

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
– Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- The evaluation survey opens at 11:59 a.m. the day of the presentation. A link to the evaluation survey is posted when the materials are posted.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- [Participate live to earn continuing education hours](#) (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2025.htm>

Practicing Transformative Mental Health

Presentation to the Wisconsin
Public Psychiatry Network
Teleconference

March 27th, 2025



Overview

- 1 Introductions and Grounding
- 2 Mental Health Landscape
- 3 Identity and Intersectionality
- 4 Practicing Transformative Mental Health
- 5 Q&A

Introductions and Grounding



Noah Gokul

(they/them)

- Program Manager at IDHA
- Artist
- Mental health activist
- Former peer specialist
- Person with lived experience

Introductions and Grounding

We are a community of current and aspiring mental health practitioners, survivors, service users, activists, artists, family members, researchers, and advocates who are interested in exploring the link between personal and societal transformation.

Our mission is to proliferate an understanding of mental health that acknowledges and addresses the numerous contexts in which our mental health exists.

Our vision is for a transformed world that encourages people and communities' innate capacity to heal and offers a vast range of personal and collective healing practices that are available to all.



MENTAL HEALTH PROFESSIONALS

Psychologists,
psychiatrists, social
workers, peer
specialists, somatic
healers, and other
professionals

PEOPLE WITH LIVED EXPERIENCE

Current and prior
service users,
survivors of trauma
and psychiatric
abuse, and peers

ADVOCATES

Family members,
caregivers,
activists, artists,
teachers, and
community
members



Education & Training

We disseminate knowledge about transformative mental health frameworks, strategies, and tools



Community Building

We facilitate creative exchange and collaboration through events, resource sharing, and a membership program




Cross-Movement Organizing

We build bridges between movements dismantling all forms of oppression as they intersect with mental health

Defining transformative mental health

Systemic change



An understanding that healing requires a critical consciousness of multiple intersecting systems of oppression and the impact our society has on our bodies, minds, and communities.

Experiential knowledge



Our lived and embodied experiences are the most powerful form of knowledge creation. Best practices and trainings are created by or in direct collaboration with those most impacted.

Holistic care



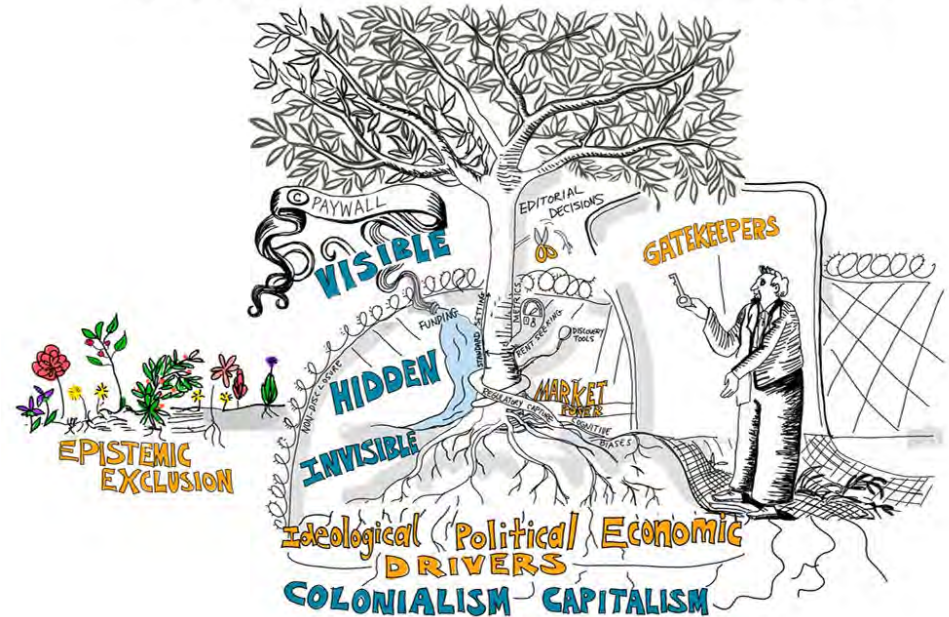
Uplifting multiple voices and frameworks brings us to a fuller understanding of mental health. Healing is a creative process and must address the whole person as well as the broader societal context.

Mental Health Landscape

Core inquiries

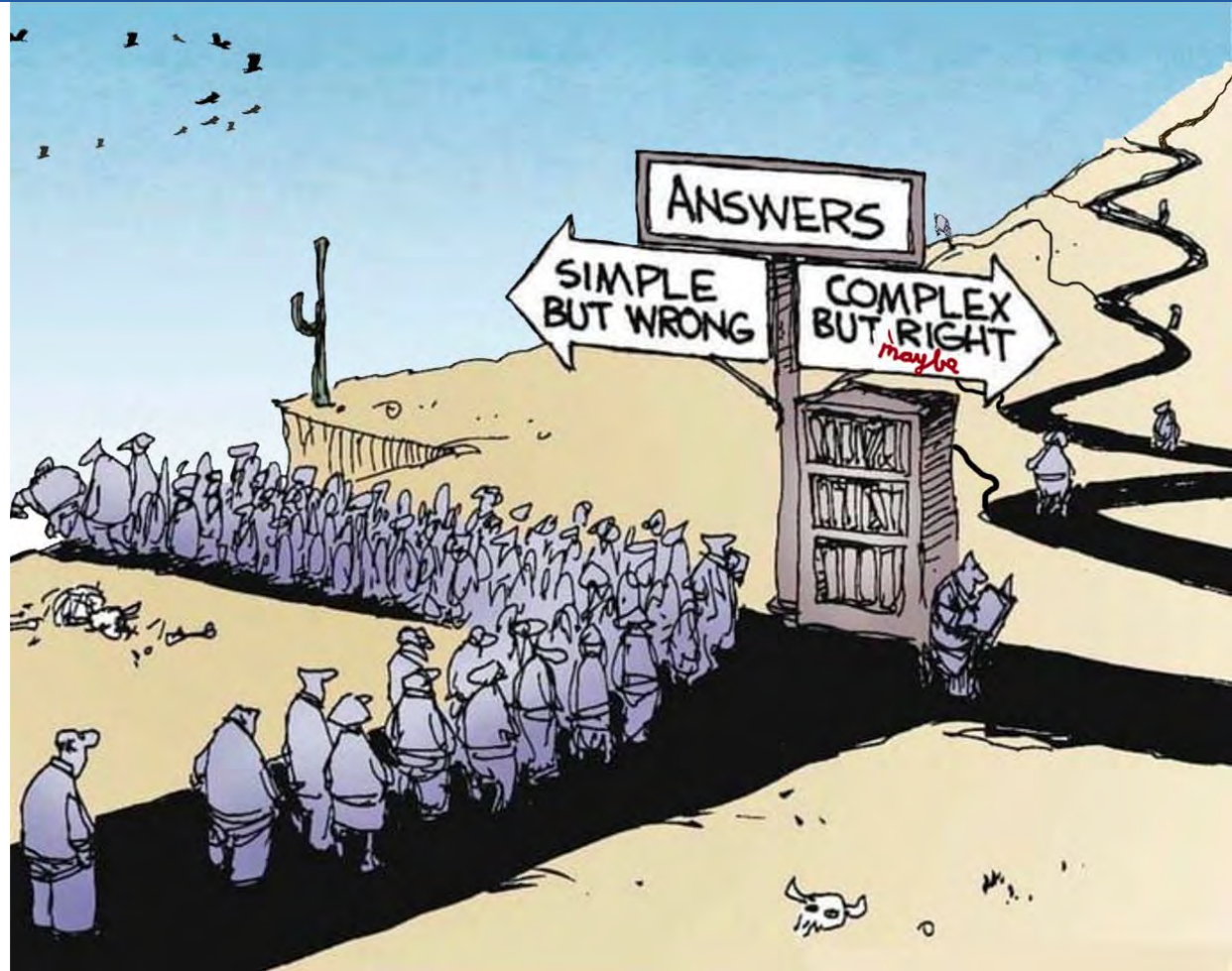
- How do we understand extreme states and intense emotion or behavior?
- What is normal and abnormal? Who decides?
- Who is not at the table? How do we build new tables?

This is not a healthy "ecosystem" of knowledge



Multiple Frameworks of Mental Health

Mental health
discourse today

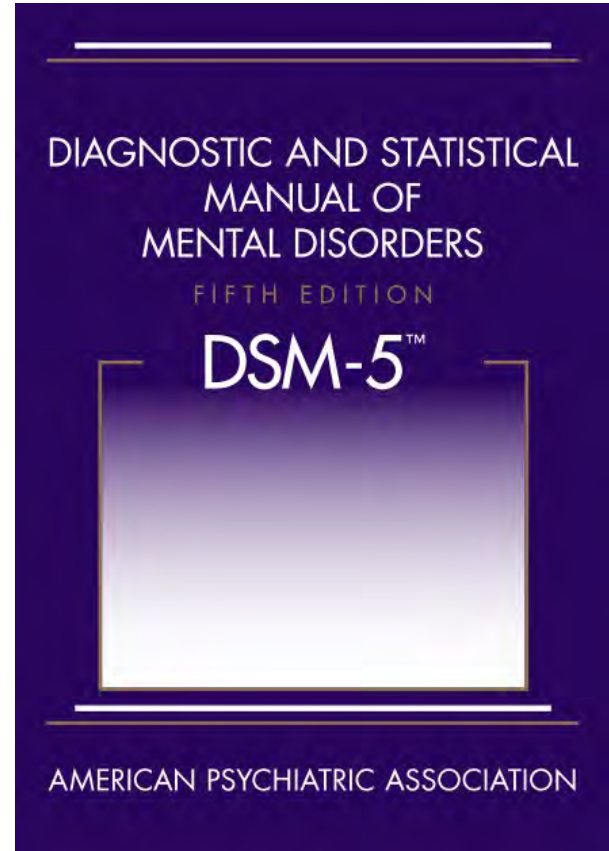


The dominant conversation is focused on a biomedical model



What is the biomedical/disease model?

- Assumes 'abnormal' psychological states or experiences are the result of biological abnormalities in the brain or genetics, which necessitate medical or chemical treatments
- Utilizes a team of medical professionals to diagnose and treat disorders
- Best represented by the DSM, which contains 200+ different psychiatric disorders



Strengths

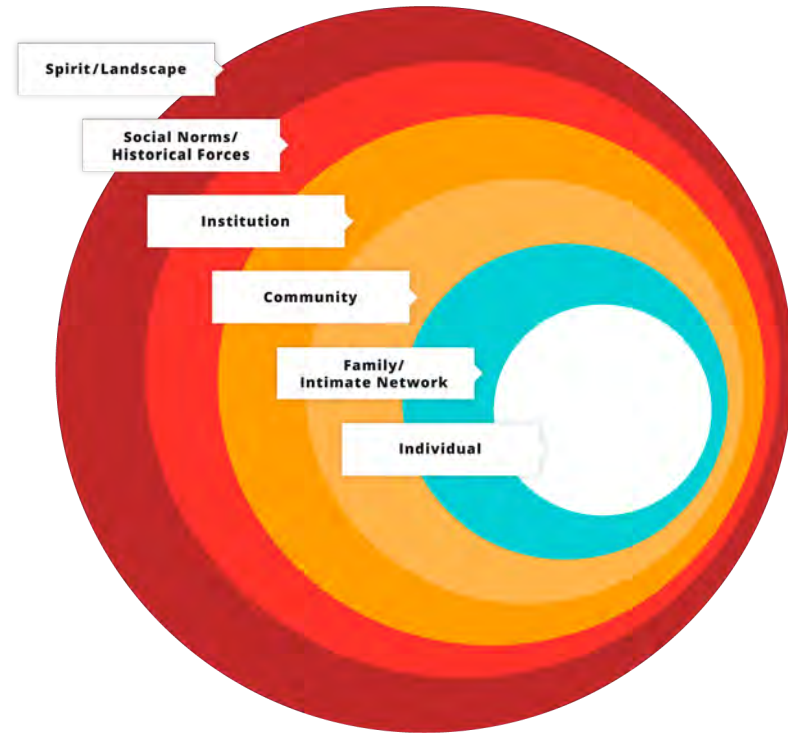
- **Shared experience:** Can help people feel that their experiences are legitimate because they are definable and shared by others
- **Symptom reduction:** Can target symptoms and may relieve immediate distress
- **Access to services:** Diagnosis can make it possible to access medication or hospitalization

Limitations

- **Overmedicalization:** Medicalizes problems of daily living and delays attempts at social or environmental change
- **Human rights abuses:** Has contributed to the exclusion, coercion, and abuse of individuals experiencing distress
- **Corruption and bias:** Pharmaceutical companies have a financial interest in the ongoing popularity of the model
- **Ineffectiveness:** Has not reduced the prevalence of psychiatric disorders, despite huge research investment
- **Stigma:** Can lead to self-stigma due to focus on pathology and location of illness within the person

What is a social/systemic model?

- Acknowledges that we are shaped by so much more than our individual biology
- Addresses multiple root causes of suffering
- Can integrate clinical/non-clinical providers and a variety of community care supports
- Like the social model of disability, sees mental health challenges as connected to societal structures, rather than a medical condition



A transformative lens and multiplicity

- Allows us to perceive mental health experiences through a variety of lenses
- Makes it possible to assess the assumptions inherent in different models and frameworks (why people suffer, what to do about it, what's next or what's possible)
- Invites a more critical and open approach to how we understand these experiences



What story does the disease model tell?

Why do people suffer?

- Neurobiology and genetics
- Mental illness (a “brain disease”)

What should we do about it?

- Assess
- Diagnose
- Eliminate/mitigate symptoms (often with medication) to “increase functioning”

What's next?

- Cannot be cured
- Return to "normal functioning" if possible, or institutionalize as necessary

What story does the trauma model tell?

Why do people suffer?

- Traumatic or adverse life experiences

What should we do about it?

- Support healing of physical and emotional distress and meet underlying needs for community, safety, etc.

What's next?

- Build healthy relationships with self and others
- Rebuild life
- Move forward with new possibilities

No consent without choices

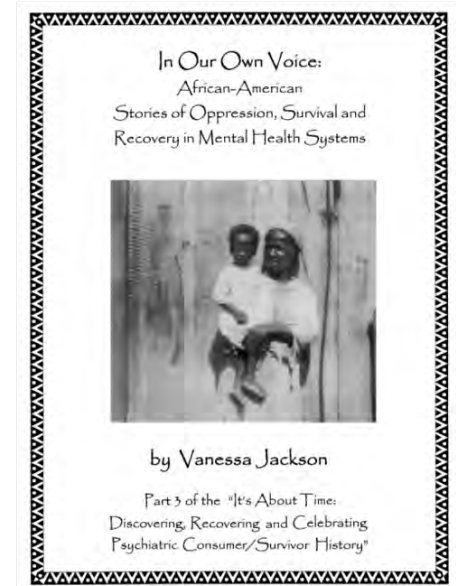
- How we come to understand our mental health shapes how we understand ourselves
- There is no one “correct” model
- Multiplicity gives the freedom to tell complex stories about healing that are most supportive to the person
- We can operate within and between many frameworks



Identity and Intersectionality

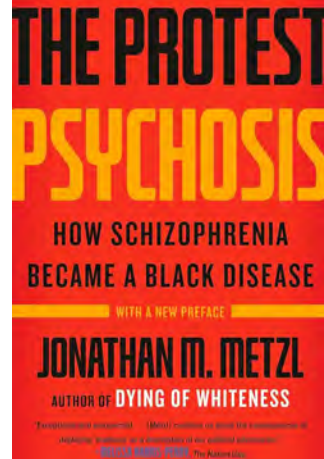
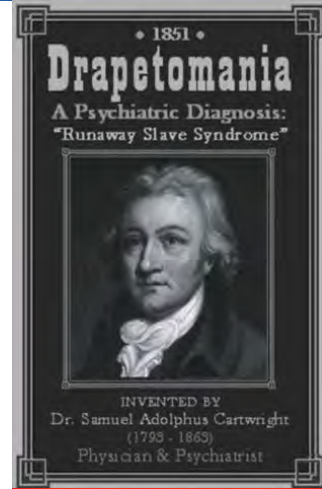
“In America, the history of mental illness had traditionally been told in a voice that is white, rich, heterosexual, middle -aged, medical/professional and, of course, certifiably sane.”

- Vanessa Jackson



The history of the field

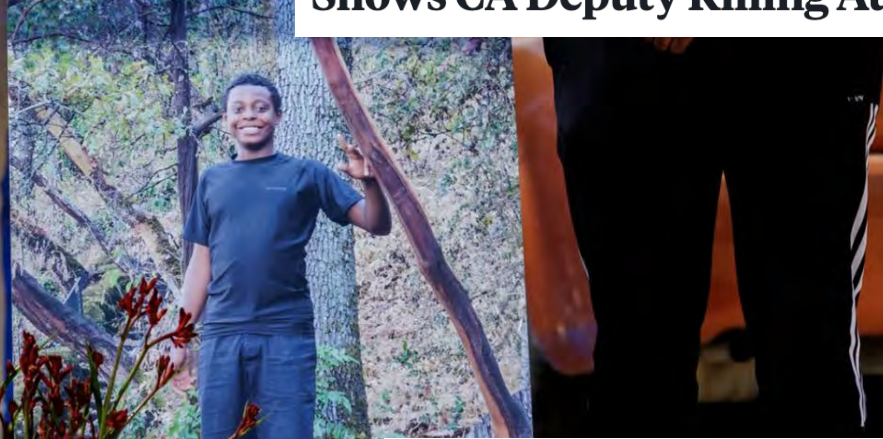
- Deep roots in policing and social control
 - Drapetomania: Mental 'disease' that explained why enslaved Black people in the Antebellum south ran away
 - Protest psychosis: Schizophrenia diagnosis leveraged to pathologize the 'aggression' of Black men in the civil rights movement
- Goal of treatment
 - Unscientific 'norms' of human behavior are based on white, middle- and upper-class, cis, het, able-bodied, and sane men (e.g. the DSM)
 - Anyone living outside of the established status quo is deemed 'unfit,' and consequently faces pressure to conform and routine oppression/violence by systems designed for this purpose



Modern-day manifestations

- When white people and people of color present with similar symptoms, people of color are...
 - *More likely to receive a more stigmatizing diagnosis:*
 - Black, Latino, Hispanic children are more likely to be diagnosed with ODD than ADD
 - Black adults are more likely to be diagnosed with schizophrenia than PTSD
 - *More likely to be placed in forced treatment:*
 - 77% of Kendra's Law orders are implemented against Black/Brown people in NYC
 - The majority of people under LPS orders in California are disproportionately Black
- Why does this matter?
 - Police are still often first responders to mental health crisis calls
 - 50% of all people killed by the police in the U.S. are disabled, with a disproportionately high number of those killed also being Black

“Why Did You Shoot My Baby?”: Bodycam Footage Shows CA Deputy Killing Autistic Teen Ryan Gainer




Activists say police killing of Ryan Gainer emphasizes need for community safety programs



Practicing Transformative Mental Health

Defining transformative mental health

Systemic change



An understanding that healing requires a critical consciousness of multiple intersecting systems of oppression and the impact our society has on our bodies, minds, and communities.

Experiential knowledge




Our lived and embodied experiences are the most powerful form of knowledge creation. Best practices and trainings are created by or in direct collaboration with those most impacted.

Holistic care



Uplifting multiple voices and frameworks brings us to a fuller understanding of mental health. Healing is a creative process and must address the whole person as well as the broader societal context.

Systemic change



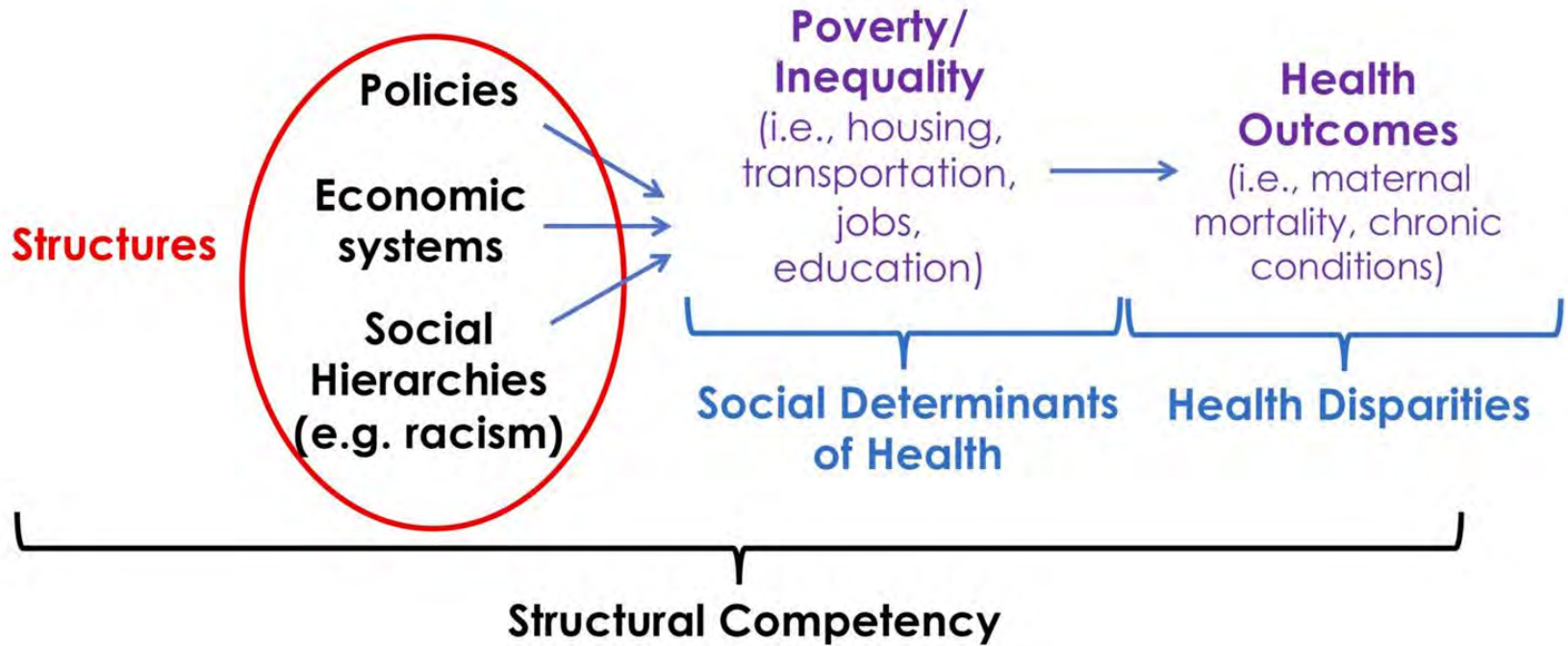
An understanding that healing requires a critical consciousness of multiple intersecting systems of oppression and the impact our society has on our bodies, minds, and communities.

Individual rights + structural and power analysis

What this looks like:

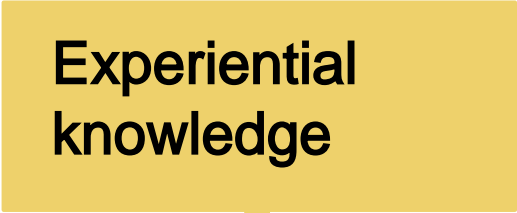
- Access to less-restrictive alternatives such as respite centers, peer-run programs, open dialogue
- “There is no consent without choices”
- Center conversations around race and oppression
- Replace ‘cultural competency’ with ‘structural competency’





“Structural determinants of the social determinants of health”

Experiential knowledge



Our lived and embodied experiences are the most powerful form of knowledge creation. Best practices and trainings are created by or in direct collaboration with those most impacted.

Valuing lived experience as highly as professional training

What this looks like:

- Have an awareness of multiple frameworks
- Tolerate uncertainty
- Know what mutual aid groups and peer support groups exist in your area
- Develop a crisis plan together (e.g. T-MAPS, advance directives)
- Partner/advocate with peer specialists
- Participate in grassroots activism

T-MAPS

transformative mutual aid practices

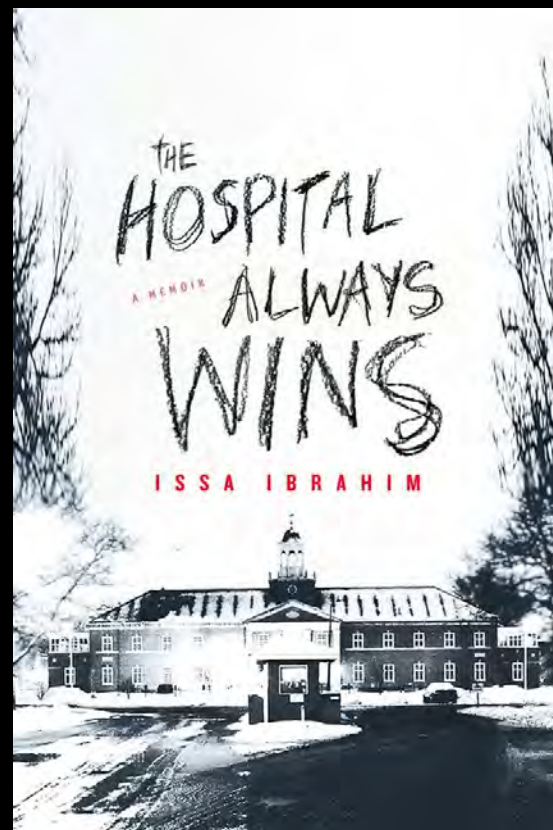
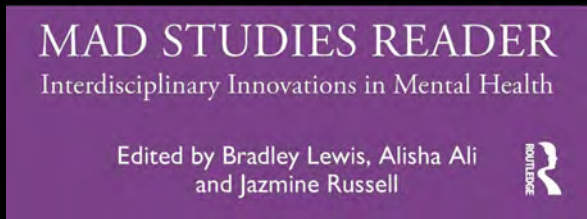
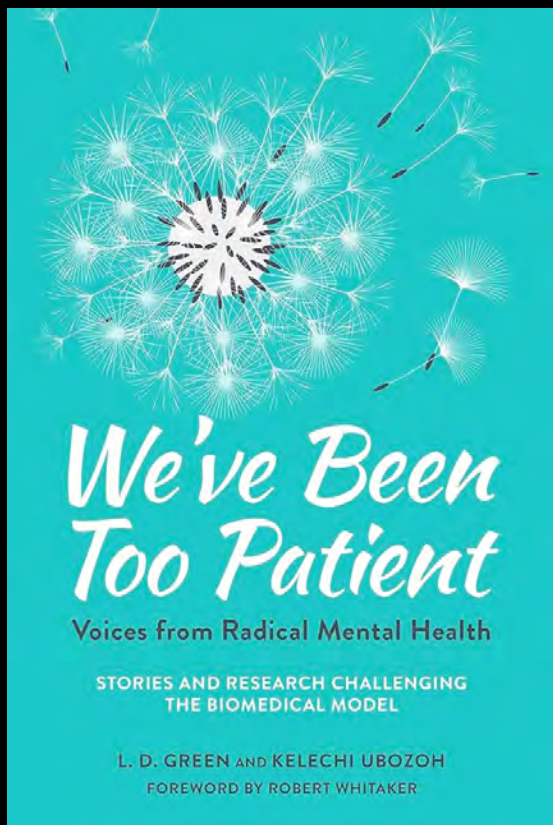


Section 3: Life Lessons and Personal Stories

If I've been through serious crisis, what were some of the early indications that I was struggling? How did it all happen?

- There has always been something different about me*
- The truth is I never really felt like I fit in*
- I stopped being able to concentrate*
- I was always like everyone else and fit in, but then it all changed*
- I couldn't handle hanging out with people anymore*
- I just wanted to get wasted all the time*
- I started having flashbacks and nightmares*
- I felt scared all the time*
- I was hearing things other people weren't*
- I started having really overwhelming panic attacks*

Describe your own:



Holistic care



Uplifting multiple voices and frameworks brings us to a fuller understanding of mental health. Healing is a creative process and must address the whole person as well as the broader societal context.

Multiple voices, frameworks, solutions, and practices for healing

What this looks like:

- Refuse to separate ‘social determinants’ from ‘biological determinants’ of health
- See mental health issues as adaptive to our environment
- Refer out to other services (e.g. nutritionists, spiritual communities, creative outlets)
- Understand emotional pain can be generative, difference ≠ disease

Spirit/Landscape

**Social Norms/
Historical Forces**

Institution

Community

**Family/
Intimate Network**

Individual

OPEN DIALOGUE

An Alternative, Finnish Approach
to Healing Psychosis

a documentary by Daniel Mackler

with

Jaakko Seikkula, Birgitta Alakare
Robert Whitaker, Mia Kurtti
Päivi Vahtola, Timo Haaranieni
Markku Sutela

SUBTITLES AVAILABLE IN:

English	Dansk (Danish)	Português (Portuguese)	العربية (Arabic)
Español (Spanish)	Italiano (Italian)	Polski (Polish)	简体中文 (Simplified Chinese)
Deutsch (German)	Svenska (Swedish)	Hrvatski (Croatian)	繁體中文 (Traditional Chinese)
Français (French)	Ελληνικό (Greek)	Lietuvių (Lithuanian)	日本語 (Japanese)
Suomi (Finnish)	Русский (Russian)	עברית (Hebrew)	

TABLE 1: The Seven Principles of Open Dialogue

IMMEDIATE HELP

SOCIAL NETWORK PERSPECTIVE

FLEXIBILITY AND MOBILITY

RESPONSIBILITY

PSYCHOLOGICAL CONTINUITY

TOLERANCE OF UNCERTAINTY

DIALOGUE (& POLYPHONY)

Q&A

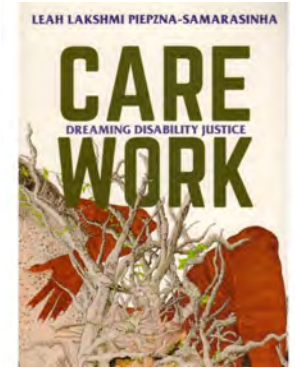
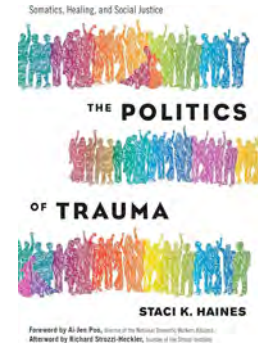
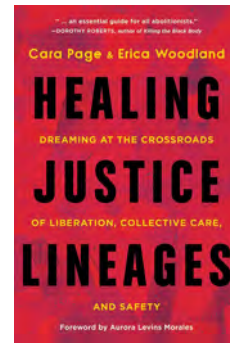


IDHA

Institute for the Development of Human Arts

TRANSFORMATIVE MENTAL HEALTH CORE CURRICULUM





STAY IN TOUCH

Facilitator email:

- noah@idha-nyc.org

IDHA platforms:

- Website: idha-nyc.org
- Instagram: [@idha_nyc](https://www.instagram.com/idha_nyc)
- Twitter: [@idha_nyc](https://twitter.com/idha_nyc)
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Core Curriculum:*

