Chapter 12

Moving Young Black Men Beyond Survival Mode: Protective Factors for Their Mental Health

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Introduction

This chapter will focus on preventing and reducing mental health issues among young black men; specifically, the upstream, primary prevention of mental health diagnoses of black male youth who experience trauma. Using a “protective factors framework” with black males as an inoculation against the stressors they will face early on in life will arm them with the skills needed to thrive even in the face of repeated exposure to extreme poverty and adverse childhood experiences. Promoting protective factors to cope with stress and trauma is not a new recommendation. The axiom, “risk factors are not predictive factors due to protective factors,” is derived from *Youth Violence: A Report of the Surgeon General* (U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001) and is often referenced by experts in mental health. Clearly, a protective factors framework is not a novel idea; yet, it has not been implemented in scale and evaluated with low-income young black males.

Background

MEE Productions was founded in 1990 and has researched, developed, and implemented a number of primary prevention campaigns around the toughest public health issues in America’s hardest-hit communities. In 2005, Dr Deborah Prothrow-Stith, a violence prevention expert from Harvard University’s School of Public Health, recommended MEE to get involved in *The Blueprint for a Safer Philadelphia*, a major citywide campaign to reduce youth violence, for which MEE developed a community education campaign and behavioral health interventions. Over the course of three years, nearly 175 low-income black youth were hired to conduct community and peer-to-peer outreach
throughout the city. It was in the third year of the campaign that behavioral health issues began to emerge: angry, quick tempered, and unfocused youth, and parents collecting their children's paychecks to use for their own purposes. Subsequently, several behavioral and mental health experts were consulted, including Dr. Joseph White, Dr. Carl Bell, and Dr Mark Rosenberg.

**The Experts**

Dr Joseph White is considered one of the founding fathers of black psychology. The former dean of education at San Francisco State University is also a professor emeritus at University of California, Irvine. He has researched and written about the psychological strengths that black males need to be successful in a racist America, including *Black Man Emerging: Facing the Past and Seizing a Future in America*.

Dr Carl C. Bell is a renowned psychiatrist and leading expert on the mental health of black people. He served as the director of the Institute for Juvenile Research at the University of Illinois and is a clinical psychiatrist emeritus in the Department of Psychiatry, School of Medicine, University of Illinois at Chicago. He is the former CEO of the Community Health Council, Inc. and provided first-hand mental health treatment and recovery services to large populations of low-income blacks on the south side of Chicago.

Dr Mark Rosenberg served as the first director of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). He is also former executive director of the Task Force for Child Survival and Development. He espouses that one of the biggest lessons a parent teaches the child is how to cope with stress.

Drs White, Bell, and Rosenberg assessed that what was being observed in MEE’s violence prevention work was manifestations of stress and trauma due to the negative effects of poverty, violence, and a tumultuous home life. All three encouraged MEE to gain a better understanding of the mental health needs in the low-income black community. In 2007, MEE embarked on collecting primary data to understand stress, trauma, and the perceptions of mental health in poor, inner-city black communities. This two-year institutional research board approved community-participatory research project aimed to increase knowledge about the need for culturally relevant strategies to promote mental wellness aimed at educating the black community, local service providers, and national policymakers. This project led to the 2010 release of *Moving Beyond Survival Mode: Promoting Mental Wellness and Resiliency as a Way to Cope with Urban Trauma* (MEE Productions, 2010).

**Stressors and Coping**

The research showed that growing up in poverty surrounded by violence, death, police harassment, and unemployment is the major stressor for poor black urban youth. As one male focus group participant explained:
If you don’t have the money to maintain, you might go out and do whatever you need to do in order to survive, which could cause you to end up in prison or dead. (MEE Productions, 2010, p. 11)

The research also revealed how low-income black males were coping with the constant, reoccurring stressors, and unrelenting trauma they experienced in their communities. Many of the focus group participants had lost friends and/or family to violence and were used to dealing with death – it was something they had learned to live with.

Some of the young people coped negatively by using drugs and alcohol to deal with or to escape their reality. Others reacted with violence or responded to violence with violence. Several others internalized or denied the stress altogether, unaware that the buildup of stress creates serious physical or chronic diseases. But there were also young people who coped positively through rapping, journaling, using their creativity, listening to music, or doing other positive things to take their mind off of the stressors. There was also a group who accepted the stress (i.e., “it is what it is”), letting it slide off their backs.

The identification of negative and positive coping was on par with what the research team expected to find. Surprisingly, MEE observed about 10–15% of the young black males were not only surviving their environment but actually thriving – exhibiting better mental and emotional wellbeing than their peers. These youth had a sense of self and a strong mind-set, being more resourceful in generating alternatives to negative coping. In fact, the research identified very specific thriving coping skills with a number of the low-income black males who had managed to excel. They were connected to non-parental adults in their community, hung around with positive people, and believed in a higher purpose/power. Many also focused on goals instead of barriers, and had a plan for what they wanted to do with their lives beyond the environment in which they lived. MEE’s efforts to understand stress and mental health problems in the black community uncovered a solution to the problems – thriving through protective factors.

After the *Moving Beyond Survival Mode* (2010) research, MEE promoted protective factors as a way to counter structural and health conditions that keep young black men in survival mode in low-income urban communities in several other major projects. In 2011, MEE used the approach to train and deploy more than 2,000 young people to conduct community outreach around mental health topics for the *Neighborhood Recovery Initiative* in Chicago. The same year, MEE used the protective factors approach in the development and implementation of a youth suicide prevention campaign for the Washington, DC, Department of Mental Health, called *I Am the Difference*. In 2015, the approach was applied to the opioid epidemic in Baltimore, Maryland – the heroin capital of the United States (Alamiri, 2016). MEE’s most recent application of the approach was used in *Heard, Not Judged: Insights into the Talents, Realities and Needs of Young Men of Color* (2016), a national research project with 18–24-year-old men of African and Hispanic descent. The project sought to hear directly from the audience what they needed, and how they needed it, to make better, healthier daily decisions (MEE Productions, 2016). These research and intervention opportunities
provided enough evidence and antidotes to support the hypothesis that the risk factors that continue to keep young black males at a disproportionate disadvantage for survival should be addressed through the application of a protective factors framework.

Failure Is Built In

An understanding of the conditions young black males are up against is necessary to understand why a protective factors framework must be researched. The social determinants, generally defined as the environmental realities of where people live, work, and play that affect a broad range of quality-of-life outcomes and risk (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2010), have set young black males living in poor urban communities up for failure in terms of diagnoses for all major health disparities, including mental health issues. Being born into poor neighborhoods exposes them to America’s unique brand of “urban trauma,” characterized by high levels of sustained poverty, ineffective public education, even worse housing conditions, negative media images, institutional racism, criminalization, and regular traumatic episodes such as violence in the home and the community. Inevitably, these environmental conditions shape the worldview of young black males. MEE developed the eight variables model to understand the environments where black males spend most of their time and how the social determinants influence their worldview and learned behaviors.

The MEE Eight Variables Model

The eight variables represent black males’ worldview – the social determinants as they see and live them day to day. The MEE eight variables model was initially developed to understand how young people viewed the world through the context of a national CDC-commissioned intervention campaign developed around dating violence, In Search of Love: Dating Violence Among Urban Youth (MEE Productions, 1996). The framework helped uncover reasons low-income youth were opting out of public service announcements, public health brochures, and other public health strategies dealing with violence, teen pregnancy, and substance abuse. The MEE eight variables model focuses attention on unhealthy influences that create health, educational, and economic disparities for low-income black urban youth (see Fig. 1). The eight factors the model examines to understand the daily reality for black urban youth are the streets, education/public schools, economics, healthcare and public health, government, mass media, family/community, and mainstream society.

The streets. Violence plays a major role in the lives of young black males, in their homes and on their street corners, and in the images they see on television, movie screens, video games, and social media. With the availability of guns in America’s cities, the streets remain a dangerous place for urban teens, and the stakes are rising continuously. In 2015, of all homicides of black males between the ages of 15 and 24, 94% were caused by firearms (Centers for Disease Control
Moving Young Black Men beyond Survival Mode

The MEE Eight Variables Model

Developed by MEE Productions Inc.

For effective communication, it is vital to understand the target audience's worldview. In the context of low-income Black youth in urban environments, this includes understanding:

**The Streets:**
The Streets of Life
A Matter of Survival
Personal survival and safety is the number one issue for many low-income urban youth.

**Education/Public Schools:**
The Miseducation of Urban Youth
Educator motives – good and bad – are apparent to low-income urban youth.

**Economics:**
The Poverty Problem
When youth live in poverty, poverty makes them angry.

**Healthcare and Public Health:**
The “Injured” Body, Mind, and Soul
Healthcare is not on the radar of many youth. Treatment is often unacceptable and it is unrealistic for practitioners to expect clients who have negative experiences to return for care.

**Government:**
The System
The Lenses Are Only Pointed at Us – Perceptions of the government meant to “serve and protect” are often symbolized by police injustice or brutality, and juvenile and/or family court.

**Mass Media:**
The Messages to Impressionable Youth Consumers
Low-income urban youth consume huge amounts of largely negative, exploitive entertainment media.

**Family/Community:**
The Disappearing Village
A loss of extended family and community necessitates the creation of support systems among youth peer groups, which often leads low-income urban youth to negative/risky behaviors.

**Mainstream Society:**
The Dominant Culture
Mainstream, dominant society does not appear to include them, so youth seek pleasure from instant consumption and immediate gratification.

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Fig. 1. The MEE Eight Variables Model. Developed by MEE Productions Inc.
and Prevention, 2015). Relative to the overall number of blacks in America, the numbers of black males affected by gun violence are staggering.

Another major driver for violence in the lives of young black males is a fear of being perceived as weak or vulnerable. Violence as a negative coping behavior has become a normal part of urban teens’ lives, and even though most young black males do not subscribe to using violence or joining gangs, if it helps them avoid becoming a target and being re-traumatized, they will do what they feel they need to do to protect themselves.

Education/public schools. The educational system has failed black youth. America’s underfunded public education has not provided a way out of poverty for black teens. Historically, urban school systems have been at the bottom of the totem pole when it comes to funding, even though the students they serve have some of the most pressing needs. The government perpetuates the cycle of poverty by distributing school funding based on race (White, 2015), among others. MEE’s research has also found that many young low-income black males hold a negative view of attending public schools, reporting that they encounter three types of teachers: teachers who genuinely care for them, teachers who are there just for a paycheck, and teachers who fear their students.

Furthermore, schools are not culturally sensitive and many do not account for different learning styles. For example, without understanding the root of aggressive reactions to typical classroom directives, teachers may end up afraid to engage with young black males. You cannot effectively teach a child you’re afraid of. Jens Ludwig, professor and director of the Crime Lab at the University of Chicago, suggests that disadvantaged urban boys are challenged to navigate the different sets of rules in their neighborhoods and ones imposed in the classroom.

Telling a poor kid “never fight” is the wrong thing to do. There really are situations, unfortunately, in these neighborhoods where sometimes you need to do that. That’s an example of a skill that a rich kid doesn’t need to have. (Badger, 2015)

Economics. MEE’s work in low-income urban communities around the country reveals poverty as the number one stressor for black people. Poverty has become more concentrated over the years as blacks who successfully took advantage of societal changes resulting from the 1960s civil rights movement continued to “move on up” and out of inner-city communities, leaving those who could not afford to escape surrounded by others in the same dire circumstances. Research shows that nearly 30% of urban black males are living in poverty (U.S. Census Bureau, 2015). Employment data paint a bleak picture for their chances to escape. Among 20–24 year olds in the United States, Illinois and Chicago black males had the lowest rates of employment in both 2005 and 2014, at 39% (Cordova & Wilson, 2016). Limited access to employment opportunities keeps many of these young men stuck in the cycle of poverty. Growing up in poverty, facing unemployment and unfair low wages, and not being able to make ends meet were all considered very stressful and sources of shame by young black men MEE interviewed. “I don’t want to [ask] this person for money,” said one participant,
“because it’s going to make me feel like less of a man” (MEE Productions, 2010, p. 12). Not having any money, trying to get money, and finding ways to earn money also cause a significant stress for this audience, including several black males who discussed having children they want to take care of but cannot afford to.

Healthcare and public health. Healthcare and public health should be considered assets for black males but they are not. Primary healthcare services are not provided on a consistent basis in the black community. Over time, this manifests itself as a large gap between black and white mortality rates. In 2015, the mortality rate among black infants was more than twice (11.7 vs 4.8 per 1,000 births) that of white infants (Riddell, Harper, & Kaufman, 2017). Additionally, cuts in funding limit the availability of services, particularly in communities with the highest health disparities. The dysfunctional and confusing healthcare system leaves black youth with a slim chance of receiving specialized services to deal with issues such as family violence, child abuse, and intimate partner violence.

The idea of access as a major barrier for black youth seeking health services remains the focal point for many government and social service agencies. MEE’s two plus decades of research working with low-income urban youth has found that access to healthcare is not the issue. The main issue is how they are treated when they access the healthcare. Extensive audience research and unannounced youth audits of local health clinics have uncovered three types of experiences black males have as they navigate the healthcare system:

- **Lack of respect:** One focus group participant stated, “If they don’t treat you with the respect you deserve … you walk back out … you don’t go back. Because they’re not going to take care of you the way they should” (MEE Productions, 2016). Negative experiences like these with healthcare institutions create negative word of mouth in the community.

- **Lack of trust:** The low levels of trust and confidence in healthcare institutions that black people have is based on their experiences. One Washington, DC, mental health provider said her white colleagues don’t know about basic historical events such as the Tuskegee Experiment or Jim Crow. She also stated, “They need to understand that our black kids’ anger and low self-esteem is not just a myth …. We’re still dealing with racism. They don’t get the history, the historical context of why we don’t trust” (MEE Productions, 2010, p. 32).

- **Institutional trauma:** In some cases, black males actually experience “institutional trauma” at the hands of medical and healthcare providers and will avoid using them unless it is an emergency. Additionally, as the largest group of youth in foster care, black males aged 13–17 believe that judgmental and uncaring adults, including foster parents and social workers, are “in it for the money” and leave many of these young men feeling as though they have nowhere to turn for help and no one they can trust.

Government. Black urban youth feel that the government (“the system”) continues to oppress rather than serve – that the lenses of criminal justice are
only pointed at them. The government is symbolized by police harassment or brutality, juvenile and/or family court, then incarceration. Black boys are profiled and harassed every day. They are targeted and incarcerated, and then the system monetizes their sentences. For example, in New Orleans in 2014, 81% of all juvenile arrests were for non-violent offenses; 97% of juvenile arrests involved black youth (Townes, 2015). Even after serving time and being released from jail, they are still excluded from mainstream society. In the majority of states, black males with felony convictions cannot vote even after serving their time (Chung, 2016).

Among urban youth there is a deeply held suspicion of the justice system charged with serving and protecting all of its citizens. When black youth commit crimes, they go directly to jail; when white youth commit crimes, they are often sent to treatment programs or receive community service or probation. It says a lot about a government willing to spend money to incarcerate a young black man but not to commit funds to enroll him in a trade school, general education diploma program, or summer job opportunity. California was poised to spend more than $62,000 on each prison inmate in 2014–2015 – almost seven times the $9,200 it would spend for each K-12 student (Hanson & Stipek, 2014). With these levels of negative encounters with government and criminal justice systems, how can young black males be expected to think they will be treated fairly?

Mass media. Urban black youth are the largest consumers of media entertainment (Cohen, 2015). They have little control over the media and messages targeted at them, as negative, stereotypical and exploitive images are continuously reinforced. As Dr Asa Hilliard, a prominent educational psychologist and expert on black child development, put it, “you can’t objectify or thing-ify a girl or dogify a boy for decades and think it’s not going to show up in the culture” (MEE Productions, 2004).

MEE primary audience research indicates that young people spend more time consuming entertainment and social media than they spend in school, reading, in church, and with their parents, combined. The direct impact of this violent, sexist, and negative imagery is influencing their attitudes and behaviors. But the real concern about black males consuming such a huge amount of entertainment and social media is that they are buying into someone else’s value system of material consumption and instant gratification.

The indirect impact media has on black males via educators and other service providers is even more damaging than the direct impact. Media affects black male youth indirectly through its impact upon the perceptions of society at large. These distorted views penetrate settings where white adults deal with black youth – schools, courts, and employment locales. These stereotypes make it possible for adults to believe that the negative messages they see and hear are accurate. When adults buy into the myths and stereotypes about urban youth, they lower their expectations, increase their fear and alienation of black youth, or in more severe cases become afraid to communicate with youth, even those within their own communities.

Family/community. Politicians often draw attention to the high percentage of children born to single-parent households as the foundation of many negative social issues. From a historical perspective, single black women have been raising
and supporting families for more than 400 years. So, the problem is not single black women raising children, it’s the residual effects of the disappearing village – disintegrating social fabric. As middle-class black family members leave the inner city, they take with them essential financial and emotional support, as well as vital images of positive, successful black males. The black church, once a cornerstone of survival, is no longer the beacon of hope. While a core group of committed black women remains, churches have been unwilling to or unsuccessful in addressing the needs of young adult males. Many of the young people MEE has interviewed feel that the church serves to condemn and criticize, not to support and uphold.

The African proverb, “It takes an entire village to raise a child,” is as relevant today as it ever was in describing the need for adult involvement in the low-income black community. As middle- and upper-income families pay for social fabric (village) in terms of daycare, after-school programs, tutors, camps, and other youth development experiences, in the absence of the supportive village, low-income black families struggle to manage without the social fabric needed to survive. Without the supportive village, active parenting is compromised. By the time black latchkey kids get to their teens, their peer group is their primary family. To be accepted by one’s peers provides a sense of belonging and boosts self-esteem. Noted from the Heard, Not Judged report, “A good, close friend holds a familial, loving place in the hearts of BMOC [black males of color]”. These bonds are so powerful that the peer group becomes the steering force in the urban teen’s life. “They are at once trusted allies in times of need, while also being the source of potentially debilitating distractions” (MEE Productions, 2016, p. 7).

Mainstream society. There is no seat at America’s table for black youth. Racism is institutionalized and poor black males are especially targeted for exploitation and monetization. Cities and counties are actually incentivized to hold young black men in custody (Liberman & Fontaine, 2015). Drug runners, low men on the totem pole, are often targeted by police, emphasizing the focus on supply versus demand, which disproportionately affects young men of color in poor neighborhoods (Liberman & Fontaine, 2015).

Racism indirectly underlies much of the political discourse in the United States. For example, the government spends billions of dollars each year on corporate welfare – subsidizing for-profit company activities. This dwarfs any amount of money provided to individuals who need financial assistance to survive. Black single mothers living in the ghetto are only part of the picture, yet in today’s conservative political climate, these are the predominant images in the picture pundits paint. Images of low-income whites rarely appear.

When you live in poverty, poverty makes you angry. For young black males to learn to thrive in spite of their environmental conditions, they must have effective behavioral interventions that take their worldview and influences from their unhealthy environment into account.

The Mental Health Treatment System Is Broken

The mental health system could be included in the healthcare and public health variable, but it is such a huge issue for the black community that it warrants
its own discussion. The existing mental health delivery model, which favors a treatment-oriented versus prevention-oriented approach, is a barrier to a protective factors approach to mental health. When asked why black males do not access mental health treatment services, Dr Bell suggested,

It’s stigma, it’s racism, it’s that Black people go in and they get insulted, [it’s] the American medical model that’s focused on what’s broken, instead of how to strengthen and prevent it from ever breaking (MEE Productions, 2010, p. 2).

The “fixes” are rooted in understanding why black people aren’t using the existing mental health systems in urban cities, why the black community isn’t actively talking about the beneficial outcomes of mental health treatment, and what are black inner-city residents’ perceptions of and experiences with existing mental health services near or in their communities.

**Stigmas within the Black Community**

The black community needs an honest and open dialogue about mental illness and mental wellness in order to counter stigmas, myths, and misinformation about utilizing mental health treatment services. Black people are not raised to value or see the benefits of mental health treatment services. Instead, many take offense at being asked whether they need to “talk to someone,” fearing that they are being labeled as weak or crazy. One Chicago mental health provider described it this way, “They’re afraid of being overmedicated … they’re afraid of being strapped down and put in a padded room and all these things you see on television” (MEE Productions, 2010, p. 27).

**Knowledge and Attitudes about Mental Health Programs and Services**

MEE’s research has found that low-income black male youth have a low level of awareness about existing mental health treatment resources. Those who are aware have primarily heard about the services through interactions with the justice system or child welfare – if they have been detained or have been in foster care – or the educational system – if they have been assessed for alleged behavior problems. Of the mental health organizations our research participants were aware of, many had negative reputations in the community. “When my son went to an in-patient facility, he said it was horrible. They treated him like a prisoner, with the doors locked,” reported one black mother (MEE Productions, 2010, p. 23). Competent, compassionate, and culturally sensitive services are hard to find. The current tenor of mental health services for young black males is punitive and institution based rather than preventive and community based, increasing resistance to getting help for emotional issues, stress, and trauma.

**Mistrust of Mental Health Treatment Services**

Black youth are opting out of or avoiding mental health services mainly due to mistrust and mistreatment. There is a general mistrust of mainstream America’s medical institutions as a result of institutional racism and the historical
mistreatment of black people within the medical research space. Black parents fear losing their children to child protection agencies for issues identified in the home, believing that medication is the preferred method of treatment for providers who treat black children with emotional or behavioral issues. They internalize horror stories about the treatment process and what’s been heard in the neighborhood about how bad treatment it is, what kinds of things therapists do, and the drugs they prescribe. For those who have actually accessed the services, the mistreatment they received keeps them from returning.

How Mental Health Providers View Protective Factors

Mental health providers site a lack of scientific evidence about protective factors methods among both low-income black parents and other mental health providers. They report that black people cannot effectively advocate for alternative treatment models because they don’t know enough about them and are therefore overwhelmingly prescribe drugs for their children’s emotional or behavioral issues. MEE research has shown that black parents feel drugs were often administered before a complete assessment was even completed, and that psychotherapy or counseling were relegated to second-tier options. Ignorance on the part of providers about protective factors leaves parents without enough information to make informed decisions about alternate treatments for their children’s mental health.

Resiliency – Moving Beyond Survival Mode

As mentioned, promoting protective factors is not a new concept. The original seven resiliencies were developed decades ago as a strength-based approach to working with people struggling to deal with hardships. They were insight, independence, relationships, initiative, creativity, humor, and morality. Dr Bell and Dr White developed their own versions of the seven resiliencies to specifically address the black experience in America, including slavery. Dr Bell uses “protective factors” terminology as a way to describe resiliency in the face of traumatic events. He identified seven major protective factors that can positively impact young black males dealing with stress and trauma: social fabric/village, minimization of trauma, adult protective shield, connectedness to a larger group or goal, access to modern and ancient technology, social and emotional skills, and sense of self (esteem)/sense of models. Similarly, Dr White uses “psychological strengths” as a way to “successfully master the journey.” His seven psychological strengths are resilience, spirituality, connectedness to others, emotional vitality, improvisation, sense of humor, and healthy suspicion of white folks (i.e., the government).

Findings from MEE’s large-scale population health interventions with low-income communities of color helped reframe and rebrand the concept of resiliency, including the use of new digital channels to deliver mental wellness education to low-income black males. The contemporary and repositioned version of the seven resiliencies, “thriving coping skills,” serve as protective factors for young people in low-income communities exposed to urban trauma and are illustrated in Fig. 2.
Take Care of Self / Take Care of Others

Low-income black boys are using positive coping strategies to take care of themselves, which is automatically protective. Encouraging young black males to volunteer to take care of others helps youth recognize that they aren’t the only ones experiencing challenges. Being present through someone else’s problems shifts the focus from their own stressors and helps them see that they may not have it as bad (relatively) as they think; that they are not victims.

Sense of Self (Self-esteem)

A keen sense of self-efficacy helps young black males get through most traumatic events, even if they seem insurmountable. Believing they can get through trauma or anything they put their mind to, makes this one of the most powerful thriving protective factors. Several young men reported that by “using their heads” they manage their emotions and negative feelings pretty well. “I think about my shit. I’ve seen too many people react just off of emotion, so I think about what I’m going to do,” said a Philadelphia male (MEE Productions, 2010, p. 21). “I sit back, think about it [a problem] and revise my strategy,” said an Oakland male (MEE Productions, 2010, p. 21). Thinking through the issue, conflict, or stressor versus just reacting serves as an alternative to feeling and behaving like a victim.

Fig. 2. The Evolution of Resiliency Factors. Developed by MEE Productions Inc.
Improvisation

Black people consistently demonstrate the ability to improvise whether they are thriving or not. Living in poverty forces low-income black male youth to work with what they have and make the best of dire situations. The act of spontaneously creating something from nothing is a skill transferred to young black males from parents, grandparents, and community members. Within their communities they witness single parents and grandparents raising grandchildren and finding ways to “make it work” for their children – working multiple jobs, cohabitating to share expenses; and they encounter peers who style themselves in the latest trends and hairstyles as a method of status and control over a sliver of their uncontrolled environments.

Connectedness to Positive People, Places, and Things to Do

Having a caring, non-judgmental, non-parental adult involved in their lives is a prime reason why black male youth exposed to urban trauma are able to move beyond survival mode. They report that these “old heads” who live in their community and have also experienced through tough times help them cope by just being there. These older black males serve as informal mentors and help them see beyond the immediate, telling and/or showing them that “you can do it.” Creating an environment of caring adults – a new village – provides young black males with positive people to be around, places to go, and things to do. This new village includes service providers, formal mentors, and spiritual leaders trained to develop and maintain solid relationships with black males to help them cope with traumatic experiences.

Having a Plan and a Plan B

Having a plan to cope with stress or trauma and establishing goals allows young black males to see beyond their immediate situation. It helps them focus and figure things out to stay on track, even when trauma hits. Most girls have plans; they write them down and track their to-dos. Many boys, however, are rudderless – they have no plans. “You have to set goals. If you don’t have goals that you set for yourself, you are lost,” said one young Chicago black male (MEE Productions, 2010, p. 21). Young black males who thrive take the time to develop measurable goals as a way of creating the life they want, instead of reacting to the life they don’t want.

Higher Purpose

Higher purpose or higher power wards off the feeling of helplessness during traumatic events for young black males because they realize that their actions have consequences in the universe. For those who may not be spiritual, their form of a higher purpose centers on having people who count on and depend on them, such as their children. That responsibility motivates them to keep going after a traumatic event or to bounce back from hard times.
Navigating Systems

Young people who understand their environment and how things work in America exhibit high levels of mental wellness. They have a level of consciousness about the ills surrounding them and how to navigate them. An awareness of how to take control of the social determinants that lead to health disparities within their communities is a social justice issue, and navigating these systems empowers young black males to expect quality treatment from services and demand respect and cultural sensitivity as tax-paying citizens.

Current State of Resiliency

Several of these protective factors are already evident in significant ways among low-income black communities; yet, they will still need to be reinforced. There are factors that are innate or have been learned via life experiences – they don’t necessarily require anyone else’s input or assistance. Others, the community has lost, as the safety net associated with the traditional “village” concept has unraveled; these elements must be rebuilt. These factors are usually passed down through intergenerational sharing. Finally, there are protective factors that must be introduced in our communities in a culturally relevant manner. These include navigating systems, which involves dealing with the stigma of having conversations about mental illness and mental wellness. Using these protective factors as a framework will allow a shift from mental health treatment as a focus of funding and programs to one that “inoculates” young people against traumas they will face – a prevention focus.

Evaluate This

Conducting protective factors interventions provides the research and evidence necessary to support the theory that promoting and reinforcing protective factors will help black youth survive and thrive within communities set up to fail them. The Surgeon’s General youth violence report was published in 2001. Since that time, the CDC, the Substance Abuse and Mental Health Services Administration, nor the National Institutes of Health has developed or implemented proven, evidence-based interventions based on the report’s recommendations. Culturally relevant population health interventions that can provide better outcomes for larger numbers of people for less cost are not being studied in academia or funded by large foundations. And with public health funding having decreased over the past 15 years, these large organizations need to innovate and improvise. MEE Productions recently developed a state-wide social marketing campaign promoting positive and thriving coping strategies for the state of Ohio. This protective factors population health intervention will be evaluated by the University of Colorado at Denver’s School of Public Health in 2021.

Population health is traditionally defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” (Kindig & Stoddart, 2003). It is a way for stakeholders to improve health outcomes of a defined community at the lowest cost to that community. Hawe and Potvin (2006) define population-level health interventions as “policies
or programs that shift the distribution of health risk by addressing the underlying social, economic and environmental conditions” (p. 18).

Low-income black communities want mental health agencies to go beyond using them for publishing findings. They already know that stressors, trauma, and other mental health issues are negatively impacting their communities, so they want to focus on solutions. They want strategies, tactics, and tools that will work on the “front lines” of their communities – an alternative to the existing mental health treatment system. These communities need evidence-based population health interventions “that will equip young Black males with the psychological tools they need” – without labeling them as having “mental problems” (MEE Productions, 2009, p. 4). Primary prevention, faster recovery, addressing other health disparities, and trends in funding are presented as reasons why protective factors interventions need to be evaluated.

**Primary Prevention**

Primary prevention strategies that promote thriving coping skills are necessary to prevent or minimize the impact of trauma on young black males. Those strategies work to balance the protective factors against the risk factors. Dr White calls for a “resilience training” strategy for black youth:

> We need to teach these kids problem solving, opportunity finding skills, resilience, how to bounce back from setbacks, incorporating the seven psychological strengths – before negative coping behaviors or mental illness problems. (MEE Productions, 2009, p. 4)

Service providers, family members, educators, and mentors are perfectly positioned to serve as the first line of defense and must understand the psychological strengths required to insulate black youth from the onslaught of traumatic events in their communities.

**Faster Recovery**

Promoting protective factors that have resilient qualities helps individuals heal faster when trauma does occur. The most powerful of these protective factors, according to Dr Bell, is a keen sense of self-efficacy that helps black people “get through” most traumatic events, even if they seem insurmountable.

> [There’s a sense of] “I can figure this out, I can do something about this, I can fix this,” whether you actually can or not. Even if you just feel you can is protective. (MEE Productions, 2009, p. 2)

Focusing on wellness from the prevention side as opposed to the treatment side is an opportunity for black male youth to learn and incorporate skills to become stronger in the broken places by providing a positive means to cope, heal, and thrive.
Addressing Other Health Disparities

Beyond mental illness prevention, a protective factors intervention is a solution to physical health disparities in the black community. A comprehensive approach to prevention and treatment that encompasses a protective factors strategy teaches alternatives to negative coping such as violence, youth suicide, and drug abuse; and it also addresses disparities associated with a number of chronic diseases, including obesity and hypertension. Dr White states:

and as they move into their 20s, if the brother isn’t super careful he’s going to start to experience high blood pressure. And then high blood pressure throws the whole system off, because the longer you have high blood pressure, which is a Black male disease, the more you are in danger of an early stroke, heart failure, exacerbate diabetes, and so on. So not only are you not dealing with mental health issues, eventually, if you don’t deal with them they start to be physical health issues. (MEE Productions, 2009, p. 4)

Trends in Funding

Public funds for treatment services are dwindling and institutions have to be smart about how they spend their dollars. City and state mental health agencies can no longer afford to “treat their way” to a solution to urban trauma. Consider the current opioid epidemic. Public dollars are being poured into increasing access to treatment for heroin addicts and the wider availability of Naloxone to combat overdose deaths; yet, the national crisis continues to grow in nearly every state. Just as public health experts like Dr Prothrow-Stith have said “you can’t arrest your way to reducing violence,” you also will not be able to Naloxone your way to reversing the opioid epidemic. The only viable, cost-effective solution to the heroin epidemic, and all social determinants of health in poor urban and rural communities is a population health protective factors intervention that puts skills directly into the community by providing capacity building to the organizations with their boots on the ground – community-based organizations, non-profits, and faith-based institutions.

Conclusion

Preventing and reducing mental health issues among young black males who experience trauma is the only way to move them out of survival mode into thriving. The current mental health system, rooted in exploitation through the monetization of poverty, doesn’t work for them. As difficult as it may be for mainstream America to do, it is imperative that a health and wellness model that refrains from labeling and demonizing black youth is actualized. If 10–15% of these young men are thriving without formal intervention, what would the percentage be if we developed, implemented, and evaluated a protective factors population health
intervention? What would be the tipping point to shift low-income black boys from survival mode to thriving mode and ultimately self-sufficiency? Therefore, population health interventions should be studied and evaluated because of their potential to provide better outcomes in a cost-effective, culturally relevant way.

References


