



Transcript of Accidental Intellectual Episode 1: Keeper of Stories

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Disclaimer: While every effort has been made to provide a faithful rendering of this episode, some transcription errors may have occurred. The original audio file is available at www.accidentalintellectual.com/tyondah-fante-coleman-episode

Lee Propp 0:00

Hi, and welcome back to season two of the accidental intellectual. We're so excited to be back for a second season. Though the heart of what we're sharing with you remains the same. There have been a few changes to the show that you'll notice. First and foremost, I, Lee, no longer act as host in every episode. Instead, you'll hear rotating pairs of hosts throughout the season. So the voices of Ariana Bronwyn, Harrison, Rachael and I are all familiar to you from last season, the dynamics created between each of us differ slightly. And I, for one, think that's a wonderful thing. The change was something we started talking about during team meetings last spring, we were wrapping up our first season and starting to plan what a second season might look like. So I started to reflect on why we started this podcast. You see, when I first pitched the idea to the group, the main premise was to record and share informal conversations with individuals working in the healthcare field. I wanted to highlight who they were as humans beyond the expertise that they carry. I also wanted to amplify voices that don't often have access to large platforms. That went beyond recruiting a diverse range of guests. It also made giving us as trainees, a platform to host such conversations. In a way, to turn the tables on the experts in the field. Though I had no idea what this show would grow into. I did know I wanted some additional trainee voices alongside me as I taped the interviews. That's where the co-host idea came in, where some of the other team members would host the interviews with me. At first, there was some trepidation. It's scary taping an interview with people so high up in the field. But as the season went on, I watched each and every one of the co-hosts find a confident and powerful voice behind the mic. And it was a beautiful thing. Fast forward to this season, it felt right to continue to amplify the trainee as interviewer voices in a bigger way. So the five of us show hosts are rotating as we record the interviews, and it's been so much fun listening to the different dynamics and conversational styles as we change things up. We have a great group of guests lined up for this season, so I won't keep you waiting any longer. Here's episode one.

[Intro Music]

Rachael Lyon 2:34

Hi, and welcome to the Accidental Intellectual, a podcast where we talk to people working in health related fields and get to know the human behind the expert. Today, you're hearing from Lee Propp.

Lee Propp 2:45

Hey, everyone...

Rachael Lyon 2:46

...and Rachel Lyon. Today, we sat down with the amazing Tiyondah Fante-Coleman and asked her to introduce herself.

Tiyondah Fante-Coleman 2:53

My name is Tiyondah Fante-Coleman, my pronouns are she/her. And I am currently a researcher for a wonderful mental health project called Pathways to Care. But I think beyond that I am somebody who thinks about research and action, particularly as it relates to you know, black populations in Canada and across the globe. And tying that all together relating to health. So I have a background in health sciences and a background in community psychology. And those things really fuel the work that I do. But I also you know, extensively volunteer with organizations that think about health and health promotion. And so those are the things that are important to me.

Lee Propp 3:42

Not only is she an accomplished researcher, but she's also involved in outreach work, is an active member of her communities, and is an overall amazing human. We talked about her work with the Pathways to Care project, barriers to care that exists for Black youth, and her hopes for a more inclusive and equitable future. So without further ado, here's our conversation. We hope you enjoy as much as we did.

[Interlude Music]

Lee Propp 4:07

So Hi, and welcome to the Accidental Intellectual. We're so excited to have you on the show today.

Tiyondah Fante-Coleman 4:16

Thank you so much for having me. I'm excited to be here.

Lee Propp 4:18

So as we - as we get warmed up, we're actually adding a new segment to the episodes this season and we're asking our guests some rapid fire questions just to get to know you a little bit better. So we're gonna ask the questions and then just give us the first answer that comes to mind.

Tiyondah Fante-Coleman 4:36

Absolutely, I'm ready.

Rachael Lyon 4:37

Okay, first question. mountains or the ocean?

Tiyondah Fante-Coleman 4:42

The ocean.

Lee Propp 4:43

Text messages or call?

Tiyondah Fante-Coleman 4:45

Text messages.

Rachael Lyon 4:46

Puzzles or board games?

Tiyondah Fante-Coleman 4:48

Both.

Rachael Lyon 4:49

Okay.

Lee Propp 4:50

Paper agenda or electronic calendar?

Tiyondah Fante-Coleman 4:43

Both. [Laugh]

Rachael Lyon 5:00

Gotta have it down twice. Read the book or watch the movie?

Tiyondah Fante-Coleman 5:03

Read the book.

Lee Propp 5:04

A live-in massage therapist or live-in chef?

Tiyondah Fante-Coleman 5:08

A live-in chef.

Rachael Lyon 5:09

When you're walking, would you rather listen to music or podcasts?

Tiyondah Fante-Coleman 5:14

Podcasts.

Rachael Lyon 5:15

Good answer [laugh].

Lee Propp 5:18

Pen or pencil?

Tiyondah Fante-Coleman 5:20

Pen.

Rachael Lyon 5:20

Would you rather have the ability to fly or turn invisible?

Tiyondah Fante-Coleman 5:24

Fly.

Rachael Lyon 5:24

Okay.

Lee Propp 5:25

All right. Last one. raisins. Do they belong in oatmeal cookies? Yes or no?

Tiyondah Fante-Coleman 5:31

No.

Rachael Lyon 5:32

Okay, so that was the right answer [laugh]

Lee Propp 5:33

That was the right one [laugh]

Tiyondah Fante-Coleman 5:35

I'm a purest, no. [laugh]

Lee Propp 5:39

Ooof, no – no taco chips or, or nothing. [laugh] So you did your undergrad in life sciences? And then your masters as well?

Tiyondah Fante-Coleman 5:49

Yes, I did my undergrad in Health Sciences at Laurier. And then I continued on and stayed at Laurier and did my Master's in Community Psychology.

Lee Propp 5:58

And now you are in the workforce all done, all done with school?

Tiyondah Fante-Coleman 6:03

Well, for now, I'm in the workforce for now, I uh, yeah, I'm working at this project, the Pathways to Care project as a researcher under a Black Health Alliance, but I am actually returning to school in September 2021. So that's going to be really nice. I'm going to be going to U of T. So I'm not quite done with academia yet. [laugh] I really thought I was at first but you know, it's calling me back. So I'm in all.

Lee Propp 6:32

As it does, as it does. congratulations. Yeah, congratulations. That's, that's big. So you gave me a really wonderful segue, because I wanted to also ask you about the Pathways to Care project. So can you give us and I and the listeners as well, just a bit of an overview of what it is?

Tiyondah Fante-Coleman 6:50

Sure, um, the Pathways to care Project is really a systems change project in that it's trying to address two things that are going on right now. The first is that, you know, there's a real lack of information and research about the specific needs of black children and youth in terms of mental health care access in Canada. In particular, there's a real need to hear about those perspectives from black youth themselves, what what they want to see in terms of access, what are the things that are challenging for them right now, when it when they're trying to seek care. And then the second piece of the project is that there are so many organizations right now doing mental health work. But you know, there's still some, you know, growing that can be done, I think, in terms of how these organizations are doing it, and in a way that is really beneficial to black youth. And so that's what we're really trying to understand. We're really trying to understand, you know, what is happening right now? What are the perspectives of black youth right now in terms of what can be improved? And, you know, how can we make some real tangible action to get those, you know, improvements, those ways of doing this mental health care work differently, and partnering with organizations to help them do that.

Lee Propp 8:04

That was that was a great introduction. And I have so many questions, and so much to talk about there. But before we get into the - the meat of the project, can you just tell us what your role is within this larger project?

Tiyondah Fante-Coleman 8:17

Absolutely. So in my role at the Pathway to Care project, I'm a researcher. So my primary goals, my primary job is really to do research. But I also think, like, it's so much more than that. I think I'm really like a learner about myself and my community with the people I speak with. I feel like I'm often an outreach worker, and that I'm often trying to, in this work, trying to really center and prioritize the voices of people who may not necessarily have their voices be heard within traditional research. And then I also feel like I'm a keeper of stories. I'm really, in the work that I do, I often run focus groups, that's kind of my primary work that I do. And I often feel like I'm, I'm really the person who holds people's like real raw experiences about how they've kind of interacted with the system. And then, you know, I really try to interpret those stories. And that's ultimately my role is to interpret those stories and hold them in a certain way, and then interpret them and turn them into things that can be used for a specific purpose.

Lee Propp 9:21

I love that but keeper of stories, because I was in reading up a little bit on the project. I did, I did note a couple times that they talked about focus groups. And I think - I think I like that a little bit, a little bit better, just kind of like really keeping the stories, especially in such vulnerable work that you're engaged in. Like you're asking, you're really asking of people to I guess come in and share all of, if not all, a big portion of the hurt that they've experienced in a system that really wasn't created for them.

Tiyondah Fante-Coleman 9:55

Yeah, exactly. And, you know, I really keep that in mind every time I speak with somebody or host a focus group, I'm so aware that, you know, people didn't have to come and have this conversation with me. And they didn't have to show up as their full selves. And so often, that's exactly what they're doing. They're being extremely vulnerable with me. And I really keep that, that, that it's just so sacred to me that the information that they tell me and so I have a real responsibility, I feel like to make sure that, you know, their stories aren't just going in a file somewhere they're being unused. And, you know, added on to that in terms of stigma and mental health, and particularly in black communities, and how that shows up. Those stories are that much more important. And, you know, it's really incredible to have these conversations with people and to be able to do that on a regular basis.

Lee Propp 9:55

Yeah, absolutely.

Rachael Lyon 10:50

I was gonna say you, you brought up stigma, and I think, across mental health access, regardless of what community or your background, that's definitely a barrier to care. But I imagine even more so for the black community. Are there other barriers that you've sort of come to see in your focus groups or that you've experienced personally, that really impact the community?

Tiyondah Fante-Coleman 11:16

Yeah, absolutely. So certainly, stigma is a barrier in all communities. But you know, it shows up in a very particular specific way, in black communities. And so it's really trying to work with our community in a way that says, Okay, how can we how can we come - like, how can we move beyond this as a community? What are the things that we need to address specifically, and, you know, just really working with that reality. But at the same time, there are many barriers within the system as a whole, that black

youth also have to face, just like many other youth, but it shows up in very particular ways. So one that I can think of off the top of my head is wait times, we all know that the system in Canada is quite complicated, it's often very hard to get into a certain service. And so we know that, you know, youth are waiting a very, very long time to get access to care. But then when you think about that, and think about the specifics of black youth getting into that care, often that wait time is twice as long. And so when we're talking about an already long wait time to double that is, it's - it's almost in-conscionable to think about how long people are waiting for care. But you know, there's other things as well, there's financial barriers, in terms of getting access to care, we know that our system isn't perfectly public. So we all put it, you know, you need, you need insurance coverage. For many people we know income is, you know, often the number one driver of health. And so that ties very directly to mental health, when we're talking about the impacts of, you know, the economic impacts of access to care. And I guess, if I wanted to say one last barrier, is certainly access to practitioners, and not just access to getting in front of somebody, but getting in front of somebody who understands your worldview, who understands where you're coming from, understands your experiences, doesn't invalidate them, because that's not the way that their world looks. And who can really speak to those things and speak to the things that are happening. I think we've all seen what's happened over the summer in the last few months with the protests related to George Floyd. And that's really important, but you know, for black youth, this has been ongoing for - for decades. And so that they carry that with them, and they want to see that reality addressed. And, you know, held in in the spaces where they go to seek mental health care.

Lee Propp 13:36

Hmm, absolutely. And all of those are, I think, it's - it's difficult when you I mean, both Rachael and I are training to work in the system, and so are gaining some experiences. And so I guess I can speak for myself to say, like, from a - like a research perspective, right, I sort of I understand the numbers and - and how devastating the impact of those numbers are. But it's, it's easy. I don't know if easy is the right word, but you can kind of the, it becomes like a bit of a barrier, right? Like it's not when you're not living within that truth. And when you're not sort of in a way that you are really hearing those stories day in and day out. I mean, I don't know how often you - you hold focus groups, but - but I can imagine you talk to people quite often and it's it's - it's more it's so much more personal and I can imagine that that's among a lot of the other aspects of your work quite taxing.

Tiyondah Fante-Coleman 14:39

Yeah, I mean, I'm I think I'm quite good at compartmentalizing. I think it's just something that I've developed over time to be able to do. But at the same time, I hope I'm explaining this right. But you know, I compartmentalize but at the same time, I'm also like, just trying to meet people emotionally. where they're at, I think when you run a focus group, you have to really strike this almost perfect balance of being able to keep your eye on the questions that you're looking to answer and the topics that you're looking to discuss, while also really holding space for people to be just really emotional with you and being able to receive that emotion and really hold space not to repeat myself for that person. So absolutely. Sometimes I find myself being drained at the end of like a quick focus group run and not quite understanding why. But I think for the most part, I try really, really hard to do both.

Lee Propp 15:37

Yeah, absolutely. I think. I mean, it sounds like sounds like the ideal, but I, you know, they're probably I can imagine there's some days that are a little bit easier, easier than others for any number of factors. So I wonder if, as you're talking about the focus groups, I've become a little bit curious if, if you'd be comfortable just sharing a little bit about how they run like, what exactly like the - the more nitty gritty of like, what kinds of stuff you're really talking to people about in these groups?

Tiyondah Fante-Coleman 16:06

Yeah. so one of the things that we're trying to do with these focus groups, is always to turn this research into something tangible. But at the same time, recognizing that, you know, sometimes participants experiences are enough. In terms of what you're discussing. So often, we'll start with a conversation about, you know, their experiences, what is happening to you right now, what has happened to you in the past? Can you tell me a little bit about what that's like? And then we know, we really explore that further. Because more often than not, what you'll find is that one participants' experience is really echoed by another person's experience. And so we delve into the similarities between their experiences. And then I think my unique job is really to try to pull them back further and say, Okay, well, what are the causes of these experiences? Why are they happening in this way? And what can we do about it? And and that's a really important part. Okay, so this has happened, you know, these are your perspectives on it. What do you think is important to do? What can we change? What can we improve? How can we change it? How can we improve it to you? What is your best experience? Like? What is your ideal outcome? And really envisioning what could be different? And what could be better is, I think, really what we do in the focus group,

Rachael Lyon 17:30

So what are some of the like, the conclusions or directions that you've drawn from those? Like, what are the directions that, that it needs to go in? And what - what can be done more concretely, to begin to facilitate these kinds of changes?

Tiyondah Fante-Coleman 17:45

So when we thought about this project, just to take it back a little bit, we really thought about this project, from an ecological perspective, which is a way I look at a lot of my work, which is to think about not only the individual, but to think about them in relation to their community, to their institutions that they seek care in, as well as at the system's level. And so we kind of ask questions and - and come up with solutions that really hits those three points. And so we have solutions about the system, which I like to call like the big solutions, which is, you know, really arguing for a universal pharmacare, a universal mental health care system, thinking about what could be different systems wise to make it easier for every single person, including black youth to access care, and then at the institutional level, we get into a little bit more of - more detailed solution. So for institutions, what can institutions do? And that's the way we frame mental health organizations, what can they do to make it easier to make it easier for black youth to access care? So for instance, one thing that we hear a lot is, you know, intake in itself is often a violent process for black youth. And so they've given up solutions for us about what intake should look like to make it easier for practitioners to understand where black youth are coming from, but then also, you know, moving beyond that, like, what can institutions do to you know, hire more black practitioners? What can they do to make it so that, you know, non black practitioners have the skills and the background knowledge needed to properly care for black children and youth? And then even more specific than that, what can mental health care workers whether they be therapists, or psychologists do, to better to better their interactions with their youth in the room because often we find that, you know, sometimes that interaction between practitioner and clients can also be a sign of violence, particularly where, you know, experiences are disbelieved or, you know, things that are clearly a matter of racism to the client is not quite considered. So by the practitioner. So really trying to get not only like the system's wide perspective of what solutions can be, but really down to that, that individual level as well.

Rachael Lyon 20:08

I'm a little bit curious, and I'm not sure if you can answer this, but like, what about the intake process has been suggested to be, like less violent and more amenable to making people safe and allowing a better access to care?

Tiyondah Fante-Coleman 20:23

Yeah. So one thing that participants mentioned, was just, you know, asking of pronouns was one thing that, you know, participants really mentioned, they wanted questions about, you know, backgrounds, they wanted questions about who they were, as people, which I know is kind of hard to, like, quantify. But is, it's, it's something they want to see, they want to see their reality reflected in, in the understanding of who they are. So - so that's really what it is they - they want to see, like, they're like, I'm a whole person. And I want the question to ask to be reflective of the fact that I am a person before we even start to delve into, you know, the therapy aspect of care.

Rachael Lyon 21:09

So more of a focus on the whole person and less of a focus on like, the perceived problem.

Tiyondah Fante-Coleman 21:14

Yeah.

Lee Propp 21:15

Yeah, it's, I mean, I'm listening here, intently, both as someone who's - who's conducting interview with you now, but also, as someone who's training in the system to hopefully one day soon be licensed as a child and adolescent psychologist, and I, I struggle with how you started telling us about access to black practitioners, and how to sort of make that happen from the research or just from your personal experiences conducting this research? Why do we not have more black practitioners?

Tiyondah Fante-Coleman 21:45

And, you know, that is, the simple answer is institutional racism. The - the longer answer is that, you know, there is a very different experience, I think, sometimes for black, young black people who are in the education system. And I think it really starts. And that's the way that institutional racism works really like it, it doesn't just suddenly pop up when you're in post secondary, right, institutional racism really is working. And it's - its wheels are turning from the moment a black child steps into the school environment. And I don't want to be misconstrued. I'm not saying that the school environment is, you know, inherently harmful to black youth. But it certainly can be. And so that really has implications for not only who, how well you do in a space and what your aspirations are, but how far you're able to go within the education system. I know for myself, specifically, I face challenges in the education system, from elementary school all the way on and you know, I don't want to say it's, it's just perseverance, why I was able to do this certainly was a part of it. But you know, some of it was also just - just sheer luck. I was, I was lucky. And unfortunately, I can't say that for all young black people who have aspirations to be researchers or mental healthcare practitioners or anything that requires, you know, further education. And so when you're faced with that, from a young age, it certainly does have an effect on - on who decides to do some of the post secondary education that is required to become a therapist.

Lee Propp 23:33

Yeah, absolutely. And I, we could have said this at the beginning, but you don't, don't hold back on our account. People that people need to hear it. I think, if you're comfortable sharing this with - with all of our listeners on the podcast, we you know, sort of allowing this as a platform to amplify voices to speak truth to whoever's listening, I think is is tremendously important. Thank you. That was just that was a caveat.

Rachael Lyon 23:58

We had a bit of a similar conversation with someone last season. Dr. Ansloos, who is Indigenous and he was talking about how, as you go higher up in education, there's fewer and fewer. Well, he was speaking specifically about Indigenous people. But I think that it gets whiter and whiter that the higher up in the education system, you go. And I think that's an interesting point that it kind of starts much before that in terms of like deterrence and things like barriers really, much earlier in the system. Can you speak a little bit about how that's sort of affected your journey or if it has at all, I guess.

Tiyondah Fante-Coleman 24:36

Yeah, absolutely. I certainly had, you know, some really great experiences in the education system, but you know, I can speak directly to some things that have happened to me. I mean, I was actively discouraged from pursuing University. When I was in high school, when I was thinking about you know, doing other - other things. While I was in my undergrad, I was also actively discouraged from applying to grad school. It certainly wasn't. And, you know, it's sometimes it's hard with when you're a boss person in a system like that, because sometimes you think, Well, you know, maybe it's me, maybe - maybe my credentials are not enough, or maybe my grades aren't enough. Or, you know, maybe it's true that I'm not cut out for this thing. But maybe it's not right. And so when you face these things repeatedly, it's sometimes hard to not internalize that and think that it's something about you, when it may not necessarily be, and, you know, I really did experience, I don't want to call them micro aggressions, because I think the - the potential impact that they could have had on my, my ability to do the work that I do now is so great, but certainly I did experience things in the education system, that could have easily prevented me from being in the place that I am now. And I say that living - have lived in a place that was, you know, fairly multicultural. And that, you know, had, you know, many different kinds of people in, in both schools, before my secondary education, but it certainly does exist, and you know, little things, little things, teachers don't like you, for some reason, you can't quite put your finger on it, they discourage you from doing things that other people are encouraged to do. So. Certainly, it does exist and not to ramble on about it. But yeah, it's absolutely real. And, you know, in my university program, I ended up being one of two students who graduated from my - my Health Sciences Program at Laurier. We were the first two black students. Now, this was a relatively new program. And I'd actually taken an extra year, or also would have, you know, been alone. But you know, it's, it's really disheartening. And you're absolutely right, the higher you go up, the less people there are. But you know what, at the same time, I've been absolutely so lucky. I've had incredible mentors along the way, particularly when I got to university. And I have an incredible community of black scholars that I work very closely with, including at my current job, but also while I was in my master's program, and, you know, people are here and people are doing the work and and I'm not gonna let racism get in the of that.

Rachael Lyon 27:29

That kind of mentorship seems like it's invaluable. Really.

Tiyondah Fante-Coleman 27:33

Absolutely, I would not be here without two very important mentors. For me. I had an incredible mentor while I was in my undergrad program in health sciences. And he really introduced me to the way that I do the work that I do. Now, I'm certainly thinking about, you know, the social determinants of health and the social determinants of mental health. And he really allowed me to really think about grad school as a possibility. And really held my hand along the way until I got where I needed to go. And he introduced me to my grad school mentor, who was just this phenomenal black woman who pushed my scholarship so much further than I thought it could go. And really pushed me to think about, you know, systems level machinations and ways that you know, health is centered in the ways that history is so important for health and where we are now. So yeah, mentorship is incredible. And super, super important.

Rachael Lyon 28:31

I love that story.

Lee Propp 28:32

Yeah. Can you while we're talking about you, your, your grad school experience, I wonder if you could give us just like a bit of an overview or like the - the story that that exists, or that is still being created of like how you ended up in in this area. So you did life science, and then and then community psychology and was there I don't know, sometimes people describe like a moment that where they were like, you know, this is the kind of work and this is the kind of research and scholarship that I really want to do or was it just, you know, I know, some people fall into it, but I, from the way you're talking, it sounds like there were some moments that really drew you in,

Tiyondah Fante-Coleman 29:12

For sure. So I think, um, you know, as I started, I am a child of Jamaican immigrants very proudly. So and, you know, my parents, particularly my dad, really, really wanted me to be a doctor, you know, like [laugh] parents of immigrant children. And so, you know, I really, I think I internalized that and that's kind of why I did Health Sciences. At Laurier, my cousin had gone to the school before me and she really enjoyed it. So I thought maybe I'll enjoy there too. And so I was doing like, hard sciences. I would say I was doing like calculus and biology and chemistry and psychology. And you know, I was somewhat disenchanted with the things that I was learning. It's not that I didn't think it was important. I've always loved science. But the - the concepts and the ways that we were talking about health was just so different than the way that I had thought about health. I really thought about health, as, you know, something a little bit more than, you know, just like the - the biological building blocks of a person. And I was really lucky to take this class called the Social Determinants of Health with my, my mentor, Dr. Robb Travers. And it really like opened up this whole world for me, because it talked about like, the social and political forces behind why some people are healthy, and why some people aren't. And it really spoke to me, because it again, kind of spoke to my experiences as a person. And so that class really radicalized me in a way in that I couldn't go back to thinking about health and the ways that I had been learning it before. Not that it wasn't important, it was just a different way for me to think about it. And so I really started pivoting into thinking about health as something more than just do you have it or do you not? And so again, he became my mentor, and really guided me along the way, and I kind of had to recommit myself to academia and academics. Because by that point, I, you know, had other things that I was focusing on work and such. And so I had, you know, re-take some courses, and, you know, get back into it and apply to grad school. And that's kind of how I stumbled into community psychology.

Lee Propp 31:31

Yeah, I wonder...

Rachael Lyon 32:32

[inaudible] really resonates with me, I feel like I have to do that fairly often [laugh]

Tiyondah Fante-Coleman 31:37

Yeah. And you thought like, you had to be just, like, innately good at something. If you weren't innately good at it, it just wasn't for you. And I had to really, like, throw that mindset to the side, because I realized that if I worked hard at something, you know, I may not be perfect at it, but I could do it. And that's just not how the way I thought before.

Lee Propp 31:58

Yeah, that's, that resonates. That resonates with me as well. I wonder if you could, I'm just gonna backtrack, because you said something there that was quite striking the, you know, rethinking what health is whether you have it or you don't. And I think that's quite a powerful statement to just the way especially when you work so closely in mental health care, right? It's not there are no clean lines, and - and even in physical health, as well. And I wonder, some of the, you know, personal experiences or experiences in academia, scholarship that really have been formative in shaping your understanding of, of health?

Tiyondah Fante-Coleman 32:39

Yeah, so you know, I think sometimes when we think about health, we think about, kind of like what I said before, you're either healthy, or you're not. But I feel like sometimes we're not thinking about the things that make you healthy, or the things that make you unhealthy or sick. I don't want to make it too much of a dichotomy. But I really learned that so much about your environment, both your social environment, and the environment around you, dictates whether you are a healthy person or not, how long you live. What kind of quality of life do you have. So much of that is tied to both our social and political forces. And I feel like it's not discussed enough, I certainly see the conversation growing now. But that really changed my perspective. And not to say that, you know, there are certainly aspects of health that, you know, are completely biological in nature. But I definitely think of the ways that we speak about being healthy, and the ways that people are able to be healthier are things that are related to our broader social forces. And so that is definitely the ways that I think about health, like, for instance, your income is like the number one driver, whether you are healthy or not. And so when we think about that, in terms of mental health, we can we can see, particularly like, you may, you know, have depression, and another person may have depression. But you know, if you can afford to go get care and that other person can't, what does that say about how healthy you will feel in you know, the next year, five years or 10 years, versus the person who maybe can't access that care. Or, for instance, you know, your predisposition to - to having a mental illness can really be detailed by your social environment, right? The kind of environment that you live in, can really affect your own mental health. I think we all can understand that. From our perspective, if you're working and you're you're really stressed in a moment. Maybe your mental health isn't as great as that moment. Well, that's, you know, you can think about that from a macro perspective, and it's very similar for human beings. So that's the way I think about health.

Rachael Lyon 34:55

I think your point about looking at systems and environment is really important because I think when people I lean more towards the dichotomized version of health, like you either have it or you don't, it can also be a little bit. Like there can be some personalization, like if you're healthy, you've done a good job. And if you are unhealthy, then that's your fault, and you've done something wrong. And so I think looking at the system's and having more of a nuanced view of health is a really good one.

Tiyondah Fante-Coleman 35:22

Yeah, absolutely. And I think, you know, there's threads of that in all aspects of health and in every kind of way of being. And I think we see that with COVID-19. Right now, there's a lot of individualistic messaging about who you are as an individual and what you're doing in preventing yourself from - from getting COVID-19. When I think that we're going to see more and more that it's more about the broader social forces, in terms of you know, who is who is more likely to contract or not. So, as you know, that's similar for mental health too. So yeah, I would love I would like for us to move further away from the individual lens, even though it's incredibly important as well.

Lee Propp 36:04

Yeah, I, you took the word of mouth, I was thinking about that as well, just thinking about the way that like some of the handlings at the higher like governmental level, and people creating the policies, like shame and blame, regardless, like let's talk from a macro level, they do nothing to help people change behavior. And then when we start to think about communities that are disproportionately forced by my COVID, just affected by it, just like, how could you blame, say someone like there are a lot of I know, black and brown communities who specifically in say, low income parts of the city, who are like multi generational housing, all those kinds of things that are like living in a building that has like a long wait for an apartment, or people who are working in frontline service industries, that kind of like, all of those things, and more that I that I obviously haven't mentioned, could increase your risk of COVID. Because we know the way that it spreads and blaming someone for that, as opposed to having a conversation about how can we change - change policy or create policy that will help protect such vulnerable people? Well, it upsets me, but also I think, like, what are some of the ways and I feel like this is a great question for you with your expertise, like, how do we start to change these kinds of conversations?

Tiyondah Fante-Coleman 37:36

Yeah and know, it's, it's really tough, I think. And I just want to thank you, you said everything that I was hoping to say, about, you know, how social forces relate to - to individual health, but I think it really takes - it's going to take a lot of political action, it's going to take a lot of people understanding, again, that, you know, from a public health perspective, like you said, shame does not work, policies and practices work, and really putting the onus on the people who, you know, create those policies and practices, to start thinking about those things from an equity lens. And, you know, I hear that, that that is happening at the moment, that, you know, strides are being made in that regard. But also, to me, if I'm thinking from a community lens, and the way that I like to operate, I always like to, you know, speak truth to power and educate people that I talk to you and the people that I see about, about how these things work. I think that there's so much it's frustrating initially, absolutely. But I think that there's so much power and understanding how things are created and how situations arise. That that's, you know, my attack as well, I really try to you know, work with my community and let them know how things are happening around them. And with them. But yeah, also like political action.

Lee Propp 39:00

Yeah. I've always felt like happening around them, and also with them, and I think that's, it sounded like you were kind of getting at, like an inclusivity sort of lens, like, including the people that the policy is being made for in the making of the policies that, that so how - how does that happen? And I realized that's like a huge questions, but just like, just like some of the like, how do you inch even towards thinking about creating a system that works in that way?

Tiyondah Fante-Coleman 39:36

Oh, I don't know if I can answer that one. I would love to imagine it, though. I think we have to demand our space. I think communities know that things that are created without them are not for them. And I think you know, there's a lot of work that my mentor Dr. Seanne Wilson is doing about, you know, communities rights and protections when it comes specifically to research and I think a very similar task needs to be taken from a policy lens. I think we have a long way to go. But you know, it's such a multi pronged issue, it requires like a multi pronged solution, you know, that's a critical mass of people in the space is making those decisions. It's a critical mass of people being aware that these decisions are being made at all and how they're being made. And it's, it's, you know, will. Will of everybody to get it done.

Rachael Lyon 40:30

I'm a little curious if, like there's any, like, piece of the information that you've gleaned sort of from these focus groups and from the research that you're doing so far, that would be helpful to share with people

who are working in healthcare as mostly trainees. I think that's mostly who, who will be listening to our podcast, but if there's like any sort of like not takeaway messages but like anything that you've learned is like an important thread that's kind of tied everything together that would be important for trainees to know.

Tiyondah Fante-Coleman 41:07

Yeah, absolutely. I think trainees need to look at the bigger picture, I would say, between the interaction between them and their client but also all the things that happen between, and before their interaction with them. And look at you know the systemic forces for why a person may be presenting themselves in front of you and how they're presenting themselves in front of you. Be mindful of those and speak to those, you know, talk to that we have an immense amount of power as researchers and as you know mental health practitioners and really speaking to that, but I think the biggest takeaway. And the most tangible takeaway I think, is that participants want to be seen as individual people, and they really want you to sit with their own world and sit with their worldview, and to - to speak to them as a you know a whole full person, and to really understand where they're coming from. I think that's easier said than done. But I think that's the most important thing that practitioners can do in this space in front of their clients.

Rachael Lyon 42:28

Is there anything that, like, non-black practitioners should know about practicing or working with people from black communities

Tiyondah Fante-Coleman 42:37

I think it's I think you're gonna have to get used to being uncomfortable as a practitioner, you have to get used to being uncomfortable because you know what - racism is uncomfortable and racism is a large part of why - why black youth may present to mental health care services. So you need to get used to being uncomfortable, you need to learn how to dissenter that discomfort. And you need to do your history research I think is really important. It's really hard to understand where we are today if you don't understand where we're coming from. And, and all of that, if you can commit to doing that I think you can make some major strides and really connecting with your clients.

Lee Propp 42:18

Yeah, I love that. And I think it's, it's so tremendously important I think as trainees I know that we learn about you know sitting with discomfort and holding the space for our clients, but when there is a system in which you are complicit in upholding, essentially, and then you then are holding space for a client to open up about that in any sort of session or group or whatnot, specifically in, in a mental healthcare setting, that is, it's you know it's - it's decentering it's - it's shifting, it's shifting the stability of the world on which you stand and especially I think as you know as someone who's still in training, and who you know feels like an imposter on more days than not, regardless of who is sitting in my office. It's really hard, but that is absolutely no reason to not commit to doing this kind of work. And I would. Yeah, I would, it's. If you're feeling like it is too uncomfortable then I wonder if, you know, perhaps rethinking the kind of work I wonder if I wonder if I'm gonna [laugh] end up with my foot in my mouth and people call me out on that but you can't [laugh] I mean I guess I'll go ahead and say it on the record that you can't. If you are unwilling to treat all people and meet all people where they are at and listen to the truth of a world in which they live and then this is not the job. All that to say that there's a lot of work to do but I think listening and talking to you right now. Makes me feel a little bit hopeful for the future of it. So I'm very appreciative of you sitting down and having this conversation with us here today.

Tiyondah Fante-Coleman 45:19

Absolutely. You've said everything I hope to say thank you so much for having me as well. I absolutely agree with you. There's so much reason to have hope. I read an article about radical hope, and I really tried to embody that there are people doing this work, there are things that are changing. There are things that can - that are improving and you know, I believe - I wholeheartedly believe that we will get there.

Lee Propp 45:36

This was really wonderful so thank you so much for your time and your honesty.

Tiyondah Fante-Coleman 45:42

Thank you so much for having me this was great I loved her conversation so I'm deeply appreciative.

Rachael Lyon 45:44

As are we.

[Interlude Music]

Lee Propp 45:53

That was such a wonderful conversation we just had with Tiyondah she was a lovely presence even through a screen.

Rachael Lyon 46:01

Yeah it's really too bad we couldn't meet in person.

Lee Propp 46:06

Yeah, I've been feeling that way with a lot of people across the screen but I, we definitely I think had a really interesting and rich and important conversation with her. A lot of it was centered around her – both her work and her life experience, which I guess intersect quite heavily. Working with - with black youth and specifically, access to, to care and access to mental health care for - for youth and for people in general in the black community.

Rachael Lyon 46:41

Yeah, it was so interesting to hear more about this research it's an area that I'm, I, I think I knew existed but I wasn't really as knowledgeable about the depth of the research that's going on in this area and so I think that was such a cool thing that she was able to share with us.

Lee Propp 46:59

Yeah, absolutely and I think at one point in the conversation we got to - to really trying to understand some of the disparity of - of representation of clinicians from different marginalized groups and specifically in this place like, Why are there so few black clinicians and I – I think I have – I mean in my mind I have like, you know, ideas and from the papers I've read and all of that but hearing someone who both works in the area and who has lived experience of all of for so many of the barriers, big and small that get in the way of really pursuing higher education and then when passed higher education graduate education - all of the levels of - of education, it really takes to become someone who is working as a - as a clinician or as a researcher in the area which I think was, it was really special for her to share that with us

Rachael Lyon 47:58

Definitely and I think it was really helpful and gracious of her to offer to us as people who are not part of the black community and some of our listeners probably as well some information about working with

black youth, and the importance of educating ourselves on the history and the systems that impact them and coming in with sort of that knowledge and an appreciation for the - the barriers that they face and, you know the context that they come from because it's such an important part of who they are.

Lee Propp 48:31

Yeah, and I think it was also - I found it quite interesting to - to really hear her unique perspective of the - that tight balance that comes from really having a deep understanding of some of the systemic issues and issues of racism that are really at play, to a huge degree. Unfortunately, but also balancing that with like a real understanding of just the individual that's in front of you and she talked a lot about in the beginning about, you know, being the keeper of these stories and - and how have different, but also have similar, some of these stories are and I mean I guess part of her job is really to try and understand what are the similarities and - and how can we put them together in a meaningful way to really try and dismantle the structures that, that, that get in the way of receiving care or good care for black youth, specifically but I guess the issue runs larger than that. And I think there's, it's a struggle to really understand that. And then also, what is it specific, what does all of that mean for this individual and I think the common denominator I think that I really have been reflecting on is really just to ask. There are so many things that get in the way of asking but one of them is being uncomfortable – being uncomfortable with being uncomfortable.

Rachael Lyon 50:02

Yeah. Yeah, definitely.

Lee Propp 50:04

Which is a larger issue, but.

Rachael Lyon 50:06

I think that discomfort is like a huge piece of it - being uncomfortable with not having the answers or maybe not being the right person or not understanding. I think those are all really uncomfortable experiences for anyone, but especially if someone's coming to you for support or help. I think that is particularly uncomfortable. And I also think that there's a time pressure that makes - I know she's speaking specifically about, like, intake like just the first encounter with - with health care or, or mental health care specifically in this instance, and people not feeling like they're being viewed as a whole person, and just being like interrogated about their problems and I wonder how much of that comes from people feeling like well like you know I've got a job, I'm here to collect information about this and - and forgetting that the person in front of you is just that, a person and a whole person includes more than just the problems and I see that as probably being an issue, cross culturally, but even more so when there might be racism at play, and people aren't feeling seen.

Lee Propp 51:18

Yeah, absolutely. I think there's a lot – I think I said towards the end there's so much work to be done by all of us who work in the system. And so much better than we could do but I - I definitely left that feeling a little bit hopeful hearing from her.

Rachael Lyon 51:35

Yeah, I love the radical - radical positivity, or radical hopefulness that she talked about at the end. What a what a refreshing view- to accept their faults or not accept them - but like understand that there are problems systemic problems and that are that they're really big and that there's also a lot of hope.

Lee Propp 51:55

Yeah, I struggle with that sometimes but I, I have to learn that you can both want to burn it down and also at the same time, have a have a radical hope for a better future. I'm gonna, I'm gonna keep that with me as I try and trudge through all the work that I have this month, because I think it's - I think it's important.

Rachael Lyon 51:14

Me too.

Lee Propp 52:18

Well we hope you enjoyed as much as we did.

[Outro Theme Music]

Lee Propp 52:58

You've been listening to the Accidental Intellectual. Our podcast is produced by Holly Boyne, Manon Feasson, Lauren Goldberg, Bronwyn Lamond, Rachael Lyon, Harrison McNaughton, Stephanie Morris, Lee Propp, and Ariana Simone. Our theme music is by Alexandra Willett and our branding by Maxwell McNaughton. You can check us out on Twitter [@accidental_pod](#) and on Instagram [@accidentalintellectual](#). Our website is www.accidentalintellectual.com. We'll be back next time with more stories from the humans behind the experts.

[Interlude Music]