



## Caring for Each Other: What it Takes to Promote Mental Health and Well-Being

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“I haven’t really been able to take care of myself, I’ve been so worried about my baby,” said Whitney, a new mom of a two-month-old daughter in southern California. “I missed my wellness check after I had her. I haven’t been able to do anything for myself... [Because I’m] taking care of her by myself, doing everything by myself.”

When CSSP spoke with Whitney in the spring of 2022, she was struggling under the weight of caring for her newborn daughter and grieving the recent loss of her mother, who had passed away from COVID-19 the year before. With her mother gone, Whitney doesn’t “really have anybody” to lean on, she explained. Whitney is dealing with the pain of loss and the chronic stress that accompanies this grief which often leads to physical and mental health issues, including depression, trouble sleeping, and anxiety. But Whitney is so focused on supporting her daughter and making sure she has everything she needs, that Whitney does not have the time or resources to care for her own physical and mental health. When Whitney’s mother passed away, Whitney was left with nowhere to live, “bounc[ing] around a lot” between friends’ couches, temporary shelters, and hotels. Whitney applied for a Section 8 voucher two years ago, but “it’s a whole 10-year wait list” in her community, leaving Whitney to

search for other housing solutions for her and her daughter. Because Whitney participates in CalWORKs, California’s cash assistance program for families with children, she receives temporary housing vouchers to pay for two-week long hotel stays to keep Whitney and her daughter with a roof over their heads. In the last year, Whitney has lived in 10 different hotels for two-week stints, sometimes having to pay for the hotel stay herself, before she must move on to a different short-term housing solution. This arrangement is “not stable at all.”

Our mental health is deeply connected to every element of our lives. Whitney’s experiences demonstrate how mental health challenges are often created or exacerbated by system failures, such as unaffordable housing and other inadequate basic needs services, ultimately having a negative ripple effect on families’ lives. When we experience loss, when we have transitions like the birth of a new baby, when we are struggling to make ends meet, we need a robust social safety-net—and one with mental health supports that promote health in holistic ways and are responsive to our identities and experiences.

Our public policies and systems do not provide all families with the services and supports they deserve and have historically either excluded



Black families like Whitney’s and other families of color or failed to provide services and supports that work for them. By centering families who are marginalized or excluded by our systems and policies, we begin to create solutions that are more responsive to and successful for all families and communities.

To do this, we must start with shared principles that can guide efforts to promote health and well-being both within and outside of health systems. We believe that:

- 1. Every youth and family deserves to have access to mental health services, and supports and cost should never be a barrier to care.** A comprehensive health insurance program—which integrates mental and behavioral health into the model of care—should be available to all youth and families, and entirely free or have strict limits on out-of-pocket costs so that care is affordable and does not leave families with insurmountable debts. Families should not have to pay out-of-pocket for therapy or treatment, and should not have to make trade-offs, like foregoing therapy for their child in order to make rent or afford groceries.
- 2. Every youth and family deserves to have their health and mental needs met holistically,** in places where they spend time (e.g., schools or colleges) and are comfortable (e.g., youth centers and places of worship or gathering) and at times and in visits (e.g., primary care or pediatric setting) that are convenient. For instance, if a caregiver attends a well-child visit with her baby, this is a time to also ask if they may be experiencing post-partum depression or need help applying for benefits, and connect them with a provider or housing, transportation, income supports, access to food, and other basic needs.
- 3. Every youth and family deserves mental health services and supports that honor their experiences,** including access to a range of readily available, culturally-responsive, and linguistically-accessible services; accessible to people with disabilities; and developed by and for communities of color and historically marginalized and inadequately served communities. Having access to responsive care is crucial to ensuring that youth and families of color and other populations who face the most significant barriers to well-being are supported.
- 4. Every youth and family deserves to be treated with dignity and not be pathologized or criminalized for their experiences.** Our systems and public policies often fail youth and families, including LGBTQ+ youth of color, those with low incomes, those with disabilities, and those with mental illness. Families, including those with psychiatric diagnoses or disabilities, should be able to access care when they need it so they do not end up in emergency situations or in dangerous or deadly encounters with police or others who are not trained to respond to mental health crises.
- 5. Every youth and family deserves to have care that is focused on supporting their mental health and well-being, rather than exclusively on addressing crises or treating diagnosable or acute conditions.** Youth and families should be able access mental health services that help promote health and well-being at any time and not just when there is an acute need or crisis. For many people, mental health care is only accessible when there is an urgent need or a diagnosable condition. This means that people often delay or avoid care until there is an emergency or the condition or need is significant. All youth and families should have access to mental health care that is focused on promoting their mental health and well-being, rather than only treating a problem or condition.
- 6. Every youth and family deserves access to SOGIE-inclusive mental health services and supports that promote healthy identity development and meets the needs of LGBTQ+ persons** including gender- and identity-affirming care, with specific support for transgender, nonbinary, and gender-expansive individuals. This is especially critical for LGBTQ+ youth who often have difficulty accessing any mental health care and find it even more challenging to access affirming services and supports. To promote access, telehealth should be an option with cross-state licensures provided by LGBTQ+ affirming providers.



7. **Every youth and family deserves to have providers that are prepared to support them** by requiring comprehensive anti-racism education for all health professions and those who work in health care settings. This training should include pre-medical, medical, professional, and/ or practitioner education and training; in-service training for professionals and practitioners; and continuing medical education and training.
8. **Every youth and family deserves health providers who can provide trauma-informed, racially and ethnically congruent, and culturally-responsive care.** People of color should be hired to work at every level in the health care field, so that families can receive care that works for them culturally, in their own language, in settings and with practitioners with whom they feel comfortable. A diverse workforce includes people who come from the communities they serve and have experience navigating the systems they work in—from community health workers and doulas, to promotoras, to peer support or health educators—who can help families navigate the health care system and also provide care directly to families.

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This brief was written by Shadi Houshyar, with support from Megan Martin, Elisa Minoff and Ellie Kaverman.

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