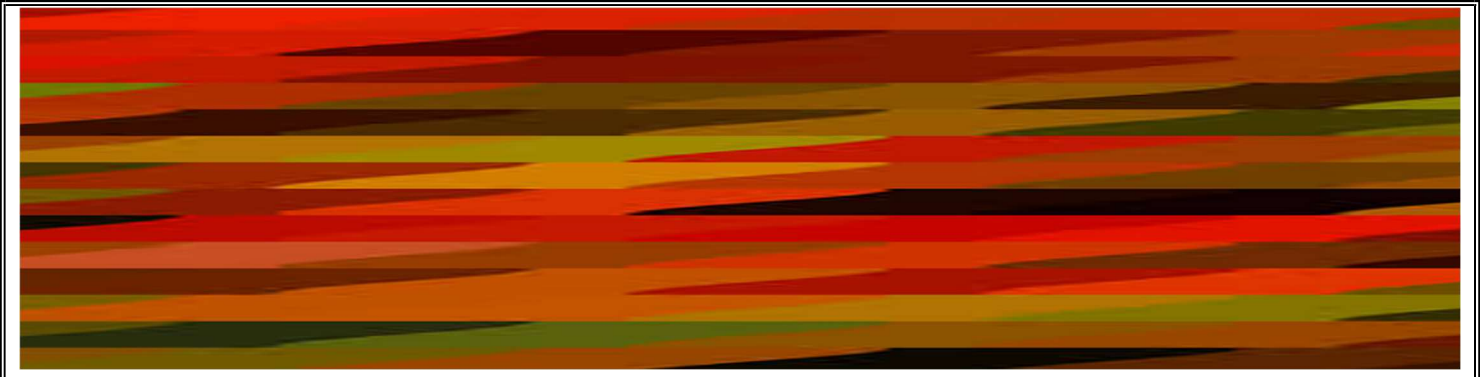

Mental Health in the Black Community 2021 Roundtable Report

Roundtable Hosted by

The Latino Action Network Foundation in collaboration with the Salvation and Social Justice Organization

Roundtable Organized and Moderated by

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I. Introduction and Overview

Over the last eighteen months in our nation, the Black Community has suffered great losses and pain from two pandemics: COVID-19 and Racism. We have been flooded with news reports, videos, and images of discrimination and violence, including the loss of life, to members of the Black community. We have seen and heard reports and stories of how COVD-19 disproportionately hit the Black community, with many lives lost due to limited access to quality health services and the historic mistreatment of and discrimination toward the Black community. These pandemics have left some leery and mistrustful of the vaccination and with services offered to the Black community. Dr. Kevin Nadal captured this dynamic well when he said, "When people are verbally harassed or terrorized because of their religion, race, sexual orientation, gender, ability, or some other identity. They might not necessarily fear for their lives; however, they might fear for their safety. They may avoid certain places and people—experiencing difficulties sleeping, nightmares, anxiety, poor concentration, etc." (2018, p. 18).

With our historical experiences of trauma and the current divisive social climate in this country, an enormous psychological and emotional toll weighs on the Black community, Black families, and Black individuals. Now, there has been a strong campaign across the nation to focus on health and wellbeing, encouraging members of the Black community to take care of their health, including their mental health, but we know health disparities exist within the public and private institutions that provide services to the Black community. As a result of these disparities, historical mistreatment, discrimination, and the poor-quality services provided, there is a vacuum surrounding mental health needs, service delivery options, and interventions. As a result, the voice and perspective of the Black Community is missing from the dominant discourse.

The Latino Action Network Foundation and the Salvation and Social Justice came together to host the virtual roundtable on Mental Health in the Black Community on August 2, 2021. The virtual roundtable created a space where diverse members of the Community could come together and discuss mental health from the Black perspective. The goal of the roundtable focused on developing an action agenda for policy reform from a Black perspective for the Black community in New Jersey (NJ). The outcome of the Mental Health in the Black Community (MHiBC) roundtable is this analytical report for state, local, and community leaders, community providers and faith-based organizations, community stakeholders, and community partners. The roundtable panelists discussed mental health in the Black community; identified and defined mental health needs and obstacles; identified what is currently working and not working with the services provided in NJ; discussed how

to increase utilization of mental health services in the Black community; identified and discussed data and specific policy areas; and made recommendations with the hope of informing an action agenda focused on the role of the state, local leaders, and community organizations and stakeholders providing culturally informed and responsive quality mental health services to and within the Black community.

II. Why a Roundtable Discussion?

A roundtable discussion creates an open and welcome space for community members to come together and share their passions, hopes, dreams, and needs relative to the topic being discussed for the benefit of all. "A roundtable discussion is a forum where everyone present is on equal footing" (Bridgeman, 2010, p. 1). Participants engage in a dialogue with the focus not of evaluating and determining who has the "best" view or right answers but of learning from one another and expanding their view and understanding. When a roundtable discussion is approached as a dialogue, "understanding is a common goal between everyone involved." When participants are focused on learning, they tend to ask more questions, listen with openness, and are willing to try new things. When participants are willing to disclose their thinking and be transparent, we can see both what is working and what needs to change. In a roundtable, everyone should want to hear from the whole group so that all can gain the advantage of differing perspectives and come up with the best recommendations (Dr. Mark Hicks, n.d.; DAP Connect, 2020–2021).

The roundtable discussion is an "excellent strategy for public engagement because it brings together voices from every stratum of concerned citizens" (Bridgeman, 2010, p. 1). It also aligns well with the legacy of Black oral culture: The oral tradition birthed from African American historical and cultural experiences have resulted in a preference among many African Americans for the spoken word (e.g., Ball, 1992; Grace, 2004; Smitherman, 1977; Gardner-Neblett, et al., 2011). These oral traditions have their origins in West Africa, where storytelling served to preserve history and teach and comfort members of the community (Champion, 2003; Gardner-Neblett, et al., 2011). Even though today African American stories can be preserved in written form, this oral tradition continues because of the value that many African Americans place on the spoken word (Smitherman, 1977, 2000; Gardner-Neblett, et al., 2011).

The roundtable was held on August 2, 2021, but it was not the first community conversation or roundtable to focus on the issues, health, and needs of the Black community. In the state of NJ, there are several organizations and associations (Black Churches, NJ Black Issues Convention, NJABPis, NJ ABSW, sororities, fraternities,

etc.) that were created and lead by members of the Black community, and they have been and continue to be dedicated to engaging the Black community, stakeholders, and community partners at all levels of the state in conversations to identify, strategize, uplift, build the community, and care for the members of the Black community as a whole, as well as advocating for access to resources, opportunities, and equality.

III. Format of the Roundtable Series

A Service and Policy Roundtable for Collective Action to Improve Black Mental Health

The MHiBC series was a virtual event, consisting of roundtable steering committee sessions, listening sessions, and roundtable discussion. The roundtable steering committee consisted of a diverse group of Black professionals representing organizations dedicated to supporting and meeting the mental health and well-being needs of the Black community (the roundtable steering committee members are listed on page 2). Members brought their knowledge, experience, and expertise to the table to devise a strategy for gathering much needed data and information about mental health in the Black community on the state and national level, which were utilized to shape the roundtable agenda and devise the discussion questions for the workgroups to ensure the agenda would center the concerns and needs of the Black community. The steering committee met virtually for three meetings and worked through email communications.

The listening sessions were an addition to the roundtable to capture the voice of the Black community directly. There were a total of three listening sessions held in the community with three different entities. Two of the organizations signed and returned the informed consent. Themes from the two meetings with local NAACP chapters in the Middlesex County area will be shared. Please note names will not be shared for confidentiality purposes. After talking with leadership and providing verbal and written information about the MHiBC Roundtable, Dr. Hubbard was invited to a scheduled meeting to discuss mental health in the Black community and ask a few questions to gather information on the consumer experiences and utilization of mental health services in NJ, as well as opinions about what is needed to create quality mental health services and increase utilization within the Black community.

The MHiBC roundtable discussion took place virtually from 9:00 am –12:30 pm. The roundtable invited panelists with expertise and background in the policy area, including state officials, legislators and elected officials, academic professionals and researchers, nonprofit leaders, and important spokespersons in the

identified policy areas such as community members and leaders from the Black community. There were a total of forty invited participants and thirty-five attended.

The invited panelists were provided with relevant background information to inform them about the key concerns and areas for change. During the roundtable discussion, panelists were divided into four workgroups to discuss materials and issues, answer questions, and identify recommendations. After two hours the workgroups were given a fifteen-minute break, then they reconvened to share the recommendations identified by each group. At the end, all the workgroups came together to report the consensus and key takeaways from their discussion, which informed the final recommendations. The facilitators of the workgroups were members of the roundtable steering committee. The roundtable discussion lasted a total of three and a half hours.

IV. Roundtable Presentations

"The proper healing of a people is difficult without a correct understanding of those peoples' experiences and their worldview" (Washington, 2020, p. 503).

The first part of the agenda was dedicated to the presentations, which set the tone and informed the panelists of relevant information to further prepare them for engaging and actively participating in the Roundtable discussions. The event started at 9:00 am, with Dr. Hubbard opening the Roundtable, welcoming the participants, discussing the purpose of the roundtable, and introducing Dr. De La Cruz, who discussed the mission of the Latino Action Network Foundation (LANF) and invited Ms. Rivera, the Policy & Program Director of LANF, to say a few words. Dr. Hubbard returned and introduced the presenters. There were presentations from the Assistant Commissioner Valerie Mielke, MSW, Division of Mental Health and Addiction Services; Tiffany Mayers, MSW, LCSW-NAMI AACT- NOW; and Dr. Juan Rios, Assistant Professor Seton Hall University; as well as a poetry reading from Ms. Jacquese Armstrong.

- Assistant Commissioner Valerie Mielke of NJ Division of Mental Health and Addiction Services discussed the aim of Governor Murphy and the NJ Legislature to make mental health a priority by protecting and prioritizing the Affordable Care Act, which made mental health an essential benefit.
    - The State of NJ is keenly aware of the impact that the pandemic has had on people's mental health.
    - The Murphy administration and the Department of Human Services want to make sure that individuals have the tools and resources to develop the resiliency that is needed to restore hope and move through this pandemic.

- The Division of Mental Health and Addiction Services has developed different services to reach out and connect with people experiencing anxiety. They have also initiated temporary changes in the way they structure payment to mental health and addiction providers in the network. They saw an increase in suicide calls, so the Division increased telehealth opportunities, expanded their hotline (1.866.202.HELP), expanded access to crisis counseling and to the Hope & Healing program, and provided legal services to individuals diagnosed with a serious mental illness who may be facing eviction once the eviction moratorium is lifted.
- The Assistant Commissioner also discussed new initiatives in the pipeline, such as the nationwide 988 hotline.
- *The Division is inviting organizations to come in and submit proposals to better meet the needs of underserved populations in their communities. In addition to the $22M they received, an additional $39M will be made available September 2021, and they will have those resources through September 30, 2025.*
- There are plans to educate mental health, addiction, and primary care providers about suicide prevention.
- Chief Justice Radner, in partnership with the Department of Human Services, is convening a mental health advisory committee to address issues related to those experiencing mental health concerns who have come involved with other statewide court systems. The goal of this committee is to establish a process whereby individuals who are arrested and incarcerated are screened to identify if they may have any untreated mental health disorders.

- Ms. Tiffany Mayers gave an overview of mental health in the Black community, consisting of definitions, stats, common mental health concerns and needs in the Black community, and where the Black community turns for help.
    - The term Black is often used interchangeably with African American, but it means so much more, including Black American, Caribbean, Bi-racial, Afro-Latino/a, as well as person of African descent or person from the African Diaspora.
    - Black people are not a monolithic group, and there is diversity within the Black community.
    - According to the Centers for Disease Control and Prevention (CDC), mental illness refers to conditions that affect a person's thinking, feeling, mood, or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia.

- Mental health is part of our overall health and well-being and includes our emotional, psychological, and social well-being. Mental health affects how we think, feel, and act, and it helps determine how we handle stress, relate to others, and make healthy choices.
- General data we know: 1 in 5 US adults will experience mental illness in any given year
  - 1 in 5 US adults (18.3 percent or 44.7 million people) will experience mental illness in any given year.
  - 1 in 20 US adults will experience serious mental illness in any given year.
  - 1 in 6 US children aged 6–17 years old will experience a mental health disorder in any given year.
- What do we know about Black mental health?
  - African Americans are 20 percent more likely to experience mental health issues than the rest of the population.
  - Only 25 percent of African Americans seek treatment for a mental health issue, compared to 40 percent of our White counterparts.
  - African Americans living below poverty are three times more likely to report severe distress.
  - Black teens are less likely than White teens to die from suicide, but 8.3 percent of Black teens are more likely to attempt suicide than 6.2 percent White teens.
- Why do we have these challenges?
  - Systemic oppression
  - Unhealed trauma
  - Mistrust in government policies
  - Provider bias
  - Lack of adequate healthcare
  - Socioeconomic disparities
  - Lack of cultural safety, sensitivity, inclusion, and responsiveness
  - And…
- Where do we turn?
  - Places of worship: about 85 percent of African Americans describe themselves as “fairly religious” or “religious.”
  - Preliminary data show an increase of 33 percent of African Americans who are seeking mental health services.
  - Organizations with which we are familiar to have conversations.

- Dr. Juan Rios presentation was entitled, "Integrating Social Justice Frameworks to Build Compassionate Communities in Order to Increase Collective Efficacy as a Tool for Mental Wellness in the Black Community."
    - He opened his talk a powerful quote from Resmaa Menake: **"Trauma in a person, decontextualized over time, looks like personal personality. Trauma in a family, decontextualized over time, looks like family traits. Trauma in a people, decontextualized over time, looks like culture."**
    - Dr. Rios gave an inspiring talk focused on his work as a model for what is needed in communities of color. Dr. Rios shared his work in South Orange and with the local law enforcement to create an inclusive community as well as his community building in partnership with Newark community leaders, agencies, and residents. He also discussed liberation health, "a method of practice which helps individuals, groups and communities understand the personal, cultural and institutional factors that contribute to their problem and act to change these conditions; to liberate themselves from both internal and external oppressions."
    - Dr. Rios ended his presentation with a quote from Ignacio Martin Baro on the role of the psychologist: **"Perhaps the most radical choice psychologists face today concerns the disjunction between an accommodation to a social system that has benefited us personally and a critical confrontation with that system."**

- Ms. Jacquese Armstrong gave a powerful rendition of her poem, Ancestors.

- Dr. Hubbard returned and discussed the instructions and format of the workgroup; provided guidelines for having a dialogue and not a debate; and introduced the questions that would be asked to guide the workgroup discussions.

V. Roundtable Questions and Themes

The heart of the roundtable discussion was the workgroup discussion. The questions guided the discussion. In this section, the questions that were asked have been listed alongside the voices of the panelists and themes identified across the four workgroups for each question. Dr. Hubbard's method for identifying the themes consisted of reading and re-reading responses to the questions that were captured in each workgroup's chat box,

as well as reading the notes that were typed and submitted by each intern assigned to a workgroup. Dr. Hubbard identified themes across the four different workgroups, which are listed below in the panelists' own words. Each workgroup had a facilitator who presented the questions and guided the discussion; a steering committee member to assist with the chat box responses and questions; and an intern who took notes. They are listed below.

Workgroup/Breakout Room 1

Facilitator: Dr. Tawanda Hubbard, LCSW

Steering Committee Member: Tiffany L. Mayers, LCSW

Intern: Victoria Gray Pryor, MSEd in Secondary Education, BA in Public Policy and Government Affairs, and MSW Student RUSSW

Workgroup/Breakout Room 2

Facilitator: Dr. Denise Johnson, Clinical Psychologist

Steering Committee Member: Kia N. Alexander, LCSW

Intern: Sekinat KuKu, MA, Doctoral Candidate, Clinical Psychology

Workgroup/Breakout Room 3

Facilitator: Dr. David Ford, LPC, NCC, ACS

Steering Committee Member: Jayme Ganey, LPC

Intern: Lilis Felix Gomez, MPA

Workgroup/Breakout Room 4

Facilitator: Ms. Sharea Farmer, LCSW

Steering Committee Member: Nkechi Okoli, LSW

Intern: Ngima Wambugu, MPA

Session I (10:15 am – 11:00 am)

+ = multiple people had the same response

1. What mental health needs do you see for the Black Community in your service area, community-at-large, and statewide?
    - The need to define Black mental health and mental health needs from the Black perspective

    i. Black mental health is layered, with personal, familial, generational, social, and institutional variables.
    ii. It's okay not to be okay.+
    iii. The emotional well-being of Black folks includes dealing with and living in a society that never intended for them to be included.
    iv. It's important to understand the impact of codeswitching.
    v. Black mental health is emotional well-being for Black folks, and it acknowledges the impact of particular experiences of Black folks.+
    vi. It's important to work with a person and not with a diagnosis.
    vii. I don't need to justify to the world what I need in order to be okay.
- The need for clinicians who recognize racial trauma+
- The need for more therapists of color+
- More bilingual/multilingual therapists+
- More therapists who accept Medicaid and Medicare
- Access to services+
- The need to engage youth without involving them in the system+
- The need to meet basic needs so folks can have time and space to focus on their mental health needs+
- The need to listen first before just throwing cookie-cutter services at people
- The need to factor the community into the treatment for individuals and families
- The need to make visiting a mental health practitioner a regular occurrence, just like going to the dentist, with check-ups twice a year or annually+
- Better access to technology+
- The need to address stigma around mental health+
- The need for low-income individuals to be able to see private practitioners
- The need to engage the Black community by intentionally providing cultural safety supports, activities, and community services and resources
- Better education about mental health
- The need to address the future self and struggle for youth to see their future self
- The need to talk more about suicide and the rise in suicide, which is being seen in clinical and pastoral counseling+

- The need for more engagement and partnership with faith-based institutions and community providers+

2. Does your organization collect data and/or have access to data on utilization of services; early termination of services and why; quality of care, from engagement (first phone call and waiting room experience) to follow-up after services end; culturally informed invention strategies; referrals out; demographics (race, gender, age, socioeconomic status, sexual/affectional orientation, etc.)? Can you specify the areas? If not, what are the reasons?
    - No, we need to collect data.
    - It's a challenge; we don't put all the data in the system.
    - We started collecting date on race in the wake of the death of George Floyd.+
    - Our agency has made some changes with advertising in the wake of George Floyd's death.
    - The organization is now moving more toward the urban than rural since the death of George Floyd.
    - I am not sure if my agency collects data on race, intersectionality, trans persons, or any category related to a marginalized client.+
    - We collect some data, but I don't know what my organization does with it. They don't talk to folks on the frontlines about data.+
    - I wish they would collect data on race, quality of services, and who is terminating early, and it would be helpful if we got specifics.+
    - Our agency does collect stats on race for the kids coming into the organization.
    - We collect data to see who we are serving, and we pay attention to race and age. We also collect data on how young people are identifying themselves as far as gender to better serve them.+
    - We provide data to the state once a month.+
    - The state stopped collecting data on the utilization of their services during the Christie administration.
    - We collect data at intake and provide it to the state.+
    - There should be an option for Black folks to identify their ethnicity. A Black person from Haiti is culturally different than a Black person from Nigeria.
    - There is a disconnect between the church and its use of the data and what we do with it.

3. Does your organization compare the data to the community, region, and/or state population? If not, what are the reasons?

- Don't know if data collection is useful.
- We created a committee after the death of George Floyd.+
- We collect data but do not do anything with it, and we do not have data on any specific populations.+
- We do collect data and compare to what happening in the community.
- We look for higher retention rate and which youth are overrepresented in the agency.
- I don't know, but I am interested in finding out.
- We collected "outcomes" to help us improve our services, but I am not sure whether the data collected is compared to the community.
- We share data and other relevant information with system partners and then the CIACC organizers meet on a statewide level to communicate gaps in service and info at the state level.+
- We ask on our survey about the client's waiting room experience.
- Our agency conducts annual consumer satisfaction surveys.
- For any contracts that are funded by the DMHS, we complete a Unified Services Transaction Form (USTF).+
- I thought they stopped using the USTF forms.
- My agency is serious about utilizing the data they collect to inform services and decision making; we have a data committee whose whole mission is to analyze the data.

4. What trends in the mental health sector (i.e., utilization of services, access to care, supportive care, referral to services, Black treatment providers, diagnoses, funding, governmental support) do you see for the Black community?

- Trauma-informed care and ACES+
- Need for therapists of color+
- More therapist of color seeking and going to school
- Longer waiting lists and not enough providers
- Returning to work during the COVID-19 pandemic
- High drop of services due to no access to virtual technology
- People were very receptive to having virtual support+
- We have data to track some of this, but we don't have any reports on it.

- If agencies only get paid when clients show up, there are little resources for outreach or more creative ways to engage in the community for mental health treatment.
- I think the data is valuable, but what is more valuable is stepping outside of your door and going into the community, going to the houses of worship, going to the spiritual care providers, going to take a walk down Main Street, being seen and patronizing the businesses, local coffee shop,s because I think you need to be invited. I don't think you can just show up and say, "you know, I've read a lot of articles about you. Let me tell you what you need." Being invited in and being willing to listen. Not just talking at people but asking, "what do you want? What do you need?"
- My concern with data is that individuals, without access to care, be it in person or virtually, are not being counted.
- My agency looks at demographics and tries to fit staff to fit the population it serves.
- We have had requests from clients specifically for Black clinicians and unfortunately sometimes we cannot provide that.+
- Hiring Black clinicians and looking at diversity actions for the entire organization. An audit was done of the agency along the lines of race and its shortcomings in addressing diverse issues.
- 95 percent of clients served at the agency identify as Black; however, the staff is not reflective of this. On my team of 10, there are only 2 non-white staff mbers, with a majority of the clients requesting a Black or Brown clinician.
- I am just me in my practice. I'm a clinician, administrator, I do everything, and I often feel overwhelmed. Thankfully, I'm blessed to know people that are seeking out services, but I can only refer them to so many people.
- Need more community connections with religious groups, and need to make referrals to faith-based supports+
- There is a need for transportation to access services.+
- Need to find licensed therapists. It can be difficulty to pass the license exam.+
- Black therapists opening up their own practices because they don't want to deal with the microaggressions and lack of opportunities, supports, and resources in agencies.+
- It's been a lifesaver to provide telehealth services.+

5. What are your concerns with the data and/or trends?
    - We need to create a database that is accessible to people, so they can refer clients.+
    - Need more therapists of color+

- Transportation issues+
- Need well-trained and culturally informed and culturally humble allies+
- I have concern that after the conversations about the death of George Floyd stop will we shift back to insensitivity, more microaggressions, invisibility, etc.+

Session II (11:15 am – 12:00 pm)

1. What are three big challenges facing the Black community right now in utilizing services/accessing care and engaging in treatment, and what is needed to overcome the challenges?
    - Denial of needing services+
    - Stigma and the feeling that getting help is not okay+
    - Some folks have said therapists make them feel like a number or they are just given pills
    - Misinformation about mental health and mental illness+
    - The fallacy of scarcity of resources+
    - The hoops and hurdles to get access to quality services; need for creative ways to make services accessible+
    - Need more marketing campaigns to address stigma and, specifically, trauma as a result of police brutality and witnessing of trauma; need specialized programming for this effort
    - We are humans, not numbers
    - Medicaid limiting service providers to only large agencies
    - The focus is on social determinants of health being a high priority versus addressing systemic stress and mental health issues
    - There is a need for fun and safe activities for our families
    - We need to recognize "people power" is advantageous when it comes to undoing systemic oppression and systems that oppress. We need to understand that only other institutions can deconstruct an institution of oppression. We need to begin to build up institutional power to deconstruct institutions that oppress. Churches are an institution that can push against institutional racism. We need more collective action to build institutional power to push back against institutional power.+
    - We need to be clear that we can collaborate without folks worrying we will steal their proprietary goods.
    - We need funders to allow us to be creative, give flexibility with the funding, and give more funding to enable us to build engaging bridges to meet communities where they are at.+

- There are certain things funders want us to show as far as levels of service but is that necessary? Are we even truly meeting the needs and those gaps in services for those families we are serving?+
- The clinical models we are taught, and which are supposedly evidenced-based, don't work for everyone. We will modify them so they meet our needs. And so, I've done that for years—modified models and engaged in nontraditional ways of engaging and treating clients, such as cooking groups, craft groups, etc.+
- Lack of empathy, lack of cultural understanding,+ lack of informed methods of working with Black clients+
- Insurance/funding+
- Lack of needed services+
- Embracing the idea of the strong Black woman hinders some women from accessing care, and supports aren't accessible during times that fit within the lives of our people.+
- Training therapists to work effectively with racial trauma+
- The system is not designed for us+
- The ability for providers to understand how race and ethnicity affects daily living+

2. What have you seen or done that has been effective in providing and advancing mental health services to the Black community in your organization, community, and government?
    - Weekly family night
    - If you have a story, share it, you will be surprised who opens up once you do.
    - Fellowship meals, healing circles (for grief and trauma), and community gardening+
    - Doing virtual orientations to help new clients get to know us and put a face to the name
    - Trauma-informed care regarding lighting, seating arrangements in the waiting room, waiting times, and interactions with front desk staff to leave the client with a sense of dignity+
    - Organic conversations are so meaningful
    - Showing kindness and listening fosters engaging starts
    - Offering a space for our young people to talk about race, race-related events, and racism
    - I wonder how much you can hold an agency accountable to have a specific policy on addressing race in therapy. Just like the requirements around access for people with disabilities, we need to have real language to hold people accountable to make sure they are not just taking a hands-off approach+

- Even the language of mental illness is stigmatizing to people. Even emotional health, emotional wellness, brain health, all these words are labels and people are frightened by labels—they don't want to be labeled. Instead, they want to know, "how do I feel better or at least feel different?"+
- We also view treatment from an individualizing lens versus valuing the community perspective.+
- When we show up, we need to dress appropriately and not just wear anything. If going to a church service, please dress up.
- A lot of Black clients are feeling anxiety around going back to work and are concerned about codeswitching.
- Even the definition of community is individualized+

3. Do you and/or your organization address race-related events, the impact of historical and present-day racism, experiences of microaggressions, prejudice, and discrimination with staff and persons in client status? If so, how? If not, what are the barriers?
    - After George Floyd's death, they brought in presenters, which they never did before.+
    - My agency holds multicultural workshops, but the folks who need them never attend.+
    - There are a lot of cultural competence meetings and committees now, along with consumer satisfaction surveys every few months, but all those meetings do not necessarily convert into action/trickle down to the staff and client levels.
    - 99 percent of our clients are Black, and, whenever anything happens in the news, it is one of the first things we talk about in therapy. Sometimes it takes up the whole session. It is hard to give suggestions how to handle it when you can't handle it.
    - We have a cultural humility committee we started last year.+
    - We have workshops, presentations, and conferences.+
    - We developed support groups since the passing of George Floyd.+
    - Listening Circles
    - Sermons, teachings, events, conferences, write-ups, and services
    - We have bi-weekly talks to discuss race in America.
    - Peace Squad, where staff can talk when needed
    - Diversity minute in monthly staff newsletter
    - I, a Black therapist with dreads, with my badge, take trips into the waiting room, just so they can see someone like them works here.

- A part of my supervision responsibility is reading therapist's notes, and there was this one situation where the therapist wrote in her note that she had to inquire further because she was concerned that the client was patting her head during session. She wrote she will continue to inquire. I was aware of the client, a Black woman with braids in her hair. I spoke to the therapist about it. This example was not a clinical matter, but it was a cultural misunderstanding being treated as a pathology.+
- Hold Black and Brown committees that address disparities with the system, services, etc
- Create a platform for people to get support on cultivating cultural sensitivity

4. What skills, trainings, and resources would be helpful to provide quality services and access that is culturally safe, sensitive, inclusive, and responsive for the Black community, both internally (your organization) and externally (your community)?
    - Racism in therapeutic models+
    - Helping others recognize Black doesn't mean only African American+
    - Training on intersectionality+
    - All should attend, cultural trainings should be made mandatory+
    - There is so much tied to the Black experience. Because I am a Black clinician, I get it. This needs to be discussed.+
    - We need trainings on how to look at models and adapt them to meet cultural needs and differences and still feel like we're using models that we think are effective.+
    - Have quarterly townhalls so staff can share their thoughts on race and social justice
    - Trainings on microaggressions+
    - Address the daily current racial experiences+
    - Need to look at the questions used in interviews to gather information from clients+
    - Provide training on accurate information about US history on race relations and systemic racism+
    - Race-based, trauma-informed care training+
    - Expand representations of Blacks on boards and advisory committees and in leadership positions+
    - Need more information and access to funding+

VI. Community Listening Sessions and Themes

Each community listening session began with the introduction of Dr. Hubbard and a discussion about the purpose for her visit, the roundtable series, the informed consent, and the use of information. Dr. Hubbard utilized the chat post, directing participants to send their responses just to her for privacy and confidentiality. After the introduction and instructions, Dr. Hubbard moved to ask the questions. The community listening session questions and combined answers from two of the three listening sessions are listed below. After Dr. Hubbard held a listening session, she shared the information and the takeaways with the roundtable steering committee to inform the committee's thinking, shape the agenda and construction of questions for the roundtable, and provide context in debriefing the roundtable experience, takeaways, and evaluation results. Please note that the information shared is from two of the three listening sessions for which the informed consent was obtained. Disclaimer: Dr. Hubbard and the roundtable steering committee are aware that they were tapping into a small number of people to gather data and are not trying to generalize the data that was collected. The steering committee's interests centered on increasing the depth of their understanding of Black consumers experience of utilizing mental health services in NJ and getting a sense of the Black community members' perspectives on what is needed to provide quality mental health services to members of the Black community.

1. Do you utilize formal mental health services?
    - 4 No responses
        - One individual indicated a desire to utilize services, but a lack of adequate services wasn't available to them
    - 10 Yes responses
        - Marriage counseling
        - Previously had a good experience as a child going to a Black divorce therapist for children
    - Do you personally know anyone who has used formal mental health services, currently or in the past?
        - 4 No responses
        - 13 Yes responses
        - Family members, friends, and co-workers
        - Both currently and in the past
        - Some specified grief counseling

2. Were there any issues you encountered when utilizing the services?
    - Yes, lack of progress
    - No issues, was happy with the services
    - Yes, connecting with providers
    - Yes, doctor was quick to prescribe drugs
    - Yes, was on a waiting list for four months
    - No issues
    - Yes, with accessing providers
    - Yes, experience as an adult were all off putting. After a DUI, I received substance counseling. I had to fill out a questionnaire, and it was insinuated through the questions that I had either a victim mentality or a predisposition to alcoholism. The other questions asked if I was raised in a two-parent household or not? I felt profiled by the questionnaire, and I was not offered formal therapeutic services.
3. Have you desired to use mental health services but did not?
    - Found service to be too expensive
    - Thought I could just deal with it
    - Yes, did not due to lack of time
    - Couldn't find someone I felt I connected with
    - Lack of cultural competence
    - Lack of boundaries
    - Did not use services because the available services were not adequate, could not find a provider they could relate with
    - Scared to utilize the services because of the stigma
4. What worked well with utilizing the services?
    - Open discussion with others
    - Responsive and knowledgeable therapist
    - Receiving services from the church, from the pastor
    - Was able to connect with a Black female therapist
    - Helped me understand what I could control
    - The therapist is knowledgeable, and we have built a relationship
    - Receiving services from an African American woman worked for my granddaughter
5. Were there any barriers when connecting with services or anything in your way?

- No barriers to connecting to services
- Knowledge on how to get access and get started
- How to pay for it
- No barriers finding and connecting to services
- Cost was prohibitive
- No barrier but was costly
- My child found there to be some barriers; cost of services was a challenge
- Not knowing where to look for services
- Unable to find more Black mental health providers
- The need for financial assistance for therapeutic services
- Difficulty finding a Black therapist, don't trust opening up to just anyone about my personal details and information

6. What do you think is missing from mental health services for the Black community? (This question was open to those who do not identify as Black too.)
    - More youth mental health services for Black children
    - Understanding of culture/background
    - A non-Black individual responded who believes accessibility is an issue
    - More Black or culturally knowledgeable therapist, men, and women. And those who understand youth and young men
    - Mental health services are needed behind the walls for those who are incarcerated, especially now after the pandemic and after being isolated for over a year.
    - Empathy and connection to the Black community
    - Two people responded: more Black professionals
    - Need more direct reach to connect with Black men
    - Dedicated facility
    - A facility dedicated to the Black community, with Black professionals providing services
    - Need for more Black male service providers that can relate to the Black male youth
    - Trauma theory should be more widely available

The open forum discussions consisted of a variety of different questions posed by participants focusing on Black mental health. The conversation ranged from asking Dr. Hubbard what type of qualities she looks for in a therapist to discussing the need for specific trauma-informed and culturally sensitive services and strategies to

address historical trauma in the Black community, along with the vicarious trauma experienced by the Black community, from bearing witness to present-day violence and discrimination to the loss of life.

VII. Roundtable Panelists' Final Takeaways

The takeaways are drawn from the panelists' evaluations, which were given at the end of the roundtable. They capture the voice, key ideas, and actions the panelists identified from their experience participating in the roundtable. These points highlight the needs and strategies that the larger community needs to take stock of to work with and support the Black Community; state and local leaders, stakeholders, and community partners need to bring to fruition the diverse ways with which the Black community is engaged, treated, and responded to in a culturally sensitive and informed ways.

- Collaboration with stakeholders is key. Invitation to be a part of the solution needs to be inclusive. Barriers to mental health care must include trauma-informed care that includes historical context of all Black communities.
- Collaboration
- The need for information to be pushed into the underserved communities and not wait for those communities to come asking for information/resources. Breaking down silos between the communities we represent as professionals and the personal connections we can use for engagement. The need for appropriate, useful data to be available through a racial viewpoint.
- Many of us have the same challenges
- The key takeaways were to be able to have and hear transparent conversations about mental health for Black people and how we can make improvements and changes and educate. We need to address the needs, challenges, and concerns that are barriers in our communities for getting the help we so desperately need.
- Awareness
- Casual conversations are helpful, learn how people express culture and identity, partner with others, get out into the community not just the traditional mental health setting, make your space welcoming and inclusive, incorporate experiences, partner with others.
- Work faithfully in policy where I am and keep myself informed
- Clinicians being underpaid, shortage of staff due to being underpaid, and limited resources for our black community

- The need for conversations like this to help advise and influence active change in the community and the state as a entirety.
- I appreciate the discussion. My takeaway: our community has specific needs that require us to focus effort and funding.
- Black mental health is misunderstood, misrepresented, mislabeled, and often untreated.
- Unity is the key. We must be together in bringing relevant services to our community!
- Identifying how data is collected to best serve and meet the needs of BIPOC clients.
- Collaboration is key, communication is key, knowledge is power, being empathetic and understanding is very important.
- My takeaway is that we need to do better in making services better within the black and brown communities in addressing the disparities.
- I think the acknowledgement that the needs of Black people specifically, and people of color in general, are at times very different from those of Whites was what stood out. Also, that the resources are skewed against those of color.
- The need for more dialogue for engaging and servicing the AA and Latino communities. Impact and challenge structural change in the organization we work for and the communities we serve.
- Getting back to the basics culturally, remembering to think outside the box, integrating traditional and nontraditional methods to help the community.
- People want to feel good, not different. Funding is a continuous barrier.
- #Collaboration
- Collaboration is key! Bringing these issues to the forefront collectively.
- Nothing! Executed very well!
- We need to be aware of the particular characteristics of the community to be effective!
- The need for institutional power through collaboration. Also, the importance of structural competency.
- The main thing that we all kept saying was that there are not enough Black Mental Health Clinicians. There are so many within the community that need our help, but we are spread thin and overwhelmed.
- We need to start a Black Mental Health Coalition to continue having these conversations, to put our words into action, and to hold ourselves and others accountable for making the needed changes.

VIII. Recommendations

There are many takeaways from each section and the report as a whole. The themes from the roundtable and listening sessions, as well as the section with the panelists' final takeaways, center the voices of the panelists, capturing their insights, perspectives, and practice experiences. We highly recommend that the entire report, not just the recommendation section, be considered and put into action to improve the mental health experience and outcomes for members of the Black community within agencies, at the local and state levels, and on administrative, practice, and policy levels. Now, before you dive in and read the recommendations, please take a moment, and read the following quote by Dr. Hardy, which highlights a very important thread that showed up throughout the roundtable discussion and listening sessions. Dr. Hardy's words capture well the need for racial experiences and events, whether positive or negative, to be discussed and processed consistently in therapy with people of color.

The Phenomena of Race and Trauma by Dr. Kenneth V. Hardy

"Expanding our notions regarding trauma is an idea whose time has arrived. For too long the issues of race and trauma have been viewed as separate entities. Scholars interested in race have spent considerable time discussing the relationship between race and oppression but have devoted scant attention to the issue of trauma. Although much of this work has reflected an implicit understanding of the rudiments of trauma, it has not been addressed overtly. Promoting a more comprehensive understanding of the dynamics of racial oppression, as a form of trauma, is a necessary precursor to working with the racially marginalized.

Racial trauma is a life-altering and debilitating experience that affects countless numbers of individuals, families, and groups over multiple generations. It is an affirmation of the interlocking of racial oppression and trauma—the same experiences by different names. The tendency in the field to separate the two phenomena severely limits our collective understanding and ability to work with those who currently live life along the margins of society by virtue of their racial location. Racial trauma is the inescapable by-product of persistent direct or indirect exposure to repressive circumstances that have emotionally, psychologically, and/or physically devastated one's being and sense of self while simultaneously overwhelming, destroying or neutralizing one's strategies for coping. Because by definition racial oppression is a systemic condition that is sustained and occurring over a protracted period of time, there is very little release or relief from racial trauma. People of color and members of other oppressed groups live in the midst of socio-cultural conditions that are injurious to their psyches and souls. Thus, even when clinical work is trauma informed, it is often oblivious to the subtle but potent impact of racial oppression and is work that is frequently remiss in meeting the needs of those being served." (Hardy, 2017, pp. 19–20)

1. Capacity Building
    - Create formal pathways for more Black persons to obtain degrees and licensure in the mental health disciplines by providing funding and opportunities (e.g., scholarships, residencies, and whole positions).
        - Address factors regarding licensure testing that create racial disparities in obtaining licensure in mental health disciplines. There is a need to look closely at the practices, policies, test questions, and testing procedures for equity and fairness.
        - Address qualities of on-campus life for marginalize Black students that inform the graduation attrition. Holding colleges and universities accountable to ensure culturally safe spaces on campus and within classrooms.
    - Make funding opportunities known and available to smaller agencies, faith-based organizations, and private practitioners of color to support their collaboration and work within the community and assist with expanding their reach to deliver services by increasing their ability to hire more therapists of color and provide community and group-based treatment for race-based trauma and race-based traumatic stress injury.
    - Provide grant opportunities to subsidized mental health services for Black persons and families in client status.
    - Create pathways to attract more Black community members into the mental health disciplines by holding universities and agencies accountable to recruit, mentor, advise, and promote.
    - Support and develop partnerships and provide funding to support Black associations to engage students on the different career pathways in mental health, starting with middle school to community colleges.

2. Culturally Informed and Responsive Skill Development Trainings
    - Incorporate racial trauma into practice and provide training on how to adapt models to incorporate daily racial experience and race-related events through an intersectional lens.
    - Expand and diversify existing trauma models to take into account historical and current day experiences of Black/African American people. Keeping in mind, “histories of colonization and

oppression cannot be separated out from everyday acts of racism and discrimination" (Fast & Collin-Vezina, 2010, p. 132).

    - Support the consultation of existing marginalized scholarship by Black authors (e.g., scholarship from ABpsi and NABSW members) to advance approaches to mitigate the impact of, heal, and protect from racialized experiences.

- Devise and enforce accountability policies to ensure race-based stress injury and race-based trauma are being addressed throughout the treatment process.
- Establish CE requirements specific to anti-Black racism.
- Support intervention research, knowledge, and program development by diverse researchers and practitioner scholars using diverse methodologies and provide funding for empirically supported, race-based traumatic stress injury models, race-based trauma approaches, and culturally informed and sensitive interventions informed by Afrocentrism, Liberation Health Theory, and Liberation consciousness for the Black community.
- Fund research that will continue to look at issues of racial injustice through a lens of intersectionality and its negative impact on Black communities, as well as for solutions to dismantle racial injustice and structural discrimination to facilitate a shift toward equity.
- Incentivize major, top journals to publish articles specific to anti-Black racism.

3. Improving the Quality of Engagement and Service Delivery to the Black Community

- Increase cultural sensitivity and awareness of word choice and how experiences are being approached by professionals toward persons who identify as Black/African American, and acknowledge sociohistorical, cultural context in assessment, diagnosis, treatment process, and agency documentation, including progress notes. Hold professionals accountable to addressing implicit bias and microaggressions in interactions and conversations with Black persons in client status.
- Support development and accountability within agencies to collect, monitor, and utilize data to ensure the quality of the mental health experience, from the waiting room to the treatment goals for each touchpoint on the treatment continuum, with a focus on reducing disparities. Proactively engage in dismantling structural racism by developing policies and practices that assess and address disengagement in services.
- Pay special attention to gathering data on drop-out rates and no shows for treatment based on race, with a follow-up contact on why the person is no longer interested in services. Inquire

specifically about race-based experiences that were discussed and processed in treatment, along with microaggressions experienced while receiving services.

- Provide more multilinguistic providers and services, and acknowledge the diversity within the Black community (i.e., Igbo, Creole, Swahili, etc.).

IX. Next Steps

The LANF is working toward dismantling structural racism in collaboration with other social justice and advocacy organizations. Together they are working toward a Black and Brown statewide agenda and toward policy change. To this end, the LANF has hosted two policy roundtables, one focusing on Black mental health and the second on Latino mental health. The hope is to join participants from both the Black and Latino Mental Health Roundtables for a larger meeting to share and discuss policy reports, identify shared needs, and develop a unified strategy for increasing, improving, and addressing the mental health needs of Black and Latino residents in NJ. This meeting with be announced in the near future.

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Annex I: Roundtable Meeting Agenda

MENTAL HEALTH IN THE BLACK COMMUNITY ROUNDTABLE

A Service and Policy Roundtable for Collective Action to improve Black Mental Health

Monday, August 2, 2021 – 9:00 am – 12:30 pm

AGENDA

9:00 – 9:10 am	**Welcoming Remarks and Introductions** Dr. Jesselly De La Cruz, Executive Director Latino Action Network Foundation (LANF) Dr. Tawanda Hubbard, LCSW LANF Consultant, Moderator and Organizer
9:10 – 9:20 am	**NJ Division of Mental Health and Addiction Services** Assistant Commissioner Valerie Mielke
9:20 – 9:35 am	**Overview of Mental Health in the Black Community** Ms. Tiffany Mayers, LCSW, NAMI AACT-NOW Central Region Coordinator
9:35 – 9:50 am	**Integrating Social Justice Frameworks to Build Compassionate Communities in Order to Increase Collective Efficacy as a Tool for Mental Wellness in the Black Community** Dr. Juan Rios, Assistant Professor, Seton Hall University
9:50 – 10:05 am	**Poetry Reading,** "Ancestors" by Ms. Jacquese Armstrong
10:05 – 10:15 am	**Discussion of Work Group Process** Dr. Tawanda Hubbard, LCSW
10:15 - 11:00 am	**Work Group Session I:** Sharing Experiences, Identifying Needs and Barriers, Open Discussion and Brainstorming
11:00 – 11:15 am	BREAK

11:15 – 12:00 pm	**Work Group Session II**: Open Discussion, Co-creating Action Agenda and Devising Recommendations
12:00 – 12:25 pm	**Large Group Discussion**: Reporting out Key Takeaways and Recommendations
12:25 – 12:30 pm	**Wrap-up, Next Steps, and Survey**

Annex II: List of Invited Panelists who attended

April DiPietro	Community Resource Director at the Camden County CMO
Annaphene Roberson	Mental Health Clinician, Passaic Valley Regional High School
Ashlee Bright	MSW, Community Resource Manager at Capitol County Children's Collaborative
Beverly Moore-Clark	Program Manager of Stress Care of NJ Behavioral Health Program, Monmouth County
Carline Petiote	Child Study Team Social Worker with the Orange Board of Education
Cecilia Sloan	Program Supervisor, Oaks Integrated Care
Chad Majczan	Director of Community Relations & Resource Development, Monmouth Cares CMO
Charlene Walker	Executive Director, Faith in New Jersey
Cuqui Rivera	Policy and Program Director, Latino Action Network Foundation
Dawrell Rich	Lead Pastor of Clair Memorial UMC in Jersey City, PhD candidate at Drew University, Religion and Society, with Research interest in urban environmental trauma and the churches response
Deja Amos	Operations Manager, Tri-County CMO
Donna Williams	Southern Region Coordinator, NAMI- AACTNOW Program
Donnette Green	CEO and Founder of Distinctly Guided, LLC & Consultant, Child Welfare Strategist, Public Speaker
Donyea Wheeler	Program Coordinator of Outpatient MH & SU Services at Family Connections
Gary Nelson	Program Director, MVP Program at Willingboro High School
Jamila Hughley	LCSW, LCADC, Eric B. Chandler Health Center
Kiera Buchana	Director, Acute Care at Oaks Integrated Care, Cherry Hill
Laverne Williams	Mental Health Association in New Jersey

Liliko Ogasawara	Outpatient Director of CarePoint Health Christ Hospital in Jersey City
Lisa Perry	Director of SBYSP at Halsey Academy in Elizabeth
Lisa Tyson	Program Director, Center for Family Services
Rev. Martisa Kanard-Dwyer	Clergy, Clinician, The Center for Great Expectations
Melanece Walker	MSW, LSW NAMI-NJ/AACTNOW Program Assistant
Milira Cox	LMFT Private Practice (Empowerment to Evolve, LLC), PhD candidate, Montclair State University
Olubusola Oni	Oaks Integrated Care, Inc.
Paulina Dutton	Community Relations and Resource Director, Passaic County CMO
Paola Stevens	LSW, Mental Health Practitioner, Bilingual at Richard Hall Community Mental Center, Somerset County
Rachel Calloway	MA in Drama Therapy, Manager for Family Connections, DV Programs
Rebekah Leon	Executive Director, Mental Health Association in Passaic County and Passaic County CIT Mental Health Coordinator
Rocio Olivera	Senior Program Coordinator, Oversees Hudson Speaks at CarePoint Health
Dr. Sabrina Sturgis-Riley	Partners for Kids & Families
Thurmond Gillis	Program Manager at Care Plus and Co-Chair of IDEA Committee
Tony Towns	Oaks Integrated Care Program
Wendy Alexander	Center for Family Services, Vice President, Family Support and Prevention Services
Vera Sansone	LCSW, CPC Behavioral Healthcare, Inc.
Yania Cruz	Oaks Integrated Care, Inc.

Annex III: Reference List of Articles and Links Given to Panelists to Prepare for the Roundtable

Articles and links emailed to panelists to be reviewed prior to the roundtable discussion:

https://www.columbiapsychiatry.org/news/addressing-mental-health-black-community

https://www.mcleanhospital.org/essential/how-can-we-break-mental-health-barriers-communities-color

https://www.psychotherapy.net/interview/kenneth-hardy

https://deconstructingstigma.org/

https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a3.htm

https://mhanational.org/mental-health-data-2020

https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NewJersey-2017.pdf

https://www-doh.state.nj.us/doh-shad/topic/MentalHealth.html

Reference list of articles provided to participants via email:

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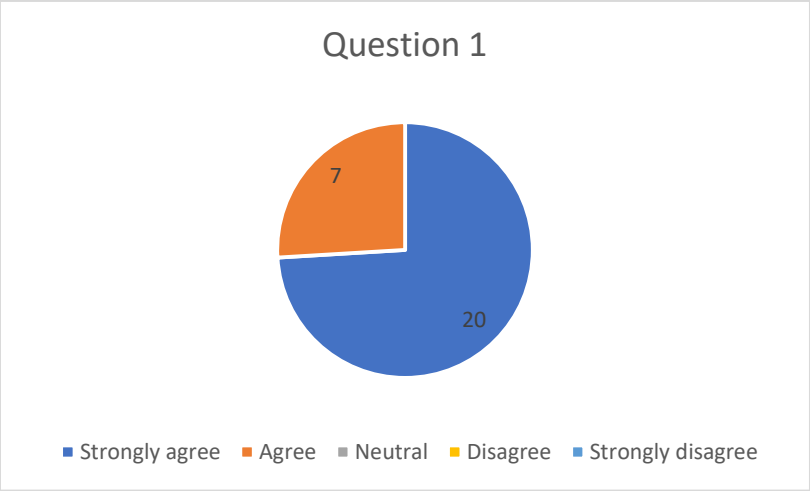
Washington (Mwata Kairi), K. (2020). Journey to authenticity: Afrikan psychology as an act of social justice honoring Afrikan humanity. *Journal of Humanistic Psychology*, *60*(4), 503–513.

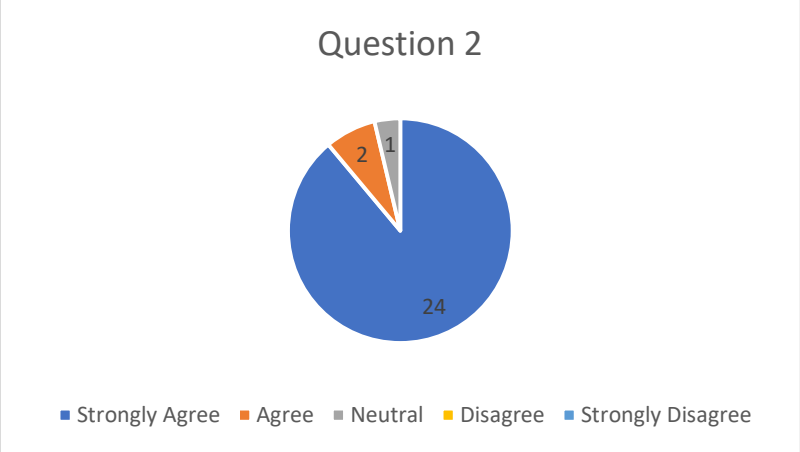
Annex IV:Evaluation

27 responses completed out of 37 panelists who attended

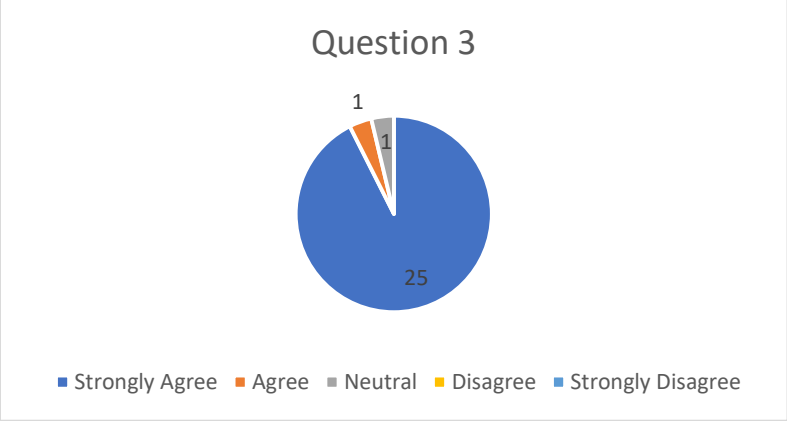
1. Please let us know if the goal of the roundtable was met: 20 Strongly Agree and 7 Agree



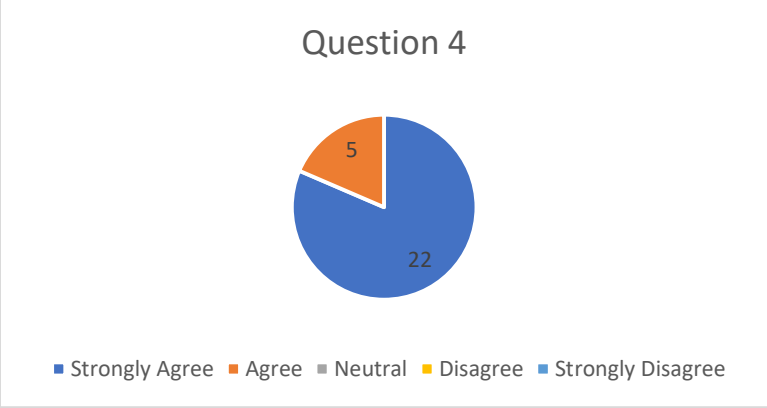
2. Roundtable Work Group discussions were engaging, informative, and facilitated effectively: 24 Strongly Agree, 2 Agree, and 1 Neutral



3. The presentations were engaging and informative? 25 Strongly Agree, 1 Agree, and 1 Neutral



4. Readings and data links were informative and helpful in preparing for your participation in the roundtable? 22 Strongly Agree and 5 Agree



5. Please share key takeaways from today's roundtable discussion. Please see Section: IX Panelists Final Takeaways

6. Please let us know if there are ideas and strategies from today's roundtable you can incorporate into your practice and/or organization to advance mental health in the Black community.

- Trauma-informed care, Liberation Health Theory, "The system is not broken, it was not designed for People of Color."
- Collaboration
- Identifying trusted messengers such as religious communities, with which the mental health world can engage and begin to break down barriers, such as stigma and lack of knowledge regarding resources.
- Different ideas or techniques that agencies use to incorporate diversity
- The main thing was to continue to speak up and speak out. Help to create workshops and events where cultural education can take place.
- Data analysis
- Continue to partner with others, build your reputation. Informal gatherings are powerful.
- Bringing up in clinical meetings the need to look at race and culture in working with all clients in the agency; advocate for all clinicians to take heed.
- Yes
- Engaging the community in creating lasting interventions
- N/A
- New interventions focused on incorporating mind, body, spirit, holistic.
- Use non-traditional services in mental health treatment
- I will be reaching out to my funders directly to engage them in dialogues about how data is being used once collected and how to collaborate to better meet mental health needs of AA or BIPOC
- Absolutely everything. Being present at the table, having our voices heard is important.
- Not providing services with privilege and lack of empathy.
- Looking at how to utilize the data we obtain to make improvements in the service that we provide.
- More training, education, conversations about race, culture, and creative services that incorporate one's culture in various service models.
- Getting back to community outreach to engage people
- Keep data and material current to address clients in real time.
- #broaching #breakingthestigma

- Reaching out and being a part of the wider conversation surrounding these issues.
- Grind even more to make positive changes and keep Black communities informed.
- Yes, reaching to the community and using different ways to practice and support individuals.
- Yes. I look forward to using the data we collect through our organization to address needs within our community more directly.
- I plan to do more research on Liberation therapy and use it in my practice and at work.
- Names of agencies and other providers in the Black community who I can add to my referral list. Leaning into my own effort to use a Liberation Health approach to therapy now that I have a name for it. I would love to support efforts to create nonprofit mental health programs within Black churches.

7. Any ideas and/or questions you have about supporting and advancing mental health in the Black community that were not discussed at the roundtable, please list below:
    - N/A
    - N/A
    - This should be an ongoing discussion.
    - Collaboration
    - Have there been studies on the difference in outcomes regarding BIPOC communities receiving services from people that share the same background versus someone who may be highly trained and specialized in working with that population but not a part of that community (i.e., a black therapist treating a black person versus a white therapist treating a black person)? Do we have data and evidence that support this viewpoint we can utilize for advocacy? Education grants and stipends were mentioned. Is this information being pushed out into the communities that need to hear about it?
    - Not at this time
    - Everything was covered.
    - No
    - I would be interested in printed resources about mental health in the Black community to hand out at our community events and have available on site.
    - Not at this time—a thorough conversation.
    - Not at the moment, the round table was well-versed and comprehensive.
    - The development of a database of great Black service providers

- Funding having less restrictions (private or for-profit eligibility for community programs that don't have nonprofit or insurance payments)
- Creating a coalition for increased collaboration among agencies
- Regular meetings of this type
- We need to go to the colleges and provide more incentives for the Black and Brown communities to encourage therapists and the social work field.
- No.
- So much was discussed! Looking forward to future sessions.
- None
- please encourage all participants to join their local Community Networking Association (CNA) https://www.cnanj.org
- For an initial roundtable, you effectively covered a lot. It would be nice in the future to have an opportunity to let others know how we can be of service to each other right now.
- I would like to know more about how we (my church and organization) may become a site for services. We have utilized space.
- Refer to questions 5 and 6.

8. Any additional comments or suggestion for future roundtables on mental health in the Black community, please list below:
    - There should be discussions about communities that are marginalized within the Black community, for example People of Color that are of transgender experience.
    - None
    - Not at this time.
    - Keeping them engaged in treatment
    - This roundtable discussion was very well put together and I am honored to be a part of the discussion.
    - No
    - Not at this time
    - Advocating inside of agencies in ways that facilitate helpful change quickly
    - None at this time

- This conversation should occur bi-annually to serve as an update as to the progress being made and new areas of focus that need to be addressed. An action portion of this meeting in the future should be developed for participants.
- N/A
- More time for discussion and presentations.
- Discussion of the problem of mass incarceration as a mental health concern.
- This discussion was super helpful and inspiring. We need to meet again because we are just getting started.
- Looking forward to additional conversations.
- Great roundtable and I look forward to the next meeting.
- I think we need to figure out how to create a database of "of color" professionals and therapists that people can access. It is extraordinarily difficult finding clinicians, particularly men of color. Also finding ways to direct men into the field, as well as providing adequate training to ALL clinicians in the area of race trauma.
- Continuing this work and collaboration with service providers, churches, community members, etc., servicing the Black and Latina community.
- Men's mental health, post-traumatic stress in the African American community (post-traumatic slave syndrome). Church and places of worship engagement strategies
- N/A
- Thank you for the opportunity to join the discussion. I would be honored to join again.
- This was excellent and I look forward to being a part of future discussions!
- Please continue to meet and let these sessions grow. Dr. Hubbard, you are right on target! Next time we meet in the fall, one question should be, "what have we been able to contribute, change, learn, help, etc. to mental health in the Black community since we all last met?"
- Thanks for this great opportunity to discuss important issues and to meet partners. The key speakers were great!
- The break could have been a bit longer (15 min max)
- I think we need to make this an annual or quarterly event.
- This was a wonderful opportunity to connect with other clinicians in the Black community. Private practice can be very isolating, especially as a Black marriage and family therapist, and I hope to have more of these discussions in the future.

Established in 2010, the Latino Action Network Foundation (LANF) is a 501(c)(3). LANF was established as a charitable organization with the goal of uniting New Jersey's diverse Latino communities and advancing our economic and social empowerment. LANF is organized to research the issues impacting the Latino communities in New Jersey, develop policy proposals to address those issues, and conduct outreach among Latino communities throughout New Jersey, including lower-income and immigrant communities.

https://www.lanfoundation.org/

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Salvation and Social Justice seeks to liberate public policy theologically by building Black faith-rooted communication strategies, advocacy, and public education campaigns, to lift up poor, underserved, and traditionally oppressed communities with a particular focus on racial justice through abolition, restoration, transformation and coalition.

https://sandsj.org/

Report written by Dr. Tawanda Hubbard, LCSW

October 2, 2021

Harambee!

Let’s All Pull Together