A Deeper Shade of Blue

In the black community, depression is likely to be dismissed as weakness or a failure of character. But John Head knows firsthand that misinformation and denial can be deadly.

July 1, 2005 By John Head

I should have had it all going on in the spring of 1995. My hometown, Atlanta, was bursting with excitement as it prepared to host the 1996 Summer Olympics. As columnist and editorial-board member for the Atlanta Journal-Constitution, I had an inside lead on the games: I was plugged into City Hall from my days as press secretary to Maynard Jackson, Atlanta's first black mayor.

But all I had going on were feelings of hopelessness and worthlessness. I was in so much psychic pain that I saw suicide as the only way to end my suffering. I felt alone, and I felt ashamed.

I didn't understand I was going through a major bout of clinical depression, an illness I had endured without treatment for over 20 years. Almost 20 percent of Americans suffer from serious depression at some point in their lives. Studies claim that as an African American, my risk of depression is about the same. But my experience and what I've learned talking with experts is that depression is a devastating problem in our community.

IT HITS US HARDER

Harvard's Alvin Poussaint, MD, one of the nation's preeminent black psychiatrists, argues that there hasn't been enough study on depression among African Americans. But many of its risk factors—poverty, chronic illness, physical or emotional trauma and stress, the most common cause—are more likely to afflict us. Does anyone argue that being black in America isn't stressful?

Yet when depression or any other mental illness hits us, it carries a bigger punch. In his 2001 surgeon general's report "Mental Health: Culture, Race, Ethnicity," David Satcher, MD, wrote that "racial and ethnic minorities collectively experience a greater disability burden from mental illness than do whites." Racism multiplies depression's effects. For example, the Centers for Disease Control and Prevention (CDC) found that while depression raises the risk of a stroke by more than 60 percent for whites, blacks with depression are at 160 percent greater risk. Dr. Satcher blames "less care and poorer quality of care."

BREAKING THE SILENCE

We must place part of the responsibility on ourselves. All segments of society stigmatize mental disorders, but stigma is worse among African Americans. A National Mental Health Association

survey found that blacks are more likely to view depression as a weakness or character flaw. And we're more likely to describe emotional distress in terms of physical symptoms, because we'd rather have people see us as sick than crazy.

We need to have a conversation about depression among ourselves. But in a broad sense, African Americans lack the cultural vocabulary to do that. We didn't grow up talking about emotional and mental well-being. In fact, we learned to "hush up" about it. But doing nothing about depression, refusing even to talk about it, can be deadly. Up to 35 percent of suicides result from untreated depression, and depression goes untreated more often in the black community.

As Dr. Poussaint says in his book Lay My Burden Down, we don't know how many black suicides there are, because we often kill ourselves in ways that aren't counted, whether it's "suicide by cop" (documented cases in which young black men deliberately provoked police into harming them) or the slow self-killing of drug abuse. Widely accepted numbers show that the suicide rate for black men has increased by nearly 50 percent since 1980 and that between 1980 and 1995, the rate at which black men between the ages of 15 and 19 killed themselves jumped 146 percent. The rates have leveled off in recent years, but too many of us still take our own lives, and too often depression pushes us to that point of desperation because help is not available to us or we simply refuse to get it.

WHAT IT IS

Depression is a real illness, and, like most illnesses, it has degrees of severity. Major clinical depression can be as serious as a heart attack, while a mild form of depression called dysthymic disorder is like a constant, low-grade fever that keeps you from enjoying life as much as you should.

Depression's symptoms can vary. Some people gain weight; others lose. Some sleep too much, while others are unable to sleep at all. However, there are two "cardinal symptoms" of depression, a mood characterized by hopelessness or other negative feelings and a loss of interest in something that once gave pleasure. For a diagnosis of clinical depression, at least one of these must be present for more than two weeks, along with other symptoms (such as significant weight loss or gain, fatigue, insomnia, thoughts of death). Someone with major depression needs professional help immediately.

In the simplest terms, there are two types of treatment: talk therapy and antidepressant medication. Talk therapy involves discussing your emotional problems with a trained mental-health therapist, who may be a psychoanalyst, psychiatrist, psychologist or clinical social worker. Some people find relief in a matter of weeks. For others, treatment can last years. Cost can depend on the type of therapist you see and where he or she is located. As an example, each of my 45-minute therapy sessions costs about $100. But some therapists will adjust their fees to your income. And while insurance coverage of mental health can vary, it's typically 50 percent of the therapist's fee, up to a certain maximum number of appointments.

If you're interested in working with a black therapist, try the Association of Black Psychologists

(www.abpsi.org, 202-722-0808), Black Psychiatrists of America (www.blackpsychiatristsofamerica.com, 510-834-7103), the National Medical Association (www.nmanet.org, 202-347-1895) or the National Association of Black Social Workers (www.nabsw.org, 202-589-1850). But remember, African Americans make up less than three percent of this country's mental-health professionals. What's most important is to find someone you trust, feel comfortable talking to and who really listens to you, no matter his or her race.

MEDICAL MATTERS

Opinions vary as to when medication is necessary, but it can be essential in cases where the depression is so severe that symptoms must be relieved before the patient can even think and talk rationally about his or her problems. In most states, psychiatrists and other MDs are the only mental-health clinicians authorized to prescribe medication. The most widely prescribed antidepressants correct a chemical imbalance in the brain, which many researchers believe causes depression.

According to the surgeon general's report on mental health, a combination of talk therapy and medication is most effective. However, Morehouse Medical School's Dr. DiAnne Bradford and other researchers have shown that a significant percentage of African Americans metabolize antidepressants at a slower rate than people of other races. That means the dosage of the medication that works best for you might not be the same as the most effective dose for people in the drug trial, who tend not to be black.

"Our work shows that a cookie-cutter approach to prescribing medication isn't the most effective," Dr. Bradford says. For black patients, doctors should consider adjusting dosages when medication doesn't work as well as expected. (Drug companies could help by including more blacks in depression research and developing more formulations that release medication over a longer period of time.)

THE TURNING POINT

People who reach a point of desperation need a spark that ignites the will to live. They may find it in their faith. They may find it in the love of the people around them. Standing on a chair with a rope tied to hang myself, I found that spark in my three sons, because of my refusal to allow them to grow up fatherless the way I did. I stepped away and found a reason to live. I began seeing a therapist and taking an antidepressant. Getting the help I needed allowed me to take back my life. Millions of brothers and sisters who suffer from depression in silence can do the same.

THE NATURAL CURE

Therapy and medication can make big dents in most incomes. But these items make treatment more effective and can even eliminate symptoms of mild depression.

Exercise regularly: Physical activity stimulates endorphins, natural compounds in the brain that relieve pain and elevate your mood. Also, many people get depressed when deprived of sunlight (a common problem in northern, urban areas)—get out and get moving.

Eat healthy: Sugary, salty, fatty foods give momentary pleasure but reduce our energy and fitness levels and have a negative impact on our appearance—none of which helps depression. Eat foods that fuel the body efficiently—including carrots, broccoli, sweet potatoes and other “vegetables of color,” as former Surgeon General Satcher calls them.

Listen to music: Music that’s uplifting and life-affirming can heal in profound ways. A 1994 study at Stanford University showed that listening to music brought significant relief to patients suffering from depression and anxiety.

Stop abusing alcohol and drugs: Many people with depression try to find relief this way, but it only masks symptoms and makes things worse. Marijuana may help you “mellow out,” but studies show it can cause depression and other mental disorders.

Reach out: Self-isolation is common among people suffering from depression, especially men—the more you need help, the more you push away those who want to give it. Whether it’s your church, family or trusted friends, there are people who care about you and want to help.

Remember, these are no substitute for professional therapy. If you have symptoms of depression, get help. Then do what you can to help yourself.—JH

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