Mental Health and the African American community

Doris Moore, MS, NCC, CPC, LIMHP
Center for Holistic Development, Inc.
6659 Sorensen Parkway
Omaha, NE  68152
P. 402-502-9788
F. 402-502-3450
www.chdomaha.org
Agenda

• Signs, Symptoms, and Statistics
• Systematic Barriers
• Impact on the African American Community & beyond
• Reducing risk and implementing solutions
Mental health vs. Mental Illness

Why is it important?

This Photo by Unknown Author is licensed under CC BY-NC-ND
Mental Health Myths

• Myth: Mental health problems don’t affect me.
• Myth: Children don’t experience mental health problems.
• Myth: People with mental health problems are violent and unpredictable.
• Myth: People with mental health needs, even those who are managing their mental illness, cannot tolerate the stress of holding down a job.
• Myth: Personality weakness or character flaws cause mental health problems. People with mental health problems can snap out of it if they try hard enough.
• Myth: There is no hope for people with mental health problems. Once a friend or family member develops mental health problems, he or she will never recover.
• Myth: Therapy and self-help are a waste of time. Why bother when you can just take a pill?
• Myth: I can’t do anything for a person with a mental health problem.
• Myth: Prevention doesn’t work. It is impossible to prevent mental illnesses.
Benefits of Mental Health and Wellness

Positive mental health allows people to:
• Realize their full potential
• Cope with the stresses of life
• Work productively
• Make meaningful contributions to their communities

Ways to maintain positive mental health include:
• Getting professional help when you need it
• Connecting with others
• Staying positive
• Getting physically active
• Helping others
• Getting enough sleep
• Developing coping skills
Africans Americans are...

- More likely to use emergency services versus community mental health services
- Be over diagnosed
- Be over medicated
- Have presenting concerns mislabeled
- End services prematurely
- Adult Black / African Americans are 20% more likely to report serious psychological distress than white adults.
- Black/African American teenagers are more likely to attempt suicide than are white teenagers (8.3 percent v. 6.2 percent).
- Less likely to receive care 48% of Whites are receiving the services they need compared to 31% of Blacks.
- Confronted with higher frequencies of racial macroaggressions negatively impact mental health and is significantly correlated with depression.
- Have different cultural perceptions about mental illness, help-seeking behaviors and well-being
- Faced with racism and discrimination
- Less likely to be insured, access barriers, and communication barriers
- Fear and mistrust of treatment
- African Americans often receive poorer quality of care and lack access to culturally competent care. Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy.
- Stigma
- Distrust of the healthcare system
- Lack of diverse providers
- Lack of culturally competent providers
- Lack of insurance, underinsurance
Why are African Americans reluctant to participate in mental health systems?

- History of Mental Illness for African Americans
- Barriers to Treatment
- Impact of Racism and Trauma
- Youth, Mental Health, and Juvenile Justice
History of Mental Health for African Americans

• In the United States, scientific racism was used to justify slavery and to appease the moral opposition to the Atlantic slave trade.

• Black men were described as having “primitive psychological organization,” making them “uniquely fitted for bondage.”
Mental and Behavioral Health by the numbers for African Americans

- Poverty level affects mental health status. African Americans living below the poverty level, as compared to those over twice the poverty level, are twice as likely to report psychological distress.
- In 2017, suicide was the second leading cause of death for African Americans, ages 15 to 24.1
- The death rate from suicide for African American men was more than four times greater than for African American women, in 2017.
- However, the overall suicide rate for African Americans is 60 percent lower than that of the non-Hispanic white population.
- African American females, grades 9-12, were 70 percent more likely to attempt suicide in 2017, as compared to non-Hispanic white females of the same age.
- A report from the U.S. Surgeon General found that from 1980 - 1995, the suicide rate among African Americans ages 10 to 14 increased 233 percent, as compared to 120 percent of non-Hispanic whites.2

Mental Health Barriers

- Historical Trauma
- Stigma
- Cultural stereotypes
- Cultural mistrust
- Informal support
- Lack of African American professionals
- Lack of cultural competency
- Issues in assessment
- Misdiagnosis
- Cultural paranoia
- Treatment
- Economic inequality
1. Socioeconomic system
2. Medical system
3. Education system
4. Foster Care system
5. Political system
6. Justice system
Members of ethnic and racial minority groups in the U.S. “face a social and economic environment of inequality that includes greater exposure to racism, discrimination, violence, and poverty, all of which take a toll on mental health.”

— U.S. SURGEON GENERAL
Racism is a mental health issue because racism causes trauma. And trauma paints a direct line to mental illnesses, which need to be taken seriously.
• Racism
• Systemic/Structural Racism
• Interpersonal Racism
• Institutional Racism
• Internalized Racism
• “Reverse Racism”
• Oppression
• Racial Trauma
Mental Health Services for Black, Indigenous people of color (BIPOC)

- Although rates of mental illness in some BIPOC populations are sometimes comparable or slightly lower than the rates in the white population, BIPOC often experience a disproportionately high burden of disability from mental disorders.[9]

- Misdiagnosis of youth behavioral and mental health conditions

- Black adults are 20 percent more likely to report serious psychological distress than adult Whites.[10]

- Although rates of depression are lower in Black people (24.6 percent) and Hispanic people (19.6 percent) than in White people (34.7 percent), depression in Blacks and Hispanics is likely to be more persistent.[11]

- People who identify as being two or more races (24.9 percent) are most likely to report any mental illness within the past year than any other race/ethnic group.[12]

- Native and Indigenous Americans report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethnic/racial group.[13]

- Mental and behavioral health conditions are common among people in the criminal justice system, in which BIPOC are disproportionately overrepresented. Approximately 50 percent to 75 percent of youth in the juvenile justice system meet the diagnostic criteria for a mental illness.[14]

- Cultural incompetence of health care providers likely contributes to underdiagnoses and/or misdiagnosis of mental illness in BIPOC. Language differences between patient and provider, stigma of mental illness among BIPOC, and cultural presentation of symptoms are some of the many barriers to care that explain these errors in the diagnostic process.

- One study found that physicians were 23 percent more verbally dominant and engaged in 33 percent less patient-centered communication with Black patients than with White patients.[15]

- Compared with White people with the same symptoms, Black people are more frequently misdiagnosed with schizophrenia and less frequently diagnosed with mood disorders.[16]

- Native and Indigenous American adults have the highest reported rate of mental illnesses of any single race identifying group.
Research on the impact of ACEs has left no doubt that early trauma, especially unresolved trauma, impacts the development of emotional regulation skills and distress tolerance. It can lead to “disrupted neurodevelopment and social, emotional and cognitive impairment” (Aaltonen, 2019).

ACEs have further been linked with all the leading causes of death, including illnesses such as heart disease, stroke, obesity, diabetes, and cancer, in addition to mental health concerns like depression, anxiety, substance abuse, and suicide.
"What It Feels Like to Be a Black Man in America Right Now,"
Teron Moore, Teen Vogue

"The truth is, it couldn’t happen to you. Unless you happen to be a black person in America, this is not happening to you.

But it is happening to people like me, to black men just trying to make a living, to black women who just want to be magic, to boys and girls who aren’t even old enough to understand the generations of hatred and injustice that have claimed their lives.

And I live in a constant, nagging fear that my name will be next, that nothing but my skin color and its history in America will cost me my life."
Post Traumatic Slave Syndrome (P.T.S.S.)

- P.T.S.S. is a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the Diaspora.
- It is a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery.
Joy DeGruy, PhD.
Post Traumatic Slave Syndrome: America’s Legacy of Enduring Injury and Healing

• There is no single prescription for protecting people against, racism, bigotry and hatred; there is no one-shot inoculation against intolerance or fanaticism.

• However, it appears that educating people to understand that these things do exist, and about the manner in which they are manifested, can be helpful to those who come face to face with them.

• Racial socialization can be a process whereby individuals are taught how to identify and deflect the potential negative effects of assaults, overt as well as covert.
• According to statistics presented by a regional administrator for the Substance Abuse and Mental Health Services Administration (SAMHSA) at the Addressing Health Disparities: Focus on Mental Health and Violence conference at Creighton University on April 27, 2019:

• 27.5% of American Indians in Nebraska reported having an anxiety disorder, compared to 9.8% of Caucasians.

• Almost 15% of African-Americans in Nebraska had an anxiety disorder.

• Almost 40% of Native Americans in Nebraska had been diagnosed with a depressive disorder.

• Approximately 13% of both African-Americans and Hispanics had been diagnosed with a depressive disorder.

• Nebraska’s Hispanic population experienced the highest percentage of people who had serious psychological distress, at 8.2%, compared to 2% of Caucasians.

• Almost 3.5% of African-Americans experienced serious psychological distress, as did 2.5% of Caucasians.
“True Social Justice among the black community will remain incomplete until mental health disparities are addressed.”
School to Prison Pipeline

School disciplinary policies disproportionately affect Black students.

Zero-tolerance discipline has resulted in Black students facing disproportionately harsher punishment than white students in public schools.¹

Black students represent 31% of school-related arrests.²

Black students are suspended and expelled 3x more than white students.³

Students suspended or expelled for a discretionary violation are nearly three times more likely to be in contact with the juvenile justice system the following year.⁴
Sixty-five to seventy percent of children in the juvenile justice system have a diagnosable mental health condition,[11] and children in the juvenile justice system have substantially higher rates of behavioral health conditions than children in the general population.[12]

At least seventy-five percent of youth in the juvenile justice system experienced traumatic victimization, and ninety-three percent reported exposure to adverse childhood experiences including child abuse, family and community violence, and serious illness.[13]
ARE OUR CHILDREN BEING PUSHED INTO PRISON?

THE PIPELINE TO PRISON: THE U.S. HAS THE HIGHEST INCARCERATION RATE IN THE WORLD, AND ITS PRISONS AND JAILS ARE OVERWHELMINGLY FILLED WITH AFRICAN AMERICANS AND LATINOS. THE PATHS TO PRISON FOR YOUNG AFRICAN-AMERICAN AND LATINO MEN ARE MANY, BUT THE STARTING POINTS ARE OFTEN THE SCHOOL AND FOSTER CARE SYSTEMS.

FROM SCHOOL TO PRISON

STUDENTS OF COLOR FACE HARsher DISCIPLINE AND ARE MORE LIKELY TO BE PUSHED OUT OF SCHOOL THAN WHITES.

40% OF STUDENTS EXPelled FROM U.S. SCHOOLS EACH YEAR ARE BLACK.

70% OF STUDENTS INVOLVED IN \textit{\textit{IN-SCHOOL}} ARRESTS OR REFERRED TO LAW ENFORCEMENT ARE BLACK OR LATINO.

3.5X BLACK STUDENTS ARE THREE AND A HALF TIMES MORE LIKELY TO BE SUSPENDED THAN WHITES.

2X BLACK AND LATINO STUDENTS ARE TWICE AS LIKELY TO NOT GRADUATE HIGH SCHOOL AS WHITES.

68% OF ALL MALES IN STATE AND FEDERAL PRISON DO NOT HAVE A HIGH SCHOOL DIPLOMA.

FROM FOSTER CARE TO PRISON

YOUTH OF COLOR ARE MORE LIKELY THAN WHITES TO BE PLACED IN THE FOSTER CARE SYSTEM, A BREEDING GROUND FOR THE CRIMINAL JUSTICE SYSTEM.

50% OF CHILDREN IN THE FOSTER CARE SYSTEM ARE BLACK OR LATINO.

30% OF FOSTER CARE YOUTH ENTERING THE JUVENILE JUSTICE SYSTEM ARE PLACEMENT-RELATED BEHAVIORAL CASES (e.g., RUNNING AWAY FROM A GROUP HOME).

25% OF YOUNG PEOPLE LEAVING FOSTER CARE WILL BE INCARCERATED WITHIN A FEW YEARS AFTER TURNING 18.

50% OF YOUNG PEOPLE LEAVING FOSTER CARE WILL BE UNEMPLOYED WITHIN A FEW YEARS AFTER TURNING 18.

70% OF INMATES IN CALIFORNIA STATE PRISON ARE FORMER FOSTER CARE YOUTH.

THE COLOR OF MASS INCARCERATION

- 51% OF INCARCERATED POPULATION
- 30% OF U.S. POPULATION

ONE OUT OF THREE AFRICAN-AMERICAN MALES WILL BE INCARCERATED IN HIS LIFETIME

ONE OUT OF SIX LATINO MALES WILL BE INCARCERATED IN HIS LIFETIME
Youth need the opportunity to explore, discuss and reflect on their ideas.

- Research shows that when young people are given a meaningful opportunity to express their opinions they have an increased investment in the program or initiative and more confidence in their own voice.[18]

Youth need the opportunity to embrace creativity.

- When provided with the opportunity to express themselves creatively, youth experience enhanced mental health and increased growth and development.[19],[20]

Youth need the opportunity to foster and nurture connections.

- When given time specifically to cultivate connections with both peers and adults, young people express a greater bond with others and a greater sense of community.[21]

Youth need the opportunity to create a lasting impact within their community.

- When young people are involved in community activities, they experience improved mental health, are less likely to consume alcohol and other substances, and have increased physical activity.[22] [23]

Youth need the opportunity to have emotional safety.

- Environments where youth report feeling psychologically safe promote participation, engagement and positive development. Qualities of these environments include relaxation, absence of fear and stress, respect and ability to express themselves.[24] [25]

Youth need the opportunity to be mentored in making good decisions.

- During adolescent years, young people develop stronger logical and moral thinking. At the same time they are craving independence and responsibility[26]. Environments that promote critical thinking and leadership opportunities, allow youth to develop prosocial skills such as empathy, and practice decision-making and time management skills.[27]
• Existing tension between the juvenile justice and mental health systems.
• The lack of available mental health services
• Determining levels of mental health need
• Focus on mental health
• Recommendations targeted to the juvenile justice and mental health systems
McArthur Foundation’s “Models for Change"

- Fundamental fairness
- Recognition of Juvenile Adult differences
- Recognition of individual differences
- Recognition of potential
- Safety
- Personal responsibility
- Community responsibility
- System responsibility
MHA advocates effective intervention to assure that children with behavioral health issues get the services required.

- Prevention
- Early Identification
- Diversion
- Safety and Fairness in correctional facilities and
- Effective classification in correctional facilities
- Treatment, in the community whenever possible
- Community Reintegration
"A long as people can be judged by the color of their skin, the problem is not solved"

Oprah Winfrey
We are human.
We have feelings.
We bleed.
We cry.
We love our children.
We are not the sub-human beings they have made us out to be.
We are in pain but we will not always suffer in this way.
We are made in the image God.
We are the children of the amazing people o made a way out of no way.
We will turn to each other in love, compassion, hope, and determination.
We will draw on the strength of God and our ancestors.
We will rise.
And we are rising even now!!
Questions
References

- https://www.columbiapsychiatry.org/news/addressing-mental-health-black-community
- Mental-Health-Facts-for-African-Americans.pdf
- https://adaa.org/finding-help/blackcommunitymentalhealth
- https://mhanational.org/racism-and-mental-health
- https://safechildnc.org/aces-focus-on-racial-equity/
- https://mhanational.org/racism-and-mental-health