

Blues Brothers

Suicide is the third leading cause of death for young African-American men, according to the National Institutes of Health, so recognizing the signs and symptoms of depression could mean the difference between life and death for black males. Here, Dwight Owens, MD, an Atlanta-based physician, author and life coach, and the chief psychiatrist for Peachstate Psychiatric Services, Inc., offers advice to help push past the stigma attached to this very treatable mental health condition.

December 16, 2010 By Kenny Miles

Can you explain the difference between [clinical] depression and just feeling down for the moment?

Feeling down is something that's transient. You may just be going through the blues or just having a bad day. The definition of clinical depression is when you have at least two weeks of the following symptoms: a depressed mood or total lack of interest in all activities. Along with that, there must be several neurovegetative signs or symptoms present, such as having a sleep disorder; lack of energy and concentration; feelings of hopelessness; appetite disturbances; agitation; and suicidal thoughts. If you have several of these symptoms for that length of time, you meet the criteria that say you're having a major depressive episode or clinical depression.

What is the relationship between African-American men, drug and alcohol abuse and mental health issues?

When you look at substance abuse and the African-American community, what you will find is that a lot of African Americans have anxiety disorders. As a way to cope, they tend to self-medicate with substances. My approach is to find out what the core issues are [that lead people to self-medicate]. But all doctors may not take that approach. Usually when you get through someone's core issues, you're able to break through the barriers of substance abuse.

For a lot of African-American men, their first contact with a mental health professional may happen while they are incarcerated. Why is that?

I worked in both a prison as well as in an out-patient setting. It is taboo in the African-American community for anyone—let alone an African-American male—to go see a psychiatrist. African-American males by nature don't trust doctors, and they don't trust health systems in America. This dates back to the Tuskegee experiment [a study in which black participants had syphilis but researchers elected not to tell them and treat them] and other things that have happened to

African Americans in the past. But when you are incarcerated, it's a controlled environment. You may start to develop [depression] symptoms while you're institutionalized. A lot of time when people are in prison they tend to start talking about some of the issues they had before they were incarcerated. [Prisons] have mental health screening processes, so if [officials] see any signs of a problem, they would move that person forward to get more help. This is why jail is where a lot of African-American men are first coming face-to-face with mental health providers. A large percentage of inmates start [substance abuse] treatment in prison, but when they're released they may or may not follow up.

How do we recognize depression in our sons, fathers, brothers and husbands, and how do we help them?

First of all, a lot of lay people may not be able to recognize depression, but they may realize that someone's behavior is different. For example, the person may prefer total isolation or be more irritable than usual. This is when you may want to attempt some type of intervention. That intervention can be taking that person to their primary care physician. It's easier to get an African-American male to agree to see a primary care doctor than visit a psychiatrist. If so, let the person go to their primary care physician. Why? Because they already have a relationship with that doctor.

Because so many African-American men are skeptical about going to doctors, are there depression therapies besides using medication that you would recommend?

I'm a medical doctor. The main thing I know is pharmaceutical therapy and psychotherapy. I don't suggest non-traditional treatments for depression because this illness can be deadly. What this means is you don't want to fool around with herbs and shaking "gooba dust" [dust used in spiritual rituals] and singing songs because somebody can end up committing suicide. We need to use mainstream depression treatments. Suicide is rising in the African-American community. Every other day you hear that somebody kills themselves in our community. Suicide is becoming almost commonplace. At some point, doctors may be able to try other things as an adjunctive therapy [another treatment used with the primary treatment], but you really want to use what you know will work for sure, such as using [antidepressant medications] to increase the amount of mood-stabilizing serotonin in the brain.

What about the sexual side effects that can accompany taking medicines used to treat mental and mood disorders?

Well, my response to that is if you're dead then you don't need to have sex! There's a lot of things people can take to handle the sexual side effects from these meds. For example, Viagra and Cialis can treat sexual side effects. When I prescribe meds for my patients, they really don't have trouble with sexual side effects because I know how to dispense the proper dosage. I don't have any of my patients on Viagra or Cialis. It depends on the doctor and how he prescribes his medication.

Do you feel that compared with other races, blacks have more difficulty getting mental

health help for our men?

No. I just think that we don't access services. We can undo a lot of the mental health stigma through education and getting the word out that there are services available for those in need.

For free relationship advice and tips, visit [AskDrO.com](https://www.askdrO.com), Owens's mental health blog.

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