

Leveraging Sources of Resilience to Support Mental Health

Nydia Ntouda: On today's webinar, we have Dawn Yazzie and Amittia Parker. I will leave it up to them to introduce themselves further. Amittia?

Amittia Parker: Thank you. Y'all, it's so good to see so many of you all in this virtual space from all over. It's really exciting to be with you. Today, we are going to be talking about leveraging sources of resilience and strength to support mental health, a topic that Dawn and I are really passionate about. We assume that you all are as well, which is why you're here. We just appreciate your presence.

I want to position myself in this conversation by sharing a little bit about how I identify because I think that it is what brings me to this conversation with the passion that I have. I identify as a Black mama scholar, a wife, a sister, an aunt, a cousin, a friend, just an individual who is so passionate about mental health and wellness. Particularly among communities of color. I am a scholar, a social worker by training and a researcher.

I come to you in this particular moment in the role of trainer for the National Center on Health, Behavioral Health, and Safety. I see y'all are sharing where y'all repping from and I'm from Kansas City. I was born and raised here. I live, work and play, and pray in this space.

I'll go ahead and acknowledge the land on which I reside, which the original stewards of the land where I am from is the Wyandot peoples. They were forcibly removed from the area that they originally lived into this space. I also want to honor the Kansa and the Kaw peoples as well. I will pass it to Dawn so that Dawn can introduce herself.

Dawn Yazzie: Thank you, Amittia. Hi, everyone. [Speaking in Navajo language]

I'm happy to be here today. I shared my clans. [Speaking in Navajo language] is my first clan, my mother's side. My second clan is [Speaking in Navajo language], my dad's side. That's how I'm known as a Navajo woman.

I'm also a mother. I too, often, Amittia, we forget to say we're mothers. Mothers of five children. We're wives, and we're aunts and sisters, absolutely daughters.

I also come to you from that perspective as well. Excuse any background noise if there's any. I'm sorry about that. This occasional loud vehicle that drives by as well.

I have a background in clinical mental health and I am really passionate about early childhood mental health. I think sometimes we think about early childhood mental health as just a child by themselves, birth to 5 but it always includes the caregiver. It's that relationship. It's the baby and the caregiver, always those two as one.

I just want to say hello. I will go ahead and go to the next slide here. You see my places that I work, the Center of Excellence. A couple of some TA centers there that I support. Then if you go to that website, you won't have to do it now, I just wanted to share it with you. It gives you a map of around the world where the Indigenous peoples are. They like feedback on that website.

Because we are representing Georgetown today in our roles, Amittia and I will read Georgetown University's land acknowledgment. This land acknowledgment was developed by the Native American Student Council at Georgetown. Welcome. We'd like to recognize the land Georgetown University, where the center currently occupies was and still is the homeland of the Nacotchtank and their descendants, the Piscataway Conoy people.

We acknowledge that these peoples and many others were forcefully removed and that Georgetown University's occupation is fundamentally tied to colonial development. We acknowledge that the consequences of this removal continue to affect these Indigenous communities. We offer our gratitude for the land and her people as we learn, teach, work and commune.

Georgetown University celebrates the resilient strength and enduring presence of Indigenous people demonstrated around the world. As we continue this work, we are committed to supporting the Indigenous members of our community as we educate ourselves on Indigenous histories, cultures and issues. This is a reflection of our commitment to the values of people for others as we form our community of diversity.

That's Georgetown University's land acknowledgment. I'll just kind of move us in from land acknowledgment to thinking about where we are in our space. I saw people from Alamo Navajo, from Winslow, from different places. Colorado, California, New Jersey, New York City. All over the place.

Just, the places where you are right now, you can look out the window. If you don't have a window, imagine how it looks. If you're in a high rise building, you know that there's earth below you, just acknowledge that these places are still sacred. Before colonialization, the land spaces where you are, are all sacred spaces. They are places of offerings.

These places of offerings are simply the Earth, Mother Earth. They are spaces of water, rocks, boulders, mountains, hills, trees. All of these are sacred places. The offerings were done for thousands and thousands of years. They are still currently done by many Indigenous people. So those are all sacred places, even if there's a city built up there. Go to the next slide.

Amittia: Thank you, Dawn.

Dawn: Yeah. Then we have our grounding, we'll do. I'll go into that right after this. Resources, we want to share with you resources during a crisis. We want to make sure we have space for that.

Space for, I was thinking about resilience and examples we'll share with you. We'd like to wonder with you. What have you learned about responding to your own stress and mental health? How do you take care of that?

Western mental health and other ways of healing. We'll touch on that a little bit. Just taking care of ourselves. Next slide here. We'll go into what I just shared about thinking about looking outside if you have a window.

You see maybe a breeze. You see the sun or you see cloudiness. There's moisture there in the air. All of these elements are sacred elements.

I'd like to just invite you to get comfortable, put both feet on the floor. Put your hands in your lap or you can put it on your desk or just let them hang beside you. Then breathe with me and think about the energy that Mother Earth has.

It's below your feet on the floor, below your shoes. Below the building. Even if you're up elevated on the second or third floor, there's still energy coming up from Mother Earth. There's always that connection.

Imagine that energy coming up through the bottom of your feet. Warm energy coming up through your ankles, through your calves. Through to your knees. You feel it swirling around your kneecaps. Energy through your thighs.

You feel the weight of your body on the chair. You feel the energy going up through your hips, your hip joints. Through your lower abdomen. Through your tummy area, through your chest area, your shoulders. Moving through to your arms, down to your elbows.

Moving towards your wrists. Towards each and every one of your fingers. Your thumbs, your index finger. Through all the way to your little fingers. Then you feel the energy going up through your neck, through your jaw, the back of your neck, where your head and neck connect.

Then up through your nose, your eyes, energy, your ears, and around the top of your head. Around to our soft spots when we were babies. Energy going around, Mother Earth's energy. Let's take some deep breaths in the nose.

Slow inhale out. With a deep breath in. Slow inhale out.

OK. We're lucky we have the gift of breath. As you're ready, you can open your eyes and come back. I just wanted to do this grounding and exercise with you to acknowledge Mother Earth and acknowledge ourselves. Hopefully in that little moment, you are within your own body. You were not worried about things around you. We'll go ahead and move to the next slide here.

Amittia: Thank you, Dawn. That was such a gift. These are the kinds of gifts that we need to give to ourselves on a day to day basis. It doesn't matter what role you play in the Head Start program or early education and care space that you are within. You have to prioritize creating these moments throughout your day.

Now as Dawn mentioned, we want to just put a pin in this piece, that we know there's a continuum of mental health and mental illness. And on one side of that is severe mental illness and mental health crises of different kinds. Like where a person or an individual might be experiencing thoughts of suicide or thoughts of harming others or those kinds of things. We are not ignoring that but acknowledging it and also acknowledging that our conversation is really going to be more centered in thinking about sources of strength and resilience and strategies that are accessible to a person when they are in a more stable place.

There are resources that are available to each and every one of you irrespective of where you are. Texting or calling 988. Or there's a website as well that you can chat with them or connect with them. Additionally, they can provide information, they can provide support. They can provide resources if you or someone you are responding to is struggling with a severe mental illness or mental health crisis.

I would say that some of the strategies that we will offer today will be supports that once a person is in recovery and stabilized would be great to wrap around them. Now we are holding space for resilience and also acknowledging that resilience is required through experiencing trauma and pain. That resilience that we are talking about and holding today, we really also want to acknowledge that it was through a traumatic and also painful experience.

Also that for generations, certain communities have been through multiple severe and atrocious things that have allowed them to experience deep intergenerational trauma and that folks have been surviving and trying to heal from the trauma that has been experienced since, for my peoples, I mean people who were – I mean, I am a descendant of slaves. Since enslavement.

Hundreds and hundreds of years ago people were enslaved. And also hundreds and hundreds of years ago, there was genocide. Native American peoples were killed and other people were killed, as through the ways in which structural and systemic racism has played out in our society. So you're talking about death, violence, exclusion. Being pushed, in the margin. Not being supported in the face of need.

Those things have indeed been traumatic and painful. Also, we don't talk enough about the resilience in the sources of strength and support among these individuals who have survived. Like I am a witness to our survival. I am here because of my ancestor's resilience.

So I would say, like the image that Dawn shares here, there is resilience. Also it's clear that some of us were placed in conditions that were far from optimal. We want to acknowledge those pieces. Dawn, would you want to share anything else with that?

Dawn: Yeah, just really quickly. It's so important, I think we forget. We think like where do we find resilience? We just want to look to the good things, the calm things. The things that are like bright and cheery.

What I found in my own life, and I was doing a presentation one time and I asked, when did you find your resilience or at what point in your life do you think it came up for you? A lot of people answered, "During a really hard time. During a crisis is when I found my resilience."

So remember to pair ... Yes, we hear about trauma for Black and Brown people, Indigenous people. Those that have been kind of pushed away and marginalized, we know about our trauma. We have a lot, probably, for many of us. We still feel the effects today.

It's not just trauma. It is trauma and resilience together. Look at that as being together. I truly believe that because I feel like if it was only trauma, none of us would be here.

I wouldn't be here. Our ancestors or parents or grandparents, great grandparents, would not have survived all that. But we're here.

There's trauma and resilience. Keep those together and just look at the definition. It's the ability – the definition of resilience is the ability to recover from something. Just keep that in mind.

Amittia: Thank you, Dawn. We also kind of want to help folks understand as a point of framing that there's a relationship between stress and symptoms, and mental health. Whereas folks are experiencing stressors of different kinds.

Sometimes the number of stressors increase. Sometimes the stressors that are always present increase in their severity or their magnitude. But the stressors, as they increase and intensify, we know that there are additional symptoms that start to emerge.

Like where an individual begins to see themselves even struggling in multiple areas of their life. These are the conditions in which mental health conditions kind of are brewed. They move from being mild or somewhat of an issue or a concern to a mental illness and severe concerns.

Now, our position in this conversation, because I want each of you to be thinking about yourself and the stressors that you're experiencing. Stop and pause, and think about what symptoms you might be experiencing. Physical or mental, or otherwise.

Then also get a gauge of how are you doing with your mental health? Are you doing well? Are you coping well or are you struggling? Are you noticing that as your stressors have increased, your symptoms also have increased in your capacity to cope and deal, and be is also struggling?

The research that has been coming out recently has showed no surprise, not rocket science, that early childhood educators and providers have been struggling with their mental health. We have documented that folks are experiencing an increasing number of stressors.

Now we finally have more data to show us that folks are experiencing mental health symptoms like sadness and fearful, and anxious. Their mood's impacted. Their eating is impacted, their sleep is impacted. All these things are impacted as they are experiencing immense stress.

Also physical like real physical health concerns are coming to light for folks as well. I bet you, if you all thought about it for a moment and thought about your own health, thought about your own stressors and also looked across the room or whomever you're working with, you would notice that, yeah, there's a lot of folks out here struggling and showing up to work every day to provide the best quality and care possible to their children, families, and even staff that they're working with.

We just want to acknowledge there's this relationship and then hope that you all will also recognize the reason we're focused on self-care and supports, and solutions is because the research also shows that when folks are more supported, when folks are using more strategies for coping, then that can help buffer the blow of those stressors.

As Dawn and I were thinking about this topic of leveraging sources of resilience and support, we went on this journey and found that we have been struggling, as we imagine that many of you that are in the audience have been struggling with coping and managing stress over the last few years. And so we just wanted to give a brief example of how we have worked to listen and also attend to the wisdom of our ancestors to cope and to be and to make it through each day.

For me, as I thought about over the last few years and struggling while we have been in a global health crisis, that we are still in, and also what I would call a racism pandemic as well, it's been really hard. I don't want to get emotional, but even when I think about it, it's been so hard to be Black and also a mother and a wife today. Probably in similar fashion to the experiences of my ancestors in certain periods of time since we've been on these lands.

As I was thinking about how I have and continue to be navigating like illnesses coming through for me or those I'm caring for, and then experiencing or witnessing people being Black and

being mistreated, and being killed and being ignored and all the kinds of things. Like walking into a grocery store or trying to get a check cashed or taking a walk down one's street. Or sleeping in one's bed.

To say that I've been struggling with anxiety is an understatement. I've been struggling. Also when I think about what I've been doing to manage that, I see the connections between what I'm doing to that which I've learned and that which has been passed down to me from generation to generation. That is to pray and to journal.

Even on last night I was up praying for my daughter, who is sick right now with something like COVID's cousin. Just struggling. I just really pray to be able to get to a space of calm, to be able to rest, that I learned from my grandmother. Using music and dance and being in healing circles is something that I've really found to be helpful, especially during those times where I feel increasing anxiety around being Black and in America.

The quality time that I've spent with people that I love, with Black social workers, my family members and friends, and those who can relate has been so helpful to me and my wellness. I know that it was through music and community that my ancestors were able to be informed and to resist, to laugh and cry, and keep on keeping on. Thank you for allowing me that moment to share. I know Dawn wanted to share a story as well.

Dawn: Yeah. Sorry for the background noise. Hopefully you cannot hear it. But I'll go ahead and just share. Similar, as in the past three years, and it's interesting how for Navajo Nation for example, where I live, we're still masking. Sometimes folks go off the Navajo Nation and there's no mask. No one's wearing a mask.

It's really different and it's challenging. For me, I'm super, hyper-vigilant and always wearing my mask in public and staying safe. Everyone's different. Just even that difference and a look you might get is challenging when you're wearing a mask. People clear out of your way.

I just wanted to share too, like when the shutdown happened and I was thinking about it, and I was like, this is trauma. Like maybe everyone's going through trauma. We have to stop everything. Stop work, stop socializing. All of that. We have to stop.

Any time there's a shift, a dramatic shift in our lives, that's trauma. Consider it to be trauma. Have we dealt with it? What I noticed was like in May of 2020, working from home and my son, all of a sudden, he was seven at the time, and he said to me, "Mom, you're mean." I'm like, "What do you mean I'm mean?"

He was like, you know, I thought about it, and I said, thinking, Oh, all I'm telling him is, did you wash your hands? Did you put hand sanitizer on? Eat, sleep. Just one direction of telling him do, do, do. I wasn't spending time playing with him like I used to before.

Like how was – show me your drawing. What did you make outside? Show me. Let's go for a walk.

I didn't really engage with him. It was just do this, do that. Do this, do that, don't do that. Don't do.

I became – He was like mom, you're mean. It took him to make me self-reflect. Our kids are good mirrors for us because they ...

Amittia: Aren't they?

Dawn: They model after what we do. I'll share that piece. Then I thought, OK, I need to do something. So I started breathing a little more, I started walking a little more. I planted a garden. If we had the money to do prayers and ceremonies, we did that.

Going outside in the morning early, praying with white corn is a blessing, it's free. If we ran out of tadidiin or we ran out of our corn pollen or white corn, you can still go outside, you greet the rising sun. Those are blessing moments for us as Navajo people. So those are things that I had to think about.

I was thinking about a teacher that, when I was doing a training, I think it was like last summer. She said, we were sent home and we couldn't work. It was child care center.

I thought, before the pandemic. Oh, I wish – I need to do this, I need to do that. I wish I could do this but I'm always at work. It's 8:00 to 5:00, I'm at work. She said, all of a sudden we were home.

I had all this time to do this stuff, she said, but I didn't do it. She said, OK, it's not my work, it's me. It was so powerful when she shared that. I just wanted to share that piece with you, with – I mean, what I also had to think about too, looking at myself in that struggle was how am I dealing with my stress? What did I learn it from?

Like I start to raise my voice with my kids and that's not healthy for them. It's not good for me. That part of this looking at where did they learn it from? Parents, grandparents, going back generationally.

I thought about I know about the trauma in my family, I know about the multigenerational trauma. So I went back to dealing with those things and doing prayer and healing. Thank you, I'll stop there.

Amittia: Absolutely, Dawn. What you're saying is really bringing up for me these, again, that pairing of trauma and resilience and how there are things that we have learned from our ancestors that we might be able to utilize right now. There may be some things that we need to leave behind, but I know in the Black healing circle spaces, one of the things that we really promote is folks to pause, to go back in time to try to see what our ancestors need from us.

Many of the times is that we are healing generations. Like as we heal and pay attention to ourselves and our ancestors and going back. Like we can heal across those generations. That then is healing for the generations to come. We invite you all now to just pause for a minute and to be thinking about what other things did your ancestors teach you about responding to your stress or taking care of your mental health or the mental health and well-being of your family or those you are connected to?

And if you would like, you can share some of those strategies or ideas in the chat for those friends who are looking for other ways of responding to their mental health. We'll, for the sake of time, keep moving forward.

I see prayer being positioned in the chat, and also reading scriptures. I see folks who have been disconnected from their elders and their ancestors. That is really real. That's why I think sometimes, like those meditations and the prayer and different ceremonies can help one connect to folks they weren't connected to in this life. If that makes sense.

Reflection and breathing. Lots of walks and being in nature, I see represented in the chat. There's some really great strategies or ideas that folks are sharing in that space.

Dawn: Amittia, I just wanted to raise, I saw on there, and I resonate with this statement of, unfortunately, I learned – my ancestors passed on unhealthy things, yeah, and mine too. Substance misuse. The yelling. Pushing away or the challenges, and mother-daughter relationships in my family. Those are all unhealthy things I learned and I'm still trying to unlearn them.

Amittia: Well, I think some of them too, though. You have to think about the violence and colonization. How because of the trauma that folks were experiencing, they adopted some strategies or protective kinds of patterns to cope with losing somebody due to death or enslavement or other.

There's still like – Dr. DeGruy talks about post-traumatic slave syndrome and the different, and sometimes really negative things that are passed down that have become a part of our culture that we need to be facing now.

Dawn: Great, great. Yeah, I'm seeing – there's a lot of unhealthy things that we have seen. I saw someone put in there they taught me what not to do. It's OK. No, thank you.

You know, I've had to do that too. I've had to like intentionally seek and find traditional practitioners that could support me and my family, our mental health. I've had to look up and read things, and ask certain traditional practitioners, tell me about this, tell me about that. I'm still learning.

I wasn't raised in a sense. Losing those traditional protective factors, it does affect us. I like what you shared about that colonization piece.

I saw this one quote one time on social media. And I don't remember her name, but it was an Indigenous mother. Give credit to her. I think for anyone that's gone through trauma, she said, "Let us give our children Indigenous love and not colonial pain."

Amittia: OK. Say that again.

Dawn: Let us give our children Indigenous or Black love and not colonial pain.

Amittia: I love that. I love that.

Dawn: Yeah.

Amittia: Yeah. It's so important because it acknowledges that we are confronting some structures and systems. Even like some things that have been passed down. At the same time, one of the ways we resist is to show love and pass, pass down love. I appreciate that.

I see folks sharing about gardening and using music and dance. Like again, these are in humor comedy. Like these are some of the things that have come naturally to folks and have been

ways that they can resist the pain and suffering, and these different systems that seek to really oppress folks.

We really thank you all for sharing with us. I hope that those who are listening and also who are watching the chat see some strategies or activities that you can take away. I do, I see that there's a question in the chat asking about what are some ways of coping with stress and managing, when in the classroom, for example.

Or I would add being on a home visit. I think that some of these strategies are really accessible and useful, irrespective of what specific role you play. I do think there's something about tuning into a person's own preferences. I could say, well, I'll recommend you consider trying music. Music shifts the energy in the room and the mood.

I found it to be helpful as I support – as a mental health specialist in the classroom, but also in home visits and in training spaces and in coaching. In these different spaces that we occupy. Yet at the same time, music isn't something that's helpful for everybody.

I think that thinking about the person or individual you're working with or responding to, their own personality and their own preferences around activities. Also their experience is like asking someone, like what gets you to a place of calm? Like what is helpful or peaceful or brings you joy? Maybe it's to use humor, maybe it's to use dance. Maybe it's to be in nature.

It could be any number of things. We really appreciate your questions. Please do keep them going. Also know that the wisdom and the strategies and knowledge are really within this virtual space.

There's so much there in the chat. I hate to move us forward, but there really is a lot of great suggestions of things that can be used in a classroom and on home visits and in the different spaces that we occupy.

Dawn: Yeah. As you're transitioning, I'm just going to really quickly speak to – there's theories about trauma. How it affects us changes generationally genetic memory, all of those pieces.

I want everyone to hold what I shared in the beginning. There's trauma and resilience together. What resilience memory do our bodies and spirits have? Keep that in mind. Go ahead.

Amittia: Perfect, thank you. Dawn, I think we're going to talk briefly about advances in infant early childhood mental health and how that has been helpful. But then also that we really do need to explore other ways of knowing and healing. I would add, especially because Western mental health approaches are not always considered to be the most helpful or even the safest, most trusted spaces to share those kinds of things.

We really want to be exploring folks' preferences and experiences with different types of support for mental health as we support them in their journeys. Dawn, I know you wanted to share kind of a story about that opening and offering of how to honor a family's preferences.

Dawn: Great, great. Yeah, I just wanted to speak to that first bullet point. We'll go into this a little bit too. Just wanted me to share this. There's not just one way to do mental health.

It's because the way that this country was colonized and the way that science came out, and the way that different voices were held up like Sigmund Freud, Piaget, Carl Jung. Those people that we read about in mental health.

Well, what about this medicine man over in Western Navajo? What about this traditional practitioner in South Dakota? I mean, they have ways of dealing with mental health but it's not written about, it's not raised up.

I also wanted to acknowledge infant and early childhood mental health in the field. Anyone can learn infant mental health. Whether you're a doctor, a teacher, a teacher aide. Anyone can learn that way of thinking.

I love infant mental health, the field. It can be like a treatment field, it can be, whether it's like therapy, diagnosis and it can be just the way you are in a classroom with children. It can be the way you are with your coworkers. It can be the way a supervisor is with their supervisees.

There's also infinite early childhood mental health consultation. It's a particular type of practice that, as a Head Start programs, there's a Performance Standard for child mental health. There's a requirement of an early childhood mental health consultant to visit your sites regularly.

Amittia: Yeah, for the children and the staff in their wellness. Absolutely.

Dawn: Yes, children and staff. I think that's where we kind of get – we stumble. We think, this child has a concern, take them. That's not really what consultation is. It really is supporting the staff to support the child.

I was working for seven and 1/2 years as an early childhood mental health consultant. People would ask me what do you do? You observe in the classroom. I'm like, I'm here to support the staff so they can better support the children's social, emotional development. So staff can quickly respond if they fall.

You give a nurturing response. When we're stressed out, that's hard to do. I had one instance where a teacher just saw this child who, all of a sudden, was showing these behaviors that was very concerning. This child was putting a string around their neck, kind of like– stopping their breath.

The teacher reached out to me and then I reached out to the family and come to find out there was a lot going on. Mom was away from home because she had to heal from medical stuff. What I found out and I asked the mom, I said, as Navajo people we're lucky that we have a choice. How do you support your child, your children?

Yes, there's this Western mental health of therapy, I can do a referral to the hospital because we're concerned about his behavior. There's also this part about, we have our traditional practices. We have Native American church. Or do you have church? A pastor that you go to?

The mom said, oh, my gosh. She said, we've been doing all of our prayers, for me and my healing but we haven't even done a prayer for my children. So she said, as soon as I get off the phone with you, I'm going to call my sister and have her take them to the medicine man.

It was on a weekend. I remember because I came on a Monday to observe again. I didn't see any behaviors. Then I asked the teacher, how was this little guy? She said he's back to his typical self again.

Amittia: Yes.

Dawn: Yeah. There are other ways of supporting children and families.

Amittia: Absolutely. Thank you so much for sharing that example, Dawn. It really does embody for me this piece around like there are multiple ways to support mental health and wellness. Within our families and neighborhoods and communities there are supports for mental health.

On the next couple of slides, I just wanted to just make that even clear. Why we're talking about there being many pathways and what some of those different types of supports are, those choices are. Like which ones are possible. In the way that we crafted these, these are not the only ones that fit within what is an individual support or family support or community support.

We hope that it inspires you all to be thinking about what are the different options that are possible within your own supports for mental health, but also for those folks that you are supporting or responding to. In terms of individual types of supports, here we're talking about that self-care and the ways that we care for ourselves and taking care of our basic needs, but also coping with life stressors.

You have being out in nature and taking walks and fishing. I have seen in the chat earlier that some folks talked about gardening and meditation, and walking, and all of those things. Those are some things that an individual might be able to do for their own mental wellness.

Then in terms of family supports. Family and neighbor and friend. You have the connections to relatives and within your own communities and neighbors. Like ethnic cultural groups. Like for me, I'm connected to a network of Black social workers and the National Association for the Advancement of Colored People. Within those spaces, there are supports for me and my mental health.

Within the community supports, this is where Head Start really comes in for families and staff because it is a support that's in a community. There are mental health professionals that are connected to or maybe even operating within a role of mental health specialists or manager, that kind of a thing. That's what makes it a really beautiful support for mental health.

Also in the fact that teachers are promoting social-emotional development for young children. Teachers are engaging in activities that help to support their mental health and wellness as well. In some places in the workplace, folks have access to employee assistance programs or wellness days and different kinds of things that folks have found helpful.

Within communities, there are spiritually-oriented spaces that provide the support, where folks can engage in those spiritual practices, that so many of you listed as we were talking about the different things that you're doing or using. Within reflective group supervision, that can happen and be led by or with mental health consultant. That there are support that happens within those spaces for mental health and wellness.

I know that we are getting close to time, and so I want to just, really just emphasize that formal mental health supports are usually what come to mind when somebody is thinking about supports for mental health. We want to broaden your conceptualization of that and have you to think about how there are lots of different supports that are wrapped around each and every one of us. Also, when you think about it, those supports that a person engages with in their day-to-day experience are likely to be the ones that they go to first in the places where they feel the most safe and more likely to share those really sensitive and vulnerable places of themselves.

Not to say don't encourage access to formal mental health services when it's required but do encourage folks to engage with different types of supports across their environment. We wanted to share another couple of examples about ways that different communities and cultures are thinking about mental health and addressing it.

Dawn: Thank you, Amittia. I'll just go as quickly as possible. I know we're running low on time here. But I just want to share this little saying in Navajo that we have. [Speaking in Navajo language]

It's a huge theory. I mean not theory, like creation story, including teaching, that the way to have balance in your whole life span, from prenatal to old age, is to have all of these things connected and in balance. With Navajo in particular, I was reading an article. I think it was like an old newspaper, and sometimes The Navajo Times newspaper will bring up old articles from the 60s, 70s. And I saw this one where someone asked a Navajo medicine man in his 60s, if you were given the choice of treating someone's health ailment or their mental health, what would you choose?

The medicine man said, I'll go mental health all the time. Because if you treat the mental health it helps them spiritually and it helps their physical well-being. For traditional Navajo practice, mental health is always incorporated with health, with spirituality. It's never separated.

Because we're trained in this system of health care in the United States, we separate health from mental health. There are more ways to acknowledge mental health. I remember years and years ago, I was doing a training on mental health for a Navajo Head Start and some folks maybe remember this.

And they said, mental health [Speaking in Navajo language]. Like they're saying it's like scary, the stigma. I said it's just everyday thinking. I said it in Navajo. Mental health [Speaking in Navajo language]. It's our everyday thinking, day and night. In and out, day and night.

We have that choice to choose how we think every day. A big part of supporting that is when we feel tension and stress is, for me, I breathe and I stop. Even if it's for 30 seconds. It helps. If we're just in the motion, we go, go, go, go, go, that's hard.

In Navajo, there's language piece of [Speaking in Navajo language]. There's that reflection piece in our language too.

Amittia: Yeah. Thank you. Thank you for sharing that, Dawn. It really does really help us understand the importance of language. The importance of how we think about mental health and how all those pieces help shape how people share about their experiences and who they

feel safe talking to. Similarly, Dawn and I, we don't speak for the groups that we are racially and ethnically connected to.

We're sharing a perspective that's helpful because there are some similarities in terms of different values and beliefs. Especially, I would say that stigma piece is felt in the Black community. Also that shared experience around not sure, being unsure about the capacity to trust different formal systems of care.

I would also add that one thing I wanted to highlight about addressing mental health within the Black community is a perspective on the causes of mental health concerns. Because we think that mental health concerns are a result of systemic and structural racism and other forms of oppression and isolation and alienation. The solution from our perspective anyways or the African-centered perspective is to connect people with the creator, with their identity, with their culture and their community.

Then that connection to spirituality and different people in places. Being in really Black-centered spaces is important. As we transition and shift here, we really just want to highlight that there's not one way of responding to mental health and supporting the mental health and wellness of those you are working with.

In fact, it is culturally oppressive to privilege one way of addressing mental health. One way of responding to concerns. That's exactly what happens when we are responding to someone who is struggling with their mental health. The only conversation we want to have is about, did you go to therapy? Did you use that referral to go to get evaluated by that psychiatrist or that therapist?

Always pushing, pushing, pushing, pushing people into a space that really wasn't designed to support them well, and where the risk of additional harm is high. We just have to be thinking about those things as we support people. As we close, I know that we are getting close to our time.

We did want to take a question. I just want to let if we don't get to your question now, we will get to it and respond to everybody. We want to encourage you all to really just take care of yourself. This slide is shared with you all. We hope that you check it out because there are some really quick, simple strategies to slow down and to pause and reflect, and really take good care of yourself.

Amy, before we end, Dawn and I did want to share our grandmothers' quotes because it kind of was like how we started and a source of strength from us is the words and the wisdom of our grandmothers. If I could, I would like to share that and let Dawn also.

My grandmother, one of the things that she shared with me was about the importance of doing my part. Doing my part to acknowledge my role in the relationships that I'm in and to make sure that I just do the best that I can do in repairing any harm that I've done and acknowledging the things that I'm doing well. But to just keep on keeping on and keep on just being myself.

Dawn: Thank you Amittia.

Dawn: I'll share what my grandmother said to me, my late grandmother. She said, it was just out of the blue. She must have been thinking about something. But she said, "Mean, evil, hate never wins."

[Speaking in Navajo language]

What she said was "Love, kindness, acceptance, that's the only way to go. Mean, evil, hate never wins." With that quote, move forward with that. It's more powerful. Kind of what I took from my grandmother's words there. We have this phrase in Navajo. [Speaking in Navajo language].

It's important to keep in mind that we have a way of repairing things. We can repair anything that might be askew for us. Anything that might be a little, you feel off balance, there's repair. Because in our language, [Speaking in Navajo language], it can become good and balanced again. I believe that to be true for each and every one of us as well.

Amittia: Thank you so much, Dawn, for sharing that. I know we're tight on time. Amy, are there any questions that we can respond to?

Amy: Well, thank you for asking. I put in the chat. We do have time, I think, for at least one question but I don't see any questions ...

Dawn: What?

Amy: I know, I know. But I do see lots and lots of accolades for both of you. Thank you both. You're getting all kinds of wonderful comments in the chat. A question popped in.

I knew, I knew if I started talking, someone would ... Let's see, hold on. This is tough. Anything regarding mental health in our legislation that we can research. I don't know, Dawn or Amittia, if you have ...

Amittia: That's a hard one. I think one of the things that would be helpful for us to do in the research space is to ask better questions. Instead of why are people not accessing and using formal mental health services, to ask a question like we asked today. What are the sources of support or spaces where folks feel that they can go and they feel safe enough to share their experiences and be supported.

The more that we can identify preferences and experiences that folks are having, negative or positive in the formal sector, we can help to pitch that maybe we ought to put more money into like faith-based neighborhood and community initiatives to get more funding for folks to do the good work that they're already doing in barbershops, in any churches or spiritually-oriented spaces and in Head Start. So that's how I would respond to that.

Amy: Of course, now that the questions are pouring in, now that we're about to end. There was a comment in the chat about books. I see, Dawn, that you put My Grandmother's Hands, which is a wonderful book. Amittia, I don't know if you have a book or two you might want to pop in the chat. Dawn, I don't know if you could just take this one last question about people are interested in how you've been able to stay connected to your native language.

Dawn: Whether I can figure out mute and unmute. I think I'm able to stay connected only because I try to speak it and it's – I don't know if it was my first language but I don't remember. I'm thinking maybe it was. I have some of the sounds right. Some of the sounds I don't.

I'm able to only because I had to take it in college. My husband, we've been together 25 years and his parents spoke only Navajo. So I was immersed for a few years. I don't have that exposure much anymore but it is helpful.

For Navajo Nation, we have a radio station that's in Navajo. A lot of the things are Navajo. Listening to those is what helps me and I have to ... I wasn't born and raised in it so I have to look for it, I had to search for [Inaudible].

Because of multigenerational stuff that happened, colonialization, so I had to seek it. My mom said she went to boarding school and she said, "I didn't teach my kids, I didn't teach you guys because I thought it would be better for you to speak English." She was affected in her boarding school days.

Amittia: Yeah. I've heard some of the things for folks who are in the Latina community, who are trying to go back and learn Spanish and more about their cultural upbringing because of, you've got racism, classism, [Inaudible]. All these different isms coming full force and stopping or halting folks' decision to teach the language and cultures, and ways of being and responding to the future generation, so go back and get it. We say ...

Amy: Yes. Well, thank you both. I'm going to turn it over to Amittia in just a second. We have a couple of logistical questions. And I'm hoping that team can add maybe putting that evaluation link into the chat, if that's possible.

Someone asked about the recording. I know that you and Amittia will probably talk about how that will be available.

Dawn and Amittia, we can't thank you enough. This has been so enriching and I think you can see from the chat that people really benefited from both of your wisdom, so thank you.

Amittia: Thank you.

Dawn: Thank you as well.

Nydia Ntouda: Thank you, once again, to Dawn Yazzie, to Amittia Parker for such a rich, rich webinar today. Thank you for this important information. A reminder for our participants, if you have more questions, you can go to MyPeers or you can write to health@ecetta.info.

The evaluation URL, it will appear when this webinar ends. Just don't close the Zoom platform or you won't be able to see that evaluation pop up. Remember that after you submit your evaluation, you'll see a new URL and this link will allow you to access, download. You can save, you can print your certificates.

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