

What the Experts Say: Violence and the Impact on Mental Health

MEE conducted expert interviews as part of a unique research project focused on the need for culturally-relevant mental wellness promotion in the African American community. MEE believes that because of the stresses and challenges they face in their daily lives, African American families living in poor and at-risk communities need a strong mental wellness support system. Yet the public health field has faced ongoing and numerous challenges in de-stigmatizing and normalizing the seeking of mental health services as a way to cope with trauma and constant stress.

MEE explored relevant mental health issues with three experts as part of the foundation for formative audience research to begin later this year. These men, among the most respected names in public and mental health, reflect a breadth of experiences and backgrounds. In the interviews, we examined some of the issues African Americans in underserved communities deal with on a daily basis: the impact of racism; the stress of balancing work and family issues; depression; self-medicating through overeating and substance abuse; other coping mechanisms and post-traumatic stress related to constant exposure to violence, both in the home and on the streets. The feedback from these interviews will determine the most relevant areas of focus and inquiry during MEE's upcoming audience research with African American parents and young adults.

Dr. Carl Bell



Carl Bell, M.D., President & CEO of the Community Mental Health Council in Chicago and a leading expert on the mental health of African Americans

According to Dr. Carl Bell, tough times and traumatic experiences are nothing new for many African Americans. "I'm very convinced that Black people experience more trauma from violence than probably anybody else [besides] Native Americans," he said. Because of this, they are more resilient in recovering from "life's hard knocks." "As I read the national surveys on mental health and trauma...there's some suggestion that Black people actually have better health outcomes than white people."

Dr. Bell says that societal attitudes towards young Black males undermine our willingness to collectively pull for their

success. "We're so busy demonizing and criminalizing and castigating...we don't see their potential, their creativity and humor, their spirituality, their every action. We see it all as negative." However, he says that being born in poverty, facing a broken family, or being surrounded by violence does not automatically consign one to a life of failure. "Risk factors [in one's life] are not [necessarily] predictive factors, because of protective factors."

A strong social fabric is one of the reasons low-income African Americans may withstand the effects of negative situations. "They know their neighbors, they talk to people, and they are connected to people in their community. Because that's all they've got." Bell says that rebuilding the village is critically important to Black survival. "Connectedness, having social skills, having a sense of self-esteem is important."

Dr. Bell also cites spirituality as a protective factor. "Research has shown that

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FromThePresident

“You’re never the same after divorce, violence or the death of a loved one. Can you incorporate that and become stronger in the broken places?”

Those words from Dr. Joseph White, a “founding father” of Black psychology, have poignant relevance in much of MEE’s work over the past several years. Whether it was in the voices of young adults who shared their stories in our *This Is My Reality* sexuality research or in developing a violence prevention campaign for the Blueprint for a Safer Philadelphia, it is clear that being poor and Black in America is likely to be paired with ongoing stress and trauma.

In the heart of America’s inner cities, hopelessness and resilience co-exist. The day-to-day toll of poverty, racism, child maltreatment, violence and fatherlessness has had devastating impact on our community. That’s why MEE is now working on a research project to find out how we can bring increased mental wellness to the people who need it most. We want to facilitate a much-needed dialogue that will educate the African American community, policymakers and service providers about the urgent need for culturally-relevant interventions.

This year, we are doing audience research with parents and young adults to explore causes and barriers that have created current attitudes and behaviors related to our mental health. We will be in Philadelphia, Oakland and Washington DC to gather information that will be augmented by a series of expert interviews with some of the top minds in the field. Our goal is to create a CBO/provider “toolkit,” including a report and documentary, that promotes mental wellness and keeps the impact of trauma from being unknown, undiagnosed or misdiagnosed in poor Black communities.

Ivan Juzang, President
Pamela Weddington, Editor

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Black people are more spiritual than white people,” he said. “We understand that ‘what goes around comes around,’ we understand higher power, and we understand spirit and how that’s important.”

He also cited resilience and a keen sense of self-efficacy. “There’s a sense of ‘I can figure this out, I can do something about this, I can fix this’ whether you actually can or not.” Feelings of helplessness, Dr. Bell says, make any trauma feel more dangerous.

Another protective factor, Dr. Bell says, is not to “catastrophize” the drama that enters our lives. “If something bad happens and you say, ‘Oh my God, we’ll never recover,’ that puts you at risk for stress disorders.” Instead, he says, survivors steel themselves. “It’s always the punch they don’t see that knocks the person out,” he says. “If you see it coming, you clench down, you get ready...If they throw lemons, make lemonade.”

Young males who witness or are victims of trauma begin to feel that there’s a possibility that they are not going to live forever, says Dr. Bell. That can affect them in either of two ways, he says. “That either messes them up in terms of [increasing] risk-taking behavior,” he said, “or it increases their spirituality or both.” Some say to themselves, “Why bother, I’ll just get high, hang out, try to have my fun, kick it now,” he said, while others will say, “I’m fighting back in a constructive way. I’m going to make a difference.” Some males, he said, decide they better learn to fight so that they will no longer be victimized. “Hopefully,” he said, “it [experiencing trauma] causes you to question the purpose of your life.”

Barriers such as fears of stigma, along with perceptions of institutional racism, keep young African American males, in particular from seeking out and accessing mental health services. “Black people go in and they get insulted,” he said. He believes that most mental healthcare providers are unwelcoming to Black youth. “They see all of them as gangbangers or violent.” He says that providers may

also be culturally insensitive and lack evidence-based interventions that are specifically tailored to the needs of Black males.

He added that African Americans are also misinformed and are being misled about the benefits of mental health services. “There’s a huge amount of anti-psychiatry rhetoric out there. You’ve got these crazy, off-the-wall...people who are running around telling Black people that psychiatrists want to kill them all, put them all on drugs.”

Family members, peers and spiritual leaders, Dr. Bell says, must develop and maintain solid relationships with Black males in order to help them cope with traumatic experiences. “You can’t tell anybody anything if you don’t have a good relationship,” he said. “Even if you don’t change the person’s path, you still maintain a good relationship.” Adults, he says, need to provide a “protective shield” for young people, by constantly monitoring their activities. “Don’t expect [good from] what you don’t inspect.” They must also avoid demonizing Black males. “If the family, the grandmothers, the old-heads look at young Black males in a more positive light,” he says, then they will be more willing to be more supportive, more willing to coach and mentor, and less inclined to “throw up their hands and turn the child over to a juvenile justice or foster care system.”

Bell calls for completely revising the medical model on which mental health care is built. “The American model is focused on what’s broken, instead of how to strengthen [people] and prevent [them] from ever breaking.” He says that males need to learn about their own protective factors, so that they can stay well and get even better. “I used to think, being a psychiatrist, that everybody needed to see a psychiatrist, because in my world, [they] were supposed to help people deal with pathology and illness, but also help you be stronger, wiser and more creative.” Now, he feels that “Black people who are catching hell don’t need mental health services as much as they need resiliency, wellness, and protective-and-strength-factor work.” Bell believes that

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Black people need wellness services even more than treatment. The “deficit-model” approach is a failure, he asserts.

Though he believes that it will be a major challenge to the mental health field, Dr Bell believes that a major paradigm shift is called for, one which moves from a “punishment” focus to one which focuses on overall health and wellness. “I can get to more Black men [by] teaching them martial arts, sports and chess than I can by offering them [something labeled as] mental health services.”

He also says that building protective factors in individuals has benefits that go beyond just helping them cope with violence and trauma. “If you’re traumatized and stressed out, you don’t make an investment in yourself and you drink and smoke, you don’t go to the doctor.” He believes that a protective approach will also positively impact overall health disparities in the African American community. “The protective factor model is generally protective, not just of trauma and violence but [also] of depression, suicide and substance abuse,” he says.

In promoting mental wellness, Dr. Bell says it’s important to make messages that are “easily shareable, particularly within the peer group.” “It’s key,” he says, “to understand some of the arguments that young people have around why they don’t access health services.” He also says that promoting mental wellness as being cool could be extremely persuasive. “There is nothing sweeter than being in a messy situation...where everybody else is running around all frantic, and you’re cool.”

Dr. Joe White

In his decades of work in psychology, Dr. Joe White has consistently said that young Black males in our society face many challenges that make the journey to healthy adulthood a treacherous one. “If you grow up in certain neighborhoods, the question is not whether you’re going to feel stress, it’s how are you going to handle it.” He describes the state of mental health of Black men as “dismal.”



Joseph White, Ph.D., Professor Emeritus of Psychology at the University of California at Irvine and author of Black Man Emerging: Facing the Past and Seizing a Future in America

Even in the same neighborhood, he says, women do better. While girls and women seem to do well in school and later in the workforce, Black males face a tougher struggle to lead successful lives. White believes they are being raised in a society that is both hostile to and non-supportive of Black males. White says that much of the resulting struggle is due to a search for identity. Men are asking, “How do I define myself?”

He also links mental health issues with a lack of connectedness. “Even in slavery,” he said, “we had each other.” Now he believes that societal messages to and about Black men have convinced them that the primary goal should be control over and domination of others. He also says that men with mental health issues “handle” them by either denying that they exist by “tuning them out” or by self-medicating with drugs and alcohol.

Protective factors that make some people able to survive extenuating circumstances include, Dr. White says, an ability to come up with their own responses to tough times. Dr. White says that there is opportunity in the inner city, but that one must be “resourceful, alert and have opportunity-finding and opportunity-seizing skills.” “These boys that don’t seem to fall victim,” he said, “develop alternatives to being victimized by violence, alternatives to drugs, alternatives to gangs.” He says that having a strong support system

at home could be one reason for such resourcefulness.

Barriers to accessing mental health services include stigma and fears of being perceived as weak. In street culture, he says, “A strong man does not need to be counseled by a professional,” he said. “That’s an admission of weakness.” In addition, people don’t want to feel analyzed and labeled, he said. Yet, that is just what happens at many mental health service providers. “When you go to a mental health clinic, they do an initial evaluation and then they pull out their diagnostic book and give you a label.” This, he says, contributes to people’s fears about being stigmatized as “crazy.”

The formal training of many mental health service providers, White says, is based on a Eurocentric tradition that may not be culturally relevant in urban communities. He says these providers need additional training to allow them to garner trust in African American communities. “We have to infiltrate training institutions and give them better models, so that they have a clue to how the community functions and what the needs of Black people are.” “I would bring in people to retrain the staff top to bottom,” he says. He also says that service providers cannot sit in their offices waiting for clients to come to them. Instead, he says, providers have to get out into the community, wherever the clients are.

White says he sees a definite need for mental health services specifically for African American males, helping them develop attitudes and behaviors that will allow them to thrive even in the face of negative media images, poverty, grinding unemployment, violence and more. “We [also] have to develop some kind of counseling processes for young people around [relationships and] interpersonal issues.” He says young people need help in how to “make [intimate] relationships healthy and strong.”

Communications and outreach efforts that will work with Black men include not labeling mental health services as such. Dr. White described a book club sponsored by a local Probation Department

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in which men discuss books that deal with issues that regularly confront African American men. By discussing how people in the books handle anger, stress and other problems in their lives, the men in the group are also provided an opportunity to discuss their own issues.

He also cited a “drop-in center” that used Marvin Gaye’s theme song “What’s Going On?” and met at a neighboring cultural center rather than the formal counseling center site. He said that men felt more comfortable coming there because of the perception of a more informal interaction with the counselors.

Dr. White said that men need to see mental health professionals as part of their community, so they will feel more comfortable talking to them. “They need to see them buying groceries, going to church, going to meetings. They need to see how they look, how they walk, how they talk, so they’re not strangers.”

White says that mental health service providers should counter resistance from Black youth about accessing services with a therapeutic approach that emphasizes an individual’s strengths rather than “what’s wrong with you.” “Resistance is normal,” Dr. White says, so providers should expect a negative attitude. But they should also bring a “strength-based approach into the therapy dialogue as early as possible.” “Rather than focusing on illness and negatives,” explained Dr. White, “I’m focusing on the strengths from day one.”

White says that the African American community needs a safety system that monitors youth to ensure their protection without demonizing them. “It doesn’t have to be flagrant, with police going around scaring everybody. But responsible adults can be peeking out windows, and walking up and down the street,” he says.

The role of key influencers in improving access to mental health services is based on them first understanding the signs and symptoms of depression and psychological problems, says Dr. White.

He also says influencers also need to know about “the psychological strengths that Black young people need.” Dr. White says community education forums where ministers, social workers and family leaders come together to learn more about issues such as depression and suicide can prepare the community to step forward when someone needs help. Family members, peers and spiritual leaders must also understand how they can support existing protective factors. “We need to teach... resilience training to give these young people some of the strengths and skills they will need.” He believes that learning “problem solving, opportunity-finding skills, how to bounce back from setbacks” gives young people the strengths to head off problems before they start or become serious.

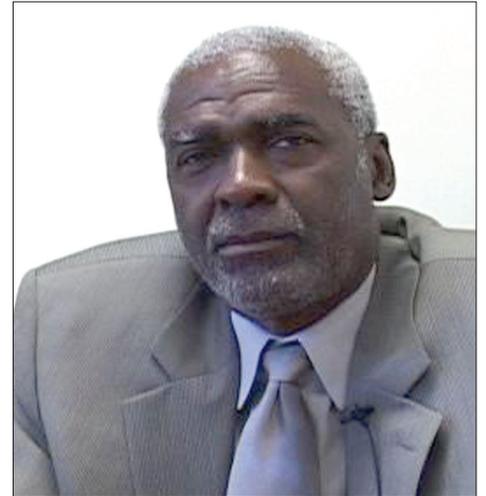
Promoting mental wellness in the African American community will mean decreasing stigma and raising community-wide awareness. “We need to have conferences and mini-symposiums on the challenges facing Black males as they grow up in America.” Then, he said, the community needs to talk about what strategies and strengths men will need to successfully master those challenges. “We need to sit down in community meetings, big and small, and say ‘This is happening. How can we as a community and as a people begin to take responsibility for this? And what do you need from us? Let’s work this thing together’.”

White says talking with young people can help them recognize the strengths and resiliency they possess. He said he starts by talking about some of the ways they are currently handling stress (drinking, drugs, violence) and then begins to expose them to the possibilities of some alternate, more constructive ways that they can deal with their challenges. He says that youth need to hear more from adults about how to nurture and protect both their outer and inner selves. “They need to know that there’s a public self,” he said, “but also an inner self, that self you hear in the morning when you wake up, before you go to sleep at night, when you’re alone.” Teaching at an early age that both of those selves need to be taken care of prepares children to journey to adulthood embracing mental wellness as

an important goal for themselves.

Messages to promote mental wellness among the younger generation should incorporate rap music and lyrics, White believes. “We should try little jingles like ‘Feeling blue...what must I do?’”

Howard Mabry, Ph.D.



Howard Mabry, Ph.D., is Chief Executive Officer of the Institute for Behavioral Change in Washington, DC. He specializes in delivering health-related services and support to youth and their families with emotional and behavioral problems.

Dr. Howard Mabry contends that youth are currently more concerned about keeping their respect than about other issues within the community. They believe, “if you don’t have self-respect, people will consider you a chump.” Many youth do not trust the larger society’s willingness or ability to protect them; therefore, they believe they have to protect themselves. “[They believe] the police are not the protectors of society.”

Youth who carry weapons to school are simply reacting to the failure of adults in their lives to provide secure environments, leading to tremendous anxiety and tension, he says. “If youth don’t feel safe in school, we have to validate that that’s not a normal part of growing up. We, the adults, are responsible for keeping them safe and we have failed. The fact that these youth have this anxiety [and carry weapons] means they know something is wrong with society.”

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In addition, Dr. Mabry says that youth in the community are leery of service providers, mainly because they feel they can't relate to their life circumstances. Being outsiders means that providers cannot possibly intervene in their situations successfully. He says African Americans judge the quality of a service provider by how well he or she relates to their experiences.

Mabry says that youth rarely perceive they have mental health issues, even when they have undergone traumatic experiences earlier in life, such as the death of a peer. These experiences affect their normal developmental growth, how they perceive loss and how they perceive death. He also believes that a lack of parental supervision and consistent feedback leaves youth with no guidance about when they may be "out of step" with society.

Protective factors explain why some children who are exposed to violence don't exhibit overt symptoms of mental illness while others do, according to Dr. Mabry. These factors include parental supervision, concern from elders in the community, after-school activities, community reporting of illegal activities, encouraging youth to be "smart," and helping youth avoid associations with peers who engage in negative behavior.

Social and environmental influences that impact youth mental health include the way society promotes immediate gratification, poor school systems and a lack of parental communication. "Immediate gratification translates into superficiality. It's [about] the material possessions. School doesn't provide any incentive for learning. Parents don't talk to their kids, so they get it from their peers. There's no opposing view and they [youth] just get one message and nothing to weigh it against."

The overall sentiment of youth towards mental health services is that it is not acceptable to access them. "It's not cool. [To them, it means] you have to go to someone else to solve your problem and

you are weak and can't address your issues." According to Dr. Mabry, the only time youth feel it is "okay" to access services is when it is ordered by a judge. "It's okay if you have to come to mental health if you're court-ordered." In addition, he contends that since adolescents consistently view themselves as being invincible, they feel they don't need care and services. "If they don't perceive it as being a problem, they won't look at it [as being one]. [They say to themselves] 'I can handle the problem myself. I talked to my girlfriend, I talked to my friends and my cohorts. They are the ones that will help me if I get into any conflict.'"

Dr. Mabry says that fostering trust is crucial to attracting and retaining youth in mental health services. "Without the trust in the service providers, they're less likely to come." To encourage youth to access services, he states that his organization talks to youth about the things that are important to them. "We like to address this issue by talking on their level: 'How do you want to get along with your girlfriend?' or 'How do you want to get along in school? How do you want to make your life better? What are some of the types of conflict you are experiencing?'"

Youth should be included in program development and policy discussions around mental health, he says. "We have social policies that adults think are to the benefit of the adolescents. We need to have adolescents involved in policy-making decisions." And to de-stigmatize mental health, he recommends more male-led groups where men can bond and talk about the role of fathers; greater reflection of teens' values in messages created by the media; outreach conducted by engaging youth in their own activities; and more interventions that work from the bottom-up instead of the top-down. "Conduct active outreach to adolescents through the activities they like to engage in. You [also] need to be able to integrate social service, mental health and physical health altogether and not [as] separate concepts. If you go to the doctor because you're going to get a physical for athletics or something like that, do a quick mental health screening as part of that whole concept of treatment. Then

you don't necessarily view that as being stigmatized."

Avoiding the word "mental health" can also help de-stigmatize accessing services in the community, says Dr. Mabry. "I would promote it as 'happiness' or 'getting along' and 'coping' and showing that you have strength. [I would tell them] 'We are giving you tools to know how to confront someone who asks you for your iPod or have a good joke in a tense situation so you don't end up having to defend yourself.' It's a 'non-crazy' approach we are trying to engender."

Mabry believes service providers fail to encompass a holistic approach to mental health services. "They look at mental health from the perspective of 'what's wrong.' The more we see it as a problem, the more adolescents will be less likely to respond. We have to [focus] on engendering the trust of the adolescent instead of on the [clinical] approach. Therapy and counseling are less effective than an engagement process." To be more effective, he recommends that service providers establish stronger bonds with youth—ones that incorporate their family members. "It's about having that relationship. Adolescents don't operate in isolation—so we have to talk about how we can involve families. We need cross- or inter-generational training. To be an adolescent expert, you must understand what it means to be the grandparent of that adolescent."

Overall, Dr. Mabry feels that service providers need to be active in outreach to adolescents to gain their trust and to get them to access their services. "Hire peer mentors to be part of the outreach so they can go to youth activities and talk to youth." To make accessing mental health services "cool" to youth, he advises providers to focus on asking youth "how we can make them feel more comfortable with the issues confronting them." "You want to say, 'How do I make you a confident person?' Cool is the same thing as saying, 'This is how you make it happen.' We [tell them] 'We're going to show you. If you have these conflicts, we can tell you how it's going to occur, and you're going to walk out of this situation a winner.'" 

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