HEi Health Equity Initiative
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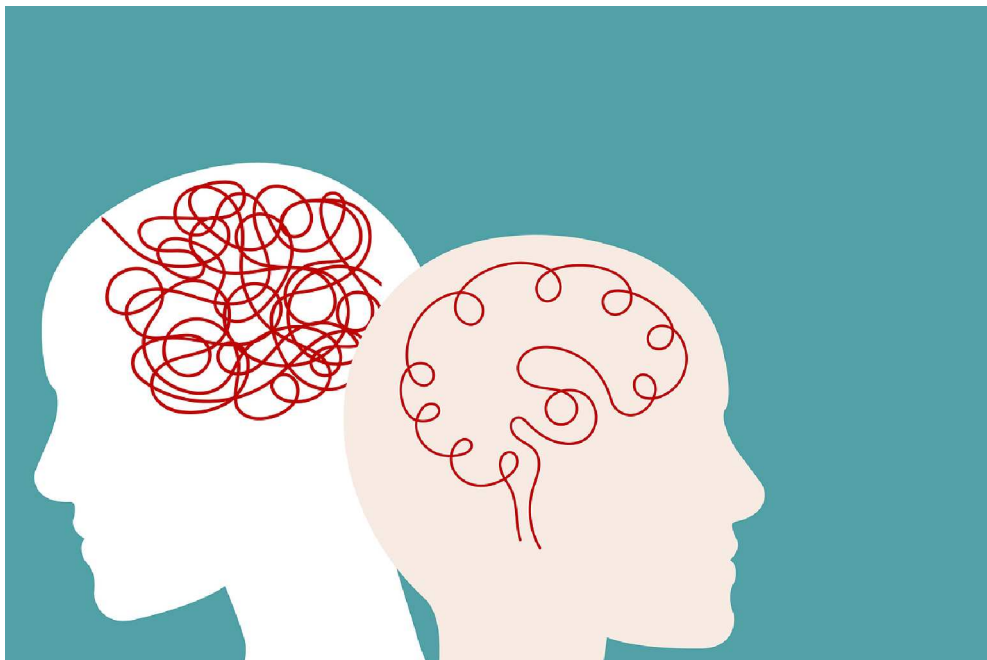# Mental Health Equity: Strategies for Community Engagement and Policy Change

Community Leaders Forum:
Call to Action

MISSION EVERY ONE
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CONTENTS

EXECUTIVE SUMMARY

Intrinsic to our overall well-being, mental health is governed by a complex interplay of multiple individual, social, and structural factors which interact with each other and place us on a continuum in response to stresses and experiences. These factors include biological and psychological aspects, such as access to healthy food, adequate physical activity and sleep, substance misuse, as well as broader issues, such as poverty, insecurity and violence, intergenerational trauma, discrimination, and inequalities. According to the World Health Organization (2023), mental health is a basic human right for all people. Beyond personal well-being, mental health is instrumental for communities to thrive and prosper.

While stark disparities in mental health status, determinants, as well as access to services have long existed in the United States, the COVID-19 pandemic further skewed the social and economic factors that shape mental health outcomes. In addition, global conflicts and crises, polarizing trends in societies, and purposeful misinformation have all contributed to confusion, uncertainty, and psychological setbacks. Racial and ethnic minorities, as well as other communities that have been historically marginalized or experience other kinds of disadvantages continue to face persistent inequities in mental health and care, stymied by racism and discrimination, mistrust in the healthcare system, language and cultural barriers, and increased stigma surrounding mental health issues. They are often overlooked and underserved, simultaneously being more vulnerable to mental health issues and challenges, especially when marginalized in multiple ways, and receiving inadequate or unaffordable mental health support. In response to the mental health inequity crisis in the United States, Health Equity Initiative, a member-driven nonprofit membership organization, designed, organized, and hosted a forum in its Community Leaders Forum series. The forum took place on January 19, 2024 and captured

perspectives on (1) the effect of COVID-19 and other global issues on mental health in these communities, (2) strategies to reduce implicit and institutional bias in health and social systems, (3) policies and practices that may help advance mental health equity, (4) suggestions for communities regarding mental health and well-being, and (6) what leaders and policymakers can do to advance mental health equity.

The discussion called attention to several existing and new challenges to mental health equity including an unprecedented rise in domestic abuse, difficulty navigating the healthcare system, digital illiteracy, digital redlining, social isolation, food insecurity, and reduced access to preventive care. Climate change and its various ramifications have also emerged as another source of anxiety for Indigenous communities which will likely heighten the mental health crisis, not only for Indigenous people and other vulnerable communities, but for the broader population. The importance of cultural competence training for healthcare providers and, beyond that, of investing in pathways to medical and mental health service careers for youth from marginalized communities in providing adequate mental, emotional, and spiritual support that acknowledges the dark history of colonization and discrimination was also discussed by the community leaders.

Other themes and strategies that emerged include validating the role of community health workers as trusted and culturally competent members and valuable tools for communities to access healthcare; utilizing routine meetings to start conversations about well-being, and breaking down the stigma surrounding mental health by having open and honest conversations. Finally, community leaders encouraged community members to embrace healing traditions and cultural practices, seek mental health care and report racist or discriminatory behavior through appropriate

channels in the healthcare system, or via community organizations.

This report and call to action includes a summary of the discussion from the Forum and highlights specific recommendations for practices and policy change as grounded in the experience of the community leaders who participated.

Participants

Forum Participants/Panelists (in alphabetical order by last name)

John Davids, Research Coordinator, Black Community Resource Centre (BCRC)

Meritxell Roca-Sales, PhD, Director of Programs, Grameen Promotoras

Kiara M. Tanta-Quidgeon, Keesuk Páhôhtáw (sunrise), MPH Candidate, Columbia University Mailman School of Public Health

Moderator:

Renata Schiavo, PhD, MA, CCL, Founder and Board President, Board of Directors, Health Equity Initiative

Call to Action and Policy Recommendations

The call to action and policy recommendations described below aim to propose solutions for stakeholders who are interested in or engaged around issues of mental health equity. These recommendations emerged from a discussion on January 19, 2024, at Health Equity Initiative's Community Leaders Forum and reflect the organization's commitment to help raise the influence of community voices on health equity. Recommendations are directed at policymakers, organizational leaders, grant-making organizations, and/or other leaders and organizations across professions and disciplines, who can affect much needed change and help address health, racial, and social inequities. Health Equity Initiative may continue to explore each of these themes in future events and resources.

1) Start a conversation with, listen to, and engage with the community you serve, seek members' thoughts, opinions, and concerns, and involve them in designing policy solutions. Heeding the voices of the marginalized and the underserved can help policymakers and leaders better represent the communities they serve. Indeed, one needs to talk, live, and breathe as part of the community to begin to understand and address the mental health crisis. The underserved, uninsured, and newcomers to the country are especially vulnerable to inequities in social determinants of mental health, such as insecurity related to income, education, food, and housing, and facilitating conversations will help leaders understand the needs of their communities. In addition, learning about the historic roots of mental health inequities and the history of marginalization in several communities presents ways to understand current implications for mental health.

2) Take a multidisciplinary approach to tackle the mental health crisis, drawing on the combined experience and expertise of a range of health professionals, social workers, community health workers, community leaders, mental health researchers and others for an encompassing and comprehensive view of the mental health landscape. Explore non-traditional partnerships and the role of community-based organizations to address mental health care access inequities.

3) Increase funding allocated to mental health services. The chronic underfunding of the Indian Health Service is the most cited driver of Indigenous health inequities. Further, the options for free or low-cost mental health services, especially for the uninsured and those with unstable income, are very limited. Making sustainable investments in mental health, including in affordable interventions, training, and research can help yield better outcomes for marginalized and under-resourced populations.

4) Enable policy processes to be guided and led by marginalized voices by encouraging a diversity of voices; including them in all stages of the policy process, from agenda setting and policy design, to decision-making, implementation, and evaluation; and righting power imbalances in the healthcare system.

5) Acknowledge the mistrust and distrust in the healthcare system amongst marginalized groups and the long history of mistreatment and discrimination within and beyond the healthcare system, and approach this as a legitimate and valid way of coping with the long-standing violation of trust that has shaped their attitudes.

6) Authorize coverage of traditional healing practices under Medicaid as a way to provide culturally responsive care to Indigenous communities. A growing body of research is finding

cultural connectedness to be protective for the physical, mental, spiritual, and emotional health and well-being of Indigenous communities.

7) Disaggregate demographic data by race, ethnicity, and other subgroups to provide visibility and representation in data for vulnerable and disadvantaged populations, unmask differences and disparities, inform policy decisions, and help provide care and resources to

disproportionately impacted communities. With significant variation within racial and ethnic groups, including linguistically and culturally distinct Indigenous cultures, it is important to disaggregate data systematically and meaningfully to be able to identify gaps in mental health. For instance, non-federally recognized tribe members are often lost in the data.

Participants

(In alphabetical order by last name)

John Davids

John Davids is a Political Scientist whose focus hovers around Global North-South dynamics, the relationship between citizen and state, and the development of Civil Society. He currently works in Montreal, Canada as a Research Coordinator at the Black Community Resource Centre where he studies the well-being and vitality of Quebec's Black communities. He has been part of an ongoing research collaboration with the Human Motivation Lab at McGill University that has studied the impact of COVID-19 on the mental health and well-being of Black Quebecers since 2021.

Meritxell Roca-Sales, PhD

Meritxell Roca-Sales is Director of Programs at Grameen America - Grameen Promotoras. She holds a B.A. in Journalism and a Ph.D. In Communication and Humanities. At her current position, she manages a CHW program servicing over 30,000 participants, mostly Latino women. The program she oversees does extensive work on mental health and emotional wellbeing by connecting participants to existing resources, like government programs for low-income families, FQHC clinics and CBOs. In addition, her team also provides 1:1 emotional support and guidance in cases of domestic violence, helping victims to navigate the system and find assistance.

Participants

(In alphabetical order by last name)

Kiara M. Tanta-Quidgeon,
Keesuk Páhôhtáw (sunrise)

Kiara Tanta-Quidgeon is a mixed white/Indigenous (Mohegan) graduate student at Columbia University Mailman School of Public Health in the Department of Sociomedical Sciences and a scholar of Indigenous health and well-being. Through her research and advocacy work, Kiara is dedicated to promoting Indigenous mental, emotional, spiritual, physical, and community health and well-being. In the past, Kiara has served as a Pre-Doctoral Research Fellow at Harvard Medical School, the Vice Chairwoman of the Mohegan Tribal Youth Council, and in other roles.

Moderator

Renata Schiavo, PhD, MA, CCL

Renata Schiavo is the Founder of Health Equity Initiative and serves on the organization's Board of Directors as Board President. She is a passionate advocate for health equity and a committed voice on the importance of addressing and removing barriers that prevent people from leading healthy and productive lives. She has 20+ years of experience working across sectors and disciplines to improve the health and well-being of communities and populations that have been marginalized or experience other kinds of disadvantage or vulnerability, including communities of color, Indigenous and immigrant communities in the United States, and low-income groups, refugees, and patients from underserved areas in global settings. Renata is a Senior Lecturer at Columbia University Mailman School of Public Health, the Editor-in-Chief of the peer-reviewed Journal of Communication in Healthcare: Strategies, Media and Engagement in Global Health, and a Principal at Strategies for Equity and Communication Impact (SECI), a global consultancy. She is also a Senior Editor at the Journal of Health Equity (Taylor & Francis) and serves on the editorial board of Health Equity (Mary Ann Liebert). She has significant experience in health policy and community, patient, and citizen engagement and has written extensively on raising the influence of community voices on health, racial, and social equity. She has previously led advocacy programs on mental health equity at Health Equity Initiative and has written on mental health in several peer-reviewed publications.

Acknowledgements

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We are grateful to Macy's Inc. for their generous support and partnership on our Community Leaders Forums initiative, which aligns with Health Equity Initiative's commitment to equitable community systems and to raising the influence of community voices on health, racial, and social equity issues. A heartfelt thank you to you all at Macy's!

Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to build a global community that engages across sectors and disciplines to advance health equity. By bringing together and enlisting the efforts of the public and private sectors, professions and communities that have both a stake and an influence on social determinants of health, HEI advocates for improving conditions and achieving equity in health for all. We focus on championing transformative change to advance health equity, supporting knowledge, engaging communities and leaders, and building capacity to address barriers that prevent people from leading a healthy and productive life.

Bridging Silos, Building ONE Community for Health Equity!