

Bipolar Disorder in Black Communities

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BPA Health Equity Webinar Series

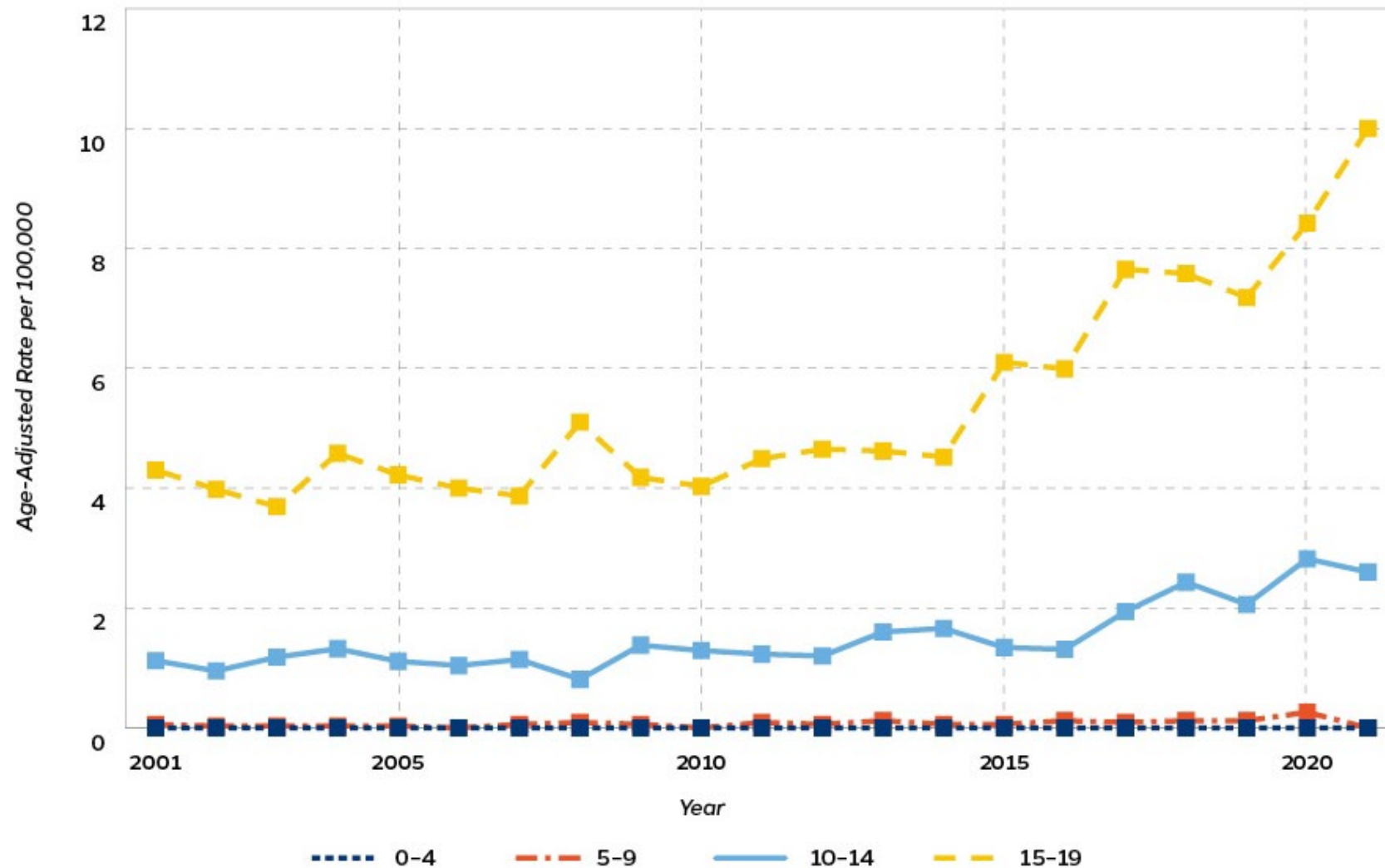
Moderator: Anelle Primm, MD, MPH
Black Psychiatrists of America, Council of Elders

March 21, 2024

Today's Webinar

- World Bipolar Day is in March, a good time to discuss this type of mood disorder which occurs in 4.4% of U.S. adults during their lifetime.
- Black Americans with bipolar disorder are less likely than other groups to be diagnosed with this condition and often do not receive treatment as a result.
- We thank the SAMHSA CE-MHTTC for its partnership on the BPA Health Equity Webinar series.
- Content has both Central East region and national relevance.
- Our featured speaker is Jemima Kankam, MD, DLFAPA.

Suicide Deaths Among Black Youth Ages 0-19 in the United States by Age Group, 2001-2021



Why We Must Care

- Age of onset is adolescence to early adulthood
- 20-50% of individuals diagnosed with Bipolar Disorder (BP) will attempt suicide
- 4-19% will complete suicide
- Many do not get the opportunity for adequate treatments

OBJECTIVES

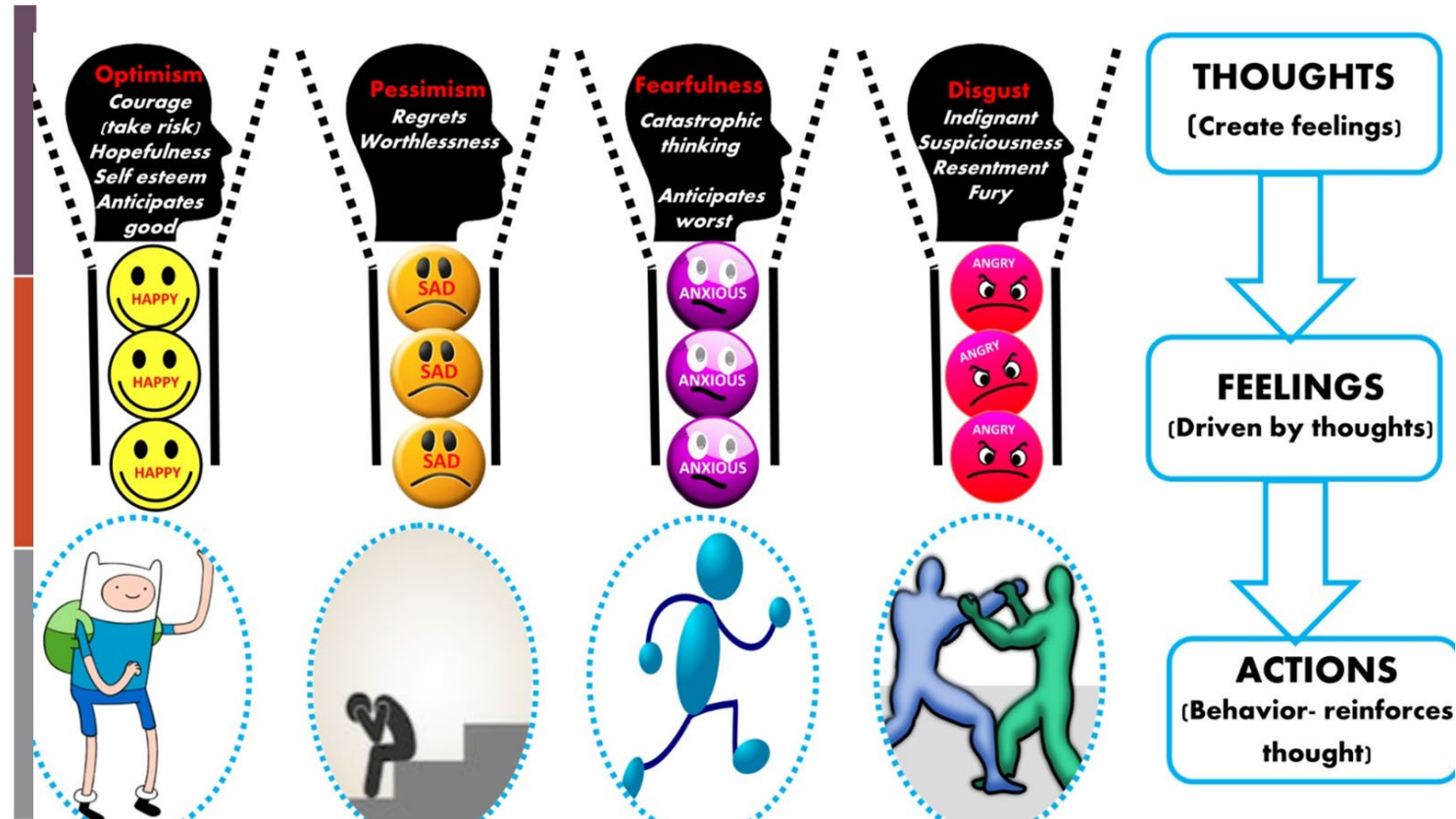
- Provide an overview of bipolar disorders including the symptoms, causes and prevalence to increase our understanding.
- Increase awareness about the impact on individuals, families and communities and the need for early intervention, especially in Black communities.
- Equip consumers with knowledge about vital information that increases the chances for accurate diagnoses and adequate treatments.
- Address factors in Black communities which contribute to delay in treatment and added burden of diseases in order to minimize them.
- At the end, each individual will be able to take one step that will promote help seeking, reduce stigma and promote these discussions, especially in Black communities.

Understanding Normal Emotional Health - The “Four Viewpoints”(Self Talk)

- Optimism- hope-confidence
- Pessimism- guilt, regrets
- Fear - catastrophic outcome
- Anger - challenge to integrity

They constantly review situation and make judgments

Expressed in feelings and physical actions



Pattern of Our Self Talk Matters



Quantity of Ideas



Speed of Ideas



Order of Ideas

TASKS OF EMOTIONAL SYSTEM

Self-
Worth

Ensure Our Wellbeing

Adapt

Adapt to Changes

Relate

Relate Appropriately
to Others

Function

Overall Function Well
in Society

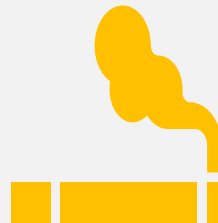
Why Malfunction



Mainly Hereditary



Life Experience- Stress/Trauma



Lifestyle- Substances

What Are Bipolar Disorders?

- A group of mental health conditions under the category of Mood Disorders
- Onset is in late adolescence and early adulthood- Contributes to same rising suicide rate
- Associated with negative social, economic and legal consequences
- Has effective treatments but marked by delayed or non-treatment and misdiagnoses
- There are some factors in the Black community that add barriers to early recognition and burden of illnesses

Who does it affect ?

**No difference
by race**

**No difference
by gender**

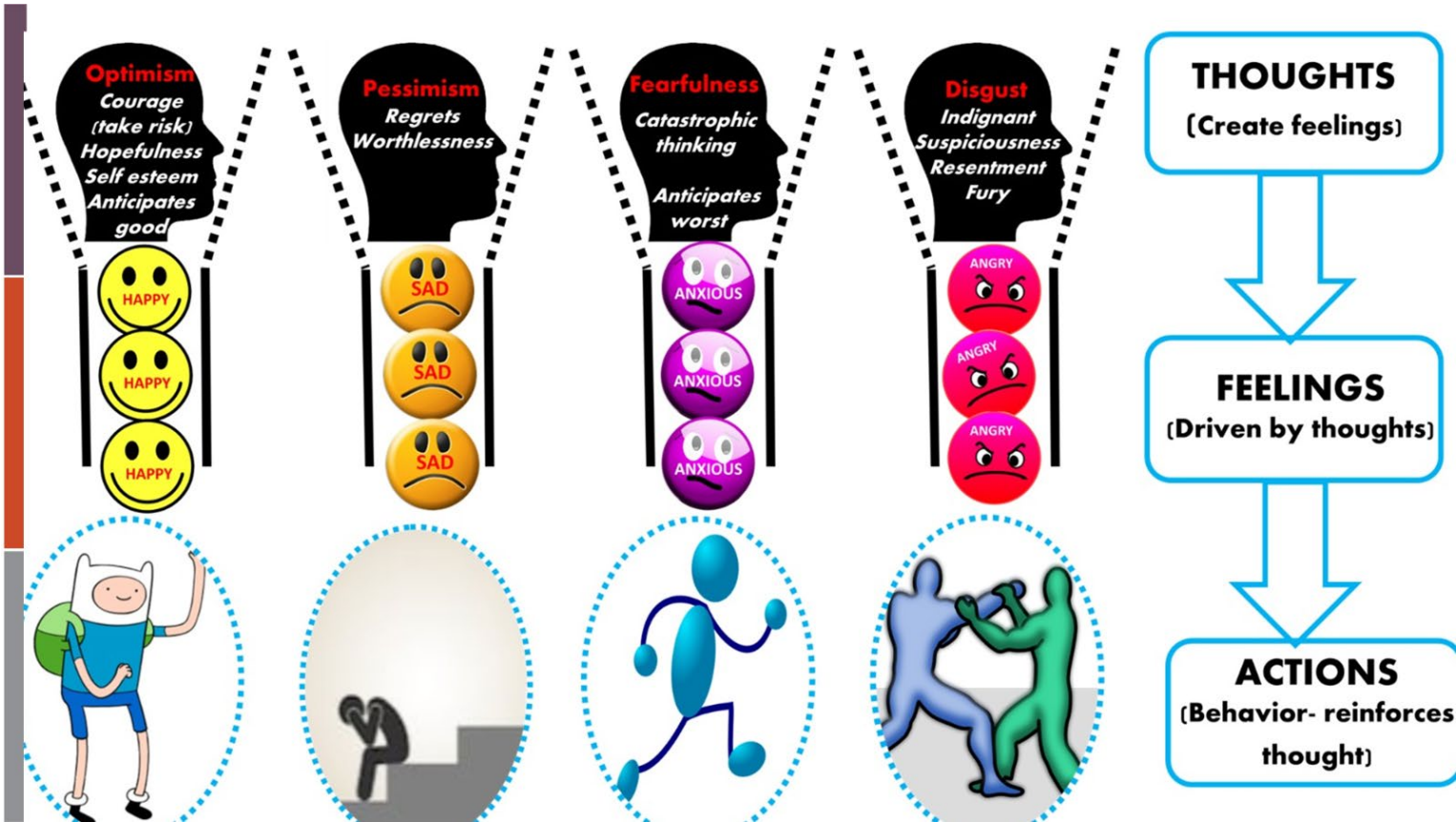
**No protection
by intellect
(Acquisition of
Knowledge)**

**Age of onset-
Adolescence to
early adulthood**

Bipolar child

Episodes: Malfunction of Mood System

- Mood tracts do not work together: Domination
- Pattern of ideas/thoughts change- quantity speed, order
- Assessment of issues tilted to dominant Viewpoint
- Duration- Changes persist
- Usual function is impaired



Mood Episodes

- **(Anxiety Episode - Fear Track)- Not included in Mood Disorders. Often complicates Mood Disorders**
- **Depressive Episode - Pessimistic track**
- **Mania Episode - Optimistic track**
- **Mania Episode - Anger/Mistrust track**

Pattern of thoughts: Mania vs Depressive

Pattern	Mania Episode	Depressive Episode
Quantity	Excessive	Scant
Flow	Fast, Jumpy	Slow
Type	Anger or Excitement	Pessimistic
Focus	May result in impaired concentration (Focus)	May result in impaired concentration (Focus)

Episodes vs. Disorders

- **We do not treat Episodes: We find the disease and treat!**



Mood Disorders- Combination of Episodes

Two Major Mood Disorders:

Major Depressive Disorder (AKA Depression)

Experience Depressive Episodes Only

Never Ever experienced a Manic Episode

Bipolar Disorders (Manic Depressive Disorder)

At least one lifetime experience of Mania Episode

May or may not experience Depressive Episode

Bipolar Type 1

At least one lifetime Manic Episode With or Without Bouts of Depression

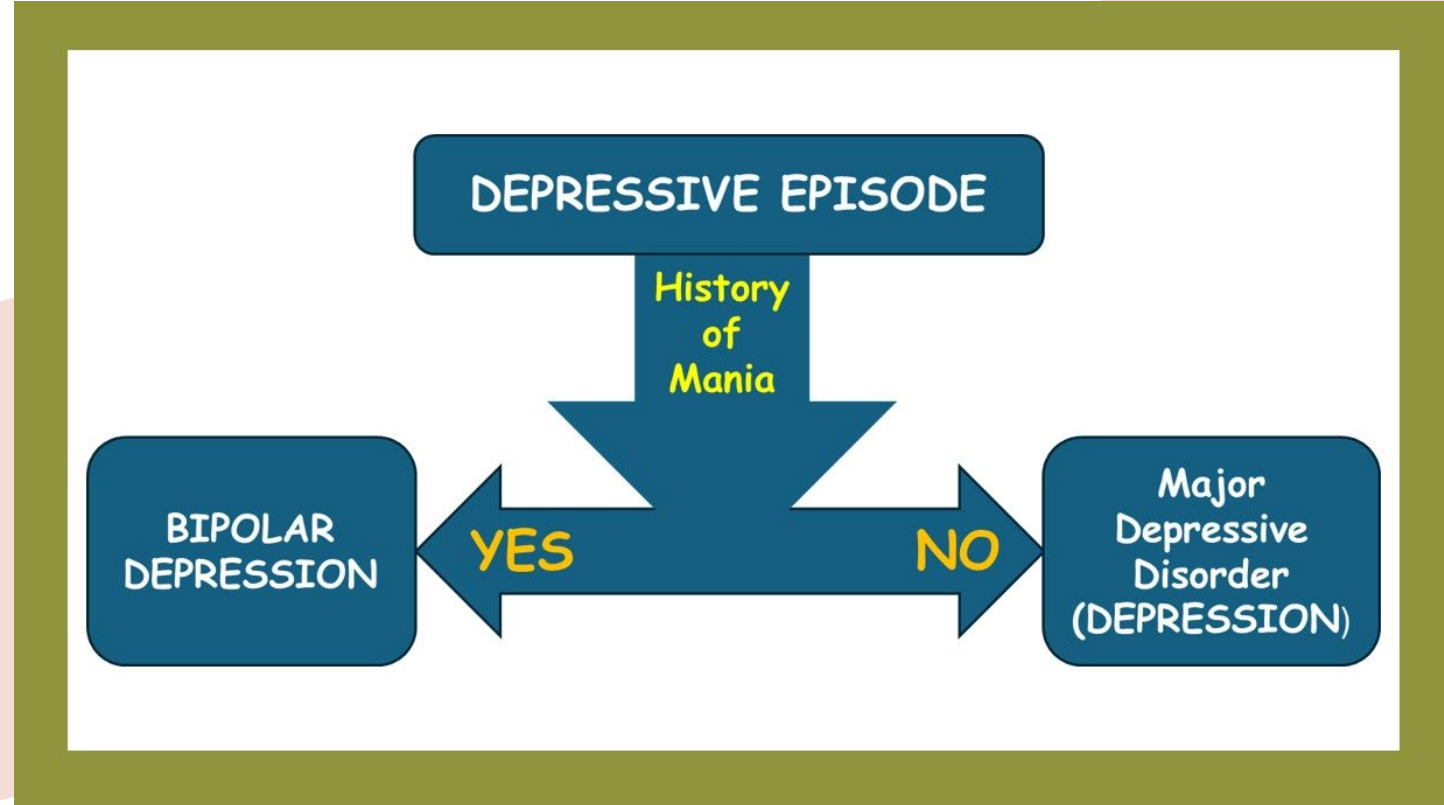
Bipolar Type 2

Hypomania- A Manic Episode that is mild with no major impact on function

Bouts of Major Depressive Episodes

Which Mood Disorder Is It?

- Always Ask about Lifetime Mania Episodes
- Bipolar and Major Depressive Disorders Are Not Treated the Same
- We Treat Disorders NOT Episodes



Bipolar Disorder Types

- **Type 1**
 - Full blown Mania- severe enough to impair function
- **Bipolar type 2**
 - Hypomania- Mania Episodes not severe enough to cause significant impairment in function
- **Cyclothymia- Cycles of Hypomania and Mild Depression**

Consequences of Bipolar Mania

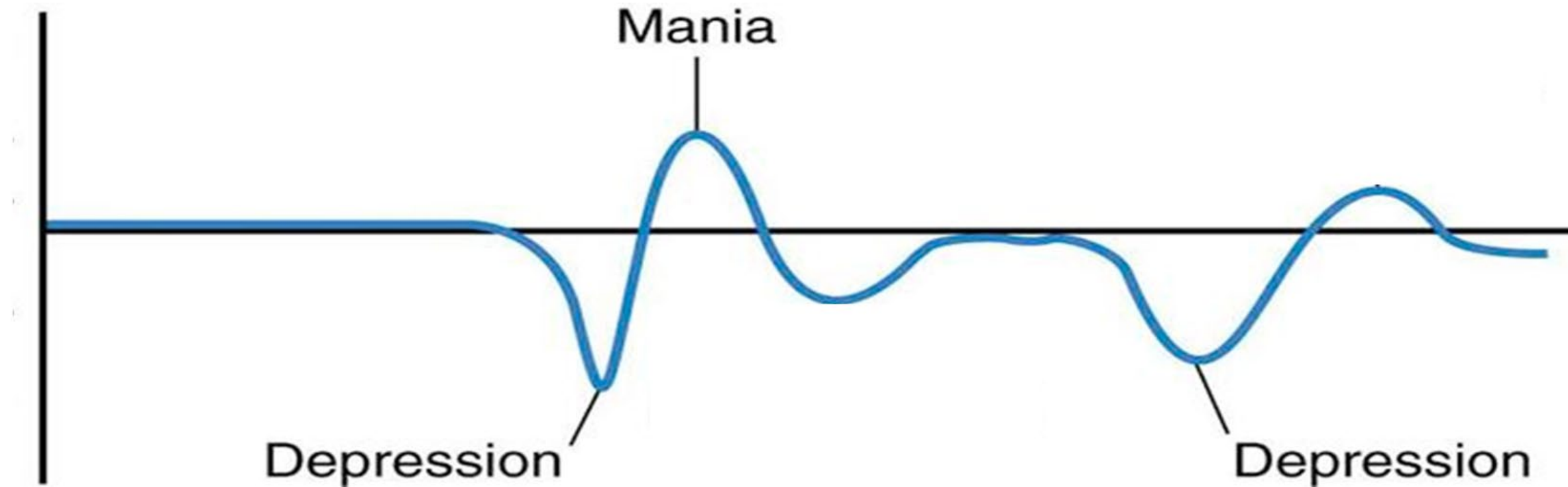
- **Irritability/ Impulsivity- Conflicts with Others**

- Broken Relationships
- Altercations
- Law Enforcement Involvement
- Justice System Involvement
- Invite Danger to Self

- **Excitability/Impulsivity**

- Experimentation with Substances
- Financial Problems
- Reckless Driving
- Sexual Inappropriateness

Diagnosing: Charting the course (“The Journey”)



Misdiagnosis Common in Bipolar Disorder

2000 NDMDA initial diagnosis (69% misdiagnosis)



NDMDA = National Depressive and Manic-Depressive Association; N = 400
Hirschfeld RMA et al. *J Clin Psychiatry*. 2003;64:181-174.

Treatment for Bipolar Disorder

- **Goals:**
 - **Treat Current Episode Adequately**
 - **Minimize Re-Occurrences**
 - **Improve Function!**
 - **Social/Personal**
 - **Comorbid- SUD**
- **Medications- Many Effective**
One size doesn't fit all
- **Psychosocial- Counseling, Support system**

Unique Burden of Bipolar Disorder in the Black Community

- Historical discrimination and misuse of mental health: Shame
 - “My family doesn’t talk about those things”
- Church- sometimes rigid faith- “ just pray it away”
- Interaction with law enforcement- doesn’t always go well
- Justice System- less likely adequate representation (“plea bargain”)
- Employment opportunities less likely with “a record”
- Inherent biases in diagnoses- Schizophrenia vs Bipolar in psychoses
- School- more likely to have inadequate resources
- Substance Use- experimentation and self medication

Opportunities to Disseminate Information in Black Communities

Large family units

The central places

- Churches
- Barber shops
- Hair salons

Summary

- Bipolar Disorders are real medical illnesses affecting quality of life and robbing lives (including young lives)
- Effective treatments are available but limited by lack of awareness and inadequate access
- There are unique barriers in Black Communities
- There are opportunities by everyone to raise the level of awareness
 - Educate yourself, family and friends
 - Involve mental health topics in church and community activities
 - Support someone with empathy

Normal emotions “Stay in the room”



Appreciation



Contact Us



a program managed by



[Central East MHTTC website](#)

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Let's connect:

