

MAXIE GORDON, MD

2019 NAMI Convention Research Updates

Cultural Awareness: The History of Mental Health

- Internal Medicine
 - Psychiatric Medicine
 - Psychosomatic Medicine
- 

Overview

- Explore some of the history of Psychiatry
 - Discuss the views of minority groups regarding Psychiatry and Psychiatric medication
- 

BARRIERS TO TREATMENT



SOME EARLY REMEDIES...

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One "cure" for hysteria, or the wandering of the womb, involved exposure to foul-smelling substances intended to repel the uterus from the upper regions of the body. Plato proposed that patients simply get married and becomes pregnant, because gestation, he believed, ensured proper uterine positioning.

Trepanation is a process by which a hole is drilled into the skull and a piece of bone removed. It's use was expanded to treating mental illness and epilepsy.

HOW IT BEGAN...



MS. LEE





APA MEETING TORONTO, CANADA



PROTESTING THE POLITICAL ABUSE OF PSYCHIATRY





**PSYCHIATRY
KILLS**

**STOP
PSYCHIATRY
DRUGGING**


TO LET

CITIZENS
COMMISSION ON
HUMAN RIGHTS

POLICE

CITIZENS
COMMISSION ON
HUMAN RIGHTS

HAVING CITIZENS INCORRECTLY DIAGNOSED
WITH A PSYCHIATRIC ILLNESS FOR THE SPECIFIC
PURPOSE OF HOLDING/ DETAINING THEM IN AN
EFFORT TO PUNISH THEM AND DEPRIVE THEM OF
THEIR RIGHT TO DUE PROCESS



DOES THIS OCCUR?





CHERRY HOSPITAL IN GOLDSBORO, NC

WAS FIRST CALLED COLORED INSANE
ASYLUM.. WOMEN WHO REFUSED
“REASONABLE REQUEST” WERE
COMMITTED FOR WORK THERAPY
(PICKING COTTON)

Source: Amber Floyd – “The History of Cherry Hospital”

Also NC. Gov Cherry Hospital

SAMUEL A. CARTWRIGHT
DRAPETOMANIA:

**“MENTAL ILLNESS THAT CAUSES BLACK
SLAVES TO FLEE CAPTIVITY”**

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the image.

• 1851 •

Drapetomania

A Psychiatric Diagnosis:
"Runaway Slave Syndrome"



INVENTED BY
Dr. Samuel Adolphus Cartwright
(1793 - 1863)
Physician & Psychiatrist

Cartwright, by 1851, held the title of “Professor of Diseases of the Negro” at the University of Louisiana was considered an expert on black behavior.

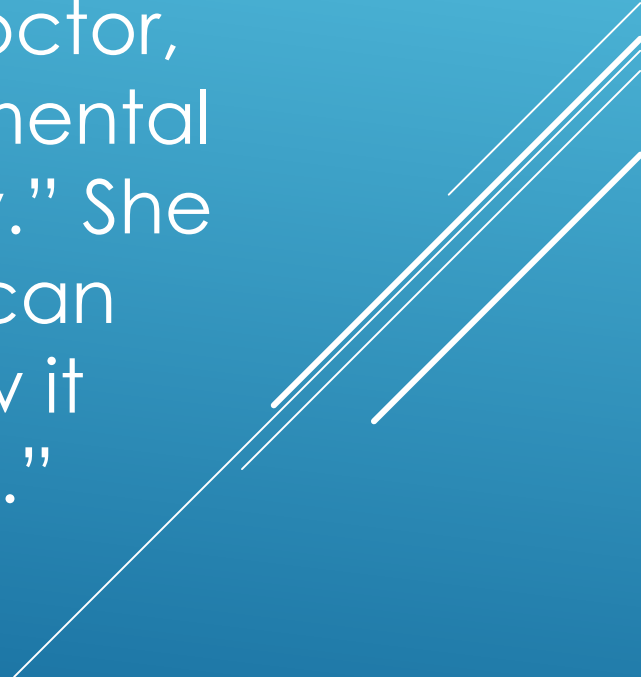





TREATMENT

- *Whipping the devil out of them*
 - *Removing both big toes*
- 
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In her “open letter” to teachers, Melissa Harris Perry from MSNBC suggested, “Science teachers may want to consider sharing this historical document with their students. In his 1851 article, Dr. Samuel Cartwright, at the time a widely published and well respected doctor, discusses the discovery of ‘drapetomania,’ a mental disease he claimed caused slaves to run away.” She adds that, “After reading the article, students can explore the history of scientific racism, and how it continues to influence our thinking even today.”



1958
CLENNON W. KING
AFRICAN AMERICAN PASTOR AND
ACTIVIST ATTEMPTED TO ENROLL AT THE
UNIVERSITY OF MS FOR SUMMER
GRADUATE COURSES





[Handwritten signature]

ARRESTED BY POLICE BECAUSE...

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- Any Negro trying to apply to Ole Miss must be crazy
 - But they had no grounds to hold him in jail
- 

KING WAS CONFINED IN A MENTAL HOSPITAL
FOR 12 DAYS BEFORE A PANEL OF 12 DOCTORS
ESTABLISHED HIS SANITY



What are the Disparities ?



WHAT ARE THE DISPARITIES ?

Numerous studies have revealed that racial and ethnic minority groups often receive different and less optimized management of their health care versus whites. (Journal of Law, Medicine Ethics 2001)

Racial/ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared to white youth. Minorities are also more likely to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools.

SCHOOL TO JAIL PIPELINE

The image features a blue gradient background that transitions from a lighter shade at the top to a darker shade at the bottom. On the right side, there are several white, parallel diagonal lines that create a sense of movement and depth. The text 'SCHOOL TO JAIL PIPELINE' is centered horizontally and rendered in a clean, white, sans-serif font.


Lower subjective social status is one important factor related to poorer physical and mental health status among numerous populations.

A recent study found that with respect to alcoholism and drug abuse treatment, African Americans were more likely to report “no accesses” and Hispanic Americans were likely to report “less care than needed or delayed care.” Another study found that African-Americans were more likely than whites to be diagnosed having cocaine d dependence.

Psychiatric patients are not usually viewed in the same light as nonpsychiatric patients in emergency departments. Staff frequently express their displeasure with care for this patient population, and this displeasure may affect the patients' outcomes. Negative attitudes about psychiatric patients can compromise emergency physicians' and nurses' ability to properly evaluate and treat them and may even have adverse effects on patient outcome. Suicidal behavior appears to elicit mostly negative feelings among staff members.

Studies have demonstrated that many emergency department treatment staff have negative feelings about the care of these patients, and this may be due largely to a lack of psychiatric education and training.

Medical students expect Hispanic patients to be less compliant than White or Asian Patients. Other studies, however, suggest that healthcare professionals may associate Hispanics with risky health behavior, such as unsafe sexual practices.

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African Americans were more likely than Hispanics to be diagnosed as having a personality disorder not otherwise specified at admission and more likely than non-Hispanic whites to have a diagnosis of a cluster B personality disorder at discharge. Follow up analysis showed that the primary cluster B diagnosis of both African Americans and Hispanics was antisocial personality disorder.

People from racial/ethnic minority groups are less likely to receive mental health care. For example, in 2015, among adults with any mental illness, 48% of whites received mental health services, compared with 31% of blacks and Hispanics, and 22% of Asians.

At admission Hispanics and African-Americans were more likely to have a drug use disorder and whites were more likely to have an alcohol use disorder. Both African Americans and Hispanics are more likely than whites to have a cluster B personality disorder diagnosis at discharge.

Although rates of depression are lower in blacks (24.6%) and Hispanics (19.6%) than in whites (34.7%), depression in blacks and Hispanics is likely to be more persistent.

2010

“PROTEST PSYCHOSIS”

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THE PROTEST PSYCHOSIS

HOW SCHIZOPHRENIA
BECAME
A BLACK DISEASE

JONATHAN M. METZL

"The most important book on schizophrenia in years."
—**CHRIS CORDO**, Harvard Medical School

2010

“PROTEST
PSYCHOSIS”

AFRICAN AMERICANS DIAGNOSED WITH
SCHIZOPHRENIA BECAUSE OF THEIR CIVIL RIGHTS
IDEAS THE SECOND EDITION OF THE DSM
CHANGED THE WORDING FOR SCHIZOPHRENIA
TO BE HOSTILE AND AGGRESSIVE



BRUCE LEVINE

**OPPOSITIONAL DEFIANT DISORDER
WHICH PATHOLOGIZES ANTI
AUTHORITARIAN**



Particularly shocking is the frequent practice to label disobedient kids with either Attention Deficit Hyperactivity Disorder or a more recent diagnosis, Opposition Defiance Disorder. At the facility where I worked, children who might present objectionable or defiant behavior were diagnosed with having ODD and received a heavy regimen of anti-psychotic medication to “cool them out.” A November 20, 2011 *New York Times* article cited that “Powerful drugs intended for people with severe mental illnesses are prescribed for children in foster care at a disturbingly high rate.”



BRUCE LEVINE

OPPOSITIONAL DEFIANT
DISORDER WHICH
PATHOLOGIZES ANTI-
AUTHORITARIAN

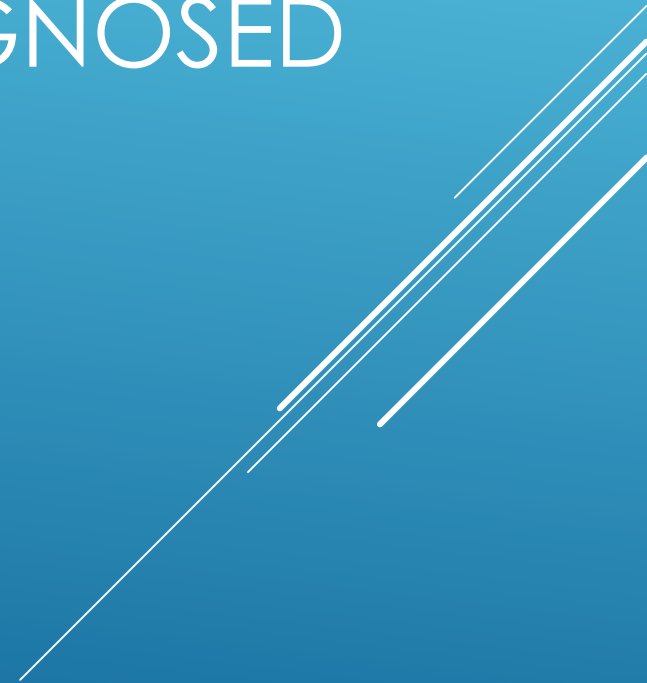
***WHO IS MORE LIKELY TO
BE DIAGNOSED WITH
ODD?***

SCHIZOPHRENIA?

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Disproportionately high rates of Conduct Disorder are diagnosed in African American and Latino youth of color. Diagnostic bias contributes to overdiagnosis of Conduct Disorder in these adolescents of color. Following a diagnosis of Conduct Disorder, adolescents of color face poorer outcomes than their White counterparts. These negative outcomes occur within mental health and juvenile justice settings. In contrast, white American children with comparable behaviors tend to be diagnosed with mood, anxiety, or developmental disorders.

FINALLY THE USE OF ANTI PSYCHOTIC
MEDICATIONS IN PEOPLE NOT DIAGNOSED
WITH PSYCHOTIC ILLNESS



American Indians/ Alaskan Natives report higher rates of posttraumatic stress syndrome and alcohol dependence than any other ethnic/racial group.

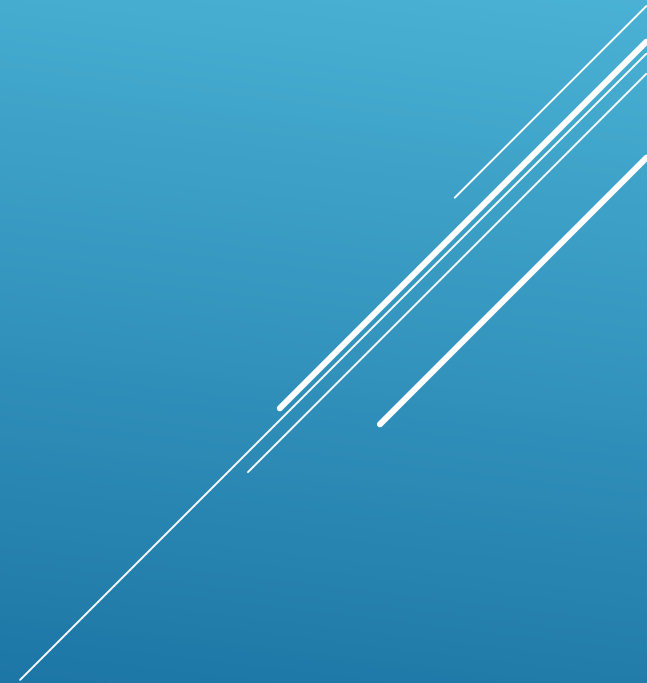
5150 CA LAW HOLD BASED ON LAW ENFORCEMENT



How different groups view Psychiatric treatment


The background is a solid blue gradient. In the bottom right corner, there are several white diagonal lines of varying lengths and thicknesses, creating a modern, abstract graphic element.

***NATIVE AMERICANS VARY IN THEIR
VIEW OF MENTAL ILLNESS***




High suicide rates among Native Americans, particularly among youth and young adults, are well documented. The suicide rate among American Indians ages 10 to 20 is more than twice the U.S. average and higher than all other racial ethnic groups. The high rates of suicide and suicidal behavior has been attributed partly to the social and cultural turmoil created by a historical treatment of Native Americans.


NATIVE AMERICANS

- Lack of access
 - More serious Psychopathology/substance abuse PTSD than general population
 - Interventions must have traditional healing and 12 step programs
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

Native Americans have twice the rate of victimization than that of African Americans, and more than 2.5 times that of whites. Compared to the total U.S. population, more than twice as many Native Americans live in poverty. In 2013, Native American men and women were nearly twice as likely as whites to be unemployed.




Native Americans appear to use alternative therapies at rates equal to or greater than whites. In fact, research has found that Native American men and women who meet the criteria for depression, anxiety, or substance abuse disorders are significantly more likely to seek help from a spiritual healer than from specialty or other medical sources.

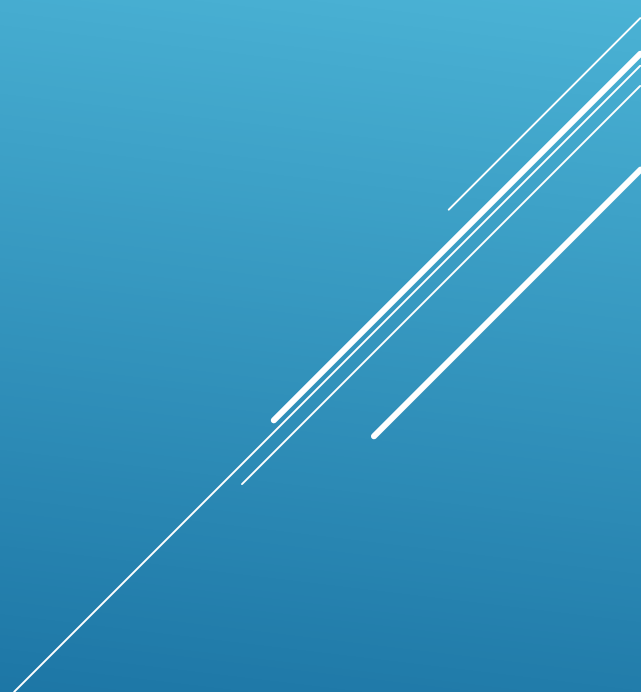
- Native Americans experience serious psychological distress 1.5 times more than the general population.
 - Native Americans experience PTSD more than twice as often as the general population.
 - Native Americans use and abuse alcohol and other drugs at younger ages, and at higher rates, than all other ethnic groups.
- 

The concept of mental illness and beliefs about why and how it develops have many different meanings and interpretations among Native Americans. Physical complaints and psychological concerns are not distinguished and Native Americans may express emotional distress in ways that are non consistent with standard diagnostic categories.

The results of this study indicate that the majority of both nursing and medical students surveyed associated Hispanic and American Indian patients with noncompliance, risky health behavior, and barriers to effectively communicating health-related information.



AFRICAN AMERICANS



PSYCHIATRIC SERVICES MARCH 1999 VOL 50 NO. 5

CARL BELL MD.

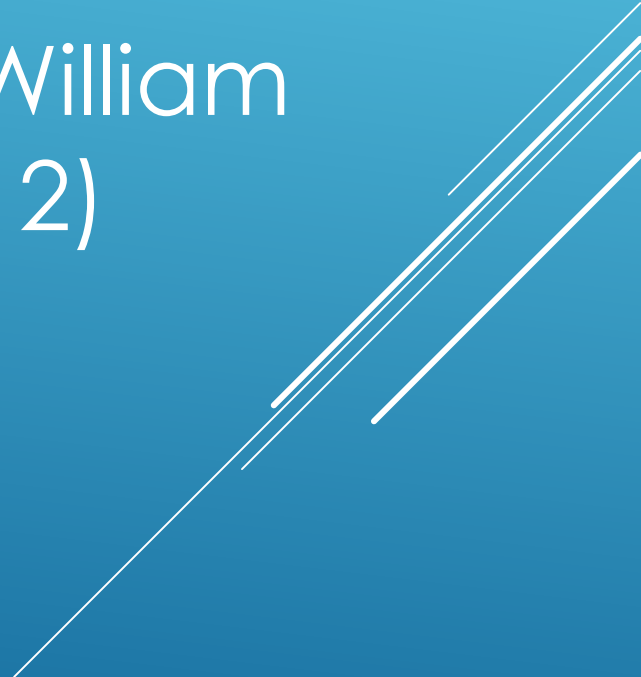
FM BAKER MD, MPH

DIAGNOSTIC BIAS WITH OVER DIAGNOSIS OF
SCHIZOPHRENIA



Schizophrenia, along with bipolar disorder and posttraumatic stress disorder, continue to be over diagnosed among African Americans, reflecting cultural factors that influence patient presentation as well as clinical decision-making.

Black patients are overly diagnosed with schizophrenia versus other groups (William Lawson MD, PhD; Netscape July 2012)



If you talk to God you're
religious. If God talks to
you, you're psychotic.

Gregory House M.D.



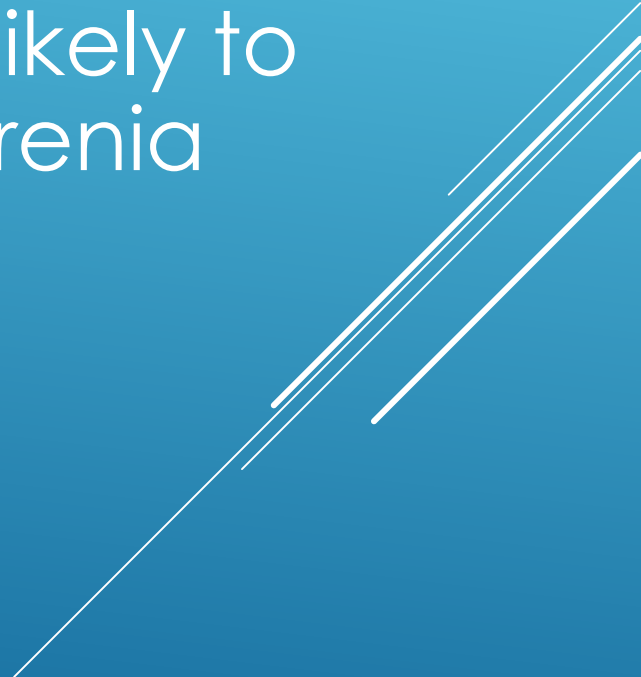
African Americans have been found to be more likely than whites to be given a diagnosis of schizophrenia than a mood disorder, to receive antipsychotic dosages in excess of the recommended range, and to delay seeking healthcare services.

MAXIE C. MAULTSBY
NATIONAL COUNCIL OF CHRISTIAN AND JEWS
HARRIS POLL

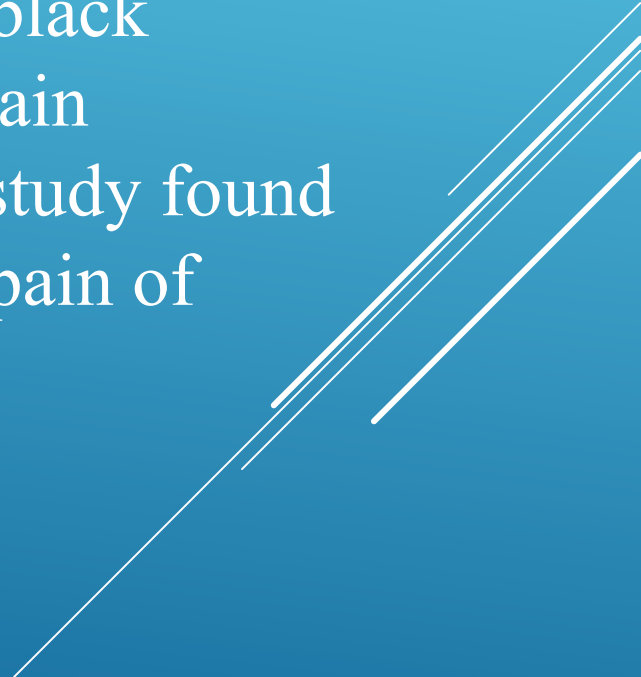
**“BLACK PEOPLE ARE INFERIOR ACADEMICALLY AND
THEREFORE HAVE LESS MENTAL CAPACITY THAN
WHITE PEOPLE”**

In the 1960s, revisions to both ICD and DSM included a category of mental retardation caused by deprivation. Since deprivation was inextricably linked to race, African-American children were disproportionately diagnosed with “mild mental retardation.” disproportionate numbers of African-American children were placed in special education classes or in slower educational tracks relative to white children.

African American patients with psychotic disorders receive high doses of antipsychotic medication versus whites and are more likely to receive depot versus sga oral. (schizophrenia Research 2004)

The image features a solid blue background. On the right side, there are several white, parallel diagonal lines that appear to be part of a graphic design element, extending from the top right towards the bottom right.

A 2000 study out of Emory University found that at a hospital emergency department in Atlanta, 74 percent of white patients with bone fractures received painkillers compared to 50 percent of black patients. Similar, a paper last year found that black children with appendicitis were less likely to receive pain medication than their white counterparts. And a 2007 study found that physicians were more likely to underestimate the pain of black patients compared with other patients.



Hispanics with bone fractures were less likely to receive pain medicine versus non Hispanic whites. (Hoffman 1994)



<u>Item</u>	<u>General</u>	<u>1st year</u>	<u>2nd year</u>	<u>3rd year</u>	<u>Residents</u>
Blacks age more slowly than white	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites have a better sense of hearing than blacks	10	3	7	0	0
Blacks' skin is thicker than whites	58	40	42	22	25
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4

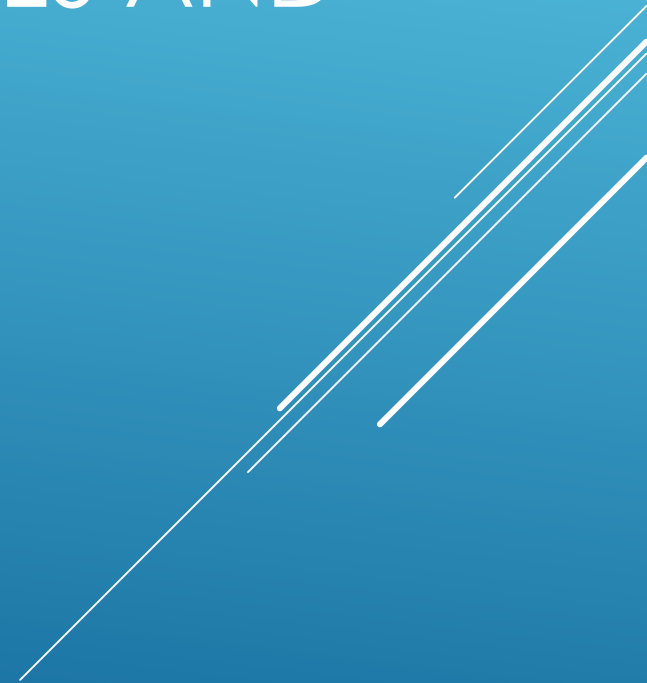
SEE STORY OF HAM



***THE FEARFULNESS OF
THERAPY...***



SANTERIA- AFRICAN AND CATHOLIC BELIEFS-
EXPELS BAD SPIRITS, HERBAL MEDICINES AND
PEOPLE WHO INTERVENE



Asian Americans

Disparities were consistently wider for Asian Americans than for any other racial-ethnic group. Asian Americans tend to report psychiatric symptoms only when they become severe and may report these symptoms in physical or psychosomatic terms, such as loss of sleep and fatigue.

Some barriers to mental health treatment may be more salient for Asian-American adults, including cognitive processes (for example, failure to identify emotional distress as mental illness worthy of treatment), affective issues (for example, shame or stigma), cultural value differences (for example, possible conflicts between collectivist values and the individual orientation of psychotherapy), and fear of the stigma of mental illness, resulting in a reluctance to report psychiatric symptoms. In some Asian cultures, receiving treatment outside the family may be perceived as shameful, disgraceful, or a violation of the family hierarchical model.

**LATINOS:
LARGEST ETHNIC MINORITY**

**MEXICAN
PUERTO RICANS
BILINGUAL EXPRESS MORE
PSYCHOPATHOLOGY**



LATINOS

RELIGION 90% CATHOLIC BELIEF

CURANDERO

(MEXICAN) ILLNESS CAUSED BY EVIL

FORCES-(EVIL EYE)PSYCHOACTIVE PLANTS

ARE USED TO INDUCE VISIONS TO GIVE

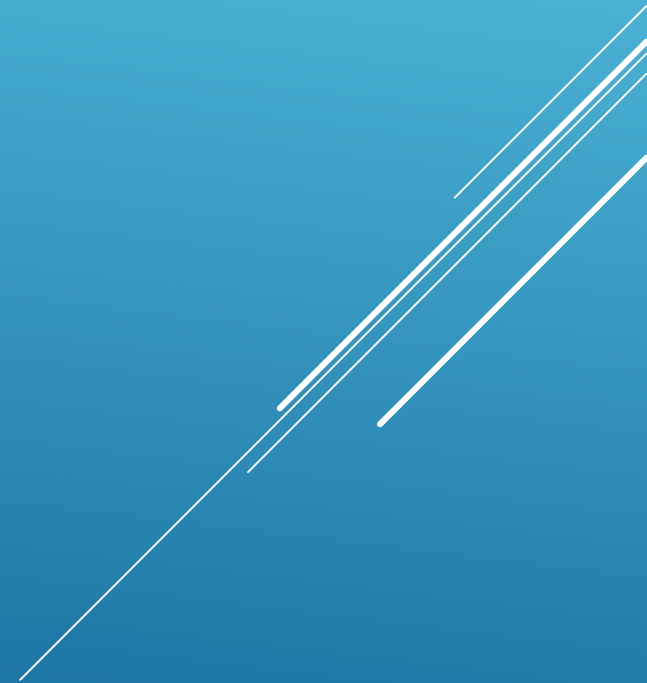
ANSWERS TO PROBLEMS

SPIRITISM- LATIN AMERICAN AND

CARIBBEAN -KARMA- WITH THE EVIL EYE


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LATINOS PREFER PSYCHOTHERAPY NOT
MEDICATION AS IT RAISES THE STIGMA OF
MENTAL ILLNESS



Collaborative care for depression was the only approach identified by this review that could be designated as efficacious for engagement. Ingredients of this intervention include use of patient preference to choose a primary care—based treatment, use of depression care manager who monitors symptoms and medication adherence during a follow-up period, and psychiatric consultation with the primary care physician.

BAILEY ET ALL 2011
AFRICAN AMERICANS NOTED STIGMA
RELIGIOUS BELIEFS DISTRUST OF
MEDICAL PROFESSIONALS AND
MEDICATIONS 63% VIEWED
DEPRESSION A PERSONAL WEAKNESS.
THEY ARE MORE LIKELY TO SEEK THE
HELP OF CLERGY



Tuskegee Study

- The study initially involved 600 black men-399 with syphilis, 201 who did not have the disease.
- The study was conducted without the benefit of patients' informed consent.
- Although originally projected to last 6 months, the study actually went on for 40 years.
- The men were never given adequate treatment for their disease. Even when penicillin became the drug of choice for syphilis in 1947, researchers did not offer it to the subjects.

Japanese Internment Camps

- Japanese internment camps were established during World War II by President Franklin Roosevelt through his Executive Order 9066.
- From 1942 to 1945, it was the policy of the U.S. government that people of Japanese descent would be interred in isolated camps. Enacted in reaction to Pearl Harbor and the ensuing war, the Japanese internment camps are now considered one of the most atrocious violations of American civil rights in the 20th century.
- Under the terms of the Order, some 120,000 people of Japanese descent living in the US were removed from their homes and placed in internment camps.
- The US justified their action by claiming that there was a danger of those of Japanese descent spying for the Japanese.
- In 1943 all internees over the age of seventeen were given a loyalty test. They were asked two questions:
 1. Are you willing to serve in the armed forces of the United States on combat duty wherever ordered? (Females were asked if they were willing to volunteer for the Army Nurse Corps or Women's Army Corps.)
 2. Will you swear unqualified allegiance to the United States of America and faithfully defend the United States from any or all attack by foreign or domestic forces and forswear any form of allegiance or obedience to the Japanese emperor, to any other foreign government, power or organization?

Shark “Death” Island Concentration Camp

“Death Island” was one of the five Namibian concentration camps located on Shark Island off Lüderitz, Namibia in Central Namibia. It was used by the German empire during the Herero and Namaqua genocide of 1904–1908.

- Between 1,032 and 3,000 Herero and Namaqua men, women, and children died in the camp between its opening in 1905 and its closing in April 1907.
- The Germans then attacked the Nama people. They burned down the Namas homes and any other property they had.
- It is estimated around 17,000 Herero and Nama were sent to concentration camps along the coast.
- Men, women, and children were forced to build the Otavi railroad. They were underfed, raped and whipped, until many of them dropped dead.
- Conditions were so terrible over half never made it out of the camps alive.
- The groups were distinguished by marks, tattoos, and wore identity badges around their necks.
- Years later the Herero and Nama people received an apology from Germany; however, that was all that Germany felt they owed them.

Solutions?



What rats can teach us?



***IMPROVING HEALTHCARE
DIVERSITY***



Determinants of emotional health

1. Stressful living situation (for example, poverty and unemployment)
2. Family stress (for example, domestic abuse)
3. Community attitudes

Themes related to the development and treatment of mental illness*

*Identified by focus group participants

Barriers to mental health care

1. Lack of knowledge
2. Community stigma
3. Mental health system- level barriers

Emotional wellness

Emotional unwellness

Mental illness

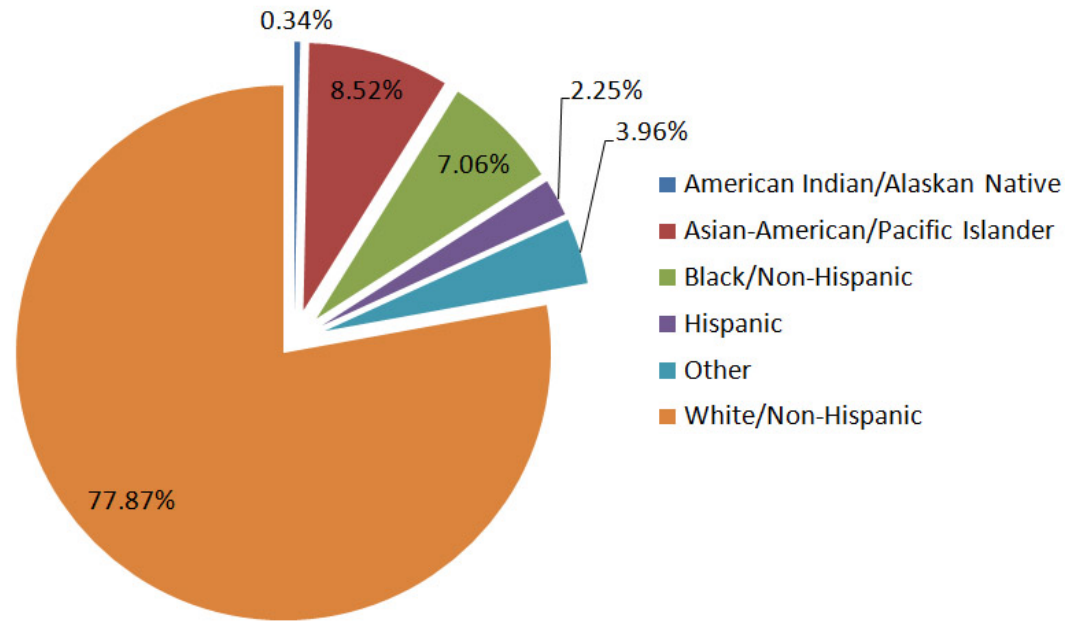
Interventions

1. Increasing social support
2. Improving mental health literacy
3. Promoting emotional wellness

Barriers to care

- lack of insurance, underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the healthcare system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)

Physician Licensees by Race/Ethnicity | 2010




Multifamily groups (MFGs) that were adapted to address medication adherence among Mexican Americans who had a diagnosis of schizophrenia or schizoaffective disorder. The MFGs were also adapted to incorporate social norms regarding the treatment of schizophrenia in this population. This intervention improved medication adherence significantly more than standard multifamily groups and treatment as usual.

***OFFERING EDUCATION IN
CULTURAL COMPETENCE***



Raz encourages mental health professions to avoid labels that pathologize poverty or attribute it to racial defects. She suggests that interventions serving low-income populations would be well-suited to focus on empowering rather than “fixing” individuals and drawing on their strengths rather than correcting their deficiencies.

SOLUTIONS

- Health resources and services administration found that minorities can improve access to care in underserved areas better than nonminorities
 - 2010 Institute of medicine reports that a diverse workforce improves overall patient care by enhancing communication
 - Increase patient satisfaction
 - Decreases health disparity
 - Improves problem solving among the team
- 

Cognitive adaptation training (CAT) supports to prompt adaptive behaviors, such as placing notes or signs in the home environment to prompt activities of daily living. In a sample in which 37% of participants were Latino and 21% were African American, both CAT interventions were equally effective in improving adherence.



“If nobody hates you,
you’re doing something wrong.”

- House

- ▶ Sullivan report 2004 “ diversity “
- ▶ Institute of medicine report 2010
- ▶ Health resources and Services Administration “ The Rational for Diversity “2009
- ▶ “Issues in the Psychiatric treatment of African Americans” Baker, FM Bell ,carl Psychiatric services March 1999
- ▶ Cultural perspectives on mental health” global mental health conference
- ▶ Abdullah, mental illness stigma and ethnocultural beliefs Clinical Psychology 31: 934-938

BIBLIOGRAPHY (NO CERTAIN ORDER)



"Time changes everything"

That's what people say, it's not true.

Doing things changes things.

Not doing things leaves things
exactly as they were.

House







- ▶ Empathy by itself is not enough.. It becomes an accurate guide for moral action only when combined with knowledge of people with all different backgrounds –Knowledge that can be attained only if you are willing to actively listen to people whose voices have been silenced

JAMES GARRETT FROM NY TIMES



Owen Cooper


“IF I HAD TO LIVE MY LIFE OVER, I
WOULD LOVE MORE.”




I would especially love others
more.


I would let this love express itself
in a concern for my neighbors,
my friends and all with whom I
come in contact.






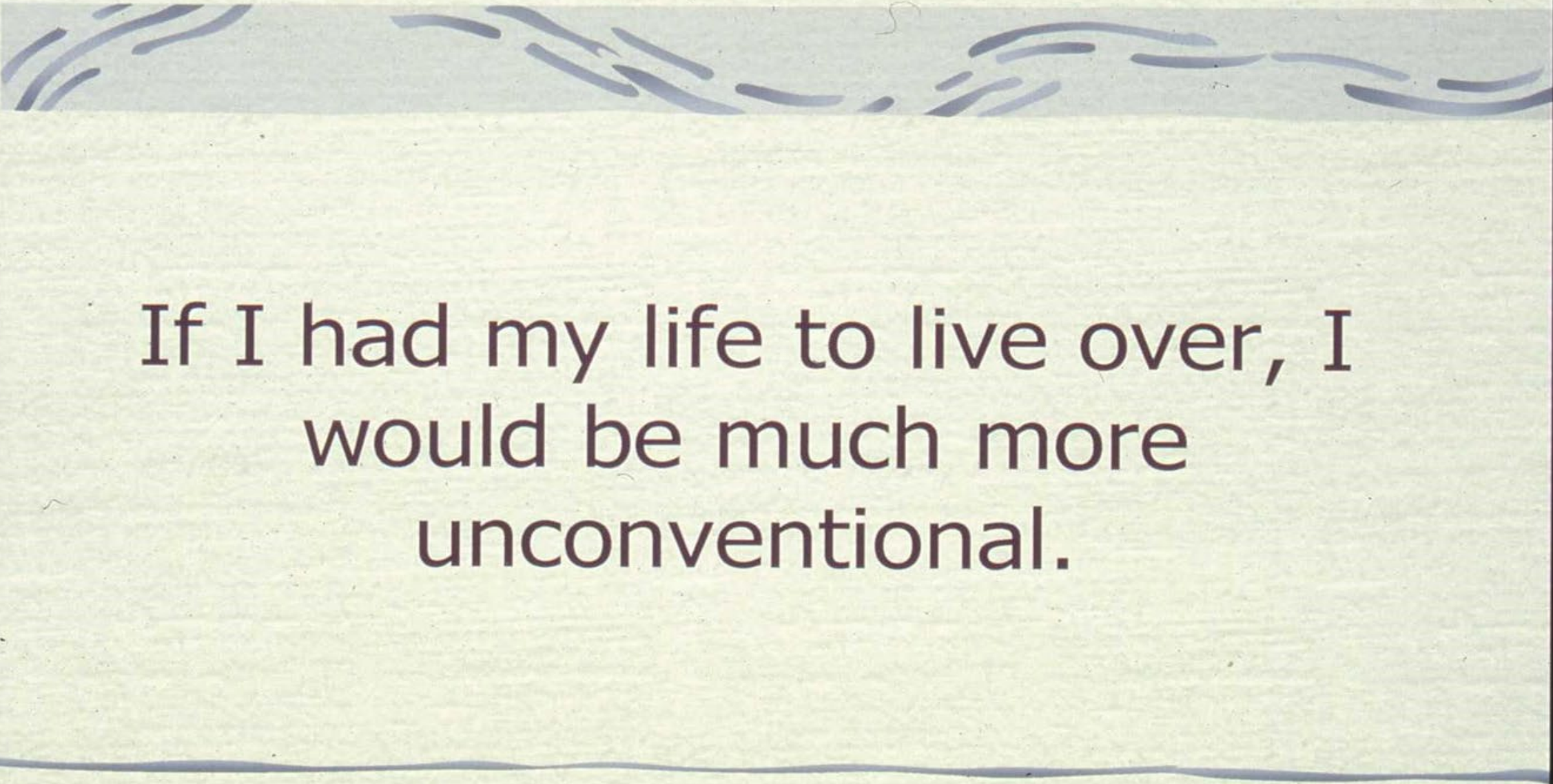
I would give more, I would
learn early in life, the joy of
giving, the pleasure of sharing
and the happiness of helping.



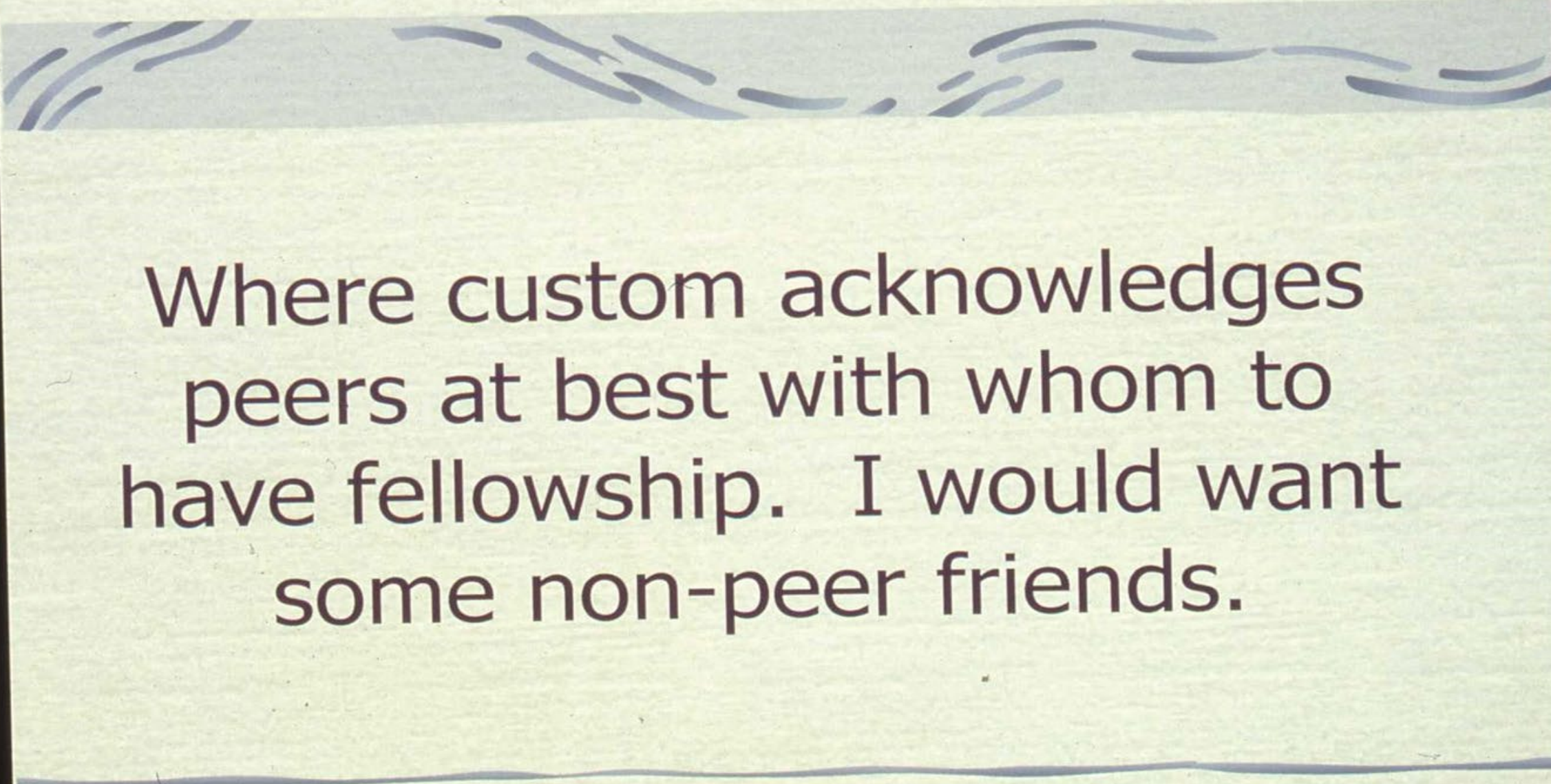


I would give more than
money, I would give some of
life's treasured possessions
such as time, thoughts and
kind words.






If I had my life to live over, I
would be much more
unconventional.




Where custom acknowledges
peers at best with whom to
have fellowship. I would want
some non-peer friends.

9




Where tradition stratifies
people because of economics,
education, race or religion, I
would want to fellowship with
friends in all strata.





And I would choose to
go



Where the crowd doesn't
go



KARSTADT

KARSTADT

RÜH LING
bei KARSTADT

Alles was Liebe

KULT/ WER WIRD SICHEN: 4404-0
MUHAMMAD
29.04.2016 18 Uhr
Kongress am Park

KUN

RÜH LING
bei KARSTADT

Alles was Liebe



Where the road is not
paved

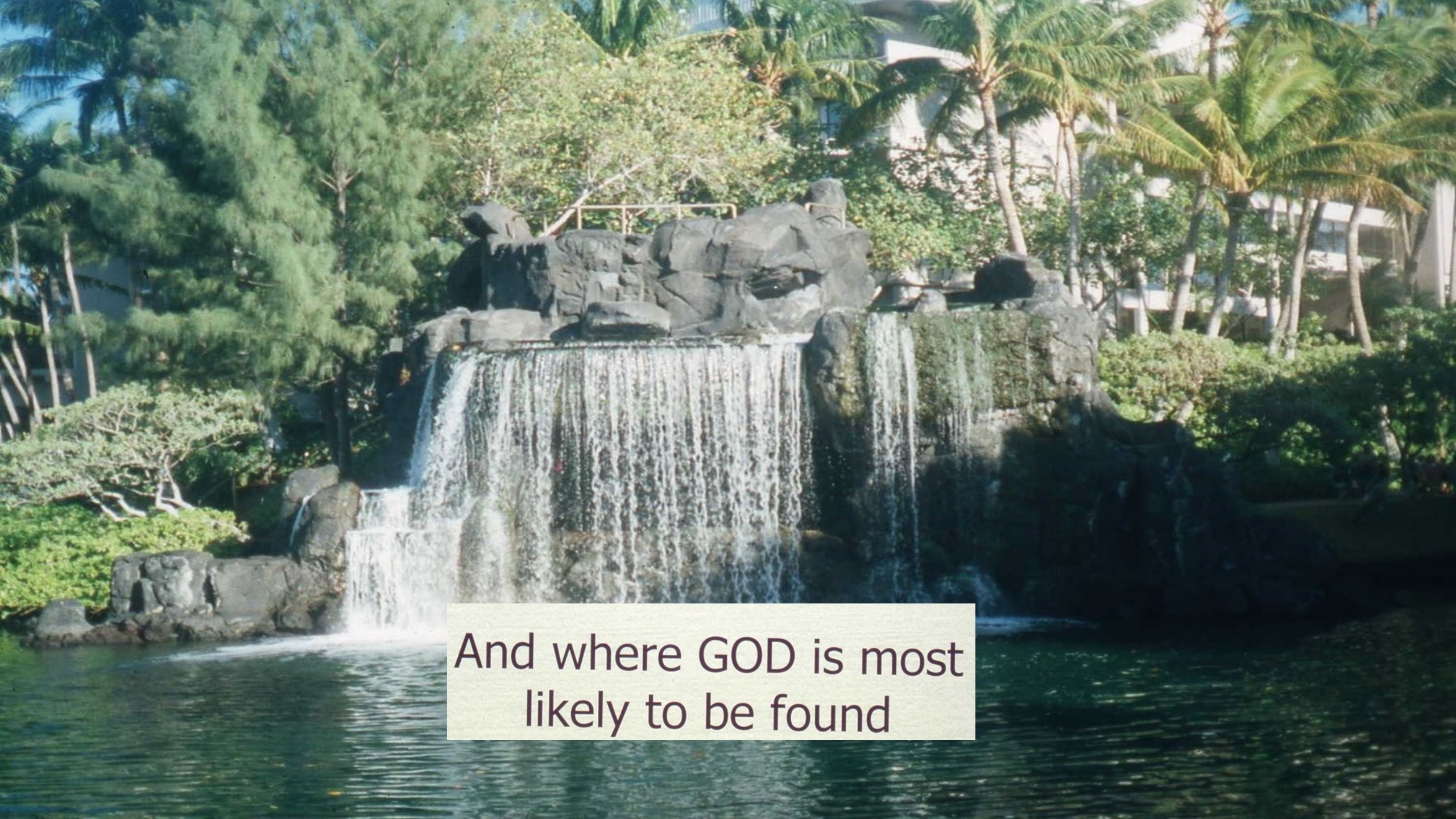


Where friends are few



Where the need is great





And where GOD is most likely to be found

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2. You can also evaluate the session on your computer. Go to: www.nami.org/sessioneval, select the session and click “Rate This Session.”