
*Cultural
Competency
Toolkit*

CHAPTER **3**



**Project HOPE:
Raising Depression
Awareness in
Georgia's African
American Community**

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Executive Summary

With Project HOPE, (Healing, Opportunity, Prevention and Education), the National Mental Health Association of Georgia (NMHAG) aimed to increase awareness in Georgia's African American community of the symptoms of and treatments for depression. NMHAG planned to organize community outreach sessions both in the Atlanta metropolitan area and in rural Georgia—where they would provide information on depression as well as offer depression screenings and referrals. They would build up a referral database and collaborate with other existing organizations serving the African American community to encourage these other groups also to promote depression awareness.

Project Goals

- To offer public education on depression to African American audiences in Atlanta and in rural Georgia.
- To provide depression screenings and, where necessary, referrals.
- To develop a referral database of African American practitioners.
- To enter into collaborative partnerships with existing groups that serve African American people.
- To encourage community leaders to develop clinical services for the African American community that are culturally sound in practice.

Introduction

Any attempts to build cultural competency and to reach minority populations in the State of Georgia must confront some serious challenges. Approximately 27 percent of Georgia's population is African American and 71 percent is Caucasian. In the United States, Georgia is the fifth highest ranked state in African American population. At the same time, low utilization rates by African Americans of hospital and community based care suggests that this population is currently underserved.

Unfortunately, statistics have not historically been kept on depression and African Americans to the extent that statistics on depression and Caucasians have been kept. It is known, however, that among health professionals, there has been a consistent under-diagnosis of depression in the African American community. Clinical bias and underreporting of symptoms may contribute to this trend. The lower rates of diagnosis may also be attributed to socioeconomic factors (e.g., limited access to adequate medical care), mistrust of medical

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health professionals, and a reliance on family and the religious community during periods of emotional distress instead of on the traditional western medical establishment.

In a National Mental Health Association survey, 63 percent of African Americans surveyed believed that depression was a personal weakness, compared to the overall survey average of 54 percent. Only 31 percent of African Americans surveyed said that they believed depression was a health problem and only one-third of African Americans said that they would take medication prescribed by a doctor—compared to over 69 percent of the general population surveyed.

Program Plan

In the face of these sobering statistics, NMHAG proposed a grant to continue its year-old Project HOPE campaign of providing public education about depression to the African American community throughout the state of Georgia. In its inaugural year, Project HOPE staff had provided direct training to nearly 100 individuals. In addition, these trainings had led to further “spin-off” sessions that were implemented by Project HOPE program participants.

NMHAG now wished to expand Project HOPE by offering many more trainings throughout metropolitan Atlanta as well as in rural Georgia. They also aimed to provide depression screenings and, when necessary, referrals to African American practitioners. Finally, Project HOPE leaders intended to collaborate with other existing groups serving the African American community to encourage these groups also to promote depression awareness.

Organizational Overview

In April 1999, the Mental Health Association of Georgia and the Mental Health Association of Metropolitan Atlanta merged to create NMHAG. Together, these two organizations had accrued over 100 years of combined experience in mental health education, training and advocacy in Georgia.

Over these many years of serving mental health consumers and their family members in Georgia, NMHAG had also developed a broad network of professional alliances. To name only some of these professional connections, NMHAG:

- staffed the Mental Health Services Coalition, with over 50 organizational members;
- co-chaired the Time for Community Coalition;
- co-chaired the Georgia Juvenile Justice Coalition;



Kristine Medea, project director, realizes that as a Caucasian woman she must rely upon African American leadership for direction and guidance.

With ample experience and many alliances, NMHAG was well-placed to provide more education on depression to more of Georgia's African Americans.



- chaired the Mental Health Planning Council;
- served on the board of the Georgia Prevention Network;
- served on the Governor's Blue Ribbon Task Force on Community Based Services;
- served on the Medicaid Long Term Care Advisory committee;
- served on the Department on Human Resources' Hospital Closure Oversight Committee

With this ample experience and these many alliances within the mental health community, NMHAG was well-placed to expand Project HOPE to provide continued education on depression to more of Georgia's African Americans.

Implementation

In Project HOPE's first year, education efforts focused primarily on African American clergy members and providers. In its second year, Cassandra Landry, the project coordinator, chose to reach out to the broader African American community, and her efforts to this end were enormous. In the program's second year, Landry presented on depression to some 1,500 individuals.

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Primarily, Landry spoke at health fairs in Atlanta and across the state. She also presented at churches in some lower income areas, noting that "these are the areas where people are more in need because there are fewer resources."

In addition, Project HOPE arranged for Dr. Alvin Poussaint of the Judge Baker Children's Center in Boston and Faculty Associate Dean for Student Affairs at Harvard Medical School to speak at Georgia's Spellman University on African American women and psychotherapy. The event was a remarkable success, with over 200 individuals attending.

Through Project HOPE, 1,200 African Americans were also able to receive depression screenings. Individuals in need of further assistance were then referred to African American practitioners in their area. A referral database with information on African American mental

health practitioners throughout the various regions in Georgia was developed in cooperation with the Primary Care Initiative (see Appendix C).

Project HOPE found that one of the most powerful ways to achieve its goals was through developing collaborative partnerships.

Project HOPE quickly found that one of the most powerful ways to achieve its goals was through developing collaborative partnerships. In its second year of operation, the program entered into various

cooperative ventures. For example, depression screenings were offered in collaboration with the Georgia Academy of Family Physicians, the Fuqua Center for Late-Life Depression at Emory University, and NMHAG. Project HOPE also partnered with Delta Sigma Theta, a primarily African American national sorority, to bring depression screenings to the African American community.



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In another initiative, Project HOPE worked with the Black Nurses' Association, the American Diabetes Association, the Black Cardiologists' Association of Atlanta, and the American Heart Association in order to train a group of twelve physicians in how to offer depression screenings. And in cooperation with the Primary Care Initiative, Project HOPE developed a referral database with information on African American mental health practitioners throughout the various regions in Georgia.

It is through these collaborative partnerships that Landry has seen Project HOPE "starting to take on a life of its own." As more and more organizations learn how to conduct outreach from Project HOPE, these groups can then begin to launch depression campaigns and offer screenings on their own. According to Landry, "it's starting with us, but then it's going to fill out and get off the ground... Soon it will be its own project."

Project Hope's Strategic Partners

The American Diabetes Association
The American Heart Association
The Black Cardiologists' Association of Atlanta
The Black Nurses' Association
Delta Sigma Theta Sorority
The Fuqua Center for Late-Life Depression
Georgia Academy of Family Physicians

Discussion

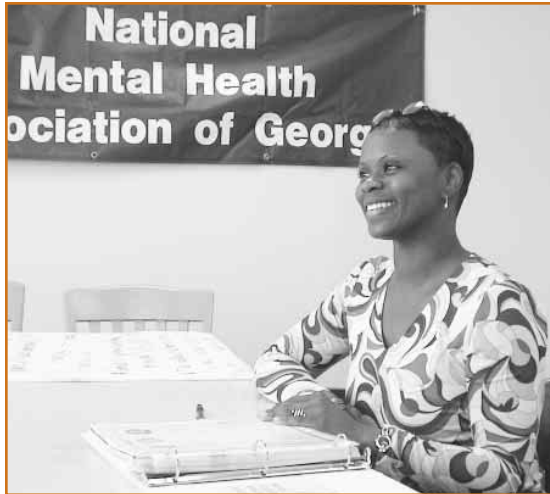
When considering the provision of mental health services for African Americans, Kristine Medea, Project HOPE's director, likes to give the example of a founder of the American Psychiatric Association who, in the mid-18th Century developed "diagnoses" for African Americans including one called "nigratude." As difficult as it is to even use such language today, it is important to be aware of the depth of institutionalized racism. The "treatment" for this "condition" was to administer beatings.

It is no wonder, given the historic abuses that African Americans have faced in this country, that this community would be suspicious of white-dominated mental health systems. Indeed, the question of providing appropriate services to the African American community is inextricably linked to the historic problems of prejudice and racism in this country.

Landry points out that, as an African American, there were regions of southern Georgia that she was loathe to travel to in conducting public education for Project HOPE. "There's so much racism in some regions that that's the first issue that must be dealt with, and improving the quality of mental health care is only secondary."

Landry also gives the example of the training in southern Georgia where she expected 20 nurses to attend and only six arrived, because, she believes, the others were afraid of losing

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Cassandra Landry, project coordinator, is a child and adolescent therapist specialized in working with African Americans.

their jobs. “Maybe the hospital where they worked didn’t want us giving information on outside referral possibilities,” she hypothesizes.

Medea also readily acknowledges that many consumer supporter organizations are run primarily by Caucasians who may be hesitant to provide outreach to the African American community “primarily due to their own concerns about not being able to do it right.” But Medea encourages such groups, saying that “they should not be afraid to start programs like this if they are invested in developing culturally competent programs.”

The trick, she says, is to “realize that as a white person you can partner in such a project, but you cannot direct.” Forming partnerships with African American organizations, and recruiting African American leaders

is paramount. “As a white woman, I have to recruit leadership from within the African American community and then listen to that leadership,” explains Medea. “It is the community, not me, that knows what is needed for healing.”

Conclusion

Because of Project HOPE’s many successes, it will continue to be an ongoing program at NMHAG. In the future, Medea and Landry intend to build ever more partnerships with African American organizations, and in particular, they plan to form more partnerships with faith-based organizations. Landry notes that the African American community is “grounded in spirituality.” In addition, the two women also wish to extend their outreach further into rural Georgia.

Suggestions for Conducting Outreach to African Americans

- **Don't be afraid to start.**

Even a predominantly Caucasian organization can do good work—provided it recruits African American leadership.

- **Reach out to the younger generation.**

College and high school students may be more open to new ideas.

- **Form collaborative partnerships.**

African American associations, schools, fraternities and sororities can help to get the word out.

- **Work with faith-based organizations.**

Spirituality is a cornerstone in the African American community.



Additional Resources

Publications

Byrd, W. Michael and Clayton, Linda A. *An American Health Dilemma, Volume One: A Medical History of African Americans and the Problem of Race: Beginnings to 1900*. New York: Routledge. 2000.

Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (Available on the internet at www.samhsa.gov/centers/cmhs/cmhs.html)

Mitchell, Angela, et al. *What the Blues Is All About : Black Women Overcoming Stress and Depression*. New York: Berkeley Publishing Group. 1998.

Pouissant, Alvin and Alexander, Amy. *Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis among African-Americans*. Boston: Beacon Press. 2000.

Villarosa, Linda (editor). *Body & Soul : The Black Women's Guide to Physical Health and Emotional Well-Being*. New York: HarperPerennial. 1994.

Organization

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