**Wellness in Color:** Never Stop Watering Your Roots  
**Interview Guest:** Lauryn Daniels  
**Interviewer:** Caroline Ludy  
**Hosted by:** Caroline Ludy  
**Produced by:** NAMI Minnesota (namimn.org)  
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**Intro – Brian:** Welcome to Wellness in Color on the Mental Health in Minnesota podcast produced by NAMI Minnesota, The National Alliance on Mental Illness. Wellness in Color is a podcast series that explores perspectives on mental health to reshape the cultural language of mental illness. Visit NAMI Minnesota online at namimn.org Subscribe to the podcast and listen on the NAMI Minnesota website or wherever you get your podcasts. And now here's your host, NAMI. Minnesota staff member Caroline Ludy.

**Caroline:** Welcome to Wellness in Color our guest today is Lauren Daniel. Hey Lauren, how are you doing today?

**Lauren:** I’m good. Thank you for having me.

**Caroline:** Thank you for being here. A native of Chicago southside Lauren Daniel describes herself as multifaceted, living with anxiety and depression. She talks to Wellness in Color on her experiences working in the mental health field as an ARMS which is an adult rehabilitative mental health services worker with plans to continue her career as a psychiatric nurse practitioner. Eventually she wants to reconnect back to her roots in Chicago with plans to open up her own clinic. She learns as much from her clients as she does from herself and just wants people to know that empathy starts from within. Her mantra: Be empathetic with yourself. Never stop watering your roots.

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So, Lauren you’re an ARMS worker right? So, can you just describe a little bit more about your role as an ARMS worker and what you do?

**Lauren:** Okay yeah, I’ve never been able to actually think of a concise definition for when my new clients that have never had these services ask me that question. We do a variety of things. I would say a lot of things are both task and therapeutic based. For some people who have trouble with communication skills for example we may spend time working on communicating with different kinds of people, picking up on social ques if maybe we are working with a client that may be falling on the Autism Spectrum and doesn’t pick up typical social ques that people pick up on. Or for some people who have trouble managing their anger figuring out how to work through their frustration especially if their out in public. It ranges from doing things like that to accompanying somebody to their medical appointments, going to
the social security office, or going with someone to housing service and helping you know facilitate that
communication between the employees and our clients. Just a whole different range of services and
honestly, we usually tend to leave it up to our clients to decide what they would like to work on.

Caroline: So, it’s really extensive because you have your hands in a whole host of things like from
housing services to it sounds like employment management. But what does it look like specifically
because speaking to your background you know as a black woman for people of color how does that
differ?

Lauren: It’s actually been very helpful being a woman of color because of a number of our clients are
people of color and so my background has actually been very helpful in helping build repour with a lot of
my clients. Some clients who have had other providers in the past have said that the difference in
cultural backgrounds have led to them not feeling as comfortable to open up or has led to clashing in
terms of how to approach different situations because their trying to bring their cultural considerations
into treatment. So, it also has helped me for advocating for some of my clients because I feel like
unfortunately sometimes when my clients have gone in the past to get certain tasks accomplished
because they’re a person of color they were treated a certain way. So, when I come in and have this sort
of official title so to speak and introduce myself as their ARMS worker, I’ve literally seen the change in
attitude in some people when I bring up my official title as I’m with my clients.

Caroline: So, do you think having that official title helps it to bring more awareness for that client? And
then for your role too does it extend beyond just say for example the client’s management of their own
mental health condition? How does it work for them in terms of understanding how the system works
especially as a person of color?

Lauren: I find that honesty is the best policy. I try to have a very frank but positive conversations. That
yes, there a lot of systematic things in place that have probably contributed to where you’re at in life
right now but we can absolutely do our best to turn things around and work within the system. For
example, I know of a lot of clients who’ve talked about having trouble with medical providers and
feeling not listened to and so alerting them for example you can tell different doctors when they refuse
to order a certain test or order a certain medication because you feel something within your body to
make sure that they document that as a refusal. So, that if down the line you want to file a complaint or
anything like that there will be a paper trail showing that you clearly asked for certain services and you
were denied those services.

Caroline: So, just coming back to you how did you get involved in the mental health field specifically?

Lauren: Well I majored in psychology and public health at the University of Minnesota and I have had an
active interest in mental health for most of my life considering I have struggled most of my life with
anxiety and depression. I realized through my research and things of that nature that I wasn’t seeing a
lot of providers who look like me and so knowing from my own personal experience how important that
was in my journey I realized that there needed to be more people of color getting into the mental health
field which led to my majoring in psychology. I actually happened upon ARMS work specifically I was just
searching on Indeed for different jobs after I graduated kind of panicking about getting a real world job
and after I read the job description I thought it was a really good fit in terms of transitioning from what I
was doing with ACR Homes at the time to mental health specifically.
Caroline: And so now as your background you said that you wanted to see more people that of course looked like you but how has that culminated in your own experience?

Lauren: It’s been... it’s sort of a catch 22 because I’m a very empathetic person to the point that sometimes it’s kind of annoying in my opinion how empathetic I am towards people. So, sometimes when I hear clients stories about everything they’ve been through I’m just... I wish I could do so much or undo all the things that have been done but of course I can’t. I can only help with what I can help with but I’ve been so grateful for people willing to share these stories with me and it’s been so helpful in my own journey with mental health because when I’m struggling I think about all the different clients I have had in the past who they’ve had a whole different range of life experiences and they still try to find a way to go on.

Caroline: So now with your own experiences living with anxiety and depression I think one of the key things that stood out to me was you talked about empathy. A lot of times I feel for people who are living with any mental health condition and really the key is empathy because if they don’t have that support it’s kind of that first step towards getting better in a sense. I don’t know if we can be too empathetic. I think that’s great honestly. Then now living with anxiety and depression how has that... how have you been able to support yourse

Lauren: It’s very easy to loose site of your selfcare in a job like this because for example, since I drive to my clients that often means I don’t have a designated lunch break or if I don’t constantly have a water bottle next to me I could go almost all day without drinking water. So, it’s been helpful to have staff meetings where we all kind of support each other through different cases and provide feedback and making sure that I prioritize my self-care. One of my supervisors actually provided a great piece of advice last week she said don’t work harder than your clients because you know at the end of the day even though you are supposed to be helping them they’re ultimately the ones who have to everyday implement what we work with them on. So that’s another way I’ve been helping to keep my mental health in check and not get so overwhelmed with all the needs of other people both in my professional life and personal life because I’m also a person that people tend to tell everything to and get advice from so...

Caroline: Because of the empathy?

Lauren: Yes [laughs]. So I guess that’s what I meant when I was saying that sometimes empathy can be annoying because it’s sometimes led to me putting myself low on the totem pole.

Caroline: So in that case then because you also said never stop watering your roots, what does that mean in relation to not only your own personal life but also professional life and helping support clients?

Lauren: Professionally watering my roots means don’t loose site of what I came into this field for because I feel like it’s very easy to get burnt out. Especially depending on how many people you have in your caseload or whatever field your working in in terms of non-profits and services where you’re trying to help people it’s very easy to get burnt out and I know for some people it may have even lead to resentment or starting to treat clients/residents a different way. So watering my roots for my professional life means just reflecting on why I got into this field and to not take things personally when things don’t go very well. For personal life watering my roots means just keeping site of who I am at my core because you naturally as a person want to be constantly evolving but I also want to make sure that
I don’t wake up one day 20 years from now and wonder how did I even get here I don’t even know who I am.

**Caroline**: So who are you then right now? That’s a really big question but how would you describe yourself?

**Lauren**: How would I describe myself? I would say I’m a pretty introverted. I’m also both really analytical and emotional at the same time. My emotions will lead to me having certain desires, but my analytical mind helps me to actually put an action plan into place to get those things done. However, sometimes being analytical will sometimes lead to me thinking of a thousand different ways things could go wrong so I’ve been trying to make sure I keep a lid on how analytical and emotional I can be at times.

**Caroline**: Do you think that... is it positive for your interactions say with your clients, specifically populations of color? Or are there somethings that you know even as a black woman that it doesn’t really resonate in conjunction with the persons background.

**Lauren**: I find with my clients of color things really resonate. Sometimes it’s harder with my other clients just because sometimes certain comments are made that are unknowingly are probably offensive or things like that and I try to just think on my feet on how much repour have I built with that person how open are they to constructive criticism? Is this an appropriate time to bring it up or should I wait until a different time, or is it even worth it to have this conversation? So, I find that I don’t have a one size fits all in terms of how I interact with my clients.

**Caroline**: Well there shouldn’t be right?

**Lauren**: Yes, exactly.

**Caroline**: So, you said too that your future plans are to open up your own clinic and work as a psychiatric nurse practitioner. What do envision for that goal?

**Lauren**: Every time I think about it, I envision the specific street on the southside western. There used to be a lot of different clinics there and I saw as I got older especially after, a little bit after Rahm Emanuel got elected as mayor, that a lot of those clinics were closing. And so that lead to an exponential increase of homeless just on the streets and ending up cycling in and out of the prison system when obviously they need help in terms of mental health services problems with substance use. Obviously being homeless is a major issue and I think the perception is a lot of those people they just want to get assistance and never do anything, but I’ve found in my experience a lot of those people they want to work. They want to be doing something substantial with their lives and there are just different obstacles getting in the way or maybe they’re at a point were their body can’t physically sustain that lifestyle. So, when I picture the clinic, I picture something that is sliding scale low cost for people who have basic insurance things of that nature. Trying to work with people who have no insurance because that’s a pretty big problem as well. A lot of people with no insurance feel like they can’t go anywhere because then they’re going to get this three/four figure bill for pretty simple services. So, I picture having a range of providers not only in specialty but in terms of background. Social economic background, culture, gender just so that it can be more reflective of the population that we are serving.

**Caroline**: Do you think with a lot of the population, I don’t want to generalize, but I think people don’t seek services because like you said initially you want someone who looks like you but say even if
somebody doesn’t look like that individual maybe it is someone who thinks like them as well but how can that be incorporated in this type of environment if that persons not aware? Like how can it be more accessible for the individual who knows nothing about services you think?

**Lauren:** That’s a great question because I’ve actually found that when I sometimes go to visit some of my clients in their homes if they’re in a half way house or things like that and roommates or housemates see them and they’re like what is this because they’ve never even heard of these kinds of services. So that’s actually a great question. I think it starts with destigmatizing mental health. I think that’s been a major road block in being able to get that accessibility out there and being able to advertise resources that are available. A lot of times they are kept within the confines of spaces that are specifically for mental health or that a part of a system that helps cater to mental health. So, I think if it becomes not as stigmatized it will be leading to more schools and places of work putting these resources out there for people to know about them and of course I think word of mouth is one of the greatest forms of advertisement. So that’s why we strive to provide great services to our clients because then they recommend it to their family members who recommend it to their friends and etc etc.

**Caroline:** So in your ideal world if someone was coming to you as a person of color what mental health services would you like to see for them?

**Lauren:** In an ideal world I would love to see mental health services that incorporate the family because I find a lot of people of color are more so community based than individual based. So, I would love to be able to bring the family in on services and maybe even provide group sessions making sure that their treatment takes their culture into account. I’ve found that means for certain cultures there’s not even a word for what westernized nations call certain things. There’s not even a word for it so of course this leads to a sort of back and forth so having competent interpreters instead of just direct translating. I only say that because I find that just having a translator it’s kind of a very formal focusing on the grammar instead of taking all the different dialects and street terms into consideration. An interpreter would be able to pick up on that and say oh this is actually what this person was trying to say.

**Caroline:** To make them comfortable as well because a lot of times I think just within any medical profession the idea of comfort is kind of taken out. It’s just seeing the person as this is a patient, but how can we incorporate their cultures, their values, you know who they are as a person. Then now for you when you’re dealing with your own sources of support how do you see those services being improved too.

**Lauren:** I’m lucky enough to be able to have insurance that I can see a provider that is a black woman who has also treated several people in the LGBT community. The improvement I’ve seen is being able to look at someone’s bio and see the topics or specialized sort of things that they have dealt with. That’s been helpful. Actually having a picture next to someone’s name has been helpful because sometimes you look at a name and your like I can’t tell what’s going on. Also having in their bio the types of insurance that they take, if they have a sliding scale, if they’re even taking clients because I found out the hard way sometimes when you just call someone their like no sorry I’m not taking anyone for quite some time. So, I find that it’s really helpful for people to know whether or not a provider is open to having new clients.

**Caroline:** And so how has that shaped then your mental wellness now that you’ve found that person that is fit for you?
Lauren: It’s been very helpful because even though I’m introverted and constantly thinking about my own growth having that outside perspective of someone who doesn’t have a bias because they don’t know you personally and being able to bring up a perspective where I’m like what I’ve never thought of that before. Especially because this is the field that I work in I guess I never thought there would be perspectives that even I didn’t consider about myself if that makes sense. So it’s been really helpful to have someone provide that support in saying no you weren’t overreacting when you had this reaction or calling me out about certain behaviors where I think for example, last week my therapist brought up to me how my being analytical helps me think of 30 different ways to get out of doing things I don’t want to do and trying to figure out ways to deal with that.

Caroline: So then what resources do you turn to then?

Lauren: I turn to my close circle of friends. I turn to music, art, different forms of media as I find that that often unites a lot of people from all different walks of life. I end up annoying my dog a lot. He could be sleeping and I’ll just walk up and say I love you and hug him and he’ll just look like eh whatever okay. Or even sometimes when I’ve been crying he somehow senses it and will lay in my lap and will just continue to sit there until I feel better, and I’ve found that to be true for a lot of people who struggle form different mental illnesses who have pets too. It’s been a huge source of comfort and it gives us a sort of reason to wake up in the morning for those of us who deal with depression because we don’t want to take care of ourselves, but then we realize we are responsible for another life so then we have to get up to feed them or take them for a walk or whatever it is that’s included in their care.

Caroline: So then ultimately what else do you see for yourself as you continue with your mental health journey?

Lauren: I see a lot of Ted Talks probably in my future. That’s a new trend I’ve been getting into. I love looking at Ted Talks or I love panels or just different things that you can easily look up on Youtube or Google for different topics that people of color can discuss and can bring in those nuances of having these intersectional identities to different topics that sometimes if you just look at the mainstream… well more so westernized take on it you look at it and you think this isn’t really fitting for me and my life. So I find that’s been really helpful in advancing my mental health journey, actually seeking out sources for people of color by people of color.

Caroline: What other sources do you think does that look like?

Lauren: For example, hair care. I recently joined a Facebook group on skin care for people of color that has just revolutionized how I think about my skincare.

Caroline: Don’t mind sharing because I would like to hear as a person of color as well?

Lauren: It’s called Skincare for POC. There not taking new members for about 30 days but after that they should be taking new people but...

Caroline: So I get to hear that?

Lauren: Yes please. After that time is up please join that group. It’s so great because people talk about different products, they talk about what kind of skin type they have, they talk about fungal acne which I didn’t even know was a thing until this group, they talk about different sunscreens for people of color
that don’t leave you looking like a ghost after you apply it and chemical sunscreen versus physical
sunscreen which again I didn’t know there was a difference until I joined that group.

**Caroline:** Myself included.

**Lauren:** Exactly. Also before joining that group I think I was ignorant in SPF because growing up my mom
always applied it but then as I got older I thought wait a minute I have melanin I don’t need to do this.
So, that’s been really helpful to be like well no actually it makes you a lot more susceptible to skin cancer
and hyperpigmentation which has been a problem I’ve dealt with with my skin for a while so I thought
oh that makes a lot of sense. So having spaces like that have been incredibly helpful and I actually just
created a haircare group on Facebook for women of color after being inspired by that skincare group. I
find that it seems like a lot of women of color in my experience we either are stalking Youtube, stop
each other in the street ask each other about stuff, or if we are in a space to be able to talk about it. But
sometimes just looking at Google reviews or Youtube reviews you’re like this person is being sponsored.
I don’t know if this actually works. I need to know from real people if this will work for me and I created
it for a variety of hairstyles. So for natural hair, for women who wear wigs, have locks, wear weaves
because sometimes we just want to pop a wig on or do all these different things but we’re not really
nourishing our actual hair so yeah.

**Caroline:** So your self-care also involves skin care but also just connecting with people of the community
too because that’s important beyond of course therapy as well which for you has worked. So I
appreciate that because I think a lot of times people just think of for their mental health recovery or
support that it’s either therapy or of course medication as well, which for many people has worked as
treatment therapies, but for a lot of people it goes beyond that too right?

**Lauren:** Yeah. I really love communicating with my clients that it doesn’t have to always be therapy or
medications which as you said it works great for a bunch of people. There’s a lot of evidence that backs
it up and I’m not putting that down at all but there are also other resources that people can lean back
on. I mean I know for a lot of people going to church or finding that group in regard to their faith has
been very helpful. A lot of people again as you mentioned before investing in their selfcare. Finding out
those products that work good for their skin and actually taking those extra five minutes to engage in a
haircare routine or not putting heat in their hair anymore and trying to figure out different ways to style
it or using protective styles and kind of using that as a form of expression because you know when you
look good you feel good sort of.

**Caroline:** Very true.

**Lauren:** Yeah so I just encourage everyone to do what works best for them if someone has something to
say about it their not you. You know what has the best effect for you.

**Caroline:** Lauren thank you so much I appreciate our conversation.

**Lauren:** Oh yeah thank you for having me.

**Outro - Brian:** For additional resources related to this episode please check the podcast show notes and
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