

CAN Community Council Meeting Notes

Monday, November 28, 2022

Zoom Video Conference

Present: Nancy Gilliam, Caroline Reynolds, Rachel Hampton, Donovan DePriest, Lydia Galvan

Staff Present: Jelina Tunstill, Raul Alvarez, Carlos Soto

Guests: Vicky Coffee, Manuel Zamarripa, Elexia Gonzalez Lowe, Ara Merjianian

Call to Order and Announcements	Rachel called the meeting to order at 6:11 pm. A quorum was not present.
Approval of October 17, 2022 Minutes	The October 17, 2022 minutes could not be approved due to lack of quorum. Approval of the October minutes will be moved to December's meeting.
CAN Community Council Chair's Report	Summary: Rachel stated that both she and Donovan attended the CAN Board retreat last week. The Board is really focusing in on an Equitable Economic Recovery moving into 2023. She stated we have one more meeting this year on December 12 th . She stated that we are still actively recruiting and encouraged everyone to nominate at least one person for next year. She also stated that they are looking for people who would be interested in being vice-chair.
Executive Director's Report	Summary: Raul stated we had the CAN Board retreat on November 18 th . It was the biggest in person event since the regional summit. Part of the retreat was a reflection of CAN's work in 2022. We will create mental health toolkits for three language communities, including Spanish. We are at the beginning stages of developing a toolkit for Spanish. We shared about our Race Equity Principles in Practice Training that's focused on using the Race Equity Action Framework. We've spent about a year gauging where we can take action on ensuring an equitable economic recovery and next year, we will begin having an expanding opportunity planning team to continue that work.
Minority Mental Health Panel Presentation	Summary: Vicky Coffee introduced herself stating she is the Director of Programs with the Hogg Foundation for Mental Health, part of the University of Texas at Austin and a part of the Division of Diversity and Community Engagement. The Hogg Foundation has been around since 1940 so they have seen trends and changes in mental health in that time. Vicky is a licensed social

worker but her role at the foundation is to oversee grant programs and initiatives and develop grant programs and funding for mental health supports throughout Texas. She is also the coordinator for the Austin Area African American Behavioral Health Network (4ABHN).

Elexia Lowe introduced herself as a licensed social worker currently in private practice. She mostly does DBT and RODBT therapy styles. She is on the board for Austin Asian Community Health Initiative, and she is currently chair elect. With the Hogg Foundation's support, they were able to create the Asian Behavioral Health Network (ABHN) which is a directory of behavioral health providers who are of Asian descent in the Austin area.

Manuel Zamarripa is a licensed professional counselor supervisor and is the coordinator of the Latinx/Chicanx Behavioral Health Network (LBHN) supported by the Hogg Foundation. He is the Cofounder/ Codirector of the Institute of Chicano/Chicanx Psychology. He is also one of the deans of Counseling at Austin Community College. He is the president elect of the National Chicanx Psychological Association.

What makes your network unique?

Vicky – She views the 4ABHN's role as a connector. Connecting people with clinicians that respect and understand the culture. She stated that in the beginning they thought they would be a network for licensed clinicians, but the 4ABHN was formed from the Central Texas Family Support Conference and found the need to stay family based and focused. We work to be a connector of professionals to help with internship placements and career opportunities. As a person of color, it's a daunting task to find places to get your experience.

Elexia – She stated that the ABHN is relatively new. She stated that there isn't an Asian race and having her be the representative of 100 languages and dialects is already a failure. Putting all Asians in a group is going to be so complex to know their nations' histories, cultures, languages, immigration status, immigration timing (newer immigrants coming for business opportunity) etc. It's the biggest challenge but also unique.

Manuel – He stated that the LBHN followed the same structure of the 4ABHN. They wanted to be a hub for the community and professionals in mental health. They encourage people to ask for resources and share their experiences.

What are the unique needs in your network for clients and practitioners?

Vicky – Emergency care that is responsive. She stated that when you are referred to a resource or service that is closed during crisis is frightening. Having emergency services that are responsive and mobile are needed and at the same caliber as medical emergency response. Secondly, most providers are white women, getting providers that understand the culture, are respectful, and able to offer the correct support in recognition that black people experience trauma and racism. She also stated that faith is a large protective factor for people of color and needs to be addressed and accepted when receiving services.

Elexia – Non-white therapists, therapists that speak the language, or interpretation services for therapy. She stated that a lot of AACHI clients can't afford private pay but a lot of Asian therapists don't accept insurance. She also stated that speaking a language and having therapeutic language in that same language is a different skill set. She stated that some Asian therapists may not be promoting themselves as Asian because they've tried to assimilate. There is violence against East Asian elders on the east coast and people are scared to leave their homes. Suicide is the number one cause of death for Asian American females but it's something that isn't known. She stated research in Asian communities is lacking because they are considered too small of a population to study.

Manuel – The training of therapists is really important, especially with language differences. We couldn't directly translate terms because a lot of times counseling language is in English and doesn't have the same affect in Spanish. Spirituality and faith is key.

What is the missing component of recruiting more therapists of color?

Manuel – Communities that aren't aware of mental health services the way they are delivered also aren't aware that they haven't been educated about mental health. Educational awareness campaigns are huge everywhere. The field needs to expand and be culturally relevant. When we are able to connect what mental health services are to something that is already culturally relevant, like plática, it's not exactly therapy but it's a side door to explaining therapy so it isn't so culturally foreign. We need education but we need to tap into the wisdom communities already have that promote wellness.

Elexia – There's two issues: getting people interested in entering the field and retention. Not a lot of people know there are various routes to being able to become a therapist, besides obtaining a PHD. A lot of western mental health practices have been appropriated from East and South Asian philosophies and religions. As an Asian therapist entering into the fields and hearing about mindfulness and seeing sand trays it's not a way of being inclusive, it instead makes people feel othered. She stated that being a non-white clinician in the workplace, workplaces can feel very uncomfortable and unsafe. Not everything needs to be evidence based.

Vicky – stated that if she hasn't had the exposure to therapy or see it as something that is helpful, then they won't want to be a professional in it. The stigma is so deep when it comes to communities of color. You also have to think about the education it takes to become a professional in mental health. You have to have access to education and access to finances to get an advanced degree. A lot of our healing doesn't come from licensed professionals. You have to value and recognize nontraditional providers that people have been going to and seeking help from for centuries and find ways to support them and their work.

What are the positives and negatives of requiring credentials for mental health professionals and what is the role of peer support?

Manuel – There is oversight and basic guidelines which can be positive. Mental health is starting to be recognized as a medical condition which is great for insurance purposes and giving legitimacy to clients, but clinicians have been advocating to de-medicalize mental health care for years. It limits care, its individualistic, and a western view of care. The field in general is individualistic and doesn't include other world views.

Vicky – Licensing is important for oversight and to make sure people are not doing harm. She also thinks there are people that aren't licensed but do better work than anyone she knows that is licensed. The same goes for peers. She thinks they have to go a step beyond looking at mental health and to look at the social determinants of health. What is impacting a person's physical and mental wellness. Licensing doesn't take into consideration social determinants of health.

Elexia – Instead of trying to control people providing help who aren't licensed, why not take training to the helpers in the community. For instance, training religious leaders and community

	<p>helpers in mental health first aid. There could be a lot more advocacy around somatic therapies.</p> <p>What do you think is a critical message to include in a public information campaign and who is the right messenger?</p> <p>Vicky – Trusted messengers looks different for different people. A wide range of messengers to spread the message will catch most people. The message needs to be clear and mention being well physically, mentally, emotionally, and spiritually.</p> <p>Manuel – Agreed with Vicky and stated celebrities could be messengers. Celebrities could also be the role they represent in the community. For the message, mental health is health.</p> <p>Elexia – Asian’s tend to somatize their mental health issues, so she suggested messaging for awareness of somatic symptoms. She stated that messengers will differ per person.</p>
Workplan Discussion	<p>How will these reports start building a foundation for us to move forward? The tri-chairs will see where we are with our speakers. The plan is to leave the December meeting with the 3-5 recommendations from each group and then pick report writing roles after that. Raul added that one of his takeaways is focusing on wellness instead of mental health. Donovan added that wellness also speaks to the community. Since it’s so scattered it will be important to identify what the community is so the messengers can be heard.</p>
Adjournment	<p>Rachel adjourned the meeting 7:50 pm.</p>