

Mental Health in the State of Alabama for African American Men

Presented by
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The Alabama Department of Mental Health

- The Alabama Department of Mental Health *ADMH* is the state agency responsible for serving Alabama citizens with mental illnesses, intellectual disabilities, and substance use disorders. Annually, we serve over 230,000 people through a broad network of state mental illness and intellectual disability facilities and community-based services. These services include residential, outpatient, and prevention programs with respect to substance abuse addiction.

State Facilities

- *Currently, we operate one developmental center for individuals with intellectual disabilities and six facilities for individuals with mental illnesses.*
- Bryce Hospital
- Searcy Hospital
- Greil Hospital
- North Alabama Region Hospital
- Taylor Hardin Secure Medical Facility
- Harper Center

Community Facilities

- Through community-based services the department contracts with hundreds of local service providers in all 67 counties.
- 26 Communities Providers with satellite offices that cover all 67 counties in the State.

STATE OF ALABAMA
 DEPARTMENT OF MENTAL HEALTH / MENTAL RETARDATION
 MI SERVED BY GENDER

- 01/01/2009 - 12/31/2009

FACILITY	FEMALE	MALE	TOTAL
• BRYCE	355	565	920
• SEARCY	410	647	1,057
• HARDIN		211	211
• GREIL	174	227	401
• NARH	311	378	689
• KIDD	20	15	35
• HARPER	206	207	413
• TOTAL	1,476	2,250	3,726

STATE OF ALABAMA
 DEPARTMENT OF MENTAL HEALTH
 MI SERVED BY RACE
 01/01/2009 - 12/31/2009

FACILITY	AFRICAN AMERICAN	WHITE	OTHER	TOTAL
• BRYCE	523	393	4	920
• SEARCY	534	511	12	1,057
• HARDIN	132	73	6	211
• GREIL	236	161	4	401
• NARH	198	478	13	689
• KIDD	13	21	1	35
• HARPER	117	294	2	413
• TOTAL	1,753	1,931	42	3,726

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
MI DIVISION AFRICAN AMERICAN MALES
FISCAL YEAR 2009

● BRYCE	321
● SEARCY	349
● HARDIN	132
● GREIL	129
● NARH	109
● HARPER	55
● Total	1,100

- According to the U. S. Surgeon General's Report published in 1999, 1 in 5 Americans will experience a mental illness in their lifetime. In Alabama the Division of Mental Illness Services serves over 200,000 people per year. **Ninety-five percent of these consumers receive services through our certified community providers.** Approximately five percent receive services through state operated facilities.

Q. What is mental illness?

Mental illnesses are biologically based brain disorders that can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others, and capacity for coping with the demands of life. *Mental illnesses include disorders such as schizophrenia, major depressive disorder, and bi-polar disorder.*

Q. What is schizophrenia?

- Schizophrenia is a biological brain disease that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. Many people with schizophrenia have hallucinations and delusions, meaning they hear and see things that are not there and believe things that are not real to be true. Contrary to popular belief, schizophrenia is not "split personality". Currently, one to two percent of the world's population, including one to two million American adults, has schizophrenia. Men and women are at equal risk; however, most males become ill between the ages of 16 and 25, while females develop symptoms between ages 25 and 30. Treatment success rates for schizophrenia are significantly higher than those for other physical illnesses such as heart disease.

The symptoms of schizophrenia are generally divided into three categories -- Positive, Negative, and Cognitive:

- **Positive Symptoms;** or "psychotic" symptoms, include delusions and hallucinations because the patient has lost touch with reality in certain important ways. "Positive" refers to having overt symptoms that should not be there. Delusions cause individuals to believe that people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people's minds. Hallucinations cause people to hear or see things that are not present.

- **Negative Symptoms;**

include emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and devoid of content, and a lack of pleasure or interest in life. "Negative" does not refer to a person's attitude but to a lack of certain characteristics that should be there.

● **Cognitive Symptoms;**

pertain to thinking processes. For example, people may have difficulty with prioritizing tasks, certain kinds of memory functions, and organizing their thoughts. (A common problem associated with schizophrenia is the lack of insight into the condition itself). This is not a willful denial but rather a part of the mental illness itself. Such a lack of understanding, of course, poses many challenges for loved ones seeking better care for the person with schizophrenia.

Q. What is bipolar disorder?

- ***Bipolar disorder, or manic depression;*** is a medical illness that causes extreme shifts in mood, energy, and functioning. These changes may be subtle or dramatic and typically vary greatly over the course of a person's life as well as among individuals. Over 10 million people in America have bipolar disorder, and the illness affects men and women equally. Bipolar disorder is a chronic and generally life-long condition with recurring episodes of mania and depression that can last from days to months that often begin in adolescence or early adulthood, and occasionally even in children. Most people generally require some sort of lifelong treatment. While medication is one key element in successful treatment of bipolar disorder, psychotherapy, support, and education about the illness are also essential components of the treatment process.

What are the symptoms of mania?

Mania is the word that describes the activated phase of bipolar disorder. The symptoms of mania may include:

- either an elated, happy mood or an irritable, angry, unpleasant mood
- increased physical and mental activity and energy
- racing thoughts and flight of ideas
- increased talking, more rapid speech than normal
- ambitious, often grandiose plans
- risk taking
- impulsive activity such as spending sprees, sexual indiscretion, and alcohol abuse
- decreased sleep without experiencing fatigue

What are the symptoms of depression?

Depression is the other phase of bipolar disorder. The symptoms of depression may include:

- loss of energy
- prolonged sadness
- decreased activity and energy
- restlessness and irritability
- inability to concentrate or make decisions
- increased feelings of worry and anxiety
- less interest or participation in, and less enjoyment of activities normally enjoyed
- feelings of guilt and hopelessness
- thoughts of suicide
- change in appetite (either eating more or eating less)
- change in sleep patterns (either sleeping more or sleeping less)

- 7% of African American men will develop depression during their lifetime-this is likely to be an underestimate due to lack of screening and treatment services.

Souls of Black Men African American Men Discuss Mental Health

*The Mayo Clinic quoting
The National Institute of Mental Health
"Depression will effect about 6
millions men and 12 millions women
each year in America and these
numbers may not be telling the whole
story."*

Uniqueness of Male Depression!

- Denial of depression
- Shut down
- Escape the image of being feminist
- Genetic
- Lethargic
- Fragile

Male-specific Depression Inventory

- My sleep is restless.
- I am bothered by things that never used to bother me.
- I can get angry even if I don't show it.
- I have trouble keeping my mind on what I am doing.
- I seem to be unhappy.
- I feel my life has been a failure.
- I need "things" to help me feel better.
- I am less social than I use to be.
- I get irritable very easily.

The difficulty in identifying male depression

- **Reluctance to discuss depression symptoms.** As a man, you may not be open to talking about your symptoms, especially emotions and feelings, with family or friends, let alone with a health care professional. This means you may not get properly diagnosed or treated for male depression.
- **Seeing mental illness as a threat to your masculinity.** Like some other men, you may have learned to place an emphasis on independence, competitiveness, emotional stoicism and self-control. You may think it's "unmanly" to express feelings and emotions associated with depression and instead try to suppress them.

The difficulty in identifying male depression

- **Masking depression symptoms.** Depression symptoms in men may be less readily apparent. For instance, you may mask depression symptoms by alcohol or substance abuse. Also, you may focus on physical symptoms of depression, rather than emotional or behavioral problems. And your depression symptoms may not match typical depression symptoms. All of these can make it more difficult to detect male depression and may even lead to a misdiagnosis.
- **Resisting mental health treatment.** Even if you are diagnosed with male depression, you may refuse treatment. You may worry about stigma damaging your career or about losing the respect of family and friends.

Souls of Black Men

African American Men Discuss Mental Health

Mental health is a taboo subject for African American men. In general, there is strong stigma associated with mental health problems and illnesses. Issues related to culture, masculinity, and the socio-political environment keeps men (and others) from tackling problems related to mental health. "

"We are not supposed to seek help for our mental illness."

"There is still a lot of stereotyping of black men in all of the medical professions."

"No Black Man in America is ever mentally healthy."

Scope of the Problem

- Finding care that is affordable, respectful, and accessible is a major challenge for African American men.
- Lack of insurance coverage and inadequate means of financing care often leads men to forego care.
- There is a dearth of providers of color and culturally competent providers.

The cost of mental disorders

- The burden of mental disorders, specifically depression costs \$43 billion annually. Absenteeism and lost productivity in the work place cost \$23 billion per year.
- When mental disorders aren't treated, African American men are more vulnerable to incarceration, homelessness, substance abuse, homicide and suicide.

What's Behind the Problem

- Besides the physical factors that contribute to mental disorders are a host of social factors that create a negative environment for African American men. On a daily basis, the black man has to deal with racism, inequality, and economic oppression while trying to care for himself and his family. Dealing with this harsh reality can lead to increased depression, frustration, low self-esteem, and feelings of hopelessness.

"Racism has caused many of us to believe we don't count and that our needs are not important."

"Even when we do everything right and play by all of the rules, we still don't get the respect we deserve, and that is very, very stressful."

"How would you feel if you thought everyone around you was afraid of you, or thought you were getting ready to do something illegal?"

"Many of us have developed a 'What difference does it make' attitude. Racism has forced a lot of Black men to sit on top of their pain. They feel there are very few outlets to share their feelings of frustration with the system."

"When we (Black men) don't feel we can provide for our families or protect our children, we feel worthless, depressed and we begin to turn on each other. This society only values what you do and not who you are."

How do We Heal the Problem

- Outreach must be tailored specifically for African American men and health education must be delivered by trusted messengers.
- Develop and support mental health promotion/intervention initiatives that are specifically geared to African American males.

Conduct stigma awareness training at faith institutions, community organizations, and primary care settings.

Increase awareness of connections between chronic diseases and mental health.

Formal and informal systems of help must be created that will provide Black men with opportunities to congregate and talk over problems they feel they cannot mention to most people.

Black institutions, community leaders and health professionals must encourage and promote participation and involvement of Black men in both traditional and non-traditional institutional structures, groups and relationships (i.e., churches, family activities, fraternities, health retreats, group therapy, etc) within the African American community that may offer cooperative and self-help approaches to stressful situations.

In order to improve the health of African American men, the entire community must become more involved in the political process. Policies and programs are developed as a result of public pressures in this society.