

# UW GLOBAL MENTAL HEALTH NEWSLETTER

## Photo of the Month



*Sixty thousand people marched in a silent protest for Black Lives Matter in Seattle on Friday, June 12, 2020.*

## Perspectives from GMH Faculty on racial justice and sustainable change

June 2020 was an historic month in Seattle and around the world as protests against police brutality and in support of Black lives expanded. In Seattle, as elsewhere, a space opened for Black students, staff and faculty in our university to verbalize their experiences of racism writ large and to be heard in a new way. This moment has also provided an opportunity for all of us (Black, people of color [POC] and white allies/accomplices) to articulate pathways to policy changes in our nation, city and university. In this issue of the newsletter, we offer reflections from UWGMH faculty and staff on racial equity and opportunities for transformation.

**Pamela:** Last week, my colleague, Dr. Estell Williams, invited me to join three medical and legal colleagues from the University of Washington and Seattle Children's Hospital<sup>i</sup> who are powerful vocal advocates for health equity. We provided expert testimony to the King County Law and Justice Committee on racism and police violence as a public health crisis. I paraphrased much of Jacob Bor and colleagues' Lancet paper on the mental health effects of police shootings on Black Americans<sup>ii</sup> and David Williams and colleagues' work on racial discrimination and mental health outcomes.<sup>iii</sup> In listening to my colleagues, I was reminded of three things: the power of the personal story, the power of the evidence base, and the power we hold (as instructors, health care providers, students, and researchers) to advocate for the people we know are seldom

heard. For me, personally, this means being willing to be vulnerable, a commitment to disseminate and keep creating the evidence that helps support racial equity, and reminding our public of the people who sit at the intersections of vulnerability to discrimination and inequity (e.g. Black people with mental health conditions). This is a line of work I love--as do others on our team--and have been part of for many years.

A multiracial and gender diverse group of UWGMH faculty and staff accepted the call to vulnerability as they expressed thoughts and emotions on the last few weeks of action in the US and Seattle. The reflections sounded like this:

*This movement expanded so fast.*

*We are optimistic.*

*This movement has created so much change so fast, but will it be sustained?*

*Enough talking!*

*People need to be leaders and really be courageous to change our society.*

*There haven't been enough big ideas and big leadership.*

*We don't need more meetings. We need more action. We need financial and political commitment within our University and cities to tackle the structural problems.*

*We're not sure how much more we can take.*

*There's been a little movement for people to have these conversations, but there is a long way to go. We've barely scratched the surface.*

**Tessa:** This movement is also different. It has galvanized White young people in a way that we have never before seen. It is LONG overdue and comes at the devastating price of the lives of Ahmaud Arbery, Breonna Taylor, George Floyd and so many others. The sustained protest in Seattle has united thousands of healthcare and public health workers to look internally--at our boardrooms and conference rooms--to acknowledge the racial discrimination there. My hope is that this movement nurtures a sustained change for young people in Seattle. I hope that young White people, White faculty and staff, and White leadership step of their comfort zones to challenge racial biases and policies.

Alongside our international activities, many of us at UWGMH are already engaged in intervention and implementation research that addresses mental health disparities among racial or ethnic minority communities in our region and in other parts of the US. We are re-examining how our local and international activities around these themes can be highlighted in our program's strategic plan. This way, we will be more purposeful in tracking our progress and impact.

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[i] Dr. Estell Williams, Edwin Lindo, JD, Dr. Ben Danielson, Dr. Anisa Ibrahim

[ii] Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *Lancet*. 2018;392(10144):302-310. doi:10.1016/S0140-6736(18)31130-9

[iii] Williams DR, Lawrence JA, Davis BA, Vu C. Understanding how discrimination can affect health. *Health Serv Res*. 2019;54 Suppl 2(Suppl 2):1374-1388. doi:10.1111/1475-6773.13222

## GMH Program Updates

This month, the University of Washington Global Mental Health Program (UW GMH) invited [pilot study applications](#) that support its mission and priorities of contributing to

reducing the burden of mental disorders in low resource settings globally and developing, testing, and building the capacity to deliver contextually-appropriate and sustainable models for mental health intervention with local and global partners. We are thrilled to announce the two recipients of this years UW GMH Pilot Awards. Congratulations Drs. Velloza and Wagenaar!

## **Simulated patient encounters to improve provider training for the treatment of common mental disorders among adolescents in Kenyan HIV clinics**

**PI: Jennifer Velloza**

**Co-I: Jared Baeten, Pam Kohler, and Shannon Dorsey**

Adolescent girls and young women (AGYW) in sub-Saharan Africa are at high risk for common mental disorders and HIV and the Kenyan Ministry of Health recommends that HIV providers screen AGYW for common mental disorders, provide first-line problem-solving therapy (PST), and refer AGYW for specialized mental health services as needed. However, HIV providers report a lack of confidence and training in delivering adolescent-friendly mental health care. We seek to improve provider competencies and AGYW mental health and HIV outcomes by developing and testing an innovative simulated patient encounter (SPE) approach to train providers for mental health care delivery in low-resource settings.

## **STARS-Seattle: Addressing refugee and immigrant youth mental health in the time of COVID-19 using a digital psychological intervention**

**PI: Bradley H Wagenaar**

**CO-Is: Katherine T Foster and Carmen Gonzalez**

Our project will adapt and pilot test a digital psychological intervention (STARS: Sustainable Technology for Adolescents to Reduce Stress) among immigrant and refugee youth in Seattle. The STARS intervention was developed by the WHO to address the mental health treatment gap in low and middle income countries, and we hypothesize it may be applicable in our local setting as well, especially in communities that face more barriers to accessing mental health services.

## Events and Opportunities

### **Opportunities**

[Research Study Coordinator - University of Washington](#)

The Research in Implementation Science and Effectiveness (RISE Mental Health) Lab in the Department of Psychology has an opportunity for a full-time research study coordinator supporting multiple dissemination, implementation, and effectiveness studies focused on mental health. The RISE Mental Health lab focuses on evidence-based treatments in mental health, including global studies in low-resource settings and projects focused on evidence-based treatment delivery in Washington State. Research projects include multiple National Institute of Mental Health (NIMH)-funded studies on which the lab Director, Shannon Dorsey, is Principal Investigator or a Co-Investigator.

### **Upcoming Events**

## [Healing racial trauma: Focusing on racial socialization as a CBT strategy for Black youth](#)

- Friday July 31 11am - 12:30pm EDT
- Association for Behavioral and Cognitive Therapies Webinar
- For Black youth and adults, prolonged exposure to racial discrimination has resulted in debilitating psychological, behavioral, and health outcomes. To help their children prepare for and prevent the deleterious consequences of discrimination, many Black parents utilize racial socialization, or communication about racialized experiences. And, while racial socialization strategies correspond with several CBT strategies widely used by clinicians, there is a critical gap between what Black families do to mitigate discriminatory distress and what clinicians and providers offer Black youth. As such, training clinicians to more effectively utilize racial socialization processes and develop such skills to help Black youth and parents heal from the effects of past, current, and future racial trauma is important. Greater racial socialization competency is proposed as achievable through intentional and mindful practice, thus, this symposium will explore theories and practices important in the healing processes of racial trauma for Black families, clinicians, and researchers alike, especially in times of exceptional stress (e.g., COVID-19).

## Global Updates and Resources

- [National Institute of Mental Health \(NIMH\) 2020 Strategic Plan](#)  
NIH's National Institute of Mental Health (NIMH) has released a strategic plan to guide its research. Its four stated goals are: defining brain mechanisms underlying complex behaviors, examining mental illness across the lifespan, striving for prevention and cures, and strengthening the public health impact of its research.
- [Curriculum: COVID-19! How Can I Protect Myself and Others?](#)  
Smithsonian Science Education Center, May 2020  
The Smithsonian has collaborated with the WHO and others to develop a rapid-response COVID-19 guide for youth. Published in more than 15 languages, it aims to help young people understand the science of coronavirus as well as help them take actions to keep themselves, their families and communities safe.
- The Journal of the International AIDS Society (JIAS) has opened a call for papers for a new special issue on "[Global Mental Health and HIV Prevention and Care](#)" to be published in conjunction with the 11th IAS Conference on HIV Science (IAS 2021). The content of this special issue will be guided by Guest Editors Robert H. Remien (Columbia University), Melanie Abas (King's College London), Dixon Chibanda (University of Zimbabwe), and Vikram Patel (Harvard Medical School). Send your article by 15 September 2020 to be considered for the special issue.
- [Conversations with health care workers on innovations in remote support during COVID-19](#)  
Mental Health Innovation Network: Video interviews with health care workers on challenges, activities and recommendations in providing remote mental health support.

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