Grief, Loss, and Suicide in the Black Community
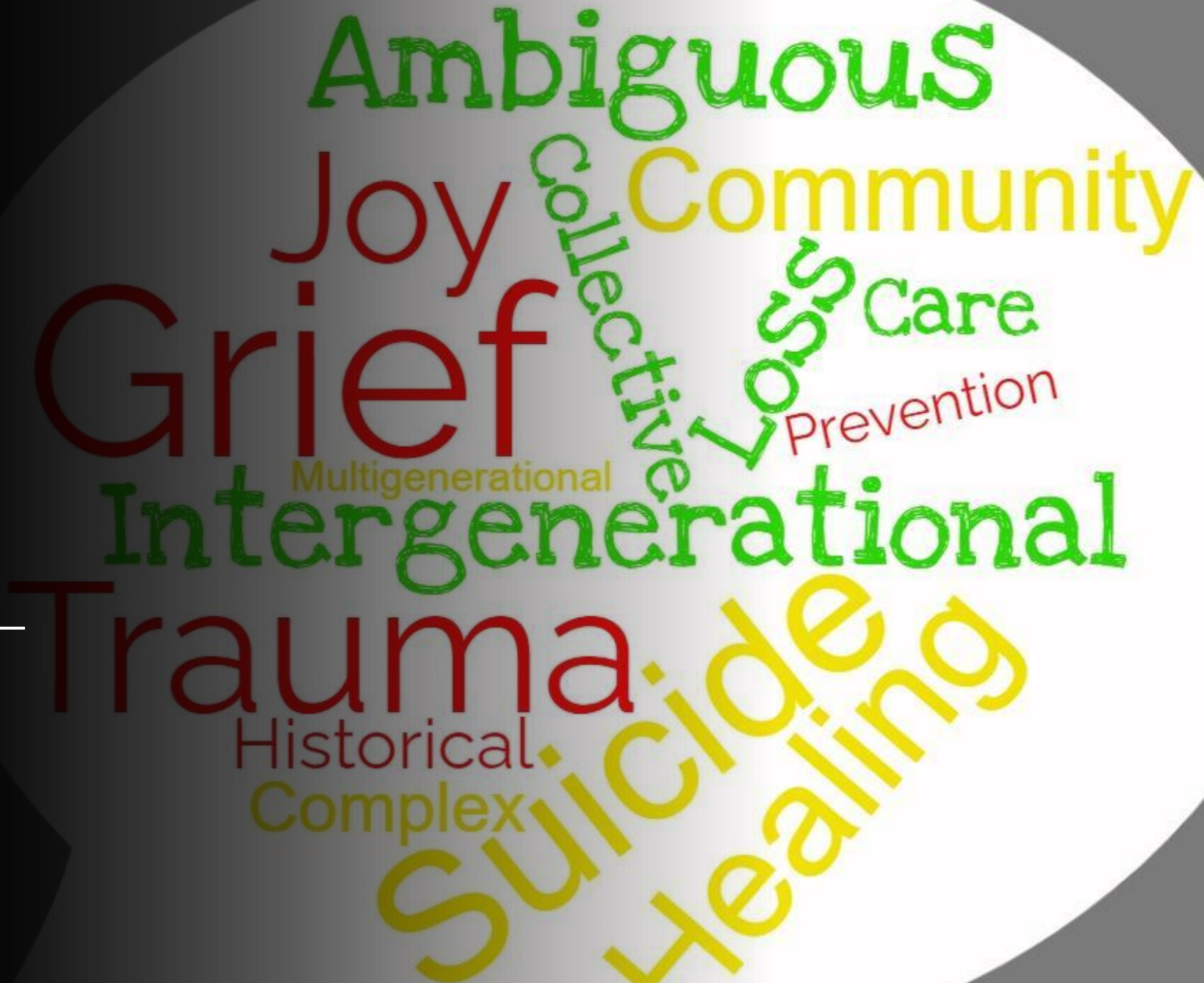
Kimberly Carroll, LLMSW

&

Carly King, MSSW, LSW

Introduction of Presenters

Kimberly

Carly

Kimberly Carroll, she/her/hers, LLMSW, is a licensed Social Worker in the state of Michigan. Kimberly received her BSW and MSW from Western Michigan University with a focus in Interpersonal Practice. Kimberly was awarded the NASW BSW Student of the Year in 2016 and currently works as the Housing Manager for the YWCA Kalamazoo. Kimberly began her work in suicide prevention in 2013 working as a core team member on Western Michigan University's 'Campus-Wide Suicide Prevention Program.' In 2013, Kimberly and the core team were awarded by WMU's School of Social Work for their poster and presentation on Connectedness Building. In 2019, to continue building her skillsets, Kimberly completed 'Mental Health First Aid USA' training via the National Council for Community Behavioral Healthcare. Kimberly is an enthusiastic change maker and founded the Social Work Community in July 2021 where she is passionate about creating opportunities for engagement, connection, and resource sharing within the community.

Carly King, MSSW, LSW (she/her/hers) is a licensed social worker who holds a Bachelor of Arts in Psychology from Temple University and a Master of Science in Social Work with a concentration in policy practice from Columbia University. A Baltimore area native, Carly has resided in Philadelphia, PA for over 17 years. Her professional background is in child welfare with a specialization in adoption and older foster youth and she has a robust history in training and non-profit management. Carly recently joined Widener University's Center for Social Work Education as the Assistant Director of the Online MSW Program. She facilitates training, workshops, and psychoeducation around topics of grief and loss, trauma, transracial adoption, attachment, LGBTQIA+ topics, physical, and mental health as well. Outside of work, Carly enjoys being an adoptive mom, a plant and pet momma, reading, cooking, and traveling!
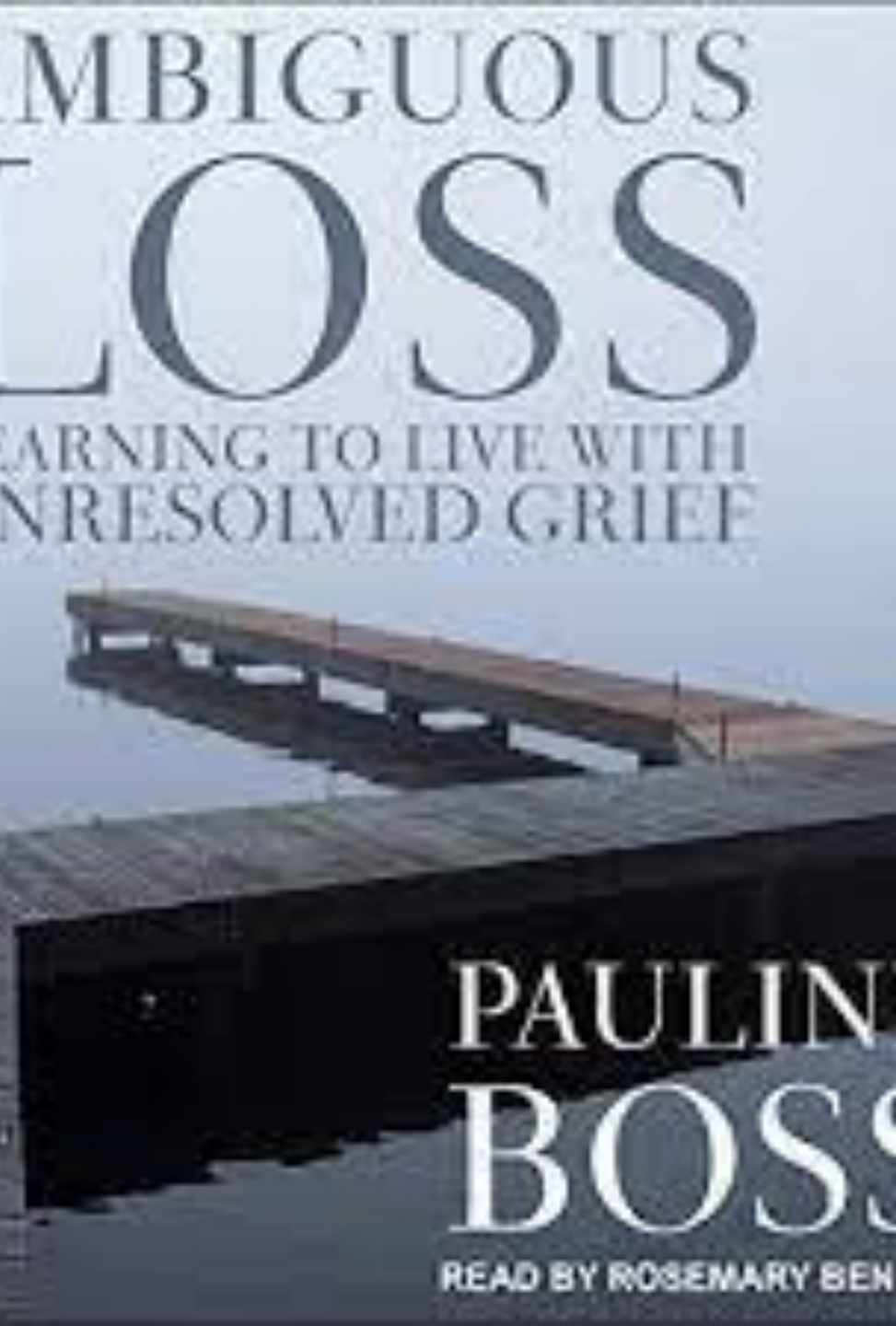
Learning Objectives

After participating in the session, attendees should be able to:

❖ Identify one or more resources for locating a therapist or mental health provider in their community.

❖ Be able to recognize the impact the COVID-19 pandemic has had on rising mental health concerns.

❖ Differentiate between supportive conversation vs toxic positivity related to grief, healing, and mental well being.

Grief, Loss & Trauma: An Overview

- Loss can be traumatic
- Grief is not linear
- Signs/Symptoms: physiological, memory, fatigue/energy, overworking, anxiety, depression, guilt, anger
- We do not all grieve the same
- Traumatic loss and complex grief at different ages and stages may have varying effects on our mind/body/lives
- We experience grief/loss due to death + also so much more

Ambiguous Loss

- Ambiguous Loss
  - Coined by Pauline Boss- 1990's
  - Ambiguity, lack of 'closure', inability to observe rituals, unclear about future

- Two types:
  - **Physically Absent, yet psychologically present**
    - e.g., missing soldiers, kidnapped children, adoptive families, divorce/separation/ estrangement
  - **Psychologically absent, yet physically present**
    - e.g., a person with Alzheimer's, severe head trauma, substance use/misuse, severe mental illness

Disenfranchised Grief

Doka (1989) describes "the grief that person's experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (Amara, n.d.)

Disenfranchised grief
(Doka 1989, 2002)

The concept of disenfranchised grief recognizes that societies have sets of norms – in effect 'grieving rules' – that attempt to specify who, when, where, how long, and for whom people should grieve.

Brabant (2002)

The Center for Complicated Grief

WEBINAR: Aug 27 (12pm – 1pm EDT): Superhero Grief. Free or 1.0 CE hour available for fee. Register now.

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Prolonged Grief Disorder

Overview   Diagnosis   Treatment

Racial Trauma & Race Based Traumatic Stress

"Racial trauma is the ongoing result of racism, racist bias, and exposure to racist abuse in the media. Racial trauma can affect many aspects of a person's life, including their ability to have relationships, concentrate on school or work, and feel safe."

- Can cause symptoms like Post Traumatic Stress Disorder (PTSD)

- Can result from discrimination experienced directly or indirectly, microaggressions, microassaults, microinvalidations, etc.

- Chronic exposure, prolonged exposure, can worsen or complicate racial trauma

- In the U.S., if systemic and individual racism continue to exist, BIPOC individuals will experience racial trauma.

- Intersect: Collective, historical, and intergenerational trauma

When the Helpers Need Help

Burnout	Vicarious Trauma, Compassion Fatigue	Secondary Trauma, Indirect Trauma
Cumulative, usually over long period of time	Cumulative with symptoms that are unique to each service provider	Immediate and mirrors client/patient trauma
Predictable	Less predictable	Less predictable
Work dissatisfaction	Life dissatisfaction	Life dissatisfaction
Evident in work environment	Permeates work and home	Permeates work and home
Related to work environment conditions	Related to empathic relationship with multiple client's/patient's trauma experiences	Related to empathic relationship with one client's/patient's trauma experience
Can lead to health problems	Can lead to health problems	Can lead to health problems
Feel under pressure	Feel out of control	Feel out of control
Lack of motivation and/or energy	Symptoms of post-traumatic stress disorder	Symptoms of post-traumatic stress disorder similar to client/patient
No evidence of triggers	May have triggers that are unique to practitioner	Often have triggers that are similar to the client's/patient's triggers
Remedy is time away from work (vacation, stress leave) to recharge or positive change in work environment (this might mean a new job)	Remedy is treatment of self, similar to trauma treatment	Remedy is treatment of self, similar to trauma treatment

Mental Health and the Black Community

Why don't Black folxs seek out mental health services?

- **High Costs of Mental Health**
- **Familial Shame Around Mental Health**
- **Cultural Stigma of Mental Illness**
- **Lack of Diversity in Health Care, Racism**
- **Lack of Competency about Black Life Among Non-Black Clinicians**
- **Whiteness as a Foundation to Mental Health Care**
- **Distrust of the Medical Industry**
- **Difficulty Navigating the Process**
- **Emotional Hesitation**
- **Negative Past Experiences**

This leads to an increase in mental health concerns for Black individuals that often do not get addressed which can lead to increase risk of depression, anxiety, and suicide in our community.
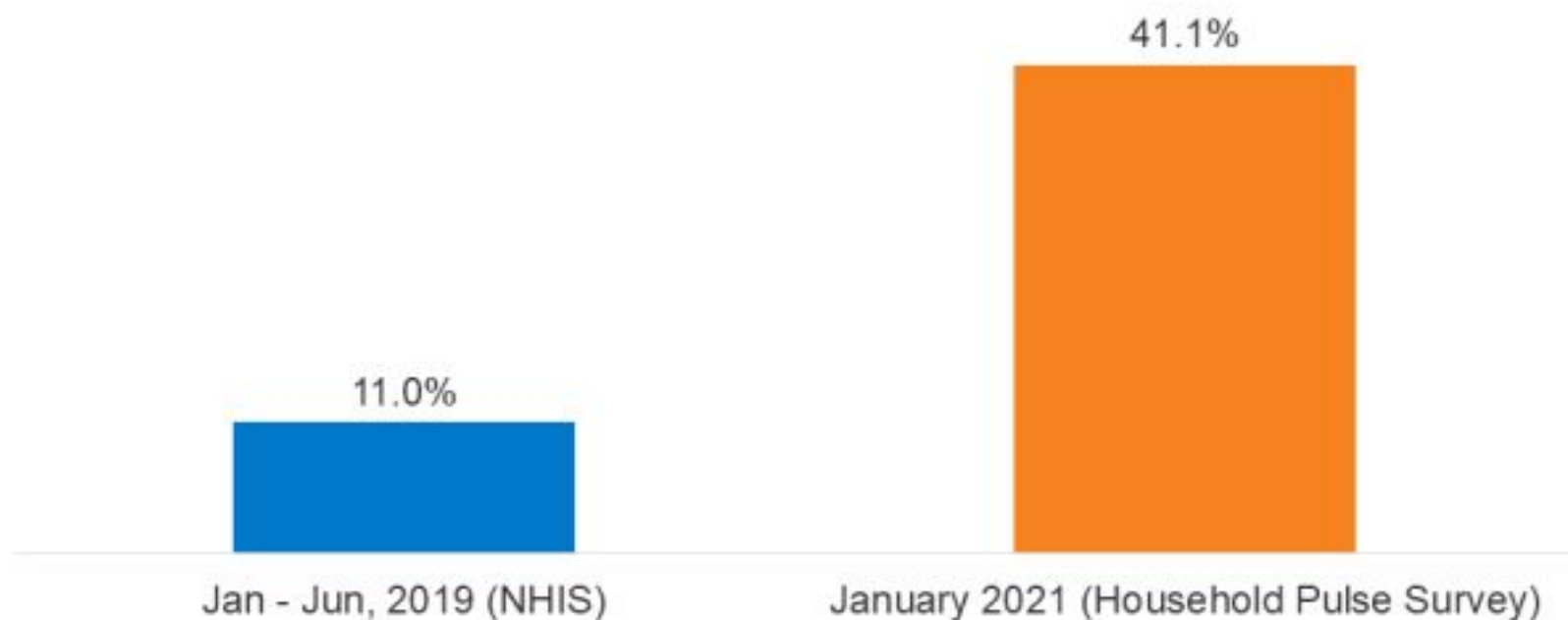
"Addressing Mental Health in the Black Community"

February 8, 2019

"Roughly 37 million people, identify as Black or African American in the United States. Research suggests that the adult Black community is 20% more likely to experience serious mental health problems, such as Major Depressive Disorder or Generalized Anxiety Disorder. Additionally, Black emerging adults (ages 18-25) also experience higher rates of mental health problems and lower rates of mental health service utilization compared to White emerging adults, and older Black adults."

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

11.0%

41.1%

Jan - Jun, 2019 (NHIS)

January 2021 (Household Pulse Survey)

KFF

Impact on Mental Health from COVID-19 so far

- Negatively affected mental health and created new barriers for people already suffering from mental illness and substance use disorders.

- Black adults (48%) are more likely to report symptoms of anxiety and/or depressive disorder

- Compared to nonessential workers, essential workers are more likely to report symptoms of anxiety or depressive disorder (42% vs. 30%), starting or increasing substance use (25% vs. 11%), and suicidal thoughts (22% vs. 8%) during the pandemic.

- Negatively affected people's well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus.

- Job loss

- Loss of support, closure of schools, including childcare facilities

- Loss of celebrating important milestones like Graduation, Closures of Universities

- Increase in social media consumption, negative impacts on self esteem

- Isolation

Figure 7

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Race/Ethnicity

Other Non-Hispanic	48.9%*
Non-Hispanic Black	48.0%*
Hispanic or Latino	46.3%*
All Adults	42.4%
Non-Hispanic White	40.9%
Non-Hispanic Asian	33.1%*

NOTES: *Indicates a statistically significant difference relative to Non-Hispanic White adults at the p<0.05 level. These adults (ages 18+) report symptoms of anxiety and/or depressive disorder generally occurring more than half the days or nearly every day. "Other Non-Hispanic" includes people of other races and multiple races. Data shown are for December 9 – 21, 2020.
SOURCE: KFF analysis of the U.S. Census Bureau Household Pulse Survey, 2020.

KFF

Black individuals have a cultural history of not seeking out mental health services, and for good reason, but with the negative impact that we have seen COVID-19 take so far, it is not healthy for people in our community to continue to ignore or deny mental health services.

But how can we combat systemic barriers?

"the increased need for mental health and substance use services will likely persist long term"

Protective Factors

- Talk about suicide

- Address mental and physical health concerns instead of ignoring them

- Stay connected, identify circles of professional and personal support, sense of belonging

- Telehealth

- Self-sufficiency, as one is able to

- Emotional self-regulation, Good coping skills and problem-solving skills, using your 'toolbox'

- Healthy physical habits, Healthy social media consumption habits

- Access to appropriate physical and mental care

Healing & Wellness Includes:

- Demystify & destigmatize grief and loss
- Honoring & naming grief and loss
- Increase transparency in field and in everyday lives around mental health and suicide
- Adding to our healing "toolbox"
- Aim for both individual & collective healing
- Engage in both formal therapy/ clinical work & informal healing practices

- Policy changes:

- Grief supportive work environments
- Reducing race-based traumatic stress
- Reduce barriers to more clinicians of color in the field providing culturally affirmative practices
- Addressing housing, food, and economic instabilities that lead to chronic stressors and mental/physical well-being

Resources for Identifying Therapists and Mental Health Providers

- Therapy for Black Men: https://therapyforblackmen.org

- Black Men Heal: https://blackmenheal.org/

- Find a therapist: https://psychologytoday.com/us

- Therapy for Black Girls: https://therapyforblackgirls.com

- Therapist Directory for Latinx/e folks: https://latinxtherapy.com

- Nat'l Queer Trans Therapy Network: https://nqttcn.com/en

- Asian/Asian American Therapy/ Philadelphia- based: http://mangotreecc.com

- Asian Mental Health Collective: https://asianmhc.org/apisaa

- Inclusive Therapists (LGBTQ+ BIPOC): https://www.inclusivetherapists.com/

- For sliding scale/lower cost therapy: https://openpathcollective.org/

Resources cont.

- National Suicide Prevention Lifeline: 800-273-8255. text HELLO to 741741

- Suicide Prevention Resource Center: https://www.sprc.org/populations/blacks-african-americans

- American Foundation for Suicide Prevention: https://afsp.org/supporting-diverse-communities

- Suicide Prevention Resources (including how to safety plan): https://suicidepreventionlifeline.org/help-yourself/

- The Dougy Center (for grievers or those supporting grief): https://dougy.org/grief-support-resources…

- Good Grief (Grief resources): https://good-grief.org/resources/

- The Nap Ministry (blog/social media for self-care and rest as resistance): https://thenapministry.wordpress.com/about/

- PHQ 9 (Patient Health Questionnaire 9 for depression screening): https://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf

Q&A Time

We have a few minutes for Q&A.

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