

TRANSCRIPT:

My name is Makini Fortino. I'm a licensed marriage and family therapist, as well as the CEO and founder of Deconstructing the Mental Health System, otherwise known as DMHS, and my pronouns are she and hers.

I identify as Afro-Caribbean American and what that means is I'm recognizing my African ancestry influenced by American culture but my family is from and located in the Caribbean predominantly. My mom is from the USVI so that is a territory and there is a history of multiple countries coming in and taking over and what that does to the people there and their identities. And then my dad is from Trinidad. I think one thing that makes our family unique is both of them have served in the military. So my dad wanted to migrate to the United States. There was an opportunity through enlistment and they're like, if you serve in the military, you can become a citizen. And I think he was probably so young that he didn't think about the potential impact on his psyche and on his body in enlisting during the Vietnam War. And I still actually don't know all of the stories. I really don't know what happened. I just know that it was really bad. And my mom, she was an adventurer. She studied administration and was like, I want to get off the island. I want to be different and do different things and be competitive. And enlistment sounded like a good escape for her.

Because we're Black in the Caribbean, because there's a history of enslavement. Women in our family were entrepreneurs and educated to the extent that they could be. So a lot of women in my family up until my mom's generation didn't get the opportunity to go to school past fourth or fifth grade, but my grandma had several businesses. She was a tailor. She was an accountant. She owned a bar at one point. I think growing up in a military family is also getting to observe various cultures and observed the influences of how systems can impact families. We were what people would call army poor. So what that meant was we were provided with housing and healthcare, but pretty much nothing else. We were the family that other families would donate Thanksgiving or Christmas dinner to. But we also got to see the world. I was born in Texas, but we moved all over the place. At one point we lived in Italy, we lived in New York. In adolescence through early adulthood, I was in Miami.

I was excited about education and I was like, I don't know what I want to go for, but I know I like talking to people about what they want to do. Like when I was looking at different options, I thought about my own family. Yeah, we technically come from a broken home, but we've made it as best as we could. And it would be kind of cool to be able to figure out how to keep families like mine together. So I decided to study marriage and family therapy. I studied in Connecticut. So getting to kind of witness how we were educated in a like a Eurocentric nuclear family preservation. And then all of a sudden my internship is single parents, Puerto Rican families, kids who are experiencing various disturbances at home and at school. And so I was like, what I

was taught and what I'm witnessing are two completely different things. And that's when I started thinking about how to apply what I was learning to working with families who were also systems impacted. So I was always like, at odds with what they were encouraging me to do.

At my internship, they would say, you need a diagnosis. These are Medicaid clients, so we want to make sure they have a diagnosis. In marriage and family therapy, there's something called systems theory. Basically, systems theory says that a person is a culmination of all of the systems that they're impacted by. People can have various paths and outcomes in life based on the education system that they experience, based on whether they have supportive people in their lives whether they have family members who have experienced incarceration, whether they have a single parent, et cetera, et cetera, et cetera. So for me, there was the recognition that I actually fit really well into it, and I could see that in others that I was working with. So when the organization I was working for was like, and now you have to diagnose them with ADHD or oppositional defiance disorder, I'm like, maybe they have ADHD. But first of all, a lot of the children were very young.

And secondly, they are experiencing things at school like where they're being discouraged from education, where they're being told that they are bad, where their teachers perceive them as not being able to learn. And I'm like, if they're experiencing that and then at home their parents are arguing or single mom is trying to make it or single parents trying to make it, I don't know if that's ADHD.

I would say to them, I have to diagnose you with something. And what I'm choosing is adjustment disorder because you're going through some changes in life. You're in situations that you have to adapt to, and that's what we're going to work on together. And I would talk to the parent and the child. Everyone would understand basically that we were all part of this mental health system that was requiring pathologizing in order to serve, but that wasn't necessarily my purpose in my work.

From that job I went into working with an org that was partnering with DCF. The intention is always different from the impact. So the intention was family preservation services. That's what they sort of preach. They're like, we want to keep families together. I'm like, cool. What does that look like? They're like, well, you got to meet with the family three times a week for two hours at a time. And I was like, what? I said, first of all, what do you even talk about for two hours for three times a week? And second of all, isn't that kind of intrusive? show me your home, show me that you can keep your kids safe. And I'm gonna watch carefully and document it so that you don't get a call. But I might also have to make a call. And so I was like, okay, here we go again. And I think also there was this distrust that the organization and DCF had of the families. And I had to sit with that because I'm like, these families also see it. They also see very clearly.

that this system isn't actually protecting them and it might not actually keep the family together. It just so happens that there is another black person in the room sitting with them, trying to keep them safe, but also complicit in the participation in making these calls. I kind of struggled with, well, if I stay, I could keep trying to protect them. And I said, but if I stay, I'm gonna be doing something that doesn't feel right that I don't think anyone actually feels good about and I don't know how much I'm actually helping the families.

I left pretty jaded. I was like, if this is counseling, if this is family counseling, I don't know if I could keep doing it. So I pivoted to case management. So I'm like, surely case management would be better. And it wasn't. What I would say about case management is it's another one of those situations where the intentions are good, but the follow through needs work. And I transitioned from there to Seattle. Cause I was like, I want to try out Seattle. I want to see what it's like. It's a completely different environment and maybe the work will look different too. It didn't, didn't. I was still overworked and underpaid, still had, I had the highest caseloads here that I have ever experienced in my life. There were people who, they were like nicknames revolving door clients. There were people there who had been seen by clinicians since I was like age five.

And I was like, why hasn't this person actually received the services that they were supposed to receive. Why haven't they been connected to resources that are long-term by now? I'm looking at the case file and it's 15, 20 years old. I'm like, this doesn't make sense. It doesn't make any sense. One of the things that I observed was misdiagnosis. There were a lot of misdiagnosis, especially for people of color, especially for black people. So I did a lot of file cleanups. That's when I started seeing a lot of case notes that if you put two files together with people experiencing similar diagnoses, similar life circumstances, but one is white and one is black, you'd see almost completely different perceptions of how to interpret that diagnosis. There are a lot of black people who were diagnosed with schizophrenia that I was like, you have a healthy mistrust of the system. And there were some that actually had schizophrenia, but for the most part, delusions, schizophrenia, explosive intermittent disorder, like just very extreme misinterpretations of understandable life experiences and perceptions. I would give it a few months to work with people before I was like, I don't think the way that they described you is how you actually are.

I also saw a lot of mental status exams that also poorly described people the way that they presented because of the perception of how they showed up in the room. If there was a black client coming in, I would say, I'll take them. Or I'd be like, I'm the person that you want to send this person to. And to the point where people would knock on my door and say, hey, I can do the intake for this person. They're African-American. I don't know if you want to meet with them. Be like, yes, I want to meet with them.

And at the same time, I was going through transformations and experiences of my own. Being a Black girl and growing up and becoming a Black woman in America is a lot of undoing, a lot of

unlearning colorism. I was born light skinned and I became darker in adolescence. There were people telling me that I was prettier when I was lighter or prettier when I was darker. There was one time where somebody was like, well, you don't even know what the black experience is like because you're light skinned. And I'm just like, first of all, I'm not that light. And secondly, anything beyond tan is probably going to be perceived as black. I have a pretty black experience. I was getting to a point of embracing my identity. I was learning about my culture.

And at the same time, learning about how the mental health system was functioning. And I started to become curious. I was like, how did we end up misdiagnosing at such a high rate for African Americans and black people? How do we end up attempting to preserve families, but harming them in such a way in working with DCF? How do we have these revolving door clients and not know how to connect them to community?

I was asking these questions and I started doing some digging. That's when I discovered the roots and the histories of the foundation of our mental health system as it exists today. We're not that different from how it was. One of the first diagnoses in the United States is drapetomania. That was diagnosing enslaved African people as having a mental health disorder for wanting to be free.

And if you go from there, it just gets worse. You know, it's hysteria. It's queerness, being an illness. It's so on and so forth. And all of the different punishments of people who were seeking out help. I thought to myself, I'm like, it's not that different. It just looks different. The people who are allowed to provide services look different. It went from a male dominated system to...

kind of like a patriarchal matriarchy, a lot of women in the field, but men in charge. I started asking, I was like, what does it look like when women are in charge? What does it look like if black people are in charge? And I'm observing organizations who are sprouting up over time and I'm like, this one looks a little bit different. They provide mental health services, but the organization and the founders look different.

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Storytelling is everything. Storytelling is history. Storytelling is culture. I'm thinking about all of the times my mom was combing and braiding my hair or cooking a meal and we're kind of sitting around the kitchen just listening to her talk about our grandmother and our great-grandmother and how she was raised and the further back you go in family history or

cultural history, the more fantastical it kind of sounds. And I think that flair is very uniquely Afro-Caribbean. But you'll find it in lot of other cultures and indigenous cultures. Yeah, we learned about our family history and Caribbean history through storytelling.

In 2016, I became fully licensed and I was like, in order to sustain myself in my full-time work, I need some sort of creative way to provide services outside of the system as it exists within whatever ethical standards that are required. So I launched my private practice and specifically served communities of color and even more specifically young women and LGBTQ. And there's a lot of storytelling in helping people reach a space of loving and accepting themselves and finding a way to be authentic within the systems that are impacting them. There is an intervention called the genogram, which is like a family tree for mental health. And you go back two generations. So you go back to the great grandparents. can either fill out a form or create family tree sort of bubble and have people fill it out. But what I liked doing is actually filling it out as people were telling me about their family members. And so basically having them do storytelling, going back to their great grandparents and asking them questions about, what was happening at that time? What year was that? When you ask somebody, what year was that? There's so much information that you can get out of that. In using that intervention, people would engage in storytelling, realize things about their family, realize things that were their family's fault and things that were actually the system impacting the family, good or bad. That kind of helps people get to a space of, okay, so it's not just me.

Storytelling is huge in my work.

To me, it's so important to be in a space of recognizing how political the work that we do is. A lot of what I do is helping people feel safe and seen in the work first. Just having that basic respect of like, I'm not here to tell you how to heal or give you a diagnosis or pathologize or tell you that it's your fault or make you feel like you're too aggressive or too loud, too outspoken.

Yeah, it's very important to get people to a space where they can, first of all, authentically express themselves. I could only do that through some understanding of a lot of cultures, but also in a space of acceptance to, like, please be who you are in this space. And if I don't know something, I'll go look it up before I ask you to teach me about who you are. And then we can talk about what it means to you, what it looks like for you.

In 2020, my dream job came up. Higher education, school counselor, and they're like, yeah, come work for our mental health department. I'm like, I cannot wait. It's going to be collaborative because they're hiring another therapist and we both show up and we're like, show us the department. And they're like, what department? I'm like, oh no. I'm like, you said you're hiring us for the mental health department. They're like, oh yeah, about that. You have to create it.

And I thought about it for a second and I was like, how cool is that? Like how cool is that that I'm finally at my dream job? Like I fantasized about it, I manifested it. I'm like, I'm gonna have big windows and an office and people are gonna come to me and I'll get to do the therapy, the creative therapy that I want to do, that I get to do. And now there's this opportunity to actually co-create an entirely new system.

And so we pulled from our private practices where we both got to be creative and we built that for this higher education institution. However, it was 2020. So this was also a time during the pandemic and during social unrest. we launched in January, we start seeing clients, we do a few workshops and then they sent us home by March. And I'm like, ooh, now we have to be virtual therapists and support people who are feeling isolated, unseen, feeling like they don't get to have the education that they wanna have.

And it's beginning to feel a little limiting because I can only serve students. The problem was they said you can only do individual therapy. And I was like, people are trapped at home with their families right now. There's a lot of things going on, you know, with civil and social unrest. So group counseling would be a great idea. And then basically we kept getting told you can only work directly with the student. And while that was wonderful, I was also experiencing the basically the limitations of the system at work again.

We were all trapped at home watching police brutality happen on television. I remember I went back to therapy and I told my therapist, I was like, students are depressed and I'm having trouble getting in touch with my emotions as well. I'm like, I just want to survive in this job. I want to help people. Right after that, George Floyd was murdered. And I remember taking a few days off. I was like, I can't, I don't know how I can actually support anybody if I can barely get out of bed.

And then the calls started coming in, the calls and emails. And it wasn't just me, I'm talking about the experience of a lot of black therapists at the time, a lot of Asian therapists, because there was also Asian people who were being attacked publicly. So a lot of therapists of color were being flooded with calls. And I remember just feeling completely overwhelmed at the time. I'm like,

First of all, I'm full. I'm completely full in my private practice. I'm full at work. I need to create a space where people can actually find the help that they're looking for. If it's not gonna be me, it's gotta be someone. So I had a few conversations with providers and I was like, here's what I'm thinking. What do you think this sounds like? They're like, it sounds like a nonprofit. And I was like, okay. So I took a step back and did a little bit of research on nonprofit. I'm like, I can't do this. I gotta hire a lawyer. So I ended up having someone kind of build out the legal part and get

the nonprofit status for the state and federally. It really started off, part of the mission was educating people about the history of racism in mental health and also resource building. Because what was happening at the time was not only were a lot of us getting flooded with calls, I need help, I need to see someone immediately, I need to address my racial trauma because people were finally beginning to talk about and learn about racial trauma at the time. And as a result, they're like, we need help.

The problem was when people went and they searched for a black therapist, they would get a list of people who were white therapists who served black people, especially in Seattle. There's a lot of therapists. It's a predominantly white space for mental health services. So people would be giving up. When I went to the bank, I was opening the account for the organization and they're like, deconstructing the mental health system. was a black teller and she was like, this is so cool. She's like, I gave up after a year. And I was like, no, no.

She did research for so long, she could not find a black therapist for an entire year. That is not okay. Not okay. And so I asked some therapists, I was like, can you put your name on this listing? It's free. And please put all of the identities that you have, help me build this, give me feedback about what people are actually searching for so I can make sure that that's searchable in this directory. So this directory is built by multiple therapists and by community members who are like, this is the search term. This is the ethnic identity. This is the language. This is the sexual orientation that I wanna see when I search for a provider. Everything that you see in the organization today is collaboratively built with community.

I'm extremely proud of what we've built. People are finding us without us doing outreach work. People are connecting with not just therapists, but wellness professionals because kind of going back to, I'm going to go back to storytelling and the ties to indigenouness and blackness. The mental health model doesn't work for everybody.

So our directory and our direct services also acknowledge that if a person chooses that they want to work with a coach or they want to work with a Reiki practitioner, they want to work with a yoga instructor to access their healing, they can actually find that in our services. We have somebody who does financial trauma coaching to help people build wealth within their family, but also to help them recognize how the system has prevented the family from accessing various economic opportunities, housing, education, so on and so forth. That person undoes that. We have multiple people who do somatic work. We have multiple people who have chronic illness and work with people on managing it through relating.

So about 50 % of the providers in our directory are specifically Washington, many of which are in King County, Washington. The great thing about that is a lot are virtual. I think we're in 16 or 17 states. We're in quite a few states. We have some providers in our directory from Canada. And

I think we have a few from maybe one or two from the UK as well. So we are an international directory.

The way that the organization functions is a part of the self-care. After Georgia Freud was murdered, hundreds and thousands of people all over the world took to the streets. And I remember being in those protests and being like, this feels right. We're gonna make some big changes. And I remember going home and saying, people are gonna forget, because that's what happens in America.

because there's always another trauma around the corner. And right now we're experiencing flood the zone of trauma. The deportations, the concentration camps popping up, propaganda, the gas lighting, et cetera, et cetera, et cetera. People have already forgotten marching five years ago and they just did a march last month. They're gonna forget about that too. And I knew that when I got back home, that feeling of like, solidarity. Once that wore off, I'm like the trauma is still there and it's going to be there for a very long time. What we've seen is police brutality has increased since 2020. Incarcerations have increased. Police unions and police orgs, they're being funded abundantly. So there's a militarization happening. And I remember sitting down and asking myself in 2020 when I launched DMHS, I'm like, what is going to happen when the marching stops?

How are we gonna hold each other through this? Because that obviously was not gonna be the last time, and it wasn't. Part of self care for me is maintaining a way to hold community, maintaining a way to constantly and consistently check in with people and watch people grow and heal in the organization, watching people learn how to de-stigmatize in mental health and...

Watching wellness practitioners get the opportunity to be compensated at the same rate as fully licensed clinicians because their work is just as important. It's cultural. So they're already tapped in in a way that a lot of mental health clinicians might

We really need people who can look at an issue and work on it, address it, heal as many people as they can, connect with community, with a very specific mission. This can be personal as well. If you see an issue that you really care about, today, choose to focus on it and don't forget about it because I think that is really how we can heal as a larger community is staying focused and not being distracted by the zone being flooded by so much trauma happening that all we do is we jump from trauma to trauma. It happens so often. Do not get distracted. Black lives will continue to matter. Latinx lives, Asian lives, indigenous lives will continue to matter. Please continue to care about us. I have seen a lot of people, it feels like the blackout icon, the Black Lives Matter sign, it's like

That was 2020. We're still here. We are still experiencing racial trauma. We're still working on healing collectively. So please do not forget about us. Don't discard us.

On a personal note, I listen to a lot of music from a lot of different genres. know, a lot of people are like, oh, music doesn't necessarily reflect your emotions. But I'm like, it absolutely does. Because I was a metalhead when I was in college. But now I listen to jazz and lo-fi. And part of that is my grandfather passed a couple of years ago, and he was a jazz musician. He played saxophone. And when he crossed over, he was like, listen to jazz. And I was like, no, thank you.

But I ended up doing it anyway. jazz is not my thing, but now it is. I find it very relaxing. And so a lot of self-care for me is through music. If I'm feeling a little bit off, if I'm having a hard day, I'm probably going to blast some jazz. Also my baby. His laugh is just everything. He is literally a bundle of joy for me. I'm pro whatever you need to do to survive, but I'm so glad that we had him and he, yeah, he's everything.

To support DMHS specifically, you can go to dmhsus.org, embed our directory in your website if you have it, share information about our free mental health and wellness services. If you're an up and coming therapist of color, please check us out because we have a lot of trainings coming up. Donate if you can because we are with or without the money going to provide the services and going to connect communities of color to high quality providers of color.

If you know group practices that have providers of color or wellness practitioners of color, individual practices, please share the directory with them. It is free. It's free to list yourself. So people who have listed themselves in 2020 who are still there, people are saving about \$350 a year just by being listed if they only list at DMHS. So that's also an intention of ours to address a lot of the economic barriers too. The more the directory is shared, the more people that we can connect with mental health and wellness practitioners.

I'm still in the process of learning and healing. Part of addressing racial trauma is recognizing re-traumatization can happen any day, any time. And so for anyone out there, especially right now that feels like I'm off my game, I'm off today, I don't know what's wrong with me, I feel it in my stomach, I feel it in my head, et cetera, et cetera, just know that that is how the system is designed to function and you are doing the best that you can. That's something that I tell myself every day. That a lot of the feelings that we have, a lot of the doubts we have about ourselves is by design. When you reach a space where you're like, love and accept myself in spite of all of the messages, in spite of the doubt that I sometimes feel, when you reach that place, it's time to deconstruct your own world to be like, this is all the places that it came from. These were all of the hardships that my family and my culture experienced and teach that to someone else. Help someone else in your community who is saying, I don't like myself. I don't love myself. I'm struggling right now. I feel it in my body, et cetera, et cetera, et cetera. Once you know about

racial trauma and you know about addressing it, it's so important to turn back and be part of your community and give back through education and support.

And also play. It doesn't always have to be sitting down and having a conversation about trauma and where do you feel it in your body. It can be listening to music together. I'm having conversations with other black therapists about, we go bowling together? Are we gonna go to Las Vegas? Maybe we'll go to Las Vegas. I don't know. But like, play, please. It is always a dark time for communities of color and LGBTQ. We have to continue to find joy. It has to exist with the despair.

It has to. That's how we go on.

End:

Thank you for listening to Ripple Effect, Positive Change Around the Sound. We hope this episode not only provides a deeper understanding of efforts in our community to make the world a better place, but also inspires and empowers you to take action. Find resources and more information in our show notes, and remember to follow, subscribe, and join us next time as we continue to amplify the voices that are too often overlooked. Create ripples in your community.

by advocating for change in the areas and issues you find meaningful, helping build a better, more inclusive world for us all. Mirror Stage acknowledges that we live, work, play, and learn on stolen and unceded homeland within the context of broken treaties and unresolved harms to Indigenous peoples. Here in Seattle, we are on the land of the Duwamish people and of the Coast Salish, the Stillaguamish, the Duwamish, the Muckleshoot, and the Suquamish.

who have made and continue to make their homes around the magnificent Salish Sea in the shadow of the great mountain Tehoma. We also recognize that we reside in a nation in a state of great wealth, a nation with wealth created by the subjugation and exploitation of African peoples brought to this land through chattel slavery, a state with wealth that stands indebted to exploited Chinese immigrants who built the railroads to Japanese Americans whose livelihoods were stolen.

in the internment camps of World War II and to immigrant and migrant workers who, to this day, labor in the rich fields and farms across our prosperous state. We honor and uplift the original indigenous stewards of this land, the forced contributions from generations of Africans, and the exploited labor of immigrants and migrant workers yesterday and today. In acknowledging this stolen land and stolen labor, we recognize that the impact of these wrongs reverberates.

and in many cases is still being perpetrated into our present day. This podcast is made possible in part by support from For Culture, the City of Seattle Office of Arts and Culture, the EPS Fund,

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