

Black In Asheville
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I. The African-American community in Buncombe County faces discrimination in services offered and accepted in dealing with mental health. The mental health assistance offered is insufficient in meeting the needs of individuals in the black community.

- The extreme shortage of Black care givers discourages the community to trust the system.

The supply of African-American clinicians is important. Studies of medical care reveal that African-American physicians are five times more likely than white physicians to treat African-Americans patients (Komaromy et al., 1996; Moy&Bartman, 1995) and that African-American patients rate their physicians' style of interaction as more participatory when they see African-American physicians (Cooper-Patrick et al., 1999). Mental Health United States reported that, among clinically trained mental health professionals, only 2 percent of psychiatrists, 2 percent of psychologists, and 4 percent of social workers said they were African-American (Holzer et al.)

- Problems in the education system support the lack of black physicians
- Communities support further mistrust in a system that does not serve them.

- Existing doctors do not see a need to cater to the Black community because the new funding guidelines are performance based, forcing care givers to focus on the largest quantity of easily treatable patients; not necessarily patients from at risk communities that will take more time to help.
- Low income and no health insurance are barriers to access to mental health care for anyone. However, the Black community of Asheville suffers from these two barriers at a substantially higher rate relative to the population of the White community.
- Because funding for mental health care in North Carolina has been cut in general funding for individuals with low income has also been rationed.
- Interview process of individuals from both mental health care institutions and community members, present their points and opinions.
- Medicaid standards and funding have deterred Black involvement in the mental health care system.

-Medicaid has decreased funding for individual treatment and placed more focus on group therapy. This is good in theory, but does not work for Asheville's Black communities, which suffer from a disproportionately high drug and crime rate. Care givers do not want to risk penetrating these

communities, and most Whites in Asheville do not know where these communities are.

-Medicaid has also increased the paper necessary to get into the system.

For less educated people this is another barrier. Blacks everywhere in America, especially in Asheville, have fewer opportunities to further their education past high school.

II. Substance Abuse and Mental Illness tend to coincide.

- Black communities in Asheville are exposed to illegal and extremely addictive drugs on a daily basis.

- We would like to find data that the black communities in Asheville suffer from a higher crime rate.

- Interviews from the community and possibly local law enforcement would support this.

Many studies show that exposure to substance abuse, can lead to and/or promote mental illnesses.

III. The number of mentally ill Blacks who go untreated or receive improper treatment has lead to an inexcusable population of mentally ill blacks in the prison system.

- There are a disproportionate amount of Blacks in Buncombe County prisons as compared to Whites. This is coupled with a majority of the

population in the Buncombe County prisons as being diagnosed with a mental illness.

- Blacks face not only more financial barriers to mental health care but also cultural barriers to the institution. So, many without access to mental health care are caught and labeled social deviants, by the Department of Justice.

IV. The uninsured are obviously at the highest disadvantage when but the medically insured also face financial barriers to mental health care.

The most common insurance health plans in Western North Carolina offer substantially less mental health coverage to their subscribers as compared to the medical coverage.

Blacks in Asheville are employed by businesses that offer insurance less than Whites in Asheville.

Here are the Facts.....

Western Highlands LME has the third highest admission rate in the western region of NC for 2006.

In NC White admissions into area programs have decreased by 13.8% from 2002 to 2006.

In NC Black Admissions into area programs have decreased by 19.4% from 2002 to 2006.

The total number of people served through Western Highlands LME: (Mentally Ill 16156)+(Developmental Disabilities 896) + (Substance Abuse 2206) = (Total 19258)

The most diagnosed mental illness in NC area programs is major depression at 15.4%; followed by unknown at 11.4%.

Buncombe County area programs serves 6.6% of the people served in the Western region.

Of the diagnosis reported at the time of admission, substance abuse (drugs) accounted for (14.6%).

However, when looking at Psychiatric Diagnosis only, which represented 59.5% of all diagnosis, major depressive disorders (16.9%) accounted for the most frequent diagnosis. Clients diagnosed with mental retardation accounted for one percent of all admissions, while alcohol abuse accounted for 8.4% percent.

Blacks in North Carolina account for 38.6% of the Psychiatric hospital's person served

80% of the psychiatric admissions in NC are involuntary, 11.1% are emergency, and 3.5% are criminal

**51% of the people in North Carolina who were
admitted into a psychiatric hospital were discharged
within 1 to 7 days.**