



Mental Health Matters



Washington State Department of

HEALTH

DOH 150-158 December 2024

HCS Newsletter

A NOTE FROM LEADERSHIP

Dear readers,

There's a lot going on in our country and around the world right now that can weigh heavy on our hearts and minds. In times like these, it may be easy to isolate or use coping mechanisms that feel good in the moment and help shut out the noise. But if we aren't careful, these temporary fixes may impact our mental health. According to the Centers for Disease Control and Prevention, nearly 1 in 4 U.S. adults (58.7 million people) live with a mental health condition. And people living with chronic disease, such as HIV/AIDS, are at even higher risk for developing depression and a mental health condition.

When you're struggling with your mental health, it's easy to feel alone. Yet, there is hope. The 988 Suicide & Crisis Lifeline is a free, confidential, and multilingual resource that connects you to a trained crisis counselor by calling or texting 988 or chatting with a counselor online. Crisis counselors are available 24/7/365 to support those thinking about suicide, concerned about substance use, worried about a loved one, in need of emotional support, and more. You don't need to provide any personal data or have insurance to receive services when you contact 988.

This issue focuses on mental health and why it's important for us to destigmatize this critical topic. Thank you to the brave people who willingly shared their stories.

Contributor:

Lonnie Peterson, 988 Crisis Systems Manager
Washington State Department of Health

IN THIS ISSUE:

WSPG In-Person
Convening Year 2

Keeping the Flame:
Honoring Ann B Mumford

Peer Essentials:
Highlighting Peer
Supporters at SAN

Community Voices:

WARNING!
The following articles
address attempted
suicide, substance use,
and child sexual abuse

From Darkness to Hope
A Journey of Resilience,
Advocacy, and Healing

The Art of Healing

Mental Health Screening
Study for Trans People

Cancer Screening Study
for Trans POC

Acknowledgements

The Second Annual WSPG In-Person Convening Summary



Kneeling on the floor: Monte Levine, Lisa Al-Hakim, Howard Russell, right to left: Genee Grimmert, Martha Grimm, Karlos Johnson, Tanaya D., Tamara Foreman, Ann B. Mumford, Starleen Maharaj-Lewis, Beth Crutsinger-Perry, Columba Fernandez; back row left to right: Carrie Comer, Christina Jackson, Walter McKenzie, Omero Perez, Tyrell Jackson, and James Tillett.

The Successful Collaboration between the Office of Infectious Disease, (OID) and the Washington Syndemic Planning Group(WSPG), resulted in impactful Second Annual WSPG In-Person Convening. Starleen Maharaj-Lewis and a team of OID staff, organized a successful meeting for WSPG members. The dates of the event were September 8-10, 2024, at the La Quinta Inn & Suites in Tacoma, WA. The meeting led by Omero Perez, James Tillett, and Beth Crutsinger-Perry was to make sure the groups work is on track with meeting their goals. The group focuses on fairness to reduce health gaps and challenge harmful systems in their approach to health care. (WSPG Charter, 2022).

Each day the three planning group chairs opened the meeting with icebreakers preparing the group for the day's work. Workshops and discussions were led by OID staff and partners.

Continued on next page...

The Second Annual WSPG In-Person Convening Summary



Pictured above, left to right: Omero Perez, Carrie Haecker, James Tillett, Yob Benami, and Lisa Al-Akim.

Specific Agenda Items:

Syndemic Overview Workshop – Kari Haecker and Zandt Bryant presented gave a syndemic overview on substance use and the impact it has at different levels and intersections for people living with HIV.

Adaptive Leadership Training – this training was provided by Karen Kelly from Washington State Community Connectors.

Chalk Talk Visioning Activity on improving client support and services – this activity was headed by Martha Grimm from OID.

Current state of the 13 Goals in the Integrated Plan – led by Claire Mocha, Project Management and Program Evaluation Consultant, Assessment Unit.

Best Practices to Establish and Maintain a Community/Client Advisory Board – this activity was led by Karlos Johnson, Quality Management Coordinator and Vanessa Grandberry, HIV Community Engagement Coordinator.

Gallery Walk Activity, Planning for WSPG 2024/2025 – led by Carri Comer, Business Development Coordinator.

Community leaders spoke on the success of their sessions, topics of focus, lessons learned and the impact on the community at large. The conference group leaders presented on the following topics:

Mario Bañuelos – Afro-Descendant and Indigenous-Spanish-Speakers including LGBTQIA+ migratory youth.

This workshop was about programs for people who identify as Black and those whose first language is Spanish. The objective of this workshop was to talk about HIV prevention materials available in the Spanish language for Latin communities including recent immigrants and youth.



James Tillett, (above), presenting on Black and Indigenous experiences with healthcare providers with Columba Fernandez, (front), and Genee Grimmett, (back).

The Second Annual WSPG In-Person Convening Summary

Christina Jackson – Housing Insecure Transitional Aged Youth.



Above, Christina Jackson presents on youth and housing insecurity.

The goal was to understand what young people without homes or parents need and the challenges they face. We want to help homeless youth with issues that matter to them, especially related to things like substance use, HIV, and other health problems. It's important to find ways to support these young people so they can stay healthy, both physically and mentally, while they get the help they need.

James Tillett – Black and Indigenous Provider experience, treatment of services, experiences with providers.

The focus of the workshop was Black and Indigenous experiences with the medical system. Who's accountable for low barrier HIV services? How the WSPG can get community feedback and connect them to work with OI.

Madison McPadden, Capacity Building Consultant

Tammy Foreman Holistic Care for Sex Workers.

The goal was to get advice from people who have traded sex for money or goods. This is to find ways to help sex workers access health care, improve support for them, and create programs that reach out to their community.

The three-day meeting led to important topics learned and discussed.



Above, Tamara Foreman presented on holistic healthcare for sex workers.

WSPG members addressed past work challenges, and new ideas and suggestions. The meeting showed the value of the work done by WSPG, and that it should continue, and participants are looking forward to the next convening in 2025.

Summary by - Genee Grimmert

Planning the Annual Washington AIDS Education and Training Center Conference (AETC)



1. How do you choose topics for the conference?

The Nursing Conference Planning Committee consists of nurses from across 10 states (AK, WA, OR, ID, MT, WY, UT, CO, ND, SD) in the country. These nurses help with the selection of topics for the annual conference. The group includes Registered Nurses (RNs) and Nurse Practitioners (NPs) with different years of experience and skill levels. They also come from various places, like health centers and schools. The planning committee also has some long-time volunteers who help organize the event yearly. We also invite new nurses to join since some members leave over time. We depend on this group to tell us what important topics we should discuss each year. We offer different sessions for both experienced nurses and those new to sexual health and HIV.

We cover many topics like the latest information on HIV, STI's, and PrEP as an intervention to help prevent HIV. We also talk about related issues like drug use, mental health, and things impacting people's health. Topics like leadership and mentoring for nurses, are also part of the learning sessions. Each year, the committee decides what topics to include in the program; they're usually based on what hasn't been previously explored.

2. Who is the main audience for this conference and what do you do to keep the information fresh and interesting?

The conference is mainly for nurses, but we also want to make it available to other experts in the field of HIV.

This means inviting them to come to the event to speak and show what they do or to join as event attendees.



Now that we can meet in person again, this is a great chance for everyone to work together and connect; something that was tough during the pandemic. Nurses can meet health teachers, case managers, community-members, and local government workers. These meetings can lead to new opportunities.

Everyone has different skills and ideas to help improve services. This is why we need to share ideas and hear each other out. We are always looking for new people to invite to the conference each year.

3. What makes you most proud of the conference and what do you hope providers will take away?

I really enjoy my job at AETC. I work with a team that cares about their work and the people they help. It's great to be part of this team. I also like organizing everything for the conference, finding speakers, and handling other details to make the event successful. I don't do this by myself. My coworkers at AETC help a lot and each of them has an important role. Watching everyone come together and enjoy the conference makes all the hard work feel worthwhile.

I hope everyone leaves with new knowledge and helpful contacts for their patients. I also hope they feel refreshed, excited, and energized. That is how I feel after a conference. Work can be hard, especially for nurses who have a lot to manage every day. I hope they feel recharged and realize how important their hard work is.

If there are any nurses or nurse practitioners with experience in HIV prevention and treatment who want to help with planning the conference, they can reach out to Victor Ramirez at vmrg1@uw.edu for more details.

Contributor: Victor Ramirez

“What motivated me was an opportunity to share my lived experience and have my voice heard. Initially, it was a chance to share from my experience, but this changed with the newfound investment in us as a collective. Over the last year my motivation has shifted towards growth and professional development with the end goal of working within OID.”

— Anonymous

“I tend to center my efforts in my community as representation on my side of the state is often missing. I’m driven to use the knowledge I’ve gained, and I want to share it with members in my community, whether it be state sponsors or the public. This is why being able to share what a syndemic is with others has been a motivation as well.”

— Anonymous

“As an HIV positive woman, I joined the WSPG to be a voice for my ladies around the state. We want to be able to provide feedback to DOH/OID to help create better programs for my peers across WA.”

— Anonymous

“What got me into this work is seeing a need for change and knowing I need to use my voice to help advocate for it.”

— Anonymous

“It has allowed me to be a community health advocate and empower Blacks/African Americans. I feel there is a great need for this type of work. It is important to be a part of change to make sure my kids have access to any resources they might ever need.”

— Anonymous

Keeping the Flame

Congratulations, to WSPG member Mrs. Ann B Mumford, or ‘Miss Ann’ as we know her, for being selected to receive the Presidential Lifetime Achievement Award.



Photo of Ann B Mumford

The Presidential Recognition Award is presented to individuals, families, and organizations throughout the United States who have provided hundreds of hours of volunteer work to help people in need. This is the highest award for volunteer services given by the President and government of the US.

This year, a select group of people from diverse backgrounds were recognized for their outstanding volunteer work throughout the year. Miss Ann’s dedication to volunteering her talents and gifts set her apart from her peers. Though she may not seek recognition, her example has delivered a powerful message that encourages others to act.

Miss Ann worked as an advocate for at-risk children, youth, and families for over 50 years in Pierce County. She dreamed of working with the African American community to deliver services needed within her own community. She worked for an AIDS service organization as Coordinator for the Unity Now Program. She did outreach to the faith-based community for the prevention of HIV/AIDS and started her own non-profit organization in February 2013. ‘Keepers of the Flame NW Foundation’ works with all faith houses on the prevention of HIV/AIDS in communities of color.

Peer Essentials:

Highlighting the peer support team at Spokane AIDS Network (SAN)



Photo of Esteban Jaramillo

Peer support is essential for people living with HIV. This is especially the case when they feel alone or when they are new to this country. Immigrants feel supported when they can talk about their situation in their language. Others find support when learning about different cultures. Bonding and healing can be through visual art or sewing and crafts. Recently at SAN, I met Tamara Foreman and Esteban J, two peer supporters. Both of them bring something unique to serving the community. In their own words, they share how they got into community work, their passion for what they do, and how clients feel about their efforts.

Contributor: Rhea Ashby-Durall

“A Touch of Home”

I came to SAN as part of my therapy. As an immigrant having lived in Spokane for one year, I didn't have any connections outside of my husband. And we weren't spending time together due to our jobs' shifts.

Rhea (whom I now work with) saw I had great Peer qualities and skills. I was the right person to connect with the Latino community and the organizations serving them. My immigrant journey, bilingual skills, and career in health-related services gave me the

chance to see myself as a servant for this community. Connecting with other peers through my life experiences, empathy, co-reflection, and passion to serve others in need gave me the break needed to show my uniqueness. My work doesn't feel like a job. I can be myself while having the chance to serve. It does not matter if I am from here or not.

Two Latino community clients have stated my service makes them feel at ease. They can talk about their situation in their first language, with less barriers and better understanding. I bring the Latino heat when I'm serving them, but also a touch of home.

Contributor: Esteban Jaramillo



Photo of Spokane City sign

Continued on next page...

Peer Essentials:

Highlighting the peer support team at SAN



Photo of Tamara Foreman

An Artful Approach to Healing

Greetings! I am Tamara and have been HIV positive for 3 and ½ years. I have been a Peer Navigator at SAN since January of 2024. I started as a client utilizing the food pantry program. It was the first time I felt comfortable going out in public after moving to Spokane.

There has been a need for a Ladies group for several years with no real success. I hit the pavement and made it happen. We now have a lovely group of survivors from all over the world. Primarily the survivors are from Kenya and Malawi. We even have trans folk! The ladies group consists of women who are long-term survivors of HIV and those who are newly diagnosed. We have formed a sisterhood bond within the group. We're working on improving

our self-esteem, reducing self-shame, and healthy relationships.

We utilize art therapy and have created a sewing circle.

I help run the food pantry for clients as well as the general population.

I do outreach in the community to educate in the form of booth settings. I teach people the science of U=U (Undetectable = Untransmissible).

I hand out condoms with instructions on how to make dental dams, so they pertain to anyone who takes them. I speak to future healthcare workers, and high school students to educate them about daily life with HIV. I talk about healthy sex, how to prevent STI's, and knowing your status.

Clients know me for spreading hope and encouragement to the community. And that's what I'm known for most.

Contributor: Tamara Foreman



Pictured above, Art therapy concept on a sign

From Darkness to Hope:

A Journey of Resilience, Advocacy, and Healing

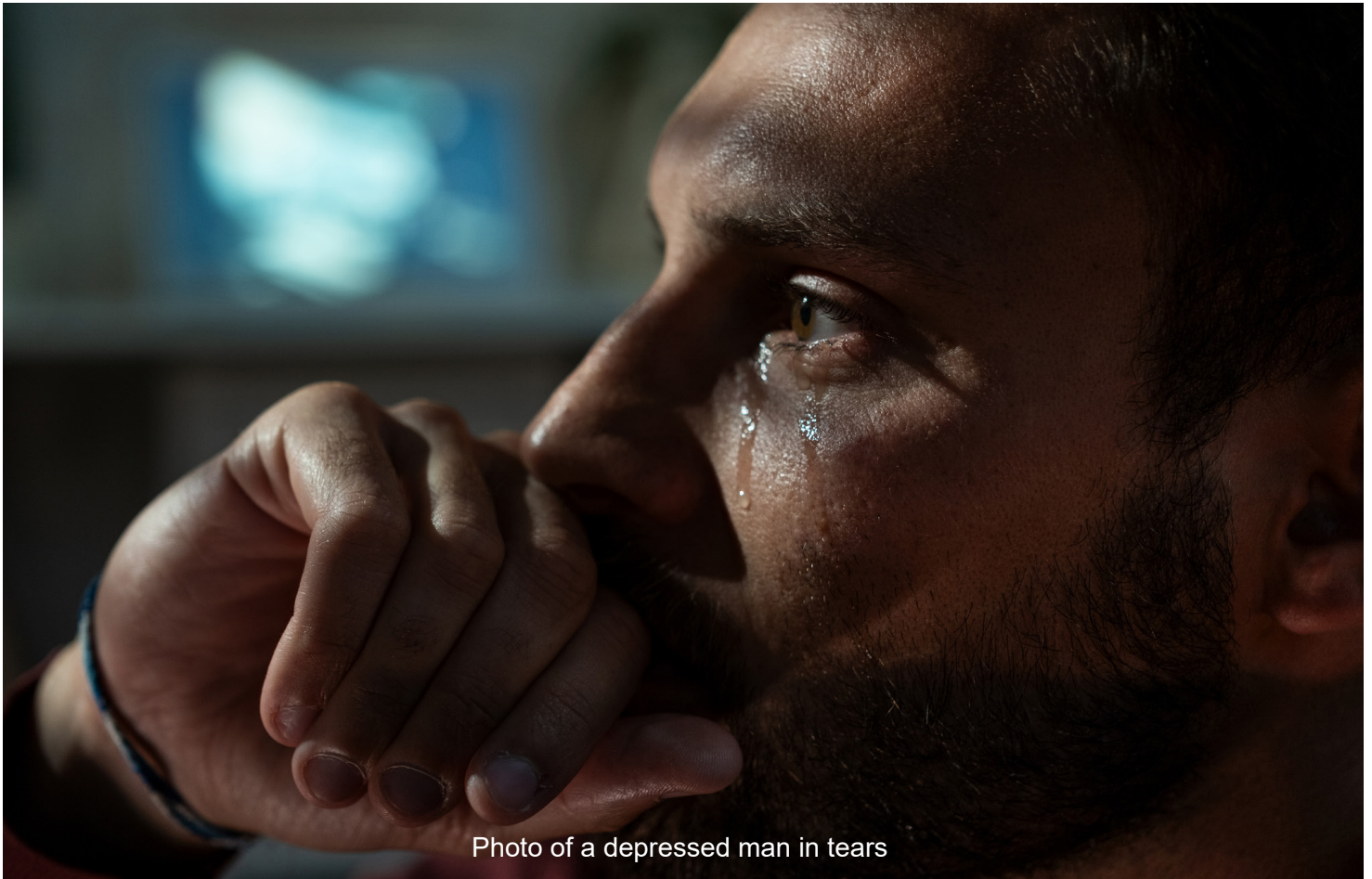


Photo of a depressed man in tears

Warning! This article includes topics of mental health, depression, substance use, attempted suicide caused by self-inflicted injuries. It may cause post-traumatic stress disorder (PTSD) in some individuals who have attempted suicide or have experienced the loss of a loved one. We hope that by sharing this personal story we can encourage those who may be going through similar situations or experiences to seek help for themselves or someone they know.

[988 Suicide & Crisis Lifeline | Washington State Department of Health](#)

Dear readers, thanks for letting me share my story. I hope talking about my experiences can show some of the struggles many people in similar situations go through. I also hope it can bring insight and clarity to the bigger problems in mental health and healthcare.

My main goal is to support anyone who might be dealing with similar issues and remind them that they can get through tough times.

I want to encourage those who feel alone; show them that even when things are hard, it's possible to overcome challenges and become stronger. I'm Augie Martinez and I've been living with HIV for over 16 years. I've also been fighting the effects of childhood trauma for over 36 years, and it has been hard. I've faced issues like addiction, low self-esteem, and feelings of guilt and shame. All these struggles have shaped my life so much. It often feels like a never-ending fight.

One of the hardest times in my life was in 2008 when my ex revealed he had given me HIV.

Continued on next page...

From Darkness to Hope:

A Journey of Resilience, Advocacy, and Healing *continued...*

This felt like a huge betrayal and caused a lot of emotional pain, leading me down a tough road that I'm still on today.

Recently, on June 20, 2024, I went back to using meth. I ended up in such a dark place that I tried to take my own life. I woke up in the ICU after five days with serious injuries. This showed me how crucial it is to have help for mental health and support from others.

I came to Spokane in 2016 to get help for my drug and alcohol problems. After some ups and downs, I got better and joined support groups. Having a stable place to live, thanks to a program that helps people with housing, also helped me succeed.

Since I got here, I've had some new health problems. I found out I have a broken lower back and some messed up discs, which cause me a lot of pain. On top of that, I need to have surgery for weight loss soon. These health issues have made me realize how important it is to have good and easy-to-get healthcare.

Getting better health takes time and solidarity between people and the healthcare system. It's important to have help, like case management, which connects you to mental health services, HIV specialists, and support from others. Right now, many people feel confused and alone. This can make mental health problems worse. I know I need to speak up for myself, but talking to doctors can be stressful and it also makes me feel like a bother.

Case management has made things easier for me by giving me support and reminding me that it's okay to find things tough. I want to share my story to start important dialog that can help make things better. It's crucial to fix big problems in managing care so everyone gets the help they need.



Photo of a man in deep thought

I believe talking about these issues can lead to new ideas, ease the load on case managers, and make sure no one is left behind. If we work together, we can create a kinder and better care system. One that looks after everyone. I'm committed to pushing for the right resources and support. I'm here to share my story anytime. By joining forces, we can better the lives of people with HIV/AIDS and create a healthier community for everyone.

Contributor: Augie Martinez



Finding Your Way: The Path to Emotional Recovery

If I said the healing process was difficult to say the least, most people would agree. We experience trauma, we suffer from the trauma, and if we're lucky, we learn to live with the trauma. See, the healing process is a process and because we are individuals with various lived experiences, we can't apply a one sized fit all approach to our unique situations. What I find helpful, may be a trigger for you. What brings you peace may be harmful to me. One thing I know for certain is we can't change our pasts. What we can do is use the tools to better navigate our current interactions in a way that feels safe for us. As someone who lives with a bi-polar diagnosis compounded with enough trauma to set off the most resilient person, I know far too well about what the healing process has and has not been like for me.

My first therapist didn't work out long term, but he did help me make it through the situation I was faced with at that time. Not all therapists are going to be a good fit, I knew that going in. When I was looking for a therapist, I had to consider the following:

1. How did I feel in the space, 2. Did I feel heard, and 3. Did I have confidence in their ability to support me. I always suggest friends consider what experience their looking for prior to their first appointment if possible. If it doesn't work out, I strongly encourage them to feel empowered to find someone else. When I hear a person say they don't like therapy, what I hear is they don't like their therapist. That can always change. Even when we find the right therapist, they may not be the provider to handle every situation. Healthy relationships have boundaries so it's okay to say it's time to move on without guilt or fear of upsetting someone with your decision.

For some of us, therapy alone just isn't enough but the stigma surrounding the medication can prevent us from living the lives we deserve. Despite what we may believe, medication is not about turning the world into rainbows and lollipops. Medication should not make us feel zombie like or leave us feeling numb, but chances are we may not find the most effective medication the first time.

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Finding Your Way: The Path to Emotional Recovery

continued...

For me, it took 3 different tries before realizing I was on the wrong class of medication. It also took time because the drug(s) usually have to build up in your system to begin to feel the benefits. There are a lot of misconceptions about using medication as a tool to help with emotional well-being. I get it, a lot of us have many reasons to distrust the medical system but we also can't allow the historical trauma with the healthcare system, whether vicarious or our own experiences, to impact our future.

Not everyone is in a place or has resources for traditional therapy, but all is not lost. There are many types of support groups. CODA or co-dependents anonymous, is the group I chose but the type or structure of support you need may look different. In my personal experience, I have found that sharing space with others who may also be struggling gives me a sense of community. For me, a non-judgmental and welcoming space to be my authentic self has helped me tremendously. There is no one offering advice or trying to fix the problems that come up. There is no one there to make you feel as if your feelings aren't valid. The people in the room are there to listen and be listened to. I consider this a part of my weekly self-care. Along with being out in nature, spending time with my pets, and being creative, I have used and continue to use tools at my disposal in my healing journey.

We can embrace our wins, big and small, and eventually when we can use our prior experiences as tools to help someone else, we transition from being a victim to a survivor. As tough as times may be, there is life on the other side. It's not linear and it doesn't happen overnight, but healing is possible.

Contributor: Anthony Rivers

Mental Health Help Resources

[The 988 Suicide & Crisis Lifeline: The Native and Strong Lifeline \(PDF\)](#)

Washington's crisis line for American Indian and Alaska Native people is the first of its kind in the United States.

[The 988 Suicide & Crisis Lifeline: Fast facts \(PDF\)](#)

The 988 Lifeline is free, confidential, and available 24/7/365.

[The 988 Suicide & Crisis Lifeline: What happens when you call? \(PDF\)](#)

First, you'll have the option to dial 2 and get support in Spanish. Then, you'll have the option to dial 1 for the Veterans Crisis Line or dial 3 for the LGBTQI+ Youth Subnetwork.

[988 Suicide & Crisis Lifeline Partner Toolkit](#)

The Department of Health 988 Crisis Systems Section developed this toolkit to help partners communicate with Washingtonians about the implementation of the 988 Suicide & Crisis Lifeline.

[Veterans Crisis Line](#)

24/7, confidential crisis support for Veterans and their loved ones you don't have to be enrolled in VA benefits or health care to connect.

Mental health resources for the trans community

Mental Health

FOR, BY, WITH TRANS PEOPLE

SCREENING STUDY FOR TRANS PEOPLE

SCAN BELOW:



We are looking for:
Trans and nonbinary adults (18+)
living in Washington, Michigan, New York, or Utah

We will provide:
\$100 online gift card for completing 1-1.5 hr interview



This is a University of Washington Research Study (IRB #STUDY00018853). For more information, contact Dr. Arjee Restar at lgbtquequityresearch@uw.edu



Link for mental health project: https://uwashington.qualtrics.com/jfe/form/SV_6oo7E9ngaixgPfE

Cancer screening study for trans people of color

Cancer Screening

FOR, BY, WITH TRANS PEOPLE

STUDY FOR TRANS PEOPLE OF COLOR

Looking for trans and nonbinary adults (18+) of color that have experience with cancer prevention and treatment. \$50 gift card for 1 hour interview.

Scan to see if you're eligible:



This is a University of Washington Research Study (IRB #STUDY00018064). For more information, contact Dr. Arjee Restar at lgbtqhealth-study@uw.edu

Link for cancer project: https://uwashington.qualtrics.com/jfe/form/SV_eKYGtTP4JD6TYGO

ARE YOU BEING SERVED?

How do you feel about your case management services?

- What's working for you?
- What's not working for you?
- What could be done better?

We want to hear from you!



The HIV Community Services (HCS) Newsletter is a publication created by the staff within OID at DOH. The HCS Newsletter is used as a tool of engagement to highlight the work of our community partners, DOH staff, and elevating voices from diverse communities with lived experiences.

We encourage diversity with a focus on equity and inclusion to build stronger bonds through commonality and improve the overall health and well-being of individuals and communities.

If you have submitted an article, and do not see it in the current newsletter issue, it may be added to a future newsletter.

Want to have your agency and the work you're doing featured in our newsletter?
Please get in touch with Vanessa Grandberry at vanessa.grandberry@doh.wa.gov

Thank You

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