Decolonizing Mental Health Practices

Anna Nelson, PhD, LCSW

February 22, 2023

Land Acknowledgement (Native American and Indigenous Initiatives, n.d.; Paris & Alim, 2017)

I offer this land and labor acknowledgement honoring members of the 23 Tribes and Pueblos of New Mexico as traditional stewards of these lands and recognizing the impact of slavery and colonization on African, Asian, Indigenous, and Mexican peoples whose forced labor created this specific space in which we hold this dialogue today. The violent impact of slavery, colonization and genocide is not solely historical but is present today. This is one small step in my lifelong commitment to racial truth-telling and reconciliation.

I would also like to share I am not an expert in decolonizing practices and am here as a co-learner alongside each of you in this process of collective healing and transformation.

Finally, I would also like to dedicate this presentation to my mother, who passed from an overdose. She would be turning 77 years old today.

Dialogue Objectives

This dialogue bridges findings from 2 qualitative studies conducted in NM, and literature from education, higher education, behavioral and public health to provide innovative perspectives and approaches to behavioral health services for Black, Indigenous, and People and Communities of Color.

After our dialogue today, you may:

- Understand key principles of decolonizing mental health

- Connect cultural humility to the work of decolonizing mental health

- Feel confident in using Critical Trauma Theory concepts to identify ethnoracial and cumulative traumas for the people and communities we serve

- Identify cultural capital as sources for their healing

Community Agreements (Tool You Can Use)

- This *Community Agreements* activity lays a foundation for embracing diversity, respectful engagement and provides a foundation to address conflicts if they arise.

- This consensus-driven activity differs from the traditional "ground rules" approach often found in group settings and establishes a safe learning environment.

- By giving everyone space to voice what they need from their peers and facilitator to learn, heal and grow, a climate for emotional and cultural safety begins to be created.

- Please answer this in the chat:
  - **In a few words, what do you need from me as the dialogue facilitator/co-learner and your colleagues to feel safe, 100% present and comfortable in discussing tough topics over the next hour?**

The Why Behind Today's Dialogue

- "Mental health practices are fundamentally situated within systems of power and colonial hegemony" (Millner et al., 2021, p. 333)

- "Mental health experiences of (Black, Indigenous and People of Color and Communities) are characterized by disconnections from ancestral culture and land due to colonization, alienation from culturally and spiritually grounded mental health practices, racial trauma, intersectional oppression, and systemic inequities" (Millner et al., 2021, p. 333)

- Our professions remain colonized in our adoption of Western ways which are perceived as intellectually and culturally superior, that embrace a medical model of pathology and diagnoses, and that "treat mind, body, and spirit as separate and distinct entities" (Millner et al., 2021, p. 335)

It's Complicated...

Getting a Handle on the Terminology

Conceptualizing Colonization

- In 2003, it was estimated "estimated that there were more than 7,000 Indigenous societies around the globe with an estimated world population of 300–500 million Indigenous people who self-identified as Indigenous – as descendants of the original inhabitants – and had distinct social, political and cultural identities embodied in languages, traditions, political and legal institutions distinct from those of the national society." (Gray et al., 2013, p. 3)

- Colonization is considered any act of forcibly establishing control over and subjugation of Indigenous populations, appropriating land, resources and culture for the purposes of domination and control, through acts of violence, enslavement and genocide.

- The status of the colonizer is then protected through systems of control that are imbedded in societal institutions and reinforced economically

- "Contemporary systems of mental health practices can be traced to European colonialism and imperialism and are currently embedded within systems of power and cultural" (Millner et al., 2021, p. 334) dominance which reinforce White, middle-class, Christian, patriarchal, and heteronormative perspectives (p. 335)

Deconstructing Decolonization

- Multiple definitions of decolonization exist

- It is a radical paradigm shift and way of being (Thomas & Green, 2007) that include transformative action, a commitment to liberation through repairing, restoring and healing through relationship.

- Indigenous experts assert that decolonization is both an event and a process
  - As an event, decolonization involves reaching a level of critical consciousness, an active understanding that you are (or have been) colonized and are thus responding to life circumstances in ways that are limited and externally controlled (Waziyatawin and Yellow Bird, 2005)
  - As a process, decolonization means engaging in the activities of creating, restoring, and birthing. It means creating and consciously using various strategies to liberate oneself (from) oppressive conditions; it means restoring cultural practices, thinking, beliefs, and values that were taken away or abandoned but are still relevant and necessary to survival; and it means the birthing of new ideas, thinking, technologies, and lifestyles that contribute to the advancement and empowerment of Indigenous Peoples (Waziyatawin and Yellow Bird, 2005)

- Decolonization requires ongoing critical reflectivity and action to support indigenous sovereignty, land repatriation, abolishment of enslavement, and systematic dismantling of hegemonic, imperialist systems and institutions (Ontario Public Interest Research Group, 2015; Tuck & Yang, 2012).

Decolonizing Mental Health Practices Means We…

- Embrace an understanding of how ethnoracial and collective traumas stemming from colonization impact mental health outcomes (Nelson, 2019; Zapata, 2020) and address these in our work

- Radically acknowledge the entrenched historical and present-day relationships among our professions and carceral institutions (law enforcement, child protective services, juvenile justice and adult corrections)

- Commit to dismantling systemic and institutional racism within our professions and professional practices

- Honor and make space for the multiple ways of knowing, deep traditional wisdom and healing practices among Black, Indigenous and People and Communities of Color

- Create culturally affirming and meaningful healing spaces where people feel they are represented, belong and matter

- Develop and use culturally relevant assessments and interventions

- Promote collective healing, rather than solely focusing on individual outcomes (Nelson, 2019; Zapata, 2020)

Beginning with Deepening Our Understanding of Collective Traumas

Type of Trauma	Definition	Examples
Collective	"Psychological reactions to a traumatic event that affect an entire society…It suggests that the tragedy is represented in the collective memory of the group" (Hirschberger, 2018, p. 1)	• Environmental disasters • Pandemics • War • Genocide
Communal (Counter-Narrative to Victimhood)	"A harm or wrong committed against targeted racialized groups so horrendous that it induces a traumatic condition…These traumatic conditions exist and evolve in collective memories of racialized harms and wrongs tied to shared identity, experience and place, and it is worked through in everyday consciousness…Communal trauma is not victimhood; it is a legitimate response to harm and wrong." (Poe, 2022, p. 65-66)	• Community disenfranchisement • Criminal and Juvenile Justice Systems • Child Protective Services • Social Work and Behavioral Health • Immigration and Customs Enforcement (ICE) • Public Education
Cultural (Specific to Marginalized Communities)	"Cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways" (Alexander et al., 2004, p. 1)	• Community violence • Mass shootings (El Paso, Tx, 2019) • Police use of lethal force • Border closings, mass deportation and family separations • Loss of life in ICE Detention Facilities • Disproportional loss of life from COVID-19 • Systemic/structural racism and oppression
Cumulative	"Exposure to sustained, repeated or multiple traumas" (Cloitre et al., 2009, p. 399)	• Adverse childhood experiences (ACES), including child abuse and neglect, witnessing or experiencing domestic violence • Combat

Beginning with Deepening Our Understanding of Collective Traumas

Type of Trauma	Definition	Examples
Ethnoracial	"Ethno-racial trauma (is) the individual and/or collective psychological distress and fear of danger that results from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at ethno-racial minority groups." (Chavez-Dueñas et al., 2019, p. 49)	• Ethnocentrism • Racism • Nativism (perceptions of immigrants as threats) • Criminalization of Immigrants
Historical (Coupled with Intergenerational Resilience)	"Cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma" (Yellow Horse Brave Heart, n.d., para. 2) and "compounding discrimination, racism, and oppression" (Yellow Horse Brave Heart et al., 2011, p. 282)	Experienced by Indigenous Peoples in the U.S. over 500 years of "physical, emotional, social, and spiritual genocide from European and American colonialist policy" (Yellow Horse Brave Heart, n.d., para. 2).
Oppression-Based (Coupled with Cultural Capital/Community Cultural Wealth)	"Oppression-based trauma is exposure to and lived experiences of personally mediated, institutional, and structural forms of oppression (Jones, 2000) through symbolic, emotional, verbal, physical, sexual, economic and environmental manifestations, across one's lifespan." (Nelson, 2022, p. 70)	Exposure to linguicism, racism, colorism, nationalism, sexism, classism, ableism, homophobia, transphobia, xenophobia, islamophobia, colonization, political, historical, and intergenerational trauma, and acts of oppression because of one's documentation, immigration, refugee, or former incarceration status (Nelson, 2022, p. 70)
Political	Characteristics, communication and actions of people in positions of civic authority that disproportionally impact Black, Indigenous and People and Communities of Color and LGBT+ communities that fuel hate crimes and validate covert/overt oppression. (Sondel et al., 2018)	• Hate crimes • Anti-LGBT+ laws/policies • January 6 insurrection • Bomb threats to HBCUs and churches • Supreme Court decision to overturn Roe v. Wade • Anti-immigrant rhetoric

Additional Factors To Consider

Factor	Definition
Microaggressions	"Brief and commonplace daily, verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial (and oppressive) slights and insults" toward BIYOC and LGBT+ youth (Sue et al., 2007).
Tone Policing	Tone policing is where one person with privilege corrects another person, typically a person experiencing oppression, by discounting their statements as overly emotional or silencing a person by labeling them as inappropriate, disrespectful or angry (Campbell, 2018).
Racial (Oppression) Battle Fatigue	Race- and oppression-related stressors, such as exposure to racism and discrimination, and the time and energy BIYOC and LGBT+ Youth expend to battle these stereotypes, that can lead to detrimental psychological and physiological stress (Franklin, Smith, & Hung, 2014; Smith, Yosso, & Solórzano, 2011).
Resilience Fatigue	"The exhaustion that comes from a prolonged period of attempting to cope, manage stress, stay motivated, strong and positive" (McPhail, 2022, para. 1). Resilience fatigue also comprises the exhaustion of resilience required to address "chronic adversities and structural inequities that lead to historical trauma through multiple generations" (Mowe, 2017, para. 1), where "any concept of resilience that does not contextualize the long history of racial (and other) inequities and ongoing structural violence becomes a challenging one" (D. Shervington, as quoted by Mowe, 2017, para. 3). *"I am not resilient" sign on a New Orleans street post.,* image retrieved https://www.garrisoninstitute.org/blog/resilience-fatigue/

Critical Trauma Theory: A Different Vision

With the purpose of igniting critical discourse, Critical Trauma Theory (CTT) is introduced to close the gap in literature addressing oppression-based, cumulative, collective, and cultural trauma and their impact on Black, Indigenous and People and Communities of Color behavioral health, wellbeing and thriving (Nelson, 2019; 2020; 2022; Nelson et al., 2020). Critical Trauma Theory is an emerging micro-theoretical perspective in Critical Race Theory that attends to collective traumas experienced by BIPOC while uplifting their vast funds of knowledge, cultural capital, and resistance (Nelson, 2019; 2020; 2022; Nelson et al., 2020). This theory asserts five key tenets as its foundation:

1. The first tenet of CTT is the compelling need for behavioral health service systems to comprehensively acknowledge that structural racism/oppression is common-place and embedded in its practices (Constance-Huggins, 2012; Nelson, 2022).

2. Second, the persistence of structural racism/oppression places BIPOC at risk for collective traumas (Crenshaw, 1989; Delgado & Stefancic, 2017; Goodwin, 2014; Jordan et al., 2014; Kucharska, 2018; Ladson-Billings, 1998; Nadal, 2018; Solórzano & Yosso, 2001; Yosso, 2005).

3. Third, CTT contends that exposure to racism, oppression, and collective traumas results in marginalization and othering for BIPOC (Ladson-Billings & Donner, 2008), increasing risk for disconnection.

4. Fourth, CTT centers BIPOC's lived expertise, existing cultural capital, and funds of knowledge as protective against racism, oppression, and collective traumas, and promotive of their healing and wellbeing (Yosso, 2005). This offers a unique counternarrative to majoritarian cultural deficit frameworks for BIYOC' behavioral health outcomes.

5. The fifth and final CTT tenet contends that the elimination of racism, oppression, and collective traumas in behavioral health systems is a social justice imperative requiring antiracist, culturally humble systems of practice, leadership and comprehensive policy transformation (Solórzano & Villalpando, 1998; Tervalon & Murray-Garcia, 1998; Yosso, 2005).

Research Context

- Two IRB-approved qualitative studies:
  - Introducing Critical Trauma Theory For Black, Indigenous And Latine/Afro-Latine (BIL) Students Studying Social Work: A Phenomenology Of Cultural Capital In The U.S. Southwest (Nelson, 2022), a critical dialectical phenomenology in three Hispanic- and Minority-serving Schools of Social Work. Data collected using survey (N=45) and in-depth interviews (N=9)
  - Riotous Research: A Critical Trauma Theory to Uplift the Language of Those Unheard- Black, Indigenous and Social Work Students of Color (Nelson, 2022), a critical photovoice in one Hispanic- and Minority-serving School of Social Work. Data collected over three photovoice projects and surveys (N=23)
- Sample representative of NM Demographics and reflected LGBT+ and gender nonbinary voices
- Research occurred COVID-19 and Era of Racial Reckoning
  - Racial Disparities in Mortality from COVID-19
  - Mass Detention and Deportation of Immigrants and Their Children
  - 2019 Mass Shooting in El Paso
  - January 6, 2021, Insurrection at U.S. Capital
  - Police Use of Lethal Force
  - #BlackLivesMatter, #NativeLivesMatter, and #SayHerName Movements
- Participants from both studies affirmed simultaneous experiences with racism, oppression, collective traumas and expressions of cultural capital

Interpersonal, Structural, and Intuitional Experiences with Racism, Oppression, and Cumulative Trauma Exposure

- Black and Indigenous participants' mean responses were higher than peers with other identities in many categories.

- Peers told White and LGBT+ participants that BIPOC no longer experience racism or that they are color-blind and do not see color

- Black, Indigenous and Latinx participants experienced racial microaggressions from peers and colorism from peers because of skin tone, hair texture or the "way they look"

- Female identified participants reported experiencing racialized sexism

- Black, Indigenous, Latinx and LGBT+ participants expected to act as representatives of people who share their race/ethnicity in their practicum placement

- Black, Indigenous, and Latinx participants experienced people in positions of authority assuming they would not be intelligent because of their race/ethnicity.

- They also were made to feel invisible or spotlighted and expected to act as representatives of people who share their ethnicity.

- Some participants reported feelings of isolation, sadness, depression, and "sustained panic response" stemming from racism and oppression

- Some participants reported generational trauma in their families and communities

- Indigenous/First Nations participants reported:
  - Often or very often experience feeling physically ill after incidents of racism
  - Stressed, anxious, angry, or depressed because of statues, pictures, or other imagery that remind them of colonization or genocide
  - Anxious about racial tensions in the U.S.
  - Feeling hopeless that racism can change in the U.S.

So Now What?

Brief Strategies to Begin Decolonizing Our Mental Health Practices

Culture is the Cure: Center Cultural Capital in All Aspects of Our Work
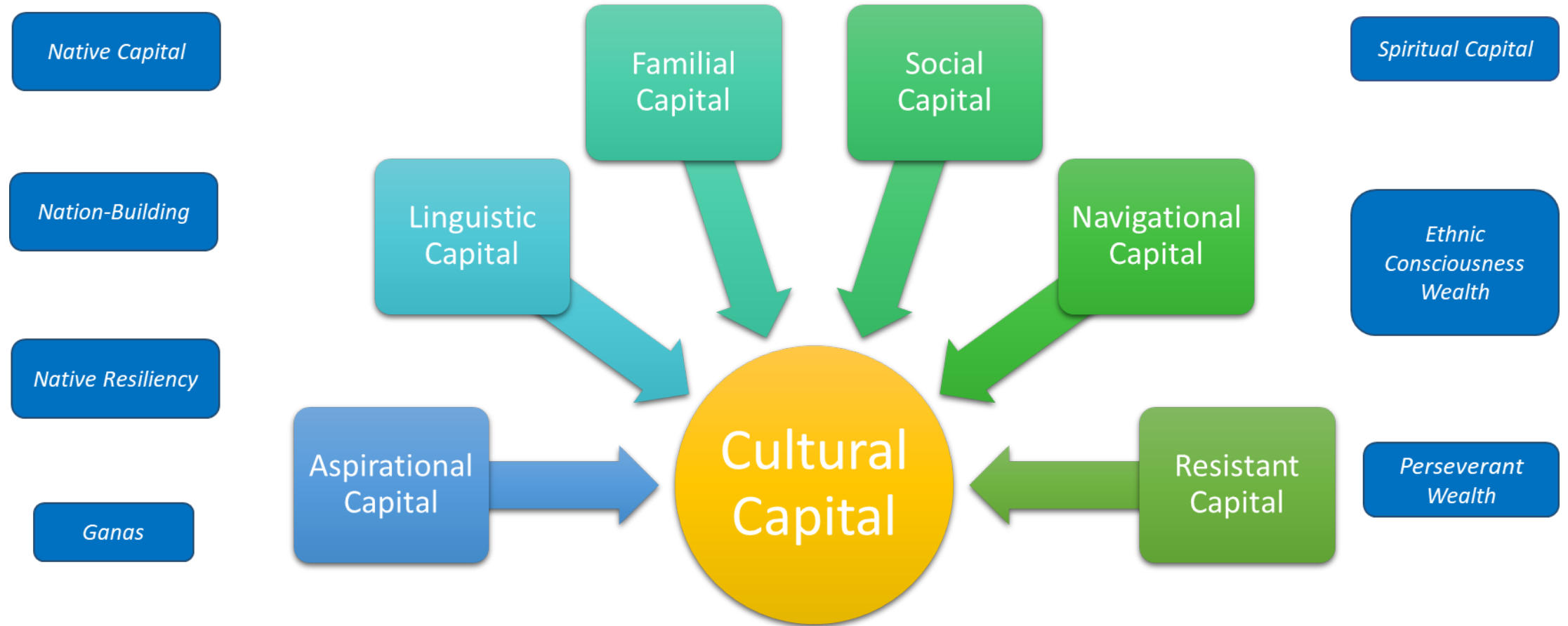
Develop a Consistent Practice of Cultural Humility (Tervalon and Murray-Garcia, 1998)

Life-Long Learning and Critical Self-Reflection

- Personal: Build a Daily Practice of Critical Self-Reflection; Ask the question, What do I do daily that may contribute to inequality?, and, How can I better act as a Critical Ally?
- Practice-Based: Strive for continual practice improvements; Honor and address social, historical and economic contexts into assessment; Seek critical feedback and mentorship through supervision

Recognizing and Challenging Power Imbalances

- Personal: Understand, acknowledge and confront own points of privilege and implicit biases; Accept full responsibility for negative impact; Challenge patriarchal concepts of empowerment and protection
- Practice-Based: Critically analyze organizational practices; Assess youth and families equitably; Interrupt, confront & remediate microaggressions; Model through others' implicit biases toward colleague critical self-reflectivity; Be a Critical Ally to clients and colleagues when appropriate

Holding Systems and Institutions Accountable

- Personal: Radically commit to anti-racism, social justice and action; Be willing to take risks while acknowledging that the consequences for people with privilege are different from those being oppressed
- Practice-Based: Leverage personal points of power and privilege through creating pathways for power and action; Engage in Critical Collaborations; Challenge oppressive policies and practices

Engage in a Cycle of Culturally Humble and Identity-Centered Practice

- We engage in oral tradition by evoke counter-storytelling and narratives and We engage in practices that promote culturally humble, identity-centered healing, learning and pathways to power, voice and choice
- We act as critical allies in social transformation
- We challenge power imbalances and other forms of structural and institutional oppression
- We hold systems and institutions to accountability and meaningful change
- We engage in self- and collective care so we remain in the work

- Our systems and organizations reflect the diversity of the people and communities we serve
- We center cultural and identity capital in all aspects of our work
- We provide culturally and linguistically accessible services
- We identify approaches, tools, and practices that align with the cultures and identities of the people and communities we serve
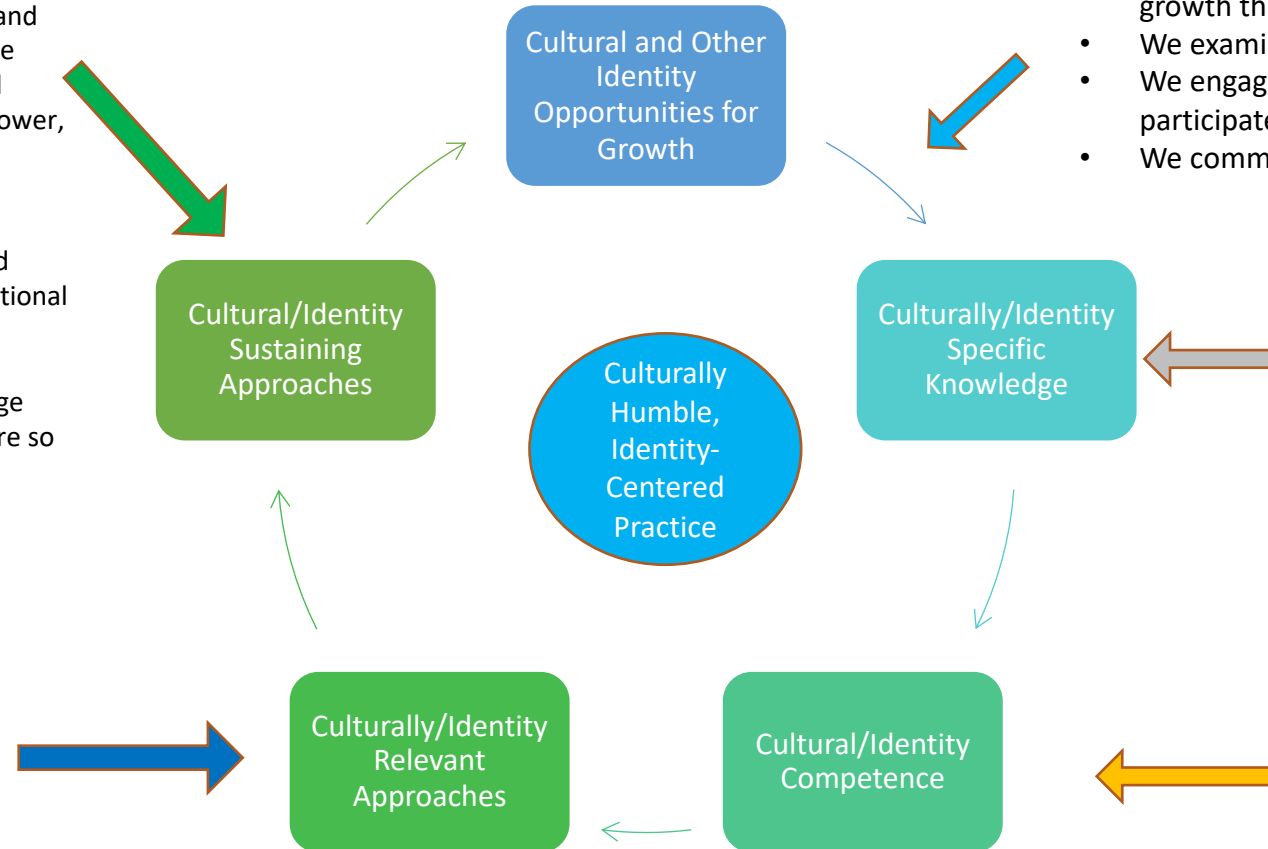
- We identify our areas for knowledge-building and growth through critical self- and process-reflectivity.
- We examine our personal biases
- We engage in mentorship, connect with Elders and participate in reflective supervision
- We commit to life-long learning

- We intentionally build a cadre of people with expertise in our areas for growth
- We connect with Circles of Support
- We participate in Collective Care practices

- We practice anti-oppressive communication
- We follow our Code of Ethics
- We do no harm

Cultural and Other Identity Opportunities for Growth

Cultural/Identity Sustaining Approaches

Culturally/Identity Specific Knowledge

Culturally Humble, Identity-Centered Practice

Culturally/Identity Relevant Approaches

Cultural/Identity Competence

Critically Reflective Question to Guide Our Culturally Humble Practices (Adapted from Gherardi et al., 2021, p. 13)

- How do I and my team integrate discussions about the roles of racism, oppression, privilege, historical contexts and power differentials between systems, providers, and the people we serve into our staffings, assignment of clinicians and selection of treatment modalities?

- "How are we acknowledging the cultural trauma that marginalized communities have experienced (or are experiencing)?" (Gherardi et al., 2021, p. 13)

- How do we create spaces for people we serve to share about their cultures, histories and lived experiences with racism and oppression?

- How can I/we learn more about these factors independently from the people we serve educating us?

- What role(s) do privilege and power play in my/our relationships with the people we serve?

- "How do I (we) actively work to give more power to (the people we serve) whose cultural group has had power taken from them to counter trauma responses?" (Gherardi et al., 2021, p. 13)

- "Can I (we) identify at least two strengths in (their) cultural group? Once identified, how can those strengths be used to foster a positive (therapeutic) experience?" (Gherardi et al., 2021, p. 13)

- What policies at our organization/agency retraumatize the people we serve and/or contribute to their experiences of racism and oppression?

Practice Antiracist Communication: Intent vs. Impact (Utt, 2013)

Intent vs. Impact Statement: I recognize that your intention was not to be hurtful/harmful/racist/oppressive. However, when you (x, y, z), the impact this had on me was… In the future, I would like for you to (x, y, z).

Speaker's Intent

Ability to Express Oneself Clearly

Implicit Bias

Mindfulness of Others' Lived Experiences and World Views

Understanding that Intentions are Unknown

Impact on Listener

Lived Experiences of Oppression

Compound Impact of Microaggressions

Exposure to Trauma

Interpret What's Said

Identity Informs Interpretation

Cultured and Gendered Communication

Observe and Acknowledge Nonverbal Cues Indicating That Negative Impact Has Occurred

Assess What Happened

Implicit Bias

Prior Experiences (Memory vs Inspiration)

Identify Misalignment of Intent and Impact

Make Amends

Acknowledge Intent and Impact Weren't Aligned

Take Accountability and Responsibility for Impact

Work to Understand Others' Perspective

Learn How You Can Do Things Differently in the Future

Accept that Amends May Not be Possible

- Intent vs Impact: Why your intentions don't matter: http://everydayfeminism.com/2013/07/intentions-dont-really-matter/

- Aligning Intent and Impact: http://www.diversitycentral.com/art13_0598.pdf

Commit to Restivism, Radical Self- and Collective Care

- Sometimes referred to as restivism (the art of self-care during acts of social justice activism and transformation), radical self- and collective-care is meant to help us understand our positions within ourselves, in our families and communities and in this work.

- Radical self- and collective-care means moving beyond acts of self-indulgence that temporarily soothe us to spaces where we do deep work internally and externally and then rest and rejuvenate our minds, bodies and spirits.

- French et al. (2019) provide us with a framework for radical self- and collective-care by emphasizing these five domains of healing: 1) Collectivism; 2) Critical Consciousness (and Introspection); 3) Radical Hope; 4) Strength and Resistance; and, 5) Cultural Authenticity and Self-Knowledge.

- The Nap Ministry helps us to understand the importance of rest in radical self- and collective-care as a spiritual practice and a racial and social justice imperative (Nap Ministry, n.d). What makes this form of self-care radical is we must embrace the collective nature of our struggles, where we heal in and through relationships.

- Another powerful voice in collective care and systems transformation is Adrienne Maree Brown

Artist: Favianna Rodriguez. Retrieved from
https://favianna.com/artworks/collective-care-is-our-best-protection-3)

More C's ☺: The 5 C's of Radical Self- and Collective Care (Nelson, 2019)

Creativity

Connectivity

Community

Celebration

Ceremony

¡Mil Gracias!

It was an honor to be here with you today.

Please don't hesitate to contact me with questions or comments at anelson8@nmsu.edu, referencing our dialogue title in the subject line.

"My philosophy is very simple. When you see something that is not right. Not fair. Not just. Say something. Do something. Get in trouble. Good trouble. Necessary trouble."

— Congressman John Lewis

Resources

- Clarke, K., & Yellow Bird, M. (2011). *Decolonizing pathways towards integrative healing in social work*. Routledge.

- Gray, M., Coates, J., Yellow Bird, M., & Hetherington, T. (2013). *Decolonizing social work.* Ashgate Publishing.

- Millner, U.C., Maru, M., Ismail, A., & Chakrabiarti, U. (2021). Decolonizing mental health practice: Reconstructing an Asian-centric framework through a social justice lens. *Asian American Journal of Psychology, 12*(4), 333-345. https://doi.org/10.1037/aap0000268

- Wilson, W.A., & Yellow Bird, M. (2005). For Indigenous eyes only: A decolonization handbook. School of American Research Press.

- Zapata, K. (2020, February 27). Decolonizing mental health: The importance of an oppression-focused mental health system [Blog]. *Calgary Journal.* https://calgaryjournal.ca/2020/02/27/decolonizing-mental-health-the-importance-of-an-oppression-focused-mental-health-system/