Moving Beyond Survival Mode:

Promoting Mental Wellness and Resiliency as a Way to Cope with Urban Trauma

MEE
MOTIVATIONAL EDUCATIONAL ENTERTAINMENT

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Sponsors

MEE Productions Inc. • DC Department of Mental Health • Philadelphia Department of Behavioral Health • Illinois Violence Prevention Authority • Blueprint for a Safer Philadelphia • The California Endowment • Voices For Illinois Children

The research team is very grateful for the assistance we received from a number of sources in carrying out this project. The findings and recommendations in this report are those of the authors and do not necessarily reflect the views of the sponsors.

MEE dedicates this primary research to the late Dr. Asa G. Hilliard, III, an extraordinary educator and psychologist, whose visionary spirit and expertise on African history and culture has informed much of MEE's work as socially-conscious researchers.

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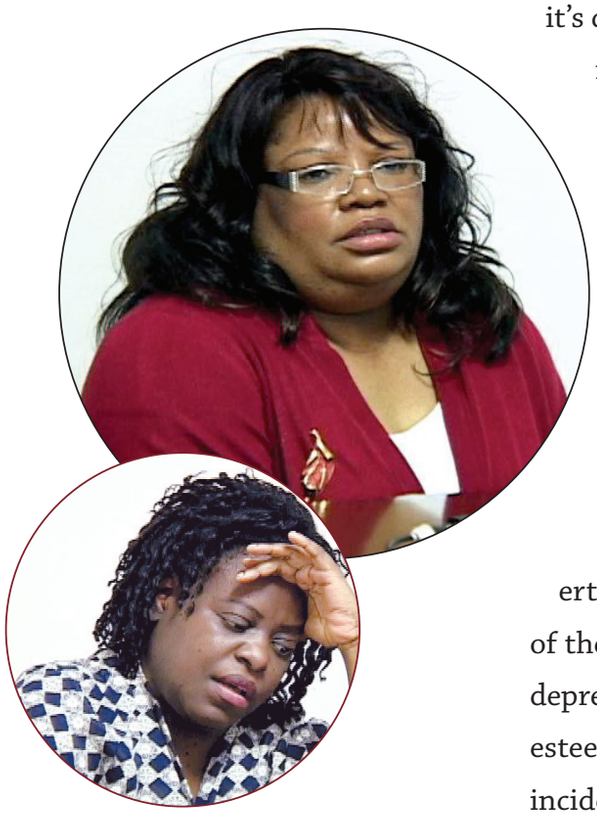
Preface

Revisiting America's Inner Cities

"You're never the same after…violence or the death of a loved one. But the question is, can you incorporate that and become stronger in the broken places?"

Those words from Dr. Joseph White, a "founding father" of Black psychology, have poignant relevance in much of MEE's work over the past two decades. Whether it's in the voices of the young adults who shared their stories in our *This Is My Reality* sexuality research, or in developing and implementing a multi-year violence prevention campaign for *the Blueprint For a Safer Philadelphia* initiative, or in witnessing power struggles between the sexes in our dating violence research (*In Search of Love*), or in talking to parents interested in advocating for environmental and policy change to reduce childhood obesity – it's clear that being poor and Black in America corresponds with unremitting trauma and stress.



MEE has conducted focus groups in some of the hardest-hit neighborhoods in America – from the South Side of Chicago to South Central LA, from North Philadelphia to Southeast DC, in post-Katrina Louisiana and many more. When we talk to people living in these communities, two factors constantly come up – stress and trauma (often preceded by violence). Trying to make do with less, feeling that America has no seat left for you at the table, dealing with poverty and confronting all of the various "-isms" in our society – all of them converge together to render poor Black people angrier, more depressed and living in fear. Many of the young people have low self-esteem and few positive role models. At the same time, we observe incidents in major urban cities that are bleak manifestations of dysfunction, anger and more. These include gang rapes, fatal beatings

because an adolescent was in the wrong part of the city and chart-topping hip-hop singers involved in brutal dating violence incidents.

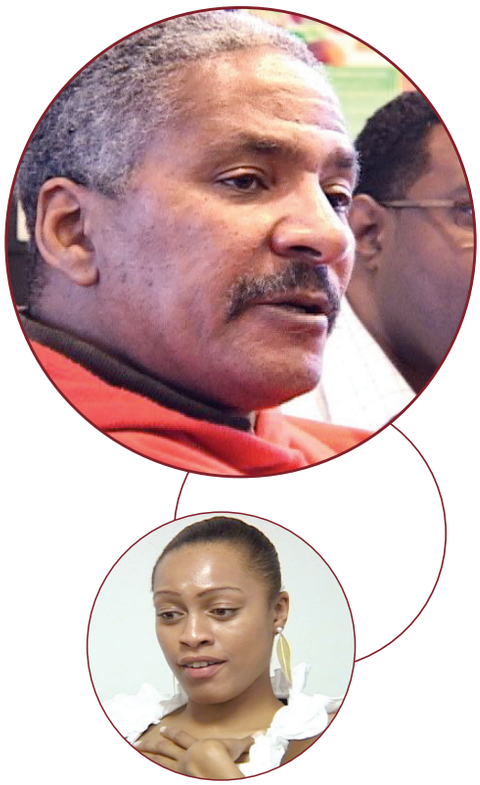
Why is This Happening?

Over the years, MEE has done much of its work in urban communities dealing with the "effects" side of the equation. We have seen the devastating impact of obesity; street, dating and domestic violence; risky sexual behaviors; HIV/AIDS; and dropping out of school – all of them both responsible for and manifestations of underlying emotional and psychological problems that are disproportionately impacting low-income populations.

For the past 17 years, MEE has been searching for the common thread, looking for insights that would help identify the cause—the "why." What we have learned over this time is that poverty, the generational cycle of family dysfunction, and feelings of abandonment and anger at an oppressing "system" lead people to negative behaviors that have profound consequences at the individual and community level.

How does one's state of mind and overall mental health play out in interpersonal relationships? In one's ability to focus at work and school? In making life choices? These are the kinds of questions that have led us to the current research.

In the heart of today's inner cities, hopelessness and resilience co-exist. But it's clear that the day-to-day toll of poverty, racism, child maltreatment, violence, fatherlessness and more, has had a devastating impact on our community. That's why MEE has gone back to the source, conducting community-participatory research to explore how to best improve mental wellness among the people who need it most. At the same time, we are trying to increase the overall knowledge base



and facilitate a dialogue that will help educate the African-American community, national policymakers and local service providers about the need for culturally-relevant strategies to promote mental wellness.

Why a Study on Black Mental Health is Needed

What so many at-risk populations experience in their daily lives leads to stress, trauma, serious depression, and other mental health problems including suicidal behavior and even schizophrenia. Many low-income people who are exposed to ongoing trauma may not fit the classic designation of "mentally ill," but they are emotionally injured and "beaten down" from the constant struggle to survive poverty, broken homes, child abuse, violent communities, poor schools, institutional racism, police harassment and other social ills.

The overwhelming stress and trauma can also lead to serious physical illnesses like diabetes, hypertension, heart and liver disease. Moreover, it leads to inner city death rates that are far greater than those of mainstream society.

While poor people of color need multiple levels of emotional support, historically, far too many have fallen "through the cracks." Many low-income African Americans who need mental health support have simply opted out of seeking help. Compounding the issue, those in the "inner circle" – family members, peers and others around them who are often struggling themselves – often don't recognize the signs and symptoms of mental or emotional issues, and can't make referrals for assistance. At the individual and organizational level, many in the community are uninformed or confused about what they can do to help.

Nonetheless, effective outreach to families who need prevention and treatment options most may mean the difference between success and failure for generations of low-income residents.

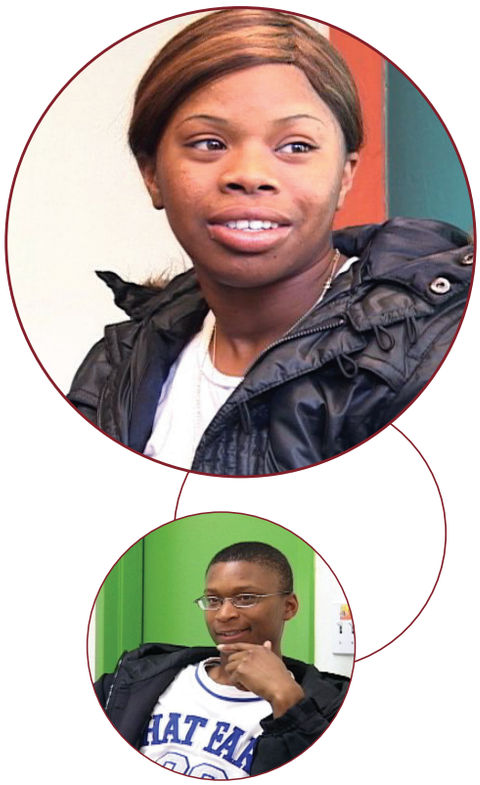
Mental illness continues to be overlooked and misdiagnosed in poor Black communities. It is critical to get people to begin thinking and talking about the issue of mental wellness in the Black community, and to create a common language and framework.

But we also need to understand how mental wellness and mental health services are currently viewed. Thus we have embarked on this community participatory research with African American mothers and young adults to explore the causes, barriers, attitudes and behaviors related to mental health and wellness.

Getting to the Core Issues: The Research

This two-year research project was designed to examine the mental and emotional needs that lead to disastrous behaviors and choices among youth. Starting in 2008, we began developing a research design that includes expert interviews, focus groups, and an extensive data coding process. At the project's core, we have collected qualitative data from African American mothers/caregivers (ages 35+ who have adolescent sons ages 14-17) and from African-American young adults (ages 19-22), along with community-based service providers in four cities: Philadelphia, PA; Chicago, IL; Washington, DC; and Oakland/Richmond, CA.

We have augmented the focus group research with a series of expert interviews with three of the top minds in the field. Drs. Carl Bell, Howard Mabry and Joseph White are among the most respected names in public and mental health; they reflect a wide range of experiences



and backgrounds. Their insights and feedback on our initial research design have also helped us determine the most relevant areas of focus and inquiry.

Prior to the focus groups, MEE held a series of Chat & Chew information sessions as part of our project planning activities. We invited local community leaders, grassroots organizations, outreach workers and gatekeepers to hear about our planned research. The critical importance of incorporating community leadership and their input had us bring them to the table early on in the planning process – both to explain our motives for the research and to get their buy-in and agreement to provide access to the community members they serve. In return, we have promised to share what we learned in our research in order to improve the health and life outcomes of underserved communities.

At the "Chat & Chews," people from the community asked us to go beyond merely doing research and reporting findings. Because they already know that mental health issues are negatively impacting communities, they wanted a focus on *solutions*. They asked for easy-to-use tools that would work within their "frontline" community settings.

MEE used proprietary data collection and technology-driven data coding and analysis methodologies to:

- Uncover the attitudes and beliefs of low-income African Americans regarding mental health and wellness;
- "Get under the surface" of the negative myths or misconceptions about mental illness and its treatment;
- Explore the social, cultural and environmental barriers that impact the decision-making process for seeking mental health services;
- Identify arguments that people of color express against seeking help for mental or emotional issues;

- Uncover protective factors that strengthen coping and survival strategies and thereby help prevent mental health issues;
- Find out how to better prepare schools, youth service providers and mental healthcare organizations across the country to develop effective, culturally-relevant and user-friendly service delivery models, programs and outreach; and
- Identify the message concepts that can be used as counter-arguments to the reasons people use to justify not accessing mental health services. This includes developing persuasive appeals that can begin to de-stigmatize the use of mental health services.

Deliverables, Outcomes and Uses of the Research

Our research findings have a number of applications, and are being presented in this executive summary, a full research report and in a video documentary that starkly presents the voices of inner city residents. By honestly illustrating the emotional trauma – much of it chronic – that underserved populations experience in their daily lives, we hope readers and viewers will be spurred to think and talk more deeply about mental wellness issues in the Black community.

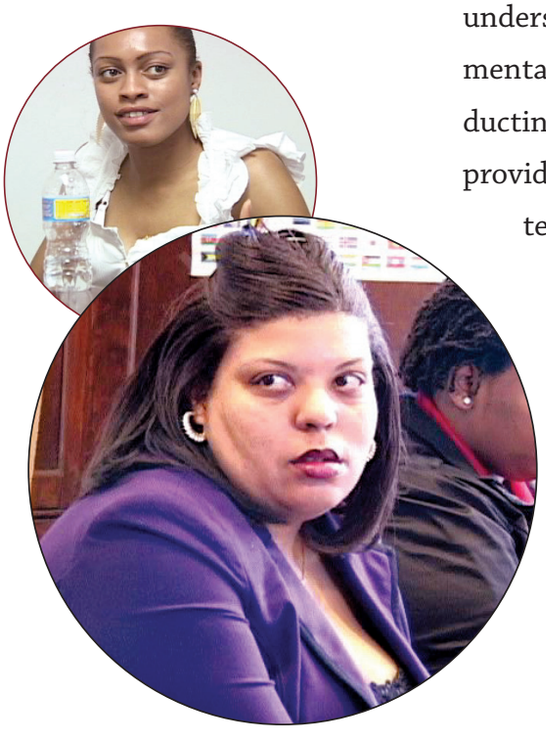
Living in "survival mode" spans a breadth of issues that make "just trying to live" challenging, from finding jobs and getting money to interactions with police and the criminal justice system to navigating dysfunctional relationships and home lives. Participants in this community-participatory research spoke poignantly about what it takes to survive the streets and about how dealing with kids, family members and intimate relationships is stressful. Money issues (not having any or enough) consumed much of their thoughts.

Most of the young adults in these focus groups were raised in single-parent homes, had lost a family member, were exposed to violence in

the home, grew up in poverty and had witnessed street violence. Participants said there is constant pressure to be strong, angry or tough in order not to seem weak in the eyes of others, because they will try to hurt or take advantage of you. As one young man in Chicago shared, "mental health care is a small problem in comparison to the other things they are dealing with."

African American youth and families living in poor and at-risk communities need a strong mental wellness support system. It is our hope that these findings and recommendations can help serve as a foundation for such a system, one that promotes and utilizes culturally-relevant messages that de-stigmatize the seeking of mental health support as a "sane" response to trauma and constant stress.

We believe that our multi-city focus group research findings can help agencies, CBOs, churches, foundations and policymakers reach out to the broader community about the importance of culturally-relevant mental health services and programs, both for prevention and treatment. This research also can help service providers gain a better understanding of the worldview of youth and families who require mental health support, and assist providers in more effectively conducting outreach and the provision of services to them. The research provides parents and school-based staff with information about potential indicators of emotional and psychological issues, along with protective factors that can support young people in dealing with such issues. In addition, we provide emergency room personnel with guidance on how to support people who have been victims of or witnesses to serious violence.



To support these various applications, we have also created a CBO/provider "Toolkit" that can help persons working in low-income communities better understand how issues related to mental wellness impact a myriad of social and

public health issues. We present the connection between "cause and effect," and provide tips for dialogue with young people who exhibit signs of withdrawal, anger or low self-esteem. The Community Wellness Toolkit can also help CBOs more effectively engage in community outreach to promote mental wellness.

This audience research can be a foundation for future communication initiatives targeting low-income communities. Comprehensive intervention campaigns need to be developed that include social marketing activities and outcome evaluations. Such community education campaigns could raise awareness, reduce stigma and place critical mental health and wellness information directly into the hands of the families and individuals who need it most.

We know that communities of color are likely to respond to authentic, credible and action-oriented messages. Customized messages need to be developed that directly target teens and young adults – with separate but equally compelling messages for parents and other caregivers. By promoting mental wellness as a way to deal with many of the limitations society has placed upon low-income urban residents, we can help those with adverse life experiences to "become stronger in the broken places," assist them in their recovery, and provide a positive means to cope, heal and thrive.

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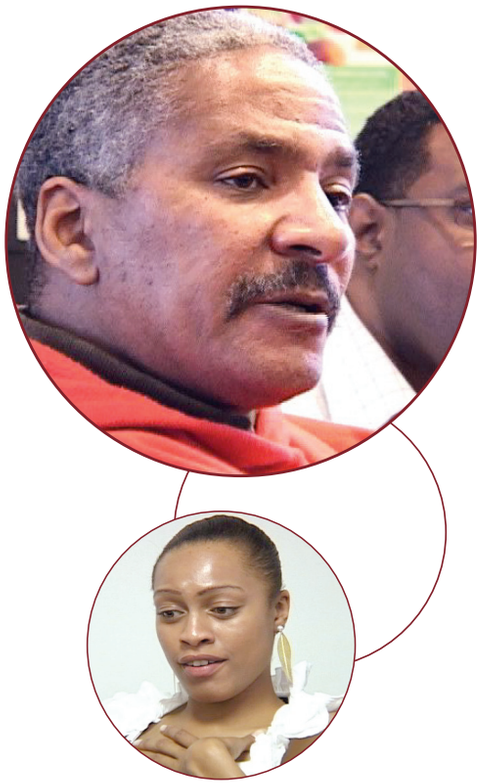
— Executive Summary —

Research Findings



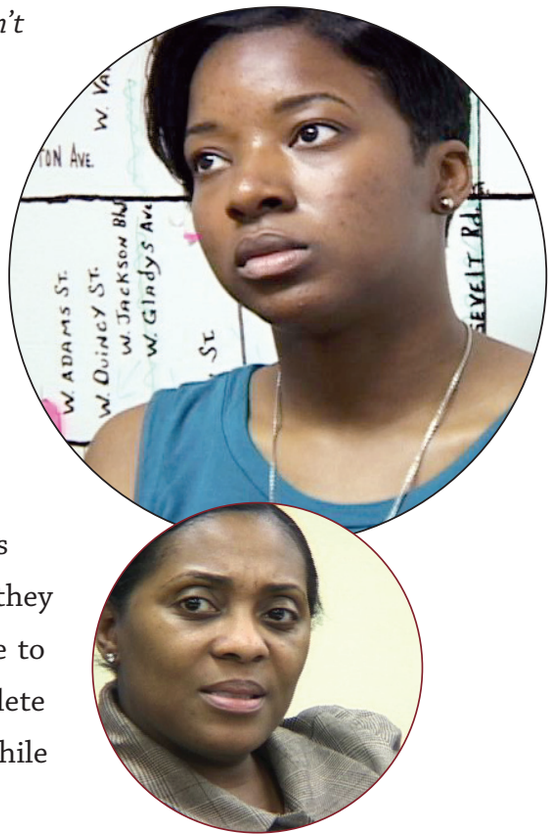
Stress and Trauma are Constants

Understanding what kind of stressors young people are experiencing, how they have been traumatized, to what degree and why, are all critical questions, because they impact the state of their mental health and well-being. MEE's process is to allow the focus group participants to be heard as they tell their life stories, as this is critical to knowing where the target audience is (through their worldview) before promoting where we want them to be. Many causes of stress were named by the young people in this study, spanning a wide range of urban issues that make "just trying to live" a major challenge — from finding jobs, to interactions with the criminal justice system, to household/familial problems. Not having money and finding ways of acquiring it were enormous causes of stress for this segment of the American population. While young Black men spoke regularly about the trauma of surviving the streets, young Black women more often cited stressors related to interpersonal relationships.

The top three stressors for Black males are connected and intertwined. They are 1) not having enough money, due to poverty or unemployment; 2) dealing with community violence and the safety issues it causes; and 3) police harassment. Not having money, but wanting and needing things in life, sometimes leads people to choose activities "in the streets" to get money. *"If you don't have the money to maintain, you might go out and do whatever you need to do in order to survive, which could cause you to end up in prison or dead,"* an Oakland male explained.

Economics/Poverty. Not having any money, trying to get money, and finding ways to earn money cause a lot of stress for this audience. *"Everybody needs money to survive,"* one participant said. Growing up in poverty and not being able to make ends meet was considered very

stressful and a source of shame by young Black men. *"I don't want to [ask] this person for money,"* said one participant, *"because it's going to make me feel like less of a man."* Several males talked about having children they want to take care of but can't. *"That can really cause mental illness,"* said one male in DC.



Women also listed lack of money or a job, work problems and "paying the bills" as sources of their stress and anxiety. *"Sometimes I feel I'm at the bottom with nothing, so I'm always thinking about money,"* said one female in Oakland. Mothers said that when they can't afford to buy their children what they need and want, it leaves their children even more vulnerable to peer pressure. Several young women said that trying to complete post-secondary school (to increase their earning potential), while also balancing their personal lives, was a stressor.

Related to money issues, young women cited peer pressure, the pressure to maintain status and "keep up with the Joneses" as a key stressor. They said not conforming was stress-inducing, particularly during adolescence. A mother agreed, *"Some teens have the latest gear and electronics and there's a pressure to keep up with all those things."* A Chicago provider said, *"So many of them [youth] are wrapped up in media life and what they perceive as how life should be. I call it 'chasing the dream.'"*

Home/Family. Women listed family problems, the daunting responsibility of raising children as a single mother, and issues with their children as sources of their stress and anxiety. One mother who is raising six boys on her own said, *"Their father is not in their lives at all. It's hard on them."* Her children, she said, often ask her questions about why their father is not around. Mothers said growing up in single-parent households without fathers is stressful for young males. *"I think I heard him [my son] say if he had a man around, a father, things would be better,"* shared a Chicago mother. *"I grew up without my father and it hurt me a lot,"* admitted an Oakland male. *"I used to cry myself to sleep. My father's not there and my mother's struggling to raise*

four kids on her own, working jobs, getting laid off, not having jobs." This kind of solo responsibility, along with a lack of resources and support from a partner or spouse, is a substantial strain on mothers.

Generational issues can arise in dysfunctional homes. One young woman admitted that her "attitude problem" is a source of stress and strain in her home and with her mother. Other family issues make young women angry or worried. *"When a family member calls, you know there's a problem, there's an issue, something's wrong,"* said a DC female.

Exposure to violence in the home is also a key stressor. Several young women had experienced violence in their homes in the past. Service providers mentioned the impact from *"abuse in the home from some family member or friend or some outside person."* Violence in the home, including child abuse, stresses children, according to a Chicago mother. *"Domestic violence is huge, especially in African American communities and Black women are often victims,"* she said. *"I think that's one reason why kids are so angry and they go to school and are ready to fight,"* said another Chicago mother, *"because they've been abused before they even leave home."*

There were many causes of stress named by young people, spanning a breadth of issues that made "just trying to live" challenging.

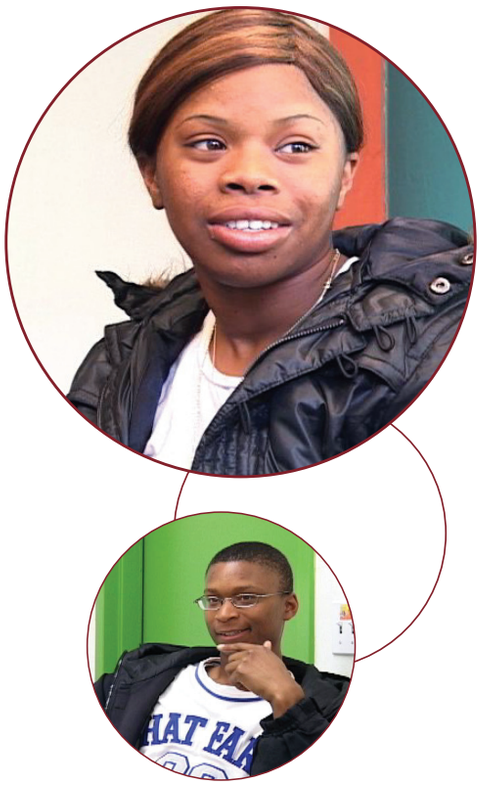
Interpersonal (Intimate/Dating) Relationships. Dating and intimate relationships can be stressful for adolescents and young adults, particularly females. Young women said that relationships with their "significant other" and the fathers of their children brought a lot of chaos into their lives. For the most part, however, males denied that intimate, sexual relationships could stress them out. They felt that there is no reason to get upset over one woman when there are *"plenty of others out there."* At the same time, when presented with a hypothetical scenario in which a girlfriend is caught cheating, they overwhelmingly reacted with frustration and anger. Many admitted that such a situation would most likely turn violent.

Gaining and maintaining trust between partners is stressful for young adults, because of the past negative experiences each has endured. Some young women admitted that abusive relationships were currently a large problem among their peers. *"We grew up with 15 and 16 year-olds, letting these dudes beat them up in the middle of the street, just cause they looked at another guy,"* said a Chicago female participant. *"Some females think they're not loved if they're not showed attention like that,"* said a Chicago female.

Community & Street Violence (and Death). Getting killed is considered an almost constant possibility for low-income males living in urban communities. *"Innocent people are always getting killed,"* said one participant. *"You never know if someone you know or someone in your family could get killed,"* said one male from Oakland. A person, young males agreed, could be shot at just for walking in the wrong territory or neighborhood or for being mistaken for someone else. Many assume that they will not make it into middle age; they look at each day as a gamble.

Some of the young men who live in an environment where violence is widespread and the norm failed to identify it as a stressor, because it's such an omnipresent aspect of their lives. Several participants commented that they're not fazed because both random and turf-related violence has become so familiar. *"Living where we live, it's like you're used to it. [You say to yourself] 'Oh, he got killed? Damn. Well then let me watch my ass over this way then,'"* explained one young man. Even for some who agreed that the violence is a major stressor, they said that it is something that they have learned to live with. As one young man said, *"I can't do much, because it's gonna happen."*

Dealing with death is a stressor, whether it is of a family member, friend or *"someone you know from the neighborhood."* Many focus group participants had lost someone to violence. Even though *"nobody close*



to my daughter has gotten killed this year," one mother said she still worries about how those kinds of incidents affect her. *"My boys probably know six or eight friends that have died, people they went to school with,"* said a Chicago mother.

Some mothers worried that constant exposure to violent incidents may eventually make their sons react in a negative way. Mothers said young people *"discuss death like it's nothing. It's just a way of life. It's so acceptable."* Violence in their communities has caused some young Black men to effectively give up on life, *"A lot of them don't expect to live past 20, 25 years old,"* one Chicago mother said. *"They expect to die. They expect to be killed. I've heard them [my sons] say it." "They discuss death like it's nothing,"* said another Chicago mother. *"It's just a way of life. It's so acceptable."* Another Chicago mother said that when her 14-year old son is stressed, he tells her *"that he wishes he was dead. I say be careful what you ask for because God is listening."*

Women agreed that safety (for themselves, and particularly for their children) amid violence in their community is an ongoing worry. *"I shouldn't have to talk to my children [about staying safe when gunshots ring out] like we're in Afghanistan,"* said an Oakland mother. They said they worry about their families and the neighborhoods in which they live, given the high incidence of crime. Several young women said they had experienced harassment on the streets by the young men in their neighborhoods. *"You're walking down the street and a guy calls out to you and you deny them, so they start calling you names,"* said a Chicago female. At times, such name-calling can escalate to physical threats and violence, young women said. *"They'll try to hit you with a bottle or do stupid, ignorant stuff just to show off for their friends."*

Police & the Criminal Justice System. Dealing with police officers can cause constant stress for young Black men, even if they are "doing what you're supposed to do." Interactions with police were

cited as stressful because, *"you can be chillin' and you come up as someone's target."* An Oakland male agreed, *"Hell yeah, it's a stressor. They [the police] just killed my homeboy. They handcuffed him and shot him in the back three times. That's stressful."* Participants said that police "mess with" the wrong people and that even innocent residents can be targeted by "crooked cops" who take the law into their own hands. They said that the police aren't looking for the people they *should* be looking for. *"People ain't doing nothing, and they want to go arrest them, but people [are] out here dying and they can't do nothing [about that],"* said an Oakland female. They also complain that residents in their community don't feel protected or served when they are victims of crime and call the police for help.

Racism and Education. Racism continues to be a stressor in low-income communities. Young men felt that being Black put them at a disadvantage in society; they were unable to get the respect they felt they deserved, or to be able to let their guard down and "rest." One young male said that fighting against *"the stereotype that every African American male has dreads, wears his pants off his behind and the only thing on his mind is getting high"* causes pressure. Young women also mentioned instances of institutional racism. *"Racism is still alive in our education systems...if you just look around at where we live! We're not getting any resources,"* said an Oakland female. Though not mentioned by the young adults, mothers said that school (including getting into college) was a stressor for their adolescent children. *"The inability to learn like other children stresses him [my son] out,"* said one mother, *"because he doesn't read very well, so he tends to act out when it comes time to do something like that, so his peers won't know that he can't read."*

The Effects: Struggling to Cope

Understanding coping behaviors for the identified stressors enables us to identify the strengths and weaknesses of low-income urban youth and learn how they "get by," including how they handle trau-

matic incidents in their lives. Participants named both positive and negative coping behaviors and strategies. By observing and analyzing these behaviors, we can create effective interventions and alternatives to the existing mental health system (treatment vs. prevention).

One provider said that the pressures often become unbearable to youth. *"They are robbing, stealing and selling drugs,"* said one DC service provider. *"I wouldn't consider them mentally healthy."* However, many young people seemed to demonstrate resilience in recovering from "life's hard knocks," a finding confirmed by project expert Dr. Carl Bell. *"As I read the national surveys on mental health and trauma,"* he said, *"there's some suggestion that Black people actually have better health outcomes than white people."*

Negative Coping Behaviors

Self-Medicating. Young people admitted to self-medicating with alcohol, tobacco and marijuana (*"to smoke my problems away"*). They said their peer group manages stress by "rocking out" (celebrating with drinking or smoking). *"I get a bottle of vodka, drink it, drink some more the next day to avoid a hangover, and I'm good,"* said one participant. *"I'm going to get me a blunt or get me a drink and listen to some music,"* said one Chicago young adult female. Tobacco was also used as a form of self-medication, for calming "nerves."

Acting Out. A DC service provider said young kids today tend to act out violently and make bad behavior choices to cope with the stress they're dealing with. Even though the majority of the young women seemed able to manage negative emotions before they get out of control, one woman said that she still sometimes *"snaps out,"* while another Philadelphia young adult female said, *"Sometimes I'll react before I think about it."* One woman admitted that she often yells and takes her stress and frustration out on those around her.

Denial. Males mostly said they keep their emotions bottled up inside. Some participants recognized that this response only builds up additional stress. They also recognized that by letting things build up inside, it could result in exploding in anger later on, breaking objects, "snapping out," being ready to fight at the slightest conflict or retaliating for a real or perceived slight/incident. Yet that realization did not keep participants from admitting that they deny, block out, ignore or tune out things that bother them. One woman said she "turned her emotions off" when she experienced a loss. Both genders said they must be "tough" or "hard" all the time. Needing help could be perceived as a sign of weakness to others, and leave one vulnerable to being taken advantage of.

Internalizing. Some providers said young people are internalizing their anger. *"They're [Black males] so angry they don't know what to do and how to express themselves and how to deal with anger."*

Positive Coping Behaviors

By understanding the positive coping mechanisms young people use to respond to stress, we can promote and reinforce the protective and resilient factors that help low-income Black youth survive, even without the mental health treatment that is afforded to upper middle-class youth. We can also begin to uncover interventions that leverage the seeds of things that are important to them, such as "being cool."

Talking It Out. Peers are one of the main resources for Black youth and young adults to talk with about stress and trauma in their lives. Most of them said there are people in their lives whom they feel connected to, and from whom they get support. Friends were a source of relief from the stresses, they said, for they could relate to one another. *"You confide in your partners to make you feel better because they're in the same situation that you're in."* Some are will-

ing to lean on these and other non-judgmental relationships for support in tough times.

Many youth are also talking to key adults (often family members) in their lives. Sometimes youth seek out influencers — grandparents, school counselors or a coach — with whom they have a connection. *"[These kids] are dying to talk to anyone they can trust,"* said one provider. *"If they feel this is a safe place, then they open up and it just pours out."* Males will seek out and talk to other Black males that they respect, whether it is an uncle or "old head."

If they're looking for non-judgmental adults, young women said they turn to their version of the "old heads" in the neighborhood — the grandmothers and great-grandmothers. They also talk things over with their best friends, cousins, and siblings, in order to get some moral support. One woman said she finds support from older friends, who she considered to be mentors. *"They're almost in my age bracket, but have a little more knowledge,"* said an Oakland young female. Many young women felt it was easier to confide in someone outside of their immediate family when discussing their problems. *"It's easier to talk to someone who doesn't know everything, all your business and stuff. Your family puts their own emotions in when they're not supposed to,"* said another Oakland young female.

Creativity and Other Positive Outlets. Creative outlets such as poetry, rapping, singing, listening to music or songwriting are used to cope with stressors. Young women mentioned writing in a journal and doing hair to relax. Some participants in both genders said in the face of stress, they try to remain positive and keep in mind a broader sense of purpose for themselves. *"I find positive things to do on a daily basis, whether it's going to visit my little brother or playing in my band or playing basketball at the gym,"* said one participant. Another young man said his hunger for success keeps him focused on goals and not

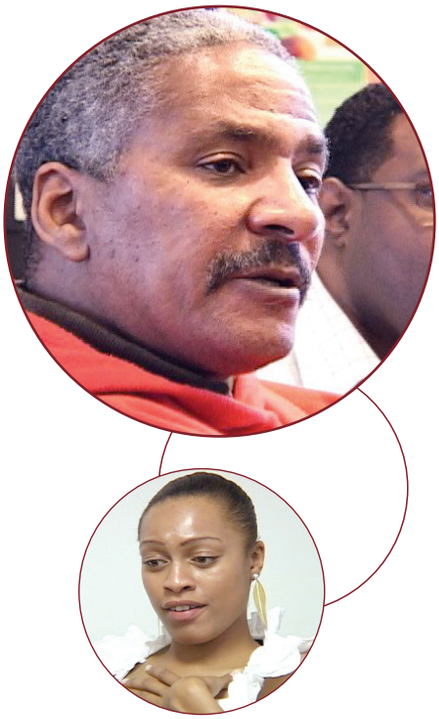
barriers. *"I'm always looking to be a better person than I am,"* he said. *"I want better for myself and for my family."*

Finding a Release. Exercising and playing basketball (including on video games) were also main stress relievers for Black males. Several participants said playing with their kids was a great stress reliever. Some young men said they released stress by *"going to the club and boogieing my ass off."* Some males said having sex was a stress release. Other young people said they take the road of *"taking a time out"* by "taking chill time," thinking, getting away to the beach or an amusement park, or *"turning off my cell phone or getting away from my everyday routine."*

Same Neighborhood, Different Outcomes: Who's Thriving vs. Surviving?

The things that help young people thrive (vs. merely survive) are an important inventory to have for their lives. Identifying resilience and strength-based behaviors to manage powerful emotions and life's stressors can help mental health professionals and the broader community equip young people with the psychological tools they need – without labeling them as having "mental problems." We asked all participants what made some who experience trauma thrive while others crumble. Answers included being focused (having goals), believing in a higher power (faith/spirituality), a strong support system and an ability to see beyond one's immediate circumstances.

Having and Using a Strong Mind. Having a strong sense of resilience and self-esteem is important; *"It's a mental thing,"* explained one participant. Many young women said they get their inner strength from past experiences. An Oakland female agreed, *"We all got to go through something to make it somewhere." "Let the 'haters' say what they say and do what they do and just keep pushing. You just got to motivate yourself,"* said a young Oakland female.



Several young men felt that by "using their heads" they manage their emotions and negative feelings pretty well. One said, *"I think about my shit. I've seen too many people react just off of emotion, so I think about what I'm going to do,"* said a Philadelphia male. *"I sit back, think about it [a problem] and revise my strategy,"* said an Oakland male. One woman reported that when she has serious problems she goes into "deep thought" in an effort to reflect on self and the mistake and to learn from it. *"Take the time to focus on yourself and be alone,"* said a young Chicago female.

Goals/Focus. When asked how they bounce back after setbacks, some young men said they "stay focused." Having a purpose in life helps them get through any struggles they might encounter. *"You have to set goals. If you don't have goals you set for yourself, you're lost,"* said a young Chicago male. Having people counting on them (such as their children), depending on or looking out for them can help motivate you to keep going after a traumatic event or bounce back from hard times, young people said. Others said that keeping the big picture in mind is also helpful. *"I'm always looking to be a better person than I am. I'm hungry. I want better for myself and for my family,"* said a DC male. A Chicago woman said, *"I write down my top five goals and check them off as I go along."* A mother suggested that successful people have learned how to set small goals for themselves each day; that way, they feel a sense of accomplishment when they achieve them. Some participants, however, also discussed the importance of having alternate strategies. *"Have a 'Plan B' of what you want to do in your daily life."*

A Strong (Positive) Support System. Most participants felt that people who have a strong family support system are also more likely to thrive. These people also know how to ask people in their support network for help and do so when they need to. Some young women felt that being around positive people would help them to bounce back. *"You gotta talk it out with somebody,"* said a young Chicago female.

Mentoring/Learning from Others. Young men felt that interacting with mentors and role models who had lived through a tough time helps you to see that you can get through it, too. Young people felt that experiencing or seeing someone else get through a tough time provides a roadmap that can be customized for their situation.

Keeping Things in Perspective. Young men said they bounce back from major setbacks that are stressful by accepting them as part of life. Instead of catastrophizing the setbacks, *"I just deal with it as life. My life must move on. I can't let my life stop just because of a certain situation,"* said a DC male. For many young men, stress is a part of their daily lives and for the most part, they seem used to it. *"I just don't really let shit get to me,"* said a young Oakland male. *"If there's nothing I can do about it, I just let that shit go."*

Knowledge and Attitudes About Mental Healthcare Programs & Services

Attitudes among focus group participants towards mental health services and programs provided useful information about many of the current barriers. Understanding barriers provides an important foundation for future improvements to mental health service delivery. The attitudes towards mental health services and programs were related to both negative and positive personal experiences with mental health services to what people have heard in the neighborhood about how "bad" it is, and to the kinds of things therapists do and the drugs they prescribe.

Participants overwhelmingly agreed that there was a low level of awareness about existing mental health resources. They said that if a person decided to get help, it would be hard to find competent, compassionate and culturally-specific counseling services. *"It would require a lot of research,"* they said, to find out the best place to go that you could also afford and trust. While some mothers knew of places

to access services, overall young Black males couldn't offer many specific locations where they would refer someone to get treatment or mental healthcare services. They believed that their friends would be unlikely to get professional help because they would not know how to access it. *"They don't try to help us out here. You would have to deal with that [emotional or mental issues] on your own,"* said a young Oakland male. Some young women mentioned local organizations that they were aware of or were currently using for mental health services. They said they had heard about these services through their healthcare insurance providers, the court system, or their children's schools. Service providers were able to list several organizations in their cities that offer mental health assistance.

Overall, most participants had no direct experience with mental health, though word-of-mouth from others had colored their perceptions of services and provider locations. Community reputations of local programs and services varied from "good" to "OK" to "really bad." Many of the facilities cited in the groups had negative reputations in the community. For example, while one mother said people who work there are *"in it for the money,"* another alleged that sexual abuse occurs in in-patient facilities. Overwhelmingly, those participants who reported experiences with the mental health system described it as negative. Bad experiences included challenges in getting help when they needed it, lack of access to "the system" in general, and horror stories regarding their experiences at mental healthcare facilities. For example, a Chicago mother said, *"When my son went to [one facility], he said it was horrible. They treated him like a prisoner, with the doors locked."* Another mother agreed, *"That's how I was treated … I came to get help for my son. They locked us in a room with another parent until they had an intake person come and talk to us,"* she said. Another mother had a negative experience regarding access. *"I just got turned down, because I couldn't afford [the services],"* she said.

In most of the mothers' focus groups, there was at least one participant in each group who described a positive experience with a mental health professional. One mother, for example, said that when her daughter was raped as a child, the entire family went to counseling in order to deal with their respective feelings about the incident. An Oakland mother said she successfully used the services of Children's Hospital when she was concerned about her son's pre-teen behavior. And a Philadelphia mother who described herself as depressed said that she has sought and continues to seek therapy. Participants, like these, who had positive experiences, were able to name several benefits of seeing a therapist or counselor regularly, including receiving help with emotional issues and coping skills, developing insights that put life challenges in perspective, and simply feeling less alone as a result of having someone who is non-judgmental to talk to. In addition, a few young adults disclosed having counseling sessions with therapists.

Service providers said that in most cases, people are exposed to mental health services only if they're in foster care, if they've been incarcerated or if they have been diagnosed and medicated institutionally. Other than that, they said, low-income African Americans may seek professional help for mental health issues depending on the severity of a problem or behavior. Young women said people don't become aware of services until something (like incarceration) happens.

Young men said they never hear of mental healthcare agencies being advertised or promoted in their communities. *"I don't think mental wellness programs promote themselves good enough for them to be well known,"* said a DC male.

Arguments Against Accessing and Using Local Mental Health Services

Arguments against accessing and using local mental health services go to the core of this communications research project. Being able to respond to these arguments is crucial to helping the community understand that if they need help, they should to get it, in order not to suffer negative outcomes later. The arguments can be broken down into three major areas: self-conceived ("I think, I believe…."); problems with the system ("I heard, this happened, etc….."); and current negative coping behaviors that participants believe are helping them successfully deal with their issues.

There were numerous environmental, social and cultural barriers identified by focus group participants. One of the biggest barriers was stigma related to mental illness in the African American community, cited by participants, service providers and experts. Young adult participants said that overall, people their age aren't getting help for mental health issues, because *"who wants to be viewed as crazy?"* Oakland mothers said stigma makes some family members too timid to bring up the issue. *"We won't even tell [our own] family members to get help."* People fear being labeled or having a record of having sought counseling that will follow them for the rest of their life.

Many believed that asking for help for an emotional problem is a sign of weakness. In street culture, Dr. Joe White said, *"A strong man does not need to be counseled by a professional,"* he said. *"That's an admission of weakness."* A provider cited a legacy of survival in hard times. *"Black people have struggled, and they feel they have to be strong and that that is what they're supposed to do."* At the same time, most people believe that life is tough, so they just deal with it. *"You don't seek a professional, you just try to get from day one to day two,"* a provider explained.

Other cultural beliefs include "keeping people out of your business" and trying to live up to expectations that "God doesn't give you more than you can handle." One woman said that some people worry about others finding "about their business," in spite of confidentiality rules. Adults, parents and caregivers who are overwhelmed with their own issues of survival were believed to neglect the emotional needs of the young people in their care. Some parents, mothers said, are *"strung out, all in their own world."*

Some people, participants said, are in denial about their own mental health issues. *"Some people think they don't even need help at all. They think everything is okay,"* said a Chicago female. Young males said some members of the community saw no problems in their life or simply refuse to change. *"They think their swagger is so high that they don't need anyone to talk to,"* said a young DC male. Young women in DC said young people aren't seeking help for violence or depression because they see the things around them as "normal."

Another barrier is the lack of education and awareness about the mental health system. Providers said many people don't know where to go to get services for their mental health issues, and they don't know how to navigate the system. In addition, the current tenor of mental health services is punitive and institution-based rather than preventive and community based, increasing resistance to getting help for emotional issues, stress and trauma. *"Historically, when you talked about going in to see a mental health counselor, you were sent there by the school principal, by your probation officer, or some authority figure made you go,"* said Dr. Joe White.

Environmental barriers mentioned included lack of or inadequate insurance coverage, perception of expensive cost and the inability to find high-quality, culturally relevant services with locations and hours that are convenient to low-income communities.

Logistical issues such as transportation and childcare needs also pose a challenge.

And there are others who simply believe that therapy and treatment don't work – that instead it is psychobabble. Young males said mental healthcare professionals "make you crazy" by asking questions and pushing you to say something you don't mean. Some young males believed that with inpatient services, people come out worse off than they were when they went in. There were also beliefs that "Black people don't get" certain mental or emotional problems. *"Many low-income African Americans view psychology as "that white shit." They don't see it [therapy] as something that's really relevant as a tool,"* said a DC service provider.

There were other myths and misinformation about mental illness, mental health treatment options and program/services among the focus group participants. For example, people in the focus groups tended to believe that mental health services are only for those who are "seriously" mentally ill. There were also horror stories about the treatment process. Said one Chicago provider, *"They're afraid of being overmedicated … they're afraid of being strapped down and put in a padded room and all these things you see on television."* Participants overwhelmingly believed that medication is the preferred method of treatment by providers for Black people, particularly children, with emotional or behavioral issues. They felt drugs were often administered before a complete assessment was even done, and that psychotherapy or counseling were often second-tier options. Providers and mothers agreed that there is a lack of education among low-income Black parents about holistic medicine, biofeedback and other ways to deal with mental health other than medication; therefore they can't effectively advocate for alternative treatments.

Mistrust of "the system" in general, and specifically of the medical community, based on historical events, present-day struggles with racism and discrimination, and personal experiences were all strong arguments against accessing services. Providers said fear of losing their children (to child protection agencies) keeps some parents from seeking out help for emotional issues or other problems in the home. Experts said that instances and perceptions of institutional racism keep young African American males, in particular, from seeking out and accessing mental health services. Many mental healthcare providers, they said, are unwelcoming to Black youth. *"They see all of them as gang bangers or violent,"* said Dr. Carl Bell. *"Black people go in and they get insulted,"* he said.

Participants commented consistently about not having mental health service providers who "look like them" and share their backgrounds and experiences. A young man in Oakland said that there's no way a therapist could relate to the things that he's witnessed and deals with on a daily basis. Another participant said it would be awkward talking to someone he did not know and near impossible to begin to open up about his life in front of him or her.

Solutions and Strategies

What Is "Point B?"—How the Community Defines Mental Wellness

An open and honest approach is needed to begin talking to the community about the complex issues that surround mental health and wellness. Intensive and sustained outreach can engage far more of those most in need of help. As part of that outreach, mental health professionals need to start with the basics. For example, how does one explain to an underserved and overstressed community what mental wellness looks and feels like?

It is critical to first understand "Point A." How do members of the local community think and talk about their mental state? What words do they use? Is there a level of comfort with the concept of mental wellness? Once providers understand the "receivers" worldview, they can then build a bridge between their own professional knowledge and perspectives and an individual's feelings, needs and interests, by "meeting people where they are." People in the community need to understand that they have choices in the way they go about seeking mental wellness for themselves and their family. They need guidance in finding the path that works best for them. In order to get them to "Point B" (where we want them to be), we have to understand both what to say and how to say it; this helps build bridges to better ways of dealing with the stress in their lives.

In MEE's focus groups, providers defined mental health as having the *"coping skills and survival techniques"* to deal with and adapt to everyday situations and stressors. One's emotional health is included as part of the definition. *"Emotional health is what gauges your day-to-day activities and how you respond and react to whatever's happening with you,"* one provider explained. Words like "freedom," "balanced,"

"healthy" and "happy" came to mind for mothers. They said that someone who is mentally well is "functional," can "see things clearly," and is "able to bring balance and order to their own life." *"I think mental wellness [describes] a well-rounded person, one that can accept changes in life,"* said one DC mother.

Prevention vs. Treatment: A New Framework for Strengthening Protective Factors

The responses focus group participants gave for why some people survive and thrive in spite of stress and trauma correlated with a number of the protective factors identified by the project's expert panel. According to Dr. Joseph White, the protective factors that make some people able to survive extenuating circumstances include an ability to come up with their own responses to tough times. *"These boys that don't seem to fall victim,"* he said, *"develop alternatives to being victimized by violence, alternatives to drugs, alternatives to gangs."*

Carl Bell, M.D., another member of MEE's expert panel, has for decades studied mental wellness approaches for African Americans that use protective factors as a way to support resiliency in the face of traumatic events. He has identified seven major protective factors that can positively impact young African Americans dealing with stress and trauma:

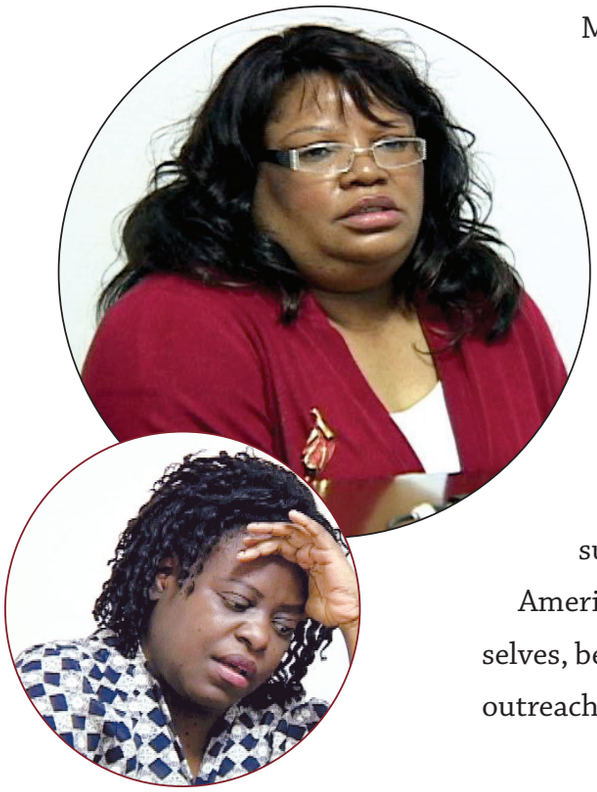
- Social Fabric/Village (Community)
- Connectedness to Others (Rites of Passage)
- Adult Protective Shield
- Social Skills
- Sense of Self (Esteem)/Sense of Models
- Minimization of Trauma
- Access to Modern & Ancient Technology

Some of these protective factors are already in evidence in significant ways among low-income African American communities. Yet, they still need to be reinforced. Others, the community has lost. As the safety net associated with the traditional "village" concept has unraveled; these elements must be rebuilt. Finally, there are protective factors that must be introduced in our communi-

ties in a culturally relevant manner. This includes dealing with the stigma of having conversations about mental illness and mental wellness in the first place. Using these and other protective factors as a framework allows a shift from mental health treatment as a focus of funding and programs to a prevention focus – one that helps "inoculate" young people against traumas they will face.

Changing the Mental Healthcare Service Delivery Model

"When Black people feel that they can trust you and that you are genuine, they will open up. But where can that be found easily and affordably and with people who look like you?" (African American mother)



Mental health service providers believe they can improve the nature and quality of their care, particularly related to cultural relevance. DC providers said that if they had a chance to create a new mental healthcare delivery model for African Americans, they would first ensure providers have a consistent staff and budget. Some providers also urged their peers to gear their practices toward family, rather than individual wellness, improving family bonds of communication. Before tackling new strategies to promote mental wellness, Chicago providers suggested that their peers who work with low-income African American families should first make sure they're healthy themselves, because excessive caseloads (as could be created by an effective outreach campaign) can be stressful.

Increased Training for Providers

The formal training of many mental health service providers, said Dr. Joseph White, is based in a Eurocentric tradition that often may not be culturally relevant in urban communities. He believes providers need additional training to help them learn how to garner trust in

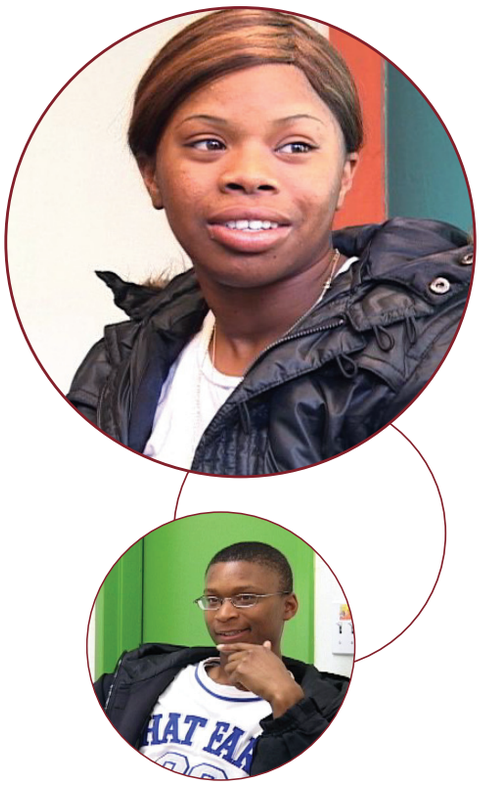
African American communities. Such training can help mental health service providers to have fewer negative attitudes about members of the community they serve. Professional development and other training around urban youth communications and culture is an important step in overcoming stereotyping and demonization of young Black males.

While providers in our focus groups said that most of their peers try to be culturally sensitive, they admitted that they often fall short. One Chicago provider, for example, said her White colleagues didn't know about basic historical events such as the Tuskegee Experiment or Jim Crow. However, she said, *"They need to understand that our Black kids' anger and low self-esteem is not just a myth...We're still dealing with racism. They don't get the history, the historical context of why we don't trust."* They all said this could be remedied with better training, including education about key elements of the healthcare history of African Americans.

Workshops and training could help existing mental health professionals (along with schools and other youth-serving organizations) be more culturally sensitive, better understand the dynamics of the African American family and communicate more effectively with inner city families. Mothers and youth said mental healthcare providers need technical assistance workshops, so that they can learn to be more culturally-sensitive, client-oriented and effective in their communication with African American adolescents. Specific workshops should be offered, participants said, on communicating effectively and working with young Black male clients.

Increasing and Improving Community Outreach

Talking directly to people is critical in getting the issue of mental illness/wellness out in the open. Dr. Joseph White believes that ser-



vice providers cannot sit in their offices waiting for clients to come to them. Residents in every research city said mental health care organizations and professionals are currently doing "very little" community-focused outreach. This leaves local residents unaware of the kinds of services available or of various treatment options. Instead, White says, providers have to get out into the community, wherever the clients are. They should actively promote their services (educating and informing residents) through community-based outreach, instead of waiting for clients to come to them through institutional referrals.

Young adult participants said that agencies and individuals seeking to promote mental wellness need to do grassroots outreach deep in underserved communities, including going door-to-door and talking to people with an "on-the-ground" approach similar to canvassing for votes. By being in the community, a participant said, *"you show you're at ground zero. You're in the hood."* One man said that simply by doing this, someone would have his full attention. *"Show you're up front and honest and really trying to get your message across. They'll recognize it's real,"* said another male from Oakland. They cautioned, however, that agencies have to be consistent and stick with it. *"If they [people in the community] don't know you, they're not going to feel you. They'll know [if] it's genuine,"* said one young adult male from DC.

Where to Go. Providers agreed that having information readily available in the places where African Americans go would help increase awareness of mental health services and options. Chicago providers suggested outreach in non-traditional venues such as casinos, liquor stores, on the train, and at bus stops, barber shops and beauty and nail salons. *"We want to meet these people where they are,"* said one provider, *"and not be judgmental and be able to provide the information, even if it's only leaving a stack of your business cards at the register or asking them to stuff their bags with the flyer from your agency."* Youth

said flyers promoting mental wellness should be posted at community-based organizations, parenting centers and doctor's offices that already have access to the target population.

What to Do (Outreach Strategies). Young people said holding mental health fairs and forums where music, entertainment and food are provided would get people to come out to get more information and would also be a great way to get people excited and involved. Several people suggested that outreach should include incentives in order to generate interest: *"Anytime you say 'free whatever,' then people will be attracted to that."* They also suggested block parties and social and fun activities as a way to counteract the stigma attached to mental health issues. An Oakland mother suggested a "soft approach" to community members as part of an outreach strategy, inviting them to events with good food like barbecue, and then moving into a discussion about mental wellness.

These venues could also help spread the word about seeking help for mental or emotional issues. *"Give people information about how they [providers] can help them,"* said a female from DC. One woman said a technique used by her son's daycare might be successful: *"They have meetings [for parents] at the end of the day. They watch your kid for free, you just come listen to what they have to say, and they watch your kids,"* said a female from Philadelphia. A young male in Philadelphia said that agencies should, *"Get a gimmick. Say 'Come on, we're going to go somewhere, but we're going to get in this room and talk first,'"* said one young adult male from Philadelphia. Providing incentives such as food and raffles would increase participation, they said.

What to Say. DC providers said that if they had a chance to create a new mental healthcare delivery model for African

Americans, one of the first things they would do would be to get rid of the term "mental." During grassroots community outreach, providers can use other words and phrases to broach the subject of well-being.

When doing outreach, providers of mental healthcare information should be proactive. They should *"tell and show them how to better themselves. Go with them – pick them up and go together*," said a young adult female from Philadelphia. They should also keep it simple and address their issues up front. *"Don't candy-coat it; be direct. If someone said to me, 'You look like you're going through something' I would tell them, 'I am.' Approach me the right way*," said a female from DC.

Counseling in Non-Traditional Settings

Once providers have made initial contacts with members of the community, they may need to "ease them into" the therapeutic setting. Group sessions and their inherent peer support would be a good starting point. Male participants said that in order to promote mental wellness and address the stigmas surrounding mental illness, the target audience would need to be gathered and captive. A group setting that is social and comfortable is more conducive to getting a person to open up and talk about their problems, they said. One young man suggested games as being a great way to achieve this.

Young women liked the idea of support groups (with food/refreshments) as effective channels for delivering messages about mental wellness. They also suggested having group discussions to spread the word about seeking help for mental or emotional issues. They felt, however, that it should be noted on any promotional flyer that information shared in the group would be confidential.

These kinds of group settings can also leverage peer dynamics to help counteract the stigma attached to mental health issues. Using groups to break down myths related to treatment and medication will help

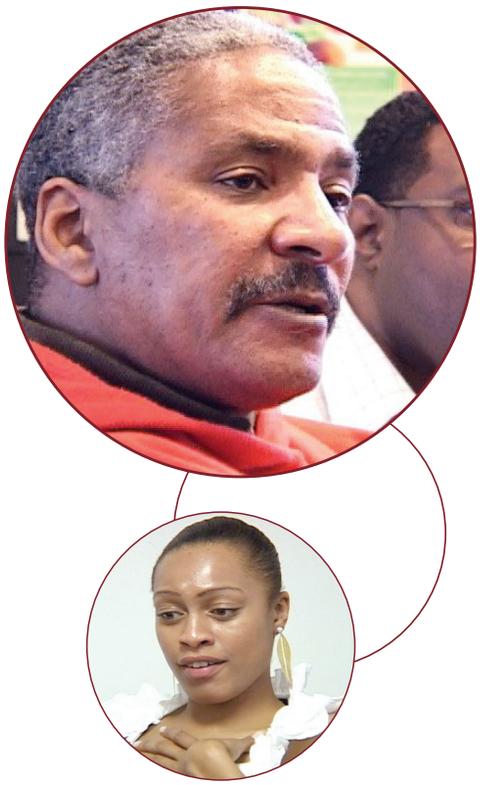
in situations in which prevention strategies aren't enough – such as when serious trauma occurs that requires a medical-based intervention. Through the trust that has been built from more informal interactions, young people are more likely to give therapeutic interventions a try; and many will come gladly and benefit from the experience.

Interacting with Clients

After trust has been built with young people in group sessions or ongoing dialogue with providers, mental health professionals can engage in a deeper level of interaction. Young adult participants in our focus groups wanted connections with mental health service providers that are built on mutual respect, authenticity and cultural sensitivity, and empathy/understanding. They want to feel that someone with whom they have a good rapport is really listening and hearing their problems, without making judgments. The experts agreed that mental health service providers must develop and maintain solid relationships with their clients in order to help them cope with their life issues. *"You can't tell anybody anything if you don't have a good relationship,"* Dr. Bell said. A first step, some DC providers said, was *"shutting up and listening,"* and *"leaving their middle class values at the door."*

Effectively communicating with young men deeply imbedded in oral culture may require revising the strict protocols about interacting with clients. As one participant suggested, *"Maybe you [as a counselor] would have to open up to them and share some of your problems so the person sees, 'Ok, they trust me, they're talking to me.' That might open them up."* Using more visual tools in client counseling sessions could also be helpful, providers said.

Young men who said they would consider seeing a therapist were very concerned that trust be established first. A non-judgmental therapist can overcome client reluctance, yet that first effort to make contact



with the patient is a critical step. In order to get a conversation started, they said, providers must establish themselves as authentically caring and culturally relevant. That may be even more challenging for a therapist from a Eurocentric background. "*You have to relate to them first. Let me know that you've been in this area*," said a male from DC. Therapists would have to be non-judgmental and a good listener. "*Let them know you're not going to be a judgmental person…that you're coming at them as a friend. You have to show a sense that you care and that you're there for them…that they can call you at any time and talk about any problem*," said another young man from DC. Therapists would also need strategies to overcome clients' awkwardness about talking to someone he or she did not know; many participants said it would be near impossible to begin to open up about their lives in front of a stranger. A DC male said that providers "*don't know how to come at people. They're coming at them from a [I have a] degree standpoint. That will drive you crazy before it would help you.*"

Males felt that young people need to have the issues "broken down" for them. They need to be shown directly that there is a problem at hand and also shown how growing up "wild" in the streets will have negative consequences. The providers must take the time and effort to educate and inform young men about making positive choices, in order to make a difference. A therapist may also need to act as a mentor, stepping outside of his or her traditional role. Getting to know youth and helping them achieve their life goals, may be as important as the actual mental health interventions.

A Strength-Based Counseling Approach

A strength-based counseling approach can help build a stronger client-therapist relationship. Both Dr. Bell and Dr. White called for revising the medical model on which mental healthcare is built. *"The American model is focused on what's broken, instead of how to strengthen [people] and prevent [them] from ever breaking."* Dr. Bell believes that

Black people need wellness services even more than treatment. *"They need resiliency, wellness and protective factors,"* he said, to deal with the stresses in their lives. The "deficit-model" approach is a failure, he asserts. *"Rather than focusing on illness and negatives,"* agreed Dr. White, *"I'm focusing on the strengths from day one."*

Operational/Logistical Changes

Mental health service providers need more flexible hours so that they can be available during the times when African American families can access them. Providers agreed that mental health service providers need to be open longer than from 9:00 to 5:00 in order to better serve the needs of local families. In addition, services should be covered even for people without health insurance or who are receiving public assistance, with sliding-scale fees for low-income clients. For clients that are referred, providers should provide better follow-up with the whole family system, so that behavior changes are supported in the home environment.

Chicago providers said a common database that allows various agencies to share information would help them do their jobs better. They said fewer people would fall through the cracks if more providers were connected in or through a networked system. They also suggested more home visits with clients and their families.

Longer Term: Increase Diversity in the Profession

A common theme across focus groups was that an inability to find mental health professionals who "look like them" keeps Blacks from accessing services. On a basic level, this will require a significant increase in the low percentage of African Americans in the field of mental health.

Increasing diversity among mental health professionals is critical to effectively promoting mental wellness. Many providers said there are not enough culturally competent staff to meet the need in the community. *"I'm the only African American in my department,"* one Chicago provider said, *"and most of our clients are Black. They identify more with me, so I put a lot of pressure on myself, which [means] I could get burned out really easily."*

Providers also said the lack of diversity undercuts trust in healthcare systems. *"Most of the doctors don't look like us. Most of the counselors don't look like us...so we [African-American clients] can't trust someone who we don't think would even understand what our problem is,"* said another Chicago provider.

Focus group participants said there were too few mental health resources that have African American staff on the front lines. That is important, one mother said, because when Black people feel comfortable, they will open up and talk. Instead of talking, one mother said, Black people who go to a therapist that they can't relate to will shut down. Workforce development initiatives to increase overall diversity in the field are critically needed. Dr. Joe White says that since many training models operate from a Eurocentric perspective, *"the first thing we have to do is provide the training institutions with different training models, so that they have a clue as to how the community functions, how Black people develop psychologically, and what their needs are."*

Mobilizing and Educating Low-Income Communities

Working with Parents to Support Prevention and Treatment

Mothers said a community campaign should help adults understand adolescents' developmental stages, educate parents about the warn-

ing signs of an emotional problem (including PTSD), and address parents' fears about their kids being taken away by educating parents about their rights. They said that knowing about mentoring opportunities, understanding the symptoms or indicators of emotional problems, and being taught how to cope could help them better support young people who seem to be in trouble.

Participants also liked the idea of door-to-door outreach conducted by parents whose families had experienced (and survived) mental health crises. Messages should use real people and stories that *"let us see images of ourselves,"* said Oakland mothers.

There is also a need for messages to encourage parents that may be in denial to seek help for their children. One Chicago provider suggested a message, *"Your child may not be bad. Something may be going on."*

Partnerships with Schools

Oakland mothers thought schools could be a good venue for beginning to change community norms related to mental health. Providers suggested going to schools to do presentations. *"Start talking to kids early."*

A DC service provider said she would add critical-thinking skills to school curriculums to get young Black males to seek help to deal with their issues. Philadelphia mothers also said they would like to see mental health being discussed more in the public school system: *"[They spend] a complete eight hours daily in school,"* said one mother, *"and children show [behavior] in school that they don't show at home."* Schools could be a good venue, DC mothers said, for beginning to change community norms related to mental health. *"Maybe if the kids got that 'it's OK'*

message at an early age, then as they become adults, they won't mind talking about it to other people," said a DC mother.

Engaging Medical Facilities, Including Public Health Clinics

Overall, providers suggested integrating the idea of mental health into one's overall health. As one explained, "*People will come to the hospital for a cold…But psychiatry is in another part of the hospital that people don't want to go to. It [mental wellness] has to become part of overall health so you don't become stigmatized. You need an extra referral to walk over to [that] building, and that makes you feel different.*"

Mentors: Rebuilding the Village and Strengthening Social Fabric

Mentoring relationships (both formal and informal) will be a key to creating the kind of connectedness that can help young people weather the storms of their lives. There are roles for both individuals and organizations in weaving a safety net that provides support, guidance and motivation. One man in DC said young Black males have a difficult time dealing with stress due to not having anyone in the home to model how they can cope. *"A lot of it has to deal with [not having] positive male role models in their lives,"* said the provider. Another provider said a lot of successful people have moved out to the suburbs, so all the young boys see are pimps and drug dealers in their communities.

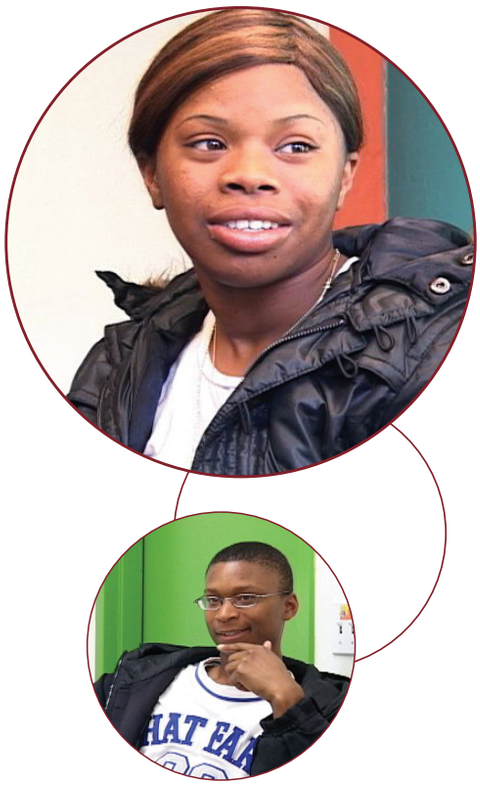
After-school, "rites of passage" and mentoring programs can fill the void created by absent parents and other caregivers. City parks and recreations agencies and facilities should be engaged as access points to young people, providing not just athletic programs, but also life skills, conflict resolution and goal-setting support.

Rebuilding the village and interactions across generations can also help young people see the bigger picture in life. Providers in Chicago, for example, felt that few youth are focusing on personal success, primarily because they are so short-sighted. *"We have kids who live in Cabrini-Green [housing projects] who have never been downtown."* Said another provider, *"I think they can't see anything long-range."* Churches and other faith-based organizations should be encouraged to do more outreach and get out in the community as a healing, not a judgmental force, Chicago providers said. Mothers suggested asking pastors to start mentoring or mental wellness programs.

Creating an Effective Mental Wellness Promotion Campaign—Messages to the Broader Community

The African American community needs an honest and open dialogue about mental illness and mental wellness. While some mothers felt their peers became more familiar with the concept of mental wellness as they matured, for younger adults, it was not on the radar screen. *"I think we see it, we hear it,"* said one provider, *"but we don't think that it's meant for us. I don't think we've been raised to look into mental wellness."*

Currently it is difficult to bring up the subject of mental illness to a friend or family member. *"As soon as someone says 'mental illness' or your child has ADHD, [people say] 'Oh, they're retarded. They're crazy.'"* Many people are in denial, we were told, and get offended if you raise the issue. *"If you bring certain of their behaviors to their attention,"* one DC mother said, *"then they get upset."* Another mother said she understood that reaction. *"If you call me crazy, I get offended by that… If somebody asked me if I needed to talk to somebody…I would ask them 'Why do you think that? Because I'm fine.'"* Stigma, myths, anti-psychiatry rhetoric and lack of awareness and understanding can be counteracted with targeted and culturally relevant communications strategies.



Messaging to the community is critical to breaking down generational barriers that often extend from grandfather, to father, to son and are repeated over and over again. The first set of messages should introduce the concepts of prevention, wellness and resilience to the community at large. According to service providers, in order to promote mental wellness to African Americans and start a community dialogue, the mental health community must simplify its message. *"Break down, but don't dumb it down."* Don't be too technical or scientific, they said, or you will intimidate people. They also suggested that a campaign have a catchy slogan that catches residents' attention and their eye. One woman said it also has to do with how the message is delivered, so a different word other than mental may have to be used. *"As soon as you say mental,"* she said, *"they say 'I'm not crazy.'"* Frederick Douglass said, "It is easier to build strong children than to repair broken men." Perhaps using quotes from historical African Americans and African proverbs to grab young people can connect them to their history in a way that is enlightening and culturally sensitive.

Young woman said the tone of messages promoting mental wellness should be kept upbeat and very positive. *"Come at them calm[ly] with a positive spirit,"* said one young adult female from Oakland. These messages should be inspiring, caring, motivating and supportive. The key for young females, they said, is to focus on the benefits of mental wellness. *"Grab their attention with the whole peace scenario. If you are mentally well, you have some type of peace. Who doesn't want peace? You want to get happy, you want peace, you want mental health"* said another female from Oakland.

The second set of messages should address myths/stigmas around seeking professional mental health services. Any social marketing campaign in the community, participants said, should deal with reducing stigma related to seeking out treatment. Those community messages should be attention-grabbing, non-judgmental and enter-

taining. They should "redefine 'normal'" and encourage families to break the cycle of not dealing with their mental and emotional health.

Community messages should also let people know that *"having some kind of [mental health] issue is OK, because we have somebody you can talk to."* One mother suggested the slogan, "A Little Talking Can Help a Lot." *"Sometimes talking to somebody is not a bad thing,"* she said, *"because they can give you a different perspective."*

Mothers agreed that messages should let people know that what they are feeling is normal given their environments and that emotional struggles are common for all people — everybody has issues from time to time. *"Tell them, 'We all have bad days and this is how we deal with it,'"* suggested one service provider.

Third, we need community messages that support mobilizing influencers. We must enlist the support and help of non-judgmental people (i.e., old heads, etc.) who have credibility and will be heard and respected by young people. Friends and family members in the community can play an important role in influencing people to seek help. They can often see things and behaviors that the person deeply immersed in the situation cannot see for themselves.

In order to support others, however, these influencers need to know (1) the indicators of mental or emotional problems; (2) what they can do to support someone whose problems are not at the level where professional services are needed; and (3) where people can be referred for professional help (places where they can find people who look like them; where there are free or affordable services; and places where people can get services without being put on a waiting list or having to stand in long lines). Through these messages, friends and family members should also be urged to let those with troubles know that they have a support base while they are getting treatment or services.

To get more community adults involved, messages should stress that when one person is sick, it impacts the wellness potential of the entire community. One young woman suggested saying, *"Just ask for help, because you not getting help could affect the next person. You could hurt someone that you're close to."*

Overall, messages should help people see that it is OK to seek help for a problem. *"We're not judging you. Please get help. We'll be there to support you."* That would help people see, said one DC mother, that, *"It's OK for me to feel like this. I just need to learn how to balance it."* Some mothers said community messages should "reset the context" for mental health and show people that a positive outcome is possible, even for those who are currently facing challenges. Young males agreed that messages should tell the public not to be scared to seek help for their problems.

Creating an Effective Mental Wellness Promotion Campaign—Messages to Black Males

To create an effective mental wellness promotion campaign, MEE recommends using a revised model of communications that has been proven to be effective with low-income, hard-to-reach audiences. It is based on a framework that serves as a "how-to" blueprint in developing communications strategies for underserved communities of color and includes two major components — "what to say" and "how to say it."

Traditional communications theory teaches us that there are four basic elements to information exchange:

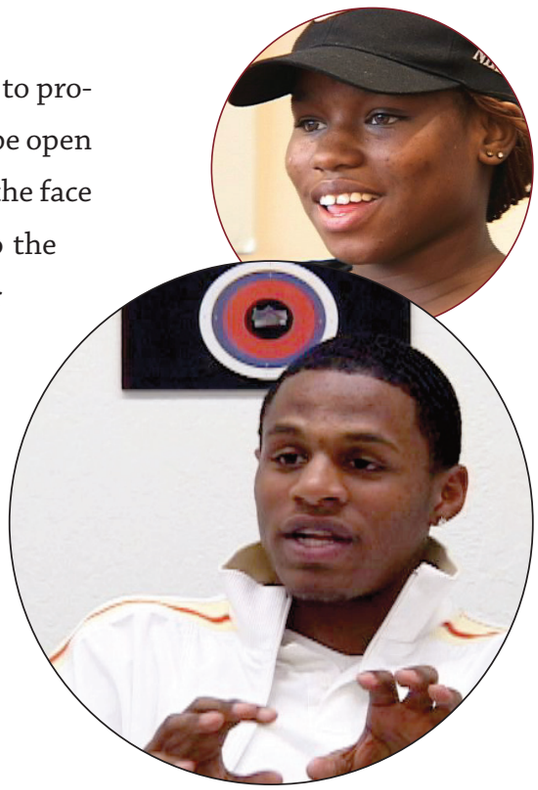
In traditional development, marketers (commercial or social) focus on the sender first (and often foremost). Then they work on the message, determine the channel, and then, last (and too often, least) they focus on the message receiver.

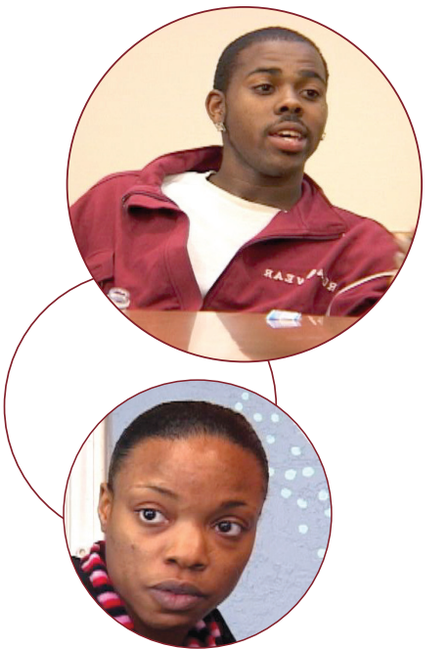
Instead, what MEE recommends is a communications model in which the receiver is the *first* component:

Assessing the message receiver from both a cultural and language perspective is critically important. During this research project, we focused considerable attention on young Black males as potential receivers (and senders) for a long-term awareness-raising effort to support mental wellness.

The Receiver

Specific messaging for young Black males is imperative in order to promote mental wellness. Our research found these young men to be open to messages that show them how to be cool and remain calm in the face of urban stress. Being "cool" is very important, as it speaks to the need to be calm under trying circumstances (a protective factor identified by Dr. Bell). Messages can also communicate the importance of valuing mental wellness beyond just being cool. Many young Black males feel powerful emotions, because of violence, trauma and other kinds of experiences, but they don't know how to label them or deal with them. Such things, however, can be learned and can enable the provider community to shift to a wellness, strength-based model using proven psycho-educational approaches, tools and strategies.





Channels – Media

Participants suggested that the concept of mental wellness needs a social marketing campaign, with billboards, posters, flyers, ads in hip-hop magazines and public transit advertising. Young men said you have to make commercials, print and transit materials appealing, relevant and eye-catching enough to make you want to take a number down. Participants suggested that attention-grabbing and entertaining messages promoting mental wellness be disseminated through videos placed on cable stations like BET and MTV. A mother suggested incorporating the issue into scenes in TV shows that young males watch. Young women in Oakland suggested a documentary following someone with mental illness and their struggles. (*"When it's a documentary, it's the truth."*)

Participants also suggested that messages promoting mental wellness be disseminated by top radio DJ's (including those on gospel stations) talking about mental health and wellness, and through music and dramatic performances at recreation centers that can illustrate various mental health scenarios. Young adults also suggested that text messaging and e-mail are ways to spread information about getting help for life stressors.

Both mothers and youth suggested using music as a media channel. They suggested that rappers could deliver mental wellness messages — "*imbed them in what they are already looking at*." Get rappers, mothers said, to make songs that talk about more than just "bling," guns and women — get them to talk about how those things affect one's mental wellness.

Channels – Peer-to-Peer

Young women in Chicago said message senders should be the same age as themselves, in order for them to relate. *"Have the youth preach the message,"* said one young adult female from Oakland. Mothers

and providers agreed that teenagers and young adults would be the best message senders. Parents who see a youth talking about his or her own mental health issues would naturally respond, and would be moved to think about their *own* child's behavior and needs.

Young adults who have successfully accessed services can help promote services to young men in their community. One young woman talked about the importance of hearing messages from people who have experienced emotional problems and similar situations to hers. A male who had once received services for his anger management issues suggested that he would make a good spokesperson. Providers agreed that people with positive experiences should also talk more openly about seeking counseling, including *"being able to say what you went through and how it helped you."*

Channels – Adult-to-Youth

Young Black males said that they liked the idea of a safe, non-judgmental listener in their lives, someone who came up the same way they did and to whom the average person can relate. Neighborhood "old heads" were mentioned as effective community outreach workers because of their ingrained credibility with the younger generation. They said a spokesperson who is genuine and is coming from the heart would be a credible message sender about mental wellness.

Coaches were also seen as effective message senders to promote mental wellness. Sports teams, young men in Chicago said, already display a strong sense of trust, so using a coach or teammate to initiate these conversations would work. *"Maybe off the field they will open up a little more,"* said one young adult male from Chicago.

Message Content

Participant responses provide important clues for the development of messages that can be effective in reaching and influencing young Black males. Of particular importance is how they describe "mental wellness from their perspective." In the focus groups, males suggested that a person who is mentally well "*is able to understand what's going on*," is "*cool (alright)*," is "*on their 'A' game*" and "*has their mind right*." Using these kinds of phrases in messages promoting mental wellness can establish street credibility with this target audience. These messages are most effective if they are passed by word-of-mouth.

Male participants also liked slogans that included the word "strong," as in the concept that even though you are strong, you still need help sometimes. They also liked giving Black men permission not to be strong all the time. One Chicago mother agreed she'd like to see more messages where people don't always have to be strong and tough, which reinforces anger. Young males also liked the slogan, "Someone Needs to Talk, Are You Listening?" They felt that as a society, we are not listening to Black boys in America. Messages that reflect more positive ways of dealing with Black males should include phrases such as, *"If you've got something to say, there is someone there ready to listen"* or "*Finally, I can find someone to listen."* Males need more messages that say it's OK to be emotional and to express your feelings, Chicago mothers said.

Young males said if they were trying to get a friend to seek help, they would tell them things such as: "*If you love your life, get a grip on it… You can talk to me anytime, anywhere,"* said one young adult male from DC. *"I look at us like brothers, and I love you like a brother. You're going through some stuff and you need to seek some guidance,"* said another young man from DC.

Sender of the Message

The characteristics of the sender are extremely important in promoting mental wellness in the Black community. First and foremost, participants said, this should be someone who is a non-judgmental listener. *"Let them know you're not going to be a judgmental person,"* said one participant. *"That you're coming at them as a friend. You have to show a sense that you care and that you're there for them…that they can call you at any time and talk about any problem."* One man said that simply by doing this, someone would have his full attention. *"Show you're up front and honest and really trying to get your message across,"* he said. *"They'll recognize it's real."*

Using community "insiders" such as old-heads and coaches can jump start conversations with young men with whom they already have a relationship. Rappers Lil' Wayne, Young Jeezey and T.I. were mentioned by young males as credible message senders; these artists, they said, have a really strong message and good music. For example, T.I was known for being involved with the Rock the Vote project.

MEE used a comprehensive, IRB-approved research methodology to gather and analyze the in-depth qualitative data used to write this report. It was designed to protect the privacy of all participants, while at the same time eliciting authentic, honest answers that provide an "insiders' view" of mental health issues in the African American community. To view or download the full research design for this project, activate your subscription online by visiting **www.meeproductions.com/mentalwellness**