

## **Introducing the Washington State Behavioral Health Workforce Development Initiative: *An Interview with current WDI scholars on what the financial support means to them***

As underserved communities continue to face extensive inequalities in behavioral wellbeing, new generations of community behavioral health workers must accumulate the knowledge, skills, and resources to help their communities become sustaining for future generations. Today, significant barriers such as staffing shortages, financial burdens, and inadequate resources hinder this vision. The Washington State Behavioral Health Workforce Development Initiative (WDI) therefore believes it is imperative that diverse students are supported in their journeys to becoming behavioral health practitioners for their communities. keystones to this goal are effective community-based education and minimized post-graduate financial burden. To meet these goals, the School of Social Work is leading an innovative workforce development initiative.

The initiative is a conditional-grant program for students in master's level counseling, marriage and family therapy, and social work programs. The grants cover some or all of the recipients' tuition up to \$51,500 for two- or three-year master's programs and is based on applicants' merit, unmet financial need, and demonstrated experience with—and a commitment to—working in diverse communities in Washington state. Post-graduation, awardees are expected to complete at least three years of employment (or 18 months for a one-year program) at a community-based behavioral health agency or tribal health center in Washington. WDI can meet both community and practitioner needs, creating an important precedent for the future of successful community-based behavioral health services in the Washington state.

This year's cohort from the UW School of Social Work strongly showcases WDI's commitment to diversity in interests, backgrounds, and service. For specialized students like Thrisa Sstipsn Kalime Phillips Jimmy (Enrolled Nooksack, Lummi descendant) and Nocona Abrams (Yakama), the financial support means the ability to return to one's community with the knowledge, skills, and support to be a healer.

### **Journeys to social work and community-based behavioral health**

The pathways to becoming social workers in community-based behavioral health are often long, complex, and rooted in one's own background. When Thrisa was one year old, she was stolen from her mom and restricted from her community for 14 years. These years led to a period of forced Western assimilation and loss of Indigeneity. After returning home at 15 years of age, she felt like an outsider. Reconnection changed everything. Thrisa embarked on an arduous but self-defining re-immersion into culture, language, Ceremony, and community and began to mend what was lost. After battling her way into college—a childhood dream of hers—, Thrisa found herself motivated. Her new goal was clear and liberating: to get a degree she could use to serve her community. Now on her way to achieving a master's degree in social work from UW, Thrisa sees herself as a leader, inspired by her children, and on a journey to return to

her grandparents' Lummi community and facilitate community-wide behavioral health healing programs.

Nocona's path to community-based behavioral health also starts with her community at Yakama Nation. Having grown up on the reservation, her childhood was encapsulated in a small network of extremely strong but sometimes restraining bonds. There, Nocona felt trapped and her mental health waned; she wanted to escape and see the world. So, she started working hard in and out of school, creating a path that would lead to the UW. At UW, Nocona began taking psychology courses out of personal interest and realized the value they brought to her own struggles... and the value this knowledge could bring back home. As a MSW student having worked in suicide prevention, research, and grief counseling, Nocona looks to continue her work in the Yakama Nation in counseling services. For Nocona, serving her community is special—she takes great pride in giving back to the people and land that raised her.

### **A value- and community-based career path**

Both Thrisa and Nocona credit traditional values as fundamental to their community work. For Thrisa, social work offers an ability to view behavioral health through an Indigenized approach rooted in values that recognize healing is an integrative, multifaceted, and holistic process. These values also emphasize the importance of rallying others and uplifting the community as a whole.

Nocona recalled how Western individualism can hinder healing processes by failing to recognize what her community has understood since time immemorial: wellness from the individual to the community to the world is interdependent and collective. She explains that caring for the whole individual, including their mind, body, and spirit, as well as their community, is a value which not only guides her own work but is necessary for everyone.

### **Envisioning (and Indigenizing) the future of community-based behavioral health**

Thrisa dreams of using her MSW degree to facilitate community-wide healing. Fundamental to this dream is returning to traditional values and ways of life to address division, intergenerational trauma, and promote healing. This could mean monthly or quarterly healing gatherings or workshops with cultural practitioners and elders (i.e., weaving, talking about intergenerational trauma, making traditional regalia, processing groups), all with the understanding, as Thrisa summarizes, that our Indigenous ways of life are our medicine. Thrisa sees Indigenous community behavioral health in her community one day serving as a model for programs across the country.

Nocona wants Native communities to be more prepared to address mental health issues and legacies of historical trauma. In particular, she hopes to reduce stigma and myths surrounding mental health, grief, and suicide. This means defining Indigenous strength as including emotional expression, and community acceptance of this expression as well as restoring senses of community, culture, and identity. Institutional changes are necessary for this too; funding IHS, Indigenizing education, and increasing the Indigenous workforce in community behavioral health are keystones to inspiring lasting changes.

**Final thoughts**

Thrisa thanks the initiative for supporting her journey and emphasizes that we never do anything alone. It is okay to lean into people that are healthy and supportive—that's where you find growth. Nocona appreciates the flexibility and reduced financial stress that the financial support provides, allowing her to soak in learning experiences and for the ability to graduate with her original cohort on time. For the future, Nocona envisions that recipients like Thrisa and herself will be uniquely capable of comprehensively understanding community health and capable of promoting community-first approaches in behavioral health at UW and beyond.