, and sad
- Explore the emotions and reflect on them
- Let's use this time as an opportunity to engage ourselves and others differently

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Caveat

- Pronouns: She/Her
- I am a cis-het Black woman of African-American heritage and recognize potential inherent challenges in speaking for another group
- Not all People of Color (POC) will understand issues of racism and discrimination in the same manner
- I endeavor to do my best



Me:

- Psychiatrist
- Medical Director at Montefiore
- Trained in Public Health



Also Me:

- Descendant of enslaved West Africans
- Grandparents = refugees
- Parents : Harlem in the 60's
- Sister to two Black men

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Behind the
smiles and
small talk...



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Background:

- They're related to someone who endured this: "...early racial socialization experiences often include listening to their parents' and grandparents' stories of living through different periods of racial tension in the U.S., including the Civil Rights movement, Jim Crow laws, and for some slavery (Shenk, 2000)."
- Conversations about survival and trauma get passed down.
- There is an underlying fear/anxiety of the consequences of discrimination: death? Physical harm? Job loss? Unemployment?

How'd we get here?

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Racism.



Did you know there are different kinds of racism?

Interpersonal:

- Occurs between individuals
- Public expressions of prejudice, hate, bias, and bigotry
- Burning a cross on someone's lawn, lynching, calling them a derogatory name

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Systemic Racism:

- “...the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice” (Krieger, 2017)
- These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.



Anti-Black Racism

- A system of punitive measures, codified behaviors, family separation, human trafficking, sex trafficking, physical torture to guarantee free labor for the growth of companies, churches, to build individual and family prosperity
- Hundreds of years
- Trauma and terrorism.



Then what happened?

- Black Codes
- Jim Crow
- Redlining
- Discriminatory lending practices
- Loss of generational wealth available to most Americans (see more on the Social Security Act of 1935)

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Themes that seem to not disappear

- Criminalization
- Hair, complexion, and body habitus are a problem
 - Children suspended in greater number for same offenses as non-Black children
 - Rules around natural hair styles, reinforcing acceptability of white traits
 - Black youngsters routinely assumed to be older than stated age, incarcerated at higher rates than non-Blacks for similar crimes

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Revisiting Our Objectives

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How does this affect the body?

- Chronic exposure to stress:

- Hypothalamic-Pituitary Axis
- Weight
- Hypertension
- Respiratory health
- Glucose metabolism

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How does it show up in the workplace?

- “First, it’s important to understand that when Black Americans watched the video of George Floyd being killed by a white police officer, we saw ourselves. In those eight minutes and 46 seconds, we were horrified, enraged, and anguished as a man who could have been our spouse, our brother, our son, our nephew, our cousin, or us was killed. Collectively, Black Americans were traumatized.”
 - Angela Neal Barnett, Ph.D, Professor of Psychology, Kent State in Harvard Business Review, June 10, 2020



**Grief: COVID-19 + Racial Trauma

- Fatigue
- Changes in productivity
- Intense concerns about safety
- Need for flexibility
- Need for mind + body support, and shared purpose in the work space (McKinsey Consulting June 2020 podcast)

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Aviso!

- Benefits Managers and Leaders:
- What is chronic exposure to toxic stress (racism, bias, microaggressions) doing to your staff and the people whose benefits you manage?
- For those in healthcare, know that it's affecting the health of your BIPOC population.

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What's the impact on mental health?

1. Trauma/Complex Trauma
2. Depression
3. Anxiety
4. Self-management efforts: spending, food, church, alcohol, tobacco, other drugs, sex
5. Avoidance of mental health services


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Wait, there's no police, burning crosses or slavery at work, so what's the big deal?

- Being “othered”
- Being invisible
- Being alienated because superficial differences: hair, skin complexion, apparel, dialect
- We've also been socialized to hide our trauma because it's disruptive to our ability to get through the day and it makes our non-Black colleagues, bosses, and coworkers uncomfortable. Their discomfort = our career stagnation.
- Our progress has depended on keeping others comfortable, while suffering in silence

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The energy to
maintain this
smile in spite of
racism is
astounding

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What can benefits managers do?

Partner with HR and Executives

1. Recruiting: companies that are intentional about diversity are successful
2. Retaining talent: companies invest significantly in training and developing talent. Don't let that be in vain.
3. Also, Retention = creating a workplace that is as bias-free and trauma-free as possible
4. Supporting Justice Efforts: for many it is important to engage in activities that may make them feel empowered and seek to promote change. (2015 Institute for the Study and Promotion of Race and Culture)

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Creating a trauma-free workplace

Conversations that seem positive or innocuous but aren't:

- Hair
- Complexion
- Being called “articulate”
- Painful history

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**“Never forget
that justice is
what love looks
like in public”**

-Cornel West



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3 Things Allies in Leadership Can Do

- “Get close and get uncomfortable” per Bryan Stephenson
- Link compensation to hiring diverse people
- Hire professionals to assist with transforming your workplace, compensate appropriately, build it into the budget for training and workforce development.
- Be able to connect diverse employees with EAP professionals who are culturally competent and culturally humble.
- If the resources you have available don’t meet this criteria, don’t refer your employees to them, because you will only be furthering the trauma. Instead, find a culturally competent counseling group, and contract with them to see your employees.” (Neal, June 2020)

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2 More Things Leaders Can Do

Let's make the workplace as safe and inclusive as possible

- Creating space for Black employees to meet and provide mutual support
- Recognize accomplishments and contributions of BIPOC talent
- Reminder:
 - Intersectional oppression such as racial, gender, sexual orientation, and xenophobic microaggressions contribute to the cumulative effects of racial trauma. (Neville, 2019)

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Microsoft

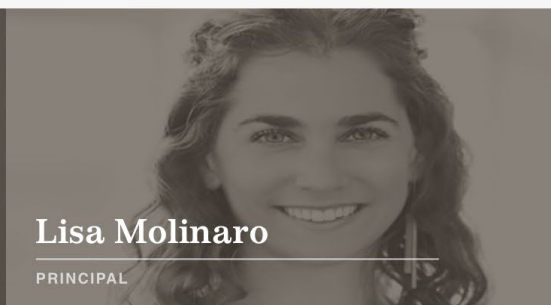
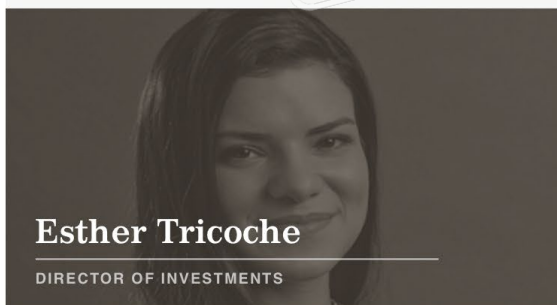
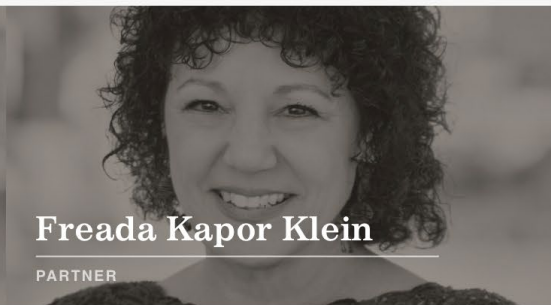
- We all gravitate to the familiar
- Learning our biases is important
- Tying compensation to diversity of **upper level management and executive leaders** demonstrates commitment

Want More Diversity? Some Experts Say Reward C.E.O.s for It

Only a small number of large companies have tied executive compensation to goals for hiring and promotion of workers from underrepresented groups.



One-sixth of the cash bonus for Microsoft's chief executive, Satya Nadella, is linked to diversity goals. Charles Platiau/Reuters



“It is absolutely clear to me that it matters who is in the room.”
Freada Kapor Klein

Kapor Capital

01

Make a statement and a plan

02

Don't rely on your diverse talent to do it for you

03

Invest heavily and specifically in educational opportunities for students of color to close opportunity gaps between them and the offspring of the affluent (pipeline programs)

Explore, Embrace and Support the Collaborative Care Model

- Increasing access to mental health
- Normalizing access to mental health
- Improving the structural competency of primary care and mental health: there is a pervasive body of literature that has explicitly stated that for many clients of Color, awareness of race and racial factors (e.g., racism, racial discrimination) is an important determinant in their ability to seek, continue, and benefit from mental health interventions (BU Paper)

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Adult BHIP Referral & Treatment Workflow

Referral Process

Step 1: Check-in online includes screening/PCP listens for emotional or mental distress, food insecurity, and financial insecurity.
1. Administer PHQ2 and GAD2
2. Place order for referral to Social Work.
3. Include reason for referral in clinical note.

Step 2: PE reviews referral and clinical note by PCP.

Step 3: PE/SW contacts patient to do brief assessment for urgency and symptom severity.

Triage Process

Step 4: PE schedules appointment with SW or refers to Valera for check-ins via text.

Step 5: Social Work meets with patient and does fuller assessment.

Step 6: Mild

Step 6: Moderate

Step 6: High & Medication Management

Step 6: Acute

Intervention

Step 7:
1. Send pt resources.
2. Refer to Montefiore CALM Line: (718) 920-CALM.
3. Add pt. to waitlist.

Step 7:
1. Schedule bi-weekly session via telephone or video.
2. Enroll pt in Valera.

Step 7:
1. Speak with MMG Psychiatry re: chart review vs. televisit.
2. Possible referral to Dept. of Psychiatry.
3. Schedule a weekly session via telephone or video.

Step 7:
Send to Emergency Department or call Mobile Crisis

Come again? Why collaborative care?

- Trauma often makes people avoid the very things that remind them of hopelessness, powerlessness, and difficulty
- Symptoms often go unrecognized until they become overwhelming, affect work performance or interpersonal relations
- Collaborative care screens everyone for depression and anxiety as well as problem drinking.
- Screening helps detect distress or other symptoms in folks who otherwise wouldn't seek help.

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Revisiting Our Objectives

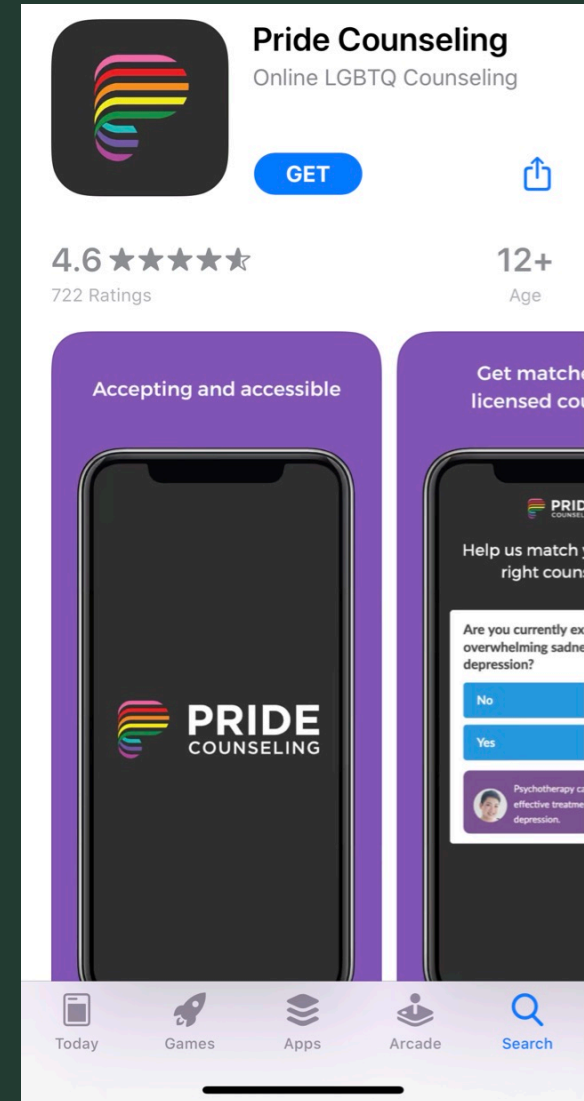
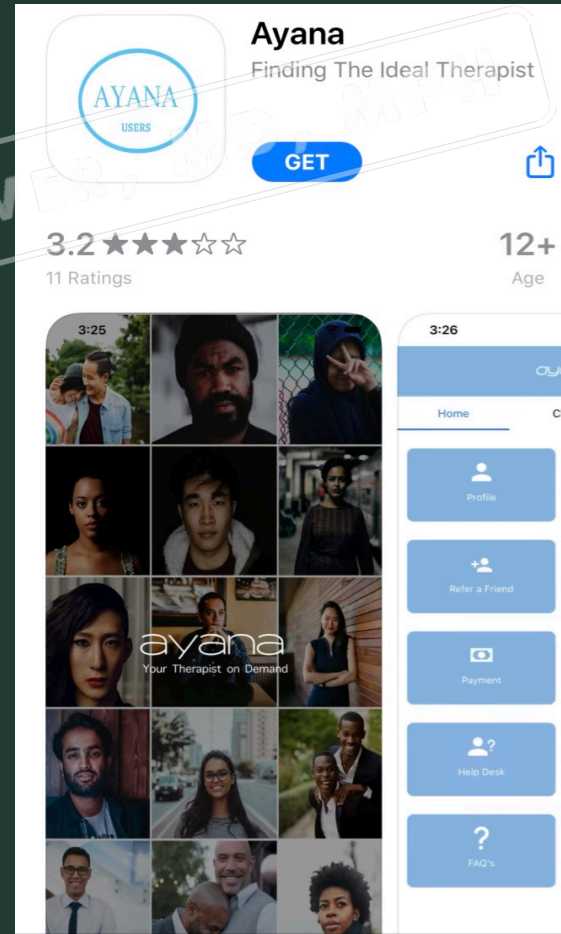
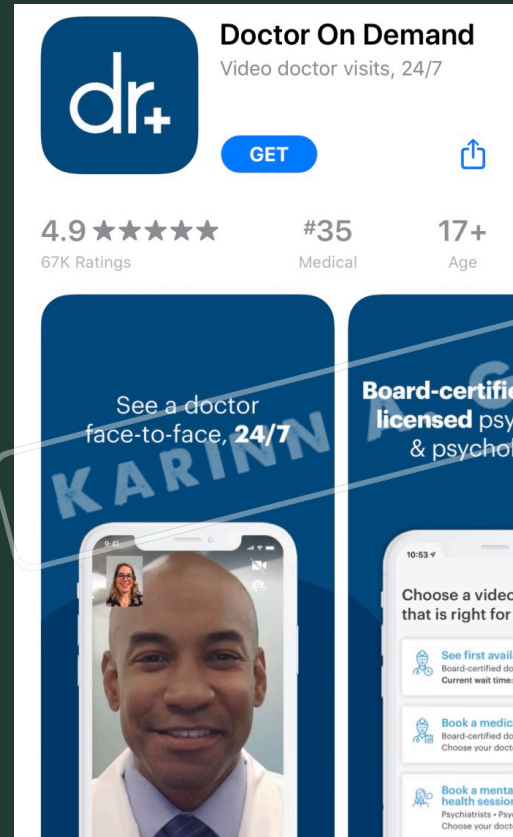
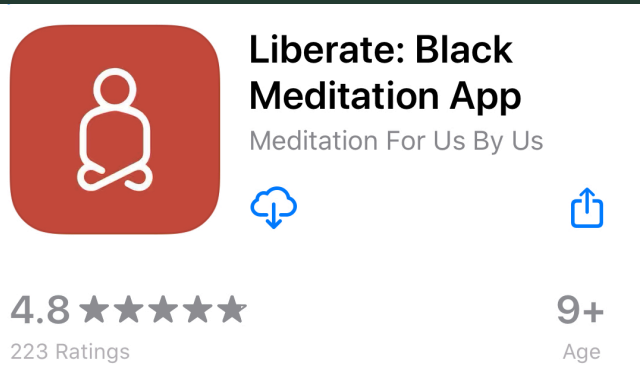
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Are you asking yourselves the following?

1. Do my diverse employees know exactly where to find a therapist they can trust will be anti-racist and anti-bias?
2. Do my diverse employees know how to quickly connect with a therapist who will likely be familiar with their culture?
3. How long does it take to find help?
4. Can I connect my employees with structurally-competent self-management tools for support until their visits begin? How about in between visits?
5. If we've got on-site mental health, is it anti-racist? Is it scalable to the increasing numbers of employees now willing to get help?

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Apps for Diverse Folks



The Difference

the right talk at the right time can make all The Difference

www.thedifference.co | info@thedifference.co

A woman-owned startup

- Doesn't require an app
- Powered by Alexa
- Quick turnaround time for initial session and follow up
- Diverse staff, trained in structural competency
- Available to frontline workers and first responders

Online Directories for BIPOC: be their partners!

- www.therapyforblackgirls.com
- www.therapyforlatinx.com
- <https://www.nqttcn.com/> (Queer and Trans Therapists of Color)
- <https://openpathcollective.org/> (for lower cost options)
- <https://www.beam.community/> for online mental health resources for BIPOC
- <https://www.asianmhc.org/> For Asian community members



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Action Items

- EAP
- Find plans that include Collaborative Care
- Workplace that is as trauma-free as possible
- Hire a diverse workforce, including your on-site mental health staff
- Connect staff to apps and programs that are structurally competent
- Qualified people are out there if you know where to look
- Pipeline programs

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Links

- Bryan Stephenson: <https://hub.jhu.edu/2018/05/24/commencement-2018-stevenson/>
- Krieger: The Lancet 2017 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30569-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30569-X.pdf)
- socialized racial trauma:
https://www.bc.edu/content/dam/files/schools/lsoe_sites/isprc/pdf/racialtraumaisrealManuscript.pdf
- McKinsey Podcast: <http://www.mckinsey.com/about-us/covid-response-center/leadership-mindsets/podcasts/fostering-employee-productivity-and-morale-through-covid-19?cid=eml-web>

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Links

- [David Williams on the Ezra Klein Podcast re Social Determinants of Health -
https://www.stitcher.com/podcast/vox/the-ezra-klein-show/e/69533249](https://www.stitcher.com/podcast/vox/the-ezra-klein-show/e/69533249)
- NY Times Article on Compensation + Diversity:
<https://www.nytimes.com/2020/07/14/business/economy/corporate-diversity-pay-compensation.html>
- Neville, H: on Racial Trauma: <https://psycnet.apa.org/fulltext/2019-01033-001.pdf>



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