Transforming Careers in Mental Health for BIPOC

Strategies to Promote Healing and Social Change

EDITED BY DORIS F. CHANG AND LINDA LAUSELL BRYANT

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Introduction

Doris F. Chang and Linda Lausell Bryant

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Introduction

Doris F. Chang and Linda Lausell Bryant

Like a flower in the mud, the idea for this book blossomed in 2020, during a moment of crisis. As two women of color in the mental health field – an Asian American clinical psychologist and an Afro-Latina social worker, both faculty colleagues in a school of social work – we were overwhelmed and grieving, fearful and furious about the racial injustices and collective traumas of the COVID-19 pandemic. As US-based scholars and practitioners focused on mitigating the effects of racism and other forms of oppression, we recognized the resulting surge in white supremacy, anti-Blackness, anti-Asian[1] hate and xenophobia as a historical pattern. Yet, we still were not prepared for the devastation to our communities, nor for the ways we would be called into service.

In the Global North, minoritized people of the Global Majority – including Black, Indigenous, Asian, Pacific Islanders, Middle Eastern, North African, and Latine individuals in the United States – were becoming infected with the virus and dying at a disproportionate rate (Mude et al., 2021; Rubin-Miller et al., 2020). Racial inequities in employment, housing, and healthcare drove racial disparities in COVID-19 exposure, treatment, and mortality rates

1 Throughout this book, we capitalize racial categories for groups from the Global Majority (e.g., Black, Asian, Indigenous, and so on) given their shared history and culture. However, departing from APA Style 7 but following recent shifts in media conventions (e.g., 2020 Associated Press Stylebook), we do not capitalize white. This also reflects our efforts to decenter whiteness in our discussion of mental health training, education, and practices.

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(Yearby & Mohapatra, 2020), reproducing the structural violence of pre-pandemic society on a larger scale. On one end of the societal continuum were the most privileged, who leveraged their connections and resources to access lifesaving vaccines, treatments, and country houses for remote work, significantly reducing their risks of exposure and death. At the other end of the continuum, a disproportionate number of Black, Indigenous, and People of Color (BIPOC) were trapped in crowded living conditions and unsafe neighborhoods, unemployed or working "essential" jobs that put them in harm's way, with limited access to adequate dependent care and medical services (Dickinson et al., 2021; Robertson & Gebeloff, 2020). As two BIPOC mental health professionals and faculty members, we fell somewhere in the middle. And against the backdrop of this evolving health crisis, our communities faced rising anti-Asian and anti-immigrant prejudice, police killings of unarmed Black Americans, and discrimination on our streets, online, and in the workplace, increasing our stress burden as well as our workload (Chae et al., 2021; Hswen et al., 2021; Li & Lartey, 2023).

In the months that followed – as we toggled between spaces of advantage and vulnerability – we found ourselves moved, and increasingly asked, to use our mental health training and expertise to respond to the crisis. Like so many other BIPOC in the mental health professions, we marched in the streets, gave media interviews, created public education campaigns, facilitated healing circles, conducted antiracism trainings, and wrote grants to study the effects of the pandemic on BIPOC communities, all on top of our regular job duties, remote teaching, and increased personal caregiving responsibilities (Cho et al., 2022; Mogro-Wilson et al., 2022). We were answering the call . . . and paying the price (Hermann & Neale-McFall, 2020).

Our personal experiences were supported by studies documenting how the COVID-19 pandemic intensified pre-existing racial and gendered disparities in academia. Black, Indigenous, and Women of Color (BIWOC) faculty were expected to provide emotional labor, as caretakers and counselors, roles that were not expected of male faculty and neither financially compensated nor valued in the tenure and promotion system (Cho et al., 2022; Mitchell & Hesli, 2013). Drawing on Anzaldua's borderlands framework, Cho et al. (2022) used *testimonio* and *plática* methodologies to explore how the pandemic encroached on boundaries between the BIWOC authors' professional and individual intersectional identities, extending institutional and structural violence into the sacred space of the home. A common theme was "how these notions of care, commitment, and responsibility were weaponized against us to elicit additional work and labor from us" (p. 734), resulting in feelings of guilt, exhaustion, and burnout. Not surprisingly, Black female

academics and mothers (regardless of race) experienced greater declines in productivity compared to white male academics during the pandemic years (Staniscuaski et al., 2021). These conditions have set the stage to potentially widen the pre-pandemic racial and gendered disparities in teaching and service, funding awards, and rates of promotion and tenure in academia (Chaudhary et al., 2020; Chen et al., 2022; Lin & Kennette, 2022; Wood et al., n.d.).

Growing political, legal, and cultural challenges to diversity, equity, and inclusion (DEI) have further increased the vulnerability of BIPOC engaged in mental health research, teaching, and practice. In 2020, following the summer of what became a global Movement for Black Lives, former President Donald Trump issued Executive Order 13950, which sought to prohibit federal agencies and contractors from teaching so-called "divisive concepts" such as white privilege, systematic racism, and critical race theory (CRT). Although President Biden reversed EO 13950 and instituted a new order that required all federal agencies to prioritize and create opportunities for historically underserved communities, more than 777 anti-CRT efforts have been introduced at the local, state, and federal levels (UCLA School of Law, Critical Race Studies Program, n.d.). As of November 2023, anti-CRT measures have been adopted in 41 states, affecting the public institutions where BIPOC scholars, students, and clinicians teach, train, and work. Furthermore, the US Supreme Court, dominated by a conservative majority as of 2022, has already issued a number of decisions – including overturning both affirmative action in college admissions and women's rights to an abortion – that have disrupted decades of progress toward a more racially just and equitable society.

Confronting these challenges to our cherished values and facing an uncertain future, we felt an urge to seek refuge in community, to connect with historical reminders of our brilliance and resistance, to give ourselves permission to rest, and to reaffirm our roles as agents of change. The idea for this book was born.

Gathering Our Strength, Planting Seeds for Transformation

As the pandemic and the racial reckoning of 2020–2021 (and subsequent backlash) reminded us, mental health professionals are uniquely positioned to address social suffering. We are trained to foster insight and healing in classrooms and therapy offices, provide social services to those caught in oppressive systems, and develop theory, interventions, and policy to address

a range of social ills. BIPOC social workers, psychologists, counselors, and psychiatrists also have particular insights into the systemic barriers to health and well-being faced by BIPOC communities, as well as the systemic changes that are needed. And yet, because BIPOC mental health professionals are themselves vulnerable to the racism and white supremacy that pervade their disciplines, their cultural insights and ways of knowing are often devalued or appropriated by others. It is not enough to just show up for our clients and our students. As Buchanan et al. (2021) note, "Changing systemic racism requires multi-systemic change" (p. 1097).

Although social justice-oriented research and practice approaches predate the pandemic (e.g., Ferguson, 2007; Metzl & Hansen, 2014), increased media attention on the brutalizing effects of anti-Black racism and structural oppression has led to urgent calls for antiracist, decolonizing, and anti-oppressive approaches to mental health research, training, and practice. Since 2021, numerous models and guidelines for transforming the mental health disciplines have appeared in the flagship journals of psychology (Buchanan et al., 2021; Neville et al., 2021), social work (Friedline et al., 2023; Goings et al., 2023), and psychiatry (Cénat, 2020; Shim, 2021). For example, the Public Psychology for Liberation (PPL) training model seeks to "directly address the anti-Blackness, racial oppression, and myth of [w]hite supremacy that are embedded in society, often fed by psychological theories and research, and built uncritically, into our training and discipline" (Neville et al., 2021, p. 1249). Friedline et al. (2023) critique the social work profession's "limited commitments to advancing antiracism and dismantling white supremacy" (p. 89) despite an ethics code that compels social workers to end discrimination and societal injustice. They outline action steps in the domains of Research and Knowledge Development, Education and Teaching, and Service. These action steps are distinguished by their broad reach and structural focus (e.g., "Support future BIPOC scholars by disrupting structural barriers that result in educational disparities starting in elementary school," p. 90), including recommendations for changing the reward system in higher education. In psychiatry, Cénat (2020) outlined guidelines for an antiracist care and treatment plan organized around four main axes: an awareness of racial issues, an assessment adapted to the real needs of Black individuals, a humanistic approach to medication, and a treatment approach that addresses the real needs and issues related to the racism experienced by Black individuals.

In general, these antiracist approaches to training, research, and practice share a number of features including:

- An emphasis on the institutionalized nature of racism and the need for multi-systems approaches to structural transformation;
- A focus on "centering the margins," that is denaturalizing whiteness as the default frame of reference, and honoring the wisdom, experiences, and perspectives of BIPOC, especially those most harmed by structural violence (i.e., epistemic justice);
- An intersectional perspective that recognizes that individuals can be multiply marginalized and shaped by interlocking structures of oppression related to race, ethnicity, gender, sexual orientation, etc.;
- A move away from individual-level factors and outcomes to focus on collective empowerment and healing; and
- Community-based partnerships to develop anti-oppressive programs, interventions, research that reflects the priority concerns of impacted communities.

While these antiracist frameworks provide a blueprint for much-needed structural reform in the mental health field, there are a number of challenges to implementation. For starters, racial trauma and internalized oppression can make it hard for BIPOC in the mental health professions to see the ways in which we may have assimilated to white supremacist ideology, which includes "learning, knowing, and being taught one's social, cultural, political, and racial positioning, or 'place' in dominant White space" (Settles et al., 2019, as cited in Liu et al., 2019, p. 144). Especially for BIPOC situated in predominantly white institutions, exposure to racism at multiple levels – interpersonal, institutional, structural – can feel like being caught in a poisonous web that they cannot escape. And yet there are countless examples of BIPOC who are radically challenging the systems they are in, strategically and persistently carving out alternative career paths that honor their values and collective commitments, and transforming society and institutions for the better. Drawing on Indigenous African and Latine cultural practices that center storytelling as a tool for meaning-making, resilience, and healing (Cervantes, 2020; Chioneso et al., 2020), the current volume narrativizes the courage, costs, and collective efforts behind a transformative career in mental health for BIPOC.

Our Goals and Hopes

In assembling this collection, our goal was to nurture and inspire BIPOC students and professionals in social work, psychology, counseling, and

psychiatry (and their white allies) to envision a justice-oriented career path that prioritizes healing and liberation for themselves and their communities. Our hope was that we could create a "counterspace" outside of our mainstream institutions for communion and co-mentoring, a space for healing and restoration for all of us who feel traumatized, invisible, or alone in the struggle (Solorzano et al., 2000).

Toward that end, we gathered a group of leading BIPOC mental health scholars, practitioners, activists, and changemakers to reflect and to share their experiences and wisdom about how to build a meaningful and transformative career. Through their first-person accounts of oppression, awakening, healing, and protest, they show us how we can navigate oppressive institutional practices, reclaim our power, and create pockets of resistance, community, and joy. Because culture and context matters, the authors situate their learnings and advice in relation to their specific positionalities, settings, and roles. They are clinicians and researchers, DEI consultants and activists, media contributors and journal editors, department chairs and university administrators, policymakers and CEOs. Behind their impressive titles and long list of achievements, they recount the messy, relational, and political aspects of the work, the fortitude required to navigate anti-Black racism and other forms of oppression on the job, the inner work of decolonizing the mind, and the cultural strengths and values that sustain them.

How to Read This Book

The book is organized around the choice points and action steps involved in developing a culturally affirming and transformative career in mental health. Part I (Finding and Owning Your Voice) examines the process of shedding internalized narratives of inferiority and non-belonging, and owning your authentic voice. Part II (Taking a Leap) delves into career decision points where we choose or create a path or combination of paths (e.g., academia, clinical practice, training and consulting, organizational leadership), and redefine the boundaries to better reflect our values and commitments. In Part III (Leading for Change and Impact), we explore strategies for transitioning to positions of leadership and influence, and leveraging one's power across diverse institutions including the media, higher education, clinical settings, government, and the non-profit sector. We close with a final summary section (Part IV) reviewing key themes of the book, with final reflections and advice for BIPOC and for white racial justice allies.

Although this book is organized according to a general developmental career sequence with chapters clustered by professional practice arena, we invite you to start wherever you would like. Explore the topics and stories that speak to your heart. Share the lessons and recommendations with your friends, colleagues, and mentors and brainstorm how to implement them at an institutional level. Envision a career path tailored to your unique voice, talents, and values. Dream big and change the world.

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