WORKPLACE ENVIRONMENT MATTERS
Strategies to Support and Retain Behavioral Health Staff
Providing Services to Diverse Ethnic and Racial Populations
Introduction
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Resources
Final Thoughts
NNED
National Network to Eliminate Disparities in Behavioral Health Virtual Roundtable

Welcome & Introductions

Naomi Ortega Tein

Change Specialist,
Change Matrix, LLC

CHANGEMATRIX

Victoria Chau, PhD, MPH

Public Health Analyst,
Office of Behavioral Health Equity

SAMHSA

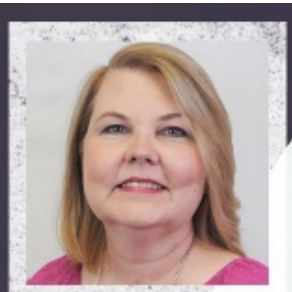
Our Roundtable Panelists

Belisa Urbina
Founder and Executive Director
Ser Familia

Jorge Wong
President and Chief Executive Officer
Richmond Area Multi-Services

Ruth Shim
Professor in Cultural Psychiatry
University of California at Davis

Belisa Urbina
Ser Familia
Developing Strong Families
18 YEARS
Fortaleciendo las familias latinas
Cultural Humility
Immigration Services
Couples, Parents & Youth Training
Behavioral Health
Family Support
Domestic Violence
To strengthen, revitalize, and equip Latino youth, couples, parents and families, empowering them to thrive and enjoy a healthy family environment



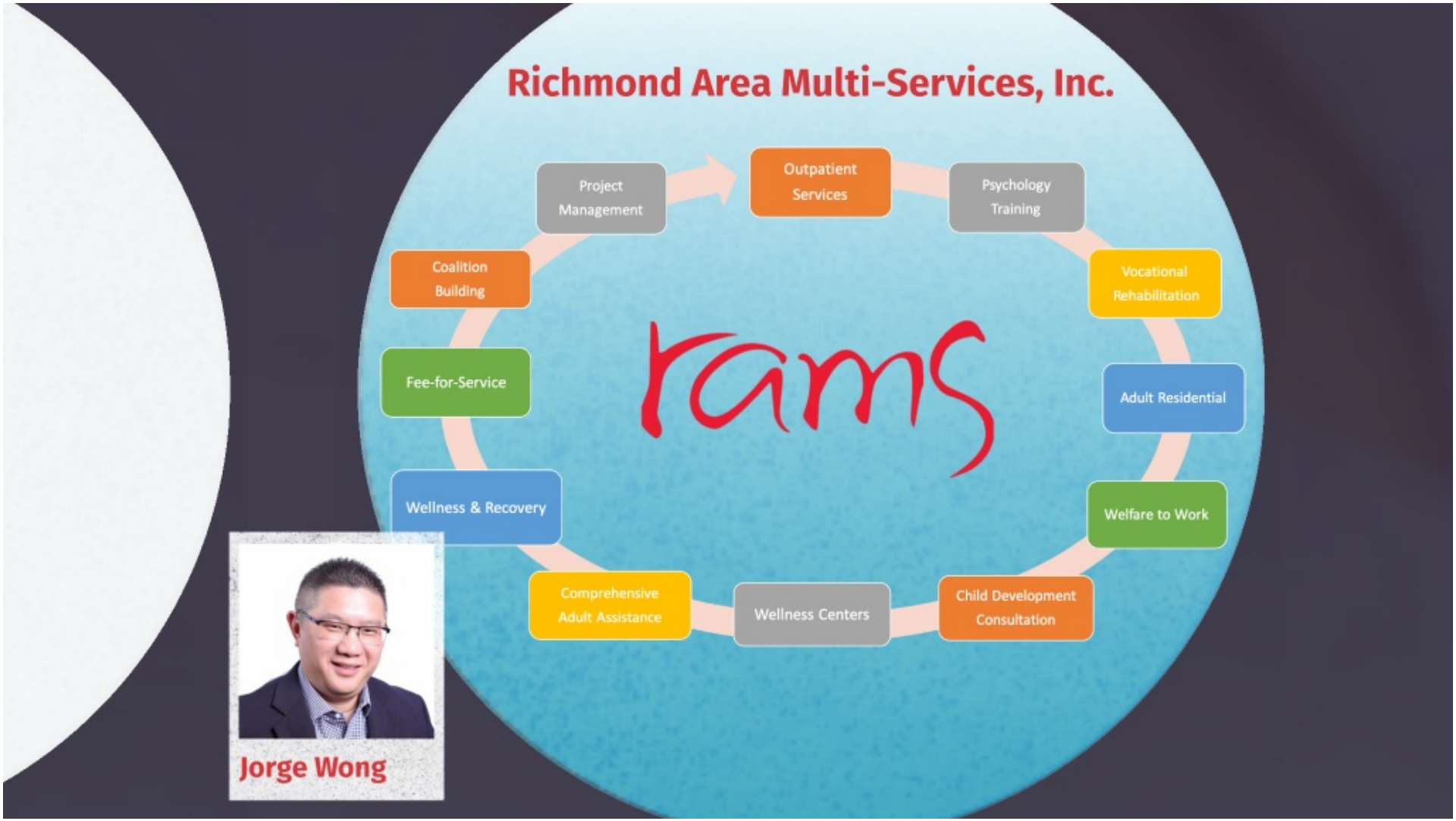
Belisa Urbina

Ser Familia

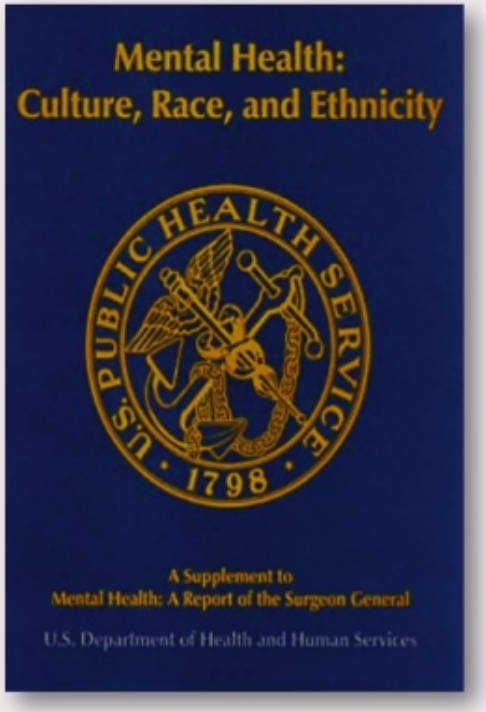
Developing Strong Families

- Leading non-profit offering comprehensive, family, social and mental health services for Latinos in Georgia.
  - Service model of empowering past program participants to be peer leaders of programs
    - Provides direct services to over 4,000 clients every year

www.serfamilia.org • belisa@serfam.org • 678-363-3079


Richmond Area Multi-Services, Inc.
Outpatient Services
Psychology Training
Vocational Rehabilitation
Adult Residential
Welfare to Work
Child Development Consultation
Wellness Centers
Comprehensive Adult Assistance
Wellness & Recovery
Fee-for-Service
Coalition Building
Project Management
rams
Jorge Wong

The Current State of Things
Ruth Shim
Professor of Cultural Psychology
Terminology



"Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. **These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender.**"

Diversity

Includes all the ways in which people differ, encompassing the different characteristics that make one individual or group different from another.

While diversity is often used in reference to race, ethnicity, and gender, a broader definition of diversity includes age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, and physical appearance.

This definition also includes diversity of thought: ideas, perspectives, and values, and recognizes the importance of intersectionality.

https://independentsector.org/resource/why-diversity-equity-and-inclusion-matter/

Equity

Fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups.

Improving equity involves increased justice and fairness within the procedures and processes of institutions or systems, as well as in their distribution of resources.

Tackling equity issues requires an understanding of the root causes of outcome disparities within society.

https://independentsector.org/resource/why-diversity-equity-and-inclusion-matter/

Inclusion

The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.

An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

While an inclusive group is by definition diverse, a diverse group isn't always inclusive. Increasing recognition of implicit bias helps organizations be deliberate about addressing issues of inclusivity.

https://independentsector.org/resource/why-diversity-equity-and-inclusion-matter/

Implicit Bias

The attitudes of stereotypes that affect our understanding, actions, and decisions in an unconscious manner

Activated involuntarily, without awareness or intentional control

Can be either positive or negative

Implicit bias is neurobiologically based and adaptive, and therefore, we all have them

Staats, C., Capatosto, K., Wright, R. A., & Contractor, D. (2014). State of the science: Implicit bias review 2014. *Kirwan Institute for the Study of Race and Ethnicity. http://kirwaninstitute. osu. edu/wp-content/uploads/2014/03/2014-implicit-bias. pdf.*

Microaggressions

"Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership."

Microaggressions are experienced by most stigmatized individuals and occur on a regular basis

Microaggressions experienced by underrepresented groups during medical education have higher rates of burnout depression than majority students.

These experiences often influence long-term recruitment and retention of talented underrepresented faculty in academic centers

Dyrbye LN, Thomas MR, Eacker A, et al. (2007). Race, ethnicity, and medical student well-being in the United States. Archives of Internal Medicine, 167(19), 2103-2109.
Haviland MG, Yamagata H, Werner LS, et al. (2011). Student mistreatment in medical school and planning a career in academic medicine. Teaching and learning in medicine, 23(3), 231-237.

Cultural Competence

The ability to interact effectively with people of different cultures, ensuring the needs of all community members are addressed

https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence

Practicing Cultural Humility

Commit	To a lifelong process of self-evaluation and self-critique
Desire	To fix power imbalances between providers and clients
Develop	Community partnerships to advocate within the larger organizations in which we participate

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Undeserved, 9, 117-125.*

Structural Competency

"The trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, medication "non-compliance," trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health."

Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014;103:126–133. doi:10.1016/j.socscimed.2013.06.032

Equality
Equity
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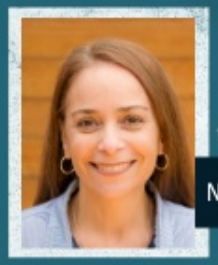
Panelist Discussion - What we'll discuss

- Challenges in the workplace & retaining workforce
- Creating inclusive and equitable workplace environments
- Innovative strategies to retain workforce
- Sustainability



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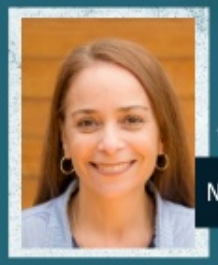
Panelist Discussion

What are some of the biggest challenges that you face with retaining workforce?



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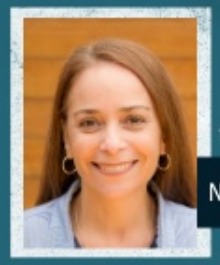
1

Panelist Discussion

How do you create inclusive and equitable behavioral health workplace environments?



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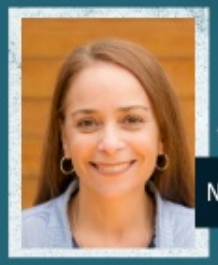
2

Panelist Discussion

What are some innovative strategies that help retain the existing behavioral health workforce?



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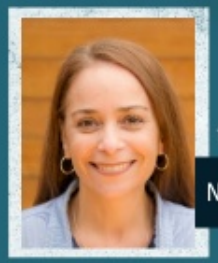
3

Panelist Discussion

How do you sustain efforts to build a culture of learning, a climate of culture, and workforce development efforts?



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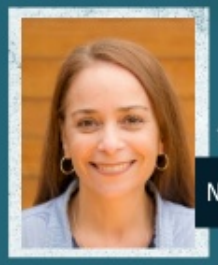
Panelist Discussion

Time for Q&A!



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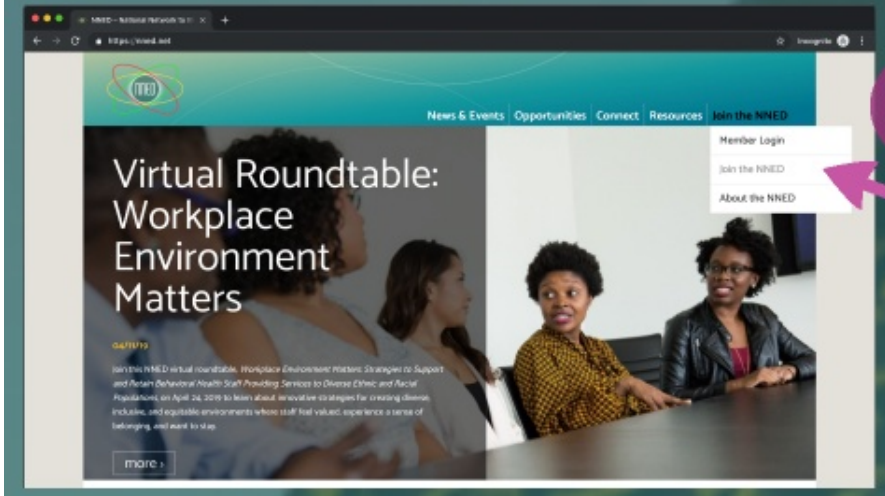
Resources



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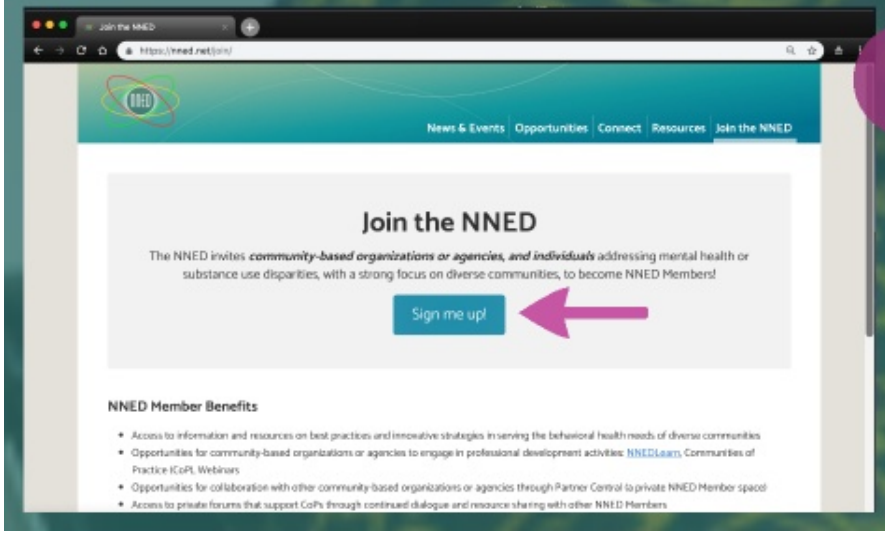

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Join the NNED!

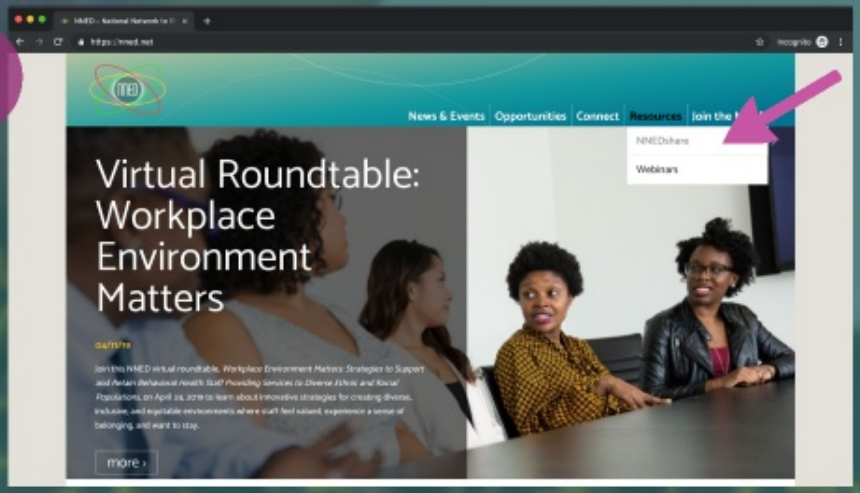
https://nned.net/join

Resources

Visit NNEDshare, the NNED's resource repository

https://share.nned.net

1



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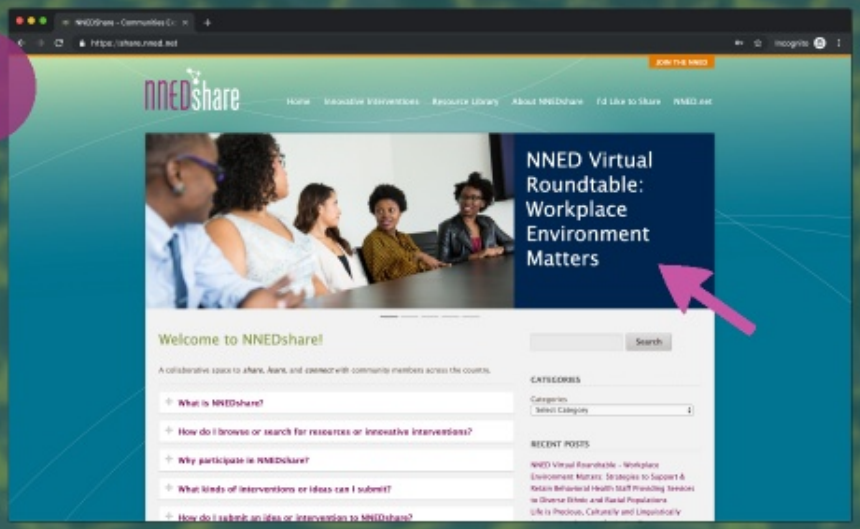
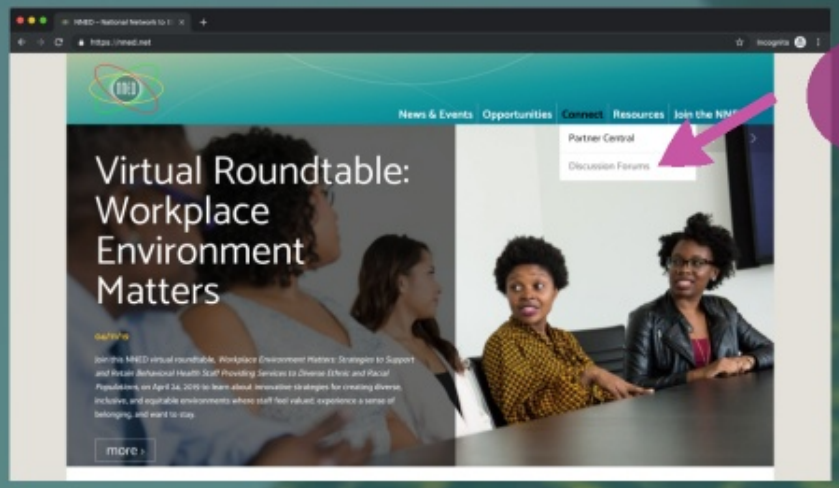
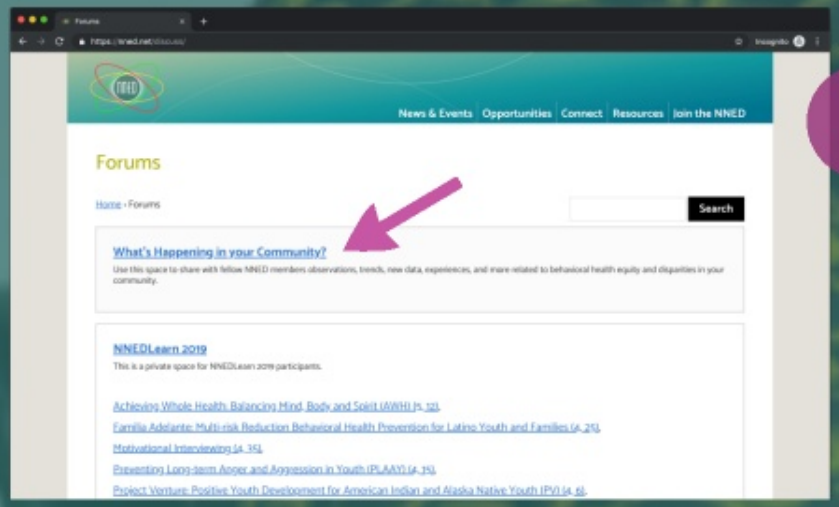


Resources





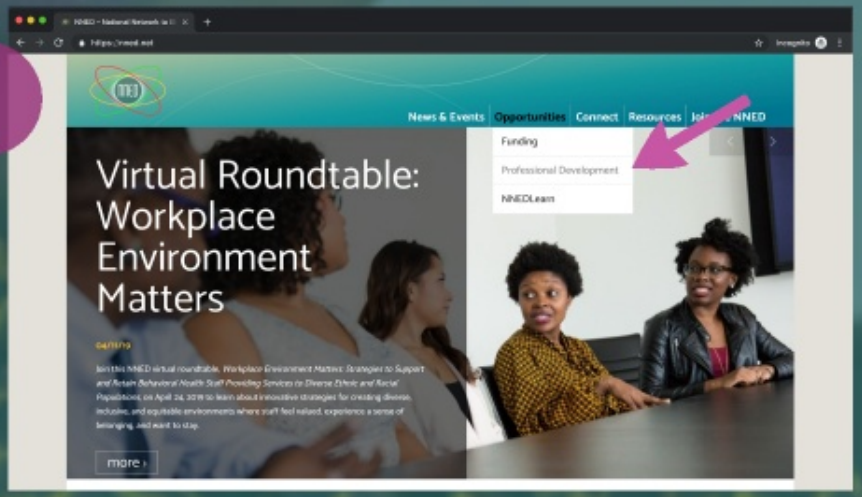
Join the conversation on the NNED Discussion Forums

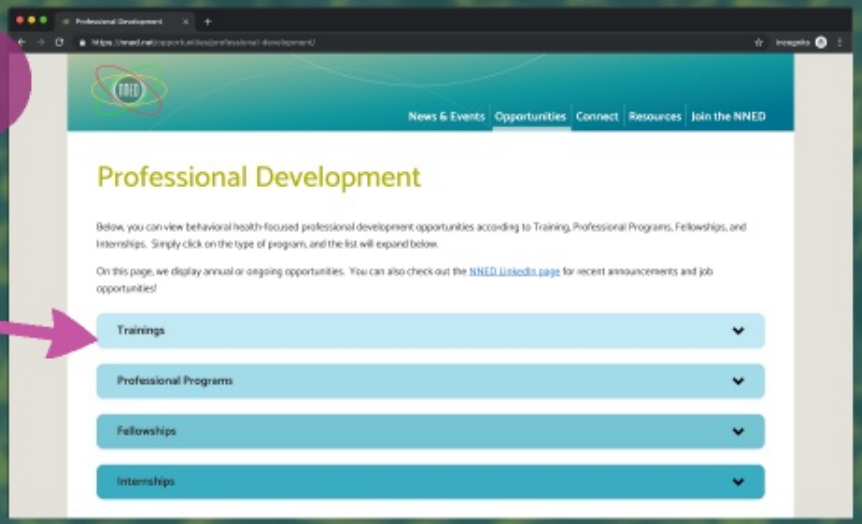
https://nned.net/discuss

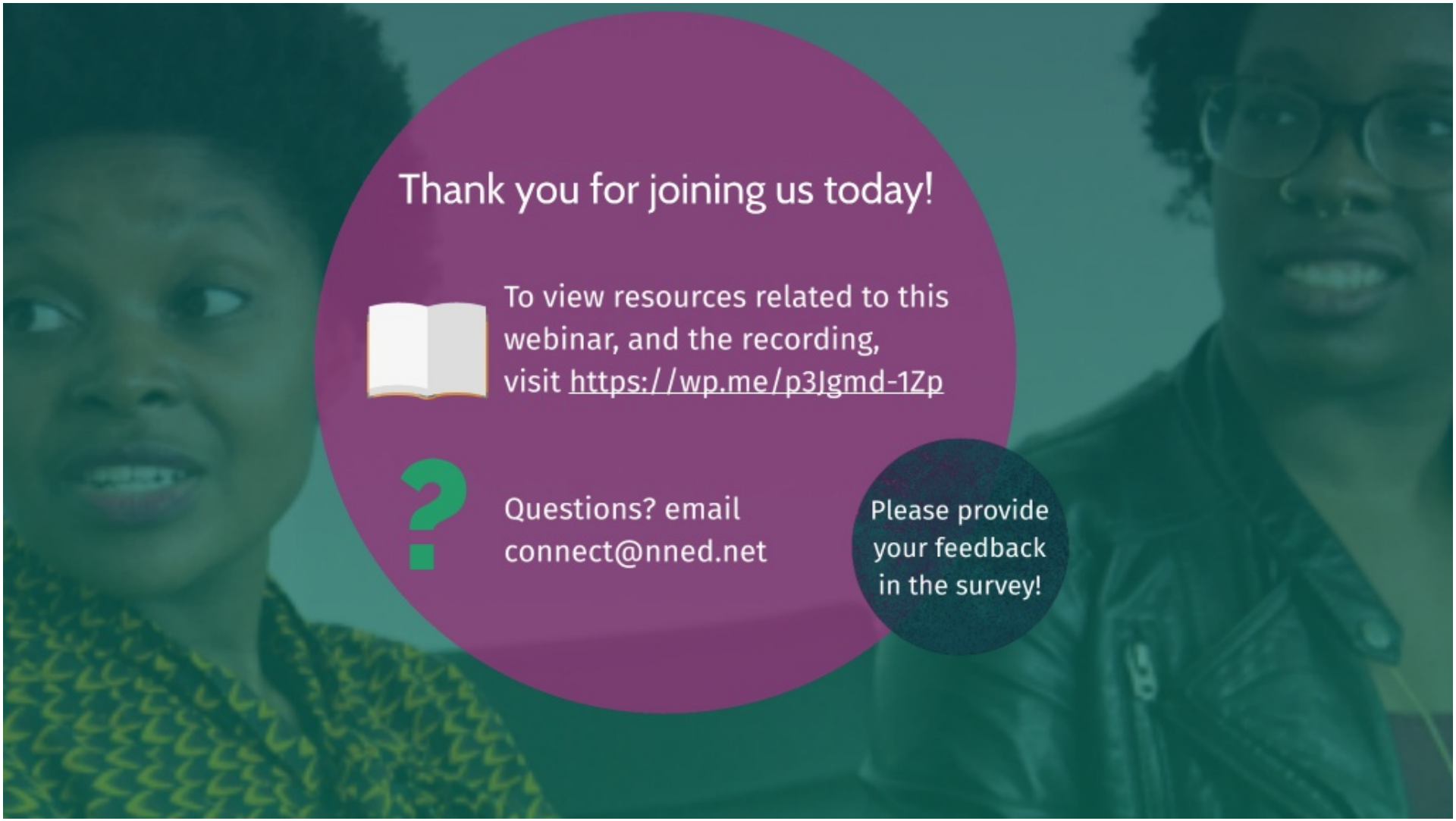
Resources

Explore new opportunities on the NNED Professional Development Opportunities page!

https://nned.net/professional-development






Thank you for joining us today!
To view resources related to this webinar, and the recording, visit https://wp.me/p3Jgmd-1Zp
Questions? email connect@nned.net
Please provide your feedback in the survey!

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