

Creating Caring Congregations:

An Interactive Forum for Ministers & Health Ministry Leaders

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National Alliance on Mental Illness

Mental Health in the African American Community

- One in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year.
 - 1 in 17 lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder
 - 1 in 10 children have a serious mental or emotional disorder.
- The National Survey of Black Americans found that the prevalence of serious mental illness in African Americans is roughly equivalent to that of Whites.
 - However, African Americans with a serious mental illness are significantly less likely than Whites to seek treatment for mental problems.
- Across a recent 15 year span, suicide rates increased 233% among African Americans aged 10 to 14.



National Alliance on Mental Illness

Stigma & Lack of Education About Mental Illness

- Studies suggest high levels of stigma in the African American community.
 - African Americans were most likely than whites to describe stigma as a reason for not seeking treatment (Cooper-Patrick et al., 1997).
- Lack of information about mental illness prevents many families from seeking and accessing treatment.
 - Perpetuates discrimination and stigma.
 - Prevents people from receiving treatment until the disease has progressed to an advanced stage requiring hospitalization.

African Americans in distress rely on a variety of resources to compensate for their lack of access to specialty mental health care. The faith community plays a crucial role in meeting mental health needs of African Americans.

(Neighbors)

NAMI's African American Faith Based Education Initiative

Goals

- Develop and disseminate a culturally competent mental health education program
- Decrease stigma through a program that addresses issues specific to the African American faith community.
- Help African Americans recognize and understand mental illness in terms of its signs, symptoms, treatment options, and available family and consumer supports.

- A 1-hour structured interactive multimedia program presented by consumers and family members in partnership with faith leaders.
- A 15-minute prompt video to facilitate discussion of the interplay of faith, mental illness, treatment and recovery. Video will features doctors, representatives from the faith community, consumer and families.
- Companion educational booklet to be distributed among participants.
- Toolkit on how to facilitate outreach in faith community: creation of promotional materials, targets for outreach, manual on presentation techniques

- Provide overall guidance and input.
- 15 members representing:
 - Consumers
 - Family members
 - NAMI staff
 - Faith Leaders

Would this be useful?

**Do you see a place for such
program in your
Congregation?**

**What are the key
topics/features it should
include?**

**What are some potential
barriers we may face?**

**How should we address
these barriers?**

**What are the best ways for
us to approach the faith
community?**

**How should we craft our
message?**

**What will resonate with the
faith community?**

A Family Guide to Mental Health:
What You Need to Know



“I’m Serita, and I am devastated. My dad just committed suicide. This is such a shock for us. He had not been himself since the diabetes started taking hold of him. It’s been four years since the amputation of his left leg below the knee. The doctors did say that he would go through bouts of the blues from time to time, but we never expected this.

He used to be so outgoing and all—one of those strong, committed deacons of the church. He and Mom loved to get together with other couples for their weekly card games, but suddenly he stopped doing that. I miss my dad getting all worked up at those card games, when he would yell out ‘high, low, two jacks, and five up’.

I thought he was just getting old and starting to slow down. I was worried about him. A week before he died, he gave away his fishing boat to Charlie down the street. He really loved hunting and fishing, but I just thought he had no further use for the boat, since he hadn’t been fishing in years.

“Four days ago, for no apparent reason, he began cleaning out his closet—throwing away a lot of his old clothes and bagging other stuff for Goodwill. Later on that day, he asked if I would come by and pick up a letter he had written to his sister Beverly. They hadn’t spoken in a month. I thought he was starting to break through the slump that he had been in for so long. I was a little puzzled, though, since his sister just lives over in Hamblen County, and I could have driven him over. And better yet, why didn’t he just pick up the phone and call her?”

Next week he would have been 75. Now I see that some of the strange behavior was his way of preparing for his ‘departure.’ What I interpreted as odd behavior due to his old age was actually a sign of something so much worse. I miss him already.”

For more information contact:

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www.nami.org/multicultural