BUILDING PARTNERSHIPS: CONVERSATIONS WITH AFRICAN AMERICANS ABOUT MENTAL HEALTH NEEDS AND COMMUNITY STRENGTHS

UC DAVIS
CENTER FOR REDUCING HEALTH DISPARITIES

UC DAVIS
HEALTH SYSTEM

ACKNOWLEDGMENTS

This project conducted by the UC Davis Center for Reducing Health Disparities (CRHD) in collaboration with the California Department of Mental Health represents an effort to reach out, to engage, and collect community voices that have previously not been heard. Through this project, CRHD developed relationships with historically unserved and underserved communities, community-based agencies, and a group of dedicated and passionate community advocates who are serving and understand the needs of these communities. The willingness of these participants to share their perspective was based on the trust that was established and the belief that their message would be presented to mental health decision-makers. We are appreciative and grateful to the individuals and communities for sharing their time and wisdom and hope that they find their voices well represented in this report.

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COMMUNITY ENGAGEMENT WITH AFRICAN AMERICANS

The UC Davis Center for Reducing Health Disparities (CRHD) works on building relationships with communities, conducting research, and working with policy makers to improve the health of underserved groups in California. In 2006, the CRHD launched a project to reach out to communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial community engagement meetings with African Americans in California. Their voices provide first-hand descriptions of the needs of this community and their struggles and accomplishments as members of a community excluded from full participation in society. Their experiences and insight provide invaluable guidance for developing Prevention and Early Intervention (PEI) programs and improving mental health services for this community.

THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, which on January 1, 2005 became state law entitled the Mental Health Services Act (MHSA). The purpose of the MHSA is to provide increased funding to support mental health programs for children, youth, adults, older adults, and families, especially for persons from communities who were not served or not effectively served in the past.

The ultimate goal of the MHSA is to create in California a culturally competent mental health care system that addresses prevention of mental illness, provides early intervention services for those in need, uses state-of-the-art treatment to promote recovery and wellness for persons with mental illness, and eliminates disparities in mental health care across socioeconomic and racial/ethnic groups.

THE MHSA AND COMMUNITIES

The MHSA has created the expectation of a comprehensive planning process within the public mental health system that includes California's most vulnerable populations: the ethnically diverse; the Lesbian, Gay, Bisexual, Transgendered, and Questioning community; the poor; the uninsured; and the geographically isolated. Ethnic and minority communities, clients, family members, community-based agencies, providers, and other stakeholders in the mental health system are encouraged to become key partners in the decision-making process so that the mental health system is successfully transformed to better serve all persons and all communities in the state.

To build a foundation for ongoing outreach and engagement with historically underserved communities, we reached out to develop relationships with African American youths and adults, community leaders, and community-based organizations. The findings in this report are a summary of information obtained through focus groups held with African American youths, young adults, and adults, as well as interviews with advocates and professionals serving this community.

WHAT ARE THE AFRICAN AMERICAN COMMUNITY'S GREATEST CONCERNS ABOUT MENTAL HEALTH?

Participants in our focus groups and interviews identified violence, family disruption, drug and alcohol use, suicide, and homelessness as their main mental health concerns. Many reported having witnessed or having been victims of violent attacks on the streets, at school, or at home and described the feelings of fear and loss related to this violence.

For many participants, the violence was inextricably linked to the presence of drugs and alcohol in their communities. Focus group members expressed their concern that drug and alcohol abuse and family violence were intergenerational problems that are passed on from parents to children in dangerous cycles. The lack of any available help to break this cycle was a great concern of the community.

Not only were community members concerned about violence in families, they were also worried about the number of young girls having children. They suggested that many girls have children before they are financial and emotionally prepared to care for them. Because of this, many families are trapped in a cycle of poverty and many mothers are ill-equipped to provide positive parenting to their children. Participants spoke of the importance of educating teens about sex and of strengthening families.

Youth suicide has become a tragic trend among African Americans in recent years. Younger people seem to be giving up more easily than the older generations because they feel marginalized and defeated as their opportunities to succeed are limited.

Many focus group members brought up the issue of homelessness. They viewed homelessness as a major concern, one that afflicts many in their community.

Another thing that really shows in our neighborhoods out here is the disconnect from society. When you grow up poverty stricken, you don't have much and then you see on TV everything else, then there is a disconnect from society. ... Which goes back into crime, vandalism, which goes into people with emotional distress, a lot of suicide rates, a lot, a lot of that self-hatred type of thing going on.

African American Youth

Yeah. I believe that when children see things, that is how they will grow up and think it is okay. Okay, well mommy used to get hit by daddy, you know, so it is okay for me to hit a woman. I think that is where it all begins, is at home. As far as the violence like hitting or whatever.

African American Youth

A lot of youth where we are from, absolutely feel like they need to be accepted by gangs by proving themselves, you know, which are generally occurring in acts of violence.

African American Youth

She is on drugs real bad, you know, she is doing bad drugs. She keeps on having babies. She has like five kids… Like every time she goes, she just leaves her baby.

African American Adult

Suicide is real and certain types of discrimination can drive those people home, and it can cause them to hang themselves or down a whole bottle of pills or other means of suicide.

African American Youth

There are things in the world that cause mental illness and depression. … Poverty affects mental health.

Community Leader

I personally witnessed several shootings, one of which involved a 14-year old girl who was shot by a random bullet because she was in a crowd of people when some gunfire happened. ... I sat with her for an hour until the police showed up.

African American Youth

I am going to tell you what it is. The police are not feared, they are hated. ... There needs to be a police policing the police.

African American Youth

Everybody knows about the drugs and the alcohol that goes around Oak Park. Everybody knows about the crime. What about the young man who is walking down the street needing some kind of mental services? And when the police stop him, they automatically think there is something [criminal] that he has to be doing. They stop him and instead of them checking his record, they take him, and lock him up for something, first of all, that he might not have done.

African American Adult

Like say you got a criminal background, but that is your past. You are trying to walk, trying to step it up and do different ... but they constantly hold that against you. You can't get the job that you need to get out of [that] particular environment, to spread your wings a little bit. You are constantly held back, they won't let you. It takes a real long time.

African American Adult

In and out of penitentiary. I want to work. I am tired of doing time. I am hungry for work more than ever. That is my whole day. I need work. I am hungry, just like many of the young youths around the community ...

African American Adult

WHAT CONDITIONS AFFECT MENTAL HEALTH IN THE COMMUNITY?

For African American participants, poverty was a major cause of mental health problems in their communities. Focus group participants described how when basic needs—such as housing, employment, and food—are not met, individuals turn to illicit activities such as drug selling, gangs, and prostitution to make ends meet. These activities lead to involvement in violent acts, drug abuse, and mental illness. Poverty and unemployment were significant problems in people's lives, and the African Americans in our groups believed that these issues had a major impact on their mental health status.

Most participants had experienced or witnessed forms of racism and discrimination, social exclusion, and stigma. Experiences of racism ranged from racially motivated violence to more subtle forms of discrimination in which participants felt that they were not able to access valuable opportunities because of their skin color.

Police harassment and brutality was a critical issue raised by many focus group members. African Americans are frequently targeted by law enforcement and this has serious consequences for their lives. Many participants reported that they are frequently stopped by law enforcement and searched. Participants also described witnessing extreme forms of police brutality including excessive use of the tazer.

Many participants felt that, for African American youth, early encounters with law enforcement are inevitable. These encounters sooner or later lead to arrests which limit the ability of African American youth to obtain employment after incarceration. Because they are unable to find employment, many youth resort to joining gangs and engaging in drug selling. Focus group participants also expressed concern about youth with mental illnesses who end up in the criminal justice system and do not receive the care they need.

WHAT ARE THE CHALLENGES FOR THE COMMUNITY IN RECEIVING SERVICES?

African American participants reported that there is a scarcity of mental health services to address the needs of their community. Most participants were unaware of any mental health services in their community. The few who had been able to find needed services faced many obstacles in obtaining care.

Most notably, participants said that they were unable to obtain affordable, timely, and culturally appropriate services. Many did not have insurance, did not qualify for assistance, or could not afford to pay for mental health services. Those who had been referred for treatment often faced lengthy waiting lists. Participants also spoke about the misdiagnoses given by mental health practitioners not trained in cultural competence and not belonging to the community itself.

African Americans in the focus groups generally felt alienated from dominant society. Their mistrust of police, the criminal justice system, and government carried over into a mistrust of mental health agencies and mental health service providers.

I have been homeless and ... I have been in their overflow shelter, and it was one of the most horrible things I have ever seen. Just the way they were treated, like you are here every year. Oh, here you are again. ... What is your problem? Why can't you get it together kind of thing... I had four kids, and the youngest one wasn't even one. And I am thinking, why are they treating these people like that? And when I asked them, they said, "You don't know, they are just playing the crazy role because they want a check."

African American Adult

African Americans don't get the same treatment in hospitals. ... Doctors don't know the culture of people of color, are uncomfortable with them, and want to get them out of the room as fast as possible.

Community Leader

When you're talking about the young black male, they gonna stereotype him. They are not going to sit back and say, "Hey, this man got an alcohol problem." [Instead, they will say,] "He is into gangs," just by being you in the black neighborhood.

African American Adult

Doctors need to stop giving the bipolar diagnosis, and need to talk to the kids. Once the kids are put into the system as bipolar, they are stuck as bipolar.

Community Leader

So when the man that doesn't have any money, the first thing they do is put him in [treatment center name]. And, if [treatment center name] doesn't like the way he is acting after 72 hours… they can lock him up for another 14 days. They keep him, worse thing they do for a mental health, somebody who is mentally unstable or whatever you want to call it. Lock them up. … But you haven't heard the worse of it. … And if they don't think that you are [still acting] properly, the system is designed to take that person and put him in a mental health system, lock him up for a period of six months in a mental institution.

African American Adult

You are so poor, that if you make a little above welfare, you don't get no assistance. None. You are shut down. You can't get the help you need.

African American Adult

We have experienced gunshots. We have experienced people shooting. We know the situation that it's in and putting up urban leagues and stuff like that is a waste. That is not the answer. … A community center only works if it has people from the community going there. What is attracting people to the community center? Nothing. There is no one from the age of 14 to 20 going to the community center.

African American Youth

When you talk to a person that lives in your neighborhood, in a ghetto area ... it is like they have their negative points, but they also have their positive points. ... It is not all just about drugs or gangs or shootings. ... They want to do something positive. They don't want to be there dealing with that situation all their life. They want to make a change.

African American Youth

I moved out on my own when I was 16. I have been taking care of myself since I was 16. ... By the time I was 18, I was messed up. But I am still standing without all the cash aid and food stamps, and I am taking care of my two daughters. And I can do it, but you have to have that drive. You have to want to do it and that is something.

African American Young Adult

WHAT ARE THE COMMUNITY'S STRENGTHS AND ASSETS?

When asked about the strengths and assets of the African American community, people in our focus groups talked about how much they cared about providing good education to their children, accessing affordable housing, and creating a safe environment in their neighborhoods. They have not given up hope and the desire to live a happy life, and they have great resilience.

In addition to resilience, participants also pointed to the importance of community-based organizations, churches, and schools. They regretted that beneficial programs are too often funded for a limited period of time and are not renewed. Schools and churches are important players in creating a social network that connects members of the community to services and resources. These places also provide food and clothing for those who are in severe economic need.

WAYS TO PREVENT MENTAL ILLNESS

Participants in this study recommended several ways in which these problems can be addressed and prevented. They specifically talked about:

- Education and awareness programs to inform youth about drug abuse prevention and how to access services for substance abuse and dependence.
- Parenting programs to provide positive parenting models.
- More mentorship, sports, career training, and social programs for youth.
- Empowerment programs to motivate members of the community to speak up and have their voices heard in community forums, community-based organizations, and churches.
- More extensive and organized outreach efforts to involve the community in activities that bring people together and create a sense of union and power.
- Programs to help the homeless, addressing their mental health and substance abuse treatment needs, as well as other needs such as food, housing, and medical attention.

They need role models. My son did well when he had a black man as a therapist and he only had that one, and when he was with this guy, he was on point, everything was well. And [then] they switched his therapy. He flipped on him real quick. He could not relate.

African American Adult

When the schools had sports, they had programs, the arts that had been pulled out of school. … I mean, hey, you have that kid with the anger problem, stick him in football. That will give him something to do. When he goes home, he will be cool.

African American Adult

As far as the children, having more activities, free, at a low cost ... maybe like a teen night ... where they are doing fun activities, learning about things, but just being part of something that doesn't have to do with violence ... with drugs ... with sex.

African American Adult

You have to target the parents because the parents are the influence. If you can get the parents to go ahead and start teaching and start actually parenting. ... Checking report cards. Going down to the school. Interacting in their child's life. They [the kids] wouldn't have to seek alternate means by gangs and violence.

African American Youth

I have been trying to find the help for those in mental health who are addicted to drugs. I have been trying to find help for those that may not be addicted to drugs or just have a problem as to where they are homeless, they are stuck out in a environment that doesn't care about them. How many times have we heard of homeless people being murdered? And being in the parks, that somebody burns them up? ... The point is, we need to be able to reach these people and reach these people as a coalition.

Community Provider

BUILDING PARTNERSHIPS: NEXT STEPS

The UC Davis CRHD embarked on the Building Partnerships project to provide a way for the voices of our communities to be heard by policymakers. It was our intent to gather these voices in a way that honors the stories of suffering and pain and the cultural values, beliefs, and practices that form the rich fabric of our many diverse communities.

We hope that the stories shared by community members will have a lasting impact on mental health care in California. In this project, we have:

- Worked with policy makers at state and county levels, informing them of the results of our project and advocating for changes in policy that address the needs of underserved communities.
- Worked with many of the communities who participated in this project to facilitate their involvement in county and state level decision-making processes.
- Collaborated with communities to identify opportunities to build, develop, and obtain funding for programs that stem directly from needs identified in our project.
- Developed a guide to the community engagement process that can be used by county mental health agencies, with this project as an example to be followed.

Moving forward, the CRHD plans to continue this work, connecting communities with county and state mental health policy processes to increase their voice and presence in decision making, policy development, and implementation.

We welcome greater involvement of the African American community in our work, and encourage you to contact us with your feedback and ideas, and to let us tell you about additional steps that can be taken to increase your community's role in the future development of California's mental health care systems.

PROJECT STAFF

Sergio Aguilar-Gaxiola, MD, PhD
Project Director
Director, UC Davis Center for Reducing Health Disparities

Natalia Debb-Sossa, PhD
Assistant Professor of Sociology, UC Davis

Katherine Elliott, PhD, MPH
Project Manager, Northern California Region
UC Davis Center for Reducing Health Disparities

Ronald T. King
Consultant
UC Davis Center for Reducing Health Disparities

Cristiana Giordano, PhD
Postdoctoral Scholar
UC Davis Center for Reducing Health Disparities

Kimberly Reynolds
Assistant to the Director
UC Davis Center for Reducing Health Disparities

Marbella Sala
Director of Operations
UC Davis Center for Reducing Health Disparities

William M. Sribney, MS
Third Way Statistics

STATE PARTNERS

Nichole Davis
Analyst, Prevention and Early Intervention
California Department of Mental Health

Rachel Guerrero, LCSW
Chief, Office of Multicultural Services
California Department of Mental Health

Vincent Herrera
Staff Mental Health Specialist
State Level Programs
California Department of Mental Health

Barbara Marquez
Mental Health Program Supervisor, Prevention and Early Intervention
California Department of Mental Health

CLINICAL AND TRANSLATIONAL SCIENCE CENTER EDITING CONSULTANTS

Erica M. Chédin, PhD
Coordination Officer,
Collaborative Research Proposals
UC Davis School of Medicine

Erica Whitney
Coordination Officer,
Collaborative Research Grant Proposals
UC Davis School of Medicine

The UC Davis Center for Reducing Health Disparities takes a multidisciplinary, collaborative approach to address inequities in health access and quality of care. We focus particularly on reaching out to underserved populations in California and beyond. Medical Researchers, clinicians, social scientists, community providers, community-based organizations, and community members work together to design and implement our comprehensive research, community outreach, and engagement activities.

In 2006, the CRHD launched a project to reach out to historically unserved or underserved communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial conversations with the African American community in California.

Center for Reducing Health Disparities
2921 Stockton Blvd., Suite 1400
Sacramento, California 95817
PHONE: (916) 703-9211
FAX: (916) 703-9116
E-MAIL: marbella.sala@ucdmc.ucdavis.edu