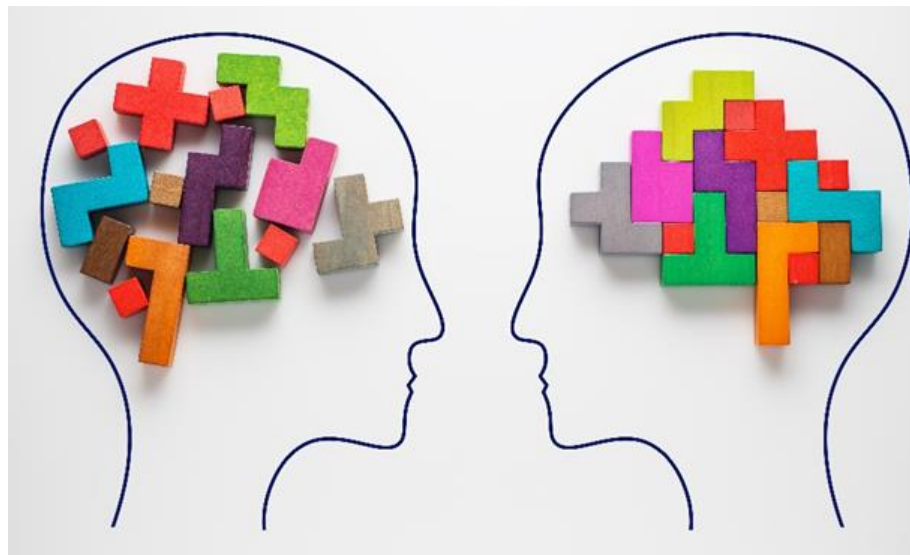


Conversation on Race & Healthy Equity Series

An Exploration of Behavioral Health in Communities of Color



December 4, 2018

MEETING AGENDA & OBJECTIVES

Welcome, HTC Overview & Icebreaker (9:00 - 9:30)

Panel Presentation and Discussion (9:30 - 10:25)

Break (10:25 - 10:35)

Mental Health Issues & Children of Color (10:35 - 11:05)

Group Discussion (11:05 - 11:25)

Evaluation & Close (11:25 – 1:30)



MEETING NORMS

- Treat each other with dignity and respect
- Be present
- Silence technology
- Practice active listening/listen to understand
- Disagree with ideas, not with people
- Step up, step back
- Be genuine about ideas, challenges, and feelings
- Practice and experience humility - each of us may not have all the answers

GET SOCIAL!

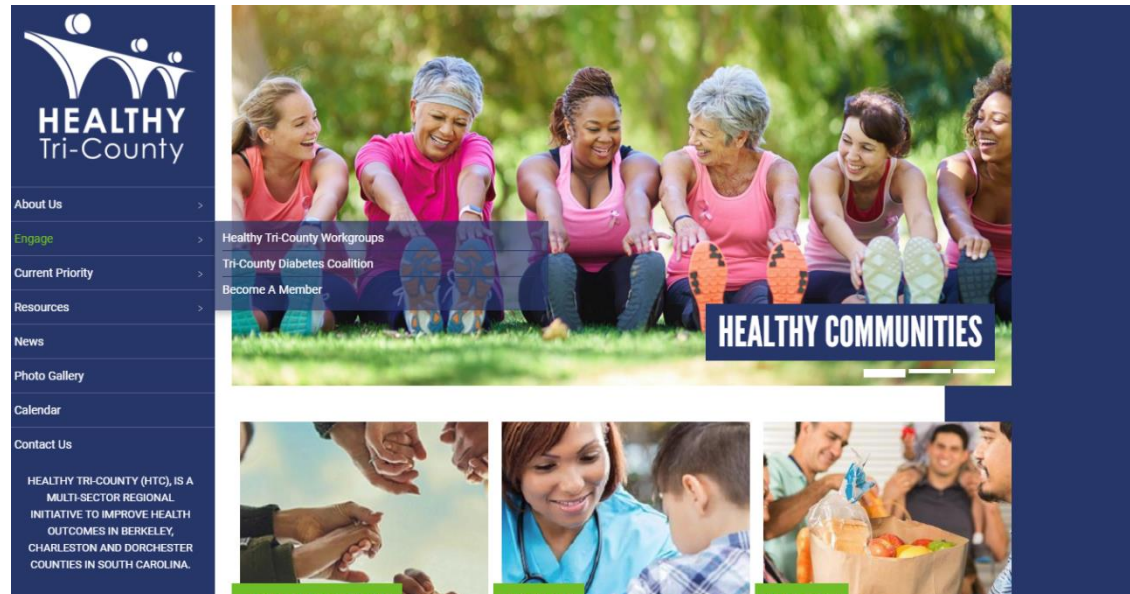


#healthytricity

CONTEXT SETTING

Healthy Tri-County, is a multi-sector regional initiative to improve health outcomes in Berkeley, Charleston, and Dorchester counties launched by Roper St. Francis Healthcare, MUSC Health, and Trident United Way in January 2017.

The long-term aspirational goal of this initiative is to improve the health and well-being of every person and community within the Tri-County area.



LEARN MORE AT www.healthytricounty.com



HEALTHY TRI-COUNTY MEMBERS

AccessHealth Tricounty

Alliance for a Healthier South Carolina

American Diabetes Association

Association for the Blind & Visually Impaired

Barrier Island Free Medical Clinic

Berkeley County Library System

Berkeley County School District

Charleston County Parks & Recreation

Charleston County Public Library

Charleston County School District

Charleston Dorchester Mental Health

Charleston Police Department

Charleston Promise Neighborhood

City of Charleston

Dee Norton Child Advocacy Center

Department Health & Environmental Control

Dorchester 4 School District

Dorchester Alcohol and Drug Commission

Dorchester Children's Center

East Cooper Community Outreach

Ernest E. Kennedy Center

Fetter Health Care Network

Florence Crittenton Programs of SC

Help Me Grow

Healthy Lifestyle Network

Healthy Plate Cooking

Johns Island Rehab and Healthcare Center

Lowcountry Food Bank

Lowcountry Grad Center

Lowcountry Street Grocery

Medical University of South Carolina

Metanioia

Miller Consulting

Nucor Steel

Our Lady of Mercy Outreach

Palmetto Advantage Care

Palmetto Community Action Partnership

Palmetto Project

PASOs

Roper St. Francis

Saillant Lang Consulting

Select Health SC

Shifa Free Medical Clinic

St. James Santee Family Health Center

Summerville Family YMCA

Tri-County Cradle to Career Collaborative

Tricounty Family Ministries

Trident Health

Trident Literacy

Trident United Way

Wellness Beyond Fifty

Welvista

YMCA of Greater Charleston

YWCA of Greater Charleston

Youth Empowerment Services



Trident United Way

OUR HEALTH, OUR FUTURE. TRI-COUNTY HEALTH IMPROVEMENT PLAN



Our Health, Our Future

Tri-County Health Improvement Plan 2018-2023

Community Action Guide



Berkeley | Charleston | Dorchester



Our Health, Our Future

The Tri-County Health Improvement Plan 2018-2023

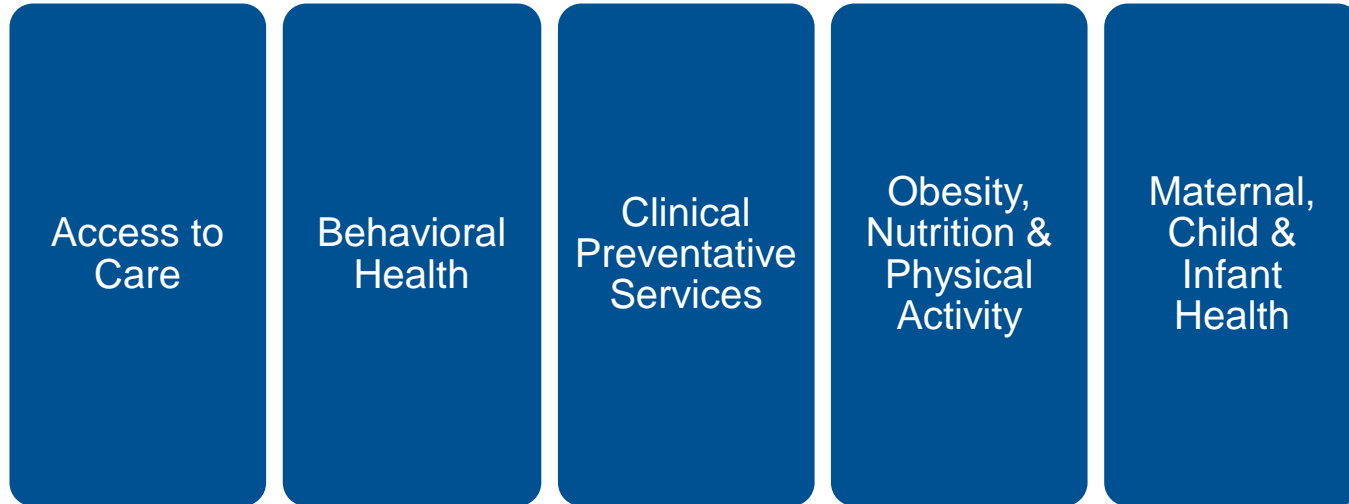
Berkeley | Charleston | Dorchester

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TRI-COUNTY HEALTH IMPROVEMENT PLAN

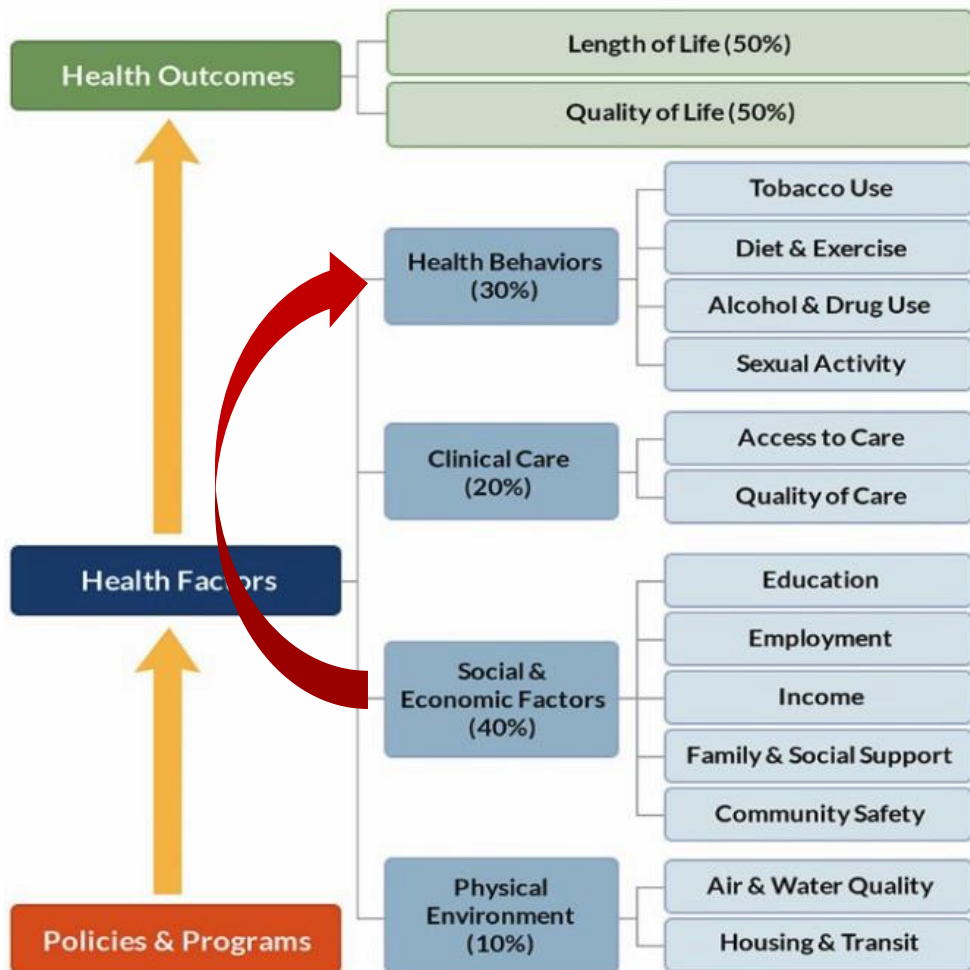
TOPIC GROUPS



INFUSED IN ALL TOPICS



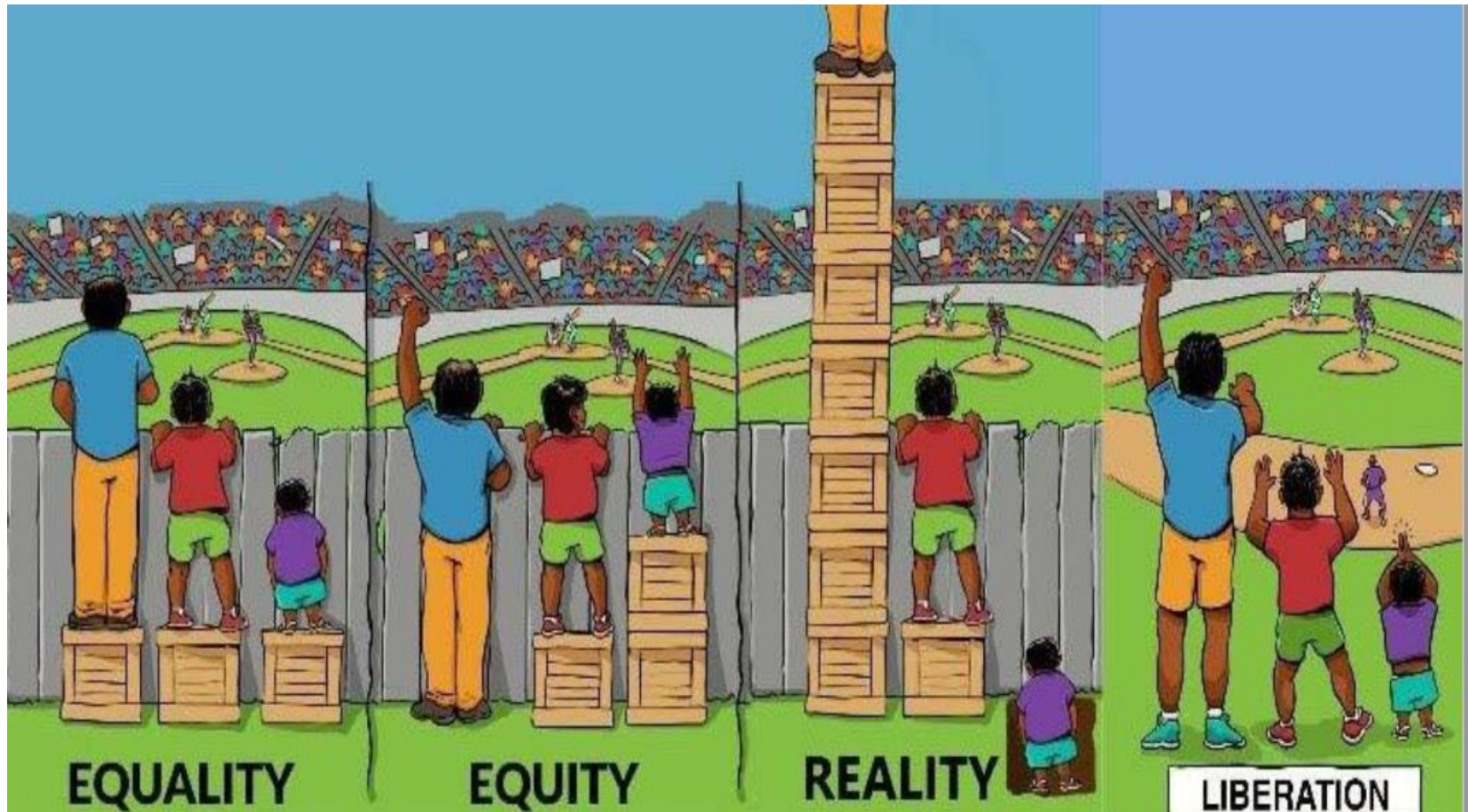
HTC HEALTH FRAMEWORK



County Health Rankings model © 2014 UWPHI

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. [Healthy People 2020](#)

INCORPORATING HEALTH EQUITY IN TCHIP



REALITIES OF PRIVILEGE



UPCOMING HTC ACTIVITIES

Meetings

Health Data Workgroup - Aug 3 (9:00-11:00 at TUW)

TCHIP Celebration & Workgroup Meeting - Aug 24
(12:00-2:00 at TUW)

New Member Orientations

In Person Orientation - Aug 15 (3:00-4:30 at TUW)

In Person Orientation - Aug 17 (9:00-10:30 at TUW)

Fall Events

2018 Tri-County Health Symposium – Oct 30 (8:30-3:30 at TTC)

Unnatural Causes DVD Screening – Oct 2018



EXPECTATIONS SETTING

IF YOU WISH TO MOVE
MOUNTAINS
TOMORROW, YOU MUST
BEGIN BY MOVING STONES
TODAY.

African Proverb



ICEBREAKER & INTRODUCTIONS



Growing up, what words did your family and/or community use to describe mental health issues?

Growing up, what words did your family and/or community use to describe substance use issues?

GROUP DISCUSSION

- Introductions: name/title/organization or affiliation
- What strikes you about the words that you identified to describe mental health or substance use?
- Do you still use the words that you grew up using to describe mental health or substance use? Why or why not?

SOUTH CAROLINA HIGHLIGHTS

- In 2014-2015, 4.1% of SC adults were diagnosed with a serious mental illness
- The prevalence of depression in SC adults increased from 15.3% in 2011 to 20.5% in 2016
- Depression was higher in White than Black residents (23.1% versus 15.3%) and higher among females than males (26.5% and 14.0%)
- The rate of drug overdose deaths in SC increased nearly 50% between 2007 and 2016
- In 2016, 6.8% of SC adults reported heavy drinking (for men, 15 or more drinks per week, and for women, eight or more drinks per week)

PANEL PRESENTATION



Chanda F. Brown, Ph.D., LMSW
Director
Charleston Center



Tenelle O. Jones, LMFT, CACI
Human Services Coordinator II
MUSC

Tenelle O. Jones LMFT, LAC

An Exploration of Behavioral Health Issues in Communities of Color

Conversation on Race & Health Equity

Mother Emanuel Empowerment Center

Collaboration between MUSC National Crime Victim's Research & Treatment Center, Charleston/Dorchester Mental Health, & Mother Emanuel AME church to provide trauma informed mental health & resiliency services to victims, survivors, congregants, responders, family and close friends impacted by the Mother Emanuel Massacre that occurred on June 17, 2015.

What We Do

- Individual/Family/Group Therapy
- Counseling/Support/Skills-Based Groups
- Intensive Case Management Services
- Resiliency Events & Activities
- Annual Commemorative Events



Mother Emanuel
Empowerment Center

"Becoming stronger together through the integration of faith, hope, healing and health by the provision of spiritual and therapeutic services to the impacted communities."

IMPACT

Common Mental Illness

- Major Depressive Disorder- (Black males more likely to commit suicide/Latina high school girls more likely to attempt suicide)
- PTSD (because we are most likely to be victims of violent crime)
- Schizophrenia

- The consequences of mental illness may be long lasting.
- SC ranks 31st in the nation for prevalence of mental illness and 45th in the nation in regards access to care.
- Minorities 2x more likely to be diagnosed with schizophrenia
- Poorer outcomes in occupational/social functioning
- More likely to have feelings of sadness, hopelessness & worthlessness

RACISM & HABITUATION

Racism & Habituation

Habituation

- When repeated exposure to a stimulus becomes less impactful.
- “Isn’t it time to move on?”
- “Shouldn’t I be over this by now?”

Racism

- Beliefs about the inferiority of blacks have been actively translated into policies that restricted the access of African Americans to educational, employment, and residential opportunities which could lead to distress
- Some studies discuss the relationship between racism and PTSD

DIAGNOSIS & CULTURE

Diagnosis & Culture

- Language barriers can cause a misinterpretation of what's being said which could lead to misdiagnosis
 - Idioms of distress- ways in which different cultures express, experience and cope with feelings of distress
 - Culture-bound syndromes are cluster of symptoms much more common in some cultures than in others
 - Best practices: inquire about cultural identity; explore possible cultural explanations of the illness; consider cultural factors related to the environment & level of functioning; examine cultural differences in clinician-client relationship & render an overall assessment for diagnosis & cure
- A formal diagnosis is made by a clinician based on the individual's description of the nature, intensity, and duration of symptoms; results from a mental status exam; and the clinician's observation & interpretation of the individual's behavior and functional impairment.

STIGMA

Stigmas

- Results in avoidance and underutilization of Mental Health services for fear of being judged, negatively labeled, and discriminated against as a result of

- “I do not want people to think I am crazy.”
- “I feel out of place in this world.”
- “No one understands what I am going through.”
- “Mental Health problems is for the weak.”
- “I am not a good Christian if I have mental health problems.”

TREATMENT

Treatment

- Less access to MH services
- Funding
- Transportation issues
- Language barriers
- Poor quality of care
- Less satisfied with MH professionals
- Increased dropout rate
- More likely to be hospitalized and still have poor outcome post treatment
- Less likely to receive outpatient care including medication management
- Are not prescribed new generation meds
- Less likely to receive co-occurring treatment for depression
- Lack of trust

- After all of these years of research, data and discussion, The National Healthcare Quality & Disparities Reports still indicates that racial and ethnic minorities still do not have the same access to mental health services than whites and if they do receive care, it is likely to be of poorer quality.

WHAT'S WORKING

Bright Spots

- As the field continues to evolve, it has begun to embrace promote mental health or prevent some mental illness & behavioral disorders. It is taking on a public health approach to identify concerns and develop solutions for all communities.

- Through research and hands on involvement, we are able to define problems; identify potential causes; design, develop & evaluate the effectiveness & generalizability of treatment approaches
- Resilience research and programs emphasize a “strength-based” approach to development and & functioning rather than focusing on deficits and illnesses
- Spirituality & religion are gaining increased attention because of role spiritual leaders play in mental health promotion & mental illness prevention

CHANGING THE STATUS QUO

Opportunities

- All mental health professionals working together to assist those who are most vulnerable

- Research
- Get involved with community legislators and encourage them to support funding and access for quality mental health services
- Try to be more open and understanding towards what other communities experience
- Have community town halls to discuss the needs of the community and then deliver especially after a community tragedy/mass violence event
- Continue to have panel discussions and forums about mental health disparities
- Find ways to get family involved

References

- APA (2017). *Mental Health Disparities: African Americans*. www.psychiatry.org
- Helms, J. E., Nicolas, G. & Green, C.E. (2012). Racism and ethnoviolence as trauma: Enhancing professional research and training. *Traumatology*, 18(1), 65-74.
- Shushanksy, L. (2017). *Disparities within minority mental health care*. National Alliance on Mental Illness. <https://www.nami.org>
- www.ncbi.nlm.gov



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Charleston Center

A division of Charleston County Government

Renewing Hope, Strengthening Lives

Our Mission

The primary mission of Charleston Center is to help the residents of Charleston County live productive lives, free from the impact of alcohol, other drugs and addictive behaviors. We promote active recovery for persons whose lives are affected by substance use and related conditions.



Charleston Center

A division of Charleston County Government

Renewing Hope, Strengthening Lives

Who do we serve?

Fiscal Year 2018

- 3,465 Admissions
- 755 Withdrawal Management clients
- 248 Long-term Residential clients
- 1,895 Outpatient clients
- 1,159 DUI (ADSAP) and Criminal Justice clients
- Average Daily Census: 1,200 clients

Programs Offered

Charleston Center provides the following programs and services:

- Withdrawal Management (Detox)
- Inpatient Services (NLU/TCU)
- Outpatient Services (Adult, Women, Adolescent)
- Alcohol and Drug Safety Action Program (ADSAP)
- Medication Assisted Treatment (Methadone, Suboxone & Vivitrol)
- Urine Drug Screening Lab
- Prevention/Education Services
- Therapeutic Behavioral Services
- Persons Incarcerated Entering Recovery (PIER)
- Adult Drug Court/Juvenile Drug Court

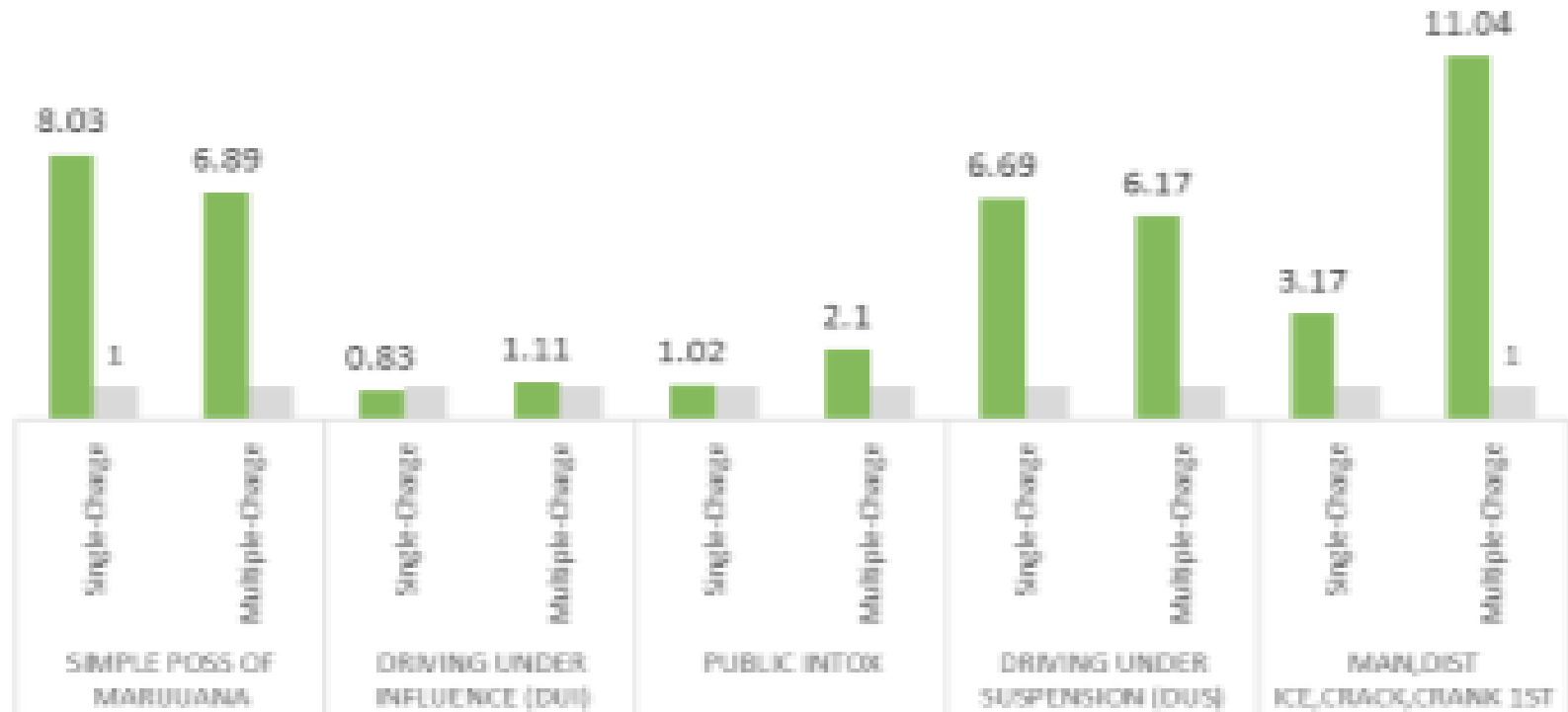
Substance Use Disorders in our Community

- Charleston County has one of the highest number of opioid overdose deaths in SC
- Increase in Fentanyl use
- Alcohol and marijuana main reasons for treatment
- Less than 10% who need treatment get help
- 1/3 of CC treatment participants are People of Color

Disparities in Substance Use

- Nationally, People of Color have lower treatment utilization and completion rates than their white counterparts
- Completion rate is higher if it is alcohol only
- According to NIDA, rate of illegal drug use is higher in communities of color than national average
- Communities of color face greater burden from SUD due to poorer access to care, inappropriate care, or social/environmental/economic risk factors
- Greater consequences from use due to HIV/Hep C and incarceration

Black:White RRIs for 2017 Top Charges
 (Single- / Multiple-Charge Bookings)



Bright spots, opportunities, and actions

- Working on criminal justice reform with focus on treatment in the community instead of arrest and jail. Already seeing a decrease
- Opioid Epidemic has helped us shift to a Public Health Model for SUD treatment vs abstinence only and arrest/jail
- More use of Peer Support Specialists helps reduce stigma
- Need to continue to change the narrative around SUDs (moral failure vs disease)

How does someone get into services?

Helpline - 24 Hours
843.722.0100

Walk-In Assessment Hours

8:30 - 10:00 a.m. Monday-Friday

1:00 - 2:00 p.m. Monday, Tuesday & Thursday

ADSAP Assessment Hours

8:30 a.m. – 2 p.m. Monday-Thursday

Website: <http://cc.charlestoncounty.org>

Email: cchelp@charlestoncounty.org

BREAK



And if you haven't already, get social!

#healthytricity



PRESENTATION



Cerrissa Hugie, LMSW

Psychiatric Mental Health Nurse
Practitioner

Compass Carolina Health Systems



*Managing
Attention
Deficit
Hyperactivity
Disorder
& Serving
Minority Families*

Cerrissa Hugie, PMHNP-BC
Compass Health Systems

ADHD: Myths



- It's not a real thing
- It's a lack of self control
- It's just an excuse for children who don't pay attention or who can't sit still
- Children of color are over-diagnosed with ADHD

ADHD Truths

- According to the CDC, approximately 10% of children have been diagnosed with ADHD
- Children of color are **less likely to be diagnosed** than white children.



What is ADHD?



Inattention

Multitasking without completion

Seemingly losing interest a task

Forgetful/Losing things

Easily Distracted

Disorganization

Lack of attention to detail



Hyperactivity

Excessive motor activity (i.e. fidgety, restlessness)



Impulsivity

Reckless behavior

Impatience

Disinhibited in social situations

Difficulty waiting their turn

Interrupting others/Blurting out answers

Treatment Options



- Medication: restore chemical imbalances
- Behavioral Interventions
- School Support (IEP, 504)
- 77% of children who are diagnosed receive some form of treatment

Takeaways for Minority Children

- Under-diagnosis
- Delayed Treatment: Those diagnosed are less likely to take the medication
- Minority children are more likely exposed to risk factors associated with ADHD: *low birth weight, low household income, greater frequency of classroom problems, and lower academic achievement*
- Lack of knowledge of available resources



Impact of ADHD

- **Education** – struggle with school performance
- **Employment** – difficulties with workplace productivity and maintaining employment
- **Relationships** – misunderstandings in social situations and put strain on relationships
- **Quality of life** – poorer quality of life
- **Finances** – substantial financial burden for individuals
- Greater implication is that children do not reach their potential





Questions?

Cerrissa Hugie, PMHNP-BC

Psychiatric – Mental Health Nurse Practitioner

Compass Health Systems

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Charleston, SC 29407

P: 843.745.5153

GROUP DISCUSSION

What themes kept occurring throughout today's discussion?

Did you hear anything today that either helps explain or dispel ideas, cultural stereotypes or stigmas that you had about behavioral health issues?

How do you practice self care....



NEXT STEPS



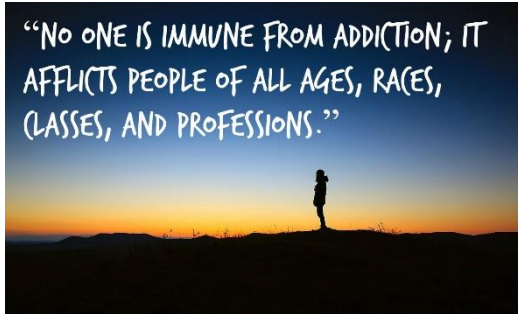
Get engaged!

THANKS & EVALUATION

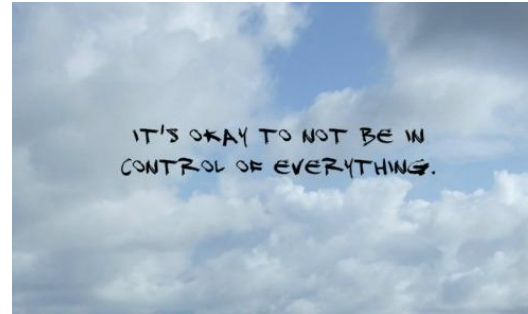
YOUR MENTAL HEALTH IS MORE IMPORTANT THAN THE TEST, THE INTERVIEW, THE LUNCH DATE, THE MEETING, THE FAMILY DINNER, THE SOCCER GAME, THE RECITAL, AND THE GROCERY-RUN. TAKE CARE OF YOURSELF.

© NAKEDWITHANXIETY

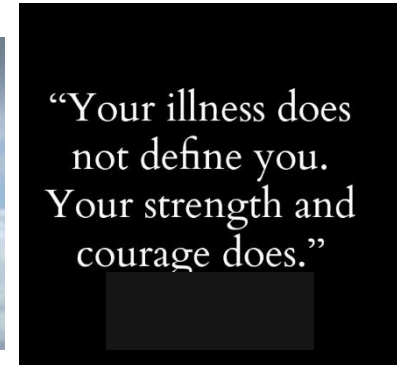
“NO ONE IS IMMUNE FROM ADDICTION; IT AFFLICTS PEOPLE OF ALL AGES, RACES, CLASSES, AND PROFESSIONS.”



IT'S OKAY TO NOT BE IN CONTROL OF EVERYTHING.



“Your illness does not define you. Your strength and courage does.”



**COLLECTIVELY
WE CAN MAKE A DIFFERENCE!**



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