

HOW MEN OF COLOR DEAL WITH MENTAL HEALTH DISORDERS AND SUBSTANCE ABUSE FROM A PUBLIC HEALTH PERSPECTIVE

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MAJOR MENTAL DISORDERS AFFLICTING MEN OF COLOR

- Many men especially individuals of color residing in urban environments such as Detroit, Michigan have been afflicted with mental health disorders such as:
 - depression (most common mental health disease)
 - bipolar disorder
 - anxiety
 - schizophrenia
 - fear, anger and rage

DEPRESSION AFFLICTING MEN OF COLOR

- This disorder is the most common type of mental health disease seen among men of color.
- Symptoms include:
 - changes in appetite and weight
 - disturbed sleep pattern
 - motor agitation or retardation
 - fatigue and loss of energy
 - depressed or irritable mood
 - loss of interest or pleasure in usual activities
 - feelings of worthlessness or excessive guilt
 - suicidal thinking or attempts
 - difficulty with thinking or concentration.

MEN OF COLOR AFFLICTED WITH MENTAL ILLNESSES

- Often, men afflicted with mental illnesses are confronted with:
 - uncertainty
 - relationship conflicts and/or peer pressures
 - financial restraints as a result of unemployment or low wages
- As a result, these individuals often reside below the poverty level.

DIRE STATISTICS INVOLVING DETROIT RESIDENTS

- As a citizen of Detroit, Michigan, I have observed that certain segments of this population live beneath the optimal capacity of experiencing healthy and fruitful lives.
- According to the 2000 US Census Bureau:
 - " 21.7% of families residing in Detroit live beneath the poverty level in comparison to the 9.2% national average
 - " 26.1% of individuals residing in Detroit live beneath the poverty level in comparison to the 12.4% national average
 - " 7.8% unemployment rate existed in Detroit in comparison to the 4.0% national average

DETROIT POPULATION SIZE STATISTICS

- Detroit, Michigan experienced a 7.5% decrease in the size of its' population according to the US Census Bureau, Census 2000; 1990 Census, Population and Housing Unit Counts, United States.
- This outward migration of residents led to a reduction of the city's tax based population. Therefore, less finances were available to successfully operate this urban area.

RACIAL DEMOGRAPHIC OF DETROIT MALE RESIDENTS

Census 2000
Male Detroit Residents

	Black Non-Hispanic	Hispanic	White Non-Hispanic	All Races
All Ages	355,822	25,628	50,767	448,319
	79.4%	11.3%	5.7%	100%

PUBLIC HEALTH ISSUES CONFRONTING MEN OF COLOR WITH MENTAL ILLNESSES

- Lack of preventive health care
- Racial and/or ethnic health disparities
- Environmental hazards
- Dissemination of communicable diseases
- Dangerous and violent life styles

LACK OF PREVENTIVE HEALTH CARE

- Many patients do not undergo annual medical checkups for reasons such as:
 - _ Lack of health care coverage and/or financial resources
 - _ Lack of transportation to medical facilities
 - _ Lack of time
 - _ Lack of priority until materialization of severe signs and symptoms
- Men do not usually seek medical attention as often as women.

MENTAL/BEHAVIORAL DISORDERS DEATH CENSUS 2000

- Among Black Non-Hispanic Detroit Residents:
 - Ages of 25-34 Years revealed Mental/Behavioral Disorder as the sixth leading cause of death.
 - Ages of 45-54 Years revealed Mental/Behavioral Disorder as the fourth leading cause of death.
- Among Hispanic Detroit Residents: No data provided.
- Among All Races of Detroit:
 - Ages of 25-34 Years revealed Mental/Behavioral Disorder as the fifth leading cause of death.
 - Ages of 35-44 Years revealed Mental/Behavioral Disorder as the fifth leading cause of death.
 - Ages of 45-54 Years revealed Mental/Behavioral Disorder as the fourth leading cause of death.

COMMON TYPES OF SUBSTANCE ABUSE

- Alcohol
 - Drug of choice among many Americans
- Marijuana
 - The most commonly used substance other than alcohol
- Cocaine
 - Crack is produced from processing street cocaine to a rock formation smoked by user.
- Heroin
 - A narcotic that is inhaled or injected by user

DRUG INDUCED DEATHS AND DEATH RATES

DRUG INDUCED DEATHS AND DEATH RATES AMONG DETROIT MALES CENSUS 2000

	Black Non-Hispanic	Hispanic	White	Total Men/Both Sexes
All Ages	106	2	26	133/218 individuals
Under 5	0	0	0	0/0 individuals
5-14	1	0	0	1/2 individuals
15-24	1	0	0	1/1 individuals
25-34	7	0	5	12/20 individuals
35-44	32	2	6	40/73 individuals
45-54	56	0	11	67/99 individuals
55-64	8	0	4	12/20 individuals
65 & Over	1	0	0	1/3 individuals

CO-OCCURRING DISORDERS

- According to the US Substance Abuse and Mental Health Services Administration (SAMHSA):
 - In any twelve-month period, an estimated 10 million people in this country will have a combination of at least one mental health and one substance abuse disorder.
 - In the general population, 4.7 to 13.7 percent of individuals between the ages of 15 and 54 may have both a mental health and a substance abuse disorder.
 - Three million individuals with co-occurring disorders have at least three disorders; one million have four or more.

Prevalence of Substance Abuse Among Patients With Severe Mental Illness

- Higher prevalence of substance abuse is observed among patients afflicted with severe mental illness in comparison to individuals of the general population.
- The National Household Survey on Drug Abuse revealed that:
 - 52% of individuals with a lifetime history of alcoholism also had a lifetime mental disorder.
 - 59% of individuals with a lifetime history of substance abuse had a lifetime mental disorder.
- The National Comorbidity Study revealed that:
 - 56% of all individuals aged 15-54 years afflicted with a mental or addictive ailment suffer at least one other co-occurring disorder.

COMPLICATIONS OF SUBSTANCE ABUSE IN PERSONS WITH MENTAL ILLNESS

- According to the Institute of Medicine, individuals with severe mental illness exhibit the following complications secondary to substance abuse:
 - Exacerbation of psychiatric symptoms
 - Increased hospitalization
 - Non-compliance to treatment
 - Disruptive social behavior leading to violence

STIGMA

- The following experiences stigmatize individuals afflicted with co-occurring disorders:
 - Arrest and/or incarceration
 - Unemployment due to lost of one or more jobs
 - Prior unsuccessful treatment experiences
 - Lost of custody of children as a result of a co-occurring disorder
 - Homelessness
 - Once homeless, persons with co-occurring disorders are more likely to remain destitute than other groups of individuals in this situation.
 - Noncompliance to treatment is due to lack of:
 - Permanent residence
 - Transportation

TREATMENT

- Often, patients with co-occurring disorders are misinformed that they must receive treatment from two separate entities.
- Some mental health professionals instruct patients to return for therapy only after completion of substance abuse rehabilitation. This instruction is not beneficial for patients.
- If patients with co-occurring disorders are treated concurrently:
 - Therapy is more competent and comprehensive.
 - Assurance of continuity of therapy is enhanced.
 - Hospitalization is decreased.
 - Social functioning is improved.

THE PARTNERSHIP FOR A DRUG FREE DETROIT

- During 2003, the Detroit Health Department (DHD) Bureau of Substance Abuse was awarded a 1.3million US Department of Mental Health Services Substance Abuse and Mental Health Services (SAMHSA) grant to be utilized over a four year period to provide support services to individuals recovering from substance abuse.
- The services have been provided through the program called The Partnership for a Drug Free Detroit, a Bureau of Substance Abuse program supported by the Detroit City Council.
 - The majority of service providers are individuals in recovery.

THE DETROIT RECOVERY PROJECT

- The Detroit Recovery Program (DRP) is a constituent of the Partnership for A Drug Free Detroit.
- According to the Director of Bureau of Substance Abuse Prevention, Treatment and Recovery, DRP is an alliance of approximately 3000 person and stakeholder organizations working together in order to provide various services and support systems for recovery individuals and their families located throughout Detroit.

SERVICES OF THE DETROIT RECOVERY PROJECT

- Increases the length of time individuals remain drug free after leaving treatment by providing relapse prevention support
- Strives to reduce community violence including domestic disturbance
- Assists with housing concerns
- Assists with employment concerns including:
 - education
 - training
 - job readiness and placement
 - transportation
 - child care

THE DETROIT RECOVERY PROJECT REACHES OUT TO THE COMMUNITY

- The Detroit Recovery House Monthly Newsletter is distributed to residents of the community.
- The hotline allows individuals to call for assistance.
- Opportunities involve:
 - networking
 - volunteering
 - socializing at functions