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"Residential Care: A Therapeutic Home Away From Home for *All?*"

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Race, Equity & Inclusion in the Context of Residential Treatment for Youth & Families

- Social determinants of health & structural competency
- Structural & cultural humility
- Intersectionality, inclusion & the milieu
- Insidious trauma & Institutional injustice

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Adverse Childhood Experiences

- Studies show that adverse childhood experiences (ACEs) are significantly related to lifelong mental health problems and lifetime mortality rates.
- Many youth placed in residential care have already endured several ACEs (physical or sexual abuse, exposure to caregiver substance abuse, mental illness and domestic violence etc.) and subsequently present with debilitating internalizing and externalizing psychiatric problems.

Felitti et al., 1998, 2010; Greenwald, et al., 2010; Hummer et al., 2010; Ko et al., 2008

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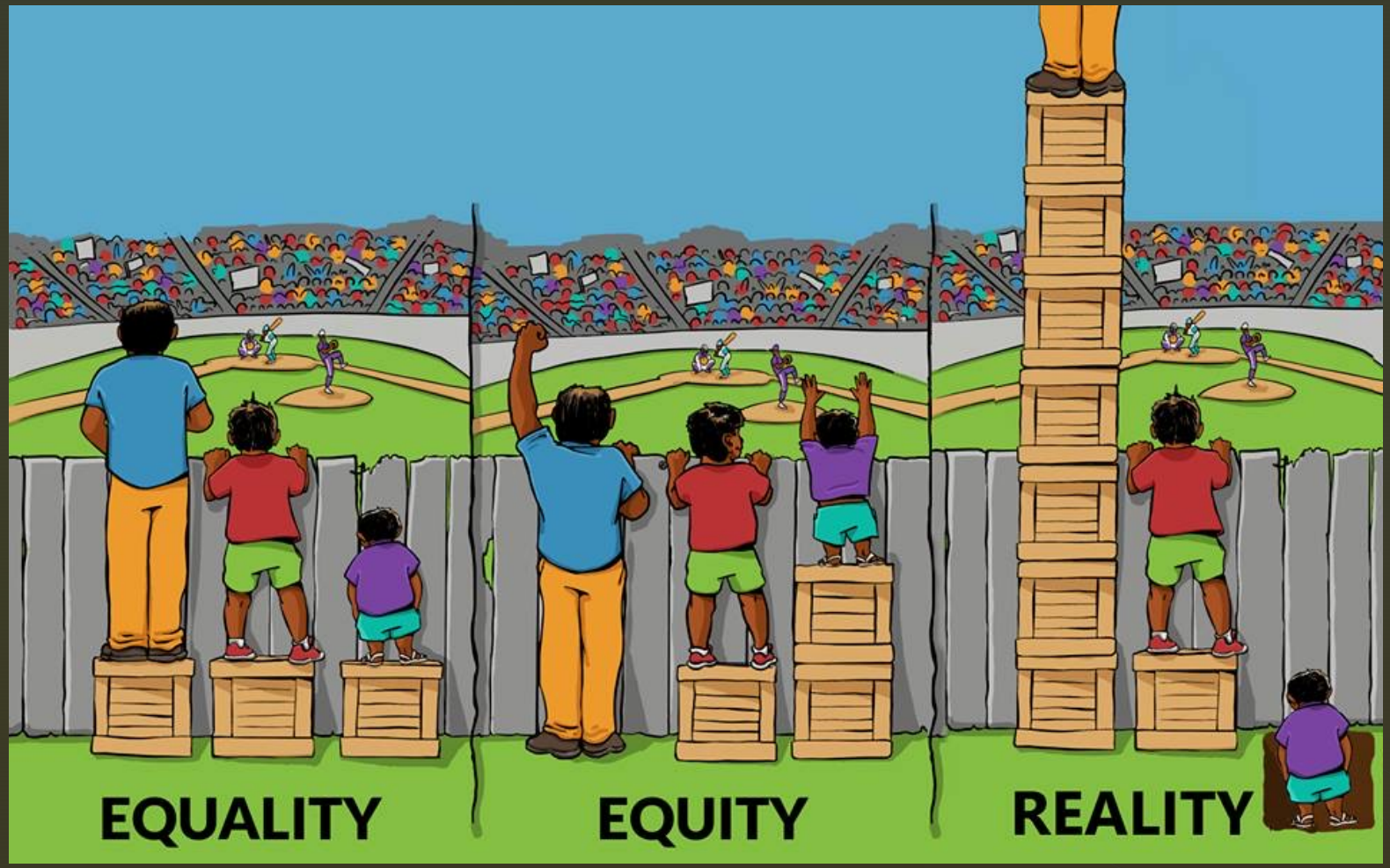

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Marginalization & Youth Mental Illness

- Youth from historically & chronically marginalized communities (i.e. racialized minorities, queer, gender variant, poor, indigenous & youth living with disabilities) are disproportionately represented in residential care settings.
- In addition to ACEs, these youth are negatively affected by structural inequities (SI), social exclusion factors (SE) (racism, sexism, homophobia etc.) and social determinants of health (SDOH).
- Moreover, SI, SE & SDOH are often the precursors to common ACEs (e.g. caregiver mental illness, poverty homelessness).

de Finney et al., 2011; Hui et al. 2021

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Social Determinants of Mental Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Bennet, Brown & Green, 2018

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What is Structural Competency?

- The ability to discern how psychiatric symptoms and/or disease are in part the sequelae of higher-level social norms, policies, bureaucratic systems and frameworks
- Recognition of how economic, physical and socio-political forces impact mental health care decisions.
- Understanding how institutional factors shape mental health inequities
- Acknowledgment of the complexity of constraints in which we attempt to provide mental health care.

Metzl & Hansen, 2014

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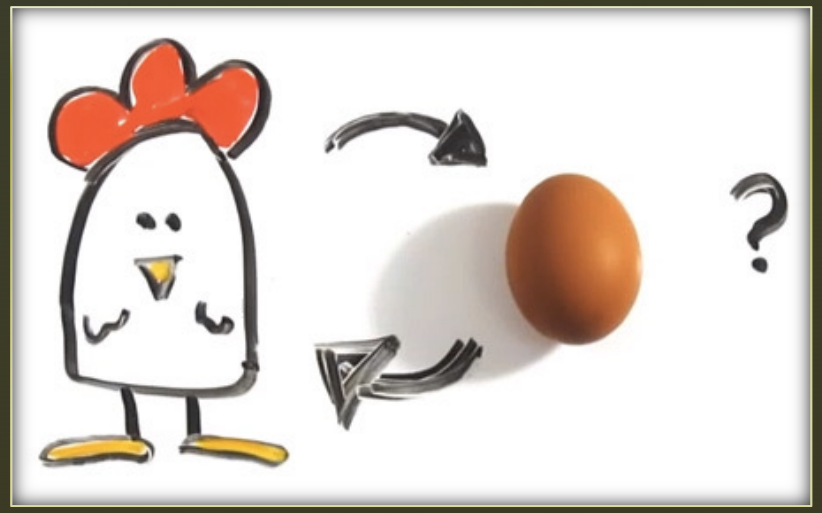
Who or what is the true risk?



- Is this a **child** exhibiting **unsafe behavior** that makes them a risk to being in the community?
- Is the **social environment** presenting **unsafe ideology**, policy etc. that makes being in the community too risky for the child to function well?

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- "literature importantly reveals how stigma in clinical encounters needs be addressed in the institutions and social conditions that produce the markers of exclusion that we call stigma…so too must inequalities in health be conceptualized in relation to the institutions and social conditions that determine health related resources. "

Metzl & Hansen, 2014

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Structural Humility

- Recognizing the complexity of structural constraints (e.g. managed mental health care) that youth, families and mental health clinicians work within.
- Centering and uplifting the voices on the margins to increase a level of understanding that may not be available to us due to our own positions of privilege.

Metzl & Hansen, 2014

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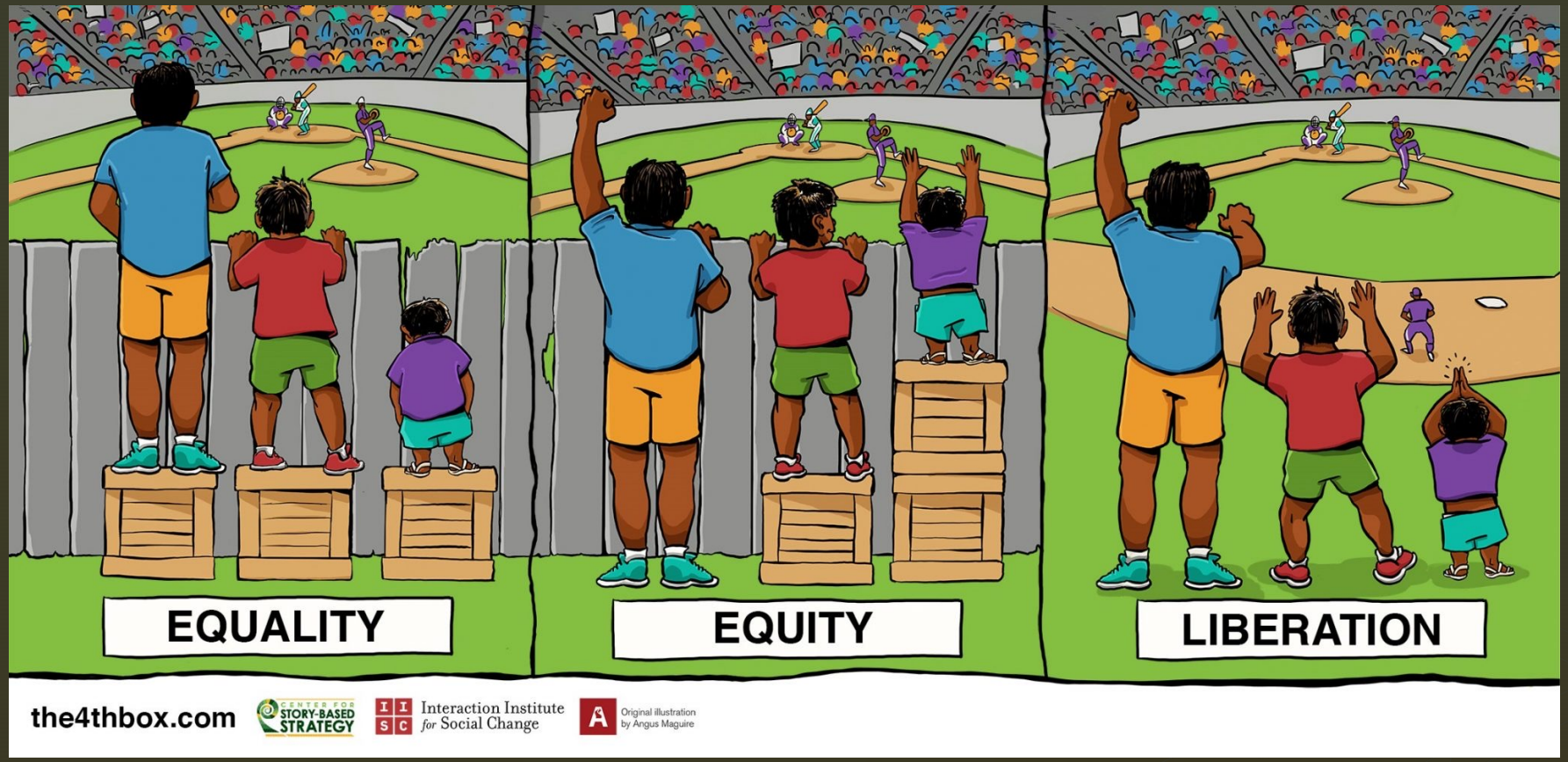
Toward Structural Liberation



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Structural Equity Intake Queries

- What are the needs of youth residents on the margins?
- What criteria is used to determine their needs?
- What do these youth, families & communities consider healthy functioning?
- How are indigenous notions of health and development considered in residential treatment planning & aftercare?
- What social inequities do marginalized youth face?
- How do these inequities influence their feelings of safety, at-risk behaviors or experiences of abuse and neglect?

De Finney, 2011

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Does residential care provide an environment where a child can truly be themselves, feel safe and be safe?

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Intersectionality, Inclusion & the Milieu

- **Youth**
  - Represent many forms of diversity
  - Experience many forms of diversity for the first time
  - May have internalized oppression based on identity
  - May have under-developed perspective-taking and conflict resolution skills
  - **May benefit from:**
    - Consciousness-raising about social oppression
    - Psychoeducation on affirming intersectional communication

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Intersectionality, Inclusion & the Milieu

- **Interprofessional Clinical Staff**
  - Have various social locations based on intersectionality, professional roles & responsibilities
  - Implicit bias due to racialized, heteronormative ideology
  - Uncomfortability or judgment of a youth's identity
  - Importance of an intersectional approach that analyzes power & positionality in clinical care decision-making
  - **May benefit from:**
    - Problemetizing oppression in the life of youth
    - Psychoeducation on affirming intersectional communication
    - Problemetizing structural bias in clinical care

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Residential Staff Concerns

- Lack of training in developmental psychopathology
- Need to refine skills for working with youth with SMI
- Feeling disenfranchised from program & treatment plan development
- Minimal career development resources
- Hopelessness, burnout and/or compassion fatigue

Myers et al., 2004

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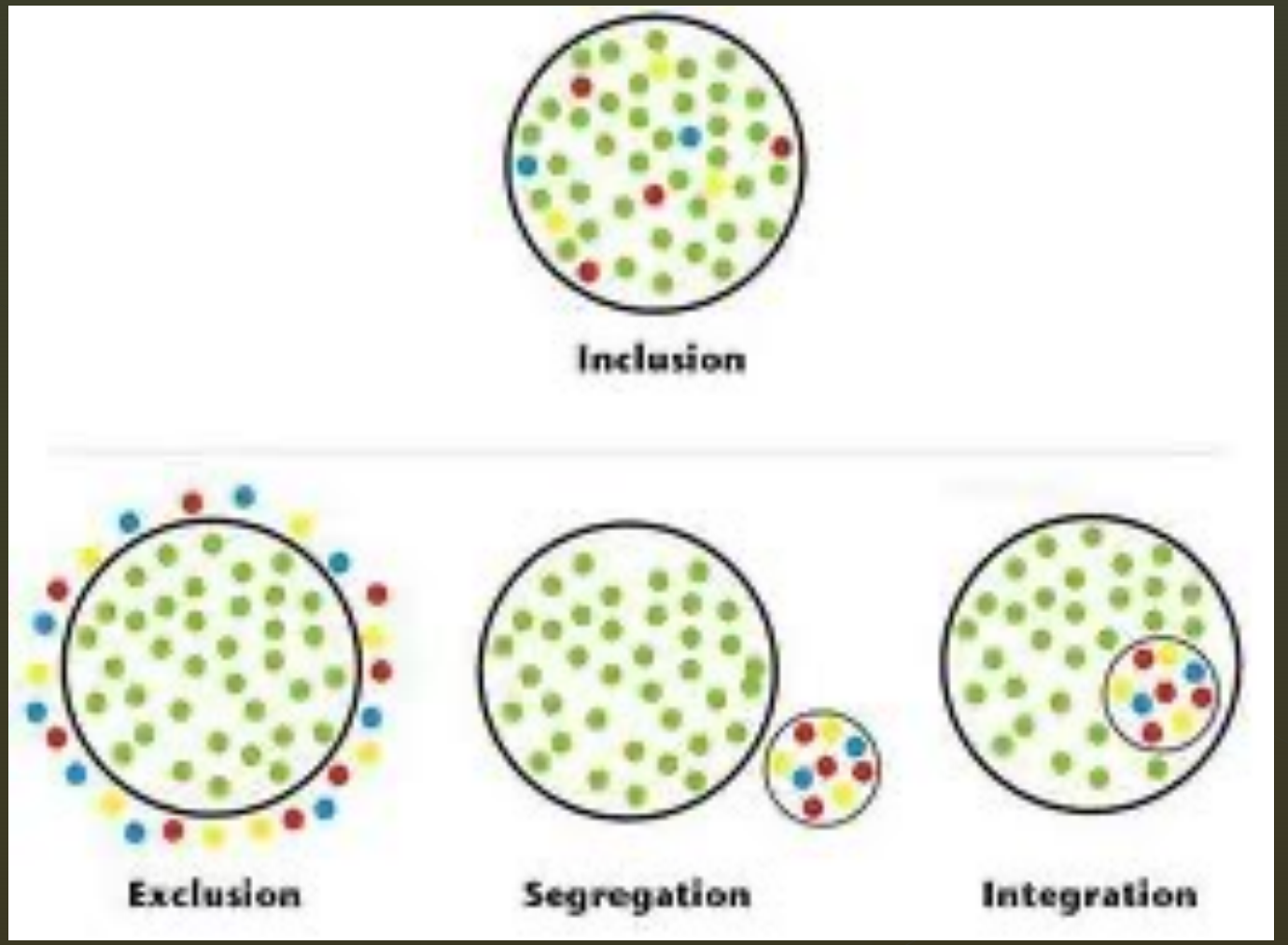
What is Inclusion?



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On Cultural Humility

- Keep an other-oriented stance anchored in respect
- Recognize the validity of different worldviews
- Understand own worldview, values, attitudes and cultural assumptions
- Be open and curious about others' intersectional identities and experiences

Hook et al, 2017

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On Cultural Humility

- Note limitations to understanding others' cultural values, experiences etc.
- Uses mindfulness & nonjudgmental awareness to reduce cultural anxiety & use cultural opportunities
- Be open to feedback on possible areas of bias, misunderstanding or mis-attunement with regard to the client

Hook et al, 2017

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Institutional Injustices

- Defined *as the inadvertent harms caused by institutions to the individuals they seek to serve, even when the professed intentions underpinning the institution are benevolent*.

- Discrediting experience
- Discrediting voice
- Discrediting identity

Hui et. Al, 2021

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Insidious Trauma

refers to the cumulative degradation directed toward individuals whose identities, such as gender, color, and class, differ from what is valued by those in power.

Root, 1992

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Discrediting Experience

"How can you help me when you don't believe me?

Hui et. Al, 2021

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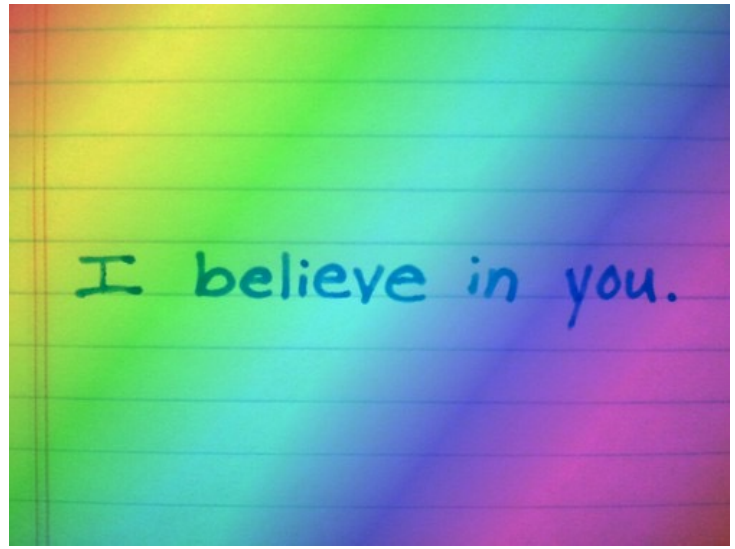
Validating Experience

- Acknowledge historical trauma & loss
- Support personal meaning-making
- Facilitate expression about injustice
- Teach coping skills & healing rituals
- Increase situational personal power
- Encourage connection with others



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Discrediting Voice

"How can you help me when you don't listen to me?"

Hui et. Al, 2021

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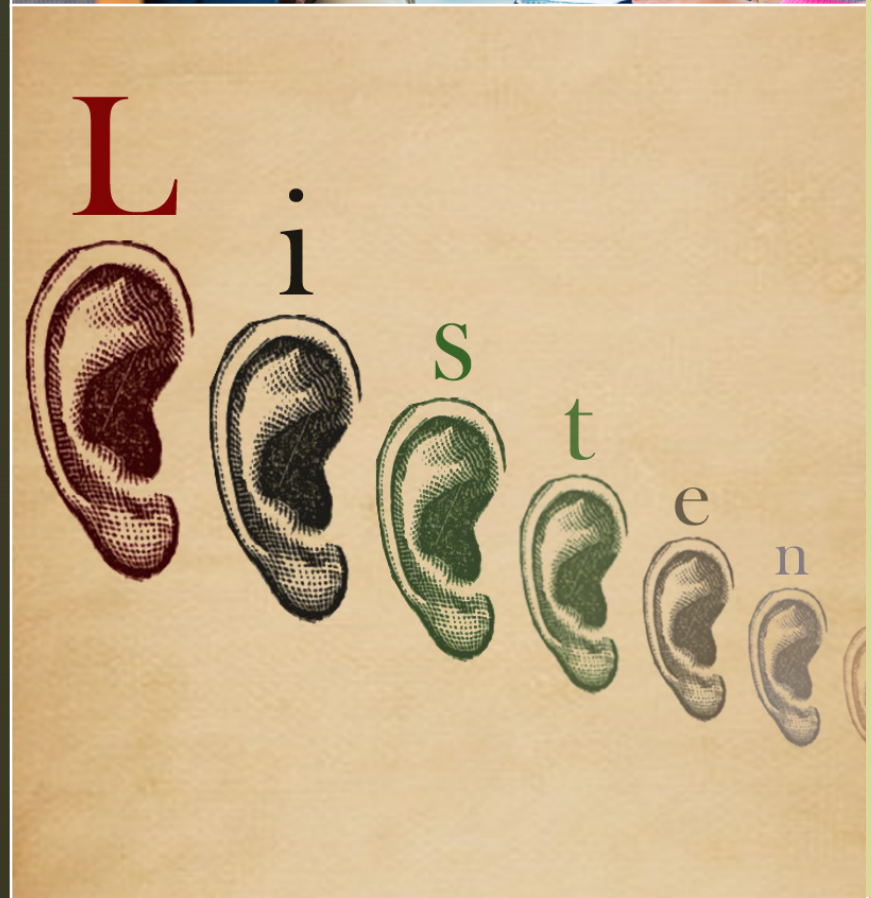
Valuing Voice

- Ask about times they were not listened to
- Explore dilemmas of honest expression
- Ask what they know & believe
- Encourage accurate labeling of feelings
- Name pressure to silence oneself
- Support resistance to being silenced by others



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Discrediting Identity

"How can I really get well when the most important parts of me are not seen?"

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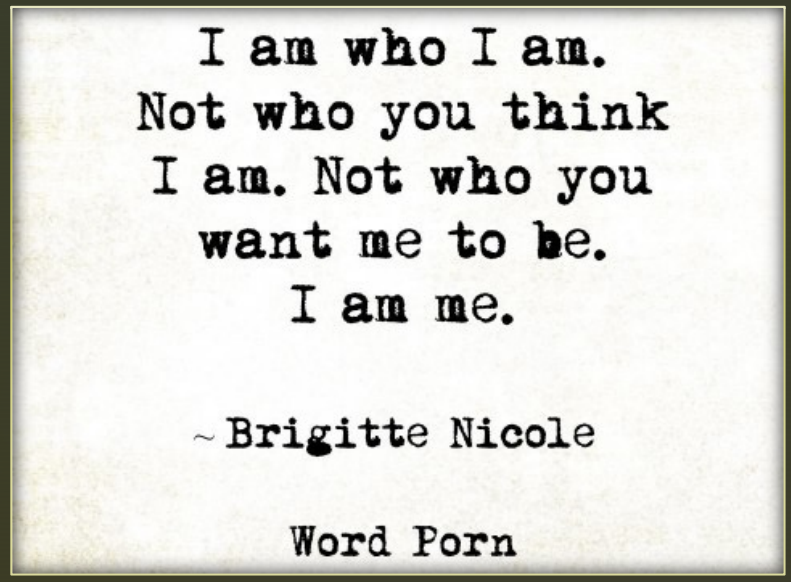
Acknowledging Identity

- Openly explore self-definition
- Identify valued parts of self
- Relabel pathologized parts of self
- Connect with similarly-identified youth
- Celebrate group identity & solidarity
- Challenge anti-affirming policy



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Getting to Know Your Client & Your Client's Concerns

- Preferred name
- Preferred pronoun(s)
- Salient intersectional identities
- Relevance of intersectional identities to their presenting concern(s)
- Client's preference for how cultural identities are integrated into the milieu

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Using the Clinician's Privilege toward Patient Empowerment

- Positionality
- Consciousness-raising
- Voice Valuing
- Activating strengths, power and agency
- Recognizing and repairing ruptures

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Future Directions

The Culturascope Model

Harris, 2020

- A dual perspective analysis
- An ever-changing clinical lens
- A flexible eco-sectional approach

- Acknowledges social determinants of health
- Clinicians' positionality & humility
- Residents' power, privilege & oppression
- Residents' strengths, empowerment & liberation

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The Culturascope Model

Harris, 2020

Structural Interventions

- Create or review & revise clinical practice policies
- Use intersectionally-informed clinical practices
- Be an active ally…"be the change"
- Provide milieu education & need assessment
- Diversify clinical staff & leadership at all levels
- Support health equity & anti-oppression leaders
- Support health equity & anti-oppression legislation

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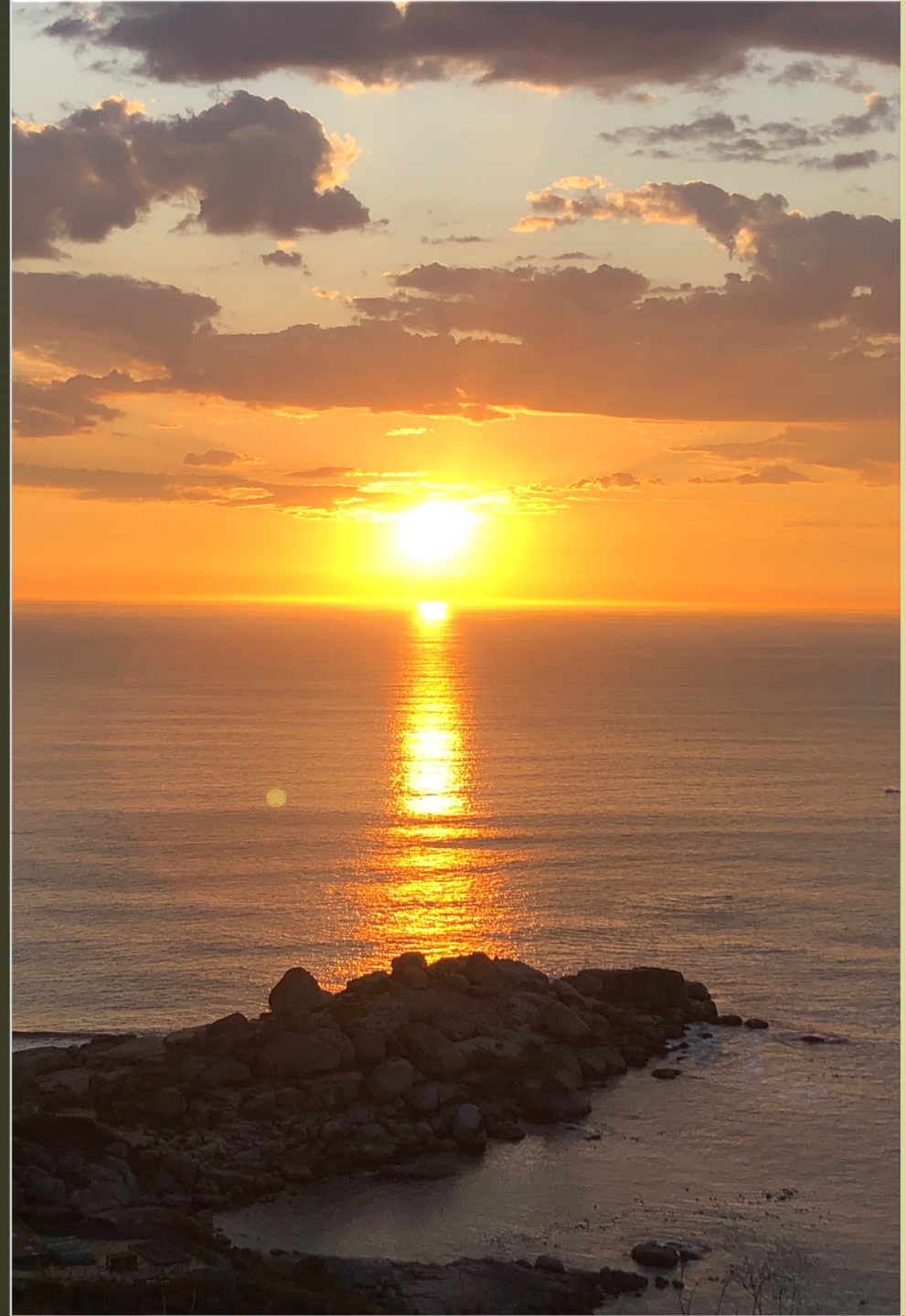
Questions, Comments & Discussion



Please stay in touch…

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