

Courtyard Conversations S2 Ep:3 - Dr. Genevieve Graaf "Mental Wellness" Transcript

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00:00:08:21 - 00:00:41:01

Jaelon:

Hello everyone, welcome to Courtyard Conversations, I am Jalen Jackson. And in honor of mental wellness month, we'll be discussing mental wellness during and post-holiday season. Now, I'm no expert myself, but I do know someone who is. Joining us today is a distinguished expert in the realm of policy and services. Dr. Genevieve Graaf. Dr. Graff is a seasoned policy and services researcher whose work not only contributed significantly to the understanding of mental health issues but has also played a crucial role in shaping policies and interventions.

00:00:41:02 - 00:01:05:17

Jaelon:

Thank you for joining us.

Genevieve:

Thank you for having me.

Jaelon:

How are you today?

Genevieve:

I'm great. How are you?

Jaelon:

I'm making it. I'm doing all right.

Genevieve:

Good. That's a good it's a Friday.

Jaelon:

It is a Friday. And Fridays are always great. Can you tell us a little bit about your background and your role as a researcher?

Genevieve:

Sure. My background is that I'm a social worker.

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Genevieve:

I became a social worker in my early twenties. I was a, I have a theater degree, actually. It was my original bachelor's degree. And when I realized, I wasn't going to go in a career in theater, I thought, well, what am I interested in? I'm interested in people's stories because that's what the arts are really about. And a great way to kind of pivot that into a different kind of career would be to go into social work where you basically are working with people and living their stories with them all the time.

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Genevieve:

And so I got my master's in social work and the work that I did outside of once I graduated was in community based mental health with children. I worked in public mental health settings and primarily our work focused on kids with really complex mental health needs. So those were kids that often experience need for hospitalization or even residential care.

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Genevieve:

And our goal was to keep them at home with their families by providing an intensive amount of mental health services to kind of keep them safe and keep them stable in the community and in their schools.

Jaelon:

Okay. And you're a professor now here at University of Texas at Arlington?

Genevieve:

Right. I forgot to skip to that part.

Jaelon:

It's okay. It's okay.

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Jaelon:

We're here now. And can you tell us a little bit about what you teach here?

Genevieve:

Sure. I teach a range of classes, but the class that I've actually taught the most and is my passion is the mental health policy class in our master's program. It's for our advanced standing master's students. And every student in our policy, sorry, every student in our mental health concentration have to take the mental health policy class so that we're sending social workers out into the world with some understanding of the policy context that shapes the work that they're doing every day.

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Genevieve:

Because policy facilitates or constrains what they can and can't do for or on behalf of their clients or with their clients and every single step that they take. And my job in that class is to show students where that's happening and how to how to be prepared for it.

Jaelon:

And a lot of the students, you know, going through the program, we are ranked the number one best online MSW program.

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Genevieve:

And I teach my class online.

Jaelon:

You do! And that brings me to something I read. I read that licensed social workers made more than psychiatrists, psychologists...not make more!

Genevieve:

I was going to say they don't make more...

Jaelon:

Provide more mental health services. I'm so sorry. Provide more mental health services than psychiatrist, psychologist and other kinds of other kinds of therapies.

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Genevieve:

Right. Yeah. And that actually is true, especially in the work that I do. I, I really focus my work on public mental health systems and especially in the public mental health system, social workers are the core research, not research, but they're the core workforce. And so in the realm of mental health policy and services research, actually there aren't that many social workers doing this work.

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Genevieve:

But I always make the argument that it is we make up the majority of the workforce. So we should really be spending our time and energy figuring out how we can make it better through our research efforts.

Jaelon:

And a lot of people commonly usually abandon the thought of social workers being that prominent.

Genevieve:

Right! Because we usually think of psychotherapists, psychologists, psychiatrists, and in actuality, the vast majority of the mental health workforce is social workers.

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Genevieve:

But also, like, you know, there are licensed counselors as well as nurses. People don't think about nurses as being part of the mental health workforce. But yes, social workers are the largest portion.

Jaelon:

That's actually very cool. How did you first get involved in mental services, in mental health services?

Genevieve:

Well, as I said, I was that was my first job out of my undergraduate work was working in community mental health.

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Genevieve:

I had already I had always worked with kids back in my theater days. I ran theater camps and other kind of child-oriented programs. And so, it was a very easy pivot for me to move into social work with kids. It wasn't necessarily what I was like, oh, I definitely want to do that. But it was just something I already had skills and experience in.

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Genevieve:

And then when I started working in that population, it becomes I, you know, you get caught up in the mission of keeping kids at home and keeping them with their families. And so that was the work that I did. And in my practice, I noticed a lot, I was actually in middle management fairly quickly, so I had a lot of insight into the policies and financing mechanisms that shaped what we could and couldn't do with our clients.

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Genevieve:

And again, what we were asking our staff to do. And so, I just started kind of seeing the impact that policy had. I was not interested in policy at all, at all before I became a social worker. And in fact, I'm shocked that I'm like a policy wonk now. I was like, really - That's what they say. That's the term a policy wonk.

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Genevieve:

Like you've never heard that people are like, Oh, yeah, that person's such a policy wonk. Yes, I'm kind of a policy wonk. And I never thought it would happen. But I had I had a lot of experience and practice that made me realize how really critical, especially funding and the policies that are tied to funding are in shaping the mental health, access, quality and effectiveness of mental health care in the United States.

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Jaelon:

So, when it comes to policy, like what exactly does that entail?

Genevieve:

That entails a lot of things. So, the thing that I think about a lot is insurance policy, because in the United States, we consider mental health to be part of the health care system. And so, our financing strategies are based in the health care system, which are primary financing of health care in the United States, is commercial insurance or public insurance, public being Medicare, Medicaid.

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Genevieve:

We also have the children's the State Children's Health Insurance Program, and actually because of other boring policy things related to Medicaid, Medicaid and CHIP, the Children's Health Insurance Program, are some of the largest funders. They actually fund the majority of mental health services in the United States. And so a lot of my work focuses on Medicaid and how Medicaid, what services Medicaid pays for.

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Genevieve:

And it varies from state to state, how much they pay for a certain service because how much they pay for a service, drives who's willing to provide that service. Because if they if they're only making \$30 bucks an hour on that service and they can make \$80 an hour doing a different service, they're going to provide that \$80 an hour service and not the \$30 an hour.

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Genevieve:

So I think a lot about how financing shapes what is and isn't available and how many providers we have who are willing to do certain kinds of interventions.

Jaelon:

That make sense. So, what are the common misconceptions and stigmas that circulate your research?

Genevieve:

Well, we think about, I've been thinking about stigma a lot because a lot of I've actually just been doing this project that we just wrapped up.

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Genevieve:

It's been a really exciting and I mean, it's funny for me to say that. It's been a great and exciting project for me because one of the things that we wanted to do was think about, we spend a lot of time doing research about mental health interventions and mental health services, and we evaluate how well they've achieved certain outcomes from mental health services, how well children or youth or their parents have achieved certain outcomes.

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Genevieve:

And we've never really stopped to ask what outcomes matter to youth and families when they're getting services. We just kind of think these are probably what they would care about, and we study those outcomes. So, I just did a project where I asked youth and families across the United States actually, and in six different communities what outcomes mattered the most to them, like what did they want to get for themselves or for their families as a result of engaging in mental health services?

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Genevieve:

And stigma was a huge theme in what youth and caregivers talked about in their experiences in the mental health system, where they felt they were stigmatized even by providers, even mental health providers that treated them with lack of respect. A lot of parents feel blamed because of their child's mental health problems. Everyone looks at the parent first and says this kid's got mental health problems because you're not a good parent and that doesn't feel good to them.

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Genevieve:

But then also just in terms of like one's ability to move through the world effectively, when you have a mental illness, you know, in order to have a more inclusive world, we have to have a more tolerant world and a world that's not afraid of talking about mental health and is okay with normalizing the fact that people may have mental health conditions and they're working right next to you and they may have a sick day, but it might be a mental health day.

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Genevieve:

And that's really none of your business because everybody should be taking mental health days. So I think that stigma and thinking about stigma and moving, there are people that do a lot of research around stigma but thinking about stigma and how it affects people's access to services because they're maybe not going to get services because they feel embarrassed because of the stigma attached or one

00:09:57:21 - 00:10:25:23

Genevieve:

another thing is that our workforce is actually poorly paid, partly because there's stigma even at the government level around how we fund mental health services and then stigma just about how people can feel integrated in their communities and have a mental illness. Because mental illness is sometimes highly visible. We all know people that we've seen in our communities that we're like, oh, this person probably has a mental illness and how do we treat those people and how do we make space for them in our communities?

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Genevieve:

It's I think, a really important question to think about moving forward and something I'm interested in thinking about and talking about more and looking at more in my research.

Jaelon:

And I think that's actually very true because, you know, when we see people that, that suffer from a mental, um, from mental illness, you know, we often slap a label on them and it's, it's often not fair.

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Jaelon:

Um, I don't - I've always thought that it's not fair to slap a label on somebody who is experiencing a mental illness because you never know what was the cause.

Genevieve:

Well, right. And a lot of the times it's not within anyone's power. Like a person could have a perfectly normal life just like your life, and they develop a mental illness, and you didn't.

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Genevieve:

And a lot of it does have to do with genetics and some about environment. And so people are just trying to do the best they can with what we have. But the reality is also that we all struggle

with mental health and mental wellbeing to different extents, and it's just some people struggle more than others, but all of us have had times where we have felt depressed and had times where we felt stressed and anxious and worried.

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Genevieve:

And those are all things that are mental health concerns. So we've all had mental health concerns. If we can think more about the fact that, you know, really some people are just having them more intensely or experiencing them more intensely, that they're really just like us and that we can empathize and invite them to be part of our community more than we do.

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Jaelon:

I feel like that's actually very true. We should. And you told us you were a parent when we spoke before. How does your experience as a parent, you know, how does it make you view mental health versus being a researcher?

Genevieve:

Mm hmm. Well, I've always felt like I was really lucky to have the training as a social worker that I have my master's in social work.

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Genevieve:

I took some very strong human development classes. And so when I had kids, I was like, oh, my gosh, it's so useful to know this stuff. Like to know when a kid is supposed to walk and like, what's a normal developmental time frame and what kind of expectations I should have. And we learned that in social work. And I always think, what would a parent who didn't have this training do?

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Genevieve:

You know, it must be so much harder for them. And I do feel like I'm a little bit more equipped as a parent just and also as a mental health professional, knowing like, oh, when they're having mental health struggles. I try to make, you know, informed choices about how I help them handle it. I have a son who has struggled with anxiety.

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Genevieve:

He's even had panic attacks at school. And we try to do a lot around normalization and reducing stigma and talking about how lots of people struggle with anxiety to make sure he knows how to go to in the school when he's having a panic attack and have a plan for how he's going to handle that at school rather than him thinking he's sick and needing to come home.

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Genevieve:

So that's just one example. So that's totally a social worker thing that like I knew to do that with my kid because I knew that if I was a case manager or I was working with a kid professionally, that's probably a conversation that we would have with the family and the school too. So, I do feel a little bit more equipped.

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Genevieve:

But I also think that when you know all the things that kids are facing today that can affect their mental health negatively, which I do, but it also makes you worry about kids. The rates of depression, anxiety, youth-suicide have been increasing, and especially during the pandemic, there was a significant increase in mental health needs among youth. We saw more children presenting at emergency departments or emergency rooms for psychiatric reasons, and we saw more kids waiting for inpatient mental health care than we had really ever seen before.

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Genevieve:

It really spiked during the pandemic. And I was at a conference recently where the CDC was presenting, and they actually kind of pulled apart the data and showed everyone in the audience that actually the majority of that increase came from teenage girls.

Jaelon:

Wow.

Genevieve:

And I have a teenage girl. And she's struggled this past year as she's gone through some transitions with her mental health.

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Genevieve:

And it has worried me because I've known, oh, gosh, this is a really vulnerable time and something is happening in the world for teenage girls right now. Luckily, as the pandemic has moved further into the rearview mirror, we've actually seen those rates of mental health service utilization in emergency settings go back to pre-pandemic levels, even among teenage girls.

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Genevieve:

But I think that what we see is that really the pandemic was hard on all young people, but it was especially tough for adolescent teenage girls.

Jaelon:

Yes ma'am. And like so looking at here, just hearing this and being a researcher and a parent, would you say when you hear certain things, it kind of, I don't know, kind of makes you more concerned just as a parent?

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Genevieve:

Yes. Yes. It makes you worry. Yeah, for sure. Like when you hear about bad things happening, you always, especially as a parent. But I think anyone who has anyone you love in this world; we all worry that it's going to happen to our loved ones. But the thing about mental health is like I don't remember what I was at another presentation and basically someone said, everyone is going to have mental health touch their lives in some way because everyone has someone in their family, their community, their neighborhood who struggles with mental health needs.

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Genevieve:

And so because it's actually so ubiquitous, we really should work harder at normalizing it and assume it's going to be part of your life and be prepared to handle it in a healthy and supportive way, whether it's you or your loved ones.

Jaelon:

And I think a lot of people aren't prepared to accept that fact.

Genevieve:

It's uncomfortable.

Jaelon:

Yeah, it is.

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Genevieve:

And because we're not, we're not really well equipped to know what to do to help.

Jaelon:

Because I feel like just recently people started to really focus on the fact of mental health being a thing. You know, I'd say maybe around 10 to 15 years ago people would just throw the thought of mental health being a thing out the window.

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Genevieve:

Yeah, I think there's been a lot of celebrities, not like all celebrities, but I think that there have been people that have been really making choices to be open and transparent as celebrities with their mental health struggles and their journeys. And I think that's really helped, although it's also, it's also still stigmatized because they've also caught backlash from a lot of people in the public around that.

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Genevieve:

And so, yeah, I think that we are getting better at reducing the stigma around it. But if the voices of the youth and the families that I talked with in the past year over the course of this project are anything to go by. That's one thing it's happening in the celebrity world is happening in media some, but in their day to day lives, they're still experiencing a lot of stigma and exclusion.

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Jaelon:

Yes, ma'am. Could you give me any - Do you have any - How do I ask this? Do you have any personal experiences as a researcher with working in the field, with mental health? I know you probably, you probably worked with people who have that. Do you have any personal experiences that you feel comfortable sharing?

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Genevieve:

From my research or from my own personal life?

Jaelon:

From your research with policy and mental health?

Genevieve:

Oh yeah. Well, sure I do. I will say a lot of my research, this project that I just talked about, where I was talking to youth and families across the country, is one of the first projects I've done where I've gone directly to youth and families.

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Genevieve:

A lot of my research has been focused on talking to state policymakers, Medicaid administrators, state mental health association and state mental health agency administrators who do a lot of the day-to-day decision making about how the mental health services in their system and in their state are going to look and how we're going to expand our workforce or have enough places for kids who have needs to get those needs met.

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Genevieve:

So a lot of my work has been talking with those folks, and I actually have an ongoing quarterly advisory board right now for a project that I'm doing where I'm looking at Medicaid policies that support through financing an organization of community based mental health care for kids with significant mental health needs. So those are the kids that are at risk of being put outside of the home through inpatient care, or residential care.

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Genevieve:

So this this project is looking at these policies and how they vary across states. And as part of that project, I have an advisory board of mental health administrators and Medicaid administrators from, I don't know, probably seven or eight different states. And so, I get every three months I meet with them and they really just kind of talk about what's going on in their state right now.

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Genevieve:

And so it is really interesting. I think the most interesting thing I heard recently from them last time I met with them is that in the post-pandemic era, states, really state legislators and

policymakers really heard and saw that there was a mental health crisis among children. And so, states this past year have been given a lot of money to, to infuse into their public mental health systems for children with mental health needs.

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Genevieve:

And so I think it's going to be interesting to see what that looks like and how those states and communities change as this new public investment has been made in expanding and upgrading the quality of child mental health care for these kids in this kind of post-pandemic world. So, I don't know if that's like, it's not an exciting story, but it is an interesting thing to know for folks that were that there is light, that there's a there's been an investment that has happened, even though COVID has been very difficult for everybody and it's been especially difficult for kids that are our legislatures have been seeing it and are responding to it and have been

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Genevieve:

allocating additional investments towards that. And I'm interested in seeing what that looks like and how those public systems look in two years.

Jaelon:

I was just about to ask how, how soon do you think it'll happen? But you answered me right then.

Genevieve:

I think 18 months to two years is. And actually, the only reason I say that is because my advisory board members said they're like, it'll be 18 months to two years before we really see the impacts of the investments we're making right now.

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Genevieve:

So I'm not that smart, they're that smart. But they're the ones who told me that.

Jaelon:

And even then, that's still a quick turnaround compared to a lot of things.

Genevieve:

But in those two years, until we see those impacts, what are we going to you know, who's, who's going to who's going to be going without help in those two years as we're getting to that place?

00:20:47:13 - 00:21:30:04

Jaelon:

Oh, goodness. Yeah. That is a point. That is a point. Well, I think that's all my questions. So, in wrapping up, is there anything that you would like our audience to take away from our conversation today?

Genevieve:

I think the most important thing probably that we talked about today is this idea, and I'm thinking about it a lot because it's clearly really important to youth and families, which is stigma

and what can we do in our everyday lives to talk a little bit more normally and comfortably about just any many mental health challenges that we're having, giving space to people that we care about to talk about their mental health challenges because we

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Genevieve:

call it mental health. But sometimes it's just worry, it's just stress, it's just sadness. And those are all normal feelings that we don't need to medicalize. And I think we do that a little a little more than we need to. We don't need to hide our feelings. Our feelings are normal. And having mental health needs at any time is,

00:21:48:11 - 00:22:17:23

Genevieve:

- is normal.

Genevieve:

Yes, ma'am. Doug? Any tips on taking mental health - Are there any tips that you have on taking mental health days for students (UTA)?

Genevieve:

Yes. You know, Oregon just passed a law actually in the last year or two that actually allows, officially allows high school students to take mental health days.

Jaelon:

Really?

Genevieve:

Yeah. And it can be it can be documented as a mental health day.

00:22:18:01 - 00:22:39:06

Genevieve:

I think Oregon is the only state that's done that so far. But I'm a big proponent of mental health days. In fact, I was upfront and honest with my daughter's school this fall when I was like, she needs a mental health day. And I even told her it was because she was going to miss something for band. And I don't know if you know about marching band, but marching band is really intense.

00:22:39:08 - 00:22:54:21

Genevieve:

You can't miss any of it during marching season

Jaelon:

It's very serious.

Genevieve:

So, I was like, she really needs a mental health day. Can you tell me what's the best day for marching band for her to take a mental health day and he was super responsive and was like, this is probably the best time. So, if she needs to do it, this is the day.

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Genevieve:

And I was like, Great. And so that was an opportunity for me to demonstrate that I don't think we should not talk about these things. I'm asking for what she needs. I'm her mom. It's helped my job to decide and to help her decide. And you know what? She really benefited from it. And I really appreciated the band director being super flexible and inclusive and making space for that because actually, I don't know if you know, but I mean, like woo man, marching band is intense. I think probably all those kids need mental health days every now and then.

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Genevieve:

So yeah, I think actually mental health issues are really, really important. But I think if you can plan for when they make the most sense for you in your life and where it's going to be, one that you're able to really enjoy it and lean into the mental Health Day aspect of the Mental Health Day, which means at a time that you're not going to be worrying about your finals or a paper that isn't done yet.

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Genevieve:

I think that it's really helpful to take them, but it's even more helpful if you're planful about them.

Jaelon:

That makes sense because I know I needed a few of them this, this, this, this semester myself.

Genevieve:

Everybody does. And also, can I just point out sometimes I think we just need a couple, you know, mental health hours. Like maybe it doesn't have to be a whole day sometimes, you know, especially as a student, you have some flexibility.

00:24:09:14 - 00:24:28:11

Genevieve:

You're like, you know what, for 2 hours, I know I should be studying for this history test, but I am going to binge watch Netflix. That's the thing I like to do on my mental health days or fill in the blank with your streaming service. Like whatever it is that you need to do to just like sometimes it can just be for 2 hours and that's enough to kind of get you back to feeling good again.

00:24:28:13 - 00:24:49:08

Genevieve:

I think we don't give ourselves enough space to –

Jaelon:

To do some little decompression time.

Genevieve:

I mean, in Europe, man, people take naps in the middle of the day. Yes. They don't start their day till nine.

Jaelon:

I wish that was the case for me.

Genevieve:

I know! So I'm just saying, I think, like, if we were if we could be a little more flexible with ourselves and some of what constraints are is policy and the culture that we live in about how we organize our workdays.

00:24:49:10 - 00:25:07:11

Jaelon:

Yes, that that that definitely makes sense, because I know we live in a society where it's kind of just like, you have something to do, just go, go, go.

Genevieve:

Go, go, go. Right, right. And, you know, really, you could just stop for 2 hours and go, go, go later. But we don't always feel like we should because we feel like, well, my neighbor is not doing that.

00:25:07:11 - 00:25:32:17

Genevieve:

So, I shouldn't do that because –

Jaelon:

We feel like we're going to miss something.

Genevieve:

Well, that's true too right. There's the FOMO phenomenon. Yeah.

Jaelon:

I've never heard of that.

Genevieve:

Fear of missing out?

Jaelon:

Wow! I didn't know. I'm learning new things every day.

Genevieve:

FOMO. Yeah.

Jaelon:

FOMO. I'm going to use that.

Genevieve:

Yeah, it's been around a really long time.

Jaelon:

Okay. Now. That might be it.

00:25:32:17 - 00:25:39:01

Genevieve:

Okay. Is that the last?

Jaelon:

I think that might be the last question.

Genevieve:

It's been lovely chatting with you.

Jaelon:

It's been great chatting with you.

00:25:39:01 - 00:25:45:07

Jaelon:

Today, we've learned a lot about mental health and policy and what we need to do for mental health.

00:25:45:07 - 00:26:02:05

Jaelon:

If you want to learn more about social work and what we do, please visit our website, or you can follow us on social media. In the meantime, I'm your host, Jaelon Jackson. This has been Courtyard Conversations with Dr. Genevieve Graff. See you next time.

00:26:02:05 - 00:26:09:08

[outro music playing]

00:26:09:08 - 00:26:12:12