

# Depression in African Americans

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# Goals

- Increase awareness and concern regarding Depression in the African American community
- Foster improvement of Mental Health maintenance skills

# Objectives

- To explain “*Depression*”
- To emphasis unique aspects of Depression in African Americans
- ❖ To describe coping with *Depression*
- ❖ To teach how to maintain Mental Health

# What is “*DEPRESSION*”

- ◉ *DEPRESSION* is not
  - The “Blues”
  - Worry
  - Grief
  - A Man/Woman thing

# What is “*DEPRESSION*”

- ◉ *DEPRESSION* is
  - Caused by many things
  - A mood disorder
  - A medical illness
  - A personal crisis
  - A family problem
  - A community concern

# What is “*DEPRESSION*”

- ◉ *DEPRESSION* is caused by
  - *Genetics*
  - *Environment*
  - *Trauma*
  - *Physical illnesses*
  - *Substance abuse*

# What is “*DEPRESSION*”

- *DEPRESSION* is a Mood Disorder
  - *Lack of positive moods*
  - *Lack of change in moods*
  - *Constant*
    - *Sadness*
    - *Helplessness*
    - *Hopelessness*
    - *Guilt*
    - *Shame*

# What is “*DEPRESSION*”

- ◉ *DEPRESSION is a Medical Illness*
  - Keeps person from functioning
  - Responds to treatment
    - Counseling or Therapy
    - Medications
    - Diet and Exercise
    - Recovery



# What is “*DEPRESSION*”

- ◉ *DEPRESSION is a personal crisis*
  - *Causing impairment in “love and work”*
- ◉ *DEPRESSION is a Family problem*
  - *Adults cannot provide or nurture*
  - *Children cannot grow or thrive*
- ◉ *DEPRESSION is a community problem*
  - *Hours are lost from work*
  - *Productivity and creativity are absent*

# Depression in African Americans

## Importance:

- ◉ 2001 U.S. Surgeon Generals' Supplemental Report on Mental Health of Culture, Race and Ethnicity
  - Mental illness affects all
  - Striking disparities in mental health care for minorities
    - ◉ Less likely to receive services
    - ◉ Poorer quality of care
    - ◉ Underrepresented in mental health research
  - Disparities impose great disability burden on minorities

# Disparities in Mental Health

*“By every measure we are less well”*

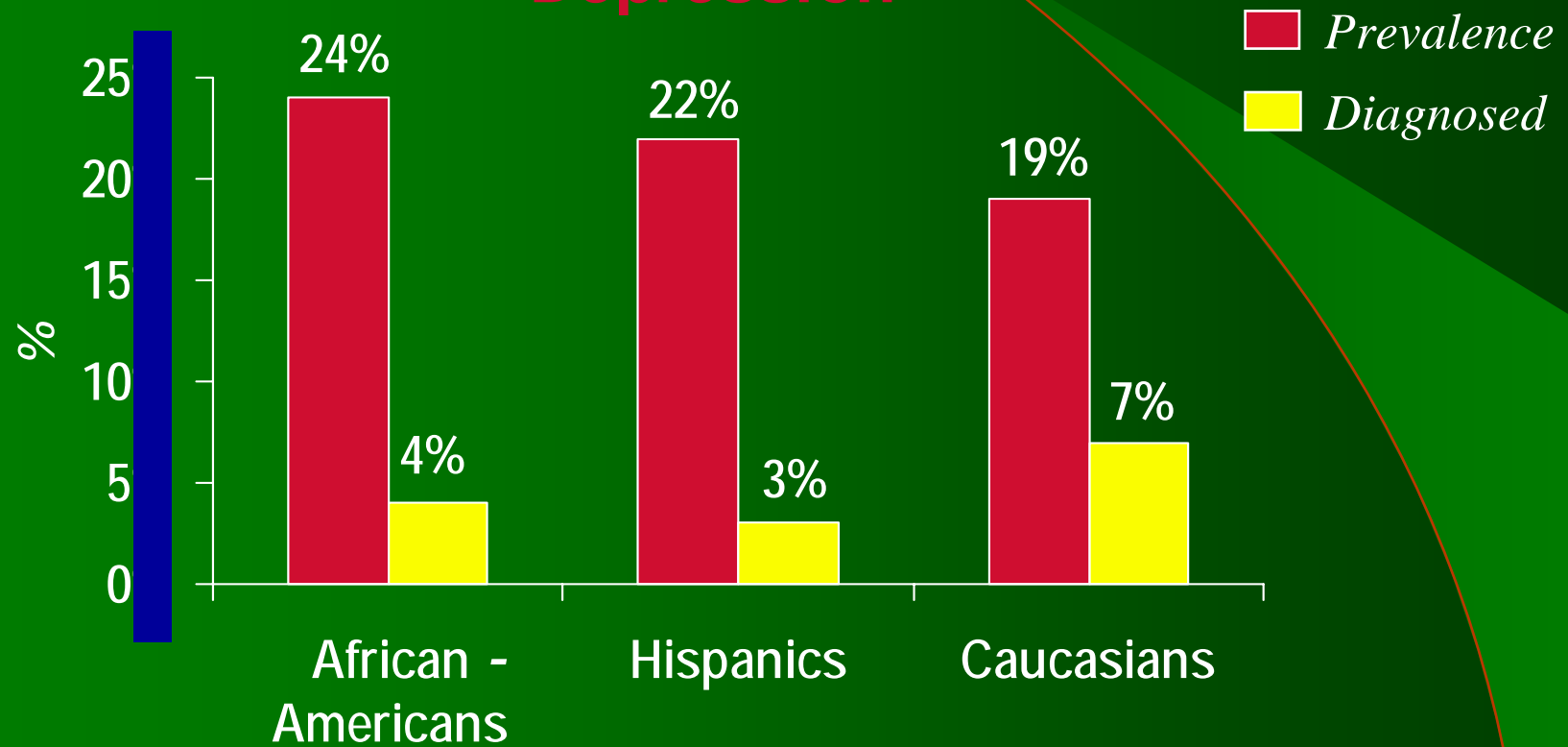
*Johnson and Neighbors  
University of Michigan*

*“Of all the (outcomes) of racism in this  
country...poor health care is the cruelest”*

*Dr. Martin Luther King, Jr.*

# Depression

## Depression



NHANES III, Scott Levin, PDDA.

# The State of Mental Health for African Americans

- ◉ 12% of U.S. population
- ◉ Demonstrated mental health need
  - Higher over-all rates of mental illness similar to non-Hispanic whites
  - Overrepresented in high need populations (emergency room 25%; inpatient services >50%)
  - Greater risk factors for mental illness (poverty, homeless, incarceration)
  - Increased suicide rate [ 23% 1980-1995]

# The State of Mental Health for African Americans

- Access to mental health services
  - 1 in 4 AA uninsured, compared to 16% of U.S. population
  - Medicaid covers 21% AA
- Use of mental health services
  - More likely to use emergency services or primary care physician than mental health specialist
  - More likely to use alternative therapies than whites
  - Overrepresented in inpatient treatment and underrepresented in outpatient treatment
  - Few children receive treatment in private psychiatric hospitals, many receive treatment in publicly funded residential treatment centers for emotionally disturbed children (usually out of state)

# The State of Mental Health and African-Americans Workforce/Training Issues

- ◉ Availability of mental health services by provider race/ethnicity
  - AA – 2% psychiatrists, 2% psychologists, 4% social workers in U.S.
- ◉ Lack of culturally appropriate, evidence-based practice guidelines

# The State of Mental Health and African Americans

## ❖ Patient Concerns

- Stigma – “I’m not crazy”; “Keep ‘yo business out of the street”
- Mistrust of health care system and its providers
- Belief that symptoms are evidence of lack of faith- (“not right with God”)
- Denial, lack of symptom recognition, misinterpretation of behavior and beliefs
- Lack of cultural competency (“cultural insensitivity”)
- Fear of medications (addiction, poisoning)



# Depression Kills

## ☉ Suicide

- 3<sup>rd</sup> leading cause of death for Black Americans between 15-24
- Youth suicide highest among Blacks
- In Blacks ration of male to female suicides is 4:1
- Women more frequently attempt
- Men more frequently succeed
- 50% of Blacks used firearms
  
- CDC 1999-2004 Report
- [www.suicidology.org](http://www.suicidology.org)

# Mood Disorders

- ◉ Major Depression
  - Mild, moderate, severe
  - With/without Psychotic features
  - Single episode / recurrent
- ◉ Bipolar Affective Disorders
  - Type I
  - Type II
- ◉ Adjustment Disorders
  - With depression
  - With mixed features

# Diagnosis of Depression

## Requires:

- Prevalence of sad or bad mood 24/7 lasting without relief for a period greater than two weeks
- At least 5 of these symptoms
  - Tearfulness(crying spells)/ irritability\*
  - Anorexia - loss of appetite\*
  - Anhedonia - loss of capacity for pleasure
  - Insomnia / Hypersomnia\*
  - Cognitive impairment
  - Anergia\* / Agitation
  - Hopelessness
  - Guilt / shame
  - Suicidal thoughts / preoccupation with death\*

# Diagnosis of Depression

## ◉ Cultural Issues for U.S. Africans

### – Mental Status Examination

- ◉ Guarded affect; “concrete” thought process and perceptual distortions

### – Depression metaphors

- ◉ Sick and tired of being sick and tired
- ◉ On my last nerve
- ◉ Broke down

### – Untold / Untreated

- ◉ “Don’t put yo’ business in the street”

### – Mundane Stressful Environment

- ◉ You can’t expect a fish to describe water

# Depression in African Americans

## Key Points

- ◉ African American Men
  - *“The best offence is defense”*
  - *Attempt suicide less, succeed more*
  - *Use firearms*
  - *Quasi-morticide*
- ◉ African American Women
  - *Gain rather than loose weight*
  - *Hypersomnia vs.. insomnia*
  - *Use overdose*

# African-Americans: Attitudes Toward Mental Health Care

## Resistance:

- Concerns about “double ”stigma
- Mistrust of healthcare professionals
- Belief that prayer alone can heal
- Belief that suffering is a part of life for Black people

# People of African Descent: Mental Health Care

- Underuse of community outpatient care
- Use of alternative sources of help (faith, family, folk)
- Later entry into treatment
- High dropout rate
- Fewer treatment sessions
- High rates of inpatient care
- High rates of misdiagnosis

*Cultural Competence Standards, 1997.*

# Under-treatment of Depression

- Underuse of specialty mental health services, especially among underserved groups
- Reliance on primary care providers for depression care
- Primary care providers generally have limited training on the diagnosis and treatment of mental disorders
- Lack of primary care-specialty mental health integration
- APA Steering Comm. to Reduce Disparities in Access to Psychiatric care. 2002



# Depression

## Treatment Guidelines

- Detection:
  - Expect diagnosis
    - Increased incidence in age groups; chronic illness; painful illness
  - Inquire
    - Assessment tools
  - Evaluate
    - Mental Status examination
  - Address resistance
    - Treatable; recovery likely
  - Educate
    - Explain treatment options

# Depression Treatment Guidelines

## ○ Initiating Treatment

– Modern standard - SSRIs

- Begin at the lowest dose
- Advance dose Q 2weeks (onset 7-10 days)\*
- Continue to advance to maximum dose
- Maintain maximum dose for minimum 6 weeks before declaring treatment failure\*
- Refer to a specialist -Psychiatrist

# Depression Treatment Guidelines

## ○ Ongoing Treatment

### – Medications

- Alternative agents
  - Other SSRIs; Wellbutrin; Remeron
  - Tricyclics ; MAOIs
- Adjunct medications
- Poly-pharmacy
- ECT

### – Psychotherapies

- Insight oriented
- Cognitive behavioral
- Brief Treatment Models

# Depression Treatment Guidelines

- ◌ Choosing an agent - consider:
  - Symptoms
    - ◌ Agitation- sedating agent
    - ◌ Retardation – activating agent
  - Side effect profile
    - ◌ Weight gain
    - ◌ Sedation
    - ◌ Dryness
    - ◌ Sexual dysfunction

# Depression Treatment Guidelines

- ◌ Choosing an agent – hints:
  - SSRIs –decreased libido
    - ◌ Activating
      - Prozac 4+; Zoloft 3+. Paxil +/-
    - ◌ Sedating
      - Celexa -1; Lexapro -2
  - Wellbutrin – stimulating; no sexual side effects(?enhancement); seizures
  - Remeron- sedating; no sexual side effects

# Depression

## Treatment Guidelines

- SNRIs – combination Serotonin/Nor-Epi
  - Effexor – stimulating
  - Cymbalta - ? Effective with Diabetic neuropathy
- TCAs – Nor-epinephrine
  - Dry mouth; constipation; sexual dysfunction
  - Delayed onset of action(~3 weeks)
- MAOIs -
  - Diet restrictions; hypertensive crisis

# Depression Treatment Guidelines

## ○ Patient Education:

- “*Saving Our Last Nerve: the Black Womans’ Path to Mental Health*” Marilyn Martin, MD  
Hilton Publishing 2002
- “*Beating Depression: A Journey to Hope*”  
Maga Jackson-Triche, M.D. and Kenneth B. Wells, M.D.  
McGraw Hill. 2002
- [www.dbsalliance.org](http://www.dbsalliance.org)
- [www.nami.org](http://www.nami.org)

# Coping with *DEPRESSION*

Recognize signs and symptoms

Seek medical attention

Seek Psychiatric evaluation / treatment

Seek counseling or therapy support

Make necessary changes to maintain  
Mental Health



# Maintaining Your Mental Health

- ◉ Accept Yourself
- ◉ Don't Harm Yourself
- ◉ Experience Joy and Pleasure
- ◉ Know what You do or don't control
- ◉ Learn and move on
- ◉ Successful Grieving
- ◉ Positive Connections
- ◉ Self Care

# Resources

- The Black Psychiatrists of America, Inc.
  - [www.blackpsych.org](http://www.blackpsych.org)
- The National Medical Association, Inc.
  - [www.nmanet.org](http://www.nmanet.org)
- The Depression and Bipolar Support Alliance
  - [www.dbsalliance.org](http://www.dbsalliance.org)
- The National Alliance for the Mentally Ill-  
Urban Los Angeles Chapter
  - [www.namiula.org](http://www.namiula.org)
- The American Psychiatric Association, Inc.
  - [www.psych.org](http://www.psych.org)