



## Black Women & “The Blues”

### California Black Women's Health Project

*“Committed to improving the health of  
Black women and girls in California”*

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This ongoing series provides information on health policy issues that impact Black women. Additional information about this and other projects is available on CABWHP's website: [www.cabwhp.org](http://www.cabwhp.org). This material may be reprinted only if it includes the following: Reprinted with the permission of the California Black Women's Health Project.

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*“We have all, to some degree, experienced days of depression. Days when nothing is going our way, when even the most trivial events can trigger tears, when all we want to do is crawl into a hole and ask “Why me?” For most people, these are isolated occurrences. When the day ends, so too does the sadness. But for some, such as myself, the depression doesn't lift at the end of the day or disappear when others try to cheer us up. These feelings of helplessness and desperation worsen and grow into a full-blown clinical depression. And when depression reaches clinical proportions, it is truly an illness, not a character flaw or an insignificant bout with the blues that an individual can “snap out of” at will.”<sup>1</sup>*

*“Depression can be a long-term---even lifelong---war with profound feelings of hopelessness and low self-esteem. Mental health professionals have termed this kind of depression *major depression* or *clinical depression*. Clinical depression takes over the mind and makes you feel as if you will never see light again. It can last for weeks or months and recur for years, smothering your life, sapping your strength, and perhaps stealing your desire to live. It is dangerous; about 15 percent of all clinically depressed people eventually commit suicide. It costs millions of dollars in lost productivity each year, and the costs to relationships and self-esteem can't be quantified. As many as 9 percent of American women are depressed at any given time, and 20 to 25 percent will become depressed at some point in their lives.”<sup>2</sup>*

A variety of circumstances put Black women at high risk for mental and emotional stress – economic insecurity, responsibilities of caregiving, neighborhood violence, lack of social support and physical illness or disability. As a result, many are plagued by tension, anxiety, worry and fear. Because of the powerful and complex links between the mind, emotions and body, chronic states of stress and anxiety can have dangerous, and sometimes fatal,

<sup>1</sup> See Willow Weep for Me: A Black Women's Journey Through Depression, p.18, by Meri Nana-Ama Danquah, The Ballantine Publishing Group © 1998.

<sup>2</sup> See What the Blues Is All About: Black Women Overcoming Stress and Depression, pp.3-4, by Angela Mitchell with Kennise Herring, Ph.D, The Berkeley Publishing Group © 1998.

health consequences. If enough of these stressful events are clustered together at one time, women can become vulnerable to illness and disease. In addition, the daily struggles of coping with racism and sexism further exacerbate the mental and emotional stress they endure.

As many as 80 percent of people who are treated for depression do get better. But Black women rarely receive the proper diagnosis or treatment. By some estimates, only 7 percent of Black women suffering from depression receive any treatment, compared to 20 percent of the general population.<sup>3</sup>

### **Black Women's Health Survey 2000-2001: Mental and Emotional Health**

CABWHP developed the California Black Women's Health Survey to amplify Black women's voices, educate the public and policymakers and provide data to help eliminate gender and racial disparities in health status. As a result of our extensive outreach, more than thirteen hundred (1300) Black women completed our survey. The following policy recommendations related to mental and emotional health are based upon issues derived from the survey findings.

Issue: Overall health status of some survey respondents is affected by issues of mental health and emotional well-being.

**Recommendation:** (1) Train healthcare providers to identify and assess the impact of emotional and mental health on overall health status; and (2) Educate the community about mental and emotional health in order to eliminate the associated stigma.

Issue: Respondents are overwhelmed by the pursuit of perfectionism, meeting goals, loss, mediating family conflicts and challenging the criticism and doubts of others.

**Recommendation:** Implement a self-help/mutual support model that refutes the perceived normalcy of these mental and emotional stressors. Create and disseminate The 12 Commandments of Good Mental Health that outlines the parameters for mental and emotional well-being.

Issue: High numbers of respondents report that their religious faith and spiritual beliefs impact their health.

**Recommendation:** Train and educate counselors, spiritual advisors and community leaders to recognize and address the mental health needs of Black women.

### **Policy Summit 2002: Recommendations for Action**

At our second annual Policy Summit on February 8, 2002 in Sacramento, we formally initiated our campaign to actively address the intersection between race, gender and mental and physical health via advocacy and policy. Policy Summit attendees participated in working groups that were charged with brainstorming about ways to improve the mental health of Black women. The groups were asked to respond to many questions, including the following: *What challenges keep Black women from accessing mental health services? What outreach or public information programs should be developed to encourage Black women to address their own mental and emotional health? What are the most cost-effective methods of outreach?* The ideas expressed by Policy Summit participants included those listed below.

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<sup>3</sup> Ibid.

### **Challenges**

- Being uninsured or under-insured
- Lack of skilled providers
- Stigma attached to mental health
- Myth of the “strong Black woman”
- Mental health services are not linked with primary care services
- There is a trust issue re: disclosing one’s personal business
- Value of silence/secrecy in the Black community about “dirty laundry”
- The separation between spirituality and mental health

### **Outreach Programs**

- Identify providers of color and disseminate the information throughout the community
- Build outreach and services based on our own cultural foundation
- Outreach must be multi-faceted including consumers, public and private sectors
- Use radio and other media utilizing a holistic ethnic/multi-media approach
- Public service announcements
- Make the connection between mental and physical health
- Create a discussion on the community level where we convene Black women to discuss mental health and what it means to them
- Create a “buddy system” where a buddy would help a peer access mental health services and provide support

### **Cost-Effective Outreach Methods**

- Determine what the government should fund and what should be privately funded
- Link the faith-based community with mental health
- Make the Black women’s mental health a public health issue so it is incorporated into mainstream public health discussions

If you are interested in providing input on these issues or participating in our Black Women’s Mental Health Initiative, please contact Crystal Crawford at 310-412-1828 x15 or [crystal@cabwhp.org](mailto:crystal@cabwhp.org).