



NBNF NATIONAL INITIATIVE:MINDING THE GAP:IMPROVING MENTAL HEALTH ACCESS IN AFRICAN AMERICAN COMMUNITIES

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MINDING THE GAP:ELIMINATING MENTAL HEALTH DISPARITIES IN AFRICAN AMERICAN COMMUNITIES

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Goals of the Initiative

- Develop a national network for mental health awareness, through community interaction;
- Encourage political activism to improve mental healthcare access;
- Equip the community with information needed to seek better mental healthcare; and
- Disseminate information that will spark positive conversations about mental illness and mental health care in all settings

Disclosure Slide

- **Objectives:**
- Discuss the extent of the mental health disparities for African Americans (incidence and prevalence of depression, bipolar disease)
- Describe the issue of stigma and the burden on African American communities and lack of access to care
- Discuss the outcomes of a community based initiative developed by the National Black Nurses Foundation to decrease the disparities and ameliorate the problems in African American communities
- Identify strategies that could be replicated to impact policies to decrease the disparities



National Black Nurses Foundation

- **OUR MISSION**

Is to convene alliances and develop programs around clinical, and policy measures to improve the quality of life for underserved, underprivileged, and underrepresented at-risk populations. We achieve our mission through education, research, and policy implications as these programs highlight the impact of the nursing shortage and leadership in the United States and its territories.

BACKGROUND

- In 2000 the 16th Surgeon General of the United States, Dr. David Satcher released Mental Health: A Report of the Surgeon General
- Also released was Mental Health : Culture, Race and Ethnicity : A Supplement to Mental Health: A Report of the Surgeon General



Background

- The percent of African Americans 18 years and older in the United States with feelings of sadness, hopelessness, worthlessness or that everything is an effort all the time is higher than for Whites(CDC 2010)
- Poverty levels may also affect mental status
- People who are poor are 3 times more likely to report psychological stress
- African Americans/Blacks are 20% more likely to experience psychological stress

MINDING THE GAP: ELIMINATING MENTAL HEALTH DISPARITIES IN AFRICAN AMERICAN COMMUNITIES

Depression

Blacks are 40% less likely than Whites to experience depression but less likely to receive treatment

Result:

Chronic depression rates highest in African American (56.5%) and Caribbean Blacks (56%) compared to 38% for American Whites



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Bipolar Disease

African American/Blacks 18 years and older had a 1.3% rate of bipolar disease as compared to Whites 1.9%

Bipolar disease places a great burden on families and communities

In African American communities it is compounded by the lack of access to quality care and treatment



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Stigma

Persons with a diagnosis of a psychiatric disorder are subjected to negative attitudes and behaviors by persons in the community

This is compounded for African Americans by the cultural beliefs many times operant in African American/Black communities



National Initiative

- Used the NBNA Community Collaboration Model in the development of a national initiative.
- Developed to bring communities together with clinicians, policy makers as well as faith and community leaders to discuss mental health
- Focus was development of a community level safety net



MINDING THE GAP

■ **Methods**

- The format for the program was the same in each city
- Two (2) hour educational program with a one hour networking/interactive session.
- Keynote by Former Surgeon Generals of the US
- Five (5) cities chosen to participate in the national project.

CITIES



- Atlanta
- New Orleans
- New York City
- Houston
- Philadelphia
- Miami



National Partners

- Black Psychiatrists of America
- Institute for the Advancement of Working Families
- Lehman College, Department of Nursing – CUNY
- Morehouse School of Medicine – Department of Internal Medicine
- National Black Nurses Association, Inc.
- New York Association of Psychiatric Rehabilitation Services
- The 1Joshua Group, LLC

Each program had **local, regional, and national partners** allowing mental health information to reach 50,000+ healthcare professionals, social workers, faith and community-based contingency, clergy, mental health consumers, and policy makers.






EVALUATION

- Program participants completed an evaluation form that had the following questions:
- What would you do differently in your practice or interaction with your respective patients or consumer groups?
- What was the most beneficial part of the program?

Evaluation of Programs

Primary Thing Will Do Differently In My Practice

- Make more connections
- Reconnect with other mental health professionals
- Make effective referrals
- I will consider more than before, the mental wellness along with the spiritual wellness
- of my congregants
- Encourage treatment beyond the group setting in church
- Educate the public in hopes of educating them about getting rid of stigma
- related to mental health issues
- Inform patients it is okay to seek help for mental illness
- Encourage community leaders
- Seek to partner and collaborate more
- Increase focus, also on cultural and spiritual
- Present ongoing clinical base in court procedures
- Look for Mental Illness more
- Personally inspired to seek more information and to make practical things
- happen that will be helpful to the church and community
- After more pro bono services
- To inform my co-workers with the information presented here tonight
- To collaborate and be more resourceful
- Referral directs to mental health agencies more often
- Educating those with mental health issues
- Address mental health illness with the substance population
- Ask employer to screen for depression
- Offer resources presented tonight
- My approach to serving mentally disabled students will increase based
- on advocacy and education. I will seek greater skills, training, and education for myself



Evaluation of Programs

Primary Thing Will Do Differently In My Practice

- Get better educated
- Educate my students and congregation about mental health
- Research the topic more and put in action what is learned
- Read the Surgeon General's Report on Mental Health
- More pro bono
- To promote advocacy
- Incorporate spirituality more and use more community resources
- Make stronger strides toward integration of mind, body, and spirit
- Educating my coworkers on being more sensitive
- Combine medication and therapy with my patients
- Volunteer and connect with agencies that address mental health issues
- Share information with students and colleagues
- Tap more into personal client stigmas around mental health
- Promotion, advocacy, and education regarding mental illness/mental health to congregation
- Improve my discussions and language when discussing mental health. I will be aware of stigma and cultural differences based on difference (sensitivity)

Evaluation of Programs

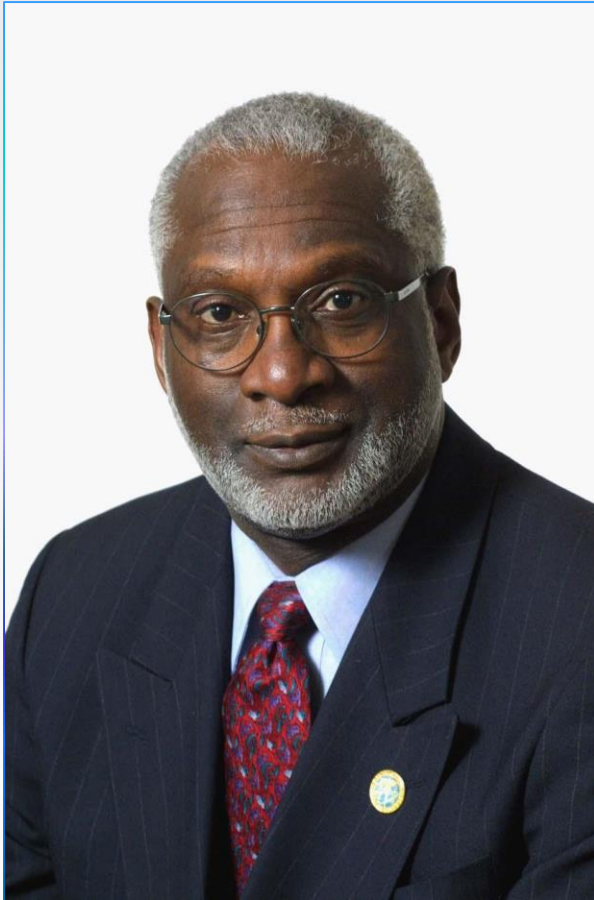
The Most Beneficial Part of This Program

- Networking
- Pushing the issue of awareness
- Presenters were great. Points well taken, prevention is key.
- Have clergy involved
- Keynote speaker and panel discussion
- Content of presentations; networking
- The panel discussion: hearing perspectives and information
- Focus on the symptoms of the different types of mental health disorders
- Statistics given
- Obtaining updated information; networking
- A call to Action
- Everything/Every presentation and the panel discussion were beneficial
- The person that mentioned establishing a behavioral health ministry to confirm and define what will be a part of my purpose
- Review s/s of mental illness
- Recognition of dilemmas, need solutions also
- Dismantling mental health myths
- Increased sensitivity to cultural issues regarding mental health
- The information was insightful, although I have studied in and have been around the topic of mental health, I learned some new things.
- The keynote presenters and panel were highly resourceful and insightful and
- gave me opportunity to learn more about mental health
- Meeting other professional individuals
- Train ministers and ministers and health ministry leaders related to mental illness and stigma found in churches
- Panel including religious leaders
- Panel & discussion
- The diversity of the panel
- Enabled me to better serve my patients
- Networking and validation
- Sensitivity regarding race and faith issue



Conclusion:

- In critically analyzing the attendance/participants and their comments the intent of the initiative, the National Black Nurses Foundation determined that the intent of the initiative to bring communities together with clinicians, policy makers, as well as faith and community leaders to discuss mental health was met. Further scrutiny of the participants comment revealed the importance of policies to enhance access to treatment and decreasing the disparities.



“Promoting mental health for all Americans will require scientific know-how but, even more importantly, a societal resolve that we will make the needed investment. The investment does not call for massive budgets; rather, it calls for the willingness of each of us to educate ourselves and others about mental health and mental illness, and thus to confront the attitudes, fear, and misunderstanding that remain as barriers before us.”