Emily Harris:

Welcome to the Disability & Philanthropy Forum's 2022 Webinar Series. My name is Emily Harris and I'm Executive Director of the Disability & Philanthropy Forum. I use she/her pronouns and I'm proud to be part of the disability community. I come to you from the land of the Council of Three Fires, the Odawa, Ojibwe, and Potawatomi Nations, now known as the city of Chicago. As part of our commitment to accessibility, our panelists and I will each provide an audio description of ourselves. I'm a white woman with dark curly hair, wearing rectangular glasses and a purple and blue pattern shawl over a black sweater. Behind me is a white and tanned screen. My access needs are met today because we have CART captioning.

Emily Harris:

A few housekeeping items for today's webinar. We have live captioning today. There are two ways to access these captions. Use the CC button at the bottom of your screen and choose Subtitles or Full Transcript, which will pop up as a box on your screen within Zoom. Or to access the captions in a separate window see the link to the external caption viewer in the chat.

Emily Harris:

Today, only our moderators and panelists will be on camera. You will be muted throughout the event. This webinar is being recorded and you will receive a link to the recording in the next few weeks. Although we will be using the chat to share links with you, it will not be available for you to communicate out. Instead, please use the Q&A button at the bottom of your screen to share your questions anytime during the session, and we will have some time to share them with the panelists at the end. If the Q&A is not accessible to you, feel free to send your questions to communications@disabilityphilanthropy.org. And please note that even if we run out of time to answer your questions, they will inform the resources we create on disabilityphilanthropy.org. Check back early and often. We will be live tweeting today and hope that you will join us on social media using the hashtag #disabilityphilanthropy. You can also follow along by connecting with us on Twitter @disphilanthropy.

Emily Harris:

We're delighted today to continue our conversations about how disability connects with all dimensions of social justice. Disability is a natural part of the human experience. According to the CDC, one in four adults, 61 million people have a disability that impacts major life activities. Disabilities can be apparent such as a mobility disability, but many disabilities are non-apparent including chronic illness and mental health disabilities. Disabilities can also be lifelong or acquired, and we often say we are the only minority group that anyone can join at any time. The COVID-19 pandemic has laid bear the systemic oppression of people with disabilities and is increasing the size of the disability community. Our conversation today could not be more timely.

Emily Harris:

To moderate our panel, I'm delighted to introduce Dr. Robert Ross, President of the... And CEO of the California Endowment, a foundation focused on health equity in California. Dr. Ross, who is one of the 17 CEOs who serve on the Presidents' Council On Disability Inclusion in Philanthropy has extensive background in health philanthropy as a public health executive and as a clinician. He is joined by three outstanding mental health and disability activists, all of whom have lived experience. You'll find the link to Dr. Ross' and the panelists' bio in the chat. Take it away, Dr. Ross.

Dr. Robert Ross:

Good morning, or at least it's morning here in California. I'm here in Los Angeles. Dr. Bob Ross, California Endowment. Big shout out to Emily Harris and the Disability & Philanthropy Forum. And an additional shout out, thank you to Gail Fuller for helping us get organized for this panel today. So just thank you so much, Emily, for your leadership and helping us to move philanthropy forward as it relates to the disability community and full inclusion. I am an African American male. I am wearing one of my favorite T-shirts, which is a raised black fist with a backdrop of a rainbow coalition flag. I'm sitting in my office here in Downtown Los Angeles from the Tongva and Gabrielino native lands here in Los Angeles. And I have a passion for health equity and social justice, which brought me to join the other CEOs in this national... Leading a national philanthropic discourse on this issue.

Dr. Robert Ross:

We have, again, as Emily mentioned, check the chat for bios and other information. Looking forward to this discussion with three phenomenal, just amazing panelists. My only fear is that we don't have time to show how incredible each of these panelists are in terms of their track record and their work. I've been looking forward to this conversation because the time is ripe, the time is now, with a backdrop of the Trump years of the killing of George Floyd and Brianna Taylor, racial divisiveness at a level that we haven't seen in over a half century in this nation. It's time for us to show what full, meaningful inclusion in a racial justice and racial equity lens looks like in practice and for real. And so that's why I was looking forward to this panel in this conversation today, because we need to lift up and elevate that narrative of an alternative American future with full inclusion and racial justice.

Dr. Robert Ross:

And so let's welcome, join me in welcoming Stefanie Lyn Kaufman-Mthimkhulu, Founder and Executive Director of Project LETS. Marq Mitchell, CEO and Founder of Chainless Change. It's a great name, and maybe Marq, if he has a moment, could tell us how he came up with that name. It's an interesting story. And Keris Jän Myrick who's Co-director of S2i, and podcast host of Unapologetically Black Unicorns, which is probably the best podcast name of any show I've heard. And you might want to share how you came up with that one as well, Keris. But so just in their titles and the names of their organizations you see innovation and creativity endearing, and that's what you'll hear from our panelists today.

Dr. Robert Ross:

So today we're going to ask our panelists to take us through a three-phase conversation. First, we'd want them to share some personal experiences about their journey, how they got to this work. Secondly, call out frustrations with the current system and what needs to be changed in their view. And then thirdly, and why we're gathered all here ultimately is what can philanthropy do or what should philanthropy be doing more of in order to advance full inclusion and equity in philanthropy as it relates to the disability community.

Dr. Robert Ross:

So with that, let's start with self-introductions. Can we go to Stephanie first? And Stephanie, can you just introduce yourself and give us one sentence about how you want the audience to understand your work?

Stefanie Lyn Kaufman-Mthimkhulu:

Thank you so much, Dr. Ross, I'm really excited to be here with the y'all. My name is Stefanie Lyn Kaufman-Mthimkhulu. I use they and she pronouns. And I am a white non-binary person, wearing a light brown turtle neck and circular glasses. I'm a multiply disabled, neurodivergent, queer person of Jewish and Puerto Rican assent. I'm a parent and organizer, and educator and care worker, and really invested in building systems that do not further criminalize, traumatized and harm us.

Dr. Robert Ross:

Thank you, Stephanie. Keris?

Keris Jän Myrick:

Hi, thank you, Dr. Ross, and thank you for inviting me to speak with everybody today. So I'm Keris Jän Myrick and I use she/they pronouns. I am located in Los Angeles. Well, I'm not located right now in Los Angeles, but generally, I'm located in Los Angeles land of the Tongva and Chumash people. And I give back to my people, I'm a Muscogee... I'm a member of the Muscogee Nation by continuing to donate to several native causes. So I have black hair that is also gray in a gray undercut. I am wearing a blue shirt that has a graphic writing that says disability across the front, disability is not a bad word.

Keris Jän Myrick:

And my accessibility needs have been met today, and so you know, my background is just a white blurred background. I am a person who was given a diagnosis of what people call a serious mental illness, and I prefer to think of myself as somebody living with a mental health condition and also the intergenerational racial trauma. And my role in what I do is to actually address those things at the political and policy level, systemic level in order that other people can have the lives that they would like to live in communities of their choice.

Dr. Robert Ross:

Thank you, Keris. And Marq?

Marq Mitchell:

Good afternoon. I am Mark Mitchell. I am the founder of Chainless Change. We are a South Florida based recovery community organization that centers those who are impacted by the criminal legal system, especially those with the histories of physical health, mental health, substance use, and experiences with trauma. I am a black male. I have dreads that are in a ponytail. I'm wearing glasses. I also have on a burgundy shirt that says, "Chainless Change." I have a invisible disability, and similar to Keris, I do not define it as a disability because I believe that society has created conditions that often disable me, although, I do have a condition that makes it difficult to navigate in certain spaces. All of my access needs are met, and I believe that I have answered all of the questions for introduction and I look forward to having a wonderful conversation.

Dr. Robert Ross:

Thank you, Marq. So the first round of questions, I want each of you to take a couple of minutes to share with the audience through personal experience that might help us understand from your perspective mental health as a disability. And so, Stephanie, do you have one that comes to mind or two?

Stefanie Lyn Kaufman-Mthimkhulu:

Yeah. Yeah. For me, I understand disability to be when the features of my bodymind and the features of the environment in which I live do not align, which very much relates to my understanding of what we call mental illness. And in the same way that it was really important for me to make a shift from a medical lens to a more social and political lens for my physical impairments and chronic illness, I think we really have to do the same for what we call mental illness. And for me, I'm someone who lives in a very complex bodymind. And for the majority of my life I didn't know what was what. I could not piece out what was affecting me from this diagnosis or that diagnosis. I took what I call like a tour of the DSM. I've been diagnosed with so many things.

Stefanie Lyn Kaufman-Mthimkhulu:

And I think it took me being diagnosed with a personality disorder to be like, "How can a personality be disordered? What does that even mean?" For me, it wasn't aligning with my experience. And it gets to a point where I ask myself like, "Am I depressed because I have a biological chemical imbalance or because the world is fundamentally inaccessible to me as an ambulatory wheelchair user, and I internalize that shame and that frustration? Or because the Director of the CDC said that it's encouraging that mainly people like me are dying from the Omicron variant," right? We don't create the conditions in this world where people actively want to be here and participate because we don't feel validated in our societies. And it was through recognizing that in my own life that I started to think differently about my distress and reactions to oppressive conditions that were being defined for me with being diagnosed with PTSD, for example, after being sexually assaulted. I thought to myself, "Is this not just my body responding and it needs to get back in balance?"

Stefanie Lyn Kaufman-Mthimkhulu:

So yeah, the last thing I'll say here for me is that there is a reason for the language of mental illness. There's a reason it's been separated from disability conversations and that it's still so heavily grounded in a medicalized model. Disability is too, but when we're thinking about mobility impairments for example. But the disability community has done a lot of work to push the social model to undo this. But there's still a lot of folks who say like, "I'm not disabled. I have a mental illness that I can treat and cure." But the reality is nobody has ever validated this biochemical model of mental illness, but what has been validated is that social and economic and political, and yes, biological factors influence our mental health and our propensity for experiencing mental distress.

Stefanie Lyn Kaufman-Mthimkhulu:

So that cycle of thinking like, "What is wrong with me? I need to fix myself." Which I was actively being told by the mental health system is something that is really harmful for so many of us who get to a point where maybe if we're living at the intersection of chronic illness and psychiatric disability, we might say to a doctor it's not all in my head, believe me it's real. And I just want us to interrogate that because we're reinforcing this belief that you need some type of test or proof for evidence to validate our experience. And we end up pitting our experiences against each other in many different ways. So yeah, I'll pass it over to Keris.

Dr. Robert Ross:

Yeah. Keris, weigh in.

Keris Jän Myrick:

Yeah, sure. So I couldn't agree with Stephanie more about really understanding the idea of social model of disability and how does that fit in or not fit in with mental health. And I think we're getting closer to having an understanding sort of this social model of disability, which is looking at systemic barriers as well as derogatory attitudes or what we would call stigma and how that leads to social exclusion and the ability for us to attain our... Be our best selves. I'll put it that way, right? So as soon as I got a diagnosis of schizophrenia... And I had diagnoses prior to that, so kind of, yes, you go through this journey in the DSM until somebody lands on something that feels about right.

Keris Jän Myrick:

And when I got that diagnosis, suddenly that diagnosis was all about all the things I couldn't, wouldn't or shouldn't do. And I was already doing incredible things prior to that. I was in a master's program and I was told, "Nope, got to drop out of school." I was doing really very interesting work. "No. Nope. Work is too... That's too much pressure. You know you can't have stress." Those kind of things. And when I was getting those my messages, I was like, "Wow, I've heard these messages before. I've heard them as a black person and I've heard them as a woman." So they were similar messages around limitations placed on me based on my race, based on my perceived gender, and now they were being placed on me again because I had been given a diagnosis. Secondarily, the other thing that happens is that-

Dr. Robert Ross:

[crosstalk 00:18:01].

Keris Jän Myrick:

... is that you're not believed. Yeah. And I went undiagnosed having thyroid and a parathyroid cancer because I wasn't believed about physical symptoms that I was experiencing for over 10 years, which resulted in ER hospitalization again, where they saw that I was taking psychiatric medication. And when they saw the medication I was taking, they didn't believe anything about what I was telling them that I was experiencing. So I had to stay in that ER, and I literally sat in front of the check-in desk and just did this deep stare down for five hours. I just wouldn't move. And at that point they said, "Well, she's not going anywhere. We probably should just take her in and draw some blood and do whatever."

Keris Jän Myrick:

And when they drew my blood, they realized that all of my systems were shutting down, and that's when they started to check my neck in area and realized something bad was going on. So I think if I had to think about what are some things people should understand about a person with a mental health condition, is they're a person with a mental health condition, they're not their mental health condition.

Dr. Robert Ross:

Thank you, Keris. Marq, weigh in, brother.

Marq Mitchell:

You all raised very interesting points, and so I'll be brief. I am someone who grew up with lots of [inaudible 00:19:35] and I grew up in systems, lots of systems, child welfare system, juvenile system, justice systems, and eventually funneled into the criminal legal system. And throughout those different spaces that I found myself I often found that I attached myself to the titles and identities that had been curated for me by these systems. And so that's why it's again important for me to not to just over state that I identify as someone who has a condition operating in these spaces that have created these oppressive conditions that often disable me.

Marq Mitchell:

And so when I think about disability justice and mental health, what really comes to mind for me is that I'm often standing at an intersection, and for my entire life I've been at this intersection. And although I have an invisible condition, people can first see that I'm black, people can first see that I am a black male and a list of other oppressed identities that folks often have to figure out how to move through the world while carrying these heavy loads.

Marq Mitchell:

And so I view mental health and disability as this place where it's difficult to operate in spaces because they were created in ways that often exclude us. This is especially true when we consider folk who have visible disabilities and comorbidities. And so I'm really looking forward to living in a world where we can truly understand that society operates off of interdependence. We all should be able to depend on and support each other in moving through spaces as opposed to identifying folks based off of what it is in how they are to contribute to productivity and the world.

Marq Mitchell:

And so when I think about disability and mental health justice, I really look at the future and how do we move away from this capitalist framework where people are able to be interdependent without that being viewed negatively? And folks who have these biological and chemical dispositions are embraced and understood in a space where there are so many conditions that often contribute to folks being further oppressed and further marginalized. And so I'll stop there and we'll continue the conversation.

Dr. Robert Ross:

Yeah. Hey, Marq, you shared an interesting story about how you came up with the name of your organization, Chainless Change. Can you just share that with the audience just from a personal experience standpoint.

Marq Mitchell:

I grew up in systems. I went to jails when I was 11 and partially because of some of the behaviors that I was displaying folks didn't understand. And again, my mental health condition like many other folks was criminalized as early as 11 years old when I was in foster care. And so by the time that I was 12 I found myself in lockdown facilities where I was housed with adults. I stayed there until I was about 18 years old. Somewhere around 14 while a lot of my identity was being developed inside of this institution I thought that I was going to be a preacher and the name of the church would be Chainless Change Ministries. And so I spent a lot of time doing some imagining around that.

Marq Mitchell:

And years later, when I was faced in a predicament where systems were once again pushing me to a space where I have to make tough decisions on whether or not I would conform or create the world... Work towards creating the world that I wanted to live in, I reached back to that 14 year old who thought that he would be this minister and decided that we would create a recovery community for people with behavioral health conditions who have a history of justice involvement or system involvement. And I named it Chainless Change, which was supposed to be my church when I was 14. So that's where the name came from.

Dr. Robert Ross:

It's a church by another name, Marq. It's a church by another name. It's still ministry, right? So you've actually begun to answer the second question I had and I'm wearing my hat as a [inaudible 00:25:06] as I hear each of you. The upside, there was a benefit to the so-called medicalization of mental illness, of disability and mental health, in that it can serve to destigmatize over time. But as we heard pretty well from each of our, all of our panelists, the medicalization, the overmedicalization of mental health has its drawbacks and issues and requires some system changes. So can I hear from each of you quickly, if you could pick out... We've begun to hear some of this from you. Let's say we're sitting here five years from now, and five years from now we're celebrating that one thing is better about this system as it relates to your experiences. Point out the thing that's driving you crazy with frustration today that really needs to be changed in the three to five to seven years ahead. Stephanie, what's making you crazy?

Stefanie Lyn Kaufman-Mthimkhulu:

One thing. And really, I appreciate you saying what's making you crazy because it actually is. I appreciate that framing. I identify as a psychiatric survivor, someone who has survived violence that happened inside of medical and psychiatric systems. So for me, the one thing which is a lot of little things within it would be the end of coercion force and cages. We have a system that is driven by liability and fear and risk assessment, and these are things we cannot quantify a human experience. We cannot predict everything. We need to be thinking of ways to create more space in community for people to experience the full range of human emotions without being caged and punished and isolated and disconnected for it.

Stefanie Lyn Kaufman-Mthimkhulu:

Partnerships with police need to be a thing that are nowhere near anything relating to mental health. The two are completely incompatible and continue to reinforce this idea that treatment and healing and help only exist right alongside punishment, which we know in this country particularly targets black people, indigenous people, poor people, queer and trans people. We have a system where you're forced into care when you don't want it and you can't get it when you do want it. So that would be my first thing of many.

Dr. Robert Ross:

Yep. Keris, what do you want to change?

Keris Jän Myrick:

So I think a couple of things, and I know you said one thing, right? So the first thing that I think of is that the target may not be the mental health system, that sometimes I always say people don't exist in systems, people exist in communities. And so how can we find our healing in communities and show up communities to be places of wellbeing and places where people can, when things aren't going continue to get better. So that's the container that I like to think of the change happening in. And I remember hearing Daniel Das and I thought, "God, this is such a good statement, so I'm going to steal it." And I changed it a little bit, but his was that political determinants are the puppet masters of social determinants of health. And basically I say political determinants eat social determinants of health for breakfast. So it's even worse than that.

Keris Jän Myrick:

Meaning that I think if I could see change happen in the next three to five years, I would love to see some of the policies, some of the legislation, some of the regulations that become barriers for people to be their best selves addressed. So for example, if you're on disability, but you can only have a threshold of a particular income before you have to start paying back, it's unrealistic to think about how does one move from disability when they're ready? It's almost like you become stuck. And then how do you become unstuck in a realistic way?

Keris Jän Myrick:

If you're a person of color, and we know that there are disparities in coercion, then what do we need to do? Is it about those disparities or as Stephanie was speaking to, is it about how we continue to use coercion as a Band-Aid to fix social ills? So I think those are some of the things that will take deep dives into the politics, into the policies versus kind of thinking of, "Well, what are the practices that we change?" Because you can make a person feel better with a practice, but they're going to go back into the community that creates the illness.

Dr. Robert Ross:

Yeah. And Marq, I'm hearing the three Cs: coercion, cages and criminalization of mental illness. And I would imagine that that characterization by Stephanie and Keris has your support?

Marq Mitchell:

Yep, certainly are right in line with what I would [inaudible 00:30:40] really impacts me and the community that I represent. As someone, again, who's system-impacted, I often have to think through which of these identities is being most oppressed at the moment? And that's the lens from which I tend to view the world and the voice from which I speak. And so I think that if there was a thing that I would want to change is the criminalization of mental health conditions, how jails and prisons have become the largest warehouses for the people who have behavioral health histories. It's 45 to 50% of folk inside of institutions are folks who have histories of mental health. And that means that it's clear that one, punishment isn't the answer and police as first responders isn't the answer either.

Marq Mitchell:

And so my greatest concern is figuring out how do we now divest the scope of power, authority, and resources that has been invested in law enforcement and redirect that to communities so that they can build the capacity to support one another, to work together towards healing, and create plans and services and systems that will actually be specific to that community and respond to their needs? And so divesting in law enforcement, reinvesting in community is what I would want to work towards.

Dr. Robert Ross:

Beautiful. And you can hear from all three of our... Across the themes we've heard from all three of our panel. We're really talking about completely reimagining public safety as we know it, and community safety, right? It's just, it's an entirely different paradigm than what this nation has been accustomed to. So let's shift now. And just to let our audience know, we will leave time for questions. But in the final more structured part of the panel, what can, should, must philanthropy be doing? And you can pick perhaps a philanthropic investment that you've seen that you're inspired by that more needs to be done, or just let us know on philanthropy what we need to wake up and smell the coffee about in terms of what we need to be doing. Stephanie?

Stefanie Lyn Kaufman-Mthimkhulu:

Yeah. Thank you for this question. I think there's a couple pieces I'll pick on. I think on one level I would call for a redirection of funds from who we consider to be the experts, to those who are the real experts, those who have... Who are directly impacted by these experiences. It is very difficult to get funding unless you are... Have something that's very, very structured or unless you have something that you have proof of it working, which doesn't make much sense to me because we need money to experiment. If we knew what worked, we would not be dealing with these problems. So when you have these lengthy applications for funding that require all this proof and evidence, you're going to continue reinvesting money and resources into dominant oppressive narratives. And one example of that is what happened with... Is what is happening or has happened historically with an organization like Autism Speaks.

Stefanie Lyn Kaufman-Mthimkhulu:

And as an autistic person, looking at an organization that is able to have the span, the reach, and utilize and have access to such a huge amount of money that is able to drive research and create a narrative around autism as something that was a tragedy. And that's something that Autism Speaks is trying to change now, but a lot of damage has been done and a lot of money went into perpetuating very harmful narratives and trying to find biological connections to autism, which is a neurodevelopmental bodymind experience. So thinking about redirecting towards community-based solutions as Keris was mentioning and really being clear about out where money for research is going, are these questions that our community members actually want answered? That's something that's really important to be thinking about. But I would, yeah, be calling for a lot of flexibility in where and how money is being directed so that we can start really designing the types of systems and solutions that our community members most need and want.

Dr. Robert Ross:

Stephanie. Keris, what does inspired philanthropy look like from your vantage point?

Keris Jän Myrick:

This is so interesting. Did you see my notes Stephanie or what? Because the thing I wrote... I'm just actually going to read it because it's easier for me to keep track is I find when working with philanthropy, a lot of times I hear the word EBP, which is evidence-based practice. And I get a little frustrated because evidence-based practices may have been developed in the 60s and 70s or the 80s, and may not even be representative of the people whom they're supposedly to serve. So I'm going to double down on something and say... And I'm not saying throw the baby out with the bath water about EBPs, but certainly recognize that an EBP at one point wasn't a E or a B, but it was a P. It was just a practice, right? So I think about really looking at lived experience, community-defined evidence to support, seed, and spread that decisions that are made without us about us, and those efforts are developed without us neglect the person-driven, informed, developed, and contextualized realities of our experience.

Keris Jän Myrick:

So for me, if we're looking at philanthropy and investments, they make, I always think about where do you find involving people with lived experience, people of color in leadership, guiding, developing, delivering, and evaluating the grants that you are awarding. So is it in the grant application? Is it in the people you hire who are going to be part of your organization? But you already have people with lived experience in your organizations because if one in five people have a mental health condition, then do the math, you probably have people already with lived experience who might not be openly disclosing. But those are some of the things I think about where it's what can philanthropy do in the next, literally tomorrow, through the next five years is really doubling down on involving people with lived experience and people of color to help shape some of the things that could be invested in, especially for folks who are leading organizations, peer run organizations, peer respites, family respites. A lot of those organizations do not get to benefit from especially major philanthropy in their funding.

Dr. Robert Ross:

Thank you, Keris. Marq?

Marq Mitchell:

I have a couple of things that come [inaudible 00:38:30] I think about what philanthropy can do just simply based on my own experience leading Chainless Change. One of the first things I would say is take some time to understand local policies and politics and how that impacts an organization's ability to operate in spaces and execute some of the strategies that they are wanting to have implemented in their communities. If we understand the practices and politics, then we will then be able to co-create solutions alongside folks who are the experts and understand what barriers they may be facing to quickly tie a story to that. We do a lot of advocacy work around our local behavioral health system. All of the behavioral health funding comes from that behavioral health system in our community because of our advocacy which will not shift because we are about our people. It creates barriers. And if funders understood that, then maybe their positions would be a little different.

Marq Mitchell:

Second, I would say, invest like you want justice, right? Investing largely, boldly, risky. Invest like you want justice. I've had a situation recently where someone gave us a $1,000 investment that required two days of reporting. And so, really investing like you understand what people on the ground are experiencing, and like you want them to have the resources to create the world we want to live in. Lastly, I would say contribute to creating a diverse network of funders for the organizations that you are supporting and the issues that you are working around because oftentimes the funding that we might be receiving, whether large or small from an individual entity is not enough to get us through the year or to accomplish our missions. And so creating a network of more supports would widely benefit us with moving the work forward.

Marq Mitchell:

And the last tank, last thing, I would say that advocacy and organizing takes time, and there's a lot of unexpected infrastructure needs that often need to happen if we are going to work towards really organizing and making an impact. We're fighting against systems, constructs, perceptions, stigmas that have been built over hundreds of years, and so change won't happen overnight. And be willing to truly be a partner and invest in the infrastructure as well as the work underground, and understand that if it doesn't happen in a year that that doesn't mean that they didn't try, that just means that we're fighting systems that have been built for hundreds of years and we need more support.

Dr. Robert Ross:

Yeah. Thank you, Marq. So you heard about the importance of what we call at the California Endowment we call power building, grant making. It's moving and building. It's it takes... I love the way you framed it Keris as the political determinants of health eating the social determinants for breakfast. I'm going to turn the questions. I want to share one story that we're in the middle of at the California Endowment. It's still unfolding. And in my 20 years here as president it is the single most exciting effort that we're involved in. And it's exciting because we've... Where I'm at here and Keris, you know LA so you've probably been down here, our conference center and foundation headquarters is actually across the street or down the street from the Men's Central Jail. The Men's Central Jail is right over my shoulder here. It houses 7,000 inmates, 60% of them with a diagnosable mental illness to the point.

Dr. Robert Ross:

We have undeveloped back lot property that we own back down the street from the jail. And I was inspired by a commission that I chaired called Alternatives To Incarceration here in Los Angeles for the LA County Board of Supervisors. And it was populated, the commission was populated with impacted persons. At least half the group were impacted persons, impacted by mental illness, impacted by subsidies, impacted by incarceration. And so I was inspired enough by what I heard from them that I went to my board and I said, "We should contribute to the creation of an alternative to incarceration right here, right here on our property, right across from the jail, okay?" And we are about to bring a proposal to our board of directors next week informed by impacted persons. They came up with the design, not us, not my staff, not some high priced consultant. And they've asked for a center that has a combination of housing, service supports and healing spaces for the community, healing spaces for the community built into the agreement.

Dr. Robert Ross:

So we're going to donate that property to some community-based organization or entity that can deliver on developing those services. And it's a project that I am really inspired about because the architects of what we are about to invest in came from impacted persons themselves. That's what has me inspired about it. I'm sure we haven't done this perfectly, but happy to report back, Emily, on how that project unfolds. And it's either going to be successful or I'm going to be fired. One of the other. Okay, just inspired comments from our panel. Let's go to questions.

Dr. Robert Ross:

Gail, what do we've got here? We've got, there's a question that says... And this I guess can go to anyone. We've talked a lot about systems. I'm wondering if you could share specifically one of those systems that have had barriers for you, and in addition, what systems are working that we should know about if any? So I think we heard from our colleagues, our panelists about the systems that presented barriers, but any more specifics you want to give about those systems, panelists? And is there anything that in particular that you're inspired about that seems to be working? Stephanie?

Stefanie Lyn Kaufman-Mthimkhulu:

Yeah. I think there's a lot of levels to this as Keris was talking about when we are... One thing for me I want to name really specifically is that when we think of what we call mental illness, we often... The conversation often ends at stigma. And we don't collectively elevate to the level of this is like a systemic system of oppression. We have the term ableism and a lot of folks are not familiar with the term of sanism really thinking about how a lot of oppression for our community members is based upon that we are determined to not have a sound mind or not being able to adhere to a consensus reality, right?

Stefanie Lyn Kaufman-Mthimkhulu:

But when we look at our diagnostic processes, right? Like how we came up with the DSM, like where are all of our... Or as Keris was saying, the gold standard therapeutic practices, the ones that get uplifted and upheld, these are white-centered practices that came from white people, that came from Eurocentric and anti-black understandings of what a good mind is. And giving certain people the power to define collectively what our reality is and what that looks like. And we tend to make no other space for making sense of those experiences.

Stefanie Lyn Kaufman-Mthimkhulu:

So I think that one thing to really look at is immersing ourselves in other understandings of distress and recognizing that we are a bodymind and there are spiritual aspects to that, emotional aspects to that, and most indigenous cultures and community and approaches to healing consider that and consider that trauma and that whole body experience. And so when I look at things like where I've accessed the most healing, it has not necessarily been in the Western clinical mental health system. I've had moments where I was able to access I would say more Band-Aids or moments where I was able to get what I needed. But in terms of like long-term healing, I've not been able to access that in this way.

Stefanie Lyn Kaufman-Mthimkhulu:

So I look to things like peer support. I look to things like folks who are navigating healing from different lenses, thinking about somatics, how trauma physically gets stored inside the body. I remember when I was actually seeing a therapist, every Thursday afternoon when I finished my session I was able to sleep that night because my shoulders and muscles in the upper half of my body would relax enough that I could sleep. And for me, I didn't always see a therapist, but in a moment in my life where I didn't have another container to process with, that was a useful tool for me. So I think thinking of things as tools and that we could have many, any different options. Sometimes we might want to see a healer that works with the body or that works with ancestors. Sometimes we might need a pill to help us move through the world in a way that's easier for us.

Stefanie Lyn Kaufman-Mthimkhulu:

So I would like to see a diversification of options. The mental health system currently says that this is the way and any other way to navigate this is wrong. And we need to look to other solutions to really uplift. And again, the last piece being finding ways to keep people in the community to get the type of support they need. Some people end up in an institution because they are not able to maybe do the things that we consider basic enough to get through each day. We need to be investing in personal care systems, having care workers in community to help folks navigate what they need, because again, things that are affecting us emotionally and psychologically can be just from the barriers that we're navigating. So that would be some of my thoughts on that.

Dr. Robert Ross:

Thank you. Marq, I'm going to go to a question that's specific for you, and then we're going to end with Keris. It says, "What time of services," but I think it meant maybe it's what kind of services would you recommend to support returning citizens, especially since many have experienced trauma while being incarcerated?

Marq Mitchell:

Glad you asked. And so I don't think that we need to focus on the returning phase. It should begin while they are in that holding phase inside of institutions. And we actually do that at Chainless Change by providing peer support. We have recovery support services that are focused on reentry, health and then addressing the social determinates of health. And we do it through a person-centered lens where folk really develop plans for what they want their lives to look like.

Marq Mitchell:

Then we begin to look at what resources are available in our community in order to meet those needs and develop a transition plan. So as people transition back into the community, they have a plan in place, they understand what resources are available, and they have a partner to work with them to help actualize their goals. We do that using... We employ people who are also system involved. And so that really creates this credible messenger because we have people who are in recovery who have histories of arrest, and they've been able to rebuild their lives and find ways to navigate through the spaces in ways that really allow them to support others while also being able to depend on a network of community folks.

Marq Mitchell:

But I also think they at creating healing spaces. Just healing takes time, first and foremost. It takes time. It's a lifelong journey. And so if we just create spaces for people to come heal and be in community amongst one another, not kind of forcing curriculum down on any individual, just space, just space, time and connection. And then figuring out what skillset [inaudible 00:52:14] have who are turning citizens that can be developed to contribute to ending mass incarceration or whatever social issue that they care about, because then that allows them to harness their power, find their voice, and also contribute to changing society in ways that will have meaning for them. And so, whereas returning citizens are often excluded, it creates a community of inclusion and fighting towards creating the world that they want. And I don't think that there's one strategy alone, but I think that if we can combine support with organizing and find ways to empower returning citizens to become involved in their community, using their power and using their voice, their experiences, then we can all work together to transform our communities and society.

Dr. Robert Ross:

Thank you. Thank you, Marq. Okay, so watching the clock, we've got about two minutes to wrap up. No pressure, Keris. You got to bring us home. There is a question to chat about highlighting the lived experiences of people and being in the politics to fight for change. So you may want to speak to that, but what do you want to say in the last couple of minutes, Keris?

Keris Jän Myrick:

So I don't know if I actually heard the last question. Can you say it again? I'm sorry. I don't think I heard it.

Dr. Robert Ross:

It's about highlighting the experiences of people with lived experiences in spaces like philanthropy and politics where we have to fight for attention regarding mental health. And I guess the role of advocates in proposing solutions that are alternatives to coercion in criminalization.

Keris Jän Myrick:

Oh, I see. Thank you. So, I really think that there is a large consumer survivor ex-patient movement that a lot of times people don't even know exists. We know it exists and maybe people within the mental health world knows it exists, but I don't think the larger society knows that we exist out there and these are things that we're really talking about. So I think a couple of things. If there's something that I want to sort of bring home about all of this is that mental health is a disability rights and human rights and social justice issue for all of us, right? So I said, if one in five people are affected, that's like you know people, you don't know people, but you know people because they haven't told you.

Keris Jän Myrick:

So that anything that we're actually touching because it affects where we live, work and play. It's not something that just happens kind of in community mental health or in psych hospital. And that in fact, if we really are able to think of things that can again, be led by the people who have these experiences. Why do we not access treatment? It's not because we don't have the knowledge that we need to. And sometimes yes, it may be about insurance or sometimes it may be about other things, but many times, and we keep getting this data it's we don't like what we're accessing. So if we don't like what we're accessing, we need to change that, right? Not change us, maybe change some of those things that we don't like. And be very, very creative about how to help people be their full selves.

Keris Jän Myrick:

From there was a boarding care with... All the people in the boarding care were people with lived experience and they were struggling with food insecurity. And so yes, you're going to deal with the systemic issue of why is the boarding care not reimbursed enough to get good food for the people that live there? The second piece is who do you partner with to help you come up with like an urban garden? And that's what happened is we partnered with Huntington Library And Gardens, we did an urban garden, and suddenly the people who were known as the people with the mental illness, living in the boarding care, became valued members of the community. They became known as gardeners. They were able to sell the leftover fruits and vegetables to the farmer's market. So they became vendors. They started to have income. So they started to have meaning and purpose in their lives and in their community.

Keris Jän Myrick:

And all of that was done with these various collaborations and creativity about how we support people not because we see them as the person with the mental illness, but we're trying to increase wealth and we're trying to increase health and we're trying to increase meaning and purpose and connection. So that's my last bit, I think.

Dr. Robert Ross:

Beautifully stated. You just dunked it, you just dunked the ball at the buzzer, Keris. I'll put a basketball metaphor. I'm going to hand this over to Emily. Two things I want to say here. One is again with my foundation hat on, we are witnessing a change in philanthropy that I think is a very healthy one, which at its earlier roots was about a charitable act for an unfortunate person to a new model. And that is those that have been most impacted as architects for a new future. And I think you've heard about what that could look like in this space of disability and mental health and injustice.

Dr. Robert Ross:

Secondly, and I don't have an article or a book coming out on this, but at least at the California Endowment, my experience is we have now funded advocacy, organizing, voice, civic participation enough, move and building enough. I am thoroughly and completely convinced, and I think our three panelists today embody that, that advocacy, voice, organizing, getting political, to quote Keris, has a mental wellness benefit and we've just seen it. It's not a pill. You won't find it in a DSM manual, but I am positive that advocacy and organizing and voice has a mental wellness benefit to those that have been most impacted.

Dr. Robert Ross:

And then lastly to our panelists, you all are phenomenal, amazing. Thank you for educating me and all of us. Keep up this work. We are just really, really thrilled and pleased to have you share your experiences with us. And let me turn this over to Emily. Emily, I'm sure you agree just a magnificent and marvelous panel. You're muted, Emily. Emily, you're still muted.

Emily Harris:

Thank you. This shared screen was keeping me muted. Please know that you will be receiving a survey as you leave this wonderful, wonderful webinar. Thank you so much, Bob, Keris, Stephanie and Marq for the food for thought and for challenging us to listen to and engage people with lived experience as we come up with strategies and solutions. Join us for our next fascinating conversations in April, June, and September. You can register at the disability and philanthropy forum, and we thank you so much for taking the time to be with us today.