Take Off the Mask!

Depression wears many faces in the African-American community. To treat it, however, the first steps are to recognize it for what it is and realize there is no shame or weakness in admitting you need help.

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When 18-year-old Jordan Burnham leaned out the ninth-story window of his parents' apartment last September, it felt as if he were looking at the only possible way out. In therapy for depression, Burnham was on medication for the problem. But the thoughts of "wanting to not be here" refused to go away. And so, on a slightly warmer than average evening in King of Prussia, Pennsylvania, the popular and well-liked high school athlete, who was just nominated to his school's homecoming court, jumped.

Miraculously, he survived. The plunge, according to a news report, shattered his left leg, broke his pelvis and jaw and fractured his left wrist. Several months later, Burnham was sitting in a wheelchair sharing his story at a congressional briefing on the stigma of mental illness. He had decided to speak up about his condition, something he wasn't able to do during his bout with depression. Back then, Burnham didn't want to appear weak, so he masked his fears and kept silent—even though his very life depended on it.

Unfortunately, his pain and silence aren't uncommon. The effects of depression on black men and the reluctance of the African-American community to address mental health issues are well documented. In 2001, then-U.S. surgeon general David Satcher released a Report on Mental Health supplement titled "Mental Health: Culture, Race & Ethnicity" that detailed the cause-and-effect relationship created by our silence and denial about depression. In John Head's insightful book on the issue, Black Men and Depression: Saving Our Lives, Healing Our Families and Friends, the former health reporter (who also suffered from depression) explores reasons why. "…from the time we are young boys, black males have ingrained into us an idea of manhood that requires a silence about feelings, a withholding of emotion, an ability to bear burdens alone, and a refusal to appear weak. The internal pressure to adhere to this concept of masculinity only increases as we confront a society that historically has sought to deny us our manhood."

The stresses that wounded Burnham's spirit were mostly internal, leading to a state of mental exhaustion that drained him and robbed him of the will to live. "I actually never had suicidal thoughts. I had thoughts of wanting to not be here because I was tired of being depressed," Burnham explains. "I wouldn't have minded dying, but I would never have taken my own life. I was

shocked when I found out what I did. I couldn't believe my depression had gotten that out of control."

Burnham was diagnosed with depression after he'd failed his driver's test and exhibited uncharacteristic anger about the matter. His mother had responded by taking him to a therapist who'd prescribed an antidepressant. Despite the treatment, however, Burnham continued struggling. "My outlook on any mental illness is that it can be easily treated with the correct medicine and therapy," he says. "I believe that, in my case, there was a mistake in the dosage of medicine I was taking. It was way too little. Currently, I have a great doctor who is in control of my therapy and medicine. I recommend that because it's helped me out a lot."

When he first learned about his son's depression, Earl Burnham, the director of athletics and activities at Jordan's school, wondered what his son had to be depressed about. Gradually, Earl Burnham also came to understand more about the mental illness. "Depression is treatable by a doctor with medication and therapy, just as any physical illness," he says. "We need to change the stigma around mental illness." And he offers simple advice for parents: If you notice a change in your child's behavior, ask questions and don't be afraid to seek help from a therapist.

The suicide rate for adolescents has tripled since 1970, according to Mental Health America, and suicide remains the third leading cause of teenage death. With these alarming numbers, it should be clear that everyone who comes in contact with young people—not only parents, but also teachers, counselors, clergy and others—needs a better understanding of the illness.

Of course, adults aren't immune to depression. Just ask public-relations maven and mental health advocate Terrie M. Williams, author of Black Pain: It Just Looks Like We're Not Hurting. Williams understands the issue and the masks people put on to hide it. She herself experienced prolonged feelings of despair and bouts of sadness—not that anyone else could tell. As the high-profile publicist and president of her own New York City–based PR company, The Terrie Williams Agency, she kept her game face on in public and worked her media magic for a largely celebrity clientele. Then, in 2004, after years of living with depression, Williams finally had a breakdown. The mask had slipped.

"Everybody wears the mask to hide pain," Williams says, explaining that we don the masks to hide our weaknesses and escape from challenges. "That is the problem," she says. "That is the challenge. And that is why we are moving through the country, creating opportunities for people to come forward and speak their truth."

The opportunities she references are part of a national campaign called Healing Starts With Us (HSWU, healingstartswithus.net) and the Open Book Tour, which features a series of public discussions about depression in the African-American community. Sponsored by an organization she co-founded, the Stay Strong Foundation, and other corporations, the campaign is basically a health initiative to break the silence about the stigma and shame related to mental health issues in the black community. "No one ever walks up to you and gives you that forum," she says. "We have to talk about this stuff. We've got to get it out. We've got to get help. And we have to share

our stories with each other so people don't feel like they are standing on the ledge alone."

An illness that causes everyone to suffer, depression often manifests in our daily interactions with others. "When someone goes off in the office, it's not about you; it has nothing to do with you," Williams says. And what about that stranger walking down the street who looks at someone the wrong way; violence erupts and two seconds later a person is dead? Williams sees a lifetime of hidden pain lurking behind these seemingly random incidents. "So, maybe the next time that you have a beef with somebody in the office or you deal with that cashier who has a nasty attitude, [you'll understand that] there is a story, there is a reason," Williams says. "Nobody is born bad or evil—there is a reason. And if you understand that there was a story or there was a reason, perhaps you would be more compassionate and more understanding."

Present at one of the HSWU events, journalist Glenn Townes recalls finally recognizing his depression 30 years after it started. "I think I suffered with it during my teen years during the '70s," he recalls. "However, at that time people didn't refer to it as depression. Most people considered that you were simply having a bad day and that things would get better." But things didn't get better for him. He often felt blue and had trouble sleeping, and yet he never thought he suffered from depression. The realization hit him after college, in 1986, when he began working part-time at a psychiatrist's office in Kansas City, Missouri.

Looking back at the way he was, Townes indicates that, as a black man, he too perceived of depression as a sign of weakness. "The adage 'A real man never cries' or as a child, hearing my older sister constantly tell me that I was 'too sensitive' and needed 'to harden up'—all of these things told me that, as a black man, it was more acceptable and appropriate to keep things bottled up inside or self-medicate with booze, pills and drugs—or ignore a problem and hope that it disappears—than to admit that you were depressed and seek the help you need."

Townes believed these negative messages until his early 30s, when he realized he had to make some life changes. But at what point does someone cross over into depression? Sometimes being sad is a reality of life—we can't always be happy and upbeat. How do we know that we've drifted from just being down to suffering the black pain of depression?

Janet Taylor, MD, MPH, an adult outpatient psychiatrist with a practice in an urban hospital in New York City, says that it's healthy for our moods to fluctuate. So how do we know when we need help? "One hallmark is time," she says. "If a sad, irritable or depressed mood with a loss of interest in your usual activities lasts consistently for two weeks or more, then you should immediately check in with your health care provider. Also, if you have thoughts of hurting yourself or killing yourself—with or without a specific plan—there is a very high likelihood that you are depressed."

Dr. Taylor echoes Williams's statement that depression jump-starts a cycle of self-destruction in the African-American community. "How we feel emotionally can affect our thoughts, behaviors and ability to connect with others," Taylor says. "When we have negative self-thoughts or feel hopeless or helpless, our whole lives can be turned upside down. Instead of looking within to understand our

current experiences and make sense of our past, we may reach for alcohol or drugs and engage in risky behavior. We also may feel isolated and alone, which can result in anger and hostility turned inward.

“In our community, the impact of oppression, racism and exposure to violence as it relates to our psyche has largely been overlooked,” Taylor continues. “The power of [the book] Black Pain is that it normalizes the black experience and gives us permission to openly deal with how we feel.”

Although the exact mechanism of depression is unknown, there is a definite connection between the brain and our moods, with our moods and depression linked to three chemicals in the brain: dopamine, serotonin and norepinephrine. Other variables, however, often play a role. “Depression can also be related to chronic medical conditions like thyroid disorder, HIV/AIDS, chronic pain and cardiovascular disorder, such as a stroke,” Taylor explains. “A depressed mood that is secondary to a loss or death or any situation that is traumatic can, in fact, be normal.”

Because of these factors, Taylor recommends that anyone feeling depressed should get diagnosed by a mental health professional who can rule out medical causes. In addition, have a complete physical exam, including lab tests, before starting medication to stabilize your mood. When drug therapy is indicated, on average, the length of time patients stay on medication depends on their diagnoses. “Medication like antidepressants are only a part of successfully treating a major depression. Learning to cope, establishing a support system and realizing your strengths are key,” Taylor adds.

Personal problems, our living environment and medical illness aren’t the only causes of depression. A chronic case of the blues may also have a genetic cause. “Pregnant mothers who are in stressful, chronic conditions while pregnant have been demonstrated to predispose their un-born children to a higher likelihood of being de-pressed as adults,” Taylor explains. “Growing up with chronic stressors like poverty, racism, exposure to violence—including sexual and physical trauma—can all be risk factors for depression. Family histories of alcoholism and drug usage are also risk factors. Studies show that teenagers who had a history of conduct disorder are three times more likely to be depressed adults. Depressed mothers can produce depressed children, so it is crucial that we have healthy mothers and thus healthy families.”

In an effort to start healing, Jordan Burnham has become very active in the community, speaking about depression and young people. “I would just like to help take the stigma away from depression or any mental illness and help raise the awareness of mental illnesses,” he says. “Parents and young adults should know the symptoms and know where or how to get help. I especially feel that no parent should be ashamed of having their child see a therapist. I never want any child or parent to go through what our family has been through. And if telling my story saves a life, then I know why God saved me and why I have the integrity to tell my story.”

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http://beta.docker.realhealthmag.com/article/depression-african-americans-hiv-15245-4827