

CBHA BIPOC Affinity Member Spotlight

Joty Sikand, Psy.D.
President and CEO
The Hume Center

jsikand@humecenter.org



What does the word “community” mean to you? How would you describe your community?

Community means people who have a commonality – a common goal. Our current world is divided by various communities based on different groups of people with different aims. This has resulted in major conflict due to attachments to one’s sense of identity with a certain community. However, when we focus on the similarities including the basics of our source as human-beings that we are made of the same elements, there is a realization that we are all part of humankind which in itself is one great community. Taking our identity further, when we come to the awareness that we are one community

then we can reduce the suffering we cause to one another, learn from our struggles, promote well-being and peace and evolve as human-beings. Such a community of people is supported by one another and systems which enables the best in each other and prompts an appreciation of our environment, our planet and universe.

Much of my identity and sense of community is shaped by my upbringing and advanced with learning about Community Psychology and various Spiritual practices. I was born and raised in the U.S., in San Francisco. My parents are from India in the northwest part of Punjab. Both my parents are from a group of individuals who practice Sikhism. It’s a philosophy and spiritual practice, not necessarily a religion originally but people tend to transform spiritual practices into ritualistic religions. My family has always had a faith-based practice and philosophy of lifestyle.

A few hundred years ago, there were a few enlightened individuals who believed people were equal which meant we had to eliminate the traditional caste system. We Sikhs (meaning of a Sikh is a learner) believe we humans are all equal and we believe in a higher power. A movement was created by the founding Guru, Guru Nanak Dev Ji, and it was a peaceful protest or rather a promotion of equity amongst people. An enlightened person is called a guru. There were ten different gurus who were spiritual leaders of the Sikh faith. During the time of the tenth guru, Guru Gobind Singh, it was a time of intense turmoil amongst the leaders who were interested in power/greed and there needed to be a movement to uplift the oppression, which was happening against those who happened to not be of a certain religion or group, and, in favor of women’s rights.

A lot of individuals have lost the history of the faith leaders who were conveying a critical message that we are “all are part of the Creator/Higher Being,” “we are all one, all humans, all part of humanity.” We’re part of the greater universe and there is a higher power and that is our core community.

Can you please talk about your involvement in the communities you are a part of?

During different phases in my life, I placed more energy into certain communities to which I belong depending upon my focus during that life phase. Early on, more of my impact in terms of community was focused more on ethnic/religion concerns because there were a lot of stigmas to overcome.

Later, my community involvement focused more on the legal field and legal rights. I was looking for those who didn't have a voice in legal situations, and some of my work was involved in those types of communities. I chose Psychology to be my field of practice as I wondered how to prevent emotional suffering and tried to understand how individuals suffered which prompted me to go beyond a person and explore more at a family/systems level.

In communities, the healing is not so much about the individual. The root cause is that there is something going on with the person's circle of care/family system or the lack thereof. To this day, my professional work has been trying to revive and advance developments related to the top priorities of the community mental health movement which had more of a public health approach of health promotion, prevention, and early intervention. I recognize a clear distinction between community mental health and community behavioral health. It is necessary to offer continuity of care and systems care, which includes impacting the wellness of the community and caregivers. Whereas, while community behavioral health also emphasizes that services are offered in the community and not in institutions, the focus is on offering integrated care and multidisciplinary practices serving the individual. It's not about serving the community. When it comes to community behavioral healthcare, I do try to share during discussion the community mental health movement and its emergence during the civil rights movement, and the ideas behind that as well as the advancements that very few professionals who have such expertise are making to our field as well as contributions to reducing human suffering. Community at its core is its people. People take care of its people, and, then as such, the people take care of their own mental health needs. My professional work continues to grow in taking care of the mental health of the community, community leaders, leaders as it is our leaders and community networks that then enable others towards betterment.

What is your primary responsibility at your job?

I am appointed in both the CEO and President positions, with dual responsibilities. As the CEO of The Hume Center, I continue to keep the vision of the organization's founder alive and enhancing it with my vision and shape it with staff contributions as we respond to the community needs. It is a collective vision that evolves. I gratefully invite the community and my work family to promote and develop that vision.

Additionally, serving in the President's position, I'm responsible for organizational operations to make sure the vision aligns with how we are operating the programs. I continuously mentor up and coming professionals working in various positions in the organization. I find being a mentor to early career professionals very rewarding because I started as a very young professional myself. I also identify new leaders through this process. I purposefully get involved with on-boarding of new staff or new trainees and organizing welcome retreats for interns and post-doctoral fellows, paying close attention to those who to whom I can offer more and whom I can mentor.

Furthermore, since I have been in a top leadership position for close to twenty years, I am impactful in consulting with other seasoned leaders such that while they may have the expertise in what they are doing, at times, there are complicated dynamics at play and we can get caught in the system pressures and thus being an outsider to their system and as a leader, I can enable them to do effectively do their jobs and support them to make a useful impact. No one person can do this alone. Our leaders need their own support, too.

Who has been the most influential person in your career?

Dr. Meji Singh. He is the founder of the Hume Center. He has been a long-term mentor of mine, and he's the one South Asian psychologist that I was exposed to at a young age. In the 1960's, Dr. Singh was involved in the Community Mental Health Movement. He joined the development of the community psychiatry with his own mentor, Dr. Portia Bell Hume, who created the community mental health movement in CA. Dr. Hume was the

pioneer that realized it was important to not only legislate change, but that you need to train professionals to make the change per the intent of the legislation. I benefited from this mentorship, and I don't think I would be where I'm at without those who have contributed along the way. Dr. Singh has a profound understanding of human dynamics and is an evolutionary leader as he contributes possible ways to alleviate human suffering.

What's an interesting fact about you and/or your organization most people don't know?

With respect to The Hume Center, a part of it is Dr. Portia Bell Hume's legacy as previously described.

The Hume Center is that it is both a community behavioral health center and a certified Community Mental Health Center (CMHC) which there are very few remaining CMHCs. We are multidisciplinary and multicultural, and we've been able to integrate community mental health across the continuum of services delivery from community systems to individuals with an integrated interdisciplinary practice approach that's needed across mental health, substance abuse, psychiatry, vocational support and housing support services. Many other organizations delivering community behavioral health have forgotten the importance of taking care of the mental health needs of the communities it serves and the continuity of care.

A few interesting facts about my professional experience is the following:

I have a strong inclination for innovation. I have had the fortunate opportunity to lead the creation of over a dozen new community programs with diverse teams.

Secondly, my focus is on creating continuum level of care in our field by developing and promoting Primary Behavioral Health Clinician (PBHC) roles in our system of care.

Additionally, as part of a pioneer group of exceptionally impactful leaders affiliated with The Hume Center, we have profound expertise in developing and enhancing organizational support structures and processes to support the mental health of staff/employees. We are thrilled to share that we have possible strategies to address this emerging need.

Lastly, I am involved in a project as a Content Concept Editing Consultant for a new book titled "Quest for Freedom" authored by Dr. Meji Singh. This book is a fantastic contribution to the field of Community Behavioral Health at a global level as it introduces a framework to reducing human suffering starting at a local level all the way to the global community. Dr. Singh and I, along with other highly qualified training consultants, are launching a specialized and very unique training program for behavioral health professionals and leaders in pursuit of promoting wellness, health and peace in our communities for the sake of humanity.

What motivates you in your field? What inspired you to get involved in this field initially?

What motivates me is knowing that it's not about me, it's about us and anyone who can create change. It's about creating an impact where we can multiply ourselves. We can create change with one person, and it realizes into a collective movement. I was one of those traditional American-born, East Indian women who wanted to become a physician because of family professional ideals. I came to appreciate the importance of behavioral health issues thanks to the experiences my younger sister had and so changed my career aspirations to community mental health not physical health. By doing so, our own community/family's health improved. This experience inspires me and nurtures the vision that if the health of various systems improves then eventually our world health improves and we create a better future.

What initially inspired you to join the CBHA BIPOC Affinity Group?

I was so excited! It was a very small group at first, four (4) or five (5) of us. Initially, it was a way to support ourselves as BIPOC leaders. Now I would like to get involved in providing training consultation to other BIPOC leaders who are choosing community behavioral health as a career and/or leaders of human service. Now I want

to give back. I ask, “what can we do to structure and create a venue where there are opportunities to support the development of our leaders?” I know it can be quite lonely. Without my mentors I would have failed, I might have quit. So, I want to be sure BIPOC leaders in the field have the professional support that was so crucial to my own success. I have some ideas of how to make this happen and look forward to contributing in this way.

Do you feel you have faced challenges as a BIPOC leader that others might not have?

Amongst BIPOC individuals, breaking down the legacies of the caste system, gender, and sexuality at times is difficult. As a leader, I see how difficult it is for those who face discrimination based on the color of their skin. Undoubtedly, individuals of African descent /black individuals face the harshest discrimination. But I have found individuals in my own family who have faced severe discrimination too including, but not limited to their skin color, wearing a turban/having a beard. I myself have had a recent encounter. I was part of a decision member group of leaders that mainly were Caucasian leaders talking about how to better serve underserved communities in which I was the only BIPOC female participant. I couldn't help not speaking up about how difficult it was to be a part of these groups as the only person actually from those underserved communities being referenced. Once, one of the discussion facilitators told me “This was not the place” to have this discussion, and I spoke up and said “No, it is; it's not about you and me (and us) but the change in the collective movement that needs to happen in our world to make a difference toward better.”

Do you feel that BIPOC folks are adequately represented in executive/leadership positions in the behavioral health realm? If no, what do you feel needs to change?

No, because I was part of a meeting where I was the only BIPOC individual, even in the Bay Area. Can you imagine this happening in our most diverse community during our current times? There needs to be more diversity and representation. Even when looking at CBHA members, you will see there are more leaders who are non-BIPOC serving BIPOC communities. I'm not saying that just because you are Caucasian, you cannot be in a leadership position, however, we need a balance of who the executive leaders are as well as management team is, and what is the proportion of people in top positions that are BIPOC, especially when serving BIPOC communities. Therefore, I feel that I have an obligation to identify young BIPOC professionals, pay attention to those who can be leaders impacting society, partner with or enable them to share knowledge and be an objective voice to help guide them. We can speak and say and legislate, but it's not until we apply it and practice that change will happen.

What advice do you have to BIPOC individuals as they work towards becoming leaders in their own communities? Any lessons learned?

It really starts with oneself. I know I myself need to be very mindful about my early upbringing that can show up unconsciously and/or my preconceived notions of what a Sikh Indian female or a South Asian female prescribed role should be. We each have our own stories and so I have to be mindful to not be attached to my own perceptions and the dynamics I bring into interactions. An interaction is both ways and if I take notice and change then the interaction can change, too, and move towards growth. I have learned to become very aware that there are differences among our own groups which we have affiliations, too, and to not create a divide of “us vs. them” but rather emphasize the “we” and how we can work together to serve the global community in service of humanity.