Depression in African Americans

California Partnership for Access to Treatment
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Goals

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

- To explain “Depression”

- To emphasize unique aspects of Depression in African Americans

- To describe coping with Depression

- To teach how to maintain Mental Health
What is “DEPRESSION”

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

- DEPRESSION is
  - Caused by many things
  - A mood disorder
  - A medical illness
  - A personal crisis
  - A family problem
  - A community concern
What is “DEPRESSION”

- Genetics
- Environment
- Trauma
- Physical illnesses
- Substance abuse
What is “DEPRESSION”

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

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

- DEPRESSION is a personal crisis
  - Causing impairment in “love and work”

- DEPRESSION is a Family problem
  - Adults cannot provide or nurture
  - Children cannot grow or thrive

- DEPRESSION is a community problem
  - Hours are lost from work
  - Productivity and creativity are absent
Depression in African Americans

Importance:

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

“By every measure we are less well”

Johnson and Neighbors
University of Michigan

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

Dr. Martin Luther King, Jr.
NHANES III, Scott Levin, PDDA.
The State of Mental Health for African Americans

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

- Access to mental health services
  - 1 in 4 AA uninsured, compared to 16% of U.S. population
  - Medicaid covers 21% AA

- Use of mental health services
  - More likely to use emergency services or primary care physician than mental health specialist
  - More likely to use alternative therapies than whites
  - Overrepresented in inpatient treatment and underrepresented in outpatient treatment
  - Few children receive treatment in private psychiatric hospitals, many receive treatment in publicly funded residential treatment centers for emotionally disturbed children (usually out of state)
The State of Mental Health and African-Americans Workforce/Training Issues

- Availability of mental health services by provider race/ethnicity
  - AA – 2% psychiatrists, 2% psychologists, 4% social workers in U.S.

- Lack of culturally appropriate, evidence-based practice guidelines
The State of Mental Health and African Americans

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

Suicide

- 3rd leading cause of death for Black Americans between 15-24
- Youth suicide highest among Blacks
- In Blacks ration of male to female suicides is 4:1
- Women more frequently attempt
- Men more frequently succeed
- 50% of Blacks used firearms

- CDC 1999-2004 Report
- www.suicidology.org
Mood Disorders

- Major Depression
  - Mild, moderate, severe
  - With/without Psychotic features
  - Single episode / recurrent

- Bipolar Affective Disorders
  - Type I
  - Type II

- Adjustment Disorders
  - With depression
  - With mixed features
Diagnosis of Depression

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

- Cultural Issues for U.S. Africans
  - Mental Status Examination
    - Guarded affect; “concrete” thought process and perceptual distortions
  - Depression metaphors
    - Sick and tired of being sick and tired
    - On my last nerve
    - Broke down
  - Untold / Untreated
    - “Don’t put yo’ business in the street”
- Mundane Stressful Environment
  - You can’t expect a fish to describe water
Depression in African Americans

Key Points

- **African American Men**
  - “The best offence is defense”
  - Attempt suicide less, succeed more
  - Use firearms
  - Quasi-morticide

- **African American Women**
  - Gain rather than loose weight
  - Hypersomnia vs. insomnia
  - Use overdose
African-Americans: Attitudes Toward Mental Health Care

Resistance:
- Concerns about “double ” stigma
- Mistrust of healthcare professionals
- Belief that prayer alone can heal
- Belief that suffering is a part of life for Black people
People of African Descent: Mental Health Care

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

Under-treatment of Depression

- Underuse of specialty mental health services, especially among underserved groups
- Reliance on primary care providers for depression care
- Primary care providers generally have limited training on the diagnosis and treatment of mental disorders
- Lack of primary care-specialty mental health integration

APA Steering Comm. to Reduce Disparities in Access to Psychiatric care. 2002
Depression

Treatment Guidelines

Detection:

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

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

- Ongoing Treatment
  - Medications
    - Alternative agents
      - Other SSRIs; Wellbutrin; Remeron
      - Tricyclics; MAOIs
    - Adjunct medications
    - Poly-pharmacy
    - ECT
  - Psychotherapies
    - Insight oriented
    - Cognitive behavioral
    - Brief Treatment Models
Depression Treatment Guidelines

Choosing an agent - consider:

- Symptoms
  - Agitation - sedating agent
  - Retardation – activating agent

- Side effect profile
  - Weight gain
  - Sedation
  - Dryness
  - Sexual dysfunction
Depression Treatment Guidelines

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

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

Patient Education:

– “Saving Our Last Nerve: the Black Women’s Path to Mental Health” Marilyn Martin, MD
  Hilton Publishing 2002

– “Beating Depression: A Journey to Hope”
  Maga Jackson-Triche, M.D. and Kenneth B. Wells, M.D.
  McGraw Hill. 2002

– www.dbsalliance.org

– www.nami.org
Coping with *DEPRESSION*

- Recognize signs and symptoms
- Seek medical attention
- Seek Psychiatric evaluation / treatment
- Seek counseling or therapy support
- Make necessary changes to maintain Mental Health
Maintaining Your Mental Health

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

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