

# HEAVYMENTAL

MILLIONS OF AMERICANS ARE UNKNOWINGLY AFFLICTED WITH DEPRESSION AND OTHER MENTAL DISORDERS. AND MANY IN THE URBAN COMMUNITY WOULD RATHER TURN TO DRUGS AND ALCOHOL THAN FACE THE STIGMA OF BEING LABELED "CRAZY." BUT WHAT ELSE CAN BE DONE TO FIND PEACE OF MIND?

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"Hit you on a level of a madman whose mind's twisted/Mad ni\*\*az dreams caught the last train/Mine's missed it/Listed as a manic depressive with extreme paranoia."

—DMX,  
"F\*\*kin' With D"

Often confused with other mental conditions, bipolar disorder (also known as manic depression) has emerged as a buzzword in the media. Nearly 2.3 million Americans currently suffer from the illness, including celebrities like DMX. Although he accepted being labeled bipolar in a 2001 *Blender* article, X has reportedly denied the diagnosis since then. Most cases of manic depression are treatable by mental health professionals, but African-American men go largely untreated and are left alone to cope with an illness that is not accepted by larger society. They often turn to marijuana, alcohol and other substances to manage the terrifying thoughts in their minds.

"To say someone is a drug addict is more acceptable than saying you have a mental illness," says Maria-Jose Carrasco, director of the National Alliance for the Mentally Ill's Multicultural Action Center. "Who wants to admit that they have schizophrenia, are bipolar, or are clinically depressed?"

Similar to DMX, Patrick Brown was scared to admit to his condition. The 44-year-old started slipping almost 20 years ago when he was a football player at Yale University. Brown couldn't shake his apathetic feelings, his schoolwork suffered, and he eventually quit the team. Experiencing his first psychotic episode at age 24, Brown flew into a whirlwind of extravagant delusions that ended with an in-patient hospital stay. That's when he discovered that he was afflicted with bipolar disorder, a mental illness characterized by varying periods of extreme emotional highs and low.

"I got into substance abuse, drinking and smoking marijuana," recalls Brown. "Now I know it was the onset of a psychotic disorder, but I was masking it with my substance abuse. I didn't want to go into the inpatient thing, but finally I went to get help. You have to get over the stigma of going to the hospital. 'Cause I was a Black Yale graduate and I didn't want to admit I was sick in the head."

Mental illnesses often emerge in the late teens and 20's, so this is the time in life that young folks have to deal with it. But people afflicted with mental disorders have trouble understanding the delusions or voices in their head, and often turn to drugs as a means to dull their psychotic episodes. Developing an addiction on top of a pre-existing mental disorder only magnifies the problem.

"It's called self-medication," Brown continues. "It's a coping mechanism. You think you're doing stuff to make yourself happy, but it's actually making you more depressed."

A National Mental Health Association study shows that most African-Americans are distrustful of the medical profession because it emerged from a White supremacist society, where Blacks were institutionalized at high rates. While mental illness strikes ethnic groups at the same rates, minorities are less likely to get professional help. Only one-third of African-Americans will seek treatment and one in eleven mentally ill Latinos will seek psychiatric treatment. This denial is more evident in Black men, who are often taught to guard their emotions even from their families.

"It's particularly true of males, that they don't get treatments they need and deserve because of myths and fantasies about mental illness and wellness," says Dr. Michelle Clark, chair of the Black Psychiatrist Committee of the American Psychiatry Association. "The African-American community is a military state. A psychiatrist wants to know what your thoughts are and what you're dreaming. African-American youth are taught anything you say can and will be used against you."

Clinical depression isn't just a Black issue. The disease has a devastating impact on nearly 19 million Americans. In fact, it's the No. 1 cause for workers who receive disability. Untreated people are more likely to end up in jail, homeless, chronic drug abusers, or as suicide statistics. Chronic mental illnesses are treatable, but first a person must acknowledge that they have a problem. Like in Ekwenzi Gray's case. He's a 30-year-old African-American man from Maryland who's lived with depression on and off for the past 15 years.

"There's always a possibility it might come back," says Gray. "I'm doing fairly well managing everything in my life right now. While I did meet the diagnosis in the past, it's something I work against right now."

As a teenager, Gray covered up a lot of his emotions and always had a negative self-image. These were textbook signs of his condition. People who are depressed describe feeling sad, anxious, guilty or worthless. Other symptoms include sleeping disturbances,



DMX, bipolar

weight gain, loss of appetite and interest in sex, chronic pain, difficulty concentrating and remembering. By the time he was 22, Gray had begun having daily thoughts of suicide.

"I felt like I was ready to die at any moment," he says. "I took a lot of physical risks. I carried around a razor blade in my wallet. Even driving was dangerous for me. I thought about trying to hit the concrete barrier."

While African-American women have the lowest rates of any ethnic group for suicide, the same doesn't hold true for their male counterparts. According to psychiatrist Donna Barnes-Holland, although women experience depression at higher rates, men are much more likely to follow through on their suicidal thoughts.

"Suicide is not a character flaw," says Dr. Barnes-Holland. "It's a solution to a problem. It's just not a good one."

Depression doesn't necessarily equal suicide, but most people that kill themselves are clinically depressed or bipolar. Such was the case with singer Donny Hathaway, who was hospitalized repeatedly for depression before jumping off of a rooftop in 1979. While that's a worst-case scenario, everyone deals with their affliction differently.

"Men internalize their emotions and it comes out in other ways, like anger," says Dr. Barnes-Holland, who founded the National Organization for People of Color Against Suicide based in Washington, DC. "If they're going to [commit suicide], they're going to do it right. Women tend to be more relational. We get upset. We cry. We go call our friends. We handle our stress in different ways."

**Statistics from the National Association of Mental Health** indicate that about 54 million

people are affected by one or more mental disorders. A lot of these conditions stem from problems with neurotransmitters, brain chemicals that send messages to the nerves that monitor behavior and feelings. When these chemicals become imbalanced, this may result or contribute to anxiety, depression and mania. Environmental causes, such as post-traumatic

stress from a tragedy like 9/11 or childhood sexual abuse, may also trigger or deepen emotional problems. The most common diseases are anxiety, schizophrenia, and mood disorders, which can be the underlying cause for self-destruction in people's lives.

That's something Donald Morris\* experienced firsthand. An accomplished Black guitarist who played with Anita Baker, he was diagnosed with schizophrenia in his youth. The condition is a jarring disease that affects nearly two million people. Symptoms include delusions, hallucinations and disorganized thinking. Contrary to popular belief, schizophrenics are generally not violent and do not have multiple personalities. While he was able to maintain at first, Morris eventually had to quit his music career because he couldn't hold down gigs.

"I went to the hospital a whole lot in my 20's and 30's, because I heard voices," says Morris, now 42. "I wish I wouldn't have let so much time disappear. But I didn't want people to know about [my condition]. They probably have bad memories of me."

About 63 percent of African-Americans believe depression is a sign of weakness and almost two thirds believe that the condition can be healed through prayer and faith. But self-help for a severely mentally ill person is very unlikely. The problem is that many minorities are without health insurance and economic buying power to pay for professional services. With continual budget cuts to community mental health facilities that began during the Reagan era, the situation is not likely to improve in the near future.

"More needs to be done to see that people are adequately treated," says Dr. William Lawson, chairperson of Howard University's Department of Psychiatry. "Either we're in such bad shape that we're all depressed or we're so resilient that we're not depressed. The symptoms look the same regardless of culture, so it goes under diagnosed. Too many people believe it's not a disease and that it's a character flaw."

That was the perception many had of Detroit rapper Baatin, formerly of Slum Village. For years he displayed odd behavior that friends and fans thought were just part of his personality. However, late last year, he

**"I felt like I was ready to die at any moment. Even driving was dangerous for me. I thought about trying to hit the concrete barrier."  
-Ekwenzi, depressed**

was diagnosed with schizophrenia. Baatin compares his reality to having dozens of conversations in his head at once.

"The confusion started verbally," he says. "I was like, 'Do I got demons?' I couldn't control it. I had a piece of hematite in my ear. I was talking to other people with a miniature cell phone in my ear. I would be



Derrick Adkins (right), chronic clinical depression

**“You have to get over the stigma of going to the hospital. ‘Cause I was a Black Yale graduate and I didn’t want to admit I was sick in the head.”**

**–Patrick, bipolar**

angry and lash out and go crazy.”

Despite his diagnosis, Baatin is currently choosing not to receive treatment. Doctors had prescribed anti-psychotics like Seroquel and Haldol, which block neurotransmitters in the brain, but he complained that they caused him to salivate. Common side effects to such prescription drugs are drowsiness, dry mouth, dizziness, abdominal pain, sore throat and weight gain. These symptoms are usually more pronounced as doctors try to find the right dosage for their patients, who might respond differently based on their individual illness.

“Since the side effects happened, I just deal with it,” says Baatin. “Whoever gets in my mind, I know that it’s nothing that really exists. When I hear voices in the head, I keep some kind of mental chant. That keeps my mind silent. I don’t take it that serious.”

When someone is dealing with the stigma of diagnosis, medication might appear to be a potential threat. Yet, about 70 percent of people with schizophrenia respond positively to medication. Without it, the likelihood of a relapse rises considerably. Untreated, it worsens in 75 percent of people after its onset. But, delusions can feed into denial, making acceptance of the disease trying.

“People think it might be a punishment from God, but they don’t recognize it’s an illness,” says Carrasco. “They rely on family to try to solve their problem or the pastors or church. They might look for emotional support, but they don’t look for the professional support they need.”

These are all issues the National Alliance for the Mentally Ill discussed this past September at their symposium, “African-Americans: Facing Mental Illness, Experiencing Recovery.” The convention talked about

changing people’s attitudes towards mental health in the Black and Latino community. Part of that process was showing people who are successfully coping with a mental illness. That included guest speakers like Derrick Adkins, a 1996 Olympic gold medalist diagnosed with chronic clinical depression. Adkins, now a mental health advocate, detailed his experience in *Let’s All Get High: Inspiration for the X Generation*, a candid memoir that’s inspired others to deal with their condition.

“I knew what depression was, but I also knew the stigma of mental illness so that’s why I never shared what I was going through with anyone,” the 34-year-old hurdler said in a 2001 interview. “[People have] told me that my book has helped them to better understand the illness and that one day they may be able to talk about it openly.”

While stigmas and biases towards those afflicted with a mental disease remain, there is still hope for them to live a normal life. Brown takes medication daily to control his moods and currently holds down a job working with children, while also volunteering at drop-in centers.

“I swear by the meds, because I know what I was like when I wasn’t taking them,” he says. “If I didn’t take the meds I’d be out of sorts.”

Gray has seen similar success. After years of taking proper medication, he’s now a candidate for a PhD in psychology.

“By the time I got into therapy I felt like I wanted to do things differently,” adds Gray. “I changed my eating habits, exercised regularly, and trained my mind to think differently. Sometimes, it takes more strength to live with depression.”

*\*Name has been changed*



From left: Donny Hathaway (front), depressed, with friend; Baatin (front), schizophrenic, with Slum Village

# Mind Over Matter

Take a moment to see if your mood swings are actually signs of a mental disorder

- 1) Has your appetite suddenly changed, causing you to lose or gain weight?
- 2) Have you had a change in your sleeping patterns? This includes sleeping all the time, trouble staying asleep, or not sleeping at all.
- 3) Have family members or friends made comments about your behavior changing recently?
- 4) Have you started or increased substance abuse?
- 5) Have you developed a great deal of anxiety or nervousness in situations you’re usually comfortable with?
- 6) Do you have difficulty concentrating or retaining information?
- 7) Do your own thoughts not make sense to you?
- 8) Are you easily irritated or distracted?
- 9) Are you easily startled or paranoid?
- 10) Have you increased risky or impulsive behavior?
- 11) Have you had trouble completing your daily activities?
- 12) Have you found yourself not enjoying social situations?
- 13) Have you lost interest in pleasurable activities—including sex?
- 14) Do you have chronic pain?
- 15) Are you feeling overly stressed?
- 16) Do you feel sad or empty most of the time?

If you answered yes to three or more of these questions, you may be suffering from one or more mood disorders. These symptoms are not definitive, but you should seek guidance from a licensed psychiatrist, psychologist or therapist to be sure. Don’t be ashamed or scared if you are afflicted, you can still live a normal life with the help of a mental health provider.

For help or more info try:

**National Hopeline Network**  
1-800-SUICIDE

**Therapist Referral Network**  
1-800-THERAPIST

**Child-Help USA**  
1-800-422-4453

**Depression and Bipolar Support Alliance**  
1-800-826-3632

**National Mental Health Association**  
www.nmha.org

**National Alliance for the Mentally Ill**  
www.nami.org