

The WOOZY
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Evaluation Report of an Outpatient Mental Health Treatment Program for African-American Males

INTRODUCTION

- The program started as a 2-year grant awarded to the City and County of S.F. to provide an “Alternatives to Mental Health Treatment in Locked Facilities.”
- 2 Counties were awarded grants, and San Francisco County decided to focus on African-American Males

WHY AFRICAN-AMERICAN FOCUS?

- In 2002 there was a Report, by San Francisco, that looked at the reason why clients stay in locked facilities.
- The report showed Af-Am's are:
- 7% of S.F. population
- 23% of CBHS Adult System of Care
- 28% of IMD residents
- Stay 20% longer (152 days) than non Af-Am
- More likely to return 6 months post discharge
-

The Question is “why?”

If you know Black history, it's not that big of a mystery.

So let's do a quick review, so we'll all be on the same page.

This is the Alternatives Program Apocrypha on Culturally relevant treatment for Blacks.

AFRICAN-AMERICAN MENTAL HEALTH IN CONTEXT

- **1619 The first Blacks arrive in the U.S. as slaves**
- **157 years later in 1776, the Declaration of Independence was drafted.**

The original draft of the Declaration, completed by Thomas Jefferson, contained language which condemned Britain's support of the slave trade, but it was later deleted.

And the phrase, “**All men are created equal**” was written with the understanding that blacks were not considered “men” in the sense that white males were and so I did not apply to them.

- **In 1787 the U.S. Constitution was ratified.**

There are several parts that deal with slavery:

The 3/5th clause for counting slaves which gave the south increased congressional representation.

There was a 20 year ban on the power of congress to outlaw the Atlantic Slave Trade.

There was a fugitive slave clause, which returned escaped slaves to their “masters”

And it gave the federal government the power to put down domestic and slave insurrections.

In Summary, one of the main reasons Blacks have had a hard time getting justice is that The U.S.

constitution was, founded on the principles of white supremacy. And The Supreme Courts duty is to interpret that same constitution.

- **(The Dred Scott case) 1857**

affirmed that blacks were not citizens of the U.S. and thus had no rights to sue in a court of law.

From there we have:

- **The Black Codes 1865** which was a new form of slavery
- The very weak **Civil Rights Act of 1866**
- **13th Amendment (Dec 6, 1865)**
- **14th Amendment (July 9, 1868)**
- **15th Amendment (Feb. 3, 1870)** all three of which were written very vaguely and in an ill-defined

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manner to lessen their power and authority.

- **Civil Rights Act of (Mar. 1)1875**
- **Which was ruled unconstitutional in 1883, meaning that whites had a constitutional right to discriminate against Blacks.**
- **Plessy v. Ferguson 1896 which set the precedent of “separate but equal”**
- **1954 Brown v. Board of Education, which overturned plessy v. ferguson**
- **Civil Rights Act of 1964**
- **The Voting Rights Act of 1965 which brings us to**

MODERN TIMES: Just a few examples to demonstrate how the legacy of discrimination is perpetuated.

- **In 1997 it was found that The United States Department of Agriculture (USDA) willfully obstructed justice** by deliberately undermining the terms of a 1997 landmark civil rights settlement which found that the USDA willfully engaged in a practice of denying essential farm loans to African American farmers from 1982-1996. The USDA admitted that they were guilty. The value of the award which was agreed to be paid out was 2.3 billion dollars.

In a report by the National Black Farmers Associate (NBFA) and the Environmental Working Group (EWG), conducted in 2005, they found that.

- 81,000 out of 94,000 claims by black farmers denied restitution.
- Because of the 86% denial rate only about 25% of the agreed upon award has been paid out.
- The most devastating effect of all this was that From 1983-1996, black farm ownership decreased from 54,367 to just 29,090.
- **Incarceration and Race**

According to 1995 statistics, Blacks comprised 13% of the population but 30% of people arrested. 41% of people in jail and 49% in prison. Because of this, 13% of Black adult males have lost right to vote because of felony convictions. Nationally, Blacks are incarcerated at a rate 8.2 times the rate for whites.

- **In 2003 there was an NAACP Report on inappropriate psychiatric drugging of Black children and the misuse of special education to stigmatize Black children**

According to a report circulated by Rev. Shaw, President of the NAACP Compton Branch,

1. normal African-American males are being labeled with various mental disorders
 2. minority boys are 11 times more likely to be subjected to mind-altering medications
 3. 32% of the students in programs for mild retardation are African-American.
 4. And finally, The NAACP quoted a report by Dr. LMJ Pelsser of the Research Center for Hyperactivity and ADHD in Middelburg, Netherlands, which found that 62% of those diagnosed with ADHD showed significant improvements in behavior as a result of a change of diet over a period of only three weeks.
- **Race and the drug war**

Although African Americans comprise only 12 percent of the population and 13 percent of drug users, they make up 38 percent of those arrested for drug offenses and 59 percent of those convicted. In 1990, the average federal drug sentence for African Americans was 49 percent higher than for whites.

FINALLY, we're back to the present. What have we learned?

What has happened is that although slavery per se has ceased, in many ways it has only been supplanted by equally profitable and equally incapacitating forms of exploitation.

For example, in the year 2000 the U.S. spent 40 billion to incarcerate about 2,000,000 individuals at a cost of \$33,000 each. 63% of those individuals were Black.

Between law enforcement, incarceration, drug treatment, mental health and medical care, billions of dollars are being made off of the legacy and effects of oppression.

- **what does this have to do with mental health treatment?**
- 1. All areas of society including mental health, are affected by the legacy of oppression and are infected with the same level of resistance to justice.
- 2. The statistics of Incarceration, Drug use, homicide, poor educational attainment, lack of access to essential services, and the various ways in which the legacy of racism and discrimination can be demonstrated, has been used, in a psychological campaign to convince us of our inferiority. These

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deficiencies are constantly being brought up but never placed in proper historical context. The context is, that the legacy of oppression is far from being uprooted. And that's why the statistics are so horrifying.

3. This short historical investigation also demonstrates an unwillingness to create any recourse for oppression. And until there is a recourse, whether it be reparations, or some other form of active economic or access based remedy, more than likely these deficiencies will continue.
4. and finally The psychological effect of this legacy and these deficiencies is largely responsible for the high rate of mental illness in Blacks.

So,

It makes no sense to talk about African-American mental health without speaking about it within the context of the overall history of oppression and discrimination, because it has a profound effect on mental health.

In devising a strategy to deal with the reality we are facing, we must investigate the process of what has happened to us, which brings us to the genius Frantz Fanon .

FRANTZ FANON, who was a Black Psychiatrist, who took part in the Algerian Revolution is recognized as a leading expert on colonization, de-colonization and culturally relevant treatment methods.

- “It would be interesting to study a case of schizophrenia as experienced by a Negro –if indeed that kind of malady were to be found there.” He wrote this in –Black Skin, White Masks. All of these ideas are explained in detail, in Black Skin, White Masks. Fanon makes this statement because for him the effect of violent colonization was the cause of what was labeled as schizophrenia for colonized Blacks.
- Based upon his observations, Fanon states that racist culture, and the culture of the racist eliminates the possibility for the psychological health of the oppressed.
- Fanon also makes the observation that even the language of the oppressor is self-alienating as it embodies the evolutionary collective consciousness of the oppressor. Once we are robbed of our language, we are forced to think and conceive and communicate through the language of the oppressor. Loss of language is a loss of culture, history and conceptual relevance.
- In the face of constant oppression the ego collapses and the oppressed becomes dependent on pleasing the oppressor for validation.
- Imperialism and Colonialism followed a specific plan. It was carried out with military precision and was designed to crush the exploited and render them incapable of resistance. Subsequently, the culture of the Colonizer is based in part upon a supremacist theory that pre-supposes 2nd class citizenship for the colonized. In light of this, we should not be surprised when we are incorrectly labeled, or victimized by systems that have no relevance for our culture. it's part of the process of exploitation. That's how they soften us up.

WHAT IS SCHIZOPHRENIA?

- The diagnosis of schizophrenia is problematic.
- Very little is known about it. It's Etiology or “causes” may be biological, environmental, virus based, a stress reaction. We just don't know.
- Two individuals can have schizophrenia and yet have no shared symptoms. Although the DSM is based on a medical model, there is no medical disease where two individuals have no shared symptoms and yet are diagnosed with the same disease.
- There is no Objective Diagnostic Criterion it's all subjective, and that's part of the reason that race plays such a huge factor in the process of diagnosis and treatment
- It has been proposed that there are actually “Schizophrenias” meaning that what has been labeled schizophrenia is actually a class of disorders which are similar in a few respects, but actually

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- represent distinct illnesses which demand different treatments and have different courses, prognoses and outcomes.
- Of course I would be negligent if I failed to discuss the DSM which is used to diagnose individuals.
 - Prior to the choice of the medical model format of the current DSM, there was great debate as to what the system should look like. One option that was rejected was a system that focused on describing the individual characteristics of an individual's illness in great detail, along a continuum of all possible symptoms. In my opinion, such a system which would allow a fuller, more complete picture to emerge while also eliminating the stigma and harm caused by the labels that go with the DSM.
 - Such a system as above would not be as rigid as the DSM and therefore allow for an appropriate level of Ambiguity. A level of ambiguity that is in line with the fact that rarely, either professionally or personally, do we know what makes up an individual completely. So why label them?
 - The point is, the DSM creates a new "reality" that eliminates ambiguity by creating false certainty as in the example of the term "schizophrenia" Yes, if you use it correctly, the DSM can do what it reports to do, but it isn't culturally relevant. I guarantee you, that in 1952 when it was first being devised, Blacks and people of color had very little influence on its creation. And if anything, today we have even less influence. Truthfully we have bigger fish to fry. The DSM is just a paper clip, in the office depot of tools that they use on us.

AFRICAN-AMERICANS CULTURAL INTERVENTIONS

- **Black Consciousness is the key component** in culturally relevant treatment for Blacks. We must make it our business to be aware of what the Black perspective has been through history. It is our protection against being exploited by the guilt driven revisionist history re-writers.
- **Our ancestors are from Africa, (in the Past) & we are completely American** (in the Present).
- **When we know who we are**, we become better equipped to identify the ways in which what we are now, is directly influenced by indigenous African cultures. In this way, we can increase our self-understanding.
- If the question is, "**Are we completely American?**" then the answer is "Yes", whatever that means, and yes, we are in the process of working that out. We're still in the process of busting out of the cocoon of oppression. Hopefully one day we'll be "independently Black" and self-defined and not defined by the propaganda pumped as part of the psychological war.
- The point is that **we must look to Africa for History and Guidance**, absolutely. However, as American's we don't need to look anywhere. Although we have been made to feel we don't belong, the fact is we've been here longer than the Pilgrims, and our contributions to American culture are pervasive, undeniable, interwoven, seamless, profound and mostly unacknowledged.
- **We as individuals and collectively are Black History**, when we engage in the journey of self-discovery. There is no manual, or guide. There is only desire and the willingness to engage in the process.

UNDERSTANDING RACE, ETHNICITY & POWER

- **Client/Worker commonality**, or black clients matched with black workers should ideally lead to a level of relaxation and comfort which allows the client to shorten the lengthy process of building trust, and engaging in a treatment or working relationship.
- **The disadvantages** or, the only disadvantage I've come against is when you are attempting to engage with a client that is Black and expresses a desire to not work with blacks. Most of the time this is due to fears of safety, a history of negative experiences, complicated or confused identity issues, or even self-hatred and low cultural self-esteem. You have to respect the client's choices and hope that in your brief interaction you may have opened the door for that person to reconsider their views.

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- There are many **Dimensions of Trust**, The first is asked by all clients of all worker, which is 1. can I trust you as being competent to deal with my issues? The second dimension of trust is what people of color, or Black clients want to know of their White workers 2. can I trust that what I'm going to share with you, isn't going to be viewed through the lens of your assumed superiority, racism and discrimination? What exactly are you going to be thinking while I'm telling you the circumstances of my life?
- **Elaine Pinderhughes outlines several Af-Am client tendencies:**
- **May push "boundaries"** of client and practitioner.
- They may require the worker to take on an informal style or stance, is relaxed with open with expressive body language, and a sense of humor.
- They may **ask the therapist about their values, backgrounds or opinions in an attempt to discern their competence**. As clinicians we don't have to answer any particular question that we feel would be inappropriate but you need to be able to deal with these types of questions with sensitivity warmth and professionalism and not be dismissive.
- **The Continuum of Culture** can range from very negative to very positive. For example, a given worker may feel that Blacks are a substandard culture. Or you may accept the culture as being equal to your own. Now, the ultimate is to embrace the culture because of your understanding of it's uniqueness, your respect of it's differences and maybe even, you see positive aspects that your culture does not possess. We should all strive to embrace the unique aspects that other cultures have that our does not.

COUNSELING & THERAPY APPROACH

- **Directive Approach with Direct Confrontation.**
In this approach, the worker doesn't wait for the client to initiate discussions or set the agenda. In counseling the worker gives advice and opinions. If the client is silent and doesn't talk, the worker takes the lead. Of course the interventions are sensitive and well-timed.
- The main emphasis of our treatment is to **Focus on Problematic Behavior's** that the client displays and have been known to be signs of de-compensation. Once again, the goal is to maintain community Living. So we directly confront problematic behaviors, not ideas, or necessarily statements, or even delusions.
- **We are the first responders for Crisis or when a client needs Outreach**, meaning we attempt to intervene first, hopefully in a preventive manner to help our clients avoid a hospitalization. That means we may need to work late or on week-ends, or keep our pagers on.
- **Search for Meaning and understanding of Metaphor.** Simply said, often times psychotic people don't make sense.
"Poetically camouflaged language" means that what they say may sound crazy, but you work with it, and try to figure out what they're saying
Their disorganized thoughts and speech may **have repeating underlying themes** that may be culturally inspired, for example, if a client tells me they have millions of dollars somewhere, I acknowledge that it's not true, yet, I also remember that due to historical exploitation, each black person in the U.S. is probably impoverished to the tune of a few million dollars each. Many times the themes of the metaphor are quite profound.

A BRIEF HISTORY OF PHARMACOLOGY

- **1948 Lithium as a treatment for mood disorders began**
- **Antipsychotics developed in 30's, 40's & 50's as antihistamines.** That had depressant side effects
- **1950-51 Thorazine as an antipsychotic**
- **Began search for an antidepressant.** "Depression caused by object loss. How could you develop a pill for that?"
- **1951 first antidepressant.** How did they do that?

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- One important factor was that by 1955 Smith-Klein made \$75,000,000 on Thorazine.
- The point is that these meds are all very new. They have harmful side effects, they effect the personality, and the ability to think and problem solve. And they are heavily marketed because of their vast economic potential. Pill therapy is heavily advocated, to the exclusion of other options, such as lifestyle changes, nutrition, exercise and therapy.
- And, the poor and disempowered and mentally ill, have until recent times, made up a very weak political constituency. And this has been exploited by the pharmaceutical companies.

MEDICATIONS & AFRICAN-AMERICANS

- **All medications have side effects**, and many psychiatric medications are no exception. Many of the medications we give our clients have harmful, even life-threatening side effects. Some have been known to cause diabetes, or liver, kidney damage and a host of other medical complications. And in addition to this, African-Americans have...
- **Higher risk for disease, injury, death & disability** when compared to whites.
- **Blacks are 1.7 times as likely to have diabetes**, and the Af-am death rate for diabetes is 27% higher than for whites, and blacks are more likely to experience greater disability due to diabetes
- Blacks are **60% more likely to become obese** and they have higher body masses at baseline. Many depressants and anti-psychotics and mood stabilizers can cause individuals to become more sedentary, or increase their appetite dramatically
- Blacks **Twice as likely to develop TD** (muscle spasms, muscle twitches and restlessness) than Caucasians
- Blacks have an **increased risk of hypertension, stroke, heart failure, and kidney disease.**
- SUMMARY: Once again, we should be aware of these health disparities between Blacks and whites and factor this accordingly into any decision to start, increase or change medications.

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GROUP TYPES & GROUP THERAPY PRINCIPLES

- **7 types of groups + special event per month**
 - +**Pre-vocational/Vocational group** which has been discontinued due to funding. What's important about vocational groups isn't so much getting clients back into the workforce, but that many clients want to have something to do and want to feel they're contributing in some way.
 - +**Black History (Image/Esteem) group** where we basically do on a weekly basis, what I'm doing right now. Discuss the relevant issues in the context of black history. Our client's are much more knowledgeable on Black History and issues than the average.
 - +**Medication group**, where we discuss meds, side effects, make adjustments, give shots and talk. Hopefully, we are helping out clients to become knowledgeable consumers.
 - +**Spirituality group**, where we have a reverend who has been coming down every week for two years. This group is essential. Incorporating spirituality is essential to any culturally relevant treatment for Blacks. We are spiritual beings.
- **There are many advantages to conducting Group therapy with African-Americans**
 - +It's conducive to creating an overall culture of dialogue, critical thinking, group participation, and it enhancing the element of community.
 - +Groups have a more **Informal style** than individual therapy. Worker & client disclosures are a foundation of group treatment, any topic can be discussed and all clients get to chime in. Those who are more healthy, are able to help those who are less so.
 - + Having a group situation, allows the workers the chance to have **direct observation of clients**, see what they're thinking, how organized they are, if they're depressed, manic, or at baseline. And if they are, we have a chance to act quickly.
 - + Group allows the workers to help **facilitate relationship building** among group members. As they learn to rely on each other, they increase their support.

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+ Group treatment **resembles African culture**, and the style of community or group problem solving, and democracy. It's largely non-heirachical, it breaks down the barriers and delineations.

I want to say just a few words no the **INITIAL TREATMENT PHASE** or client recruitment, because it is so important to building a strong program.

- What works:
 - Face to face contact with Af-Am clients in IMD's
 - *Af-am content
 - Discussion & Agreement on goals & responsibilities
 - Review of relevant source materials/medications
 - Contact with client supports/family
 - Visits to the program prior to discharge
 - Permanent housing pre-arranged
- Results
 - Client familiar with program, engaged with staff, invested in goals
 - Understanding of how program will be of benefit and feel confident that their needs will be met.

...And the exact opposite is true if we do not do these things.

If you have any questions or comments, or would like to receive an email containing additional Web links, Information, Statistics, Articles and Documents used in this presentation

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