Considering Culture in the Time of COVID-19

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Why address mental health?

- Because POC do experience mental health issues
- We experience stress "Living While POC"
- Because it impacts us, even when we ignore it

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Yet—We Struggle to Get Services

- Stigma associated with seeking out services on our own
- History of poor therapy experiences
- Mistrust of the systems who sent us to therapy in the first place

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POC Deserve GOOD Mental Health Services

Demonstrate cultural humility within therapy practice

Acknowledge unique struggles faced by COC that contribute to/shape perceptions of current problems/referral reasons

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Our Unique Struggle

- Being vulnerable in spaces that are inherently unsafe
- False narrative that we must "push through" vs. address our pain/struggles/trauma—this "resiliency without a plan"
- Fear of not being understood or having to temper issues associated with racial identity experiences
- Too busy surviving

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Surviving now looks different

- COC disproportionately engaged in lower-paid "essential work"
- Redlining impacts access to medical care, healthy food, other resources recommended to assist in decreasing COVID19 exposure
- Social distancing not as prevalent in COC based upon housing structures

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World crises impact the marginalized more than those who are not

Black people disproportionately dying from COVID19 (Detroit, NY)

Indigenous nations report high rates of COVID19 without access to needed medical care

Asian communities experiencing increased rates of hate crimes due to labelling it "The Chinese Virus"

Those incarcerated (who are disproportionately Black and Hispanic) are starting to show impact of COVID19 without ability to be proactive (no social distancing, appropriate cleaning supplies)

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Hierarchy of Suffering and Accountability

Focus on death number in COC on blaming them versus examining factors that preceded COVID19 that contributed to it leaves COC angry, frustrated, anxious

Continued validation of their lack of value in the overall system

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Minority Therapists are not new to this

Aware of impact of discrimination, oppression on Clients of Color (COC)

Hear the dismissing of the need to incorporate an understanding of how culture plays in client engagement, understanding, and treatment needs ("Treatment is evidence-based so will work with everyone")

Are often sought-out by COC due to perceived commonality so caseloads may be higher

Feel an obligation to support their community/advocate

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Residing within the community

May feel sense of solidarity with their Black clients,

- having a better understanding of the context of Black clients' lives
- creating easier and faster therapeutic connections with Black clients
- feeling especially committed to these clients' well-being.

Distancing from the intersection of race/current crises may prove difficult

Constantly "on" in "driveby" support for communities that are reluctant to formalize therapy

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No support available

- Internalized message of "have to be 10x better than"
- Labelled "always about race" person within the agency/group
- Weary of addressing intersection of race/mental health/ (and perhaps) criminal justice system with those who are dismissive of it
- Not wanting to hear "All Clients Matter"
- No time for self-care

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Glaring light on own privileges

Pressure to be The Voice

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Fielding requests

- Increase in those within COC recognizing need for mental health services in The Time of COVID19
- COC identifying need but wanting Practitioner of Color--- the pressure to "not say no"

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Needs

- Not to be the constant expert on COC (Google, coursework, self-assessment is your friend)
- Monitoring of their caseloads
- Not making them the only one to acknowledge the intersections of identities and impact on treatment with COC
- Acknowledge the intersections & Add your voice to addressing them
- No one is a superhero---even if they act like it. Insist on self-care
- Identify a plan to address COC concerns and assist in identification of community resources, if available

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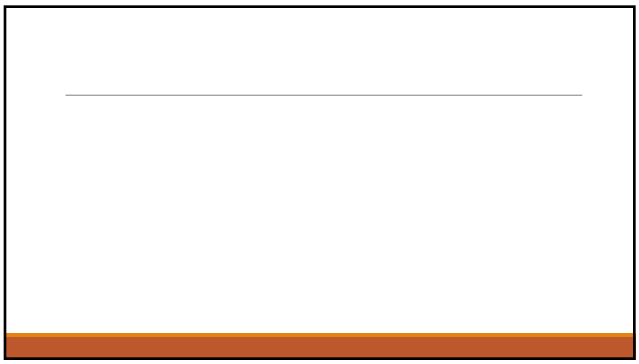

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