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INTRODUCTION

The burden of mental illness on health and productivity in the United States and throughout the world has long been underestimated. Data developed by the massive Global Burden of Disease study, conducted by the World Health Organization, the World Bank, and Harvard University, reveal that mental illness, including suicide, ranks second in the burden of disease in established market economies, such as the United States. Moreover, minorities, particularly African Americans bear a disproportionate amount of this burden.

Here are some interesting facts from the Department of Health and Human Services’ report on Mental Health:

Approximately 12% of the U.S. population – 33.9 million people – identify themselves as African American. The African American population is increasing in diversity as immigrants arrive from many African and Caribbean countries. In 1997, nearly one-fourth of all African American earned more than $50,000 a year. Yet, as a whole, when compared to other racial and ethnic groups living in the U.S., African Americans continue to be relatively poor. In 1999, about 22% of African American families lived in poverty, compared to 13% for the United States as a whole and 8% for non-Hispanic white Americans.
INTRODUCTION

Need for Mental Health Care

Whether African Americans differ from whites in the rate of mental illness cannot be answered simply. For African Americans living in the community, overall rates of mental illness appear to be similar to those of non-Hispanic whites. Differences do arise when assessing the prevalence of specific illnesses. For example: African Americans may be less likely to suffer from major depression and more likely to suffer from phobias than are non-Hispanic whites. Somatization is more common among African Americans (15%) than among whites (9%).

Moreover, African Americans experience culture-bound syndromes such as isolated sleep paralysis, an inability to move while falling asleep or waking up, and falling out, a sudden collapse sometimes preceded by dizziness. While non-Hispanic whites are nearly twice as likely as African Americans to commit suicide, suicide rates among young black men are as high as those of young white men. Moreover, from 1980 - 1995, the suicide rate among African Americans ages 10 to 14 increased 233%, compared to 120% of comparable non-Hispanic whites.
INTRODUCTION

Need for Mental Health Care

African Americans are over-represented in high-need populations that are particularly at risk for mental illnesses:

- People who are homeless. While representing only 12% of the U.S. population, African Americans make up about 40% of the homeless population.
- People who are incarcerated. Nearly half of all prisoners in State and Federal jurisdictions and almost 40% of juveniles in legal custody are African Americans. Children in foster care and the child welfare system. African American children and youth constitute about 45% of children in public foster care and more than half of all children waiting to be adopted
- People exposed to violence. African Americans of all ages are more likely to be victims of serious violent crime than are non-Hispanic whites. One study reported that over 25% of African American youth exposed to violence met diagnostic criteria for post-traumatic stress disorder (PTSD). Among Vietnam War veterans, 21% of black veterans, compared to 14% of non-Hispanic white veterans, suffer from PTSD, apparently because of the greater exposure of blacks to war-zone trauma.
INTRODUCTION

Availability of Mental Health Services

The public mental health safety net of hospitals, community health centers, and local health departments are vital to many African Americans, especially to those in high-need populations. African Americans account for only 2% of psychiatrists, 2% of psychologists, and 4% of social workers in the United States.

Use of Mental Health Services

Overall, only one-third of Americans with a mental illness or a mental health problem get care. Yet, the percentage of African Americans receiving needed care is only half that of non-Hispanic whites. One study reported that nearly 60% of older African American adults were not receiving needed services. African Americans are more likely to use emergency services or to seek treatment from a primary care provider than from a mental health specialist. Moreover, they may use alternative therapies more than do whites. African Americans of all ages are underrepresented in outpatient treatment but overrepresented in inpatient treatment. Few African American children receive treatment in privately funded psychiatric hospitals, but many receive treatment in publicly funded residential treatment centers for emotionally disturbed youth.
INTRODUCTION

Appropriateness and Outcomes of Mental Health Services

While few clinical trials have evaluated the response of African Americans to evidence-based treatment, the limited data available suggest that, for the most part, African Americans respond favorably to treatment. However, there is cause for concern about the appropriateness of some diagnostic and treatment procedures. For example, when compared to whites who exhibit the same symptoms, African Americans tend to be diagnosed more frequently with schizophrenia and less frequently with affective disorders. One study found that 27% of blacks compared to 44% of whites received antidepressant medication. Moreover, the newer SSRI medications that have fewer side effects are prescribed less often to African Americans than to whites. Finally, even though data suggest that blacks may metabolize psychiatric medications more slowly than whites, blacks often receive higher dosages than do whites, leading to more severe side effects. As a result, they may stop taking medications at a greater rate than whites with similar diagnoses.

SNMA needs to play a major role in correcting these inequalities in diagnosis, treatment and education of mental illnesses in the minority community. In addition, we should be at the forefront of the drive to minimize stigma surrounding mental illness. “T-A-P INTO MENTAL HEALTH!”
MENTAL HEALTH ACTIVITIES

1 - Student-Based Initiatives

Each chapter must complete five (5) student-based activities in order to fulfill the protocol. These activities should focus on the student population and/or medical community. At least one activity from each T-A-P (Treatment Awareness Prevention) initiative should be completed. Here are some suggestions.

Treatment

- Screening for depression, schizophrenia, eating disorders, and anxiety disorders on college campuses (Make sure you have instructions for follow-up and numbers for campus treatment centers)
- Partner with your school’s student counseling service to conduct mental health screens for medical students and allow them to self-refer for treatment. (Forms for various screenings as well as national screening day material can be obtained through: https://www.mindwise.org)

Awareness

- Participate in walk-a-thons for specific mental illnesses (i.e., Alzheimer’s)
- Write an article for your school or local paper about a specific mental illness and where to find resources on mental health
- Host a seminar which features speakers from the community or your medical school faculty on a mental health topic.
- Host a debate session that will address controversies in mental health. (treatment of children with medications, psychologists’ prescribing rights, use of seclusion and restraint) Invite students and local psychiatrists to be on the panel.
MENTAL HEALTH ACTIVITIES

Prevention

- Invite local ministers to a forum to discuss mental health & religion/spirituality
- Lobby your local politicians to maintain and/or improve current mental health resources including area mental health centers, substance abuse centers, and other psychiatric resources
- Create an assessment form to measure stigma regarding mental health at your school. Hold a workshop to address the most common myths and to decrease stigma.
- Hold information sessions for medical students on how to manage stress as a precursor to major exams.
- Promote mental fitness by hosting a guided meditation or relaxation session during exam week.
MENTAL HEALTH ACTIVITIES

2 - Community-Based Initiatives

Each chapter must complete five (5) community-based activities in order to fulfill the protocol. To maximize effectiveness, chapters may complete these as a joint activity with other chapters. At least one activity from each T-A-P initiative should be completed.

Treatment

- Volunteer with a local battered women’s shelter (manning hotlines, donating clothes and toiletries, etc)
- Volunteer with a rape crisis shelter
- Sponsor a “Gym/Game night” and donate collected proceeds to a local mental health organization
- Volunteer at a mental health hospital or program with mentally ill patients
- Tutor and/or mentor children and adolescents with learning disabilities (i.e., dyslexia, ADHD, autism, etc.)
- Work with the homeless population to screen for mental illness and identify available resources (this can be done on the streets or at homeless shelters)
MENTAL HEALTH ACTIVITIES

Awareness
- Conduct a Health Fair that includes booths for various psychiatric illnesses
- Hold a small forum for local youth groups (church youth groups, Boys and Girls Clubs, etc) about their exposure to or questions about suicide. Be sure to have local suicide hotline information if you identify someone at risk for suicide.
- Educate parent groups about the warning signs of suicide in their children
- Educate parents about eating disorders in adolescent females (predominantly) and males
- Hold a workshop at a local church, mosque, and synagogue to discuss common misconceptions of the mental health field. Provide information about local faith-based treatment facilities or counseling networks

Prevention
- Hold a self esteem workshop for youths at a local school
- Hold a workshop for parents to discuss violence prevention and helping your child cope with bullying
- Hold a workshop at a local school about suicide prevention.
HELPFUL RESOURCES

1 - www.nami.org
- On Campus - mental health programming for use by undergraduate students
- Multicultural Outreach Center
- SNMA has access to benefits such as:
  - access to information
  - co-sponsorship of our events
  - collaboration on community projects
- Provider information
- Each state has its own site (i.e., www.naminc.org) which has online brochures about mental illness available to download and links, both at the state & natl' level.
- Partnership to Open Doors - a national collaboration between NAMI, National Mental Health Association, & Habitat for Humanity formed to provide safe, affordable housing for people who have a mental illness
  - provides toolkit that have suggestions, ideas, and resources to contact when considering building homes for people with mental illness
- Break the Silence (www.btslessonplans.org) - a program that includes lesson plans for grades 4-12 designed to remove the stigma of mental illness which promotes tolerance, anti-bullying, and character development
HELPFUL RESOURCES

2 - www.nimh.nih.gov
printed materials on mental illness available

3 - www.mentalhealth.samhsa.gov
Substance Abuse & Mental Health Services Administration National Mental Health Info Center
  ○ free publications on mental illness
  ○ referral sources
  ○ health information specialists available at hotline
Children’s Campaign: provides coloring books & posters in English & Spanish about mental illness
betterhttps://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path

4 - https://www.mindwise.org
Information for National Screening Days, including
  • depression, alcohol, anxiety, eating disorders, & suicide
  • will send out kits to perform screening activities
  • High School SOS Suicide Prevention Program
  • College Response- education & screening
HELPFUL RESOURCES

5 - http://www.bpaincpsych.org/index.php, BPA
resource for potential speakers and/or mentors

6 - www.psych.org, American Psychiatric Association Committee of Black Psychiatrists (APA)
fact sheets & publications
hotline numbers

7 - www.nmanet.org, NMA Psychiatry & Behavioral Sciences Section
resource for mentorship, speakers, and information

8 - www.aacap.org, American Academy of Child & Adolescent Psychiatry
- publications
- links to regional organizations
- links to resources

9 - https://www.cdc.gov/healthyyouth/data/yrbs/index.htm, National
Youth Risk Behavior Surveillance System
Information and statistics about high school students and suicide

10 - https://www.nami.org/Home, National Alliance of Mental Health
- state contacts
- list of 6 effective prevention programs & the 5 core components to these programs
- educational materials
- referral sources
- PSA & brochure specific to BPAD

11 - https://mhaok.org/teen-mental-health-screening