Mental Health Awareness Month

National Mental Health Month raises awareness about mental illness and related issues in the United States. In recent times, attitudes towards mental health issues appear to be changing. Negative attitudes and stigma associated with mental health have reduced and there has been growing acceptance towards mental health issues and support for people with them.

Despite this shift in attitude, the idea of a mental health awareness campaign is not a recent one. In the late 1940’s, the first National Mental Health Awareness Week. During the 1960’s, this annual, weekly campaign was upgraded to a monthly one with May the designated month.

Presidential Proclamation -- National Mental Health Awareness Month, 2016

Nearly 44 million American adults, and millions of children, experience mental health conditions each year, including depression, anxiety, bipolar disorder, schizophrenia, and post-traumatic stress. Although we have made progress expanding mental health coverage and elevating the conversation about mental health, too many people still do not get the help they need. Our Nation is founded on the belief that we must look out for one another -- and whether it affects our family members, friends, co-workers, or those unknown to us -- we do a service for each other when we reach out and help those struggling with mental health issues. This month, we renew our commitment to ridding our society of the stigma associated with mental illness, encourage those living with mental health conditions to get the help they need, and reaffirm our pledge to ensure those who need help have access to the support, acceptance, and resources they deserve.

African American Communities and Mental Health

Diet May Be as Important to Mental Health as It is to Physical Health

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Blacks in America: A History of Untreated Post-Traumatic Stress Disorder
Presidential Proclamation – Mental Health

In the last 7 years, our country has made extraordinary progress in expanding mental health coverage for more people across America. The Affordable Care Act, community health centers have expanded behavioral health services for nearly 900,000 people nationwide over the past 2 years. Still, far too few Americans experiencing mental illnesses do not receive the care and treatment they need. That is why my most recent Budget proposal includes a new half-billion dollar investment to improve access to mental health care, engage individuals with serious mental illness in care, and help ensure behavioral health care systems work for everyone.

Our Nation has made strong advances in improving prevention, increasing early intervention, and expanding treatment of mental illnesses. Earlier this year, I established a Mental Health and Substance Use Disorder Parity Task Force, which aims to ensure that coverage for mental health benefits is comparable to coverage for medical and surgical care, improve understanding of the requirements of the law, and expand compliance with it. Mental health should be treated as part of a person’s overall health, and we must ensure individuals living with mental health conditions can get the treatment they need. My Administration also continues to invest in science and research through the BRAIN initiative to enhance our understanding of the complexities of the human brain and to make it easier to diagnose and treat mental health disorders early.

One of our most profound obligations as a Nation is to support the men and women in uniform who return home and continue fighting battles against mental illness. Last year, I signed the Clay Hunt SAV Act, which fills critical gaps in serving veterans with post-traumatic stress and other illnesses, increases peer support and outreach, and recruits more talented individuals to work on mental health issues at the Department of Veterans Affairs. This law will make it easier for veterans to get the care they need when they need it. All Americans, including service members, can get immediate assistance by calling the National Suicide Prevention Lifeline at 1-800-273-TALK or by calling 1-800-662-HELP.

During National Mental Health Awareness Month, we recognize those Americans who live with mental illness and substance use disorders, and we pledge solidarity with their families who need our support as well. Let us strive to ensure people living with mental health conditions know that they are not alone, that hope exists, and that the possibility of healing and thriving is real. Together, we can help everyone get the support they need to recover as they continue along the journey to get well.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim May 2016 as National Mental Health Awareness Month. I call upon citizens, government agencies, organizations, health care providers, and research institutions to raise mental health awareness and continue helping Americans live longer, healthier lives.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-eighth day of April, in the year of our Lord two thousand sixteen, and of the Independence of the United States of America the two hundred and fortieth.

BARACK OBAMA

(The Pontiac News provides news and opinion articles as a service to our readers. Often these articles come from sources outside of our organization. Where possible, the author and the source are documented within each article. Statements and opinions expressed in these articles are solely those of the author or authors and may or may not be shared by the Publisher of The Pontiac News, Inc.)
African American Communities and Mental Health

Mental Health America works nationally and locally to raise awareness about mental health. We believe that everyone at risk for mental illnesses and related disorders should receive early and effective interventions. Historically, communities of color experience unique and considerable challenges in accessing mental health services.

Demographics/Societal Issues

- 13.2% of the U.S. population, or roughly 42 million people, identify themselves as African American, according to 2013 US Census Bureau numbers. (1) Another 1 percent identified as multiracial. This represents an increase from 12 percent of the U.S. population, or roughly 34 million people, who identified themselves as African American in the 2000 Census. (2) In 2007, roughly 3 million of all blacks in the U.S. were foreign born. (3)
- As of 2010, Fifty-five percent of all blacks lived in the South, 18 percent lived in the Midwest, 17 percent in the Northeast, and 10 percent in the West. (4)
- Historical adversity, which includes slavery, sharecropping and race-based exclusion from health, educational, social and economic resources, translates into socioeconomic disparities experienced by African Americans today. Socioeconomic status, in turn, is linked to mental health: People who are impoverished, homeless, incarcerated or have substance abuse problems are at higher risk for poor mental health.
- Notwithstanding the 2008 election of our first African American President, racism continues to have an impact on the mental health of African Americans. Negative stereotypes and attitudes of rejection have decreased, but continue to occur with measurable, adverse consequences. Historical and contemporary instances of negative treatment have led to a mistrust of authorities, many of whom are not seen as having the best interests of African Americans in mind.

Prevalence

According to the US HHS Office of Minority Health: (5)

- Adult blacks are 20 percent more likely to report serious psychological distress than adult whites.
- Adult blacks living below poverty are two to three times more likely to report serious psychological distress than those living above poverty.
- Adult blacks are more likely to have feelings of sadness, hopelessness, and worthlessness than are adult whites.
- And while blacks are less likely than whites to die from suicide as teenagers, black teenagers are more likely to attempt suicide than are white teenagers (8.2 percent vs. 6.3 percent)

African Americans of all ages are more likely to be victims of serious violent crime than are non-Hispanic whites, making them more likely to meet the diagnostic criteria for post-traumatic stress disorder (PTSD).

Attitudes

Historically, attitudinal barriers have led to roadblocks to accessing services and treatment. In 1996, MHA commissioned a national survey on clinical depression. The survey explored the barriers preventing Americans seeking treatment and gauged overall knowledge of and attitudes toward depression. This survey revealed that:

- 63 percent of African Americans believe that depression is a personal weakness, this is significantly higher than the overall survey average of 54 percent.
- Only 31 percent of African Americans believed that depression was a “health problem.”
- African Americans were more likely to believe that depression was “normal” than the overall survey average.  
  - 56 percent believed that depression was a normal part of aging
  - 45 percent believed it was normal for a mother to feel depressed for at least two weeks after giving birth
  - 40 percent believed it was normal for a husband or wife to feel depressed for more than a year after the death of a spouse.
- Barriers to the treatment of depression cited by African Americans included:
  - Denial (40 percent)
  - Embarrassment/shame (38 percent)
  - Don’t want/refuse help (31 percent)
  - Lack money/insurance (29 percent)
  - Fear (17 percent)
  - Lack knowledge of treatment/problem (17 percent)
  - Hopeless (12 percent)
- African Americans were less likely to take an antidepressant for treatment of depression; only 34 percent would take one if it were prescribed by a doctor.

Many of these problems persist to this day. As Doctor William Lawson of Howard University (and MHA’s District of Columbia affiliate) pointed out in an NPR interview in 2012, “Many African-Americans have a lot of negative feelings about, or not even aware of mental health services. They may not be aware of the symptoms of many mental disorders, or they may believe that to be mentally ill is a sign of weakness or a sign of a character fault.” (6)

Treatment Issues

The following statistics were taken from the “Mental Health: Culture, Race and Ethnicity Supplement” to the 1999 U.S. Surgeon General’s Report on Mental Health.

- African-American physicians are five times more likely than white physicians to treat African-American patients. African-American patients who see African-American physicians rate their physicians’ styles of interaction as more participatory. African Americans seeking help for a mental health problem would have trouble finding African American mental health professionals: In 1998, only 2 percent of psychiatrists, 2 percent of psychologists and 4 percent of social workers said they were African Americans.

.....See HEALTH page 13
Mental Health and Older Adults

- Globally, the population is ageing rapidly. Between 2015 and 2050, the proportion of the world’s population over 60 years will nearly double, from 12% to 22%.
- Mental health and emotional well-being are as important in older age as at any other time of life.
- Neuropsychiatric disorders among the older adults account for 6.6% of the total disability (DALYs) for this age group.
- Approximately 15% of adults aged 60 and over suffer from a mental disorder.

Older adults, those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people age, they are more likely to experience several conditions at the same time.

The problem

The world’s population is ageing rapidly. Between 2015 and 2050, the proportion of the world’s older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized.

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among over 60s is attributed to neurological and mental disorders. These disorders in the elderly population account for 17.4% of Years Lived with Disability (YLDs). The most common neuropsychiatric disorders in this age group are dementia and depression. Anxiety disorders affect 3.8% of the elderly population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among those aged 60 or above. Substance abuse problems among the elderly are often overlooked or misdiagnosed.

Mental health problems are under-identifed by health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help.

Risk factors for mental health problems among older adults

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. As well as the typical life stressors common to all people, many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, and require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.

Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Conversely, untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease.

Older adults are also vulnerable to elder abuse - including physical, sexual, psychological, emotional, financial and material abuse; abandonment; neglect; and serious losses of dignity and respect. Current evidence suggests that 1 in 10 older people experience elder abuse. Elder abuse can lead not only to physical injuries, but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety.

Dementia and depression among the elderly as public health issues

Dementia

Dementia is a syndrome in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities. It mainly affects older people, although it is not a normal part of ageing.

It is estimated that 47.5 million people worldwide are living with dementia. The total number of people with dementia is projected to increase to 75.6 million in 2030 and 135.5 million in 2050, with majority of sufferers living in low- and middle-income countries.

There are significant social and economic issues in terms of the direct costs of medical, social and informal care associated with dementia. Moreover, physical, emotional and economic pressures can cause great stress to families. Support is needed from the health, social, financial and legal systems for both people with dementia and their caregivers.

Depression

Depression can cause great suffering and leads to impaired functioning in daily life. Unipolar depression occurs in 7% of the general elderly population and it accounts for 5.7% of YLDs among over 60 year olds. Depression is both underdiagnosed and undertreated in primary care settings. Symptoms of depression in older adults are often overlooked and untreated because they coincide with other problems encountered by older adults.

Older adults with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of medical services and health care costs.
Michigan Works! Association Honors Oakland County-based BorgWarner for its Commitment to Hiring Michigan Workers

Waterford, Michigan -- Oakland County-based global tier one supplier BorgWarner was recognized today with an Impact Award for its commitment to hiring Michigan talent for the $11 million expansion of its Powertrain Technical Center in Auburn Hills. The award was given to BorgWarner by the Michigan Works! Association during a luncheon held in Lansing. The company was among 20 honored and the only one from Oakland County. They were nominated for the award by Oakland County Michigan Works! Lear Corp.’s Rochester Hills manufacturing facility was honored in 2015.

“I congratulate BorgWarner on receiving this recognition,” Oakland County Executive L. Brooks Patterson said. “The company has long been an industry leader and remains an important employer and valuable corporate citizen in Oakland County.”

BorgWarner, which has its world headquarters in Auburn Hills, said the expansion would create up to 180 jobs for its motor vehicle transmission and powertrain parts manufacturing. The company had global sales of $8 billion in 2015 and employees 30,000 people at 74 locations in 19 countries.

“We are honored to be recognized with the Michigan Works! Association Impact Award for our continued efforts to partner with economic development organizations in Michigan,” said Erika Nielsen, director of global government affairs for BorgWarner who accepted the award. “Together we are strengthening the state's workforce and retaining valuable talent.”

The company partnered with the Oakland County Michigan Works! Oak Park office to help recruit needed employees using social media and shared postings with Pure Michigan Talent Connect and its over 100 regional partners including colleges, universities, non-profit organizations and the Michigan Works! system. The company was also given $33,459 from the Skilled Trades Training Fund to help train 33 incumbent workers.

“State-initiated programs like the Skilled Trades Training Fund, Michigan New Jobs Training and Michigan Advanced Technician Training have helped BorgWarner address talent development challenges experienced by many in the automotive industry,” Nielsen said. “We are grateful for the support we’ve received from the state and especially from Oakland County Michigan Works!”

Oakland County Michigan Works! has eight services centers in the county: Ferndale, Highland, Novi, Oak Park, Pontiac, Southfield, Troy and Waterford.

**ADULTS continued from page 4....**

**Treatment and care strategies**

It is important to prepare health providers and societies to meet the specific needs of older populations, including:

- training for health professionals in care for older persons;
- preventing and managing age-associated chronic diseases including mental, neurological and substance use disorders;
- designing sustainable policies on long-term and palliative care; and
- developing age-friendly services and settings.

**Health promotion**

The mental health of older adults can be improved through promoting Active and Healthy Ageing. Mental-health-specific health promotion for older adults involves creating living conditions and environments that support wellbeing and allow people to lead healthy and integrated lifestyles. Promoting mental health depends largely on strategies which ensure the elderly have the necessary resources to meet their basic needs, such as:

- providing security and freedom;
- adequate housing through supportive housing policy;
- social support for older populations and their caregivers;
- health and social programmes targeted at vulnerable groups such as those who live alone and rural populations or who suffer from a chronic or relapsing mental or physical illness;
- programmes to prevent and deal with elder abuse; and
- community development programmes.

**Interventions**

Prompt recognition and treatment of mental, neurological and substance use disorders in older adults is essential. Both psychosocial interventions and medicines are recommended. There is no medication currently available to cure dementia but much can be done to support and improve the lives of people with dementia and their caregivers and families, such as:

- early diagnosis, in order to promote early and optimal management;
- optimizing physical and psychological health and well-being;
- identifying and treating accompanying physical illness; and
- detecting and managing challenging behavioural and psychological symptoms; and
- providing information and long-term support to caregivers.

**Mental health care in the community**

Good general health and social care is important for promoting older people's health, preventing disease and managing chronic illnesses. Training all health providers in working with issues and disorders related to ageing is therefore important. Effective, community-level primary mental health care for older people is crucial. It is equally important to focus on the long-term care of older adults suffering from mental disorders, as well as to provide caregivers with education, training and support.

An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of services to people with mental illness and their caregivers.

**WHO response**

WHO's programmes for Active and Healthy Ageing have created a global framework for action at country level.

WHO supports governments in the goal of strengthening and promoting mental health in older adults and to integrate effective strategies into policies and plans.

WHO recognizes dementia as a public health challenge and has published the report, “Dementia: a public health priority”, to advocate for action at international and national levels. Dementia, along with depression and other priority mental disorders are included in the WHO Mental Health Gap Action Programme (mhGAP). This programme aims to improve care for mental, neurological and substance use disorders through providing guidance and tools to develop health services in resource poor areas.

WHO organized the First Ministerial Conference on Global Action Against Dementia in March 2015, which fostered awareness of the public health and economic challenges posed by dementia, a better understanding of the roles and responsibilities of Member States and stakeholders, and led to a “Call for Action” supported by the conference participants.

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A beautiful smile takes more than just brushing!
Diet May Be as Important to Mental Health as It is to Physical Health

By Carolyn Gregoire, Senior Writer, The Huffington Post

We know that food affects the body — but could it just as powerfully impact the mind?

While the role of diet and nutrition in our physical health is undeniable, the influence of dietary factors on mental health has been less considered. That may be starting to change.

For the first time, a report by a task force advising on new dietary guidelines, commissioned by the departments of Health and Human Services and Agriculture, included a point considering the possible role of diet in mental health outcomes. The USDA and HHS report notes, for example, that the American Psychiatric Association classifies omega-3 fatty acids (which are most commonly found in oily fish) as a complementary treatment for depression. However, the advisory panel concluded, for now, that the research was too limited to make policy suggestions.

Some psychiatrists, too, have recently launched a rallying cry for a more integrative approach to mental health care — one that takes diet and other lifestyle factors into account in diagnosing, treating and preventing mental illness. In a paper recently published in The Lancet Psychiatry, an international group of scientists (all members of the International Society for Nutritional Psychiatry Research) argue that diet is “as important to psychiatry as it is to cardiology, endocrinology and gastroenterology.”

With over 450 million people globally suffering from some form of mental disorder and a pharmacological approach having achieved only limited success in treating debilitating mental health conditions, the field of psychiatry may be reaching a sort of tipping point.

“We’re now facing this huge epidemic of mental health disorders,” one of the paper’s authors Dr. Drew Ramsey, an integrative psychiatrist at Columbia University and author of Fifty Shades of Kale, told The Huffington Post. “Depression is the leading cause of disability in the world and soon it will be the leading cause of disability in America. So, as somebody who treats depression, it’s of great interest when we see a data signal that suggests that we can treat depression by focusing on nutrition and what we eat.”

Ramsey and colleagues’ paper cites a number of studies attesting to the vital role of certain nutrients in brain health, including omega-3s, Vitamin D, B vitamins, zinc, iron and magnesium. The modern diet, while dense in calories, tends to be lacking in these important nutrients, which may be contributing to the rise in mental health conditions. Many studies have linked depression with low levels of key B vitamins, for instance, while low maternal Vitamin D levels have been found to play a role in the child’s risk of developing schizophrenia.

The research has been mounting in recent years, and has expanded from a focus on individual nutrients to dietary patterns more broadly. In 2011, a large study found the modern Western diet (which is high in processed, high-calorie and low-nutrient foods) to be linked with increased depression and anxiety, as compared to a traditional Norwegian diet. 2014 review of studies, too, linked unhealthy dietary patterns with poor mental health and children and adolescents.

“For a long time in psychiatry, we’ve known that individual vitamins can have a big impact on mental health — vitamin B12, iron, magnesium — but really in the past 10 years, studies have begun to look more at dietary patterns, and that’s been quite revealing,” said Ramsey.

Growing evidence of the brain-gut connection also lends support the hypothesis that when it comes to mental health, food matters. The idea that there might be a significant link between gut health and brain health — and that gut bacteria imbalances in a number of neurological conditions, including anxiety, depression, autism, ADHD and schizophrenia — has gained steam in the scientific community. A 2014 neuroscience symposium even called the investigation of gut microbes a “paradigm shift” in brain science.

“The idea that brain health depends on gut health... that’s certainly the next wave of this,” Ramsey noted.

However, up to this point, the traditional line of treatment for mental health problems has been pharmaceutical interventions or treatments like talk therapy, or some combination of the two. Diet and exercise are rarely taken into consideration, except by “alternative” practitioners. Bringing diet into the equation would represent a major shift in the field of mental health care, opening up new modes of treatment and low-cost, low side-effect interventions for individuals suffering from a range of mental health concerns.

“Food should be the first line of defense because it’s a foundational treatment,” said Ramsey. “We really need to move away from thinking of things like diet and exercise as ‘complementary’ or ‘alternative.’ That’s really bad thinking that’s gotten psychiatry into trouble.”

Of course, it’s important to remember that the causes of mental health problems are complex, and can span psychological, biological, emotional, environmental and dietary factors. But improving one’s diet with brain-healthy nutrients can only support mental and neurological health.

“A well-nourished brain is going to be more resilient,” says Ramsey. “Being a modern human is stressful. There are a lot of demands for our attention and we’re exposed to a lot more trauma... Through diet, over time you make the brain more resilient.”
Racism & Mental Health

Blacks in America: A History of Untreated Post-Traumatic Stress Disorder

By Kenny Anderson

This article addresses Post-Traumatic Stress Disorder from a Black perspective (race-based traumatic stress injury) through the lenses of epigenetics. Post-Traumatic Stress Disorder (PTSD) is the only anxiety disorder that is defined as being caused by a traumatic life event. PTSD was first recognized in relation to war veterans being referred to as ‘battle fatigue’ or ‘combat stress’. Many other traumatic events which may lead to PTSD have included child abuse, mugging, sexual assault, torture, car accidents, natural disasters, and other potentially life threatening events. Nations and communities have experienced the traumatic and unfathomable deaths of many family members, relatives, friends, and country people through war, racial oppression, terrorism, and natural disasters. A traumatic and tragic death and loss of a loved one resulting in recurring recollections of the death may also be related to PTSD.

The historical experience of Post-Traumatic Stress Disorder by Blacks in America has been defined by Dr. Joy DeGruy-Leary as ‘Post-Traumatic Slave Syndrome’ (PTSS). DeGruy-Leary states that Blacks have never healed from 246 years of violent slavery trauma – the ‘Black Holocaust’ 1619-1865.

The original enslaved Africans were never treated for their severe trauma; they were considered chattel - dehumanized thus being less than human they didn’t have the feelings to be traumatized. After slavery ended nothing was done to help Black ex-slaves recover from trauma; nor was anything done to treat Blacks re-enslaved by Black Codes during Reconstruction.

For one hundred years (1865–1965) of Civil Rights struggle no measure was put in place to provide mental health services to Blacks who had suffered from Klu Klux Klan terror,lynch mobs, racist murders, repressive Jim Crow laws, bombings, and diabolical Tuskegee Syphilis experiments. Thus 346 years of unaddressed and untreated Black Post-Traumatic Stress Disorder!

After 1965 during the late 60’s many surviving Civil Rights and Black Power activists suffered from Post-Traumatic Stress Disorder ‘invisible scars’ from the aftermath of the racist COINTELPR war waged on them by J. Edgar Hoover’s FBI. Do we think that Martin Luther King Jr. did not suffer from some PTSD symptoms? King was constantly under attack by racist mobs, the Klu Klux Klan, and law enforcement. King was under constant scrutiny and surveillance; he was almost stabbed to death and jailed 127 times. King constantly saw Black people terrorized, brutalized, traumatized, bombed, murdered, dragged, hosed down, and arrested. Do you think Martin Luther King Jr. did not at times suffer from chronic stress fatigue battling racial oppression leading the Civil Rights struggle for 14 non-stop years?

Sister Safiya Bukhari a personal friend, former Panther leader, and now an esteemed Ancestor remarked: “We too as Black Panther members are veterans suffering from government repression that left many Panthers murdered and many others traumatized.”

Writing this article on Post-Traumatic Stress Disorder was heartfelt, I grew up in a home of two Parents who both suffered from PTSD; my father was severely wounded in World War II and suffered from untreated PTSD for over 60 years; growing up he had constant nightmares, he’s still living 95 year old and just started receiving PTSD treatment at the VA 3 years ago. My mother may still rest in peace suffered from untreated PTSD for over 50 after watching her little boy killed - run over by a trailer truck in the 1950’s a time where there was no counseling for Blacks; like ‘Timex’ my mother was expected to take a licking and just keep on ticking, however her ticker Heart was wounded.

My mother’s untreated PTSD resulted in her suffering from ‘Broken Heart Syndrome’, also known as stress-induced cardiomyopathy or ‘takotsubo cardiomyopathy’, is a condition triggered by an onset of emotional distress. The symptoms of broken heart syndrome are very similar to those of a heart attack, and they can include angina (chest pain), shortness of breath, low blood pressure, and temporary heart failure. My mother was grief stricken most of her life; she suffered silently and often had crying spells. I believe the impact of the Broken Heart Syndrome along with the daily stress of racism over the years was the major cause of my mother’s death.

I realize as a Black man I genetically inherited PTSD induced hypertension from my traumatized enslaved Ancestors and from my parents coupled with the secondary trauma of the massive murder of Black men in America. Over the 3 decades of my adulthood research shows that well over 300,000 Black men have been murdered the past 35 years.

As a Black man living with historically perpetuating Post-Traumatic Stress Disorder it not only negatively affects the quality of your life, it affects the quantity of your life making you age before your time. A recent study published in the American Journal of Preventive Medicine reveals that racism accelerated aging in Black men at the cellular level.

In this study Black men’s biomarker of systemic aging known as leukocyte telomere length were examined. Shorter telomere length is associated with increased risk of premature death and chronic disease such as diabetes, dementia, stroke and heart disease. Telomeres are repetitive sequences of DNA capping the ends of chromosomes which shorten progressively over time at a rate of approximately 50-100 base pairs annually. Telomere length is variable, shortening more rapidly under conditions of high psychosocial and physiological stress.

Epigenetics of Post-Traumatic Stress Disorder

Epigenetics is the science of how the external environment affects us at the molecular level by altering gene expression that’s heritable. The science of epigenetics is unlocking significant clues as to how environmental stressors can induce changes to the expression of certain genes linked to biological development and the existence of disease.

Numerous studies have examined how the effects of Post-Traumatic Stress Disorder (PTSD) have been passed on to the children of Holocaust survivors. New research indicates that transmission of these traits is passed on through genes from the parents of survivors to children.

Rachel Yehuda, PhD, director of the traumatic stress studies division at Icahn School of Medicine at Mount Sinai in New York, and colleagues demonstrate that “epigenetic changes,” or changes in the genome, can be passed on from parent to child.

Yehuda and her team examined 80 children that had at least one parent who was in the Holocaust and 15 children whose parents did not have such exposure. They took blood samples for analysis of GR (glucocorticoid receptor)-1F promoter methylation. Glucocorticoid receptors are involved in gene transcription and methylation is a biochemical process by which a gene’s expression can be altered.

In the absence of maternal PTSD, offspring with paternal PTSD showed higher GR-1F promoter methylation, whereas offspring with both maternal and paternal PTSD showed lower methylation, the researchers reported in the American Journal of Psychiatry.

Post-Traumatic Stress Disorder and High Black Heart Disease Rates

It is this writer’s epigenetic position that the violent racial oppression and exploitation of Blacks during slavery traumatized 3 generations of enslaved Blacks resulting in massive Post Traumatic Stress Disorder inducing a gene expression predisposing Blacks to heart disease.

The American Journal of Human Biology contains details of two studies that contend that stress and poor nutrition stemming back to the days of slavery could help explain Black-white differences in cardiovascular health in the United States. In one study, researchers from Northwestern University explain how nutrients and hormones present in the womb can profoundly shape a fetus’s development, in part by silencing certain genes. These influences, say the research team, can persist into later life to impact adult health, a process known as ‘fetal programming’. The researchers argue that such inter-generational impacts of environmental factors could help explain racial health differences.

Christopher Kuzawa and Elizabeth Sweet who co-authored the research article says a pregnant African American mother’s experience of well documented stressors including social forces such as discrimination and racism could have lingering effects on diseases like hypertension, diabetes, and heart attacks in her children. Indeed, heart disease disproportionately affects Blacks in America, a 2009 study published in the New England Journal of Medicine revealed that one in 100 Black men and women between 18 and 30 develops heart failure before age 50, a rate that is 20 times higher than whites in the same age group.

...See PTSD on page 12
Oakland County, Michigan
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updated May 2, 2016

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DATES: June 3, 4 & 5, 2016

Friday, June 3rd - “Meet & Greet” 5 PM until 10 PM @ Four Brothers Lounge & Martini Bar
2 North Saginaw (Downtown Pontiac)

Saturday, June 4th - “Dinner Dance” 6 PM until 11PM @ 1 Lafayette (Downtown Pontiac)

Sunday, June 5th - “Picnic” 12:00 noon – 6:00 PM @ Time & Place TBA

Entertainment Provided By:

DJ Chris Kelly

FOR TICKETS OR INFORMATION CONTACT:

Mary Russell - 248-758-1411
Bruce Markham or Gwen Murphy 248-921-9336
Linda Hurst - lhurstalmas@gmail.com
**Women & Mental Health**

**Gender and Women’s Mental Health**

**Gender disparities and mental health: The Facts**

Mental illness is associated with a significant burden of morbidity and disability.

Lifetime prevalence rates for any kind of psychological disorder are higher than previously thought, are increasing in recent cohorts and affect nearly half the population.

Despite being common, mental illness is underdiagnosed by doctors. Less than half of those who meet diagnostic criteria for psychological disorders are identified by doctors.

Patients, too, appear reluctant to seek professional help. Only 2 in every 5 people experiencing a mood, anxiety or substance use disorder seeking assistance in the year of the onset of the disorder.

Overall rates of psychiatric disorder are almost identical for men and women but striking gender differences are found in the patterns of mental illness.

*Why gender?*

Gender is a critical determinant of mental health and mental illness. The morbidity associated with mental illness has received substantially more attention than the gender specific determinants and mechanisms that promote and protect mental health and foster resilience to stress and adversity.

Gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks.

Gender differences occur particularly in the rates of common mental disorders - depression, anxiety and somatic complaints. These disorders, in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious public health problem.

Unipolar depression, predicted to be the second leading cause of global disability burden by 2020, is twice as common in women.

Depression is not only the most common women’s mental health problem but may be more persistent in women than men. More research is needed.

Reducing the overrepresentation of women who are depressed would contribute significantly to lessening the global burden of disability caused by psychological disorders.

The lifetime prevalence rate for alcohol dependence, another common disorder, is more than twice as high in men than women. In developed countries, approximately 1 in 5 men and 1 in 12 women develop alcohol dependence during their lives.

Men are also more than three times more likely to be diagnosed with antisocial personality disorder than women.

There are no marked gender differences in the rates of severe mental disorders like schizophrenia and bipolar disorder that affect less than 2% of the population.

Gender differences have been reported in age of onset of symptoms, frequency of psychotic symptoms, course of these disorders, social adjustment and long term outcome.

The disability associated with mental illness falls most heavily on those who experience three or more comorbid disorders. Again, women predominate.

**Gender specific risk factors**

Depression, anxiety, somatic symptoms and high rates of comorbidity are significantly related to interconnected and co-occurrent risk factors such as gender based roles, stressors and negative life experiences and events.

Gender specific risk factors for common mental disorders that disproportionately affect women include gender based violence, socioeconomic disadvantage, low income and income inequality, low or subordinate social status and rank and unremitting responsibility for the care of others.

The high prevalence of sexual violence to which women are exposed and the correspondingly high rate of Post Traumatic Stress Disorder (PTSD) following such violence, renders women the largest single group of people affected by this disorder.

The mental health impact of long term, cumulative psychosocial adversity has not been adequately investigated.

Restructuring has a gender specific effect on mental health

Economic and social policies that cause sudden, disruptive and severe changes to income, employment and social capital that cannot be controlled or avoided, significantly increase gender inequality and the rate of common mental disorders.

**Gender bias**

Gender bias occurs in the treatment of psychological disorders.

Doctors are more likely to diagnose depression in women compared with men, even when they have similar scores on standardized measures of depression or present with identical symptoms.

Female gender is a significant predictor of being prescribed mood altering psychotropic drugs.

Gender differences exist in patterns of help seeking for psychological disorder. Women are more likely to seek help from and disclose mental health problems to their primary health care physician while men are more likely to seek specialist mental health care and are the principal users of inpatient care.

Men are more likely than women to disclose problems with alcohol use to their health care provider.

Gender stereotypes regarding proneness to emotional problems in women and alcohol problems in men, appear to reinforce social stigma and constrain help seeking along stereotypical lines. They are a barrier to the accurate identification and treatment of psychological disorder.

Despite these differences, most women and men experiencing emotional distress and/or psychological disorder are neither identified or treated by their doctor.

......See GENDER page 13
Mental Illness in Children: Know the Signs

Children can develop the same mental health conditions as adults, but their symptoms may be different. Know what to watch for and how you can help.

Mental illness in children can be hard for parents to identify. As a result, many children who could benefit from treatment don’t get the help they need. Understand the warning signs of mental illness in children and how you can help your child cope.

Why is it hard for parents to identify mental illness in children?

It’s typically up to the adults in a child’s life to identify whether the child has a mental health concern. Unfortunately, many adults don’t know the signs and symptoms of mental illness in children.

Even if you know the red flags, it can be difficult to distinguish signs of a problem from normal childhood behavior. You might reason that every child displays some of these signs at some point. And children often lack the vocabulary or developmental ability to explain their concerns.

Concerns about the stigma associated with mental illness, the use of certain medications, and the cost or logistical challenges of treatment might also prevent parents from seeking care for a child who has a suspected mental illness.

What mental health conditions affect children?

Children can develop all of the same mental health conditions as adults, but sometimes express them differently. For example, depressed children will often show more irritability than depressed adults, who more typically show sadness.

Children can experience a range of mental health conditions, including:

• Anxiety disorders. Children who have anxiety disorders — such as obsessive compulsive disorder, post-traumatic stress disorder, social phobia and generalized anxiety disorder — experience anxiety as a persistent problem that interferes with their daily activities. Some worry is a normal part of every child’s experience, often changing from one developmental stage to the next. However, when worry or stress make it hard for a child to function normally, an anxiety disorder should be considered.

• Attention-deficit/hyperactivity disorder (ADHD). This condition typically includes symptoms in three categories: difficulty paying attention, hyperactivity and impulsive behavior. Some children with ADHD have symptoms in all of these categories, while others may have symptoms in only one.

• Autism spectrum disorder (ASD). Autism spectrum disorder is a serious developmental disorder that appears in early childhood — usually before age 3. Though symptoms and severity vary, ASD always affects a child’s ability to communicate and interact with others.

• Eating disorders. Eating disorders — such as anorexia nervosa, bulimia nervosa and binge-eating disorder — are serious, even life-threatening, conditions. Children can become so preoccupied with food and weight that they focus on little else.

• Mood disorders. Mood disorders — such as depression and bipolar disorder — can cause a child to feel persistent feelings of sadness or extreme mood swings much more severe than the normal mood swings common in many people.

• Schizophrenia. This chronic mental illness causes a child to lose touch with reality (psychosis). Schizophrenia most often appears in the late teens through the 20s.

What are the warning signs of mental illness in children?

Warning signs that your child might have a mental health condition include:

• Mood changes. Look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings that cause problems in relation-
According to 2013 data from the American Heart Association 48% of Black males age 20 and older have heart disease, while 44% of Black males age 20 and older have heart disease. Heart disease is the number one killer of Black women and men in America. Black women's death rate from heart disease is 31% and Black men's death rate from heart disease is 34%. Black men are 30% more likely to die from heart disease than white men; Black men account for over 100,000 more heart disease deaths than white men.

Strokes kill 4 times more 35- to 54-year-old Black Americans than white Americans. Blacks have nearly twice the first-time stroke risk of whites. Blacks develop high blood pressure earlier in life and with much higher blood pressure levels than whites. See nearly 42% of Black men and more than 45% of Black women aged 20 and older have high blood pressure. An increasing body of research evidence indicates that Post-Traumatic Stress Disorder, a common anxiety disorder in both veteran and nonveteran populations, is associated with major forms of cardiovascular disease including those attributed to atherosclerosis such as coronary heart disease and thromboembolic stroke.

Persons with PTSD have also been reported to be more likely to have hypertension, hyperlipidemia, obesity, and cardiovascular disease. These findings are important to the field of cardiology since coronary heart disease may develop over time as a result of hemodynamic factors (for example, elevated blood pressure with turbulence and shear stress within coronary arteries), hyperlipidemia, and events such as the rupture of atherosclerotic plaques and thrombus formation.

Current Post-Traumatic Stress Disorder in Black Communities

In majority Black cities like Detroit, Memphis, New Orleans, Newark, Oakland, St. Louis, and others many Blacks are traumatized daily by Black-on-Black violence and murders. 3,500 American troops were killed during the eight-year war in Iraq. Within the same time period, 3,113 people were killed on the streets of Philadelphia. According to FBI data, between 2002 and 2012 Chicago lost more than 5,000 people to homicide that’s over two times the number of Americans killed in action in Afghanistan. Over the past 20 years, medical researchers have found new ways to quantify the effects of the relentless violence on America’s inner cities. They surveyed residents who had been exposed to violence in cities such as Detroit and Baltimore and noticed symptoms of post-traumatic stress disorder (PTSD): nightmares, obsessive thoughts, a constant sense of danger.

In a series of federally funded studies in Atlanta, researchers interviewed more than 8,000 inner-city residents, most of them African-American. Two thirds of respondents said they had been violently attacked at some point in their lives. Half knew someone who had been murdered. Of the women interviewed, a third had been sexually assaulted. Roughly 30 percent of respondents had had symptoms consistent with PTSD a rate as high as or higher than that of veterans of wars in Vietnam, Iraq, and Afghanistan.

Indeed, far too many Black males living in America live in war-zone like communities filled with constant gunshots and deaths; a day-to-day battlefield of fratricide, racism, stress, anxiety, and trauma. Blacks who face chronic exposure to racial discrimination may have an increased likelihood of suffering from ‘racial battle fatigue’ a term coined by William A. Smith, associate professor at the University of Utah.

According to a Penn State research study survey Blacks who reported that they experienced more instances of racial discrimination had significantly higher odds of suffering generalized anxiety disorder (GAD) sometime during their lives. Blacks with the disorder have chronic worrying, intrusive thoughts, and difficulty concentrating. Physically, the disorder may manifest such symptoms as tension headaches, elevated blood-pressure, extreme fatigue, and ulcers.

Though the mainstream media bombard us daily with stories of Black-on-Black murders, however the high prevalence of Generalized Anxiety Disorder and the massive psychic burden of Post-Traumatic Stress on Black communities gets very little or no attention from the media or mental health agencies. There’s no organization like the Department of Veterans Affairs to coordinate care for Blacks repeatedly exposed to violence, murders, and trauma in our neighborhoods.

It’s time now for the Black community to take a stand against the long history of racist trauma and all the Black-on-Black gun violence today; along with many traumatized Black people who are victims of continuing racial violence like the murder of 9 Blacks in Charleston, South Carolina and ongoing racist police murders. It’s not just the Black people who are being shot and shot at it’s also the Black people who are witnessing it – the secondary trauma.

As a Black community we have to recognize that all of us have been wounded by degrees of PTSD. We need some of us to come together and sit around the table to address the tremendous historical health problem of unaddressed, unrecognized, and untreated Post-Traumatic Stress Disorder. We got to get a few mental health professionals, a few pastors, a few community leaders, a few parents, a few human services people, a few teachers, and others who are seeing the tremendous impact of PTSD to come together and have a ‘crucial conversation’.

We have to understand if left untreated Black adults and children suffering from PTSD are likely to experience severe consequences including the following:

* Substance abuse: Many turn to drugs or alcohol in an attempt to calm their anxiety. This only exacerbates the problem.
* Anger management issues: For some the moments of recurring stress and anxiety result in outbursts of anger or rage. This may result in child or spousal abuse or public violence.
* Loneliness: Because PTSD can make a person very difficult to be around – get along and are often undiagnosed, individuals with the disorder often end up isolated in a state of profound stress.
* Severe depression: Serious depression is always a risk with PTSD. Many sufferers may demonstrate suicidal thoughts or actions while in the midst of a PTSD episode.
* Continued recollections and replays of the event: This may include unavoidable and often vivid recollections of the event, flashbacks and nightmares. The event is virtually relived over and over despite attempts to avoid the memory.
* Emotional withdrawal and avoidance: The emotions are often numbed and people can appear to be unaffected, disinterested, emotionally isolated or dazed as a protection from possible overwhelming distress. There is often a change in habits in order to avoid situations, people or places that may trigger a reminder of the event. Emotional withdrawal also dumbs joy, happiness and the pleasures of life.
* State of anxiety and easily startled: Along with the general stress symptoms of anxiety, rapid heartbeat and shallow rapid breathing, people with posttraumatic stress disorder will display restlessness, difficulty concentrating, difficulty sleeping, an underlying fearfulness and constantly being on guard for danger. Panic and a sense of an imminent heart attack that may last for a few minutes may lead to an avoidance of public places. People may also feel a sense of guilt as they could do nothing to stop the situation or event from occurring. There may be a distorted sense of self blame, How could I let this happen? Why couldn’t I do anything to stop it?
* Impedes learning: Black children are distracted by intrusive thoughts about the traumatic events that prevent them from paying attention in class, studying, doing well on tests, decreased reading ability and IQ. Exposure to violence and other traumatic events can disrupt children’s ability to relate to others and to successfully manage emotions resulting in poor behavior, fighting, suspensions, and expulsions.

Professor DeGray-Leary says that there has never been a period of time when Blacks in America were given the information and opportunity to heal from our Post Traumatic Slavery Disorder. So the psychopathologies have continued, passed down from generation to generation without Blacks being conscious of its cause, symptoms, impacts, and treatments.

To address the significant negative impact of emotional distress like PTSD on Black health, the Community Healing Network (CHN) in collaboration with the Association of Black Psychologists (ABP) initiated Emotional Emancipation Circles (EEC).

Developing Emotional Emancipation Circles is a necessary grassroots self-determination initiative of ‘Internal Reparations’ where we as Black people can come together in our homes, centers, Churches, etc. for emotional release, repairs, and resiliency. Let the healing process of pervasive Black PTSD begin now!

*Kenny Anderson is a resident of Pontiac and a mental health professional, he is a stress management consultant and founder of African American Adjustment Disorder Awareness Association (AAADA). http://africanamericanadjustmentdisordera.blogspot.com Email: kenheart2heart@yahoo.com
The public mental health safety net of hospitals, community health centers, and local health departments are vital to many African Americans, especially to those in high-need populations.

See African Americans of all ages are underrepresented in outpatient treatment but over-represented in inpatient treatment. Few African-American children receive treatment in privately funded psychiatric hospitals, but many receive treatment in publicly funded residential treatment centers for emotionally disturbed youth.

But African Americans today are overrepresented in our jails and prisons. People of color account for 60 percent of the prison population. Blacks also account for 14 percent of regular drug users, but for 37 percent of drug arrests. (Illicit drug use is frequently associated with self-medication among people with mental illnesses.) (7)

Access/Insurance

Disparities in access to care and treatment for mental illnesses have also persisted over time.

As noted by the Office of Minority Health:

- Only 8.7 percent of adult blacks, versus 16 percent of adult whites, received treatment for mental health concerns in 2007-2008.
- Only 6.2 percent of adult blacks, versus 13.9 percent of adult whites, received medications for mental health concerns during 2008.
- And while 68.7 percent of adult whites with a major depressive episode in 2009 received treatment, only 53.2 percent of adult blacks did.

And while implementation of the Affordable Care Act will close this gap somewhat by 2016, in 2011 20.8 percent of blacks were uninsured, versus 11.7 percent of whites. (8)

Educational Materials

MHA has developed unique materials for African Americans.

Brochures

- Depression and African Americans: Not Just the Blues
- What is Bipolar Disorder? A Guide to Hope and Recovery for African Americans

Fact Sheets

- Bipolar Disorder and African Americans
- Clinical Depression and African Americans

Partnerships and Resources

The following organizations are among those that offer additional information on this subject, focusing on outreach to African American communities:

- Capstone Institute/Center for Research on the Education of Students Placed at Risk, Howard University: http://www.capstoneinstitute.org/
- National Black Nurses Association: http://www.nbna.org/
- National Medical Association: http://www.nmanet.org/
- Lee Thompson Young Foundation: http://www.leethompsonyoungfoundation.org/

Violence related mental health problems are also poorly identified. Women are reluctant to disclose a history of violent victimization unless physicians ask about it directly.

The complexity of violence related health outcomes increases when victimization is undetected and results in high and costly rates of utilization of the health and mental health care system.

For a complete referenced discussion of these issues please see the following document:

Women's mental health: The Facts

- Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men.
- Leading mental health problems of the older adults are depression, organic brain syndromes and dementias. A majority are women.
- An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children.
- Lifetime prevalence rate of violence against women ranges from 16% to 50%.
- At least one in five women suffer rape or attempted rape in their lifetime.

Depression, anxiety, psychological distress, sexual violence, domestic violence and escalating rates of substance use affect women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse, combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression.

Up to 20% of those attending primary health care in developing countries suffer from anxiety and/or depressive disorders. In most centres, these patients are not recognized and therefore not treated. Communication between health workers and women patients is extremely authoritarian in many countries, making a woman's disclosure of psychological and emotional distress difficult, and often stigmatized. When women dare to disclose their problems, many health workers tend to have gender biases which lead them to either over-treat or under-treat women.

Research shows that there are 3 main factors which are highly protective against the development of mental problems especially depression. These are:

- having sufficient autonomy to exercise some control in response to severe events.
- access to some material resources that allow the possibility of making choices in the face of severe events.
- psychological support from family, friends, or health providers is powerfully protective.

WHO's Focus in Women's Mental Health

- Build evidence on the prevalence and causes of mental health problems in women as well as on the mediating and protective factors.
- Promote the formulation and implementation of health policies that address women's needs and concerns from childhood to old age.
- Enhance the competence of primary health care providers to recognize and treat mental health consequences of domestic violence, sexual abuse, and acute and chronic stress in women.
8th ANNUAL SPRING CARNIVAL
Thursday, May 19, 2016 – Sunday, May 29, 2016

All Day Ride Wristbands:
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Carnival Location: Oakland Pointe Shopping Center, 250 North Telegraph Road, Pontiac, MI 48341
(NE corner of Elizabeth Lake Road and Telegraph Road at Forman Mills)

Times:
Thursday, May 19, 2016: 4pm-10pm
Friday, May 20th: 4pm-10pm
Saturday May 21st: 1pm-10pm
Sunday, May 22nd: 1pm-9pm
Monday, May 23rd-Wed. May 25th: 4pm-9pm
Thursday, May 26th: 4pm-10pm
Friday, May 27th: 4pm-1
Saturday, May 28th: 1pm-10pm
Sunday, May 29th: 1pm-9pm
OAKLAND COUNTY AUCTION
Saturday, May 21, 2016
Oakland County hosts public auctions each year at the main County complex in Pontiac, Michigan.
Items sold at these auctions can include:
• Confiscated and Recovered Stolen Property
• County Used Equipment & Vehicles
Location of Auction:
Vehicle Operations Building 16 East
(on the Oakland County Government Complex)
1200 N. Telegraph Road, Pontiac, Michigan
For more information call the County Auction information line at 248-858-1015.

Free Landfill Days
575 Collier Road - 8AM to 3PM
Saturday - May 7, 2016 & Saturday - May 14, 2016
Participants must show proof of residency in Pontiac. Resident is responsible for unloading debris. Children are not allowed outside of the vehicle. 3 cubic yard maximum per load. Loads must be covered and secure. No dump trucks or commercial haulers.
ALLOWABLE MATERIALS: Furniture, Appliances (those having Freon may be disposed of at a fee of $35 each), Carpet, Wood and Demolition Items. Yard waste must be separate from other debris. Automotive tires will be accepted at a fee of $3 each. EXCLUDED MATERIALS: Concrete, Asphalt, Stones, Earth, Logs & Limbs

Bloomfield Woodward Estates Association Meeting
@ Kappa Center 200 Earlmoor Blvd Pontiac MI
Saturday, May 15, 2016 from 1pm until 2:30pm
Mrs. Velma Stephens, Chairperson
For information Contact
President Robert Bass @ 248-212-6132

The 1st Annual
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Session 1: 9am to 12pm (4th-8th GRADE)
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June 20-24, 2016
REGISTRATION FORM
SHOWCASE FEE: $50 per player
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Email: __________________________
Graduating Class: __________ Position: ______ Age: __________ Height: __________
Weight: ________________________
For Information: Coach Russell at (248) 573-9563 or email cbrussell2@aol.com

Obituary for Tiffany Va’Shon Cummings
Ms. Tiffany Va’Shon Cummings was born May 5, 1965 in Pontiac, MI to the late Reverend Roy C. and Minnie Cummings. She went to SING WITH THE ANGELS on Sunday April 3, 2016 at St. John’s Hospital in Detroit.
Tiffany professed her love for Christ at the tender age of 5, under her father’s tutelage at Messiah M.B.C. where she sung in the Angelic Choir, The Younger Voices, and then the Adult Choir. She would then sing with the Sweet Spirits.
Tiffany would later along side her two siblings join New Mt. Moriah Int’l under the leadership of Bishop William H. Murphy Jr., then under divine orders she joined and served under Reverend Terrence Gowdy of Macedonia M.B.C. where she served as Minister of Music until her call to Glory.
Tiffany had numerous highlights in her lifetime dating back to being named; Detroit Metro’s Gospel Queen in 1991. She was one of the most talented gospel music recording artists who shared her seemingly endless variety of stylistic vocal professional performances with gospel music lovers across the country. Among her many credits are numerous musical awards. Her performances includes starring in gospel stage plays such as, A Good Man is Hard to Find, and Paint the White House Black just to name a few. Her professional singing career started with artist such as Charles Anthony singing the lead on “Calling you Home” as well as Rudolph Stanfield and the New Revelation, singing several leads such as “Better” and “See What God has done”. She also performed with The Clark Sisters, Take 6, The Winans Family, William Murphy III, Rod Lumpkin and many, many more.
Tiffany had the honor of teaming up with Aretha Franklin on the Malcolm X soundtrack to sing several cuts including “Someday We’ll be free”.

But none of these would have been possible, if it had not been for her mother “The Maestro of Music” she was a soloist/musician and music teacher as well. Tiffany’s siblings Marcus and Tawana also played an intricate part in her harmonic style of music.

Tiffany’s passing is to be that of a celebration and memories for there is no more pain and suffering.

I have fought the good fight, I have finished the race, I have kept the faith. Finally, there is laid up for me the crown of righteousness, which the Lord, the righteous judge, will give to me on that day, and not to me only but also to all who have loved His appearing. II Timothy 4:7-8

Tiffany leaves to cherish her loving memories, her two children, Krystle and Kori Waugh; three very special grandchildren, Jay-den, Kry’se-an, Sean III; and her brother, Minister Marcus Cummings all of Pontiac, MI; A very special nephew, Datuan Cummings of Arizona; two nieces, Tamika Morton and Tres’Vien Gonzales both of MI; special cousins, The Reverend James and Doris Cummings; Tiffany had a host of special friends to many to name.

Tiffany was preceded in death by her parents, Reverend Roy C. and Minnie Cummings; as well as her sister, Tawana L. Cummings. The world has truly lost a special women and Heaven has gained a singing Angel.
Order a low-cost box of fresh produce to be delivered to a Pontiac community site on the 3rd Friday of every month.

Produce boxes can be picked up at the following sites in Pontiac:

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<thead>
<tr>
<th>Produce Box Type</th>
<th>Price</th>
<th>Description</th>
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<tbody>
<tr>
<td>SMALL MIXED</td>
<td>$14</td>
<td>15-20 pounds of fresh fruit and vegetables</td>
</tr>
<tr>
<td>SMALL FRUIT</td>
<td>$14</td>
<td>8-12 pounds of fresh fruit</td>
</tr>
<tr>
<td>LARGE MIXED</td>
<td>$24</td>
<td>25-30 pounds of fresh fruit and vegetables</td>
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Order online at [www.freshfoodshare.org](http://www.freshfoodshare.org) or at each site by the 2nd Friday of every month. EBT accepted. Call sites for payment options and delivery dates.

Call (313) 923-3535 ext. 203 or email freshfoodshare@gcfb.org for more information.