



LISTENING TO THE COMMUNITY: HOW BEHAVIORAL HEALTHCARE CAN SUPPORT HEALING

A summary of community listening sessions about harm, healing, and how behavioral healthcare service systems can help

January 2024

BUILDING HEALING SYSTEMS

Building Healing Systems (BHS) is a collaborative effort to **support healing for people served through the Maryland Public Behavioral Health System** by providing resources, assessment, training, and technical assistance. BHS helps teams transform their organizations to align with best practices in **antiracist and anti-oppressive Trauma-Informed, Resilience-Oriented, and Equitable (TIROE) care and culture.**



This image (above) shows **“Who” is involved in BHS:** communities, behavioral health service systems, leadership, and university teams. It describes the **“Activities”** we do to reach our goals, including providing training, technical assistance, resources, and assessment. Then, the image shows the **“Outcomes”** BHS hopes to achieve by doing these activities: increased understanding, improved systems and services, and better health and wellbeing for all.

BHS PARTNERS

Here are the groups and organizations that are involved in BHS:

University of Maryland School of Medicine
Department of Psychiatry

Bowie State University

The Behavioral Health Administration at the
Maryland Department of Health

Maryland Commission on Trauma-Informed
Care

Maryland Association of Behavioral Health
Authorities (MABHA)

People with lived experience of adversity, trauma,
and/or the public behavioral health system

Healing Systems Advisory Committee

BHS' COLLABORATION WITH PEOPLE WITH LIVED EXPERIENCE

Learning and understanding come first! To improve systems, we must first understand the experiences of the people who are involved in them.

To understand we must listen!

WHAT WE DID.

The BHS team held listening sessions, or structured conversations with groups of people with similar backgrounds and experiences. We collaborated with community organizations to recruit people with knowledge and experience of living in Maryland, dealing with trauma and adversity, and seeing how people in their communities got support and healing.

THE DETAILS:

- BHS hosted 5 listening sessions (some virtual, some in-person)
- 6-8 community members in each session
- Participants were 18+ living in Maryland
- We compensated participants and organization coordinators
 - unless not allowed due to conflict of interest
- Community members were asked not to share their personal trauma stories, but rather their opinions based on their experiences.

ORGANIZATIONS THAT PARTICIPATED IN THE LISTENING SESSIONS

Clay Pots

A 501c3 non-profit organization in Baltimore, MD. Clay Pots is a group of neighbors creating a space where the community can gather, learn, heal, create, & grow. Programs and events are offered for free or at low costs thanks to donations and public support.

Healing Youth Alliance

HYA is a partnership between the University of Maryland School of Social Work, the Black Mental Health Alliance, and Heartsmiles, that is working to address the effects of untreated trauma and the stigma around receiving mental health treatment by training youth and youth program leaders on mental health in the African American community, identifying strategies to decrease stigma related to mental illness, and teaching positive coping mechanisms, healing-centered engagement, and trauma-informed care.

Maryland Coalition of Families

MCF is a statewide nonprofit organization that offers family peer support to people and families who have a loved one experiencing mental health, substance use, or problem gambling challenges.

ORGANIZATIONS THAT PARTICIPATED IN THE LISTENING SESSIONS

NAMI Maryland

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. The NAMI organization operates at the national, state, and local level. NAMI Maryland is the NAMI state organization in Maryland. NAMI Maryland provides educational resources and events, statewide outreach, advocacy, and affiliate organizational support.

NAMI Metro Baltimore

For 40 years, NAMI Metropolitan Baltimore has worked with dedicated grassroots leaders to raise awareness and provide essential education, advocacy, and support group programs for people living with mental illness and their loved ones.

On Our Own of Maryland

OOOMD is a statewide peer-operated behavioral health advocacy and education organization which promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs.

QUESTIONS WE ASKED

- 1 What are the most pressing traumas or life adversities that people (individuals, families, or whole groups) from your community need to heal from?
- 2 What do you believe is important to help people heal?
- 3 If you had a magic wand and could create a system of supports to help people from your community heal from trauma and life adversities, what would your system look like?

As we mentioned, we are going to be training mental health leaders and government workers on how to support healing for communities. What would you want workers at mental health clinics to know and do (what knowledge and actions are important?) for them to truly support healing for your community?
- 4
- 5 Trauma-informed means seeing the trauma but also seeing strengths. What would you want mental health providers to know and do to provide services that match the strengths and needs of your community?
- 6 What do people need to heal from injustices?
What should our systems be doing differently, as it relates to injustices?
- 7 What types of laws and policies would you put in place to support healing for your community?
- 8 How would you like to see people with lived experience involved in the work (on both an individual and systems level) to foster healing from trauma? (waterfall chat)

WHAT WE LEARNED

The listening sessions were inspiring! The answers we received emphasized the importance of collaboration with people in the communities served.

Below we summarize the responses for each question.

What are the most pressing traumas or adversities that people in your community need to heal from?

- Violence
- Racism
- Discrimination
- Child abuse and neglect
- Poverty and homelessness
- Problems related to mental illness or addiction.
- Incarceration
- Grief
- Loss including suicide.

What is important to help people heal?

- Access to resources that meet basic needs.
- Opportunities for education and employment.
- Having the support and advocacy of peers and others in the community.
- Feeling safe, both physically and emotionally.
- Having support from empathetic people, including service providers, that are open-minded, compassionate, respectful, and kind.
- Supports that build on existing strengths and ways of healing already used in the community.
- Accessible non-clinical services.
- Accessible clinical services including therapy.
- Resources that are free or low cost and have minimal bureaucracy or paperwork to access.
- Community support and empowerment. Behavioral health services should help community members support one another.

WHAT WE LEARNED

What would you want mental health providers to know and do to provide services that match the strengths and needs of your community?

- Peer support is important and often underused.
- Cultural responsiveness is essential. Providers should be aware of their biases and work to address them.
- Clinicians with lived experience are essential.
- Service providers should be empathetic, validate client experiences, be genuine, have good listening skills, and show a passion for helping.
- Traditional or alternative healing methods are valid and important.
- Designated safe spaces are essential.
- There is a need for family and intergenerational healing.
- Interagency collaboration and continuity results in better outcomes.

What do people need to heal from injustices? And what should systems be doing differently?

- Accountability (acknowledgment of harm, restorative justice).
- Reparations
- Less criminalization
- Access to care
- Mental health literacy
- Clinician education on systemic issues

How would you like to see people with lived experience involved in the work (on both an individual and systems level) to foster healing from trauma?

- Co-training/Co-leading
- Power sharing (involvement in every aspect of the work and across various systems)
- Informing policy
- Career advancement (paid opportunities)
- Leveraging lived experience as expertise

BHS' NEXT STEPS TO PUT THESE ANSWERS INTO ACTION

- Involving leaders from organizations of people with lived experience in the creation and delivery of trainings for our BHS Learning Collaborative.
- Aligning our training content with what our listening session participants tell us is important.
- Prioritizing resources to share with organizations to help them be responsive to the needs raised by people with lived experience.
- Aligning our language and framing with the recommendations of people with lived experience of trauma and adversity.
- Advocated for better shared-leadership models within the Trauma Informed Care Commission workgroups to better integrate the voices and recommendations of people with live experience of trauma and adversity.
- We have prioritized working with people with lived experience to implement the project until its completion. We have successfully recruited a skilled trainer who is a person with lived experience and are looking to recruit further. We identified funding to fairly compensate people with lived experience for their contributions to the work.
- Prioritizing on-going engagement with community-based organizations that serve people with lived experience in the community to receive their input on our processes, resources and priorities.