



Somos Esenciales, We are Essential: Our Mental Health is Essential. Research for, by and of the Latinx Community in the Mission District during the Pandemic

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ABSTRACT

We are Latinx immigrants and children of Latinx immigrants. We provided emergency volunteer services at the Mission Food Bank during the pandemic to provide food assistance to low-income families in the Mission District and the city of San Francisco. In March 2021, we were invited to lead a research project that we call “We are Essential”. Here we share our process and a few of our findings on the mental health of San Francisco’s Latinx

community during the pandemic, with a focus on our children and youth. A full report of our findings will be published in 2024.

KEYWORDS: Latinx; mental health; pandemic; participatory action research

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WE ARE GRASSROOTS RESEARCHERS

We come from the roots of society and know first hand the problems we are investigating. We start from the fact that we know ourselves as Latinx people, we know what we are like.

We are immigrants, and although we come from different countries, in our community almost everyone has the same background. We come from similar cultures, similar situations of poverty, and comparable education levels. Perhaps we completed elementary school or perhaps we are people without studies, who do not know how to read or write.

In formulating our research questions, we connect better than educated doctors because the person we are interviewing does not feel intimidated by us. They are not worried that we will think poorly of them if they question us back. We put a different touch on research.

Even if we do not know the person we are interviewing, we have a way of posing the question that is more akin to our way of thinking. A doctor or a graduate person, a scientist, has a different way of thinking, and it’s not the same anymore.

“[T]here's a huge difference when you have strangers coming to research about a problem in the city or in the community than having people from the community doing research, you know, for the community. There's like a different touch or feeling or trust. You can have different types of responses. If it's someone from the community, they tend to trust it more than someone that they don't even know. Someone who won't come back and let them know the answers to the questions or what they did with the research they collected.” —Dara Montejo, 18 years old at the time

We come from the base of the community and know firsthand the problems we are investigating. We do our research with a lot of love, dedication, and commitment, because we want to continue supporting our community. We collected our own knowledge, our own problems, our own healthy practices, and feel good doing this work. Nobody brought us to these good practices; we grew up with them.

OUR METHODOLOGY: PULLING ON THE THREADS OF FOLK-LIFE

We got to the big questions about the big problems affecting our community by asking simple questions about shared experiences in our lives.

In our first meeting, sitting in a circle with facemasks and distance, we introduced ourselves and then in pairs answered this question: "What unites us as members of the Latino community?" When we returned to share with the group, we learned that we were united by language, food, festivals and holidays, spiritual practices, our places of origin or that of our parents or ancestors, and customs. We were also all volunteers at the Mission Food Hub.

We then took turns answering another question: "What habit or custom changed for you due to the COVID-19 pandemic?" We started talking about the loss of the handshake or kiss on the cheek when we met, missing the family gathering at Sunday *carne asada* (barbecue), or not being able to say a rosary together after a death. New habits like breathing through a mask or using virtual meeting apps for our children's education were forced on us even when some of us didn't even know how to use a computer. Most of us were unemployed or underemployed at the time and had lost all the structure that a life of hard work had given us.

These losses soon led to conversations about feelings of anxiety, stress, loneliness, and other states of mind. We realized that we weren't coping well with the pandemic and that other people we know were not coping well either.

This is how we found ourselves talking about the "mental health" of our community from day one. Some of us had never wondered what "mental health" meant. Some of us who knew what it meant were surprised to see interest in the group, as previous experiences had shown us that our community didn't know much about it or accept that mental health was a real thing. We agreed to learn more.

We went out into the community and asked three other people the same question. "What habit or custom changed for you due to the COVID-19 pandemic?" The following week we returned to inform the group. We were all very sad. We were saddened by the pain, depression, anxiety, and isolation in our community. Children and young people also suffered from living cooped up. We had so much to say that we put a timer to limit our interventions to two minutes to make sure we gave each person a turn. We were a dozen people reporting what we learned from forty other people. We documented everything we were learning and kept asking questions. We found many problems, but we also found our own solutions.

Below we share one problem and one solution that impacted on our children and young people.

ONE PROBLEM: THE MENTAL UNWELLNESS OF OUR CHILDREN AND YOUTH

Every family, every home suffered, but the children and young people suffered more. They were aware of the economic hardships our homes were experiencing and the stress consuming adults. They absorbed any conflict at home.

In our families, our daughters and sons are responsible for taking care of their younger siblings in addition to their own studies, especially when the parents go out to work. In the pandemic lockdown, that put a lot of extra pressure on our older children. When parents fell ill with COVID-19, they too were left in the care of the family.

Online learning, in our experience, was not educational. For our children who require specialized education or have attention deficit hyperactivity disorder (ADHD) it was even more confusing. Their in-person visits with their counselors were canceled and then the counselors stopped their online visits because our children couldn't sit at their computers. It was absurd.

For many teens, online learning was a source of great anxiety. They did not learn much in the hours sitting in front of the computer and had to struggle on their own to try to understand their assignments. They also became very aware of how their classmates perceived them on screen at an age where connecting with their peers is very important.

Some of our children suffered from eating disorders or exhibited suicidal behavior or other mental or behavioral disorders. In some cases, we were forced to hospitalize our children for their own physical safety.

Now as parents we face the consequences of abandonment by systems that should keep them safe. Our children fight or they don't stay in class and miss the entire lesson. Even when they take medicine to improve their concentration, that concentration is limited. Now it is a struggle trying to get them readjusted to in-school structure.

ONE SOLUTION: VOLUNTEERING TO HELP OUR COMMUNITY AT THE MISSION FOOD HUB HELPED OUR CHILDREN

For our own wellbeing, we started going every Monday, Wednesday and Friday during the first year of the pandemic to help pack and deliver free food boxes at the Mission Food Hub.

High school aged youth also started coming. Some of them were in charge of stocking the delivery vehicles that went out to families and seniors who couldn't come to the hub. It was an important responsibility that required fast paced decisions, applying math skills, coordinating with others, and reporting back to supervisors.

Some of us, who were those young people, were only given permission to leave the house to go to the Hub. And there we met new people, not only other young people, but people who became our mentors and who we could trust at the Hub. And then there's music and you went to work, knowing we were helping the community at the same time. It was fun.

Some of us who are parents, took our younger children with us because we had to watch over them. They became part of the Mission Food Hub family. They were right there along with all of *las señoras*, all of us giving out food, and doing everything that had to be done. It was a learning situation, because we started out with a couple of hundred people receiving boxes and we were suddenly serving seven or eight thousand people a week. So, our kids learned a lot of stuff. Perhaps not academic wise, but about the roots of being in the Mission, and what it is to have respect for your elders and to help them out.

"Among the people I researched, they said 'Oh, my practice was to go for a walk' and even a young woman told me 'Now I have time to do my Zumba, I put the Zumba videos and I start doing them right then and there.' But, you see, they already had that information. I also came across people who said they were taking medication or something to sleep, so as to not be thinking so much about what they were experiencing. So this is what I learned: that these people, the ones who applied these practices, already had information about resources. They already knew how to confront this situation." Ana Alfaro, Essential Researcher

GENERAL FINDING: OUR CULTURE OF MENTAL WELLNESS

Our research highlighted the rich variety of mental wellness practices rooted in our Latino cultures: nature walks, cooking, dancing, praying, Aztec dancing, embroidery, lowriding, gardening, volunteering, the pachanga and many others. We put what we learned to the test and invited others to benefit from practices to strengthen mental health. For example, we organized nature-in-the-city walks that are still very popular.

Our practices helped us to find relief and clear our minds and stopped us from ruminating all day on the crisis we were experiencing. These practices were important not only to deal with confinement, but also when the time came to start socializing again. They helped us break mental barriers to going out again and share and re enter spaces of conviviality that had been closed during the pandemic. We learned that if we had prior customs and knowledge that helped our mental wellness, we got better faster.

It was sweet to learn about the variety of practices that people in our community, including the young and old, use to reduce stress, depression and other mental illnesses during the pandemic. They also shared their desire to learn new mental wellness practices. Many of those practices are things that members of our own community know how to do and are willing to teach others.

We learned we thrive the most in activities that foment conviviality with others and break through the isolation that we were experiencing even prior to the pandemic.

Our research helped our group develop a sense of purpose: We want to support the healing of our community. We want to be the anti-Covid. We want to transform pain. We want to spread a contagion of good mental wellness practices to everyone. Most specifically, we want to create a Cultural Center for Mental Wellness based on our community knowledge, where getting access to mental health services and practices will be as easy as picking up a box of free food at the Mission Food Hub.

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