

Black Mental Health

Today

December 2021 • No. 2

Helper or Victim?

*Domestic Violence at
the hands of intimate
partners is largely
unrecognized*

Grit Over Glamour

*Self-care is about
more than lounging*

Ensuring That History Doesn't Repeat Itself

*...Injustices
against Black
people are
no secret.*



BLACK MALE GRIEF

*The need for counseling aimed at African American
males slowly gains greater exposure, due in part to
the events of 2020.*

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Insightful book explores the devastation suffered in a person's early years. Experiences from both a scientific and personal perspective are shared



IT'S ALL ABOUT CULTURAL COMPETENCE

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Black Mental Health Today

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HI

Your feedback is invaluable. So let us know how we're doing.

Usually about this time, I am super excited about the upcoming year. By now, I would have purchased a new planner, gotten still enough to choose my word of focus (my word for 2020 was "promotion," and I kept it for 2021 for obvious reasons) and have written out a list of no more than seven things I hope to accomplish. I have done none of these things but look forward to spending my holidays getting them done with joy.

As we head toward the second year of pandemic living, I hope that this issue of Black Mental Health Today resonates with you and leaves you feeling inspired and recharged. Write me at: connect@blackmentalhealthtoday.com, and let me know how BMHT is impacting you. Thank you for being here, and thank you for subscribing!



Editor in Chief

Dr. LaTonya Summers



GRIT OVER GLAMOUR

Self-care is about more than lounging amid luxurious surroundings. Much, much more.

ARTICLE BY
KARA LYNCH

As we advance toward our post-pandemic lives amid civic unrest, racial tensions and a labor shortage, it is imperative that we as Black people remember to take care of ourselves. There's the glamorized version of self-care that we see depicted on social media – such as lavish trips to luxurious spas and salons – but what about the type of self-care that involves what sometimes seems like more work? While self-care can consist of things that are enjoyable, it also often involves doing the hard work that prevents burnout, overwhelm and overall breakdown.

Sign on spiritually

Spirituality, according to Jianbin Xu in the *British Journal of Social Work*, is the "search for the sacred" in one's life that incorporates connection with self, others and the divine, and it gives life purpose and meaning. This is and has been a popular way of coping and self-care for as long as Black people have been in America. Signing on spiritually can look very different for everyone and there is no right way to do it. For some Black people, that may mean meditating or praying.

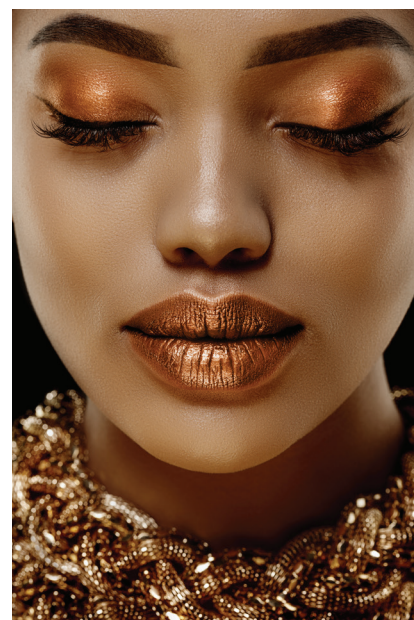
For others, spirituality incorporates reading religious or inspirational texts for guidance and self-improvement. Regardless of what it means for you, find your way of connecting spiritually.

Allocate alone time

Although many people avoid it, being alone is highly beneficial. The Solitude Project found that people who consciously choose to have alone time experience stress relief and relaxation when they are alone. Alone time also allows space for reflection. A great way to reflect during alone time is journaling. Journaling provides the opportunity for you to process unresolved issues and feelings or simply recount things that you weren't otherwise able to deal with. At first, it can be hard to be alone. So start by spending 15 minutes alone with just your thoughts.

Show gratitude by giving back

We've endured a global pandemic, protested police brutality and racial discrimination, and demanded higher wages for our work. There is so much to be grateful for. One way to show gratitude for all we survive on a daily basis is by giving back. Like all self-care practices, there are numerous ways to give back. You can give your time,



resources and or talents. Research shows that any act of altruism is connected to positive physical and mental effects. According to an October 2020 post on clevelandclinic.org, this includes lower blood pressure, increased self-esteem, less depression, lower stress levels, and even longer life and greater happiness.

Kara Lynch, based in Charlotte, North Carolina, is the voice behind kontentlykara.com, a mental health blog inspiring people with mental health challenges. She is a mental health advocate and mentor who holds a bachelor's degree in English from North Carolina State University.

MIND & MONEY

Does financial progress seem unattainable? Maybe you're impeding your own prosperity.

We all know that money is currency, but many of us do not know what we do to open or close its flow. With the pandemic's impact on our pockets and paychecks, we would do well to ensure that we keep the flow for prosperity open.

Daily, through our thoughts, actions and behaviors, we either operate as receivers or repellants of money. Receivers, those who respect money and have a positive relationship with it, always attract more. Their counterparts hold negative beliefs about money, and unintentionally sabotage their efforts to get ahead financially.

For example, those who pass by coins on the ground are repelling money. Their inability to see the value of a penny and its connectedness to money of greater value keeps them from obtaining more. One who has no regard for a penny on the ground, has no

respect for its close cousin, the dollar. If we were to personify this principle, it would mean that you would block any person who disregards or disrespects you from meeting your child or your parent.

Money is an active energy, a current much like electricity, and operates the same way. Following are a few exercises to practice opening the flow for prosperity.

Pick money off the ground

Those of us who struggle financially feel like we cannot catch a break. Being financially stable seems unobtainable. However, when you see money on the ground, recognize it as a significant indicator of the abundance around you. It is a demonstration of how close you are to the money you seek and need. It literally is at your feet. Picking up money is a demonstration of acceptance. Learn to value a penny just as much as you value \$1,000. All money is related, and if we want to get to the higher dollars we must honor the pennies.

Accept money when it is offered

When you do something nice for someone and they offer to pay you for it, accept it. Or, when someone offers to pay for something for you, say yes! Money is literally chasing you down. Rejecting it closes the flow of prosperity. Turning such offers down is an outward expression of low self-worth; it's as if you do not deserve

goodness or abundance. Practice being a receiver! You deserve to be given to and invested into.

Pay your bills

Not opening mail and emails about bills, ignoring creditors' calls and refusing to pay debt are sure ways to clog up the flow of prosperity. We obtain bills when we show that we are worthy of credit, or trustworthy of the house, car, or education we have obtained. Not honoring those commitments are negative reflections of our characters.

Practice opening bills and talking to creditors when they call. See creditors as folks who are working jobs to pay their bills, and that you are helping them. Ask them what they can do to help you, and how their other clients are digging themselves out of financial holes. Make bill-paying a positive experience. Perhaps there is a spot where you store bills and pay them. When you sit there to pay bills light a candle, play music and have a glass of your favorite beverage. Hang up a list of money affirmations in your space.

These are just a few of many things you can do to open the flow of prosperity in your life. Begin practicing today and let us know how they are working for you.

Dr. LaTonya Summers is editor and chief of Black Mental Health Today.





ARTICLE BY
DARTINIA HULLPHOTOS COURTESY OF
ADOBE STOCK
JESSICA HAAS
KARLA SAPP
KING DAVIS
REIA CHAPMAN

THE WARRIORS AMONG US

Mental health practitioners have long been ‘trauma informed.’ Some are now ‘social justice informed’ as well.

Karla Sapp remembers the case that broke her heart.

The year was 2007, and she was working as juvenile probation/parole specialist II with Georgia Juvenile Probation. Several boys – probationers who were then 12, 13 and 14 years old – had been involved in a crime, and the older two were to be charged as adults. Which meant, she says, harsher sentences.

“What they did was heinous,” she says. “But they were children.” By the time they had gone through the court system and were to be sentenced, the youngest was almost 14, but they all were still in their formative years as teens. She knew the battle for a lesser sentence for the older two was probably futile, but with the youngest one, she thought there was a chance.

“Don’t take his childhood away,” she begged the judge. “If you send him away, he misses some of his most formative years.” She recommended a group home, and the judge agreed to a five-year term. “He did his time,” she recalls. “He came home. Finished

high school. Played ball. He’s now in the military, and doing fine.”

But the others? “I tried to talk to the prosecutor,” Sapp says. “I get that what they did was heinous. If they do the five years, they will come home at 20, 21 years old. Otherwise, their lives will be ruined. And the judge looked at me and said, ‘I couldn’t care less about that.’”

“That broke my heart. When the judge convicted the 15 year old to 20 years, 10 of which were mandatory, and then the 16 year old (to a 20-year term) that’s when I said, ‘I can’t do this. I didn’t sign up to send babies to prison.’”

The judge didn’t see what she saw. She saw three young people who lived with trauma, and who had two x’s on their backs because they’re Black and they’re male. She saw the trauma of the weight that they carry from birth.

In order to be trauma informed, Sapp says, one must be social justice informed. In order to be a better

advocate, one must understand the systems of inequality and unfairness that play out generationally in the lives of Black people.

According to an article in Scientific American, most Black and Latinx adults with mental health problems do not have access to treatment, and Black people are more likely to be diagnosed with schizophrenia, labeled as hostile and given large amounts of antipsychotic medication than white people.



ABOVE

To be *trauma informed*, says Karla Sapp, one must be *social justice informed*

Sapp earned her Master of Arts in professional counseling from South University-Savannah and her doctorate in counseling psychology from Argosy in Atlanta. She has been in practice for 13 years, specializing in general mental health and addictions counseling among the adult and criminal offender populations. She now works with incarcerated people in Georgia and says advocacy, social justice and mental health are not only connected, they are concentric circles of rippling complications and possible outcomes.

Myriad factors complicate the outcomes, many starting at home and in school in early childhood, and are part of a transgenerational cycle. Sapp says the awareness of social justice is important at each step and in each space, whether the home, or school or the world at large.

She says it takes a level of understanding of all these factors to realize how Black men view and respond to the world in which they live, and how others in the world respond to Black men.

It's important, also, to understand the neuroscience.

At about ages 8 or 9, Sapp says, it has been determined who is more likely to, more or less, struggle or even fail in the eyes of society. If children are lagging in reading and are unable to catch up by the end of third grade, the deficit is difficult to overcome. Failure to thrive in literacy is linked to future failures, according to the National Research Council, which says "any child who's not reading fairly well by the end of third grade is unlikely to graduate high school. Policy makers note big ramifications beyond the classroom, too, since poor readers tend to have more behavioral

and social problems."

The compounded effects means children become labeled more often as behavioral issues, and become part of a statistic that determines the sizes of future prisons. So, a child gets a "reputation." And children, says Sapp, are like sponges, so when the teacher identifies a child a certain way, the child takes on the identity.

She adds that if someone tells a child, "You'll be just like your daddy, or whoever, and he ain't no good," and they use that stigmatizing language, then they (children) take on that persona."

Outside stressors are equally powerful. If a child is living in a disenfranchised area, and is hearing police and emergency sirens constantly at night, or is worried about being outside alone, this all compounds any internal trauma the child may be dealing with.

Sapp advocates training for teachers and other authority figures because understanding the baggage a child might be carrying is vital to recognizing that child's humanity.

The 'Concentric Circles'

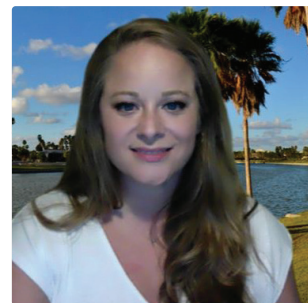
Jessica Haas, an assistant professor of counseling at the University of Texas Rio Grande Valley in Brownsville, just across the border of Mexico, tells her students to consider context and the building blocks of a story, and then to put themselves in their subjects' shoes.

"I say, 'Consider this (person's) set of values, and from this perspective, what do you think is right and true?'" Haas says. "If we use their value system, and their worldview, what can we understand?"

Haas earned her doctorate in counseling and is a nationally certified counselor who teaches multiculturalism

classes. She says those roles are opportunities to share the work of social justice, a role that often falls to those whose lives are most disrupted by the lack of justice.

"As a white person teaching this course, it's an incredible opportunity to be able to speak across culture," she says, "When I speak truth to power, they say, 'There's a white person speaking to this.' I have a social power that I can use in advocacy that's not as easy to dismiss and I try to bring that into the classroom."



ABOVE

Jessica Haas says her roles in counseling and academia allow her to share the work of social justice

Haas says that in Brownsville, the predominant language is Spanish and the majority population has brown skin. Advocacy is baked into this culture, she says, so much that there is a word for anybody who does work toward social justice: Chicano. It is a term that grew out of the Chicano Movement, which championed education reform, land reformation and rights for farmworkers.

But, Haas says, working in advocacy of those stranded at the border is sometimes difficult. Factors such as racism have led to distrust of some American advocates, and the inability to engage and encourage open

discussion has thwarted making strides in social equity and justice.

"The community is so vulnerable ... the dominant culture is not dominant," Haas says. "Advocacy is innate in the culture, and it's stifled. It is a big part in why there isn't more advocacy and allyship (on the border). And there's a healthy bit of racism, as well."

As a Jewish woman, Haas understands transgenerational trauma, while recognizing her own limitations and her privilege. "In reality, I really don't have (trauma). I have a glimpse," she says. "I can share that glimpse. ..."

Decolonizing Mental Health

For six years, The Washington Post has kept track of police killings.

Analysis of this data, and of data examined after the 2014 officer-involved death of Michael Brown in Ferguson, Missouri, reveals several things, including:

- The FBI undercounted the number of police shootings that resulted in fatality by more than 50%.
- The rates of fatal police shootings remains consistent.
- Black people, despite accounting for less than 13% of the population, are killed at a disproportionately higher rate than white people.

"Police are not psychiatric responders," says Reia Chapman, an activist and psychotherapist based in Charlotte, North Carolina. "They aren't trained that way, and people die as a result."

Chapman, a licensed clinical social worker who has a master's degree in social work, has a background as a social justice organizer and activist across the intersections of reproductive health, police accountability, and queer and racial justice

movements.

In 2016, during protests in Charlotte after the death of Keith Lamont Scott at the hands of police, she saw a community in pain, and she founded the Social Justice Emotional Response Collective (Charlotte Uprising Emotional Response Team), a grassroots delegation of 100 clinicians and healers to provide free mental health support.

"I think more emphasis is placed on threat of harm than anything else. The narrative often is, 'It's either life or death.'" Training procedures are based in harm and threat, and across the board, she says, people fear what – or whom – they don't understand.



ABOVE

Licensed clinical social worker Reia Chapman is a social justice organizer and activist

"When you put people who have limited knowledge, experience, patience, in a situation they don't understand, it really decreases the likelihood of a rational response," she says. "People do what they can, and unfortunately, that has resulted in unnecessary deaths.

"The conversation is, 'How do we solve problems?' And that's what social workers do. We ask, 'Is this the best way?' We need not make assumptions that people who have a mental illness are dangerous.

"I think people really need to humanize humans, things have become so generalized and depersonalized. The things that we have justified just in the past year and a half, the treatment of other humans – I think it's really important for people to remember they're dealing with people."

Dartinia Hull is a writer who is based in the South. She has been published in CNN, Next Avenue, The Bitter Southerner, iPondr, The Charlotte Observer, Age of Awareness, Noteworthy: The Journal Blog and MUTHA Magazine.

WHO'S WHO IN BLACK MENTAL HEALTH

**Notable professionals across the
country employ their expertise
and experience to help others**

By Aimee Ebron



RWENSHAUN MILLER

As a mental health advocate and counselor, Rwenshaun Miller has helped others understand and take accountability for their own mental health. His career, which spans more than a decade, has allowed him to explore and understand the challenges of those with limited resources who need counseling.

After Miller was diagnosed with bipolar disorder, he was inspired to start Eustress Inc., a nonprofit that concentrates on diminishing stigmas about mental health in Black and brown communities.

Miller uses his experiences to show that all ages and social groups can be impacted by the lack of mental wellness.

With that, Miller has taken his message from classrooms to boardrooms. He has participated as a speaker, mentor and coach with corporate clients such as Google, Novant Health, the University of Georgia, Altria, the YMCA, and Ben & Jerry's.

Miller is the CEO of The Good Stress, a therapy practice in Charlotte, North Carolina.



DAVID JULIUS FORD

David Julius Ford is a board-certified counselor and higher education professional who is also an assistant professor at Monmouth University in West Long Branch, New Jersey. He earned his Master of Arts in counseling and his doctorate in counselor education.

Ford, Ph.D., has taught undergraduate and graduate classes, including "Introduction to Counseling," "Multicultural Counseling" and "Theories of Counseling." His counseling and research interests include multiculturalism, the LGBTQIA community and people living with HIV/AIDS. He has also taken an interest in the experience of Black male college students (specifically at predominantly white colleges).

Ford is a member of the New Jersey Counseling Association, where he previously served as president-elect. He is on the planning committee for the National Cross-Cultural Counseling and Education and on the board of directors for the LGBTQ Scholars of Color Network.



DOUGLAS MIDDLETON

Douglas Middleton, a veteran NFL safety, is solidifying his role as a mental health advocate through his organization, Dream the Impossible. After losing his best friend to suicide, Middleton founded the nonprofit to address the stigma surrounding mental health and to send the message that one's community and access to resources are factors in mental wellness. Middleton admits that, even with access, there are some challenges. "People have to want to get help. You can preach 'Therapy works' all you want, but it's not going to matter if people don't want help," Middleton says.

Middleton has been open about his depression. Through Dream the Impossible, he focuses on high school athletes through events such as "You're Not Alone 7 on 7," which offers support and shares information about the importance of being mentally healthy.

Middleton holds a master's degree in Public Administration from Appalachian State University in Boone, North Carolina.



SPIRIT

Spirit is self-proclaimed "mental health revolutionary" who has a media presence that mirrors her passion for mental wellness. As a National Certified Counselor, licensed professional counselor, certified child custody evaluator and certified forensic mental health evaluator, she is a resounding voice in the mental health industry.

From her start on a nightly radio talk show called "The Pleasure Zone," which aired in Atlanta from 2003 to 2004, Spirit has shared her expertise on other radio shows in Chicago and Miami. She first gained national exposure on television, when she appeared on "The Tyra Banks Show" in 2008, and has made guest appearances on radio and television programs like "Love Goals," "The Rickey Smiley Morning Show" and "Therapy for Black Girls."

Currently, Spirit shares her expertise on Instagram, Twitter and Facebook; her handle is @talk2spirit. She is also the owner and clinical director of T2S Enterprises, a mental health practice based in Atlanta.

Aimee Ebron is a freelance writer and the author of "Lament Into Healing: Journaling From Grief to Healing." She currently resides in Colerain, North Carolina.

‘Black Man Grief’ Gets the Attention It Deserves

The need for counseling aimed at African American males slowly gains greater exposure, due in part to the events of 2020

Safety, humanity and the concepts of strength. Multicultural awareness. Inclusion. Anti-oppressive practices.

These are the words and phrases that come up multiple times during discussions about Black men and mental health, particularly in the wake of 2020, which was both a 100-year global phenomenon and a flood of constant truths. Out of the COVID-19 pandemic and its myriad fallout issues that complicated work and family life, and the videotaped and televised assaults against men of color, the awareness of the mental and emotional health of Black men came into sharper focus.

According to the National Institute on Minority Health and Health Disparities, Black people are 20% more likely to have serious psychological distress than their white counterparts, and occurrences of depression are more disabling and resistant to treatment than those experienced by white people.

But it wasn't simply the events of 2020 that led to discussions about mental health, say three men who are experts in the areas of counseling – and in being Black men.

There is a history, and it's tied to multiple levels of disparities, fear, research that

does not pertain to Black lives, classroom learnings, grief and misconceptions.

"What I learned in my master's program," says Allen E. Lipscomb, a licensed clinical social worker, "was Black men were the least likely to get mental health services."

But Lipscomb, who has been in private practice for 10 years, says when clients started calling, almost all of them were Black men.



ABOVE

In his book, Allen E. Lipscomb writes about grief among Black men.

"One of the common things I saw was unresolved grief," he says. "Grief such as a death they'd experienced, relocations,



loss of community and connections, loss due to recognizing that as Black child or youth that you can't do things like your white counterparts."

Lipscomb is also an associate professor and director of Online and Offsite MSW Programs at California State College, Northridge, as well as director of Minority Male Mentoring and the Student Success Allies programs. He earned his master's in social work from the University of Southern California and his doctorate in psychology with a clinical emphasis in marriage, family and child psychotherapy from Ryokan College in Los Angeles

"I looked at my (research) notes, and I realized I was dealing with the unique ways that Black men are experiencing grief and trauma." That was 2012, the year that Trayvon Martin was killed, and as Lipscomb researched and wrote his dissertation on Black male grief, he realized his findings paralleled what we see in society.

"But what I noticed was no one saw there was a need," he says. They'd ask, 'What do you mean, Black man grief?' "

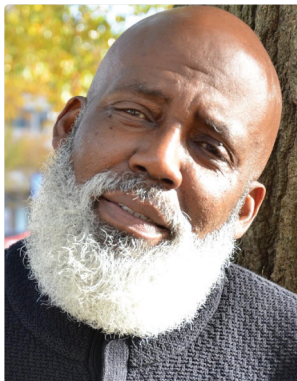
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ALLEN LIPSCOMB
REGINAL CUNNINGHAM
RWENSHAUN MILLER



In his book, "Black Male Grief Reaction to Trauma: A Clinical Case Study of One Man's Mental Health Treatment," Lipscomb writes that bereavement among Black men in the U.S. is influenced by social and cultural world views.

Slowly but steadily, awareness is growing, and along with it, the numbers of men seeking mental health counseling, says Reginald Cunningham of Washington, D.C. But meeting that demand remains limited, partly because of clinical awareness.

Cunningham, who owns Counseling Solutions in D.C., earned his master of psychology from Coppin State University, and his doctorate in counseling from Argosy University in Atlanta. He placed six Black clinicians (out of the eight people employed in his practice) to attempt to meet the demand his practice sees. Nationally, about 4% of doctorate-level psychologists are Black, according to the American Psychological Association.



ABOVE

"A safe space has to be provided for Black men to feel comfortable," says Reginald Cunningham, owner of a counseling practice in Washington, D.C.

A huge hurdle to mental health counseling is in traditional classroom teaching and its application. The focus, says Rwenshaun Miller of Charlotte, North Carolina, is on textbook literature rather than the person or people who will eventually be in a room with a practitioner. Lipscomb concurs, saying most of

the books he's encountered had information about stigma, but nothing that said, "Black men are likely to suffer from this type of stress," and there was nothing that said, 'Here are treatments.'"



ABOVE

Licensed counselor Rwenshaun Miller says he lets Black men "know they're strong for coming to me to talk about their issues."

Miller, a licensed professional counselor, wrote "Injured Reserve: A Black Man's Playbook to Manage Being Sidelined by Mental Illness." The



book reveals some of his battles with mental illness. Miller says after years of living with bipolar disorder, he thought normal life as a Black man meant quelling emotions and being “strong,” and he hears this from his clients.

“And they say I’m strong ... and I let them know they’re strong for coming to me to talk about their issues.”

Making space for vulnerability

“A safe space has to be provided for Black men to feel comfortable, to feel vulnerable, to expose themselves and get the help they desire,” Cunningham says. “Those who have rage are often enraged for good reasons. Thus, the goal of treatment is not to rid them of their rage but instead to help them be aware of it, gain control of it and ultimately to redirect it.

In his practice, Lipscomb has developed the “BRUH” approach to therapy: bonding, recognition, understanding and healing.

Lipscomb also recognizes the need for safety in the outside world. When Black men leave the therapists’ office, it’s back to a world that hasn’t changed, so Lipscomb provides a mental image for them.

“When you ask (Black men), with the BRUH approach, how they feel, they have learned to say, ‘It’s OK,’” he says. “They’ve learned to keep it in, to hold it, to keep it pushing. It’s for their protection. It’s that cloak, that armor – they need that to exist in America.” When they’ve ended a session, he says, he gives them back that shield.

“I tell them that, ‘First, I know this was

not easy to share. I understand how you might want to be guarded, and not share what you’ve shared with me, and that’s OK. I recognize you need to protect yourself, and that’s important.’

“With that,” he says, “I’ve given that armor back to them.”

Dartinia Hull is a writer who is based in the South. She has been published in CNN, Next Avenue, The Bitter Southerner, iPondr, The Charlotte Observer, Age of Awareness, Noteworthy: The Journal Blog and MUTHA Magazine.



ARTICLE BY
TIFFANY BELL

PHOTOS COURTESY OF
DR. KING DAVIS
TANYA HARTMAN

ENSURING THAT HISTORY DOESN'T REPEAT ITSELF

The psychiatric care industry's injustices against Black people are no secret. Efforts to amend those wrongs – plus the emergence of Black practitioners and targeted education – are a welcome change

Many would agree that racism is an inherent part of many structures and systems within the United States. The psychiatric care industry is not exempt. In January 2021, the American Psychiatric Association – the self-proclaimed oldest national physician association in the country – issued an apology for systematic racism against “Black, Indigenous and people of color.”

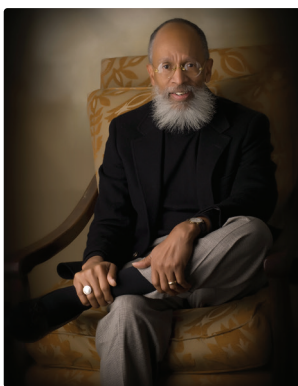
In addition to its apology, the APA expressed a commitment to remediating its wrongs, and creating anti-discriminatory procedures that advance equitable mental health for everyone.

In light of the APA's promise to right its wrongs, some may wonder: How can this be accomplished? Is it possible for a purveyor of prejudicial treatment of Blacks for at least 100 years to resolve the issue? If so, what role would members of marginalized communities assume in the process?

King Davis, Ph.D., a renowned behavioral health expert and academic, believes Black people can aid the APA in its reckoning.

“I think the APA is making an effort,” says Davis. “I think people like Altha

Stewart, the first Black president of APA, and many others are going to work within the APA to try to make a different way of thinking about that apology, how it can be leaning towards and maybe reducing and maybe eventually eliminating some of the kinds of current issues – in psychiatric education, psychiatric practice, psychiatric thought – about this connection between race and the risk of mental illness.”



ABOVE

King Davis, seen here in a 2018 photo, is a research professor in the School of Information at the University of Texas at Austin. Photo by Tanya Hartman

Davis notes an upcoming collaboration between the APA and his organization. “The APA and our group (CSHAP) are putting together an exhibition on the Central Lunatic Asylum for the Colored Insane that will take place in their museum starting in February, Black History Month, 2022. It will be there for six full months and it will cover many of the kinds of documents that have been developed at Central State over 150 years.”

An intellectual with vast leadership experience in the mental health industry, Davis is currently a research professor in the School of Information at the University of Texas at Austin. Davis is also the Mike Hogg Professor Emeritus at the Institute for Urban Policy Research in the College of Liberal Arts, African and African Diaspora Studies at the University of Texas at Austin. And he is the former commissioner of the Department of Behavioral Health and Developmental Services in Richmond, Virginia.

Digitizing the ‘most valuable’ records

A current initiative under Davis' leadership is the Central State Hospital Archives Project. He and his team are digitizing 800,000 physical records from the first mental hospital for Black people, The Central Lunatic Asylum for the Colored Insane (now known as Central State Hospital) in Petersburg, Virginia. Patient records date

from the mental hospital's inception in 1868 through 1968 (during its first 100 years, the hospital was segregated) and from 1970 through 2000 (the period when the hospital was integrated). Saying it had insufficient space to store the records, Central State had planned to discard them.

Davis realized the significance of utilizing these records to inform and improve Black psychiatric care today. "The data that we've gathered about Virginia's first mental institution – the fact that it was segregated until 1968, after 100 years – that's the most valuable set of records about mental illness in the United States that's ever been gathered. You can look at it and see how African American people were examined, how they were diagnosed, treated, length of stays in state hospitals and their death rates in those hospitals from 1868 until 1968. We've been looking at this material and putting it in historical perspective, as well as in current perspective."



ABOVE

King Davis shares a moment with Virginia Gov. Douglas Wilder in 2003 following Wilder's lecture at the University of Texas at Austin.

One of the critical findings during the 13-year period of research was the 1840 United States Census. Essentially, it was the first record that included numbers of people by state, city and race in mental institutions.

"It indicated that African Americans who lived in states where slavery did not exist had rates of mental illness that were 10 times greater than African Americans who lived in slave-holding states," says Davis. "The 1840 United States Census became a record of fake data that allowed some Southerners to make a very strong case for why African Americans should not be free."

From the 1840s through the 1860s, there was what Davis terms "a change in hypotheses" around this phenomena. Prior to 1840, there was "the 'immunity hypothesis,' the notion that Black people were happy slaves and we had this built-in 'situational immunity' from developing mental illness, up until 1840," purports Davis.

However, says Davis, "After 1840, what I call the 'exaggerated hypothesis' took place. The more Black people who were freed, the greater the trouble the United States was going to have. So, the belief among whites was that the best thing was for African Americans to remain in bondage. That concept held from the 1840s until the 1960s."

This was the rationale for developing The Central Lunatic Asylum for the Colored Insane in 1868. Its director, from 1841 to 1862, was John Galt.

According to Davis, "John Galt wrote the first treatise on asylums for people of color. These writings about bogus labels, such as drapetomania – African Americans running away from slavery as a (form of) mental illness – that was part of it. The entire psychiatric community accepted this notion that freedom was not in the best interest of Blacks or whites."

In his book, "The Protest Psychosis: How Schizophrenia Became a Black Disease," Jonathan Metzl, Vanderbilt University professor of psychiatry, claims that whenever Black people

advocated for civil rights from the 1800s through the 1980s, they were described as being mentally ill. "As of November 2021," says Davis, "we're still struggling with this issue of whether the quest for freedom – running away from slavery, fighting against the things that happened to Black people during slavery – is indicative of some form of mental illness in African Americans. We're struggling – theoretically, hypothetically, medically, psychologically – for the control of Black bodies and the reconstruction of Black people's minds."

Reasons for delays in seeking help

Some of the research compiled by the CSHAP team has revealed data consistent with what has long been observed in Black culture. Studies show Black people have delayed seeking help for mental issues for up to 30 years. While Davis asserts that there are many explanations for this, he highlights two reasons.

"Our level of literacy about what constituted mental health was very limited and probably almost nonexistent. A second factor has to do with our access to people who provide services to us. Our pastors have been the major source that Blacks go (to) for everything: health problems, financial problems, marital problems, mental health problems, too. We didn't find much in the way of studies that prepared pastors to deal with these issues. In Austin, Texas, we have created something similar to what (Black Mental Health Today Editor in Chief) LaTonya Summers has done – an annual forum for African Americans which includes special sessions for Black pastors."

As more Black practitioners enter the psychiatric field and host mental health conferences, such as the Black

Mental Health Symposium, mental wellness will be promoted in the Black community. Davis is optimistic about this trajectory continuing, particularly in two areas. "I was amazed at the audiences and the mixture of practitioners who attend the conferences. I'm also impressed with the peer resources in Austin, Texas. You're now seeing more African Americans in the field."

Several of Davis' peers attest to their

experiences in working with such a highly regarded source of well-documented information.

William Lawson, a professor emeritus of psychiatry at the University of Texas at Austin's Dell Medical School, speaks of Davis' willingness "to give of himself and always (be) a font of new insights." Lawson has worked with Davis for decades on issues related to Black mental health care. Founding director of the University of

Michigan Center for Social Solutions, Earl Lewis, Ph.D., also expresses his admiration for Davis. President emeritus of the Andrew W. Mellon Foundation – which provided funding to CSHAP to complete project, Lewis says he was "wowed by (Davis') vision, tenacity and determination to preserve a resource most never knew existed."

Tiffany G. Bell is a freelance writer, editor and proofreader who empowers others by helping them express their best selves through writing.



King Davis and his staff at the Institute for Urban Policy Research in the College of Liberal Arts, African and African Diaspora Studies at the University of Texas at Austin, in 2014 at his retirement.

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CLINICAL ENTREPRENEURSHIP

"So You Want to Make Money as a Speaker?"

There are audiences willing to pay to hear your advice and expertise. Here are four tips for cultivating a new revenue stream.

W So you want to make money as a speaker? There are audiences willing to pay to hear your advice and expertise. Here are four tips for cultivating a new revenue stream. I'm sure you've heard comments like these from peer clinicians:

"There's no money working in this field."

"When you do what you love, you will do it regardless of how much you're paid."

Given the level of sacrifice that goes into obtaining the education, maintaining licensure and holding space for trauma, I wasn't convinced that a vow of poverty for the sake of protecting the emotional health of others was my path.

Many people who need our services will not seek help due to this stigma associated with mental health issues, so it may be easier to reach them through professional association conferences, faith group seminars or university events, for example.

According to www.salary.com, public speakers in the U.S. earn an average of \$90,352 per year. With that in mind, here are four areas you must cultivate in order to prosper as a paid speaker.

Carefully define your niche

Defining a niche may feel counterintuitive. Many clinicians have worked in academic and agency

settings where the expectation is for you to become an expert within many aspects of mental health. However, to stand out as a speaker it's important to niche down to a specific mental health topic and population.

For example, saying, "I speak on the clinical implications of depression in adults" is not narrow enough. Here is a better defined niche: "I help corporate professionals manage prolonged stress from staff shortages caused by the pandemic."



ABOVE

Dwayne Buckingham advises clinicians to "do their homework before reaching out to (organizations), and understand their speaker budget."

Speakers should have one to three signature talks that they provide to organizations. Dwayne Buckingham, Ph.D., and founder of The Business Academy for Social Workers and Counselors, advises clinicians to "do their homework before reaching out to (organizations), and

understand their speaker budget." Nonprofits, government agencies, CEU organizations and corporations are examples of entities to target. Buckingham often speaks to CEU organizations and shares that he often requests "a flat rate and adds an additional \$10 per person over 30 attendees."

Visibility equals income

Visibility will garner interest from event planners who seek people to speak at their events. However, in order to receive consistent paid speaking engagements, it's important to pitch your services to the groups' decision makers. In addition, a professional headshot, speaker sheet or media kit are essential tools to landing paid speaking engagements.



ABOVE

Precious L. Williams advises clinicians to turn free speaking opportunities into money-making venture

Precious L. Williams of Perfect Pitches by Precious says although some platforms such as Tedx provide great visibility, those appearances are usually unpaid. However, the former Tedx speaker says you can turn free speaking opportunities into money-making ventures. Creating an email or text list using lead magnets, or giveaways offered while you're onstage can allow you to earn money from free speaking opportunities if you have something to sell to attendees, like books or courses.



ABOVE

"Many clinicians are doing public speaking but aren't monetizing it," says Laura Louis..

Laura Louis, Ph.D., psychologist and founder of Couch to Podium Mastermind, says she trains therapists to "get clear about your target market (and) what they care deeply about so you can articulate the value behind speaking at their event. ... We're not having (enough) money conversions; many clinicians are doing public speaking but aren't monetizing it. Know how to pitch yourself, but also know that you're worthy of getting paid well for it."

Natasha D. Oates is a therapist and keynote speaker in Charlotte, North Carolina. You can reach her at @NatashaDOates on Facebook, Instagram and Twitter, and at www.upcompany.org.



IT'S ALL ABOUT CULTURAL COMPETENCE

'The mental health care system was not created for everyone,' says a telehealth executive. So he created a company that teaches therapists how to build empathy with their clients.

Kevin Dedner's desire to improve cultural responsiveness in mental health is a reflection of his own experiences.

Growing up in the South, Dedner experienced trauma and oppression, which led to depression and anxiety. He struggled to find a therapeutic alliance and learned that most existing mental health care models ignore cultural differences.

Dedner is the founder and CEO of Hurdle Health, a mental telehealth company designed to help licensed therapists understand the importance of culture when working with Black and brown patients.

"We face a hard truth, that the mental health care system was not created for everyone," Dedner says.

According to a 2020 article published on the National Library of Medicine's website, the pandemic has heightened the need for culturally relevant counseling. The article's abstract notes that "Mental health clinicians and researchers must be prepared to address the unique needs of Black Americans who have been disproportionately affected by the COVID-19 pandemic.

"Race-conscious and culturally competent interventions that consider factors such as discrimination, distrust of health care providers, and historical and racial trauma as well as protective factors including

social support and culturally sanctioned coping strategies are needed."

Dedner says his company, based in Washington, D.C., helps therapists understand how to bridge the cultural divide.

"Hurdle Health addresses culture competency – helping therapists become competent in someone else's culture," Dedner says. "Our program provides an ecosystem to help therapists build cultural empathy.

"We want to put forward the message that we're building a place that is welcoming and inviting. We stay involved with our therapists by monitoring customer interactions and providing more help and resources when needed. While we know it's also important that their culture



Kevin Dedner, CEO of Hurdle Health, says his company helps therapists "become competent in someone else's culture."

"The racial reckoning that occurred after George Floyd's murder gave voice to people who have had their experiences glossed over. We have to address them in therapy because cultural issues are so tied to Black and brown identity – and those issues can negatively impact your mental health."

Dedner expands on his personal experience, cultural philosophy and the latest mental health research in his new book, "The Joy of the Disinherited: Essays on Trauma, Oppression and Black Mental Health." In the book, he shares his personal story and notes how the latest research on Black mental health is proof of the need for programs such as Hurdle Health.

Plans for Hurdle Health include expanding into Maryland, Virginia, Texas, California and Massachusetts by the end of 2021. Dedner also has big plans for 2022, when the company will expand into another dozen states.

"We're building a company that is culturally intentional and supports the diversity of our country," says Dedner. "Increasing the diversity of the mental health pipeline is important – therapists don't have to be Black to try to understand Black mental health. Our therapists' training includes

Kimberly Gohringer is a freelance writer in Charlotte, North Carolina. She is an avid reader, traveler and ally for diversity, equity and inclusion.



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BY ANGELA M. HAIGLER

PHOTO BY
ADOBE STOCK
TAMEKA WADE BREWINGTON

'WHAT HAPPENED TO YOU?'

In "What Happened to You? Conversations on Trauma, Resilience and Healing," Oprah Winfrey teams up with Dr. Bruce D. Perry, a child trauma specialist, to ask practitioners to make a switch. Instead of focusing on what's wrong with clients, they suggest the question should be, "What happened to you?"

While seemingly simple, the shift is groundbreaking, say the authors of the similarly titled book. With a transition in thinking, the two hope to pave the way for increased understanding about how childhood trauma impacts current adult behaviors.

Winfrey connected with Perry early on because of his extensive background researching the impact of trauma on the brain, especially as it relates to children. Winfrey's expertise comes from her own experience of feeling abandoned by her parents and being raised by a strict grandmother who used beatings to show love. Winfrey realized how a lack of early nurturing caused her to go inward, and how fear of corporal punishment led her to become a people pleaser.

Practitioners such as Tameka Wade Brewington, owner of Real Talk Counseling in Charlotte, North Carolina,

shared her perspective. "This is not a new concept," she says. "The book explores looking at client concerns from the perspective of the trauma the person may have experienced as opposed to looking at them as bad or wrong."

For clinicians, that means acting and reacting from the view of the client. "So, if someone you're working with is exposed to abuse in childhood, that person is going to act and react from that perspective." A licensed therapist, Brewington says while this concept has been practiced for years among herself and her colleagues, Winfrey and Perry's book will give this form of treatment a larger platform.

For mental health professionals, recommending this book as a resource for clients could be a way to help their clients gain grace and compassion for their experiences. Shared in a conversational style with both Winfrey and Perry alternating their experiences on the page and in the audio version, the book reads like an intimate examination from two notables in their fields. Additionally, practitioners can draw from the breadth of examples and research in this accessible, less-scholarly manner to help bridge the gap between the science and experience.

What this book does well is lay reasons

the trauma experienced in our lives shouldn't be ignored. Instead of blaming ourselves for certain shortcomings, we may need to go to the source of our trauma and examine it – then, if necessary, work through and repair any tears and fissures in



ABOVE

Licensed therapist Tameka Wade Brewington says "What Happened to You?" provides a larger platform to discuss treatment of childhood trauma.

Angela M. Haigler is an award-winning marketing and communications strategist based in Charlotte, North Carolina.



Celebrate with us!
Congratulations Dr. LaTonya Summers

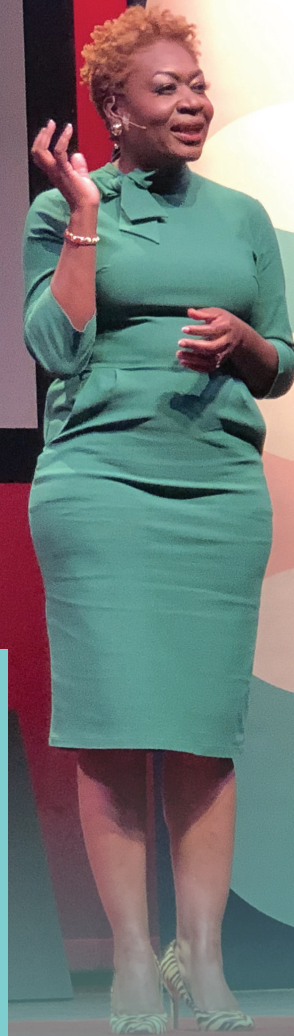
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HELPERS CAN BE VICTIMS

For Black mental health professionals, domestic violence at the hands of intimate partners is largely unrecognized

Victims of domestic violence are all too familiar with the trajectory of abuse in their personal relationships. They live with what the National Domestic Violence Hotline refers to as “escalation,” when the abuse worsens significantly. And though the mistreatment can be sudden, it often evolves over months and years.

Family members can be unaware their loved ones are being abused until it is finally disclosed or, even worse, the violence results in a fatality. “How could she let that happen?” they might inquire. Or, “How did he allow a woman to beat on him?” While victims of domestic violence also question themselves, it is important to know these questions are stigmatizing and serve as barriers to seeking help.

Mental health professional Alicia Harris, who lives in Columbia, South Carolina, is a 20-year survivor of domestic violence who now advocates for others. She was the keynote speaker at the 2021 Silent Witness Domestic Violence ceremony in Columbia, and her other advocacy efforts include working as a counselor at a domestic violence shelter.



Black mental health professionals avoid seeking help out of concern for their professional image, says Alicia Harris

Harris’ three-year domestic violence ordeal began when she was a 17-year-old single mother manipulated by a “groomer.” His intent was to become the sole person Harris desired and needed. Harris said the groomer’s control left her emotionally and financially dependent upon him.

By the time the physical abuse began, Harris recounts, she was too exhausted from continuous cycles of psychological abuse to fight back. The groomer slowly isolated Harris from her family and demolished her self-esteem, self-confidence and self-worth. She said she was left feeling ashamed, embarrassed and that she was a disappointment to her family. Her life finally began to change when a concerned coworker asked if she was being abused.

Black Mental Health Today’s efforts to determine the prevalence of domestic violence among Black mental health professionals yielded little information. However, the National Coalition Against Domestic Violence noted in 2020 the prevalence of such abuse among Black people:

- 45% of Black women and 40% of Black men experienced sexual violence and/or stalking.
- 41% of Black women and 36% of Black men experienced physical violence.
- 54% of Black women and 56% of Black men experienced psychological aggression.

A 2020 report titled “‘I’m Black, I’m Strong and I Need Help’: Toxic Black

Femininity and Intimate Partner Violence” discussed a particular hindrance to seeking help that many Black women deal with: attempting to embody the “strong Black woman” stereotype, which reinforces a Black woman’s responsibility for the well-being of others over her needs. As for Black mental health professionals who avoid seeking help, Harris says there’s concern about tarnishing their professional image or appearing weak.

Harris identified another barrier to seeking help. She says church leaders “often use Scripture to manipulate (a woman) into submission.” For example, clergy will offer a snippet of Scripture such as “Submit to your husband” as a rationale for advising a woman to remain in an abusive environment.

Harris notes that “Black professionals are human beings who aren’t immune to violence” and need access to people they can trust and describe their experiences without shame or ridicule.

“Everyone knows someone who has experienced domestic violence,” says Harris. “They may not know their story, but that person is closer than people think.”

Donita Holmes is a licensed, independent social worker-clinical practice, with 20-plus years of clinical experience. She earned a doctorate in I/O psychology, with a specialization in organizational psychology.



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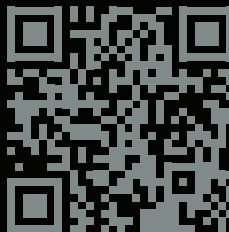


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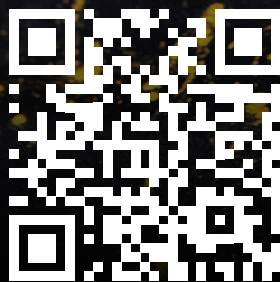
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