

SPECIAL EDITION: SPRING  
CONFERENCE ABSTRACT  
NEWSLETTER

HELLO BPA MEMBER,

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Perspectives:

**Dr. Simpson, BPA Associate  
Editor**

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### RECENT PUBLICATIONS & ABSTRACTS:

Primm, A..B. and Lawson, W.B. "Disparities Among Ethnic Groups: African Americans" in *Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives*; Eds. P. Ruiz and A. Primm, Wolters Kluwer /Lippincott Williams & Wilkins, Baltimore, 2010.2. Smith EN, Bloss CS, Badner JA, Barrett T, Belmonte PL, Berrettini W, Byerley W, Coryell W, Craig D, Edenberg HJ, Foroud T, Gabriel SB, Gershon E, Greenwood TA, Hipolito M, Koller DL, Lawson WB, Liu C, Lohoff F, McInnis MG, McMahon FJ, Mirel DB, Nievergelt C, Nurnberger J, Nwulia EA, Paschall J, Potash JB, Rice J, Schulze TG, Scheftner W, Panganiban C, Zaitlen N, Zandi PP, Zöllner S, Schork NJ, Kelsoe JR. Genome-wide association study of bipolar disorder in European American and African American individuals. *Mol Psychiatry*. 2009 Jun 2. [Epub ahead of print] PMID:

19488044

3. Zhang D, Cheng L, Qian Y, Alliey-Rodriguez N, Kelsoe JR, Greenwood T,

Nievergelt C, Barrett TB, McKinney R, Schork N, Smith EN, Bloss C, Nurnberger

J, Edenberg HJ, Foroud T, Sheftner W, Lawson WB, Nwulia EA, Hipolito M,

Coryell W, Rice J, Byerley W, McMahon F, Schulze TG, Berrettini W, Potash JB,

Belmonte PL, Zandi PP, McInnis MG, Zollner S, Craig D, Szelinger S, Koller D,

Christian SL, Liu C, Gershon ES. Singleton deletions throughout the

### Left at the Starting Line: Increasing African American Medical School Matriculates to Reduce Health Disparities

The literature has described two methods to reduce mental healthy disparities: 1) Increase mental healthy diversity and 2) improve cultural competence of health care providers. Currently, African Americas, Hispanics, and Native Americans make up 25% of the United States population, however only 7% of medical school faculty and 14% of medical matriculates are represented by these groups. The effort of the civil rights era produced increase opportunities for African Americans and other minority ethnic groups. However, as a result of legislation and funding changes, continued efforts have not produced sustained results over the past decade. As a result of Dr. Satcher's "Surgeon General's Report on Mental Health" issued in 1999, the need to improve cultural competence and need to increase diversity in the work force, academic institutions and governing bodies are focused on improving mental health work force disparities. Challenges and barriers still prevail and prevent minority ethnic groups from medical school matriculation.

Submitted by Dr. Toi B. Harris

### Transition to Practice: Opportunities for African-American Psychiatrists in the

genome

increase risk of bipolar disorder. *Mol Psychiatry*. 2009 Apr;14(4):376-80. PMID:

19114987

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## **JOIN US FOR THE 2010 BPA SPRING CONFERENCE IN NASHVILLE, TN!!!**

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### **BPA MISSION**

The mission of the BPA is to address issues affecting the Mental Health of African-Americans and to provide a forum for continuing education for those who provide psychiatric care.

## **Workforce**

Every year residents have the complex dilemma of choosing a job that is both satisfying and pays well. Often there is difficulty with understanding contracts along with balance workload and lifestyle. Residents should better understand opportunities in the field of psychiatry and medicine and explore disparities in pay based on race and gender. A discussion also needs to take place how job satisfaction is directly related to workload and decision making roles. Residents should also be exposed to multiple practice areas in psychiatry including public, private, administration, academia and industry.

**Submitted by Dr. Timothy Benson**

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## **A Crisis in Psychiatric Education: a Panel from the HBMCs**

Following the socio-political movement in the 1970's to enroll more African Americans in medical education there was an increase in Blacks graduating from medical schools. This increase in numbers peaked in 1975 and has steadily declined since. Now in the 21st century we are seeing fewer numbers. This decrease is reflected in the shrinking numbers of Black medical school graduates that are available for and choosing places in Psychiatric residency programs. Conversely, the push to decrease disparities in mental health care for Blacks spurred by the special report of the US Surgeon General David Satcher, MD in 1998 has lead to increased awareness of mental illness and greater acceptance of treatment. These developments are paralleled by many advances in psychopharmacology with attention to ethno-psychopharmacology thus providing more and better tools for psychiatrists. We are thereby left in an improved environment with better resources except manpower.

**Submitted by Dr. Gail Mattox**

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### **Partnering with Families to Improve Outcomes**

Founding members of the National Association for the Mentally Ill (NAMI) Urban Los Angeles Chapter that have suffered the mental illness experience present their paradigm that aligns providers with patients and their families and significant others toward bolstering their medical treatment and social supports.

**Submitted by: Ms. Nancy Carter, Dr. Lynn Goodloe, Ms. Bonita Council, Dr. Curley Bonds**

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### **The Impact of Poverty on the Physical and Mental Health of African Americans**

Poverty is prevalent within the US and globally. According to the US Census Bureau (2006) over 12% of the population in this country lives below the poverty line, with African Americans and other minority groups represented disproportionately. There are clear physical and mental risks associated with poverty. Yet, mental health professionals have minimally addressed the impact of poverty on physical and mental health. An examination of poverty's impact on the physical health and mental health of African Americans will highlight models which address the relationship between poverty and mental health including the transactional model and stress diathesis model. There is mounting evidence of how economic inequities between racial groups profoundly affect our longevity.

**Submitted by Dr. Curley Bonds**

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### **Community Based Approach to Emotional Healing Three Years Post Katrina: A Mental Health Update**

On August 29, 2005, Hurricane Katrina struck the Gulf Coast. It was the deadliest hurricane in seven decades to hit the U. S., bringing severe winds and records rainfall into New Orleans. For several weeks,

New Orleans was submerged under several feet of water. More than 500,000 people were evacuated, and estimates are that a minimum of 1800 people died in storm related deaths. Racial and ethnic minorities in the USA have increased vulnerability and risk to disasters. Fotherill, Maestas, and DeRoune (1999) contend that for racial and ethnic communities there are links between racism, vulnerability and economic power. Research suggests that ethnic minorities may suffer more adverse psychological consequences post disaster than do whites. A worldwide panel of experts on disaster and mass violence treatment was assembled to gain consensus on intervention principles (Hobfoll, Watson, Bell 2007). They identified five empirically supported intervention principles that should be used to guide and inform intervention and prevention efforts at the early mid-term stages. They are to promote: 1) a sense of safety, 2) calming, 3) a sense of community efficacy, 4) connectedness, and 5) hope. In relationship to African Americans in New Orleans, particularly the socio-economically disadvantaged, none of these principles were adopted. Instead, for many, the experience of government abandonment, hostile desertion, brutality, and neglect brought to the surface collective unconscious wounds regarding displacement and forced migration. In addition to alarming rates PTSD amongst individuals, the collective now appears to be suffering from "root shock" - the traumatic stress reaction that occurs when all or part of one's emotional ecosystem is destroyed-as described by Mindy Fullilove to explain the impact of Urban Renewal on black communities in the 1960's. Fullilove has theorized that three key impacts will be felt in New Orleans for years to come: 1) excess mortality; 2) economic setback; 3) and loss of collective resiliency, i. e. the capacity to recover from injury. A recent study by the New Orleans Health Department (Stephens, 2007) provides evidence that these patterns have already begun to take shape, as data show a dramatic increase (up 47%) in death rate in 2006. Similarly, the prevalence of PTSD has approximately doubled. This is underlined what occurred in the aftermath of the 9/11 attacks, where, in spite of doubling of depression and PTSD one month after the attack, there was a return to baseline levels (Gales et al 2002) four months later in New York City. A recent study (May 2008) revealed that managing the stress

of recovery and dealing with feelings of depression remains one of the top barriers to recovery in New Orleans. This presentation explored the current post-disaster mental health landscape, presenting data on the current estimates of prevalence of PTSD, Depression and Substance Abuse, in addition to the socio-political ecology that continues to hamper rebuilding efforts.

**Submitted by Dr. Denise Shervington**

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### **Understanding and Addressing the Impact of Trauma**

Post-traumatic stress disorder (PTSD) has a lifetime prevalence of 8-10% in the U. S. with even higher rates amongst disadvantaged populations. This presentation will offer participants an opportunity to learn about the latest advance in PTSD treatment and to gain a better understanding to the efficacy and application of these evolving approaches.

"Understanding and Addressing the Impact of Trauma" will consist of two unique presentations. "Understanding the Biopsychosocial Impact of Trauma" by Dr. T. Allen Gore. And "Trauma and Recover" by Ms. Tonier Cain Dr. Gore's presentation focuses on the research findings of the National Child Traumatic Stress Network and the Institute of Medicine regarding the course of PTSD, the development challenges experienced by traumatized adolescents and children, and the requirements of effective treatment. Ms. Cain's presentations, told from the perspective of both a patient and caregiver described the social impact of childhood trauma, the challenges experienced by patients in overcoming traumatic experiences, and the responsibility of health care professionals to reduce re-traumatization.

**Submitted by: Dr. T. Allen Gore and Ms. Tonier Cain**

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### **Incarceration of Black Males: Racial Disparities in Untreated Bipolar Disorder, ADHD, and Impulse Control Disorders**

The impact of incarceration rates related to African Americans males due to under treatment of mental illness and its direct impact on the service availability and treatment which has negative bearings on African American communities and families. The alarming rate of incarceration of mentally ill African American men sometimes goes largely ignored and poorly researched. This lack of awareness and the decimation of the community cause further deterioration of African American families. This program allowed participants to understand how clinical treatment in appropriate settings, coupled with therapy for families within the community social constructs can decrease incarceration of African American males with Bipolar Disorder and improve their treatment access and clinical outcomes.

**Submitted By Dr. Napoleon B. Higgins Jr.**

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### **Meeting the Mental Health Needs of the African Diaspora: Strategic Planning during Changing Political times and the Obama Presidency**

There are many unique mental health needs that affect the African Diaspora. Racism, the practice of discrimination and disparities in health care create issues that are specific to persons of African descent. With this workshop we hope to explore these issues and hope to develop a plan to decrease these issues and the effects it has on the person of African descent. We will discuss delivery of mental health services, partnering with like-minded organizations and individuals. We will discuss ways to negate racism effect on person of color. This panel discussed alternative therapies and treatments that will benefit persons of different cultural backgrounds in order to increase acceptance and the usefulness of mental health needs.

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## **Sometimes Psychiatrists need Help Too!**

Recently, I was touched by a colleague that committed suicide. I remember being taught that psychiatrists commit suicide more than any other medical specialty. I have been shocked by the paucity of information available as I have worked on this talk. There are two major issues to address in this talk. The first is to recognize the symptoms of feeling stress, burn out, or other mental illness symptoms. The second is what to do once any of these issues are recognized. I believe the most important point is that psychiatrists sometimes need help too, and it does us no good to ignore things. We daily tell our patients that the only person we can affect is ourselves and ignoring things does not make them go away. We have to practice that for ourselves. Together, we can come up with solutions to make obtaining help feel easier and more acceptable.

**Submitted by Dr. Ericka Goodwin**

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## **Culture and Suicide Prevention in the Black Community**

Annually, suicide claims the lives of over 30,000 American. The Institute of Medicine and the National Strategy for Suicide Prevention reports refer to the need for an appreciation of the cultural context and the need for culturally-tailored interventions for suicidal behaviors. As suicide and non-fatal suicidal behaviors among minorities has increased in the last few decades, a burgeoning research literature surrounding these phenomena has developed. this session presents data on racial differences in suicide patterns, new research on the prevalence and risk for non-fatal suicidal behavior among Black Americans (adolescents & adults), highlights factors influencing male vulnerability to suicide and concludes with a discussion of how "personal agency" and family can be used to create effective services that are sorely needed for preventing suicide and treating suicidal males and adults. A framework for understanding cultural factors in help-seeking behavior was discussed and directions for mental health services

and future research highlighted.

**Submitted by Dr. Sean Joe**

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**Barackness**

This presentation examined presidential leadership as it relates to President Barack Obama using (Freud's) psychodynamic principles of leaders and follower dynamics. The goal of the presentation is to discuss/project how the campaign victory can inform self-schemata/experience of African Americans in the future.

**Submitted by Dr. Janet Taylor**

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