THE PRESENTERS

DR. MARIE M. BROWN MERCADEL
ISAAC FORD, JR., MSW
• Dr. Marie Brown-Mercadel served as a human service professional for 38 years prior to her retirement in 2021. Her experience includes working at the executive level in North Carolina, Louisiana, Texas, and twenty years in California.

• A Gallup certified strengths-based leadership coach, Dr. Brown-Mercadel is the Chief Executive Officer for Mercadel Consulting Solutions LLC and has over 10 years of experience providing executive coaching, motivational speaking, and leadership development services. She received her undergraduate degree from North Carolina Central University and a masters and doctorate from the University of Phoenix. She holds certifications in Diversity, Equity, and Inclusion from the University of Central Florida, Lean Six Sigma from the University of San Diego, and is a Credential California County Senior Leadership Executive through the California State Association of Counties.

• A proud member of Delta Sigma Theta Sorority, Inc., she recently completed her memoir, titled, Getting To My Enough, A Story of Faith, Resilience, and Survival. In her memoir, she describes her remarkable journey of persevering through unspeakable childhood sexual trauma, the loss of a baby as a teenager, and her tenacious resolve to get to her enough.
ISAAC FORD, JR., MSW

• Isaac Ford, Jr. is the CEO of Isaac Ford Jr. & Associates LLC and a retired Mastery Gunnery Sergeant with 25 years of distinguished service in the United States Marine Corps. He earned his Masters in Social Work from the University of Southern California School of Social Work in 2012 where he continues to serve as a guest lecturer.

• He is the former Assistant Director of Military and Diversity Outreach for the University of Southern California School of Social Work, and he currently serves as a medical social worker conducting psychosocial assessments, discharge planning, and supportive services to individuals with chronic health conditions.

• He received a certification in Diversity, Equity, and Inclusion from Cornell University and conducts training at various venues across the state. He published his memoir, *Up From the Bottom in 2019*, a story that chronicles his journey of tragedy, resilience, forgiveness, and unconditional love.

• Through his experiences with the child welfare system, he speaks to the importance of post traumatic growth, social connections, and trauma informed healing practices. Isaac is a proud member of Alpha Phi Alpha fraternity, an entity that is recognized for its service to the community and political and social leadership.
ADVERSE CHILDHOOD EXPERIENCES

STUDY CONDUCTED BY KAISER PERMANENTE

- Population included 17K members of a Health Maintenance Organization
- Participants were Caucasian, middle class, and educated
- Indicators focused on abuse, neglect, household dysfunction

STUDY CONDUCTED BY CENTER FOR DISEASE CONTROL
ADVERSE CHILDHOOD EXPERIENCES (ACES-C)

- **Abuse**
  - Emotional
  - Physical
  - Sexual Abuse

- **Household Dysfunction**
  - Domestic Violence
  - Substance Abuse
  - Incarceration
  - Mental Illness
  - Divorce

- **Neglect**
  - Physical
  - Emotional
ADVERSE CHILDHOOD EXPERIENCES EXTENDED (ACES-E)

- Experiencing or witnessing community violence
- Out of home placement
- Family financial stressors
- Death of a loved one
- Race-based discrimination
- Living in unsafe neighborhoods
- Frequent family conflict
- Victim of violent crime
ADVERSE CHILDHOOD EXPERIENCES AND BLACK CHILDREN

- Culturally Specific Risk Factors:
  - Economic hardship
  - Single-parent households
  - Community environment
  - Racial discrimination
  - Housing insecurity
INFLUENCE OF ACES ACROSS THE LIFESPAN

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
KIDS COUNT DATA, BLACK CHILDREN

2019:
- 10,034,057, 14% of population
- 2,383,628, 13%, two or more ACES*
- 3,054,000, 31%, economic insecurity
- 5,988,000, 64%, single parent households
- 695,626, 8% unsafe neighborhoods

2021:
- June 1, 2022 – July 11, 2022
- Housing insecurity
  - 53% at risk for eviction
  - 21% at risk for foreclosure
- 29% of households with children that reported feeling nervous, anxious, or on edge for more than half the day or everyday for 14 days.
MENTAL HEALTH STATISTICS

- Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment.
- Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.
STATISTICS ON BLACK MENTAL ILLNESS

13.4% of the U.S. population identifies as Black or African American. Of those, over 16% reported having a mental illness in the past year.

That is over 7 million people, more people than the populations of Chicago, Houston, and Philadelphia combined.

Sources:
2. Substance Abuse and Mental Health Services Administration (SAMHSA)’s public online data analysis system (PDAS)
MENTAL HEALTH TREATMENT STATISTICS

Mental Health Services Received in Past Year Among U.S. Adults with Any Mental Illness (2020)

Data Courtesy of SAMHSA

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ANXIETY
DEPRESSION
HOW MENTAL HEALTH “LOOKS” IN THE BLACK COMMUNITY

- “We don’t suffer from mental illness.”
- “I’m strong enough to handle it on my own”
- “Our ancestors have been through much worse.”
- “Keep it inside the family”
- “If I go to therapy, I don’t have enough faith.”
THERAPY IS TABOO

Therapy!!
WHAT IS MENTAL HEALTH STIGMA?

Mental Health stigma (MH stigma) is the negative reactions that people may experience after revealing they have a mental health disorder or have sought help for their mental health. - Public Stigma

Private Stigma is rooted in how people view themselves for seeking treatment or experiencing mental health issues.
REASONS BLACK COMMUNITIES DO NOT SEEK MENTAL HEALTH TREATMENT

Factors That Affect African-Americans' Reception of Mental Health Services

- Distrust in Medical Field
- Poverty/Economic Factors
- Access to Services
- Lack of Understanding/Education

Insurance plays a role, as 20.8% of African-Americans were uninsured versus 11.7% of whites at the time of the Affordable Care Act in 2011.

63% of African-Americans believe that depression is a personal sign of weakness.

56% of African-Americans believe that depression is a normal sign of aging.

(Source: Mental Health America)
HOW TO MITIGATE BARRIERS TO BLACK MENTAL WELLNESS

- Develop inclusive policies at the Federal, State, and local levels
- Intentionally disrupting practices that disenfranchise vulnerable populations
- Normalize openly addressing mental wellness as a quality of life issue
- Target funding for treatment providers representative of the Black community
POST TRAUMATIC GROWTH

PERSON PRETRAUMA

SEISMIC EVENT

CHALLENGES

Management of emotional distress

Beliefs & goals

Narrative

RUMINATION

Mostly automatic & intrusive

- Reduction of emotional distress
- Management of automatic rumination
- Disengagement from goals

SELF DISCLOSURE

Writing, talking

SOCIOCULTURAL

Proximate: e.g., Models for schemas posttraumatic growth
Distal: e.g., Societal themes

DISTRESS

POSTTRAUMATIC GROWTH

NARRATIVE & WISDOM
KEY STRATEGIES FOR POST-TRAUMATIC GROWTH

- Trauma informed services
- Culturally sensitive education
- Integrated community support system
- Equitable access
COMPONENTS OF POST-TRAUMATIC GROWTH

- Healing
- A greater appreciation of life
- Relating to others
- Personal strength
- Spiritual change
- New possibilities
A COMMUNITY-ORIENTED HEALING CENTERED RESPONSE

- Development of an integrated framework focused on emotional, spiritual, and psychological health.
- Authentic versus performative racial equity work
- Community-based practitioners as trained interventionist
THE VILLAGE CONCEPT

It takes a Village
YOUNG MARIE
MARIE’S ADVERSE CHILDHOOD EXPERIENCES STORY

- Parents separated
- Domestic violence
- Sexual abuse
- Substance abuse
- Emotionally isolated

MARIE’S ACES CHARACTERISTICS

- Anxiety
- Teenage pregnancy
- Imposter Syndrome
- Poor decision making
MARIE’S HEALING APPROACH

- Acknowledgement
- Acceptance
- Family support
- Faith
- Self-affirmations
- Therapeutic medication
- Forgiveness
- Self-care
HEALING OUT LOUD!
YOUNG ISAAC
ISAAC’S ADVERSE CHILDHOOD EXPERIENCES STORY

- Parents separated
- Domestic violence
- Substance abuse
- Emotional abuse
- Physical abuse
- Mental illness
- Poverty
- Incarceration

ISAAC’S ACES CHARACTERISTICS

- Depression
- Imposter syndrome
- Alcohol abuse
- Academic disruption
- Lack of trust
- Perfectionist
ISAAC’S HEALING APPROACH

- Self-care
- Positive affirmations
- Faith
- Extended family
- Social supports
- Upward Bound program
WRITE YOUR OWN NARRATIVE
QUESTIONS

How can access to services, equitable and inclusive treatment, trauma-informed communities, and healing help build thriving and healthy individuals?

As a human services professional, how should you adjust your lens to eliminate racial bias and the actions that might contribute to cultural trauma?

What are strategies that can be used to reduce mental health stigma in the Black community?

What is your role in post-traumatic growth as individuals, professionals, and community members?
CONNECT WITH US!

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REFERENCES


THANK YOU!

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