Go Where The People Are

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October 23, 2020

Taking mental health out of the medical center and into the community, where the people are, is a mantra for Columbia Professor and colleague, Dr. Sidney Hankerson. This year's inaugural speaker for our Columbia University Seminar Series on Global Mental Health, Dr. Hankerson demonstrated brilliantly what it means to go where the people are and why it matters to communities everywhere.

Photo Credit

Partnering with faith-based organizations and conducting pioneering work that increases awareness, education, and access to treatment for depression among African Americans, Dr. Hankerson is propelled by personal experience and professional commitment to mental health equity and social justice.

1. Overcoming Myths. Dr. Hankerson grew up in a small town in Virginia where his parents were active in their church. His father was a deacon and his mother played the piano for the children's choir. From an early age, he recalls hearing members of his community lamenting depression as flaws in character or action. Maybe they were not praying right. Maybe they were not tithing enough. But Dr. Hankerson couldn't square that with what he also knew personally. His parents and he have struggled with depression, which led him on a mission to improve understanding of depression and increase access to mental health care among African Americans. As he said, this is his ministry.

2. Complex and Nuanced. Depression among African Americans is a particular, complex and nuanced story. Based on a sample of 6082 participants, the National Survey of American Life found that lifetime prevalence of major depression is lower for Black Americans than for White Americans. However, African Americans with depression reported greater impairment in work, relationships, and social functioning than White Americans. Fewer than half ever receive treatment, and according to the National Comorbidity Survey, although Black Americans had a lower lifetime risk of mood disorder than White Americans, once diagnosed they were more likely to be persistently ill.

3. First Ever. The gaps in understanding of depression and services for African Americans prompted Dr. Hankerson and colleagues to conduct the first published study to systematically screen for depression in African-American churches. His findings confirmed what he suspected and propelled him to do more. He found that the prevalence of positive depression screen was high, especially among black men.

4. Build Relationships; Facilitate Trust. During his talk, Dr. Hankerson emphasized the foundational and essential role of building relationships and partnerships if we want to have real community impact. When he

first approached Black churches in Manhattan to inquire about working with them, clergy were suspicious, having been "used" too many times for research agendas without meaningful benefit, and in some cases serious harm to the community (think Tuskegee Syphilis Study). Dr. Hankerson also found that many members of the Black church thought of mental health services as something for others; something that belonged to White Americans.

5. New Models, High Quality Services, Capacity Building. The challenge and opportunity were obvious for Dr. Hankerson. African Americans are suffering from depression and are not getting effective care. Determined to convert that reality to past tense, Dr. Hankerson now leads a community-based clinical research program that has trained a total of 124 community health workers who are members of forty-two Black churches. The community health workers are trained in Mental Health First Aid, blood pressure and depression screening, and Motivational Interviewing. To date, these 124 community health workers have screened over two thousand adults. Additional training is underway in evidence-based treatments, including SBIRT, which stands for Screening, Brief Intervention, and Referral to Treatment – a structured early intervention for persons with and at risk of developing substance use disorders.

Dr. Hankerson's research and community engagement are built on models of participatory research and translational science. These frameworks also inform work in the field of global mental health. For those of us in NYC, Dr. Hankerson's work is local. For those reading from other corners of the world, it is global. Therein lies the truth that global = local + local + local. Thank you, Dr. Hankerson, for going where the people are to advance mental health locally, which is also globally.