



Mental Health and Wellness in African American Women After a Breast Cancer Diagnosis: Healing Our Mind Body and Soul

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Introductions

- ▶ Welcome/Thanks
- ▶ Introduction: Who am I?
- ▶ Permission to speak from (Elder Member)
- ▶ Gentle reminder: Q & A will be conducted at the end of the presentation

Session Topics

- ▶ African American Women's Beliefs About Mental Illness, Stigma, and Preferred Coping Strategies
- ▶ Common Mental Health Diagnosis that May Occur Before or After Cancer diagnosis: Signs and Symptoms
- ▶ Suffering In Silence: The Masks that Black Women Wear to Hide Mental Illness
- ▶ I'm A Survivor: The Healing Journey - Therapy, Alternative Medicine, Holistic Healing, Medications, Exercise, and Spirituality

Attitudes (Beliefs) Toward Mental Illness, Coping, and Stigma

- ▶ Stigma has been identified as the most significant barrier to seeking mental health services among African American women.
- ▶ In the mid to late 2000's, a public opinion poll showed that 63% of African Americans believed depression was personal weakness, and only 31% believed depression was a health problem (**NAMI, 2015**)
- ▶ African American women's beliefs about depression found that an individual develops depression due to having a "weak mind, poor health, a troubled spirit, and a lack of self-love." (**Waite & Killian, 2012**)

Attitudes (Beliefs) Toward Mental Illness, Coping, and Stigma

- ▶ The use of mental health services by African American women across adulthood is low compared to Whites. When MH services were utilized, African American women were more likely to report negative attitudes compared to Whites and were less likely to return to mental health agencies if their illness continued. **(Waite & Killian, 2012)**
- ▶ Researchers at the California Black Women's Health Project reported that African American women were less likely to find medications and counseling acceptable, and found religion to be a preferred coping strategy to cope with serious health problems **(i.e. depression, cancer, and heart disease) they experience.** **(CABWHP, 2010)**

stig·ma

a mark of disgrace or infamy; a stain or reproach, as on one's reputation.

Stigma erodes confidence that mental illnesses are real, treatable health conditions.

We have allowed **stigma** to erect barriers around effective treatment and recovery. It is time to take those barriers down.

Mental Illness
Awareness
Week Oct.
7-13

**End the stigma.
Change lives.**

Psychosocial Barriers to African American Women Assessing Mental Health Services

African American Women's use of mental health services are influenced by barriers that include:

- Poverty
- ▶ Lack of Health Insurance
 - ▶ **While implementation of the Affordable Care Act has helped to close the gap in uninsured individuals, 15.9% percent of Black/African Americans, vs 11.1% of White Americans were still uninsured in 2014. (Agency for Healthcare Research and Quality, 2014)**
- ▶ In accessible location
- ▶ Transportation problems
- ▶ Availability of services (few opportunities for group counseling and in-home services)
- ▶ Lack of knowledge
- ▶ Refusal of help

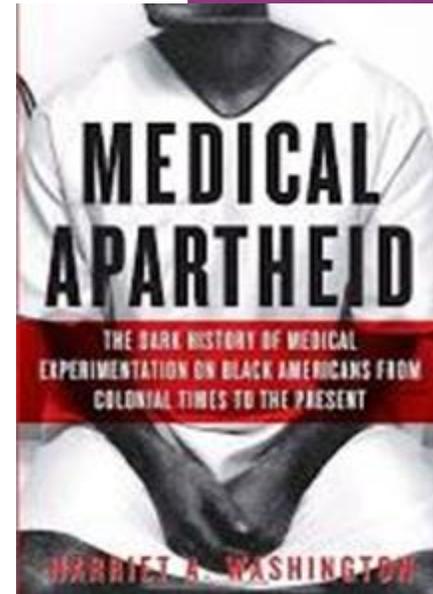
Psychosocial Barriers to African American Women Assessing Mental Health Services (con'td)

- ▶ Poor quality of care.
- ▶ Lack of childcare.
- ▶ Limited access to culturally competent clinicians and case management
- ▶ Limited cultural matching – few opportunities to work with racial and ethnic minority clinicians, psychiatrist, and doctors.
- ▶ Sociopolitical history involving trauma and victimization of African Americans served to foster the cultural mistrust towards the U.S. healthcare

SYSTEMATIC OPPRESSION OF AFRICAN-AMERICANS: MEDICAL SYSTEM

“Historically, African Americans have been subjected to exploitative, abusive involuntary experimentation at a rate far higher than other ethnic groups, Thus, although the heightened African American wariness of medical research and institutional reflects a situational hypervigilance it is neither a *baseless* fear of imaginary harms. A “paranoid” label is often affixed to blacks who are wary of participating in in medical research, However, not only is *paranoid* a misnomer but it is also symbolic of a dangerous misunderstanding.”

“Medical Apartheid: The Dark History of Medical Experimentation on Black Americans From Colonial Times to the Present” by Harriet A. Washington; New York, Doubleday, 2006



What is Itrophobia?

Coined from the Greek words iatros (“healer”) and phobia (“fear”).

“Black Itrophobia is the fear of medicine.”

“Medical Apartheid: The Dark History of Medical Experimentation on Black Americans From Colonial Times to the Present” by Harriet A. Washington; New York, Doubleday, 2006

HISTORICAL PERSPECTIVE

“Most physicians of the day believed that blacks had low intellectual capacities and were sexually promiscuous, that diseases manifested differently in blacks, and that blacks could not be trusted to take medicine, follow treatment, or maintain basic standards of hygiene without white supervision. Finally physicians believed that blacks naturally harbored disease, notably syphilis, that threatened the health of whites. Each of these common beliefs served as rationales for the abusive medical experimentation. One of the most tenacious beliefs was that black did not feel pain or anxiety, which excused painful surgical explorations without anesthesia on blacks.”

- **“Thus medical abuse fed iatrophobia, the fear and loathing many black Americans harbor to this day toward the medical establishment” (2006).**



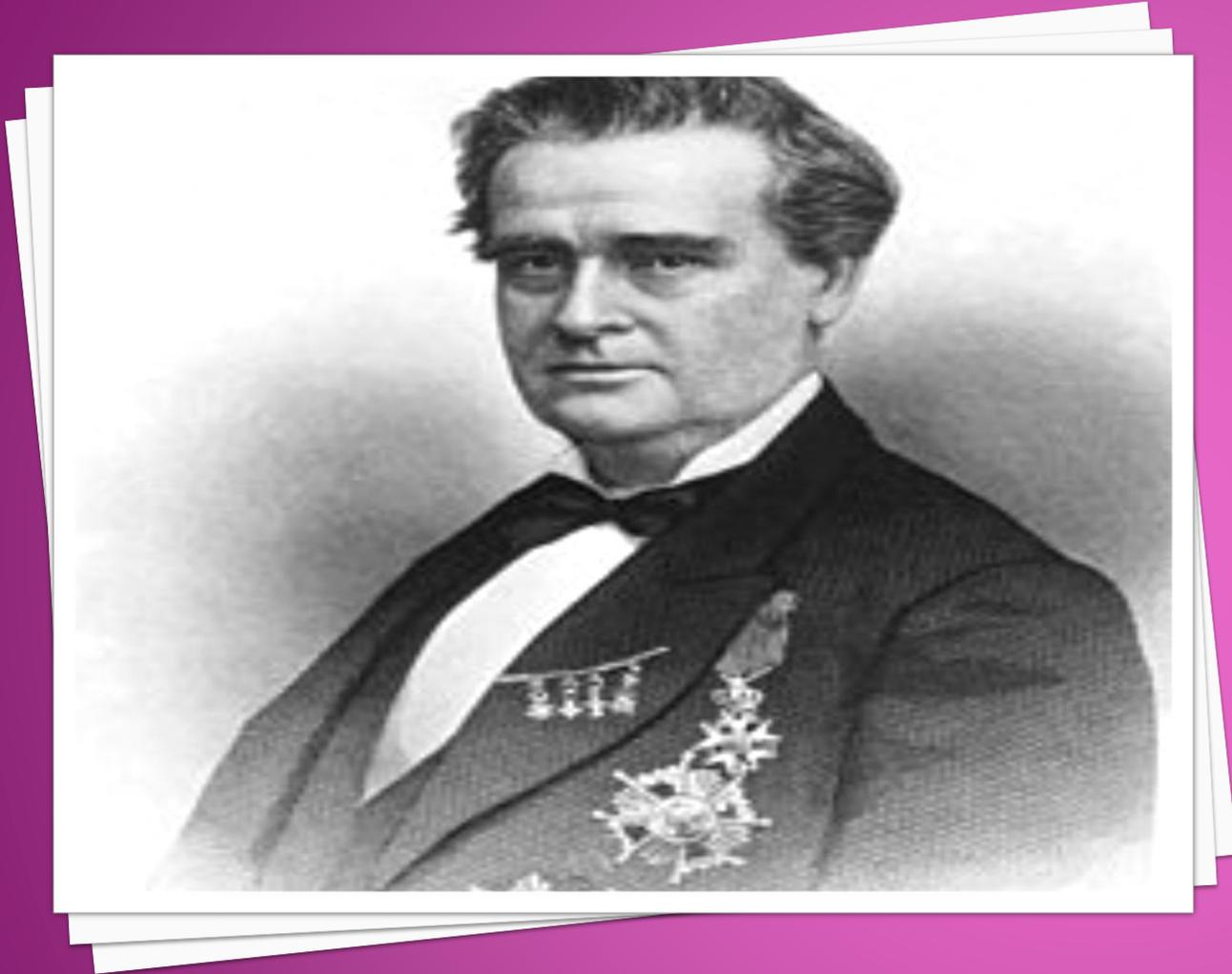
THE TUSKEGEE EXPERIMENT: 1932 - 1972

“600 black men, their wives, and their children were deceived into participating in a research study that denied them treatment, so that PHS scientist can trace the progress of the disease in blacks” (2007).



ELMER ALLEN 1911-1991

Mr. Elmer Allen along with four others were part of a group of 18 people injected with plutonium in a secret government project in the 1940's all are deceased. The experiments began in 1945 when scientist working on atomic energy wanted data on the retention and excretion of plutonium to set safety standards for nuclear workers.



JAMES MARION SIMMS 1813-1883

Acquired 11 women slaves with vesicovaginal fistula from their masters by promising to treat them. He built a wooden lodge building, where carried out a series of experimental operations on black slave women and their children using no anesthesia between 1845 and 1849. "He also believed that blacks did not feel pain in the same way as whites" (Medical Apartheid 2007).

Common Mental Health Diagnosis that May Occur Before or After Cancer diagnosis: Signs and Symptoms

GAD (Generalized Anxiety Disorder): restlessness or feeling keyed up or on edge; easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

Anticipatory Grief: People may grieve different times during and after a cancer battle, and grief is often shared by a patient's entire support network. It's a mix of emotions experienced when we are living with the expectation of a personal loss and grieving because of it. Anticipatory grief is relevant to anyone who has received a terminal medical diagnosis and for people who love and care for that person.

Common Mental Health Diagnosis (con'td)

- ▶ Persistent sad, anxious, or “empty” mood
- ▶ Feelings of hopelessness, or pessimism
- ▶ Irritability
- ▶ Feelings of guilt, worthlessness, or helplessness
- ▶ Loss of interest or pleasure in hobbies and activities
- ▶ Decreased energy or fatigue
- ▶ Moving or talking more slowly
- ▶ Feeling restless or having trouble sitting still
- ▶ Difficulty concentrating, remembering, or making decisions
- ▶ Difficulty sleeping, early-morning awakening, or oversleeping
- ▶ Appetite and/or weight changes
- ▶ Thoughts of death or suicide, or suicide attempts
- ▶ Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment



The Masks Black Women Wear to Hide Depression

- ▶ Substance Use
- ▶ Violence
- ▶ Sex (promiscuous)
- ▶ Gambling
- ▶ Shopping
- ▶ Workaholic
- ▶ Isolation/withdrawal
- ▶ Self-harming behaviors (ex: cutting, burning, skin picking)
- ▶ Humor
- ▶ Emotional Eating
- ▶ Anger

Five Reasons We Hide Our Pain

1. It would hurt or embarrass my family.
2. It will ruin my career.
3. Folks will think I'm crazy.
4. I can't afford to seem weak.
5. I still have shame about it; I know I shouldn't, but I do and I can't help it.

Black Pain – Terrie M. Williams, 2008 (pg.10)



I'm A Survivor: The Healing Journey - Therapy, Alternative Medicine, Holistic Healing, Medications, Exercise, and Spirituality

- ▶ **Psychotherapy/Counseling/Talk Therapy**
- ▶ **Psychopharmacology:** Psychoactive drugs that are prescribed by a licensed medical provider (LMP or PCP) for treatment of various mental health disorders.
- ▶ **Alternative/Natural Treatments:** Light therapy, Exercise, Cognitive Behavioral, Supportive therapy, Self-Help, Support groups or Group Therapy; Naturopathic Medicine, Acupuncture, Essential oils blends, Crystals, Reiki

THE “S” ON MY CHEST IS FOR SELF-CARE, NOT SUPERWOMAN

- ▶ **Look after yourself:** Get good sleep, Stay active, Eat well, Look after your hygiene, avoid drugs and alcohol.
- ▶ **Practice self-care regularly:** Workout what makes you happy; Try making a list of activities, people and places that make you happy or feel good. Then make a list of what you do every day.
- ▶ **Treat yourself.** When you're feeling down, it can be hard to feel good about yourself. Try to do at least one positive thing for yourself every day.
- ▶ **Create a resilience toolkit:** This could be a list of activities you know improve your mood, or you could fill an actual box with things to do to cheer yourself up.
- ▶ **Keep Talking/Keep in touch:** If you don't feel up to see people in person, or talking, send a text or email keep in touch with loved ones. Keep talking express your feelings to a support person who you know will actively listen.
- ▶ **Keep active:** Joining a group, volunteer, try new things.
- ▶ **Be Kind To YOURSELF!** Don't beat yourself up if you don't do something you planned to, or find yourself feeling worse again. Try to treat yourself as you would treat a friend, and be kind to yourself.



OHSU Avel Gordly Center for Healing

621 SW Alder, Suite 520

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Clinic phone: 503 494-4745

Intake Line: 503-418-5311



Programs and Services: Individual Therapy, Group Therapy, Marital, Couples and family therapy, Psychiatric evaluation, Medication Management, Risk Reduction Training and Education

Cultural Specific Services – Afrocentric Treatment Services: Licensed African-American mental health practitioners are available to serve the mental health needs of the African and African-American communities in the Portland Metropolitan area.

Payment for Services: Most insurances/payors accepted – some services provided on a sliding fee scale call our intake line staff to determine your eligibility.

Psychiatrist: Alisha R. Moreland, M.D., Monique Jones, M.D.

Psychotherapist/Counselors: Shea Lott, Ph.D, Brandon Hardaway, CSWA; Michelle Lewis, CSWA;

Shannon Mouzon, LPC



Thank You For Your Time & Participation

