

NATIONAL  
COUNCIL  
*for Mental  
Wellbeing*

# **SOCIAL JUSTICE LEADERSHIP ACADEMY WORKBOOK**





# NATIONAL COUNCIL FOR MENTAL WELLBEING

Founded in 1969, the National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of nearly 3,500 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. We advocate for policies to ensure equitable access to high-quality services. We build the capacity of mental health and substance use treatment organizations. And we promote greater understanding of mental wellbeing as a core component of comprehensive health and health care. Through our Mental Health First Aid (MHFA) program, we have trained more than 2.5 million people in the U.S. to identify, understand and respond to signs and symptoms of mental health and substance use challenges.

In addition to being the nation's advocacy organization for mental health and substance use treatment services, the National Council offers national webinars and practice improvement and consulting services and hosts NatCon, an annual conference offering the best in leadership, organizational development and excellence in the practice of mental health and substance use treatment.

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## FOREWORD (OUR COMMITMENT)

The year 2020 overwhelmed us with a global pandemic. At the same time, we were harshly confronted with the presence of social inequity within our country's social constructs and people across our nation took to the streets and raised their voices in staff meetings and boardrooms to demand change around social justice issues, including systemic racism, institutionalized discrimination, unequal rights and inequities in access.

The National Council for Mental Wellbeing acknowledges that many of the institutions throughout our country were founded upon and continue to perpetuate inequality and inequities among certain populations, stripping them of basic human rights, equal access and equitable opportunities to the benefits of society. Our health care system, including mental health and substance use treatment, is no exception, and is rife with less obvious but deeply insidious examples of these inequities. We must address the persistent disparities in mental health and substance use treatment rooted in systemic inequities to improve individual, as well as community health.

Without justice, equity cannot be advanced. As an organization, we have vowed to raise awareness about social justice issues and health care inequities and are committed to providing support to our members as they respond to the needs of their staff and communities.

For more than 50 years, the National Council has been a leader in driving policy and social change on behalf of nearly 3,500 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve to ensure equitable access to high-quality services.

For the past 15 years, we have driven changes at the local level by supporting implementation of evidence-based interventions, guiding system redesign and ensuring a quality mental health system that improves lives. This work has taken on renewed urgency in recent years as we target domains of racial inequity that exist within mental health delivery and drive out those inequities through training, education, collaboration and support.

The National Council has worked with government agencies, jails and prison institutions and national advocacy organizations to inform and improve mental health responses for justice-involved individuals with mental health and substance use challenges. We collaborate with the International Association of Chiefs of Police to promote our Mental Health First Aid training program at police precincts across the country. This work is complemented by initiatives including our Addressing Health Disparities Leadership Program and our Trauma-informed, Resilience-oriented Equity training program.

The National Council is led by a diverse group of professionals with decades of experience in domains of mental health, health care and social services. Our leadership and staff are racially, ethnically and culturally diverse and we draw on positive and negative personal experiences within the mental health and substance use treatment system. Our team brings a unique blend of perspectives, lived experience, expertise and personal relationships to the work of racial equity, particularly as it relates to mental health and substance use treatment.



Chuck Ingoglia  
President & CEO, National Council for Mental Wellbeing

***“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”***

— Dr. Martin Luther King, Jr.





# ABOUT THIS WORKBOOK

## PURPOSE

The National Council has prioritized strengthening the capacity of leaders in mental health and substance use treatment to address complex issues through the Social Justice Leadership Academy (SJLA). The purpose of the SJLA is to equip participants with the tools necessary to lead and sustain efforts to eliminate health disparities and advance health equity among people with or at risk of mental health and substance use challenges.

The SJLA aims to meet its goal by educating and training members of the health care workforce on:

- Leadership acumen
- Health care disparities
- Systemic racism
- Social justice principles
- Social determinants of mental health and substance use challenges
- Change management
- Other core competencies necessary to lead and sustain efforts to eliminate health disparities

Ultimately, we seek to create a **Community of Leadership Ambassadors** across the country who take actions within their organizations and communities that lead to equity and wellbeing.

While addressing these complex social issues may seem daunting, every person has the capacity to advance social justice using technical and adaptive approaches and solutions. The objectives for the inaugural learning opportunity of the Social Justice Leadership Academy and this workbook include:

- Increase awareness and knowledge of injustices and inequities in our current mental health and substance use treatment systems.
- Provide guidance on how to reflect on injustices perpetuated by individual perspectives and biases, organizations and systems.
- Offer tools and resources to apply a comprehensive systems and social justice lens to practice change at the intrapersonal (self), interpersonal (others), organizational level and, ultimately, the community.

## INTENDED AUDIENCE

The primary audience for this workbook is individual community mental health and substance use treatment providers and leaders. It does not address a specific organizational level, primarily, because it is accepted that individuals at all levels of an organization, with various levels of experience, can play a role in advancing social justice and equity. All are welcome to use and benefit from the value of this workbook, regardless of professional tenure.

This workbook is beneficial to individuals of all identities and backgrounds regarding race, ethnicity, socioeconomic status, gender identity, sexual orientation, ability/disability, etc given our individual layers of privilege, disadvantages, and overlap of identities that influence our understanding of social justice.

## HOW TO USE THIS WORKBOOK

This workbook can be completed by individuals, teams or entire organizations; however, we recommend individuals complete the workbook independently first before engaging others within their team or organization. Certain exercises and tools will indicate how to involve others.

**Social justice** means just behavior and treatment in terms of the distribution of wealth, opportunities and privileges within a society and means equal rights and equitable opportunities for all.

Social justice is a complex and adaptive issue that demands a deep understanding and immersion of the relationships between core concepts, theories and frameworks and how they collectively impact health outcomes and, ultimately, equity. Social justice requires living the principles and values and seeking ways to embody them in everything we do. It requires change at multiple levels among many people and can be messy and uncomfortable. However, by prioritizing principles of social justice in mental health and substance use treatment, each of us can take actions that achieve tangible results toward reducing disparities and advancing equity. While broad in highlighting the important social justice and equity concepts and issues in mental health and substance use treatment, this workbook does not contain everything there is to know and act on to advance social justice.

Advancing social justice and equity is not a linear process nor a destination, but a fluid, ever-evolving journey that will take time and seeks commitment and patience from a diverse group of people, organizations and structures. We commend you for being brave and courageous as you begin this individual journey.

This workbook and its exercises are designed to assist you as you gain a clearer understanding of where you, your organization and services are in embedding social justice and equity in mental health and substance use treatment. This workbook, its contents and exercises, will help you determine what more is needed and how to get there, including providing two comprehensive guides to initiating change towards transformation at the team or organizational levels.

There are three main sections to the workbook:

**PART I:**  
Social Justice and  
Mental Wellbeing

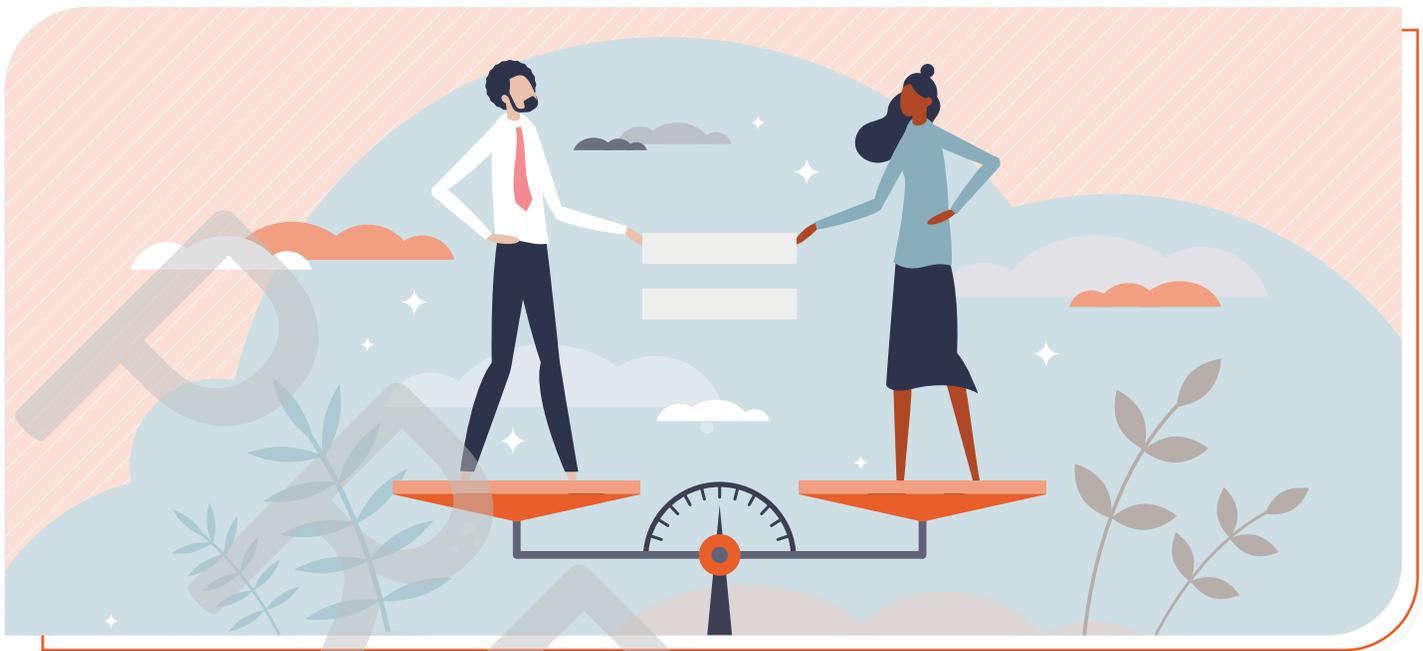
**PART II:**  
Advancing Equity

**PART III:**  
Leading through  
Complex  
Change Toward  
Transformation

Each section will provide background information, opportunities for reflection and exercises to deepen your understanding. You may decide to work on one part, or a section within a part, at a time. Pay close attention when exercises are directed to you individually and when it is appropriate to engage others. Throughout each section, there will be an opportunity for leaders to reflect upon the information presented and apply the knowledge through case studies, strategic questions and exercises.

**ONLY approach Part III after completing the previous sections.**





## WORKBOOK TIPS

We believe your role as a leader in advancing social justice includes engaging in reflective work and holding yourself accountable. In addition, leaders create safe and trusted spaces to hold potentially difficult and uncomfortable conversations, deepening your understanding of your staff and client population and facilitating change at multiple levels.

As you embark upon this journey to enhance your understanding of how social justice issues impact you, how you lead, practice, support your staff and assist your clients, refer to these tips:

- The process outlined in this workbook is not linear and can be messy. Take it one section, one example, one worksheet at a time.
- Be open, curious and willing to fail forward.
- Establish norms to ensure a safe, trusted and accountable environment.
- The topics and knowledge in this workbook may stir up several complex feelings and we encourage you to engage at your own pace and seek additional mental wellbeing supports for yourself, as needed.
- Maximize participation and engagement of diverse perspectives to better understand the needs of your staff and those you serve.
- This isn't a race. Take your time as you go through the workbook. Spend time doing the work as an individual, then spend time translating the work with your staff, clients and other key stakeholders.
- This is a starting point. The content, examples, exercises and tools in this workbook can help you begin this work.
- Prioritizing these principles, concepts and considerations in everything you do (as an individual, as a leader, as part of an organization and as a member of the community) will make things better for those who have been so negatively impacted by unequal rights and opportunities. Things will start to get better.
- Historically, education and training programs for health care professionals have not provided a thorough examination of social injustice topics, oppression, and social justice principles, so feelings of discomfort, confusion, or resistance to information presented throughout this workbook may arise; this is normal. We encourage you continue learning, and reflect on any discomfort that may arise.

## CREATING A SHARED LANGUAGE

Creating shared language is important so everyone is operating from the same understanding to move work forward. Many commonly used terms assume multiple definitions and meanings making it difficult to clearly understand concepts. Therefore, it is important to ground in a shared language when completing the workbook. The following definitions will be referred to throughout this workbook. You will also be given an opportunity to further define some terms specific to your experiences.

For the purposes of this workbook, the National Council uses **“mental health and addiction recovery”** when referring to all mental health and substance use challenges, recovery and resilience services.

<b>Adaptive leadership</b>	Adaptive leadership is a model designed by Ronald Heifetz and Marty Linsky to promote deep, lasting transformations in philosophy, culture, practice and outcomes. Applicable to any type of change, adaptive leadership principles can help build service systems with a powerful social justice lens.
<b>Addiction</b>	A treatable, chronic medical condition involving complex interactions among brain circuits, genetics, the environment and an individual’s life experience.
<b>Emergent strategy</b>	A model and practice for transformational change promoting social justice. Emergent strategy captures the power of imagination and vision and uses profound lessons from the natural world to propel lasting personal, relational, community and systemic transformation.
<b>Health disparity</b>	A <i>health difference</i> that is caused by economic, social or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age or mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. <i>Healthy People, 2020.</i>
<b>Health inequities</b>	Systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies. <i>World Health Organization, 2018.</i>
<b>Health equity</b>	Everyone has a just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. <i>Robert Wood Johnson Foundation, 2017.</i>
<b>Historical trauma</b>	Multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed.





<b>Marginalized</b>	Groups or communities that experience social, political and economic discrimination and exclusion because of unequal power relationships across economic, political, social and cultural dimensions.
<b>Mental health challenges</b>	The wide range of mental health conditions that affect mood, thinking and behavior.
<b>Power</b>	The ability to act or produce an effect.
<b>Recovery</b>	Recovery from mental health and/or substance use challenges is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to achieve their full potential.
<b>Resilience</b>	The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.
<b>Social Construct</b>	An idea that has been created and accepted by the people in a society.
<b>Social determinants/ social causes of inequities</b>	Social factors that affect risk and outcomes, including environment (built and natural), housing, poor education, food access, health care access, socio-economic status and the unequal distribution of opportunity of these through public policy.
<b>Substance use challenges</b>	A complex condition in which there is uncontrolled use of a substance despite harmful consequence.
<b>Stigma</b>	When someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or is, a disadvantage (a negative stereotype). Stigma can lead to discrimination.
<b>Structural inequity</b>	Dynamic processes that generate different outcomes based on class, race, gender, abilities, immigration status, etc.
<b>Systems thinking</b>	Understanding outcomes that take into account the cumulative effects of seemingly independent, yet interdependent, factors.
<b>Toxic stress</b>	Occurs when a child is exposed to a traumatic situation – like violence, abuse, neglect, extended hospitalization or a divorce – without adequate parental or caregiver support.
<b>Trauma</b>	An event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.
<b>Vulnerable</b>	Those at greater risk for poor health status and health care access, experience significant disparities in life expectancy, access to and use of health care services, morbidity and mortality.

## WORKBOOK OUTLINE

### Part I: Social Justice and Mental Wellbeing

- **Overview**
- **Background**
  - » How did we get here?
  - » Principles
- **Mental Health and Substance Use Treatment and Social Justice: The Connection**
  - » Social Determinants of Mental Health
  - » Social Determinants of Substance Use
  - » Differences in Diagnoses and Treatment
  - » Creating a Commitment to Social Justice
  - » Additional Resources

### Part II: Advancing Equity

- **Overview**
- **Background**
  - » Social causes of inequities
  - » Upstream vs. Downstream Efforts
- **Principles**
- **Creating Principles Grounded in Equity**
- **Additional Resources**

### Part III: Leading Through Complex Change Towards Transformation

- **Overview**
- **Background**
  - » Stages of Change
  - » Leadership Models
- **Putting it into Practice**
  - » 8 Steps to Effective Change Management Strategy
  - » Pursuing Transformational Change

### Part IV: Parting Thoughts

#### Appendix

- **Tips for Leaders**
- **References**





Toxic stress and trauma, including adverse childhood experiences (ACEs), can impact the developing brain and increase the risk of negative coping behaviors and poor health throughout the life span, affecting generations to come.<sup>v</sup> ACEs describe 10 categories of adversities in three domains – abuse, neglect and household challenges – experienced by the time a person reaches 18 years of age. Lasting impact of ACEs include mental illness and substance use challenges and is negatively associated with education, employment and income.<sup>vi</sup>

Social justice movements strive for equal rights and a just chance for certain populations to live their optimal level of wellness. Populations who are not afforded these basic rights, which include many historically marginalized populations, are seeking fundamental change around these issues.

Injustices at the systemic, structural or policy level perpetuate distrust among historically marginalized communities. The following are examples of social justice movements:

- **Women’s rights:** Improving reproductive rights and eliminating [sexual violence against women](#).
- **LGBTQ+ rights:** Increasing safety, affirming protections, inclusion and acceptance and advocating for marriage equality.
- **Racial justice:** Preserving and extending constitutionally guaranteed rights to people who have historically been denied rights based on their race.
- **Native American rights:** Preserving tribal existence and Indigenous ways of being; addressing generational trauma after forced removal from land, forced placement in boarding schools; and addressing violence against women and children and inadequate health care.
- **Black Lives Matter:** “Eradicating white supremacy and building local power to intervene in violence against Black communities by state and vigilantes.” BLM creates space for Black imagination and innovation and centering Black joy.
- **Rights for people with intellectual and developmental disabilities:** Advocating for passage of Americans with Disabilities Act, addressing high rates of chronic disease and addressing educational disparities in opportunities and resources.
- **Rights for people with HIV/AIDS:** Expanding HIV prevention and treatment to marginalized populations, improving equal access to care for people living with HIV/AIDS and addressing the opioid epidemic and relation to reducing risk of acquiring HIV and hepatitis C.
- **De-institutionalization of people with mental illness:** Improving local and community-based health care options for people with mental illness and substance use challenges who primarily lived in and received services in institutional settings. Advocacy and shift in the health care field led to the passage of the Community Mental Health Act.
- **Mental health parity:** Increasing access to health care, including advancing mental health and substance use treatment parity, leading to the passage of the Affordable Care Act.
- **Tobacco use:** Eliminating tobacco disparities among individuals with mental health and substance use challenges due to the predatory practices of the tobacco industry.
- **Ending mass incarceration:** Addressing rates of mass incarceration, especially among all genders and gender identification of youth and adults of color.
- **Increasing/improving rights of immigrants:** Addressing and advancing human rights, health care access and health disparities of migrants to the U.S., including among undocumented migrants.
- **Historic incarceration of Japanese Americans:** Preserving and elevating history generational effects of the incarceration/internment of Japanese American people during World War II.
- **Environmental racism and injustice:** Advancing efforts to end environmental racism that often disproportionately affects communities of color across the U.S. and inevitably affects their health and wellbeing. For example, the [water crisis](#) in Flint, MI and the [Dakota Access Pipeline Fight](#).



## YOUR TURN

### Social Determinants of Mental Health and Substance Use - Understanding the system

**Instructions:** Social determinants include birth, employment, education, housing, built environment, exposures to violence, political capital, etc. Refer to Figure 1 as a reminder. Reflect on your work with clients and record your responses below.

#### Reflection Questions

*How do the social determinants impact clients who are receiving services at your organization? Consider risk and protective factors.*

*How do the social determinants impact individuals in your community who could benefit from services but are not receiving them?*

*As a leader, what can you do in relation to social determinants to improve outcomes for individuals in need of, and those who are receiving, mental health and substance use treatment?*

*Who else – what other organization/agency – shares an interest in the improvement of your clients' condition? What other organizations in your community do your clients utilize? Is there an opportunity to open conversation, share general insights and trends to further enhance the understanding of the community's needs and how it may impact what you are seeing in your clients?*



## ACTION AND ITERATION

Chip and Dan Heath in their book, “Switch,” use a vivid metaphor for planning change: imagine an average sized person riding a very large elephant down a twisting path. This metaphor relates to change management tactics that actually work:

- 1. Direct the Rider:** Leverage our analytical brains to use key information to guide change efforts toward very clear, specific and desired results.
- 2. Motivate the Elephant:** Harness our strong emotions to motivate us to change.
- 3. Shape the Path:** Define concrete steps, tools and practice time to ease the process and make lasting change possible.

To reiterate, change occurs when a focused rider (our analytical brains), guides a motivated elephant (our emotions) down a very clear path (concrete steps tools and practice time).

### Direct the Analytical Rider

Successful change demands that we pick clear, unambiguous, measurable goals and stick to them.

For example, if you’re moving toward trauma-sensitive care you need to define concrete, measurable objectives, such as:

- 1.** We will build operational-definitions for trauma-informed expertise and culture competencies by February 1.
- 2.** We will design and implement comprehensive training and evaluation to ensure staff acquire the necessary competencies by May 31.
- 3.** We will adopt the ACE screening tool for all those seeking services effective July 1.
- 4.** We will evaluate our progress based on those operational-definitions at six, 12 and 24-months post-implementation.

*What are some clear, unambiguous, measurable goals and outcomes for your change? Think of SMARTIE goals.*

- S**pecific
- M**easurable
- A**chievable
- R**esults-focused
- T**ime-bound
- I**nclusive
- E**quitable