



pennsylvania

CARE PARTNERSHIP

DEVELOPING SYSTEMS THAT CARE

Black Men Heal: How Black Men's Depression and Trauma is Unseen and Under-diagnosed

Featuring ...

Keynote Speaker:

Tasnim Sulaiman, LPC
Executive Director of Black
Men Heal

Moderated by:

Kelsey Leonard, Cultural and
Linguistic Competence
Coordinator, PA Care Partnership

July 16, 2020

PA Care Partnership

July 2020

National Minority Mental
Health Awareness Month

Kelsey Leonard

CLC Coordinator for the Pennsylvania
Care Partnership leonardkt@upmc.edu



July 2020

National Minority

Mental Health Awareness Month



Mental health conditions do not discriminate based on race, color, gender or identity. Anyone can experience the challenges of mental illness regardless of their background. However, background and identity can make access to mental health treatment much more difficult. National Minority Mental Health Awareness Month was established in 2008 to start changing this. Each year millions of Americans face the reality of living with a mental health condition. Americans in minority communities often face more barriers to recovery due to lack of access to health care, lower rates of medical coverage, cultural insensitivity of providers, bias and discrimination in the delivery of care, language barriers, and higher levels of stigma. Active outreach and advocacy are vital to ensure that every individual has access to effective treatment and that stigma and discrimination do not affect the seeking out or quality of healthcare.

Black Urban Gardeners and Farmers of Pittsburgh Co-Op (BUGs): Therapeutic Gardening for Youth Healing

Thursday, July 23, 2020, 2:30-4:00 PM
Keynote Speaker: Raqueeb Bey

- The Black Urban Gardeners and Farmers of Pittsburgh Co-Op (BUGs) mission is to establish, educate, and assist Black people for sustainability and food sovereignty. For the past 30 years, black Pittsburgh neighborhoods have lacked access to healthy food. We call this situation “food apartheid” because it fully captures the reality of racial discrepancies in food access. We teach our youth how to start healing their mental and physical traumas through the use of herbs, plants, meditation, yoga, and reiki.
- Register in advance for this meeting:
 - <https://us02web.zoom.us/meeting/register/tZltdOiprT8uH9WigxTXDwQsAgAeHMb3TpCX>





pennsylvania

CARE PARTNERSHIP

DEVELOPING SYSTEMS THAT CARE

National Minority Mental Health Awareness Month
2020 Trainings

<https://www.pacarepartnership.org/community-partners/cultural-and-linguistic-webinar-series/>



Black Men Heal: How Black Men's Depression and Trauma is Unseen and Under-diagnosed

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Learning Objectives:

- Participants will be able to identify signs and effects of trauma and PTSD in Black men across the lifespan.
- Participants will be able to define 3 major barriers to people of color seeking mental health care treatment.
- Participants will discuss the mental health care needs and health disparities among diverse populations.
- Participants will be able to provide at least 3 ways to develop and apply cultural competency and trauma informed approaches to treatment.

Video Snippet of BMH male during a Kings Corner Session



The poster features a blue-tinted background image of a protest with people holding signs. At the top center is the Black Men Heal logo, which consists of a stylized 'B' and 'M' inside a circle. The text is arranged in a clear hierarchy, with the event title in large, bold letters. A circular inset photo of the host, Josh Odum, is placed on the left side. The event details, including the topic, date, time, and platform, are listed on the right. The registration link is at the bottom.

BLACK MEN HEAL PRESENTS

KING'S CORNER

A VIRTUAL SAFE SPACE MEETUP FOR

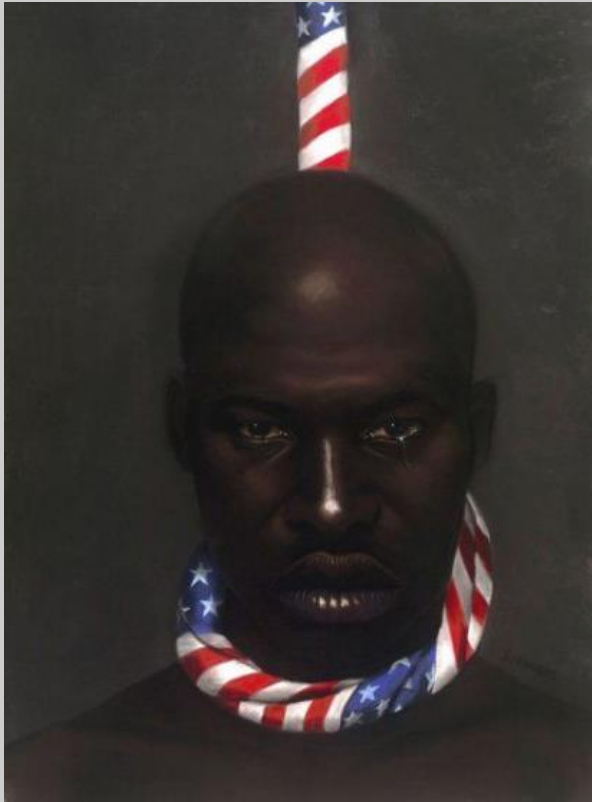
**TOPIC: MENTAL HEALTH EFFECTS OF
POLICE BRUTALITY, WHITE SUPREMACY
THE 'FED UP REVOLTS'**



**HOSTED BY
JOSH ODAM
@HEALINGWHILEBLACK
SUNDAY 6/7 AT 7PM
VIA ZOOM**

REGISTER AT [BLACKMENHEAL.ORG/KINGSCORNER](https://blackmenheal.org/kingscorner)

Black Men Heal: How Black Men's Depression and Trauma is Unseen and Under-diagnosed



- Opening Video
- Processing: Please feel free to share in the chats what Visceral Reaction Comes Up as you watch the video.

WHAT IS TRAUMA?

Traumatic Event

>A person experiences, witnesses or is confronted with actual or threat of physical or psychological death, or the withholding of material or relational resources essential to healthy development. It can be a single event or repeated events.

serious injury, threat or sexual violence to an individual, a close family member, or a close friend. (American Psychiatric Association, 2013) to the physical integrity of oneself or others.

>Often includes a response of intense fear, helplessness or horror.

>An individual's *subjective experience* is what determines whether an event is or is

Types of Trauma

****1) Acute- Single episode event**

- Accident, disaster, assault, death
- People have the ability to pull it together with support.

****2) Repetitive-exposure to multiple, ongoing chronic or prolonged trauma.**

- Hostage, kidnapping, chronic or severe neglect, an illness, history of physical/sexual assault.
- Greater fragmentation, harder to pull it back together, requires significant support.

****3) Complex Trauma-Multiple chronic & prolonged overwhelming events/experiences. Often within context of interpersonal relationship/family/caregiver. Long term effects.**

- Family violence, child abuse/neglect,

Types Of Trauma

4). Developmental Trauma-Early Onset Exposure to repetitive trauma (as in infant, children, or youth).

- Neglect, abandonment, physical/sexual/emotional abuse or assault, witnessing violence or death.
- Often within child's care giving system & interferes with healthy attachment & development.

****5.) Intergenerational Trauma-Emotional & Psychological. The transmission of historical oppression & its negative consequences across generations. Affects cultural groups, communities or generations.**

- Racism, slavery, colonization, loss of culture, forcible removal from family/community, genocide, war.
- Coping & adaptation patterns developed in response to trauma can be passed through generations.

PTSD

- **Posttraumatic stress disorder (PTSD)-Highly disabling psychiatric disorder characterized by re-experiencing, hyperarousal symptoms, avoidance that can occur in people who have experienced or witnessed extremely frightening or life-threatening events.** 1. Association Psychological Association . Diagnostic and Statistical Manual of Mental Disorders: DSM-5. American Psychiatric Association; Washington, DC, USA: 2013.
- **The Definition of trauma in the DSM-5 has expanded to include learning about a traumatic event of a friend or repeated exposure to details about a trauma.*** Association Psychological Association . Diagnostic and Statistical Manual of Mental Disorders: DSM-5. American Psychiatric Association; Washington, DC, USA: 2013.

What is Complex-PTSD?

Also known as complex trauma disorder

It is distinct from PTSD in that there is a distortion of the persons core identity and includes significant emotional dysregulation.

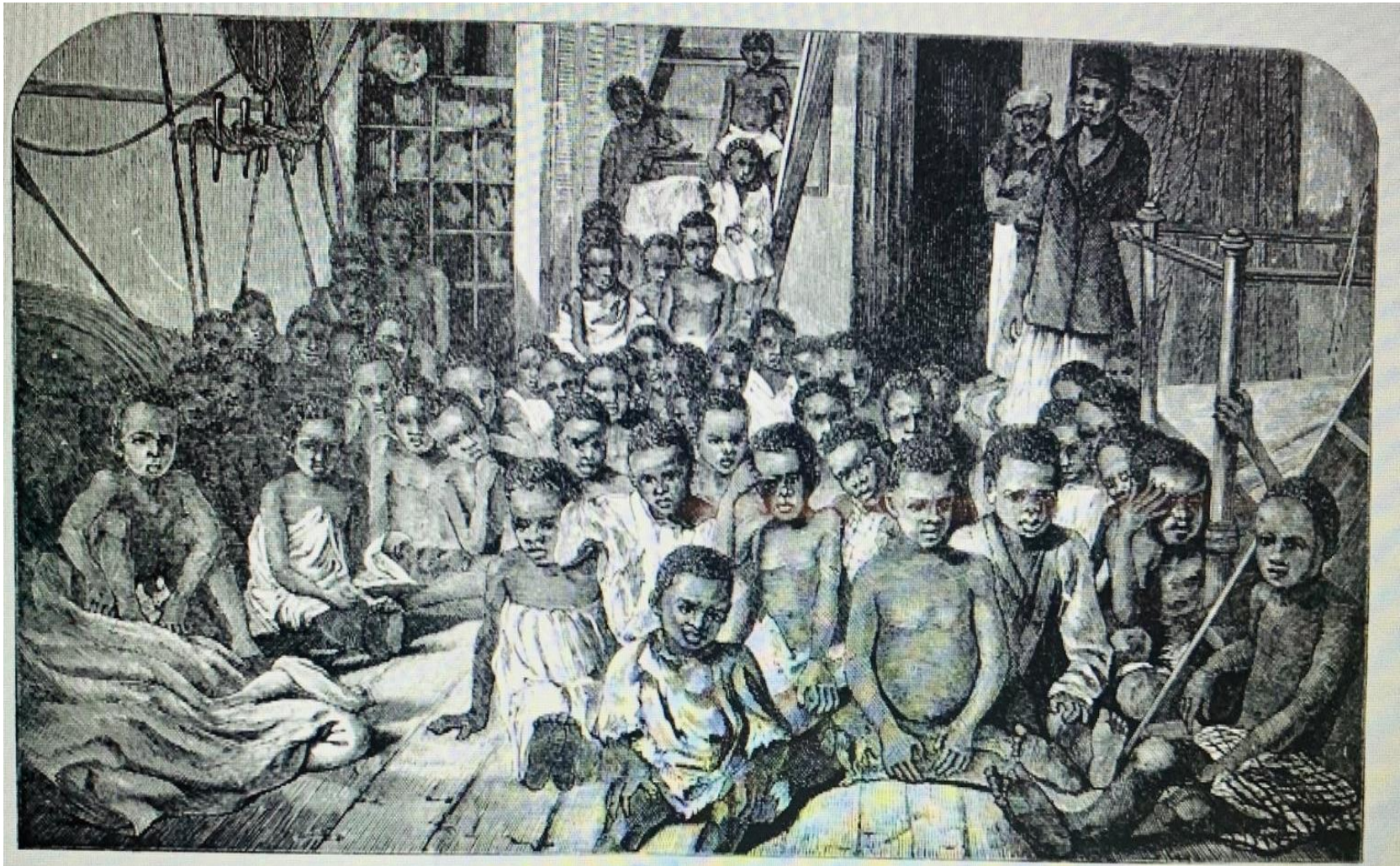
Most common with victims of:

- Chronic Sexual, Psychological or Physical Abuse
- Partner Violence
- Victims of Kidnapping/Hostage
- Indentured Servants
- Victims of Slavery
- Human Trafficking
- Sweatshop Workers
- Neglect



PTSD	Complex PTSD
<p>one or few traumas</p> <p>flashbacks</p> <p>exaggerated startle reflex</p> <p>avoidance of things that trigger or evoke or suggest trauma memory</p> <p>nightmares about trauma</p> <p>some dissociation, may include Dissociative Identity Disorder</p> <p>hypervigilance</p> <p>anxiety and depression</p>	<p>chronic inescapable traumas</p> <p>flashbacks</p> <p>no filter, easily overwhelmed</p> <p>social isolation avoidance of relationships</p> <p>night terrors and chronic insomnia</p> <p>includes fragmented sense of self and Dissociative Identity Disorder</p> <p>hypervigilance, some ideas of reference, preoccupation with abuser</p> <p>severe alterations in affect regulation</p>

HISTORICAL TRAUMA



GROUP OF SLAVE-CHILDREN ON BOARD THE "DAPHNE."

[Page 180.]

(From a Photograph by the Author.)



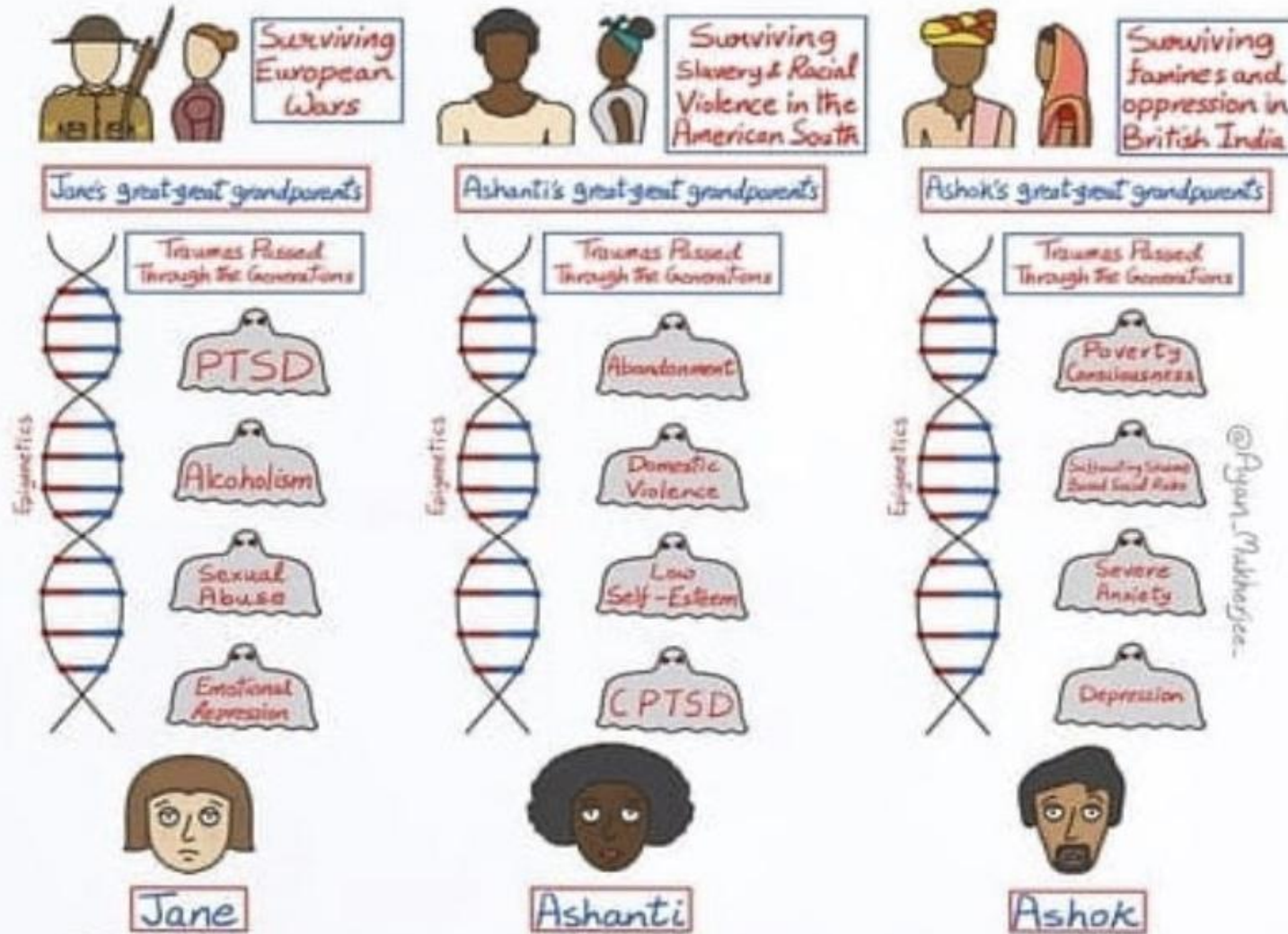
HISTORICAL TRAUMA

**“History Is Not About the Past, It’s
About the Present” - Dr. El. Kati**

Historical Trauma

- Historical Trauma-An Example of Intergenerational Trauma. Its caused by events that target a group of people. Thus even family members who haven't directly experienced the trauma can feel the effects of it generations later.
- Dr. Maria Yellow Horse Brave Heart, PhD, conceptualized historical trauma in the 1980's as a way to develop stronger understanding of why life for many Native Americans is not fulfilling "the American Dream".

Inter-Generational Trauma



When you work on your trauma, you choose to not pass it on to the next generation.

P.T.S.S.

Post Traumatic Slave Syndrome -is a condition that exists as a consequence of centuries of chattel slavery followed by institutionalized racism and oppression have resulted in multigenerational adaptive behavior, some positive reflecting resilience, and others that are harmful and destructive.

***Theory of P.T.S.S. was developed by Dr. Joy Degruy as a result of twelve years of quantitative**

Chattel Slavery-
(1619-1865)
Personal Property brought and sold as commodities or like cattle

***A Typical Slave Family was matriarchal in form, for the mother's role was far more important than the father's. Many times the father name was omitted from the birth records**

The Impact Of Racism On Mental Health:

Feeling disconnected / lonely

Increase risk of
depression and anxiety

Second-guessing things

Decreased hope
(in the future, justice,
the government etc.)

Trauma
(both from the present and
triggering past instances /
generational trauma)

Increased
"Survival Mode"

Existential
questioning
"How can the world
be so cruel?"

Decreased trust



Worry

Feelings of powerlessness
(You can do the right thing and still
end up with a horrific outcome)

Panic

#BlackLivesMatter

@RealDepressionProject



Trauma In Black Men

- Studies examining trauma exposure among community samples of Black males show:

62% have directly experienced a traumatic event in their lifetime,

72% witnessed a traumatic event,

59% have learned of a traumatic event involving a friend or family member

Centers for Disease Control and Prevention, 2016; Davis et al., 2008, Fein et al., 2013

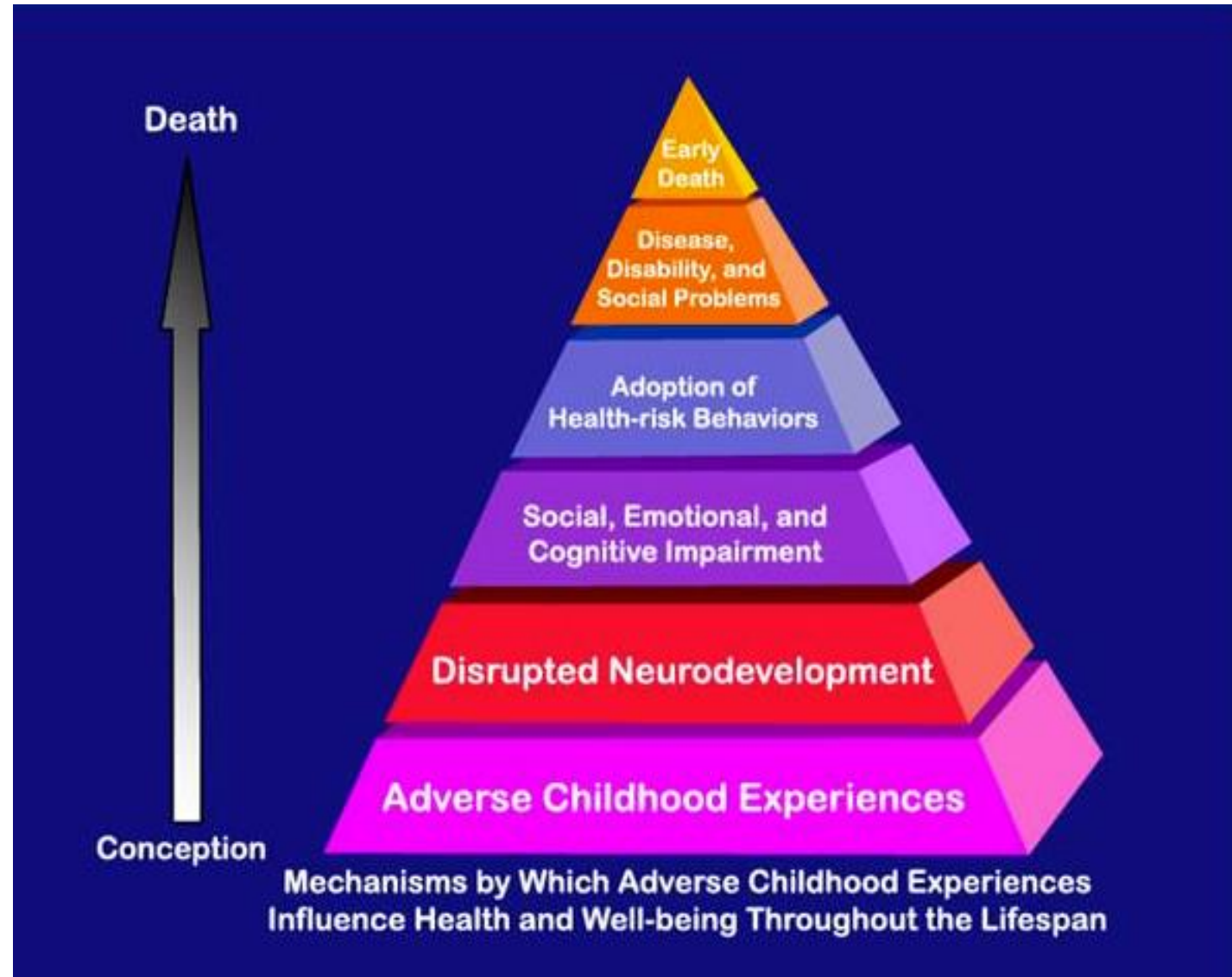
- Trauma has been identified as a major public health and medical issue, and Black males aged 18+ are at a noticeably high risk for trauma exposure. Centers for Disease Control and Prevention, 2016; Davis et al., 2008, Fein et al., 2013
- Severe and/or chronic trauma can have lasting adverse effects on physical, psychological, and social well-being

Health Effects of Trauma

- Early, severe and/or chronic trauma can affect the brain which can result in behaviors and emotions that appear maladaptive.
- Trauma has an extremely high correlation with poor health and social outcomes.
- **Adverse Childhood Experiences (ACE)**-One of the largest scientific research studies of its kind. Shows the link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems.

The Adverse Childhood Experience study or ACES remains the seminal research on the long term impact trauma can have on social and health outcomes.

ACE Chart



ACES can have lasting effects on....



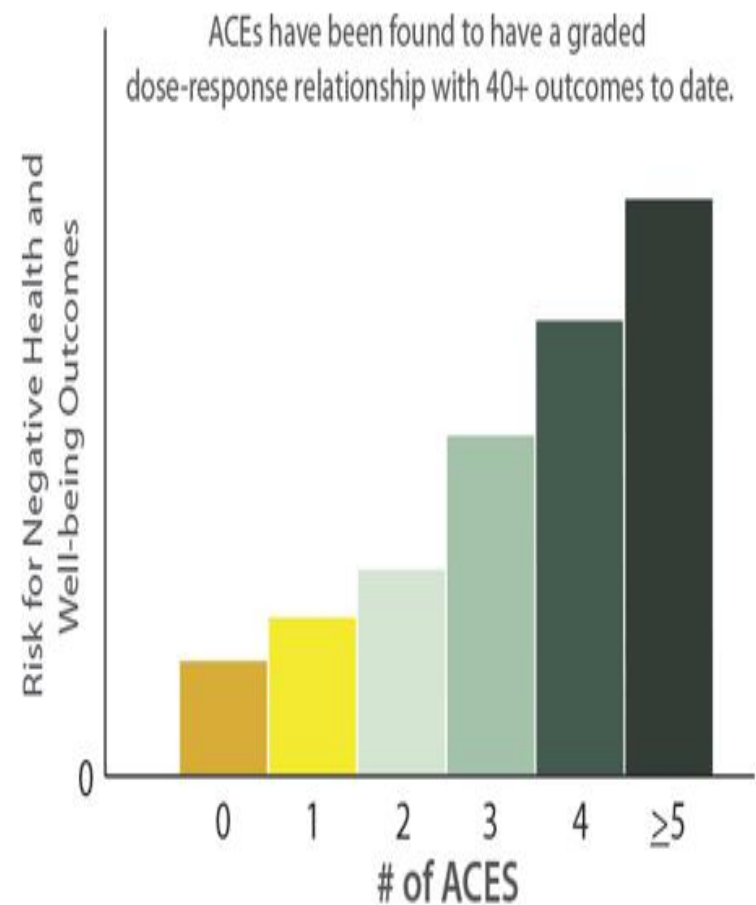
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.



Culturally Competent Assessment Tools

Is the ACE test culturally inclusive?

Cultural sensitivity of screening questions-

For clinicians culturally competent history taking is important when trying to understand a patient's unique experiences and its current impact on current health status.



Why Don't Black Men Go to Therapy?

Empirical research has documented a link between trauma, post traumatic stress disorder, depression, anxiety, substance use, and violence perpetration. Motley, R., & Banks, A. (2018). Black males, trauma, and mental health service use: A systematic review. *Perspectives on Social Work*

The Frequency of trauma exposure for black males aged 18+ put them at greater risk for experiencing one or more of these outcomes that may require mental health service use. Motley, R., & Banks, A. (2018). Black males, trauma, and mental health service use: A systematic review. *Perspectives on Social Work*

Nevertheless Black males are half as likely to their White counterparts to use professional mental healths services, even after adjusting for socioeconomic and clinical factors. (Gonzalez, et al, 2010 Hankerson et, al, 2011)

Mental illness in the African-American community

1 in 5

African-Americans are **20 percent** more likely to develop a mental illness during their lifetime than their white counterparts.

1 in 25

4 percent of the UT student population is African-American.

Suicide is ranked as the **third** leading cause of death in black men from ages **15-24.**

Black Men and Mental Health

- African Americans, compared with White Americans, have slightly lower prevalence estimates of lifetime Major Depressive Disorder.
- However African Americans have depressive episodes that are more disabling, more persistent, and more resistant to treatment relative to their White counterparts.*
- Men in general, regardless of race/ethnicity have lower rates of mental health care service use for a range of reasons.

Reasons/barriers for Black Men include:

Socioeconomic Inequalities-Cost

1. Socio-cultural-
2. Misdiagnosis and Clinical Bias



Traditional Masculinity Gender Norms

**Men are encouraged to “tough out”
illness for as long as possible.**

Asking for help can appear as a weakness

Socio-Cultural

Racial Discrimination:

>Institutional Racial Discrimination can limit socioeconomic mobility, lending to poor living conditions that negatively affect mental health.

Hankerson, S.H., Suite, D., & Bailey, R.K. (2015). Treatment Disparities among African American Men with Depression: Implications for Clinical Practice. *Journal of Health Care for the Poor and Underserved*, 26(1), 21-34.

>Inferior Social positioning among minority group members could cause impaired psychological functioning.

Racism and mental health: the African American experience. *Williams DR, Williams-Morris Ethn Health*. 2000 Aug-Nov; 5(3-4):243-68.

>Everyday forms of discriminations, referred to as **Microaggressions** (Termed by Dr. Chester Price may be more stressful than overt acts of racial discrimination because they are repetitive and subtle.

> Microaggressions are an integral part of clinical encounters for African-Americans.

Penner LA, Dovidio JF, West TV, Gaertner SL, Albrecht TL, Dailey RK, Markova T

Socio-Cultural

Cultural Mistrust of Health Care

Providers:

>Medical experimentation on African Americans during slavery laid a foundation of mistrust towards health care

providers. Washington HA. Medical apartheid: the dark history of the medical experimentation on black Americans from colonial times to the present. New York, NY: Random House Digital, Inc.; 2006.

>**Tuskegee Study of Untreated Syphilis in the Male Negro-** (1932-1972) The Infamous U.S. Public Health Service longitudinal study by government scientists in rural Alabama.

>Studied the effects of syphilis on a group of African American men in rural Alabama. Although penicillin was used to treat syphilis in the 1940's, scientists intentionally withheld this medication to learn the consequences of untreated syphilis among study participants.

Socio-Cultural

Cultural Mistrust of Health Care Providers- Mental Health:

>Mental Health professionals may harbor negative perceptions of African American men that affect that diagnostic assessment. Beyond misdiagnosis, misunderstanding and mistrust: relevance of the historical perspective in the medical and mental health treatment of people of color. *Suite DH, La Bril R, Primm A, Harrison-Ross PJ Natl Med Assoc. 2007 Aug; 99(8):879-85.*

>African Americans are more likely to utilize psychiatric emergency services compared with White Americans. Racial differences in symptoms, comorbidity, and treatment for major depressive disorder among black and white adults. *Hankerson SH, Fenton MC, Geier TJ, Keyes KM, Weissman MM, Hasin DS J Natl Med Assoc. 2011 Jul; 103(7):576-84.*

-May contribute to inconsistent follow up and high attrition rates from outpatient care.

-More likely to be committed involuntarily for inpatient treatment

*-Police involvement leads to higher rates involuntary psych hospitalizations for men of color. **

Socio-Cultural

Misdiagnosis & Clinician Bias

> With Major Depressive Disorder -**African Americans more likely to have somatic symptoms** (e.g. sleep, pain) compared to White Americans with MDD.**

>**Negative perceptions of African American can also affect diagnosis:**

Racial differences in symptoms, comorbidity, and treatment for major depressive disorder among black and white adults. *Hankerson SH, Fenton MC, Geier TJ, Keyes KM, Weissman MM, Hasin DS J Natl Med Assoc. 2011 Jul; 103(7):576-84.*

- Underestimating Cognitive Capacity*

- Psychological Issues may seem more simplistic*

- Providers disproportionately diagnose AA men W/ Schizophrenia & other psychotic disorders compared with White men, who are more likely diagnosed W/ Mood Disorders.*

- These clinical errors are found even when providers use structured diagnostic interviews.*

- Providers may misinterpret cultural mistrust as pathological symptoms*

Racial Discrimination and Mental Health

Nearly **17%** of African Americans were uninsured in **2014** as compared to **11%** for white Americans.

Only **53%** of African Americans diagnosed with major depressive disorders received mental health care in **2011** as compared to **73%** for white Americans.

In a study conducted by the American Psychological Association Center for Workforce Studies in

2015

, researchers found that

83.6%

of active psychologists were white Americans.

Treatment Solutions: Black Men Heal



BLACK MEN HEAL

Healed Men Heal Men

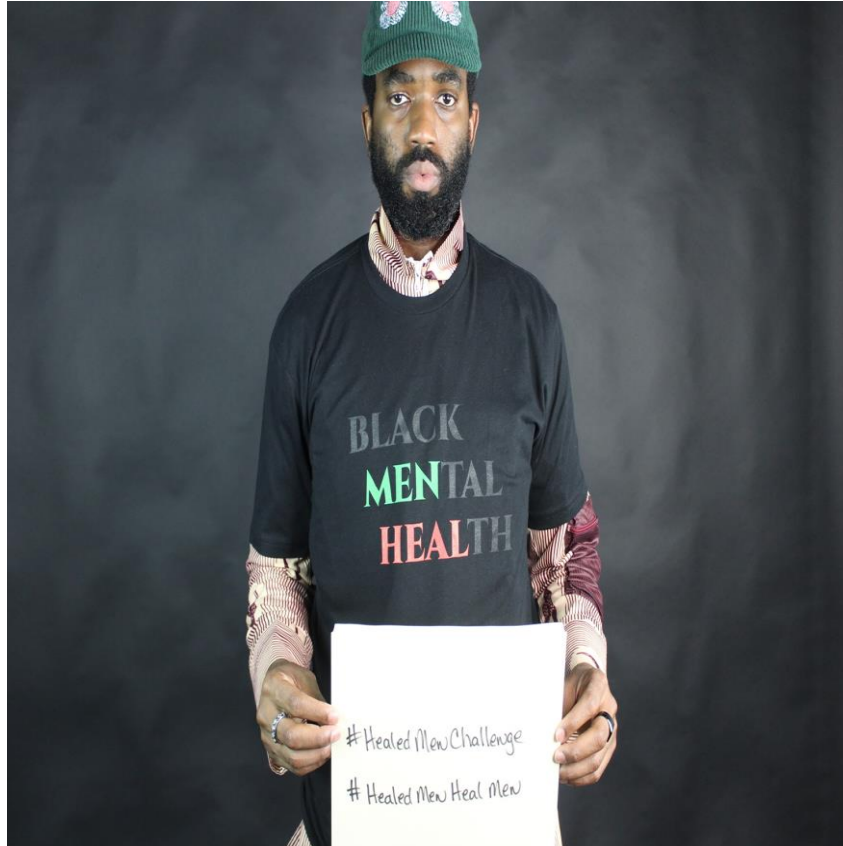
BMH Program

- **Clinician Recruitment/Clinical Management**- Recruit and vet clinicians who sign up to service the men. Offer free supervision. For unlicensed providers it is an opportunity to gain clinical hours as well as free supervision. *Clinicians will be paid a stipend for each client they see
- **Individual Therapy**- Selected applicants are matched up with a provider of color they are mostly likely to establish a strong therapeutic alliance with. Then they receive 8 Free sessions. This is a jumpstart to their healing journey.
- **Group Therapy**-Each cohort has an accompanying Free 8 sessions short term psycho-educational group that is offered to me
- **King's Corner**- A weekly Virtual Safe Space for men to join in around the nation/world. Each week there is a different topic related to Men's Mental Health and a different qualified host to offer
- **Training/Workshops/Speaking**-Offers Diversity and Inclusion Trainings topics to companies/organizations

A person is shown in silhouette, sitting on a rocky shore and looking out at a misty sea. The person's shadow is cast long and dark on the rocks in front of them. The background is a soft, hazy landscape with a body of water and distant hills under a pale sky. The overall mood is contemplative and serene.

**DON'T
SUFFER
IN SILENCE.**

Black Men Heal



Mission:

To provide access to mental health treatment, psycho-education, and community resources to men of color.

Goals:

To eliminate 3 major Barriers that prevent treatment for Black Men:

Eliminate Cost



Black Men
are
Resilient

@BlackMenHeal

**All Mental Health
Services/Resources are
Free for men/clients**

Programs:

Free Individual Therapy-

Men apply for 8 Free
Sessions.

Groups:

Group Therapy

King's Corner- Weekly
Virtual Safe Space for Men.

Training/Education-

Training, workshops,
consulting. Public Speaking

Eliminate Cultural Mistrust

Recruit and Pair up clients with providers of color:

- Having a Providers of your same race/ethnicity increases the client feeling identified with, decreases initial fears of the lack of cultural competency
- Unique matching System to Ensure that each male selected receives the most ideal therapy match for his presenting issues.
- Matching variables consist of: Therapist's qualifications/specialities to CT's presenting & underlying issue; Proximity/Schedule; Therapist's personality (ex. style, tone), life background to the client's need (ex. therapist and client both served in military).

Eliminate Stigma

Men Selected for the Free Therapy become mental health advocates within their own networks and communities:

- We ask and encourage men to initiate discussions around mental health with other men in their lives.

>This kills stigma by normalizing and reducing secrecy/shame around mental health treatment.

>When African American men do seek help for mental health, they are more likely to rely on informal help (IE: Family and social support. Use of professional and informal support by African Americans and Caribbean blacks with mental disorders. *Woodward AT, Taylor RJ, Bullard KM, Neighbors HW, Chatters LM, Jackson JS Psychiatr Serv. 2008 Nov; 59(11):1292-8.*

> African American men appear more likely to seek help from men with whom they share common characteristic, such as similar age and economic status. Reaching African American men: a qualitative analysis. *Plowden KO, John W, Vasquez E, Kimani JJ Community Health Nurs. 2006 Fall; 23(3):147-58.*

BMH Data Collection

What we Measure and Track:

- Do they have a good effective experience coming through our program?

- Are we increasing men's level of self-awareness and commitment to their Mental Health?

Most recent cohort 4 -57% of the men continued on to pay for therapy after their 8 free sessions were over.

- Does therapeutic alliance increase likelihood for staying in treatment?

- Does coming through BMH increase likelihood that men will be more likely to be vulnerable with other men (IE: discuss and normalize mental health/decrease stigma)

77% of our men respond that they are more likely to share with men after they complete the 8 sessions.

Get to know Black Men Heal



Black Men Heal is an organization in Pennsylvania that designates their time in helping men heal. Black men are known as providers and protectors, however it is not common for people to talk about black men that need to heal emotionally. This organization understands the missing link in mental health in black men. For some men mental health is not a conversation that is discussed and for others the topic of mental health is commonly ignored. Our men are in need of healing emotionally just as much as anyone else. Helpful Living Magazine got the opportunity to get to know about Black Men Heal, their mission and goals for the future.

HL: How did Black Men Heal get started?

Black Men Heal started as a result of the vision of Tasnim Sulaiman, a licensed psychotherapist who has been a therapist for 15 years. After being in private practice for 5 years, Tasnim grew to really love the challenge and growth that she experienced from working with men. As a therapist, she saw firsthand how men were able to open up and expose the depths of layers

that existed beneath the masculine exteriors that they seemed to solely have to portray in the world. "I experienced more understanding and compassion of seeing the world and struggles through men's lens, in a way that I had not been privy to in my relationships with men outside of the therapy room. I remember wishing that more men of color could have the opportunity to unpack and heal by learning to tackle all the pain and trauma they store up". The therapy room

was creating a safe space for men but not enough men of color were coming in. Initially she had the idea to offer 1 pro-bono slot in her own schedule for a male of color, but knew that would only help on a micro scale. That's when she wondered if we could find other therapists of color who might also be willing to do the same, we could actually start a movement offering solutions to tackle this problem on a bigger scale.

HL: What services does your organization provide?
Currently we provide free individual psychotherapy sessions and group therapy to men of color. We also provide mental health advocacy, commentary, workshops, speaking, and training for media, companies, & organizations around how to make the mental health system more inclusive, tailored to, and effective for people of color.

HL: What are some core concepts that separate your practice from other organizations that provide mental health services?

We provide precisely 8 free sessions to men, which serve as a jumpstart to their healing journey. We recruit qualified therapists of color who are willing to provide the services to the men. We ask the providers to reserve and donate 1 hour a week (of their choosing) in their busy schedules to service the men. In return, we do the rest of the work. We have created a unique proprietary therapeutic matching system that ensures the client doesn't just get paired with a therapist of color. We also study other variables that increase the likelihood a client and therapist will be a good match. Our system assesses variables such as the therapist's schedules and distance (to eliminate barriers) but more importantly we match the therapist's clinical background/skill/experience to the client's presenting issue; the therapist's personality in comparison to the client's need (IE: A client who might need a therapist with a more nurturing disposition vs. a therapist with a more direct hold no punches style). The unique matching system increases the likelihood that our male clients will establish a positive connection with our therapist. This is important because the therapeutic relationship is the highest

indicator of whether therapy will be effective.

HL: Why do you think men personally struggle with receiving mental health therapy/treatment?

The 3 core reasons that men of color might struggle around seeking mental health care treatment is

1. Stigma-Within African-American communities there is still the fear of judgment and shame around mental illness.
2. Lack of Cultural Competency in treatment-The fear that a therapist who does not look like you will not be able to identify with your unique background and cultural stressors.
3. Cost- Therapy is expensive (\$80-\$200 per session depending on the city) and there continues to be several barriers and restrictions when clients want to sue their health insurance for coverage.

HL: What do you believe is lacking on a national level for black men who struggle with mental health?

There are not enough safe spaces curated just for men and led by



men. Outside of black fraternities, the church/religious institutions, or barbershops-men continuously lack having their own spaces of support, encouragement, and healing.

Women have been coming together creating all types of support circles, and safe spaces for us to be vulnerable, lean on each other, and uplift one another. Men need the same.

HL: What are some things our government can do to help men who struggle with mental health?

There needs to be amenable changes in the managed mental health care system such as increasing and simplifying the mental health care coverage on insurance plans, increasing the reimbursement rates for mental health care providers. Many licensed providers in private practice are opting out of accepting insurance because the rates are so low yet the headache of bill admin complications, and client info about a client's coverage is high. There also needs to be stringent laws of licensure from state to state as well reciprocal

Culturally Competent Trauma Informed Approaches

1. **Create Space for Race:** Creating space allows an open dialogue with our communities about race. Hardy notes that we must take a proactive role to identify race as a significant variable and talk openly about experiences related to race.
2. **Affirmation and Acknowledgement:** This involves professionals helping the individual to develop a sense of understanding acceptance of racial issues. This step is important because it opens the door for us to dialogue about issues related to race.
3. **Racial Storytelling:** Gives individuals an outlet to share personal experiences and think critically about events in their lives. This provides an opportunity to hear others voice how they have been treated differently due to their race and it helps expose hidden wounds through storytelling.
4. **Validation:** Can be seen as a personalized tool used to counter devaluation. This provides confirmation of the individuals' worth and their redeemable qualities.
5. **The Process of Naming:** With the scarcity of research on the effects of racial trauma on mental health, there is of course no name as of yet making it a nameless condition. This in turn increases the doubt and uncertainty. By naming these experiences we give individuals a voice to speak on them and also recognize how they impact them. If we apply a mental health condition, individuals may experience symptoms similar to post-traumatic stress disorder (PTSD).
6. **Externalize Devaluation:** The aim for this step is to have people focus on increasing respect and recognizing that racial events do not lower their self-worth.
7. **Counteract Devaluation:** This step uses a combination of psychological, emotional, and behavioral resources to build self-esteem and counter racial attacks. This helps prevent future loss of dignity and sense of self.
8. **Rechanneling Rage:** By rechanneling rage, individuals can learn to gain control of their emotions and not let emotions consume them. This is an important step because it empowers people to keep pushing forward after adversity. This may include taking steps to engage in activism or self-care strategies such as spending time with family.



Culturally Competent Trauma Informed Approaches

Clinical recommendations to improve care for Frontline Mental Health Workers:

1. Build a therapeutic alliance that preserves African-American Men's masculinity & cultural identity, acknowledges cultural distrust associated within the healthcare system, & acknowledges psychosocial stressors unique to African American men.
2. Inquire about social support networks, Kinship, And Spirituality.
3. Use a holistic health promotion Approach to treating Depression & Anxiety.
4. Providers should Explore their Own Internalized Racial Bias. Develop Cultural Humility.

Hankerson, S.H., Suite, D., & Bailey, R.K. (2015). Treatment Disparities among African American Men with Depression: Implications for Clinical Practice. *Journal of Health Care for the Poor and Underserved*, 26(1), 21-34.

Why Are Black People Dying From Covid-19?

>Blacks in about every state with racial data available have higher contraction rates and higher death rates of COVID-19.

>A Washington Post Analysis found that majority-black counties had infection rates three times the rate of majority-white counties.

>A Centers for Disease Control and Prevention [analysis](#) of nearly 1,500 hospitalizations across 14 states found that black people made up a third of the hospitalizations, despite accounting for 18 percent of the population in the areas studied.

>An Associated Press [analysis](#) of available death data found that black people constituted 42 percent of the victims, doubling their share of the populations of the states the

Why Are Black People Dying From Covid-19?

>In Louisiana, more than [70 percent of the people](#) who have died so far from COVID-19 were black, more than twice their 32 percent share of the state's population, and well above the 60 percent share of the population of New Orleans, where the outbreak is worst.

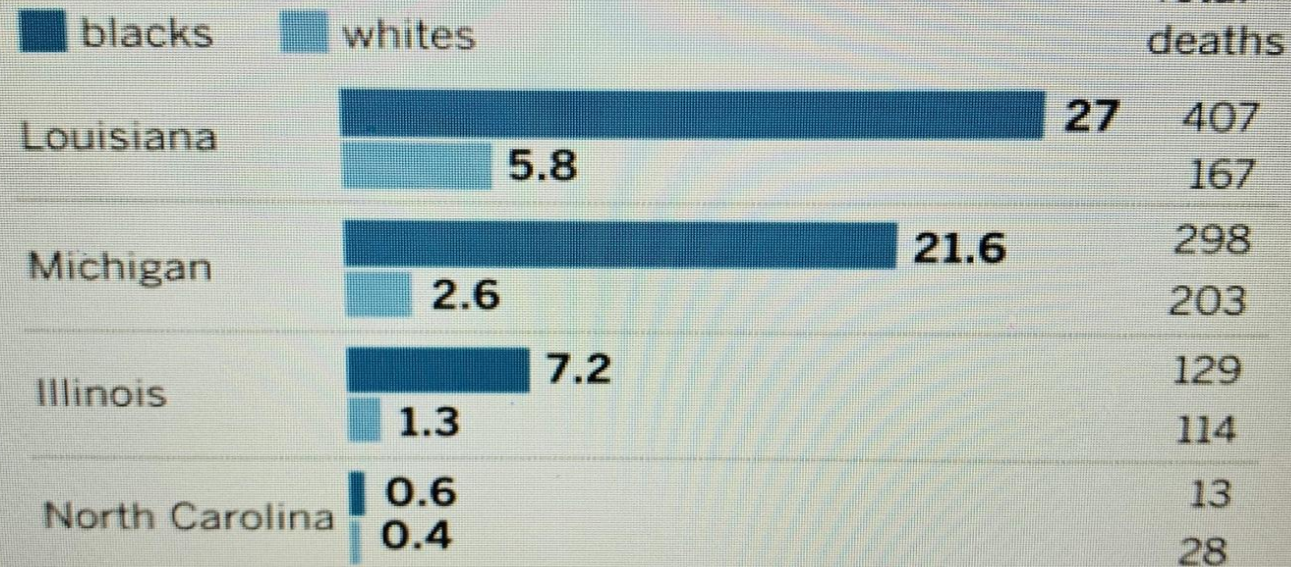
>In New York, African Americans comprise 9 percent of the state population and [17 percent](#) of the deaths.

>The disparity is especially stark in Pennsylvania, where African Americans account for just 11.3% of the state's population but represent almost a third of the 22,725 COVID-19 cases where the race of the patient was recorded. Black Pennsylvanians represented 30% of the 2,133 deaths where the race of the victim was known.

Coronavirus deaths and race

COVID-19 is disproportionately killing black Americans, according to data released by several states.

Deaths per 100,000



Death totals as of Tuesday afternoon.

State governments, U.S. Census Bureau

Lorena Elebee / Los Angeles Times

Why Are Black People Dying From Covid-19?

Pre-existing health conditions are contributing to racial disparities in COVID-19.

- The disparity can be credited in part to higher prevalence of common COVID-19 comorbidities, like heart disease or diabetes.
- These factors and others are “rooted in structural racism” — from **historical disinvestment** resulting in more **limited access** to health care in Black communities to **racial segregation** pushing Black people into crowded or otherwise substandard housing to the racial character of **economic inequality** in the region.
- Micro-level factors shape racial health disparities including racial bias in medical treatment and the **racial empathy gap** in perceived pain tolerance. In **physician-patient interactions**, Black patients are mostly spoken to rather than listened to.
- Black workers are more likely to be in front line jobs that are categorized as ‘essential’ forcing them to risk their own and their families health to earn a living. Blacks represent nearly 30% of **bus drivers** and nearly 20% of all **food service workers**, janitors, cashiers, and stockers. During a highly-contagious pandemic like COVID-19, Black workers, and consequently their families, are over-exposed. In this regard, **staying home** during a quarantine is a privilege.



Conclusion-Critical

Discussion

Question/Answers

How do we Change Health Inequities

Open Discussion Forum:

How Do WE Change broken Systems?

What impact do you think the George Floyd murder/subsequent outrage responses will have on Change? Or hope to?

How do we achieve legislative/structural changes?

References/Resources

Association Psychological Association . Diagnostic and Statistical Manual of Mental Disorders: DSM-5. American Psychiatric Association; Washington, DC, USA: 2013. [[Google Scholar](#)]

Brandon DT, Isaac LA, LaVeist TA 2005 Jul. The legacy of Tuskegee and trust in medical care: is Tuskegee responsible for race differences in mistrust of medical care? *97(7):951-6.*

Fleurant, M. (2019). Trauma-Informed Care: A Focus on African American Men. In *Trauma-Informed Healthcare Approaches* (pp. 69-83). Springer, Cham.

Hankerson, S.H., Suite, D., & Bailey, R.K. (2015). Treatment Disparities among African American Men with Depression: Implications for Clinical Practice. *Journal of Health Care for the Poor and Underserved, 26(1)*, 21-34.

Hammond WP. Taking it like a man: masculine role norms as moderators of the racial discrimination-depressive symptoms association among African American men. *Am J Public Health.* 2012 May;102(Suppl 2):S232–S241. Epub 2012 Mar 8.
<http://dx.doi.org/10.2105/AJPH.2011.300485>

Hardy, K. V. (2013). Healing the Hidden Wounds of Racial Trauma. *Reclaiming Children And Youth, 22(1)*, 24-28.

Motley, R., & Banks, A. (2018). Black males, trauma, and mental health service use: A systematic review. *Perspectives on Social Work, 14(1)*, 4-19.

Bowell, W., Adams, L. B., Cole-Lewis, Y., Agvemang, A., & Upton, B. D. (2016). Masculinity and

References/Resources

Powell, W., Adams, L. B., Cole-Lewis, Y., Agyemang, A., & Upton, R. D. (2016). Masculinity and race-related factors as barriers to health help-seeking among African American men. *Behavioral Medicine*, 42(3), 150-163.

Sansone, R. A., Leung, J. S., & Wiederman, M. W. (2012). Five forms of childhood trauma: relationships with aggressive behavior in adulthood. *The Primary Care Companion for CNS Disorders*, 14(5).

Watkins DC. Depression over the adult life course for African American men: toward a framework for research and practice. *Am J Men's Health*. 2012 May;6(3):194–210. Epub 2011 Nov 21.

Whealin, J., & Ruzek, J. (2008). Program Evaluation for Organizational Cultural Competence in Mental Health Practices. *Professional Psychology: Research and Practice*, 39(3), 320-328.

Williams, M. T., Malcoun, E., Sawyer, B., Davis, D. M., Bahojb-Nouri, L. V., & Leavell Bruce, S. (2014). Cultural Adaptations of Prolonged Exposure Therapy for Treatment and Prevention of Posttraumatic Stress Disorder in African Americans. *Journal of Behavioral Sciences*

Williams DR, Gonzalez HM, Neighbors H, et al. Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and non-Hispanic whites: results from the National Survey of American Life. *Arch Gen Psychiatry*. 2007 Mar;64(3):305–315.
<http://dx.doi.org/10.1001/archpsyc.64.3.305>.



References/Resources

<https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/>

<https://whyy.org/articles/racial-disparity-grows-as-the-coronavirus-disproportionately-claims-black-lives-in-pa-jersey-and-delaware/>

<https://www.theatlantic.com/ideas/archive/2020/04/race-and-blame/609946/>

<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>

Q&A



Black Urban Gardeners and Farmers of Pittsburgh Co-Op (BUGs): Therapeutic Gardening for Youth Healing

Thursday, July 23, 2020, 2:30-4:00 PM
Keynote Speaker: Raqueeb Bey

- The Black Urban Gardeners and Farmers of Pittsburgh Co-Op (BUGs) mission is to establish, educate, and assist Black people for sustainability and food sovereignty. For the past 30 years, black Pittsburgh neighborhoods have lacked access to healthy food. We call this situation “food apartheid” because it fully captures the reality of racial discrepancies in food access. We teach our youth how to start healing their mental and physical traumas through the use of herbs, plants, meditation, yoga, and reiki.
- Register in advance for this meeting:
 - <https://us02web.zoom.us/meeting/register/tZltdOiprT8uH9WigxTXDwQsAgAeHMb3TpCX>





**Cultural competence
and linguistic competence
are a life's journey ...
not a destination**

Safe travels!

Thank You

- Please contact Kelsey Leonard, CLC Coordinator for the Pennsylvania Care Partnership at leonardkt@upmc.edu with any questions, comments and/or for additional resources.