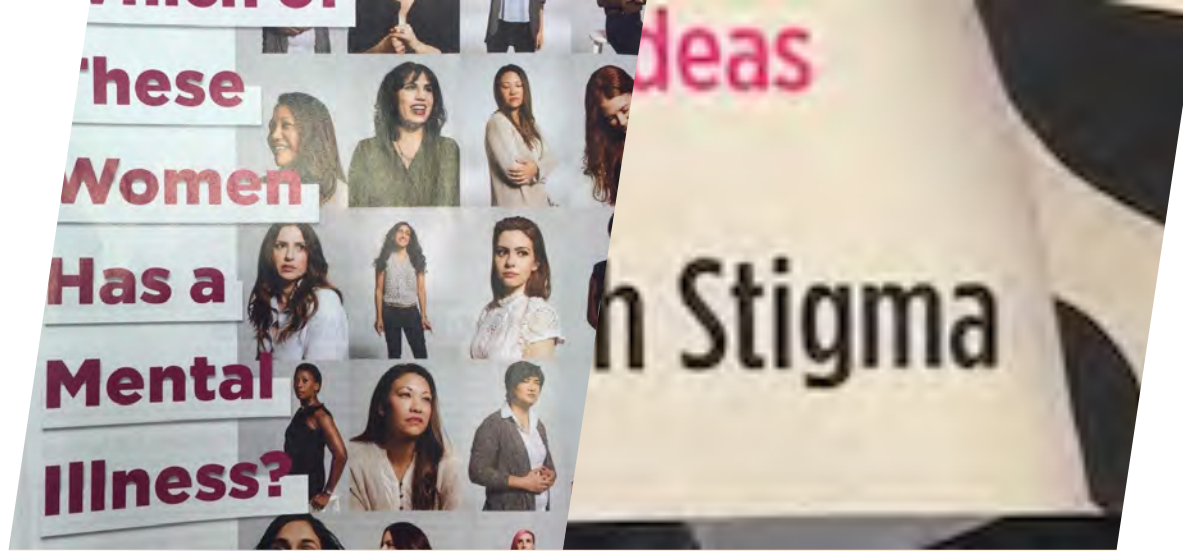


Improving the Mental Health of African Americans:

Acceptable, Accessible & Affordable Services



Ruth C White, PhD, MPH, MSW



My story

me I was crazy I really was
felt it then and I was terrified.
much for me.

ld and struggling with the knowl-
e of this difference related, I felt,
ed in the world was problematic.
rked hard to control what people
me. In the 15 years that followed,
all documented in my

FINDING MY MIND



The author, in London, her birthplace (2006)

NOVEMBER 10, 2005

So I am here at Fairfax Hospital. What the @#\$\$ happened to me
I'm taking my 1200 mg of lithium at night with my 20 mg of Pro
the morning and still have to be babysat to be safe. Two nights ag
a knife to my wrist as my daughter slept. It's like my brain is try
destroy my body. I think of suicide all the time.

▶ (un)ACCEPTABLE

- ▶ Stigma

▶ (in)ACCESSIBLE

- ▶ Mental health parity
- ▶ Lack of providers

▶ (un)AFFORDABLE

- ▶ In-patient: avg \$1000/day!

ACCEPTABLE

- ▶ Holistic: mental wellness
- ▶ Low doses
- ▶ Support
- ▶ Career success

ACCEPTABLE

FOR ALUMNI AND FRIENDS OF THE UNIVERSITY OF SOUTHERN CALIFORNIA

SUMMER 2016 \$4.95

USC Trojan

FAMILY



A Call for Compassion

Though she was born in London and spent her teens and early 20s in Canada, Ruth C. White speaks with a strong accent that is unmistakably Jamaican. So it was little wonder she felt drawn to the young Jamaican man named Everton who was her coworker at a trendy Ottawa clothing store. They became close friends. "I was the keeper of his secrets," says White, a clinical associate professor at the USC School of Social Work. Few others in their Afro-Caribbean expat community knew Everton was gay, and today, she doesn't disclose his last name out of a wish for privacy. When Everton fell sick in the 1980s, there was no name yet for his disease, but White had read about the illness devastating so many gay men. Within a few months, Everton had died. At the funeral their mutual friends galled White for information. She kept her silence.

"Jamaicans have a history of vehement anti-gay sentiment," she says. "I felt if he didn't tell them in life, I shouldn't tell them in death."

Later she heard that his family had burned Everton's belongings. White's crusade for the health and dignity of Jamaican homosexuals began that day.

She returned to college and became a social worker in Toronto's juvenile prison system. Wanting to make a difference on a policy level, she pursued a PhD in social welfare and a master's in global public health at the University of California, Berkeley.

The ravages of HIV/AIDS were in plain view where she lived in San Francisco during the 1990s, but White's dissertation took her back to Kingston, Jamaica, where gays still lived in closeted obscurity. Hardly any public health data existed on the island's LGBT community, so she set about gathering dozens of case studies in focus groups and one-on-one interviews.

At White listened to their stories, she realized she was looking at a "whole bunch of Evertons. I felt like I was working for Everton."

Marginalized in Jamaican society, some LGBT people endured abysmal living conditions, she says, even dwelling in caves.

White's findings attracted international attention. HIV-prevention research grants and consulting opportunities around the world. Pro-bono legal defense from American law schools solicited her expertise. She even landed a teaching track job at Seattle University.

All the while, White was wrestling with a serious health problem of her own. Having long ignored the warning signs of bipolar disorder, after her daughter's death in 1997 White fell into deep despair. "I was in a dark hole for about a year," she says. "I was in a dark hole for about a year."

It wasn't five years later, finally trying talk therapy and then entering medication treatment, that White discovered her illness. "I was in a dark hole for about a year," she says. "I was in a dark hole for about a year."



high-risk public health behaviors.

So she told her own story. "There was a whole body of literature about coming out in the classroom as gay, but there was nothing about mental illness," she says. White bravely penned a chapter in a scholarly text detailing the struggles of mental health practitioners who suffer from mental illness. She went on to write two popular books on bipolar disorder from a first-person perspective. She blogs on culture and mental health for Psychology Today.

In her forthcoming book, White takes on the mantle of "health coach" and lays out her holistic system for managing chronic mental illness using "an internalization model" geared toward prevention rather than treatment. She manages her own symptoms with medication, talk therapy and her holistic approach.

A member of USC's faculty since 2013, White lives in Oakland, California and teaches remotely for the School of Social Work's online program. Her work has her traveling all over the country without the travel-related stress that can trigger her crises.

Looking back, White says a thread connecting her first inspiration—helping Everton and others get Jamaica—was her public battle with bipolar disorder. Her first mental health crisis led to a simple conversation about the silence.

"I had to put myself out there and be honest about my mental illness which was challenging for me."

RUTH WHITE

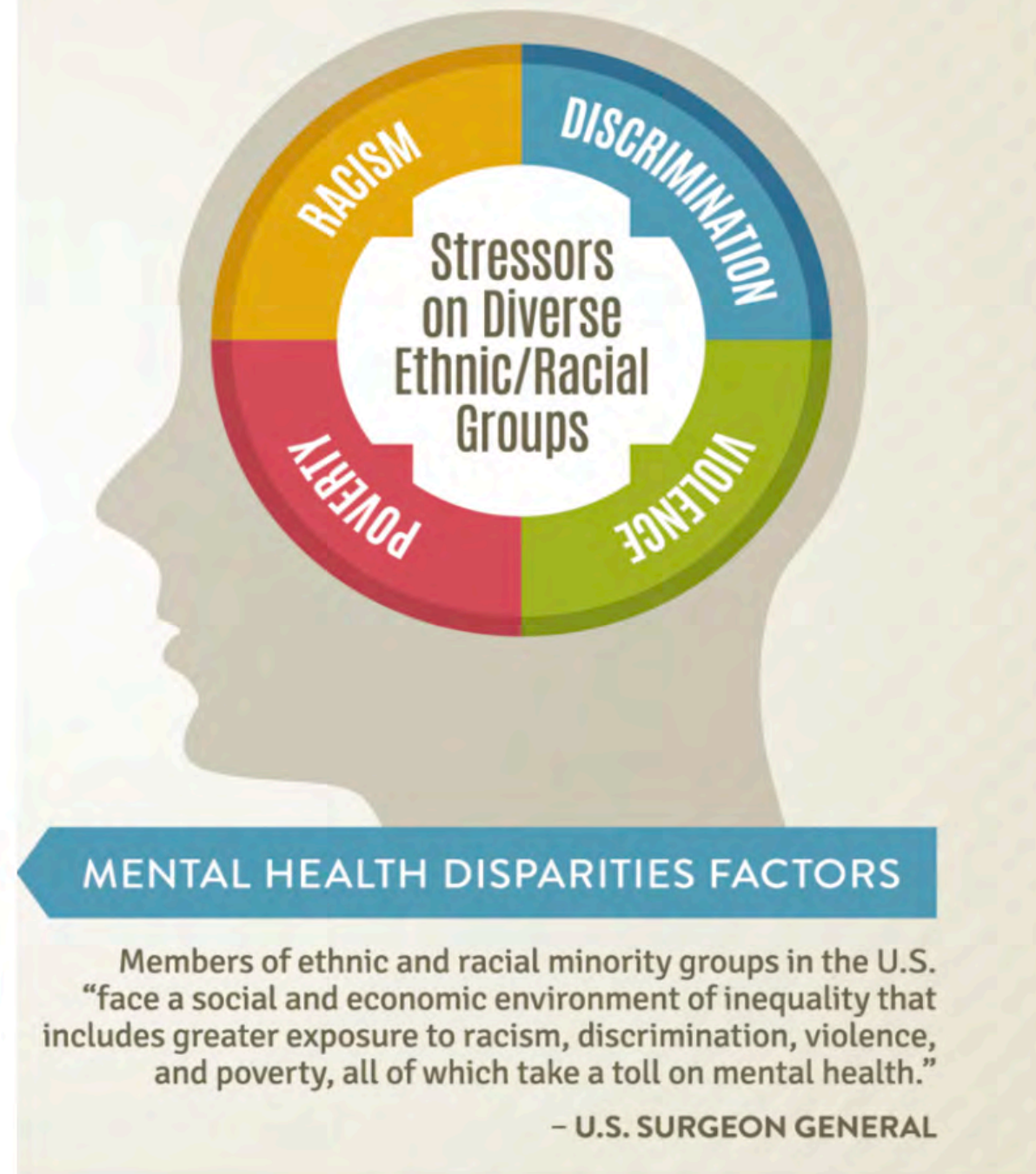



▶ AFFORDABLE

▶ ACCESSIBLE

▶ HMO/Teaching Hospital





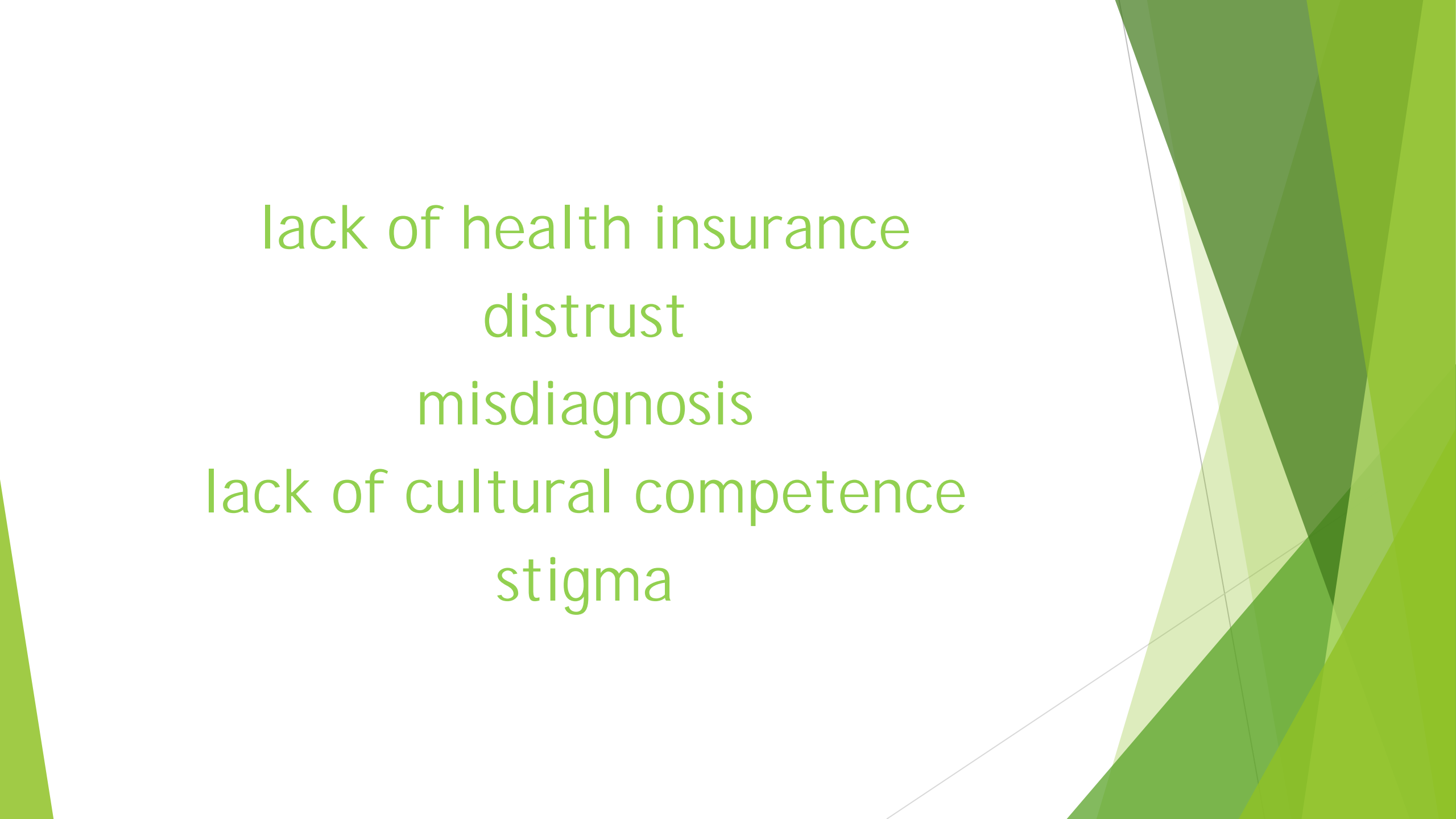
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► African Americans are 20%
more likely than the
general population to have a
serious mental illness (NAMI)

UTILIZATION OF MENTAL HEALTH SERVICES (NAMI)

25% v 40%

blacks whites

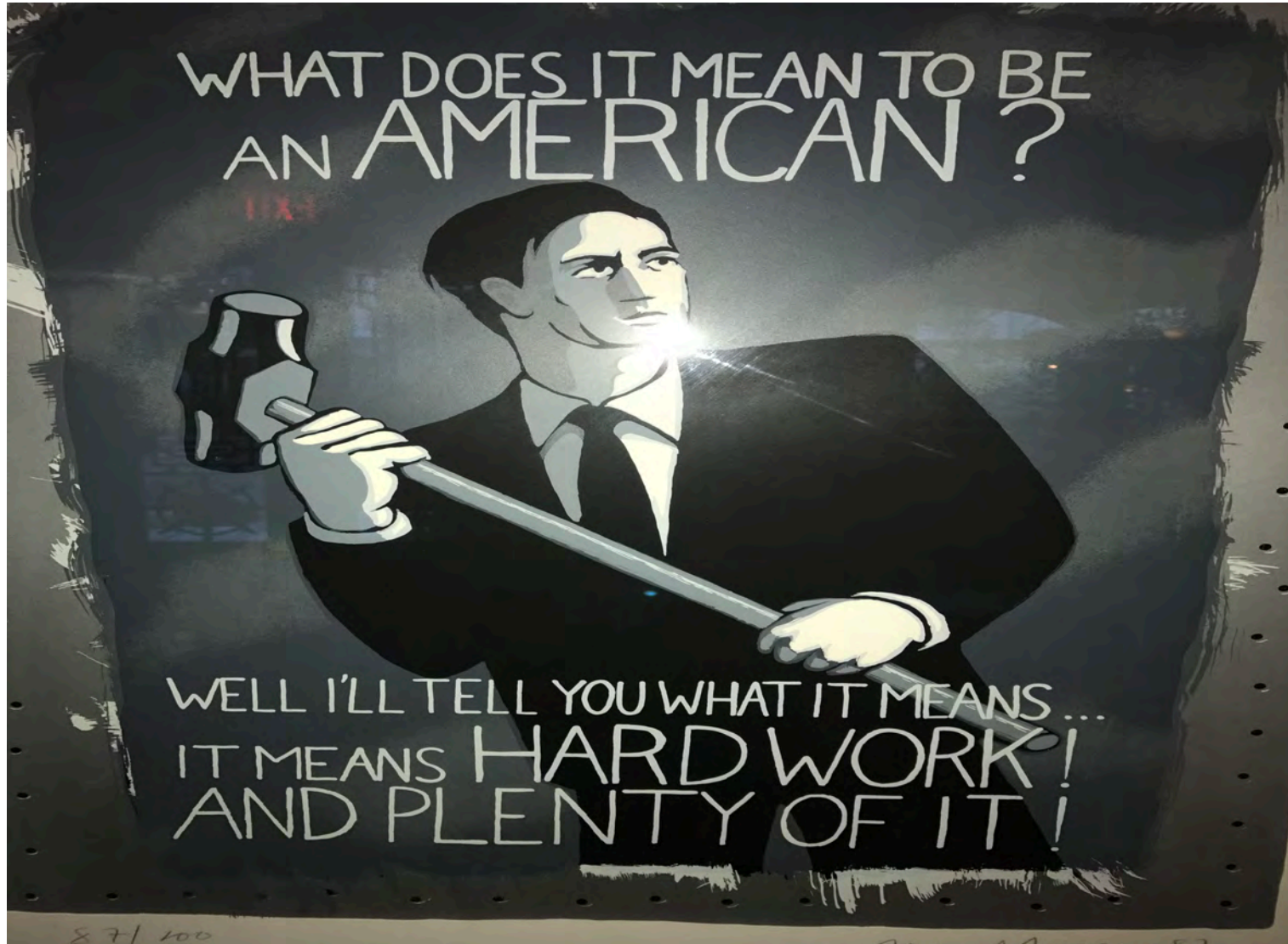
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lack of health insurance
distrust
misdiagnosis
lack of cultural competence
stigma

MENTAL HEALTH OF AFRICAN AMERICANS: COVID & BEYOND

- ▶ Increased anxiety and depression among African Americans as are suicides. Black boys, ages 5 to 12, are twice as likely to die by suicide compared to their White peers (Congressional Black Caucus)
- ▶ COVID19 pandemic and its many adverse impacts
 - ▶ increased economic insecurity
 - ▶ disruption of civic and religious life
 - ▶ Comorbidities: death rate for African Americans is generally higher than whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS (Office of Minority Health, 2015)
- ▶ social unrest over police killings of unarmed citizens.
 - ▶ after the murder of George Floyd, 41% of African Americans reported symptoms of either anxiety and depression - higher than any other racial or ethnic group (Census Bureau emergency survey)
- ▶ "I know that I am dealing with some form of low-grade depression," Obama told Michele Norris during a podcast in August.

(un)ACCEPTABLE: TWICE AS GOOD



(un)ACCEPTABLE: STRONG BLACK WOMAN



(un)ACCEPTABLE: BLACK & ANGRY



(un)ACCEPTABLE:
BLACK DON'T CRACK – survive & thrive

(un)ACCEPTABLE: TAKE IT TO THE LORD IN PRAYER



(in)ACCESSIBLE: The mental health workforce

- ▶ African Americans make up 13 percent of the U.S. population. Yet of the estimated 41,000 psychiatrists in the country, only two percent are Black, according to the [American Psychiatric Association](#)
- ▶ 86 percent of psychologists in the U.S. workforce were white, 5 percent were Asian, 5 percent were Hispanic, 4 percent were black/African-American and 1 percent were multiracial or from other racial/ethnic groups. (American Psychological Association 2015)
- ▶ In 2015, 21.6% of social workers are African American (Council of Social Work Education, 2017)

(in)ACCESSIBLE: distrust & misdiagnosis

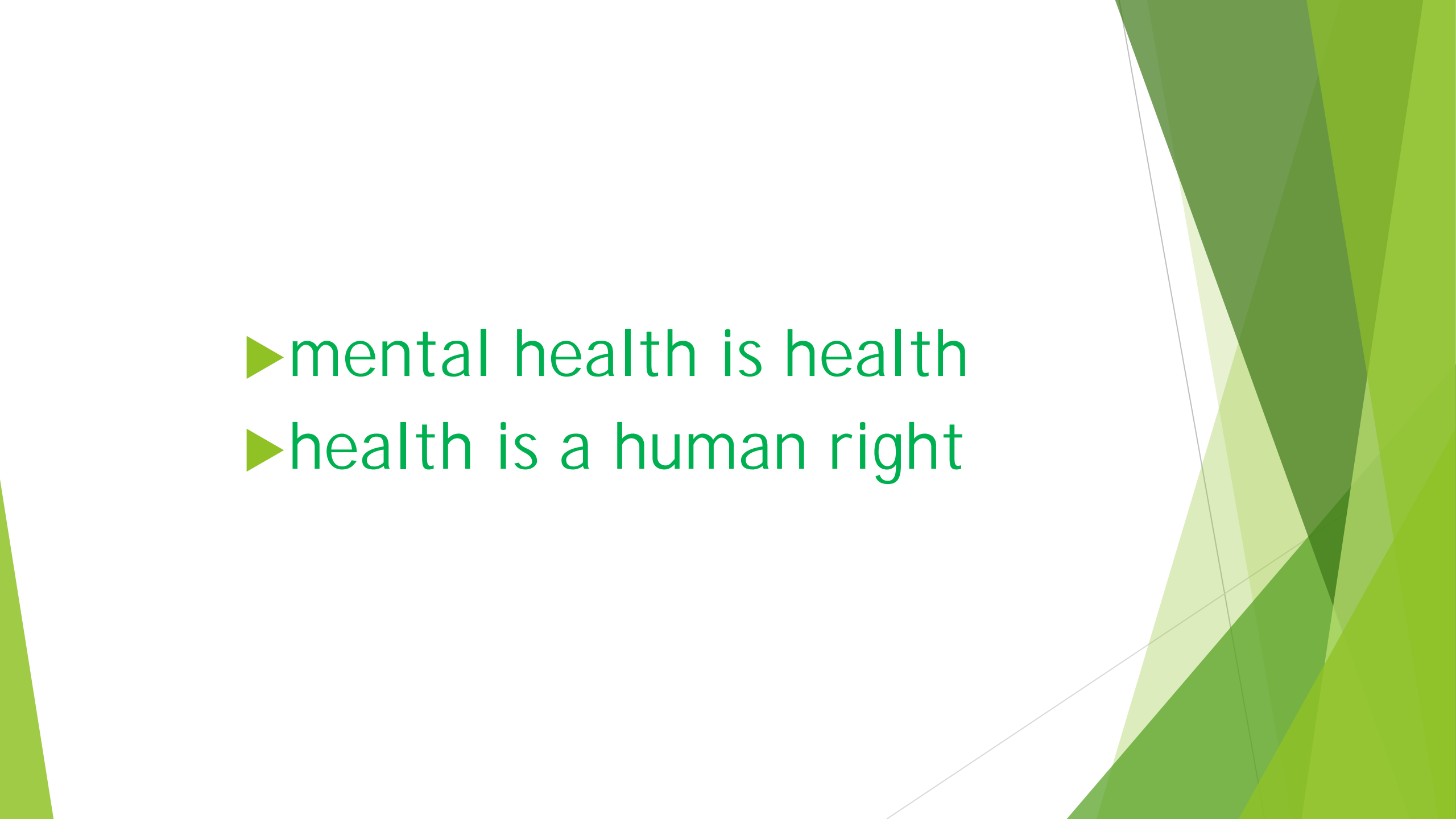
- ▶ In 1848 John Galt, a physician and medical director of the Eastern Lunatic Asylum in Williamsburg, Virginia, offered that “blacks are immune to mental illness.”
- ▶ Dr. Benjamin Rush, the leading medical authority in the nation during the years immediately following the American Revolution: many of the enslaved suffered from “abnormal behaviors” including “negritude,” which he described as the irrational desire by blacks to become white.
- ▶ Dr. Samuel Cartwright, a pro-slavery physician who worked with enslaved people in Louisiana, argued that severe whipping was the typically the best “treatment”.
- ▶ Eugenics
- ▶ Sterilization
- ▶ Lobotomies
- ▶ ‘culture of poverty’

(un)AFFORDABLE: Health insurance & cost

(US DHHS Office of Minority Health, 2017)



- ▶ 43.9 percent of non-Hispanic blacks in comparison to 33.7 percent of non-Hispanic whites relied on Medicaid or public health insurance
- ▶ 9.9 percent of non-Hispanic blacks in comparison to 5.9 percent of non-Hispanic whites were uninsured
- ▶ Therapy costs from \$20(co-pay) and up to \$450/session with an average of \$60 - \$120

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- The background of the slide features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side and bottom, creating a modern, layered effect. The main text area is a plain white space on the left.
- ▶ mental health is health
 - ▶ health is a human right

▶ ACCEPTABLE

- ▶ #nostigma

▶ ACCESSIBLE

- ▶ Primary care integration (prevention, assessment, referral)
- ▶ Increase number of mental/behavioral health providers
- ▶ Anti-racist practice

▶ AFFORDABLE

- ▶ Low cost
- ▶ Health insurance

THANK YOU

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