Mindscapes New York Convening

December 4th, 11th, 18th, 2020

Report prepared by Rebecca Jacobs

wellcome

The Center for the Humanities — THE GRADUATE CENTER, CITY UNIVERSITY OF NEW YORK

Guadalupe Maravilla, Disease Thrower #7, Institute of Contemporary Art VCU, 2020, Image courtesy of the artist.

Contents

Introduction

In December 2020, as part of Wellcome's Mindscapes cultural program, the International Cultural Programmes team from Wellcome and staff at The Graduate Center, CUNY's Center for the Humanities organized a Mindscapes New York convening, held over three two-hour virtual sessions.

Participants from local cultural organizations, foundations, academic institutions, and other content advisors came together to discuss and workshop potential ways in which New York–based cultural partners could collectively address mental health and well-being over the next two years. The three sessions enabled participants to share ideas and R&D efforts thus far, explore approaches to learning and working across disciplines, articulate a shared set of values, and build relationships to strengthen future collaboration.

This report recommends next steps and proposes a timeline for the further development of Mindscapes New York. It is based on a summary of the convening and an analytical synopsis of the insights—themes, topics and questions—that emerged during the three sessions.

Recommended Next Steps

The group could collectively take on a range of research and cultural projects related to effecting narrative and policy change around the subject of **mental health care and its systemic relationship to control and policing**. As we discussed during the second convening session, forms of policing and surveillance are built into institutions that are supposed to provide support, and especially targeting BIPOC, immigrant, and queer communities. Mindscapes New York projects could reevaluate what "access to care" could and should look like through community-based cultural projects, working closely with local organizations that support these communities. Centering the lived experience of those most impacted by policing and surveillance should not only inform the content, but also the design and delivery of the projects.

Projects should work with organizations that are trusted and have already built community networks. Some trusted community spaces and groups that could become involved in Mindscapes projects include:

- **Mutual aid groups and small community organizations** are creating communities in local contexts as spaces of "critical optimism." There are examples of groups who have made new spaces of hope and compassion.
- **Grassroots activist, labor, and advocacy organizations** are communities grounded in resistance, and a cause for optimism arising out of challenging circumstances by guiding a community toward social action. As someone in one of the breakout groups put it, they create "temporary utopias" through enactment.
- **Public libraries and parks** continually came up as potential spaces in which community-based cultural projects could happen. Branch libraries in particular serve a different role from other citywide institutions and may be the right place to serve wide-ranging communities across the city. Parks are open public spaces and serve communities all over the city.
- **Faith-based organizations** with progressive politics can also provide key support to communities and alternative spaces for arts and cultural collaboration.

As a next step, each individual cultural partner organization should begin work with specific organizations and groups who have longstanding trust in BIPOC, immigrant, and queer communities. Here are some ways to help keep projects genuinely **collaborative, inclusive, and accessible**:

- Community representatives should be included in creative processes and decisions, and financially compensated for their time.
- Meeting locations and times of day should be accessible to people with jobs and family commitments.
- Mindscapes projects should involve an ongoing community review process with key stakeholders, with an aim toward projects that provide tangible community benefits.

Mindscapes projects could focus on mental health care and control as it relates to the **built environment, physical infrastructure, and public policy**. Projects could focus on creating public outcomes related to shared public and community spaces like parks, schools, libraries, hospitals, libraries, streets, small businesses, houses of worship, and more. **Guadalupe Maravilla's residency, exhibition (opening April 2022), and other public outcomes** at the Brooklyn Museum will be key elements of Mindscapes New York, as arts-based approaches can bring more expansive, affective, and open understandings about mental health.

In addition, the local partners could work on a collective research project to better understand **community power building**, as each of the projects works toward policy change related to decoupling mental health care from its relationship with policing and control. We could potentially collaborate with CUNY researchers and New York City's government, as well as invite other foundations, on research and public outcomes.

In an effort to impact public policy and mental health science, Mindscapes New York project participants are encouraged to think about how they might want to create **"unlikely alliances"** between art, science, and policy. They could reach researchers and practitioners from wide-ranging fields, including psychiatry, neuroscience, public health, global health, urban planning, and others, to play a support/listening role on key community-based projects. People from scientific, medical, and policy communities could also be invited to be part of public programming associated with Mindscapes projects.

Proposed Timeline

A working group of New York partners, community and advocacy partners, and "fellow enquirers" could meet every three to four months. These would be informal hour-and-a-half-long meetings held on Fridays, involving breakouts and short presentations. The regular working group meetings would help partners to continue to touch base, get to know new collaborators, and build on the convening to work together on cultural programming across the city in 2021–22.

The projects could culminate in a **Mindscapes community festival** in late spring 2022, timed to coincide with the opening of the exhibition, installation, and/or other public outcomes at the Brooklyn Museum, and could take place in various locations in the city over the course of several days or a week. Inclusive projects also mean thinking about having festival activities take place in low-cost ways and in accessible spaces, for example, public parks and plazas, as pop-up

street fairs, or through mural projects. A wrap-up or debriefing meeting could take place after the public program, and additional public Mindscapes programming could continue through 2022.

December 2020	**Mindscapes New York convening (completed)**
February 2020	**Feedback on proposed Mindscapes activities**
April 2021	**Mindscapes New York partner meeting**
July 2021	**Mindscapes New York partner meeting**
October 2021	**Mindscapes New York partner meeting**
February 2021	**Mindscapes New York partner meeting**
May or June 2022	**Mindscapes community-led festival**
September 2022	**Mindscapes New York wrap-up meeting**

An Important Note:
People participating in Mindscapes programs (including planning meetings, public events, etc.) will likely experience distress from some of the difficult subjects that the programs will address. Therefore, programming should be designed thoughtfully and with careful attention to keeping conversations safe, and provide relevant trainings and tools for facilitators of all Mindscapes programmes

Summary of Convening

The Mindscapes New York convening consisted of three two-hour sessions held on Fridays December 4, 11, and 18, 2020. All sessions were facilitated by Nayantara Sen, a narrative strategy and health equity consultant. The goal of the convening was to bring Mindscapes New York partners, Wellcome staff, and people from academia, city government, foundations, design, education, and other areas of expertise together to meet, workshop, share ideas, and brainstorm about potential projects in New York over the next two years. These sessions were intended to be interactive and involve short presentations and breakout sessions of rotating groups of three to five people, so participants could get to know one another.

Ahead of the sessions, participants were sent a form for their input on what they would like to gain from the sessions, as well as feedback on which discussion questions they would most like to discuss during small group breakouts.

The following desired outcomes guided all three sessions in the series:

- Share ideas, lessons learned, and questions from New York–based R&D thus far
- Explore ideas about mental health across disciplines and areas of expertise
- Discuss and workshop selected questions and areas of inquiry, and develop a shared set of values
- Build connections and relationships and get to know each other

Summary of Sessions: Presentations and Breakout Discussions

Day 1

Presentations
- Wellcome's International Cultural Programmes (ICP) and Mental Health Priority Area (MHPA) teams
- Laundromat Project (LP)
- Center for Urban Pedagogy (CUP)

Breakout Question:
The term "mental health" can be loaded for many people. How can we develop a shared language to talk about mental health and well-being with New York City residents? What key words should we be using over the course of Mindscapes in New York? And who else should we be consulting with on this?

Summary of breakout notes:

- We need a dynamic understanding of mental health as tied to physical health. We need to break the systems of how we think and talk about them, which reflects the limits of language.
- Historically stigmatized groups might also self-identify using language that is historically derogatory but that is being reclaimed (e.g., the term "crip").
- While there was an interest alternative terms like "social and emotional learning" and "well-being," there may be no word for a cluster of experiences, but a rich emotional language and vocabulary, which cannot be expressed by existing language systems. Centering experiences and stories, rather than coming up with specific terminology, is something many groups noted.
- And yet, this multiplicity of experience is not reflected at all in diagnostic medical language, which is universalized and codified, reflecting a power imbalance. There's a need to address this lack and "build bridges rather than parallel worlds" in order to change the ways in which mental health systems can be oppressive.

Day 2

- Lower East Side Tenement Museum
- Wellcome's Mental Health Priority Area team on "Active Ingredients"

Breakout Question #1:

As Michelle Fine brought up during our discussion on December 4:

> the space between "care" and criminalization is getting narrower and narrower ... the tentacles of carceral logic can be found in schools, mental health services [social service agencies, hospitals] ... makes "care" difficult to trust.

Given that forms of policing and surveillance are built into places that are supposed to be providing mental health care, and especially targeting BIPOC, immigrant, and queer communities, how might Mindscapes projects reevaluate what "access to care" could and should look like? Could we engage in some community-based cultural projects around this theme, with an eye toward changing narratives and policies related to mental health care? Is this a topic we could take on together through various strands of research?

Summary of breakout notes:

- Many New York–based participants affirmed that across the many institutions in the city, policing and surveillance happens in the place of mental health care—not only in spaces where this would be expected, such as criminal court and Rikers Island (the city's jail), but also in housing court, hospitals, social service agencies, schools, and museum spaces. People shared stories about the ways in which these institutions pathologize and stigmatize the behavior of BIPOC youth in particular.
- Participants spoke about how the contemporary ways in which institutions are operating are related to deep, long histories of white supremacy and are based on fear and control throughout the United States, which are worth investigating. Historians might have been looking at similar practices related to mental health institutions and the carceral system in the 19th century. There was also an interest in the Tenement Museum's critical investigation of the concept of "juvenile delinquency," in post-WWII New York.
- Groups asked what these projects might do to intervene and change institutions, build community power, and change narratives. People wanted projects to center narratives of resistance and alternative definitions of care, led by disability justice groups, queer and BIPOC organizations, youth interventions, community organizers, and mutual aid groups. They wanted to find ways to get scientists and policy makers to listen to them.
- At a time when faith in many institutions has eroded, trusted institutions could play a role in these projects developing an alternative understanding of "care"—for example, libraries. Some institutions are also building trust by changing what they do, for example, the emergency use of museums as food pantry spaces or safe places for protestors needing to use the restroom or get water, or first aid.

Breakout Question #2:

How might cultural projects collaborate with mental health researchers and policy makers to elevate lived experience as a valid form of knowledge? How would we go about doing this in New York? Who should be involved?

Summary of breakout notes:

- Mindscapes projects could impact policy through various approaches, scaling up through local governments or sticking to collaboration across hyper-local levels, working with already existing networks and creating new ones. There is a role for arts and culture in creating opportunities to imagine very different worlds and spaces for diverse narratives and then encouraging audiences (including policy makers) to inhabit them.
- A number of questions and concerns came up in response to the question itself. For example, some asked, Should these projects be collaborating with policy makers or trying to influence them or make change in other ways, through outside pressure? Is "lived experience" the best term to use? Does it misrepresent people with mental health challenges as "other"? And would "living experience" represent that the challenges are ongoing?
- Telling stories, doing empathy workshops, and other methods that center lived experience might work, but people noted it's important that it not re-traumatize someone who wants to share their lived experience, and others had concerns about making empathy central to the projects.
- People appreciated that the processes within the MHPA lived experience advisors because of how their roles at Wellcome were structured.

Day 3

Presentations:
- Brooklyn Museum
- Guadalupe Maravilla

Breakout Question #1
How can we work toward repair, refuge, hope, healing, and joy? How can we do so while being considerate of concerns about toxic positivity? How can we work toward these things at community and societal levels, while recognizing that systemic levels are always interconnected with the personal?

Summary of breakout notes:

- "Toxic positivity" was a potent term that resonated across the groups. It was familiar to some and new for others. People felt it was powerful and important to reflect, given the orientation of organizations that many people represented in the group, and Wellcome's goals to make improvements to young people's mental health and help people get better.
- For Mindscapes projects, questions came up about how to balance an eagerness to engage with productive, experimental activity with the need nonetheless to avoid glossing over the relationship between "staying positive" and numerous systemic and historic injustices, white supremacy, and the belief in productivity above all else.
- Women, BIPOC folks, and immigrants, and especially Black people, are often told they are supposed to be coping and getting by, disassociating, "getting through it" or "being resilient" when people are processing trauma. Hope has also been used in popular politics as a way to stifle political movements that take on a wider range of feelings.
- Happiness doesn't exclude sadness, and so we must go toward that nuance. It's the personalized and contextualized conversations about mental health that seem to work and that have the potential to generate change.
- "Radical listening" should be a key component of these projects. There is a need for active listening by organizations with disproportionate power. Under-resourced, colonized, and oppressed communities have already been saying what they need for millennia.

- As important as listening is, there are limitations to empathy as a tool for liberation—empathy is the appropriation of someone else's experience, and not about centering that person's *actual* perspective and voice. That's one reason why it's important to allow those most impacted to have the space, resources, and privacy to build new ways forward on their own terms.
- Working toward hope and healing could mean using a resource-ally model (CUP's model) that attempts to not pathologize a situation or bring too much of a pre-existing framework (e.g., arriving into a situation and stating that there are problems that need to be solved before asking open questions, never mind pre-judging what problems there might be).

Breakout Question # 2:

We might want to commission or generate collective research through Mindscapes. What could we take on together through this work? What immediate next steps should we take to center youth voices, disability justice/ crip theory experts, and community and advocacy organizations representing BIPOC, immigrant, and queer communities when developing collective research in New York? What might such research be used for? How might such research lead to policy change and tangible changes to people's lives?

Summary of breakout notes:

- Community-led cultural projects could activate research in a way that's valuable and useful to people who live in the neighborhood over the long term. How is the research able to be used? Who is getting resources, and what can communities get out of research when it's compiled, through, by and with them?
- There is a gap in actually studying existing resistance and restorative work (not just participatory research, or arts-based health projects) on a larger scale. There is very little research to better understand community power building, collective healing, and collective wellness.
- The collective research this project undertakes should be in response to the unique circumstances of this moment, and the mental health challenges and potential learning presented by the COVID-19 pandemic. Arts and cultural projects could play a role in this research, making sure to document and learn from it.
- We have an opportunity to pursue "research that is fearless" and pushes the boundaries of what is already being explored in traditional research environments, by working to include more and different critical voices. There is an appetite at medical schools and other academic institutions for these kinds of collaborative, community-based projects.
- Mindscapes projects will need to root any "research" in outcomes that are related to real improvements to people's lives: e.g., access to cash, medical care, and other basic needs. But while thinking about basic needs, it's also going to be important to unpack some of the assumptions that can go into "doing good."
- Going forward, discussions about research projects need to be had with intended end users and co-collaborators. And they should be had in ways that are accessible when thinking through the details (such as the times meetings are held, feeding people, paying people).
- We could address our research questions by communicating outcomes in different ways than writing—perhaps through music, film, or performance.
- However, we work together on collective research, we must hold space for trying, failing, learning, experimenting, and shifting perspectives.

Emerging Insights: Themes, Topics & Questions

Some key themes and topics emerged over the three sessions, as conversations over the course of three Fridays built upon one another. These themes can inform Mindscapes New York projects going forward:

1. **The Power of Words and Narratives**
2. **Reforming Science by "Bridging Worlds"**
3. **Cultural Projects and Policy Change**
4. **Community, Trust, and Repairing Institutions**
5. **Centering Lived Experience**
6. **Mental Health beyond Healthcare**
7. **Developing Inclusive Projects**
8. **Thoughtful Support Strategies**

1. The Power of Words and Narratives

The power of words came up again and again. Participants emphasized the need to select the right word for the context and audience, especially in light of specific words' relationship to social, cultural, and political power. A number of groups addressed how scientific terminology around mental health has a real impact on people's lives, and sometimes in ways that are more destructive than helpful. Other words can potentially open up other ways of thinking. For example, "joy" was seen as distinct from "happiness" and possibly a more fruitful word to guide an investigation of mental health and well-being.

People also talked about the importance of sharing alternative narratives and different stories. Some participants noted that the Mindscapes conversations could be an opportunity to begin to explore how we might create an integrated narrative—not "either/or" but "both/and" in order to impact powerful narratives in policy, medicine, and science.

2. Reforming Science by "Bridging Worlds"

While scientific approaches to problem solving are typically divorced from arts-based approaches to issues of personal and community health, the projects associated with Wellcome's Mindscapes cultural program have the potential to bridge worlds by facilitating a range of people coming together from wide-ranging experiences.

The group noted that while scientists have important expertise, scientific and medical professionals benefit from encountering the depth of knowledge that those without their training can bring to a subject. A tension often arises between fixed categories defined by scientific and medical training versus individual journeys of mental health.

Regarding possibilities for intervention, sometimes arts and cultural projects are challenged to prove that their work is useful to science, and perhaps more direct dialogues with science could help with this problem. Participants in one breakout asked, What can science borrow from *curatorial work*—how can we advance our collective understanding by looking at things from different perspectives?

3. Cultural Projects and Policy Change

The group discussed the potential role for the arts and cultural projects in influencing city, state, federal, and international policy as related to mental health. Arts and cultural projects can sometimes move faster than policy change, shift conversations, and exert pressure on those in power to respond.

There were discussions and debates about how we want to involve the people who hold power (including with respect to future cultural and health funding) in these conversations, and whom we mean when we talk about collaborating with policy makers.

People also asked challenging questions about whether efforts in arts and culture should be taking the lead on policy change. People noted the importance of centering activists and not overstretching the appropriate role for artists during times of great upheaval and challenge.

4. Community, Trust, and Repairing Institutions

Participants circled back again and again to discussions about communities, social ties, and place-based attachments as underappreciated but central to understanding well-being. Mindscapes projects could help shift broader cultural conversations about mental health and wellness toward thinking about community.

People asked questions like, What if we didn't pathologize challenges to maintaining mental health and well-being, by understanding well-being through a community lens? How do we uplift each other through community? What we do on the scale of the small group setting to inform the macro level, too? How might we build new communities (both place based and digital)?

The group expressed interest in doing an audit of community-level mental health work happening right now, as a step toward supporting and amplifying work that's already being done by under-resourced communities. Mindscapes projects should build upon existing connections and trust, and support community-based institutions and informal networks.

5. Centering Lived Experience

Members of the group noted that it's not contradictory for people organizing Mindscapes projects to think about mental health in a community context and also on a personal level. This mixing of personal experiences and reflections, on the one hand, and systemic thought and action, on the other hand, should be accepted and recognized as both necessary and productive to Mindscapes projects.

To promote an inclusive environment and allow people to leverage their own lived experience as an asset, participants suggested that mental health topics should be discussed in the first-person terms (I/we/us) rather than third-person terms (they/them) to avoid propagating assumptions that mental health challenges pertain to "others." Participants shared personal reflections throughout the sessions. We are all coming to this work with valuable lived experience. And while mental health is a relevant subject for all of us, the group also pointed out that due to systemic inequality, experiences play out quite uniquely and unevenly for each of us.

6. Mental Health beyond Healthcare

Many participants pointed out that it was necessary to take an intersectional, systems-based approach to Mindscapes New York projects because urgent structural problems that local communities are facing impact mental health. The city, state, and federal government's social, economic, and criminal justice policies are often mental health policies too. This means that having enough time, food, and access to transit matters a lot when it comes to mental health, which is linked to systemic economic inequality and systemic racism. There is already so much being done to address these pressing issues by local groups; ideally Mindscapes projects would amplify the work of grassroots groups already doing this work and connect basic needs to mental health.

7. Developing Inclusive Projects

Some participants shared that these sessions felt a bit "top-down" at this stage and questioned why some community and advocacy organizations were interviewed for R&D but were not present in the convening. The convening could have included certain perspectives or frameworks, such as disability justice, the neurodiversity movement, and crip theory. Mindscapes New York could also be an opportunity to support young people's leadership and to adopt a more intergenerational approach going forward. It's going to be important to break down barriers of time and access to funds in order to create truly inclusive projects and think about how public outcomes can be accessible as well.

8. Thoughtful Support Strategies

People discussed the unique role Wellcome could play in these projects, not only as funder, but also co-producer and content collaborator. A minimally formalized network could provide

members the time to develop interorganizational spaces and be used to invite in non-artistic cultural organizations and individuals into the mix as well. Several participants also noted the benefit of building on existing funding collaborations and networks of foundations already doing this work in New York City, nationally, and internationally.

Conclusion

The Mindscapes New York December 2020 convening provided an opportunity to begin to work collectively, get to know one another, and begin to create a new community around the Mindscapes projects at this early stage. The next two years can build on the momentum from the convening in order to launch projects and collectively work to support mental health and well-being for New Yorkers across the city during a time of great need for repair and healing.

List of Attendees

Abbie Doran | *Project Support and Research Officer, Wellcome*

Andy Chen | *Partner, Isometric Studio*

Beck Smith | *Policy and Advocacy Lead, Mental Health Priority Area, Wellcome*

Bisola Falola | *Program Officer, Public Health Program, Open Society*

Cara Jordan | *Assistant to the Director and Provost's Fellow in the Arts, Center for the Humanities, the Graduate Center, CUNY*

Cara Mertes | *Project Director, Moving Image Strategies, Ford Foundation*

Cecilie Waagner Falkenstrøm | *Artist*

Christine Gaspar | *Executive Director, Center for Urban Pedagogy*

Cievel Xicohtencatl | *Community Engagement Manager, The Laundromat Project*

Dalila Scruggs | *Senior Museum Instructor and Fellowship Coordinator, Brooklyn Museum*

Danielle Olsen / *International Cultural Producer, Wellcome*

David Favaloro | *Senior Director of Curatorial Affairs, The Lower East Side Tenement Museum*

Diya Vij | *Associate Curator, Creative Time*

Ellen Reid | *Composer and Sound Artist*

Eugenie Tsai | *John and Barbara Vogelstein Curator of Contemporary Art, Brooklyn Museum*

Fay Rosenfeld / *Vice President of Public Programs, New York Public Library*

Fielding Hong | *Youth Education Program Manager, The Center for Urban Pedagogy*

Frampton Tolbert | *Deputy Director, The Laundromat Project*

Gonzalo Casals | *Commissioner, NYC Department of Cultural Affairs*

Grace Gatera / *Lived Experience Consultant, Mental Health Priority Area, Wellcome*

Guadalupe Maravilla | *Artist*

Hatuey Ramos-Fermín | *Deputy Director, The Laundromat Project*

Joe Kiely | *International Cultural Programmes, Wellcome*

Judy Diers | *Program Officer, Office of the Vice President for International Programs, Ford Foundation*

Kate Martin | *Lived Experience and Public Engagement Lead, Mental Health Priority Area, Wellcome*

Kate Rogers Dammerman | *Global Health Policy Advisor, UN Foundation*

Kathleen Pike | *Professor of Psychology; Director, Columbia-WHO Center for Global Mental Health*

Keith Wilson | *Director, Center for the Humanities, The Graduate Center, CUNY*

Kemi Ilesanmi | *Executive Director, The Laundromat Project*

Ken Arnold | *Creative Director, Wellcome*

Lauraberth Lima | *Independent Cultural Consultant*

Maggie Jacobs | *Director of Youth Educational Programs, The New York Public Library*

Monica Marino | *Manager of Adult Learning, Brooklyn Museum*

Michelle Fine | *Distinguished Professor of Critical Psychology, Women's Studies, American Studies and Urban Education, The Graduate Center, CUNY*

Miranda Wolpert | *Head of Mental Health Priority Area, Wellcome*

Nayantara Sen | *Cultural and Narrative Strategist; Director of Narrative and Cultural Strategies, Race Forward*

Pauline Meyer | *Team Coordinator, Germany Office, Wellcome*

Rebecca Jacobs / *Wellcome Trust Mental Health Curatorial Research Fellow, Center for the Humanities, The Graduate Center, CUNY*

Rhea Newman | *Policy and Advocacy Advisor, Mental Health Priority Area, Wellcome*

Sharon Matt Atkins | *Deputy Director for Art, Brooklyn Museum*

Shuranjeet Singh | *Lived Experience Consultant, Mental Health Priority Area, Wellcome*

Siyona Ravi | *Communications and Program Assistant, Center for Urban Pedagogy*

Steffie Kinglake | *Strategic Partnerships Manager and Narrative Strategist, Center for Health Equity and Community Wellness, NYC Department of Health and Mental Hygiene*

Tom Finkelpearl | *Consultant, Andrew W. Mellon Foundation*

Waqas Jawaid | *Partner, Isometric Studio*

Wellcome exists to improve health
by helping great ideas to thrive.

We support researchers, we take on big
health challenges, we campaign for better
science, and we help everyone get
involved with science and health research.

We are a politically and financially
independent foundation.