“HOW ARE YOUR BOYS AND MEN DOING?”
An Introduction to Men Healing Men and Communities Network

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Men Healing Men and Communities Network

• We are African American Men committed to healing and empowering our youth, families, and communities.

• We utilize evidence-based models, strategies, and approaches to deliver high quality culturally appropriate trainings, therapy, and capacity building resources.
Chronic contextual stress
  Impact of structural racism
  Subtle and covert racism that can be intense experiences

Collective experience of racism
  Lack of political representation
  Stereotypic portrayals in the media

Transgenerational transmission of group traumas
  Sharing of oppressive historical events across generations

Potential Barriers to Mental Health

According to the Office of Minority Health:

- Poverty affects mental health. African Americans living below the poverty level, compared to those over twice the poverty level, are twice as likely to report psychological distress.
- In 2017, suicide was the second leading cause of death for African Americans, ages 15 to 24.
- The death rate from suicide for African American men was more than four times greater than for African American women, in 2017.
- Non-Hispanic blacks have the most frequent feelings of sadness and hopelessness.
Eliminating Race-Based Mental Health Disparities

- Lack of Appropriate Training Tools
- Bias and Discrimination
- Institutional and Systematic
- Stigma or Mistrust
- Provider-Level Factors
- Lack of Racial and Ethnic Minority Providers
<table>
<thead>
<tr>
<th>Adversity &amp; Risk</th>
<th>Protect &amp; Promote Optimal Development</th>
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| Early Childhood | • High quality, culturally competent early childhood education  
                  • Achievement of all child developmental mental (cognitive health milestones)  
                  • Children’s Savings Accounts  
                  • Poor child health outcomes  
                  • Poor parental knowledge of child development  
                  • Not ready for school |
| Middle Childhood | • Grade level reading and numeracy outcomes  
                   • Positive behavioral interventions are implemented in schools  
                   • Cultural competent and effective teachers guide learning  
                   • Lack of educator cultural competence  
                   • Harsh, ineffective punishment  
                   • Poor literacy (reading) outcomes |
| Early Adolescence | • Accurate media images that portray positive narratives of Black life  
                   • Equitable funding for schools to offer advanced placement, STEM and Arts programming  
                   • Abundant recreational and cultural outlets  
                   • Negative media influences  
                   • Brittle narrow identity  
                   • Violence and stress |
| Late Adolescence | • Community accountable policing policies and procedures  
                  • Presence of intergenerational (rites of passage) programming  
                  • College attendance norms and expectations for attending college  
                  • Role / Identity confusion  
                  • Poor school outcomes—negative self-concept  
                  • Lack of effective role models and gender-affirming rituals (rites of passage)  
                  • Academic (un)readiness for college  
                  • Non-nurturing post secondary institutional climates  
                  • Increased direct experiences with real and/or perceived racism  
                  • Diminished capacity for intimate relationships & family formation  
                  • Diminished capacity for initiative and leadership  
                  • Poor health outcomes  
                  • Capacity to work (or be self-employed and make a family-supporting wages)  
                  • Positive self-regard, self-esteem and self-concept  
                  • Capacity for loving and emotional connection with children  
                  • College campuses have robust minority talent identification programs (post graduate opportunities) |
| Early Adulthood | |
Figure IV: Black Boys in Toxic Waters

Black Boys in Toxic Waters

ECONOMIC ENVIRONMENT
- Infrastructure Neglect
- Wealth Disparities

SERVICE SYSTEMS
- Ineffective Services
- Suspensions in Schools
- Lack of Healthcare

CAREGIVERS
- Gang Involvement
- Oppositional Culture
- Lack of well-paying jobs

COMMUNITY ENVIRONMENT
- Food Deserts
- Punitive Policing
Figure V: Black Boys in Nutrient Rich Waters

Black Boys in Nutrient Rich Environments

- Culturally Competent Teachers
- Leadership Roles and Opportunities
- Strong Advocates for Children
- Representative Civic Leadership
- Positive Intergenerational Connections
- Knowledge of Positive Youth Development

- CULTURALLY RESPONSIVE SERVICES
- POSITIVE ECONOMIC ENVIRONMENT
  - Stable Housing
  - Jobs with Family Supporting Income
- CAREGIVERS
  - Positive Role Models
  - Mediating Institutions
- PEERS
Wisdom of the Elders

Dr. Carl Bell and Community Based Mental Health
- Emphasized reducing risk by “rebuilding the village”.

Dr. Edgar Tyson and Hip-Hop Healing
- Emphasized rap music in grief therapy with black male teens.

Dr. Asa Hillard and being young gifted and black
- Emphasized, “A basic decision to make. To be African or not to be.”

Dr. Nancy Boyd-Franklin and challenges in parenting black males
- Emphasized the journey to manhood and peer pressure.

Dr. Theresa Montgomery Okwumabua and African “rites of passage”
- Emphasizes the importance of letting the circle be unbroken.
Drumming Circle
Urgent Need

There is an urgent and critical need for offender reentry mental health and social support services resulting from Incarceration and Post Incarceration Traumatic Stress Syndrome (IPITSS).
Over 10,000 ex-prisoners are released from America’s state and federal prisons every week and arrive on the doorsteps of our nation's communities. More than 650,000 ex-offenders are released from prison every year, and studies show that approximately two-thirds will likely be rearrested within three years of release.
The high volume of returnees is a reflection on the tremendous growth in the U.S. prison population during the past 30 years. Most former prisoners return to communities which are often impoverished and disenfranchised neighborhoods with few social supports and persistently high crime rates. The release of ex-offenders represents a variety of challenges.
There is a direct connection between the mass incarceration of African American men and the resulting critical need for viable reentry services.

"Prisons do not disappear social problems, they disappear human beings. Homelessness, unemployment, drug addiction, mental illness, and illiteracy are only a few of the problems that disappear from public view when the human beings contending with them are relegated to cages."

Angela Davis
An Introduction to the “Reentry Support Services”

Reentry Support Circles

GOALS

- Participants demonstrate the ability to give and receive supportive communication to build and maintain crime free behavior.
- Participants learn and practice the dynamics of responsible, crime-free decision making.
- Participants learn strategies and skills to peacefully resolve conflict.
- Participants learn to identify who is impacted by their positive and criminal behavior.

VALUES & GUIDELINES

The Circle is a values-driven process. Participants identify and agree upon personal and shared group values that everyone will honor. At the foundation of circles are values that nurture good relationships and allow us to bring our “best selves” forward, such as respect, empathy, honesty, humor, and love.
Reentry Support Circle Framework

Cognitive Behavioral Intervention Therapy

Self-help & Mutual Aid

Emotional Intelligence

Credible Messengers
The Men Healing Men and Communities Network is working to establish, build, and nurture communities, institutional, governmental, and organizational collaborations and partnerships to address the complex and complicated multiple system challenges of ex-offenders remaining crime-free.

“So how do we do it?”

We join… We support… We train… We advise… We consult… We develop programs… We lead… We follow… We research… We plan… We evaluate… We partner… We collaborate…
Join us with Indomitable Families for a Reentry Support Group Meeting

DATES:
- Apr 13, 2021 06:00 PM
- Apr 27, 2021 06:00 PM
- May 11, 2021 06:00 PM
- May 25, 2021 06:00 PM
- Jun 8, 2021 06:00 PM

Please download and import the following iCalendar (.ics) files to your calendar system:
Weekly: [https://uu.zoom.us/meeting/tJwvdOiopjwpHNUttbU7O64s27B1ET3SXv /ics?icsToken=98tyKuCgrDgrEtySsx-GRow-AIjCd_zxiGZego1oiAvnNnd8NfZLvgG75aJl] j

Join Zoom Meeting
[https://uu.zoom.us/j/98231887361?pwd=SkgrWGE3LzlqazXZRNHyOVp 4aERTUT09]

Meeting ID: 982 3188 7361
Passcode: 966342
Engagement of African American Adolescent Males in Mental Health Services

Shea Langs, LCSW
African American Adolescent Males Disparities in Mental Health Care Exposes Them to

• Lower Access to Care
• Lower Treatment Quality
• Lower Engagement in Treatment
Client disengagement from mental health services present significant obstacle to recovery and symptom improvement.

(Moore, 2018)
Client-Therapist Match

- Refers to the similarities between client and therapist along specific dimensions, including race, gender, age and ideology similarity.
- Clients reported to assess the race and ethnicity of the therapist during the first session.
- When there is a mismatch in terms of race and ethnicity, the client then assessed therapist effectiveness, gender, and age.
- This assessment assisted the client in determining if the therapist could relate to them as it relates to race, ethnicity, gender, age, and ideology.

(Gaston, Tara, Glomb 2016; Ward, 2005).
When a Therapist Directly Addresses

- Feelings of Anger
- Sense of Alienation
- What means to be Black Man
- African American youth are more likely to engage in therapeutic process.

(Jones & Rubenson, 2018; Jackson-Gilfort, Liddle, Tejeda, & Dakof, 2001)
When African American Adolescent Males are Engaged in the Therapeutic Process

- Takes On a More Active Role in Treatment
- Talking More Freely
- Open to Exploring Feelings and Experiences

(Jackson-Gilfort, et al., 2001)
Overcoming Race-based Barriers & Disparities
Building on Cultural Resources & Strengths

Connecting Black Men to Therapeutic Services
An Introduction to Men Healing Men and Communities Network

Randolph Potts, Ph.D.
TOP 5 LEADING CAUSES OF DEATH BY GRAND DIVISION, MEN

*Numbers in parenthesis represent actual deaths

WEST
1. Heart Disease (2,134)
2. Cancer (1,638)
3. Accidents and Adverse Effects (534)
4. Chronic Lower Respiratory Diseases (417)
5. Cerebrovascular Disease (362)

MIDDLE
1. Heart Disease (3,201)
2. Cancer (2,743)
3. Accidents and Adverse Effects (1,073)
4. Chronic Lower Respiratory Diseases (765)
5. Cerebrovascular Disease (525)
TOP 5 LEADING CAUSES OF DEATH BY GRAND DIVISION, MEN 18-34 YEARS OLD

WEST

1. Assault (Homicide) (144)
2. Accidents and Adverse Effects (125)
3. Suicide (46)
4. Heart Disease (22)
5. Diabetes Mellitus (9)

MIDDLE

1. Accidents and Adverse Effects (285)
2. Suicide (105)
3. Assault (Homicide) (85)
4. Heart Disease (33)
5. Cancer (18)

*Numbers in parenthesis represent actual deaths
Mr. Rashid

- Mr. Rashid is a Black Vietnam veteran from Memphis who reports worsening chest pain when he coughs and has had recurrent problems with alcohol use.
- Major problems listed in his medical record also include: severe fatigue, loss of interest, agitation/anger, stomach pain & insomnia
- He says that his major problem is *racism*.
- He has reluctantly agreed to see me for counseling at the insistence of family but says that he will not take antidepressants or receive chemotherapy: “I will not be a guinea pig.”
“Being open-minded, willing to listen to the patient’s story with humility, and knowing evidence-based practices, do I really need to know about African history and culture in order to help overcome barriers to quality, effective services for Black men?”
Racial Trauma
January 2019
Special Issue of the American Psychologist
Racial Trauma, Historical Trauma

• Multigenerational trauma experienced by a specific racial or ethnic group

• It can be experienced as cumulative and collective. The impact of this type of trauma manifests emotionally, psychologically and physiologically.

• The group may have been exposed to discrimination, racial violence, segregation, medical experimentation, toxic exposure in their communities, colonization, police violence and/or genocide.
Culture & History as sources of Healing
Writings of Ptahhotep
Includes teachings on preventing violence at interpersonal and societal levels
Wisdom of the Ancestors & Elders

Fanon

The Psychology of Oppression

* Dehumanization
* Internalized oppression
* Vertical and Horizontal Violence
* Healing through engagement in social action
African Symbols & Principles

• Akan/Adinkra

• Ntu Principles
  Harmony, Balance, Interconnectedness, Cultural Awareness, Authenticity

• MAAT Principles
  Truth, Justice, Order, Righteousness, Balance, Reciprocity, Harmony

• Nguzu Saba
  Unity, Self Determination, collective responsibility, cooperative economics, Purpose, Creativity, Faith
African Symbols & Principles: Integrated in Clinical Services


Culture & History as sources of Healing

- A collective view of healing, with culture as a central feature

- Activating “trusted consultants” & “credible influencers”
  Barbers (*psycho-hairapy*), ministers, fraternities, athletes, entertainers

- “Ubuntu”: humanness is experienced through our interdependence, collective *engagement* and *service* to others

- **Healing Centered Engagement:** Healing through participating in efforts to impact racism, to transform causes of the harm within institutions and communities.

- Tapping into *cultural & spiritual traditions*; knowing our history; *rituals* as sources of strength/support/sense of community.
Organizations of Special Interest to African Americans

Association of Black Psychologist
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

Black Psychiatrists of America
c/o Dr. Angela Shannon-Reid, Treasurer
5050 Montcalm Drive
Atlanta, GA 30333
www.blackpsychiatristsofamerica.com

Health Power, Incorporated
(a source for minority health information)
3020 Glenwood Road
Brooklyn, NY 11210
718-434-8103
www.healthpoweronline.org

National Association of Black Social Workers
1220 11th Street NW
Washington, DC 20001
202-589-1850
www.nabsw.org

National Center for Primary Care
Morehouse School of Medicine
720 Westview Drive SW
Atlanta, GA 30310
404-756-5740
www.msm.edu/ncpc.htm

National Medical Association
(America’s oldest association of black physicians)
1012 Tenth Street, NW
Washington, DC 20001
202-347-1895
www.nmanet.org

National Organization of People of Color Against Suicide
4715 Sargent Road, NE
Washington, DC 20017
866-899-5317
www.nopcas.com
Other Organizations

**Depression and Bipolar Support Alliance**  
730 North Franklin, Suite 501  
Chicago, IL 60134  
800-826-3632  
[www.dbsalliance.org](http://www.dbsalliance.org)

**National Alliance for the Mentally Ill**  
Colonial Place Three  
2107 Wilson Boulevard, Suite 300  
Arlington, VA 22201  
800-950-6264  
[www.nami.org](http://www.nami.org)

**National Association of Social Workers**  
750 First Street, NE, Suite 700  
Washington, DC 20002-4241  
202-408-8600  
[www.socialworkers.org](http://www.socialworkers.org)

**National Institute of Mental Health**  
Office of Communications  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
800-615-6464  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Mental Health Association**  
2001 North Beauregard Street, 12th Floor  
Alexandria, VA 22311-1732  
703-684-7722  
[www.nmha.org](http://www.nmha.org)

**Substance Abuse and Mental Health Services Administration**  
Rm. 12-105, Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-4795  
[www.samhsa.gov](http://www.samhsa.gov)

**Suicide Prevention Action Network USA**  
1025 Vermont Avenue NW, Suite 1200  
Washington, DC 20005  
202-449-3600  
[www.spanusa.org](http://www.spanusa.org)

**The Surgeon General of the United States**  
Office of the Surgeon General  
Room 18-66  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-4000  
[www.surgeongeneral.gov](http://www.surgeongeneral.gov)
Other Organizations

American Association of Pastoral Counselors
9504A Lee Highway
Fairfax, VA 22031
703-385-6967
www.aapc.org

American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304
800-347-6647
www.counseling.org

American Medical Association
515 North State Street
Chicago, IL 60610
800-621-8335
www.ama-assn.org

American Mental Health Counselors Association
801 North Fairfax Street, Suite 304
Alexandria, VA 22314
800-326-2642
www.amhca.org

American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901
703-907-7300
www.pysch.org

American Psychoanalytic Association
309 East 49th Street, #4P
New York, NY 10017
212-752-0450
www.apsa.org

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
800-374-2721
www.apa.org

Carter Center Mental Health Program
453 Freedom Parkway
Atlanta, GA 30307
404-420-5165
www.cartercenter.org
References


References


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