

Central Lunatic Asylum for Colored Insane



Mayfield Farm
Petersburg Virginia
1870

Virginia House of Burgesses



How do
we
manage
the
insane?

Factors that Concerned Burgesses



- Violence, Crime, and Homelessness by Persons with Mental Illness
- Increased Costs and Taxes
- Family Responsibility for the Mentally Ill
- Community/Parish/Religious Responsibility
- Race and Gender Consistent with Theory

Burgesses Goals



Public Hospital at Williamsburg

Segregated by Gender – Male Only

Segregated by Income/Class – Wealthy Only

Segregated by Race and Slave Status – Whites Only

Central State Lunatic Asylum 1865

- When the civil war was near its end, the Freedman's Bureau required that Virginia develop a mental institution that would offer segregated services to former slaves. This hospital operated in Richmond first and then relocated to Petersburg Virginia from 1865 to 1965 as the first such institution in the U.S. exclusively for Africans in America.

What is Help – Seeking?

- Help-seeking involves a number of pro-active steps that take a person, family, or community from the point of recognizing a problem exists to using [entrusting] an external resource to solve, lessen, or cure the problem.

The Help Seeking Paradox

- Although there are reportedly minimal differences in rates of severe mental illness there are marked differences in help seeking by race.

Help-Seeking by People of Color

- Delayed
 - Short-Term
 - Low-Expectations
 - Limited Participation
 - Cost Conscious
 - Emergency Based
 - Court-Ordered
 - Police Involvement
 - Crisis Based
 -
- Limited Info
 - Negative
 - Complex
 - Spiritual
 - Religious
 - Family Focused
 - Uncertain
 - Social Service Referred
 - Hospital Involved

QUESTIONS

- 1. WHAT ARE SMI RATES IN BLACK FAMILIES?
- 2. WHAT ARE THE DIFFERENCES IN HELP SEEKING?
- 3. DOES IT MATTER WHEN PEOPLE SEEK HELP?
- 4. WHY DO THE DIFFERENCES EXIST?
- 5. HOW CAN THE DIFFERENCES BE CHANGED?

1. RATES OF ILLNES

Summary of Key Findings by Ethnic Group in the Surgeon General's Report

African Americans	American Indians	Asian Americans	Hispanic Americans
Selected Findings	Selected Findings	Selected Findings	Selected Findings
<p>Low rates of depression Higher female depression Higher frequency of phobias Poverty linked to illness rate Sparse info on children Sparse info on aged High rates of somatization Low suicide rates High rates of homelessness High use of inpatient service</p>	<p>High rates of PTSD in Vets 80% higher Substance abuse SA determines service usage Poverty unrelated to illness SA rates high in adolescence High rate of aged depression High rate of AHADD Highest suicide rates High rate of conduct disorder High use of inpatient service</p>	<p>Moderate rate of depression DSM-IV not as relevant Cultural bound syndromes Few Asians in study samples Sparse info on children Sparse info on aged Mind/body integration Lowest suicide rates Low substance abuse rate Low inpatient use Language & refugees issue</p>	<p>High PTSD in Vets Depression in adoles. Rates linked to origin US born higher rates Children at high risk Depression in aged Low substance abuse Low suicide rates Low homelessness Moderate inpatient Language issues</p>

Rates for African Americans

Chart 1. Estimated Rates of Mental Illness for African Americans

	National Estimated Prevalence	African American Estimate	Poverty Multiplier Effect	Foreign- Born Estimate
Any Anxiety Disorder	16.4%	5.9 million	11.8 million	360,000
Simple Phobia	8.3%	2.8 million	5.6 million	182,000
Social Phobia	2.0%	720,000	1.4 million	44,000
Agoraphobia	4.9%	1.7 million	3.4 million	107,000
Anxiety Disorder	3.4%	1.2 million	2.4 million	74,000
Panic Disorder	1.6%	576,000	1.1 million	35,000
OCD	2.4%	864,000	1.7 million	52,000
PTSD	3.6%	1.2 million	2.4 million	79,000
Any Mood Disorder	7.1%	2.5 million	5.0 million	156,000
Major Depression	6.5%	2.3 million	4.6 million	143,000
Unipolar MD	5.3%	1.9 million	3.8 million	116,000
Dysthymia	1.6%	576,000	1.1 million	35,000
Bipolar I	1.1%	396,000	792,000	24,000
Bipolar II	0.6%	216,000	432,000	13,000
Schizophrenia	1.3%	432,000	864,000	28,000
Non-affective Psych.	0.2%	72,000	144,000	4,000
Somatization	0.2%	72,000	144,000	4,000
Anti-social Pers.	2.1%	756,000	1.5 million	46,000
Anorexia	0.1%	36,000	72,000	2,000
Severe Cognitive	1.2%	432,000	864,000	26,000
Any Disorder	21%	7.5 million	15.0 million	462,000

Source: Davis, King., Johnson, Toni, & McClendon, A. (2002). Guidebook. Baltimore: Casey Foundation
 Mental Health: A Report of the Surgeon General, DHHS, 1999.

2. What are the differences in help seeking?

Help-Seeking by People of Color

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Black-White Comparison of Cumulative Proportions of Cases making Treatment Contact by Selected Years After Disorder Onset

# years after disorder onset	Cumulative Percentages						
	1	2	5	10	15	20	30
Major Depression							
African American	27.2	31.7	39.0	46.4	57.4	64.3	77.6
White American	39.5	44.4	51.1	58.2	64.7	70.3	78.0
Bipolar Disorder							
African American	17.3	19.5	24.5	33.0	38.1	38.1	43.9
White American	40.5	44.3	49.8	58.2	70.5	71.3	79.4

Neighbors, Baser & Martin (2007). unpublished data from the National Survey of American Life

Help Seeking

(among those with a problem)

- 87% went for informal help
- 49% went for professional help
 - emergency room 10.6%
 - physician's office 10.9%
 - social services 3.8%
 - mental health center 1.9%
 - psychiatrist/psychologist 2.5%
 - minister 9.2%

Help-Seeking Issues

- Under-utilization of mental health services is a problem for African Americans
- When service use is related to the number of mental health problems in the community
- Social networks are extremely important
- Family, friends & neighbors continue to carry the bulk of the helping burden

Use of Ministers

Neighbors, Musick, Williams, 1998 HEB, 25

- Women are more likely than men to see ministers
- People w/ economic problems least likely
- People w/ death/bereavement problems most likely
- Regardless of the type of problem
- Regardless of the severity of the problem
- those who contacted clergy first were less likely to seek help from other professionals

Cultural Pathways to Help

Fear
Embarrassment
Language
Trust
Insurance
MH Literacy
Negative Experience
Confidentiality
Stigma

Use of Pastoral Care
Use of Native Healers
Use of Emergency Rooms
Family Support
Episodic Use of Primary Care
>Advocacy
Participation
Lengthy Delay Post Onset
Elastic Boundaries

Help Seeking Assumptions

- 1. Individuals will recognize symptoms as atypical/information
- 2. Symptoms will cause distress
- 3. Other people will notice/support
- 4. Symptoms will be understood or have meaning/context
- 5. Individual will connect symptoms to a provider/service/disorder/path
- 6. Individual will seek out the appropriate service/provider

3. Does it matter
when AA
families seek
help?

The Cost of Delayed Help-Seeking

- Chronic Illness with Exacerbation
- Significant Loss of Functioning
- Accumulation of Losses
- Greater Risk of Permanent Disability
- Increased Burden on Family Members
- Greater Chance of Police Involvement
- Increased risk of injury and death
- Greater Reliance on Religious Institutions
- Possibility for other illnesses to develop
- Involvement of Primary Care System
- Loss of Productivity
- Increased Risk of Stigma
- Increased Chance of Self-Medication/Addiction

Why be Concerned: Multiple Costs

- Excess Preventable Deaths – Individual and Others
- Untreated Illness & Lower Achievement & Job Loss
- Excess Hospital Admissions & Readmissions
- Misdiagnosis & Poor Application of EBPs
- Community Suspicion and Mistrust
- Family Division and Conflict
- Absence of Scientific Knowledge & Theory
- Ethical Conflict: Professional & Personal
- Increased Taxes & Agency Budgets: Waste
- Loss of Input from Special Markets: Volunteers/Policy
- Clinical Dropouts
- Cultural Malpractice
- Public Customers are Disproportionately Persons of Color!

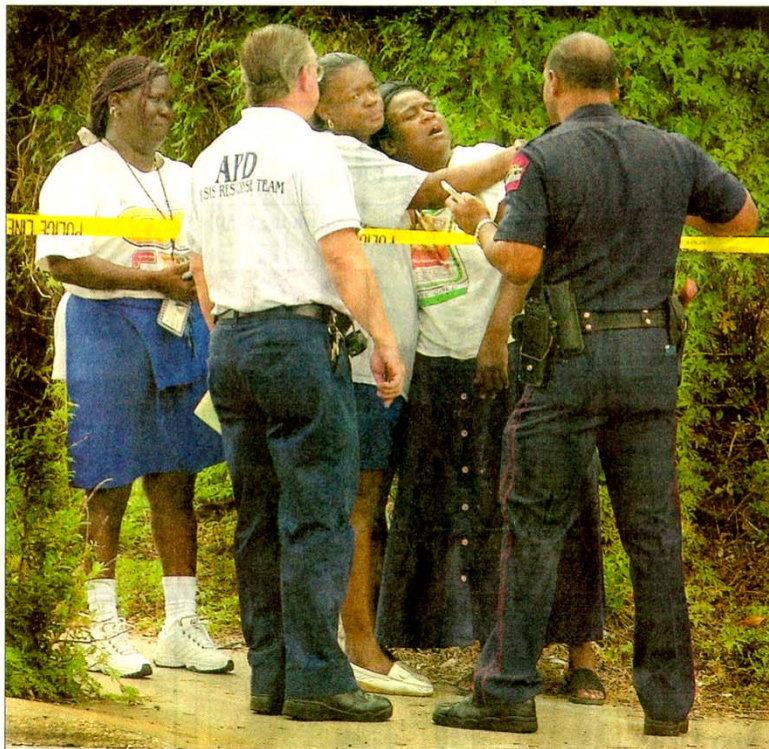
Mentally Ill Woman Killed



Sophia King

Woman fatally shot by police

Authorities say 23-year-old threatened housing manager with a knife



Ralph Barrera AMERICAN STATESMAN

Brenda Elendu weeps in the arms of relatives outside the East Austin housing complex where her daughter, Sophia King, was the victim of a fatal shooting Tuesday morning. Police say King was about to stab a housing manager

By Jonathan Osborne
and Claire Osborn
AMERICAN STATESMAN STAFF

The dead woman's family congregated Tuesday around her angry and tearful mother where yellow police tape rounded the corner of Rosewood Avenue and Poquito Street.

"They killed my baby," Brenda Elendu screamed to anyone who would listen. "They could have shot her in the leg. She was a mental patient. They didn't have to kill that child."

Across the intersection and down the block, Austin police told reporters that Elendu's daughter, Sophia King, gave officers no choice but to draw their guns when they saw her wielding a knife as she stood over a person who was on the ground.

"She was getting ready to stab a housing authority (employee)," police Lt. Robert Collins said. "She lunged. The officer fired one shot."

Reporters asked why not spray her with Mace or use a nightstick.

"There wasn't time for that," Collins said.

The bullet struck King in the heart, according to a preliminary finding by the medical examiner's office. King, 23, who was not wearing any clothing at the time of the shooting, died at 9 a.m. in the courtyard of the public housing complex where she had lived for seven months.

Police are trained to react with deadly force if a person is trying to kill an officer or someone else, Collins said.

A Travis County grand jury will determine whether 16-year

4. Why do the
differences
exist?

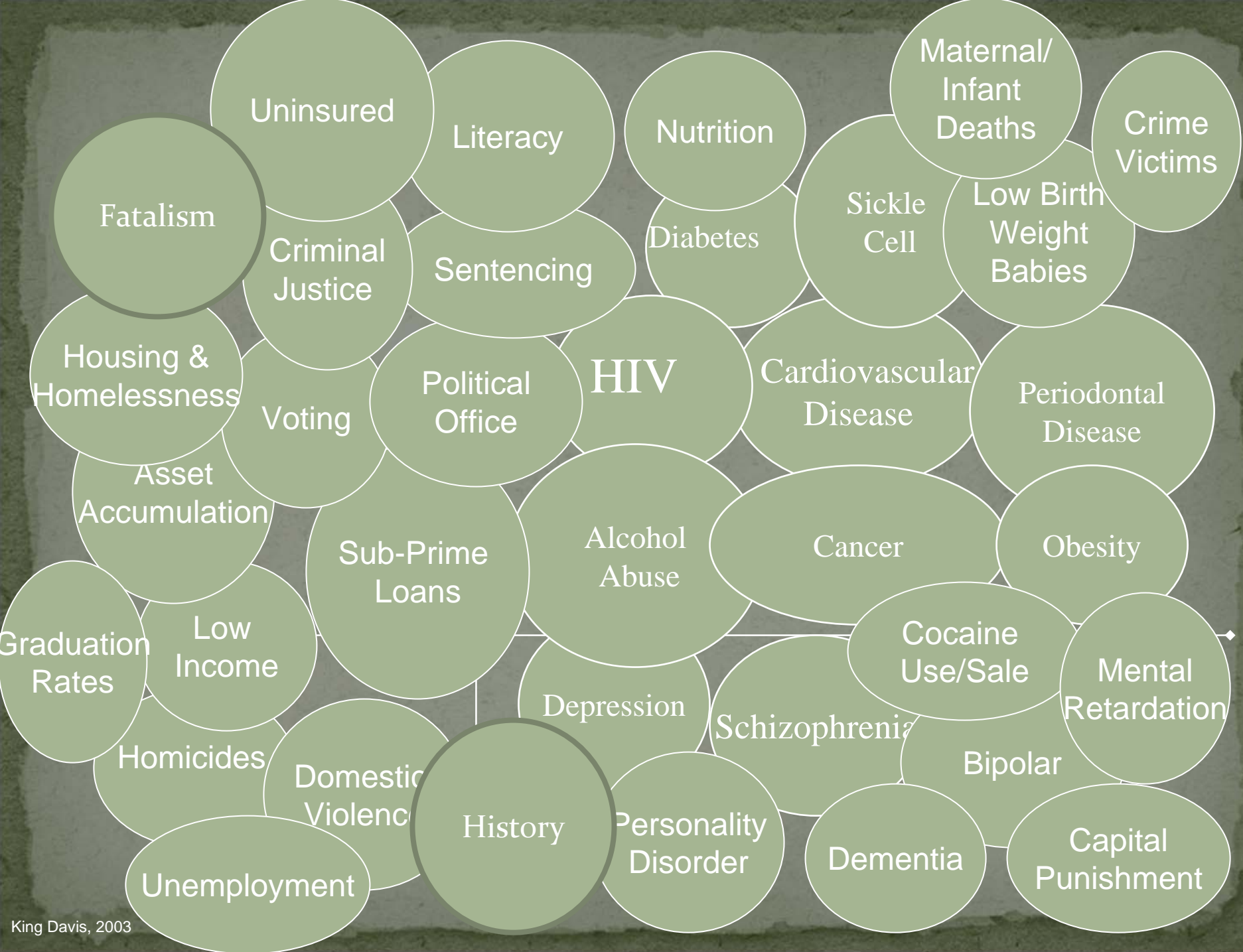


Figure 1.
Conceptual Framework@

Silence/Noise

Glaucoma
 Cancer

Gun Shot
 Heart
 Disease

Depression
 Anxiety

Schizophrenia
 Bipolar

**Help -
 Seeking**

C. Family Issues

Individual
 Member

Degree of
 Impairment

Family
 Burden

Community
 Stigma

Faith

Absorption

Information

A. Organizing Concepts

Boundary Expansion

*Collective
 Caring*

PHASE 3

PHASE 2

PHASE 1

B. Number of Episodes

D. Provider Issues

Location

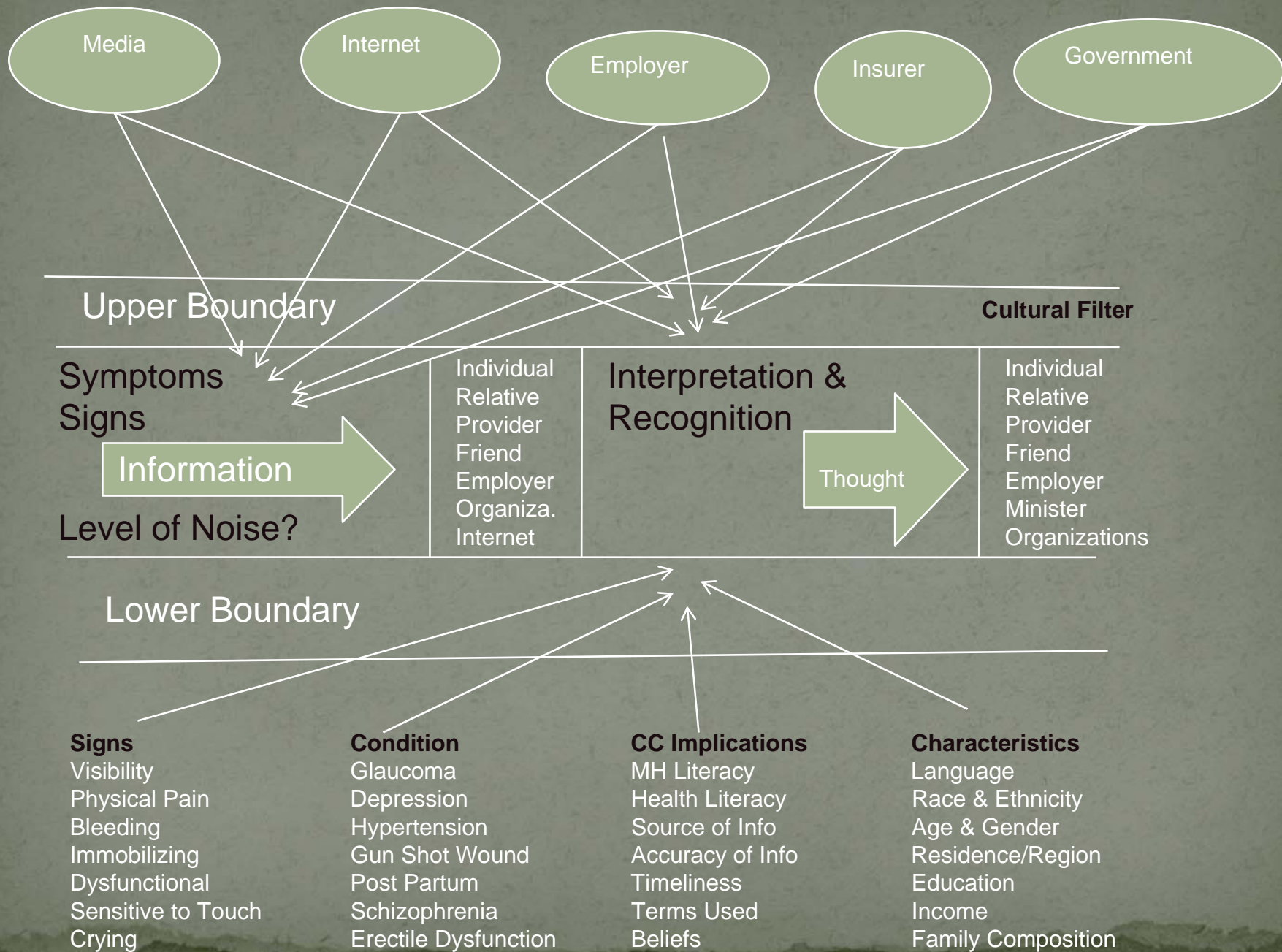
Provider Bias

Theory and
 Model: Recovery

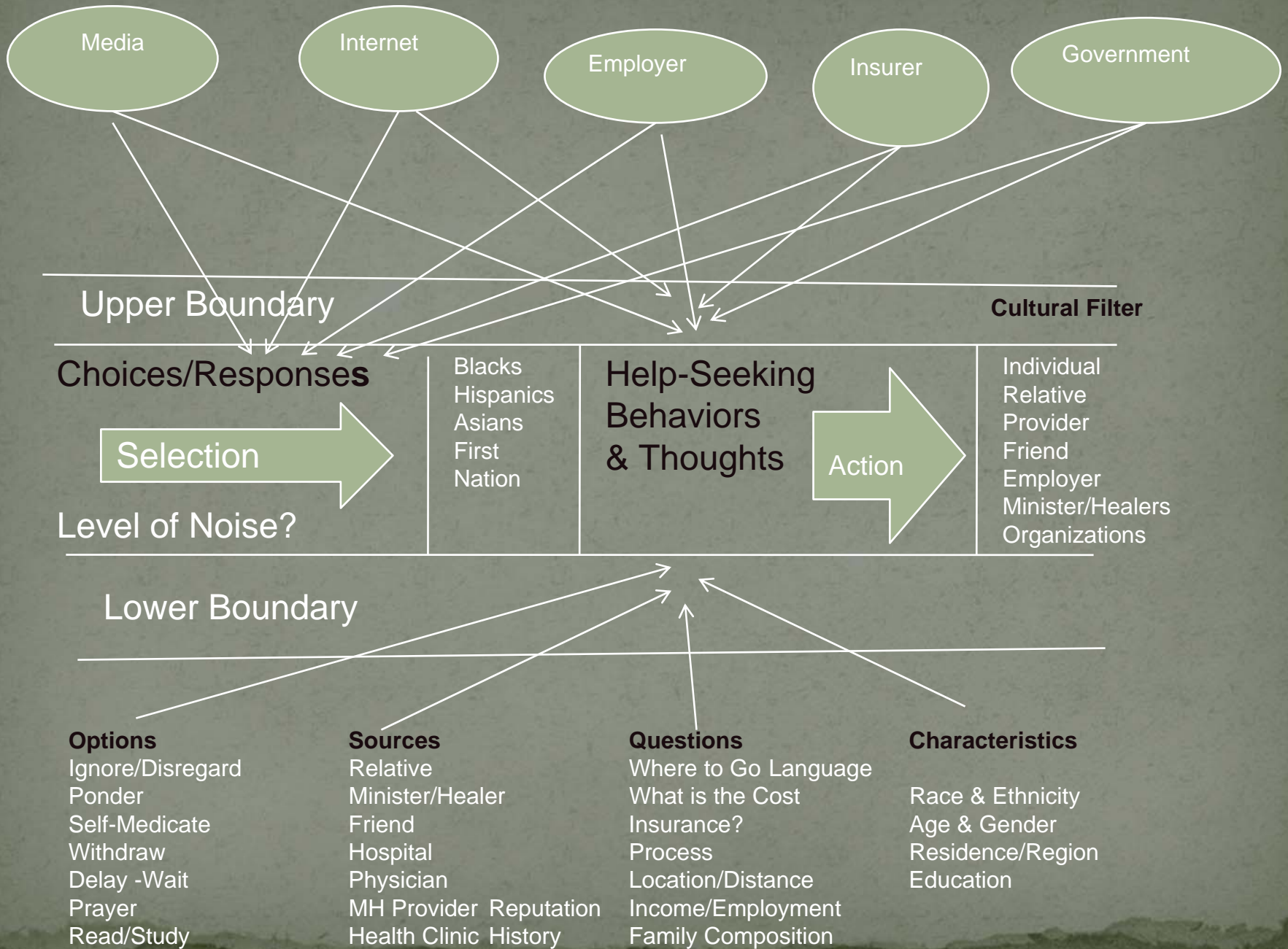
Insurance

5. How do we
change help
seeking in black
families?

First & Second Phases of Help Seeking – Culturally Driven



Third and Fourth Phases of Help Seeking - Culturally Driven



Media

Internet

Employer

Insurer

Government

Upper Boundary

Cultural Filter

Choices/Responses

Selection

Blacks
Hispanics
Asians
First Nation

Help-Seeking
Behaviors
& Thoughts

Action

Individual
Relative
Provider
Friend
Employer
Minister/Healers
Organizations

Level of Noise?

Lower Boundary

Options

Ignore/Disregard
Ponder
Self-Medicate
Withdraw
Delay -Wait
Prayer
Read/Study

Sources

Relative
Minister/Healer
Friend
Hospital
Physician
MH Provider
Reputation
Health Clinic
History

Questions

Where to Go Language
What is the Cost
Insurance?
Process
Location/Distance
Income/Employment
Family Composition

Characteristics

Race & Ethnicity
Age & Gender
Residence/Region
Education

Changing Help Seeking

- 1. Information – Mental Health Literacy
 - A. Good source
 - B. Accuracy
 - C. Signs/Symptoms
 - D. Potential Causes
 - E. Effective Treatment
- 2. Direction and Guidance – Where to Go
- 3. Clear Choices of Help
- 4. Giving Meaning to the Illness
- 5. De-blaming – Finding Fault
- 6. False Beliefs about Treatment

Changing Help Seeking

- 7. Accept Integrating Care in Primary Health
- 8. Networking Between MH and the Church
- 9. Participation in Research Projects
- 10. Participation in Advocacy Organizations
 - A. NAMI
 - B. Mental Health America
 - C. National Leadership Council
 - D. Black Professional/Mental Health Organizations
 - E. Consumer Organizations
 - F. Mental Health Ministry

FACTORS THAT IMPACT SMI

