



After the Fact | Mental Health in America: Building Healthy Communities

Originally aired Nov. 18, 2022

Total runtime: 00:17:36

TRANSCRIPT

Dan LeDuc, host: Welcome to “After the Fact.” For the Pew Charitable Trusts, I’m Dan LeDuc. We’re concluding our look at the state of mental health in America with a big number, \$280 billion. That’s our data point for this episode, and it’s how much the federal government says Americans spent on mental health care in 2020—as many people began reporting higher rates of anxiety and other concerns as the pandemic began, and it’s significantly higher than the \$172 billion spent a little more than a decade earlier for those services. Mental health providers say they are overwhelmed by demand and those seeking care often struggle to find help, waiting weeks or longer for care. It can be even more difficult for members of Indigenous communities, immigrants, and others who may lack traditional routes to providers. We begin today with Mimi Narayan of Pew’s Health Impact Project, who looks at the big picture of how to create a healthy community. The project, a collaboration with the Robert Wood Johnson Foundation, is increasingly recognizing the role of mental health in public health. “After the Fact” senior producer Sultana Ali spoke with her.

Sultana Ali, senior producer: Mimi, we’re seeing increasing demand for mental services in the country in recent years. How has that been playing out?

Mimi Majumdar Narayan, officer, Health Impact Project, The Pew Charitable Trusts: As a society, we do not treat mental health in the same way that we do our physical health. In some parts of the country, there has been an effort to really address mental health, especially in the last decade or so. But there still exists in many parts, the stigma that does not allow us to talk about mental health in the same way that we would talk about someone that has diabetes or heart disease. It is important to note that there is a disproportionate impact of mental health on youth as well as people of color. In our work at the Health Impact Project, we’ve always framed sort of our overall health in terms of both the mental and physical health impacts. In the pandemic, and as a result and in the wake of the pandemic, we have really taken that same approach, the same framework to support communities in ways that both address the mental and physical impacts of the pandemic.

Sultana Ali: Your work with the Health Impact Project assesses the many factors that can contribute to maintaining good overall health. But ensuring that there are resources to support public health is also important.



Mimi Narayan: While we often think about health as our genetic construct and some of the behaviors we engage in and how that creates our health, really a lot of our health is created outside of that. The places we live in, the places we work, and where we play, how we get access to groceries, where we go to school, and how far we are from parks all affects our health. It builds our health. These factors—political, social, economic, environmental factors—together are called the social determinants of health. And those factors play such a big role in whether we end up with a chronic disease or whether or not there is a negative impact on our health over time. What we have really worked on at the Health Impact Project is to improve health before the health care system has to intervene.

Sultana Ali: Something coming up in this larger conversation is the notion of equitable health—what does health equity mean?

Mimi Narayan: I want to make a point here to distinguish between equity and equality. When we talk about equity, we acknowledge the fact that everyone starts from a different point; as a result, everyone needs something different in order to achieve the same success in their lives, and that includes achieving their best health.

Sultana Ali: I'm glad you raised that. There are a lot of factors that can play into our health, and equity and access to care is one of them. Sometimes it feels like when something goes wrong with your health, another thing happens, and another thing happens. It becomes this domino effect. Looking through the scope of the work of the Health Impact Project, how do you even begin to tackle some of these challenges?

Mimi Narayan: When it comes to addressing these sort of health disparities, we really need granular local data, and that is one of the big challenges of doing this work. What our focus has been is to really start with the root cause of poor health. So, if you think about it, it's like creating a scaffolding that holds us up in our positive health, so when we are faced with a crisis, we might be unstable for a little while, but then we are able to recover. It's really building resilience for people to be able to come back to their full health and not have the domino effect occur.

Dan LeDuc: The struggle to find services for those with mental health concerns can be even harder for immigrants. New to life in the United States, often struggling with a new language and frequently living in a new place without the support of family or close friends. In Philadelphia, Puentes de Salud, or "Bridges of Health" is trying to help, and The Pew Fund for Health and Human Services is supporting its efforts. Here is Puente's director, Orfelina Feliz Payne.

Orfelina Feliz Payne, executive director, Puentes de Salud: Puentes de Salud was created to address the social determinants of health, specifically health and wellness that impact the Latin, Spanish-speaking communities that live in Philadelphia. As you can imagine, serving an immigrant and refugee population by itself has some stigma associated and attached to it—



and how they can be seen as not welcome all the time. Language and communication are another barrier that impacts the community and their access to health.

Dan LeDuc: And you mentioned the stigma that can be associated with being an immigrant. There, of course, is a stigma often unfortunately associated with mental health issues. It sounds like you're describing a population that has a double whammy.

Orfelina Feliz Payne: Yes, absolutely. It is a double whammy. We have the barrier of addressing mental health with communities where they're learning a new language, learning new traditions and culture, but also having to learn what the behavioral health concerns and issues are here in the United States. There are different levels of education, different levels of socioeconomic status that folks are bringing, so being able to create a space where folks feel welcome and really just being able to provide the access in Spanish to them is hugely important at Puentes.

Dan LeDuc: Has the conversation around mental health issues changed in that time at Puentes?

Orfelina Feliz Payne: One of the most telling things that we've seen at Puentes has been just the demand for behavioral health services. There's always been a demand; Puentes had a therapist who identified as female for the last two years. A licensed clinician available to anyone who needed her services. And within the last year, Puentes started to hear from the male population, where they were asking for a male therapist, someone that they could talk to. And I think that by itself speaks volumes for a population of folks who don't traditionally seek therapy, and for men, nonetheless, is huge.

Dan LeDuc: You know, we think about those of us who are living in the United States for these last few years, and the isolation any of us felt during the pandemic and try to relate that to the experience of a recent immigrant who is away from family, friends, all the traditional support systems that they're used to wherever they grew up. That's got to be a huge challenge for so many folks that you see.

Orfelina Feliz Payne: Puentes was created based on creating community. Although we offer mental health, physical health, education programs, art programs, and cultural programs, there are people who become involved in different ways because the sense of community is there.

Dan LeDuc: Do you find those sorts of connections between the emotional trauma patients might be facing and just access to the basic services that so many of us might take for granted?

Orfelina Feliz Payne: During COVID, the team at Puentes created a food pharmacy, partnered with Philabundance and other local organizations to be able to provide food that was also



relevant to the community. So, there are things that they will actually use and cook, and they look familiar to them. So, there's some commonality and some understanding of what it is that they're accessing.

Dan LeDuc: When someone is feeling hurt or isolated or suffering from symptoms of depression, it's about providing more than food. Cultural understanding can go a long way, right?

Orfelina Feliz Payne: It's the added touch. Language always provides the access, but then the quality of services comes into the acknowledgement of the culture and the appreciation of the culture. And I think that's a huge point in terms of being able to provide quality, accessible services to the communities that we serve.

Dan LeDuc: Well, your goal is to help create a healthy population among these folks that you're working with. When do you start seeing success and know what you're trying is working?

Orfelina Feliz Payne: A huge part of that is education. The community that's well informed can communicate their needs and can take action to empower themselves and their future generations to come.

Dan LeDuc: Another community struggling with access to adequate care is Native and Indigenous communities in the United States. According to the organization Mental Health America, these communities report experiencing serious psychological distress at rates two and a half times higher than the general population. In New Mexico, the native-led Zuni Youth Enrichment Project looks at the physical, mental, emotional, and spiritual factors shaping the young people on the reservation there and the difficulties they faced during the pandemic. Sultana had a chance to speak with Tahlia Natachu, the project's executive director, about its work, the impact of the pandemic, and what it means not only for young people, but for the community's culture and traditions.

Tahlia Natachu, executive director, Zuni Youth Enrichment Project: Coming to you from Zuni, New Mexico, about 12 miles east of the Arizona border. It's one of the most unique places you'll ever visit. We have a very large reservation and very blessed to be on the lands that our ancestors were migrating to.

Sultana Ali: You started as a summer camp counselor and you worked in development, and now you're the executive director. What drew you to this work?

Tahlia Natachu: I was one of those youth that got to grow up through this organization. That was life-changing for me, knowing that I had the support of my community as I went. And then getting to feel a sense of purpose by connecting to our youth and serving as a positive



role model. And I think it's because that expectation was set that we're going to reach our full potential, and that we also have that responsibility to set up the next generation.

Sultana Ali: How has the Zuni Youth Enrichment Project supported community needs during the pandemic? What were some of the biggest challenges across the community?

Tahlia Natachu: I know so many community groups across the world have felt such great loss and hurt. And it's still hard to really explain the amount of grief that we felt because the people that were most affected were our elders. And they are our knowledge keepers. Those are our libraries. To see that those significant lives were gone, it wasn't just their life, it was the culture, and the knowledge was also gone. And so that was really alarming.

Sultana Ali: Such a period of loss and uncertainty and the normal way that you go about being in community. You all were able to really pivot during that time and meet the needs of the community.

Tahlia Natachu: We recognized to transition to working from home did not mean that our services could stop. If anything, the need of our community and our responsibility was only heightened. And, so, it only took about a week and a half to two weeks. We started ordering things. We started brainstorming how do we turn our programming into something that can be delivered to our families and their youth. At that time, we were about to launch our most popular program, a basketball league. We put together these kits that encouraged physical activity and we went and delivered them. The school district here in Zuni was able to provide each student a sort of hot spot to be able to connect to internet. We'd give them a Zoom link and we'd jump on and we're there playing basketball together. We were doing gardening together. We were doing storytelling together, and that's how we continued to meet the needs of our youth.

Sultana Ali: You talk about physical health and that's an important component. Another component is mental health. Could you tell us how Zuni Youth Enrichment Project is working to support the mental health of the communities?

Tahlia Natachu: In Zuni specifically as a culture, when we talk about health, we're really talking about wellness. It's a very new concept to think of them compartmentalized. And, so, wellness, it's a holistic thing. If you don't have physical wellness, you don't have mental wellness. If you don't have mental wellness, you don't have spiritual wellness. They're all interconnected. I'd love to have a communitywide conversation about the way Zuni views mental health specifically. There's a huge stigma. There's actually a word that has been thrown around in Zuni called "a'tdanne" that just means that it's forbidden. It's a taboo. And that's a, it's a pretty harsh, heavy word. And then to pair it with mental health, like what kind of message are we sending to our people and our youth?



And then, now, as we're learning how to balance our cultural and our traditional world in this contemporary world, and especially with what has happened with the pandemic, that sense of urgency and that visibility of mental health has really allowed folks to have that conversation about how important it is. We cannot avoid it. We know so many people who are suffering at the hands of these health disparities that are very much connected to mental health. And our youth have really played a big role in challenging that stigma and challenging even our own community members, our elders, to have these conversations and to try and set aside those colonial perspectives. Why is it scary? Why is it forbidden to talk about? If we're searching for that balance, we have to talk through those things.

I'm really proud when our youth, especially like our summer camp counselors, our after-school mentors who are in that age range of 15 to 24, when we have conversations about this, they open up, they become vulnerable. And we recognize that strength in them because that strength of vulnerability has not always been recognized as the strength.

Sultana Ali: By creating that space for conversation, the opportunity to approach youth and to have those conversations out in the open, it really flies in the face of that stigma. How are the youth responding to that change in tone and some of the approach that you all are taking?

Tahlia Natachu: I'm definitely recognizing a sense of confidence, a sense of leadership in our youth. I think our youth having the opportunity to just be listened to instead of, talked at, I think that's definitely creating a shift. I'm really proud of our elders to be able to start opening their ears, too, and have these conversations. It is still our responsibility to keep that balance because in our culture, we want everyone to have a voice. Mental health is so important. And we have to understand that we're holding years and years of trauma and challenges on our backs. So, it's OK to feel like we can't go on, but we can. We have to, and we have to start unloading those rocks that are on our shoulders so that the future generations will be OK. I just think that our kids are the most powerful, resilient, and special people in the world.

Dan LeDuc: That building of resilience has been a theme we've been hearing about throughout this season. While stigma continues to be an obstacle, our national conversation is changing, we're more open in talking about mental health as more people experience anxiety and other issues. As we conclude this season, we'll give a few of our guests the last word on what may be next.

Julie Wertheimer, project director, public safety performance & mental health and justice partnerships, The Pew Charitable Trusts: Folks are experiencing health crises and need treatment and support. My hopes are to make it more readily accessible, rather than requiring contact with the justice system or larger health care institutions.



Mimi Narayan: The connection between mental health and physical health—that’s the way to really address the big challenges that we have with mental health. I think we can learn a lot from that kind of a model.

Dr. Rahul Gupta, director, White House Office of National Drug Control Policy: My hope for improving mental health care in the future is that we have completely eliminated the stigma of mental health care.

Chelsey Luger, author, wellness advocate, Well for Culture: I truly hope that in the future, everybody, no matter who you are and what culture you come from, has access to a type of mental health care that works for them.

Dan LeDuc: And our thanks to you for listening. For more information, visit pewtrusts.org/afterthefact, and please subscribe wherever you listen to podcasts to make sure you hear about our next season on how we can build better communities one step at a time. For the Pew Charitable Trusts, I’m Dan LeDuc, and this is “After the Fact.”

If you, or someone you know, needs help, please call or text the 988 suicide and crisis lifeline at 988, or chat with someone who can help at www.988lifeline.org and click on the chat button.