

Brooklyn Community Board 9
890 Nostrand Avenue
Brooklyn, New York 11225

Health & Social Services Committee Mental Health Forum via Zoom: “The Mental Health Crisis and You: Are You Getting Your Mind Right?”

Board Members (Present): Francisca Leopold; Mayna Legoute; Milford Prewitt

Community Residents (Present): Enid Dillard, One Brooklyn Health; Cecilia Yampolsky

Board Members: (Absent): None

Community Residents (Absent): Vanya Mayers; Reyna McKenzie; Kayla Williams

Guests: Maria Abadia, Kings County District Attorney; Keno Bobb LMDE, One Brooklyn Health; Latoya Delmadge, HHC Kings County; Juan Maranon, NYS Department of Health

CB9 Staff: Mia N. Hilton, Asst. District Manager

Motivated by the national crisis in mental health care and recognizing that the month of May had been designated National Mental Health Month, the Health & Social Services Committee of Community Board 9 convened a Zoom seminar on the mental health care crisis and the community impacts.

Entitled “The Mental Health Crisis and You: Getting Your Mind Right!” the scope of the forum was outlined by Ms. Leopold in her opening comments. Quoting the news headlines, she said police killings of blacks in traffic stops or domestic disputes, rampage killings, family violence and violence among the homeless population prove that we are suffering a mental health crisis. Add that to the steady, run-of-the-mill daily interactions that don’t make the newspapers in the workforce, public transportation, schools, retail establishments and other crowded places where tempers and impatience flare and the stage is set for confrontation.

Leopold noted that the forum was just a few days after an apparently mentally disturbed man who was menacing passengers on the subway was choked to death by a fellow passenger who happened to be a former Marine. “What this incident shows us is that this conversation should not be one night, but is an on-going conversation,” Leopold said in her opening comments.

- I. Introduction
 - a. Leopold and Enid Dillard, senior director of marketing and communications for One Brooklyn Health and a H&SS committee member, introduced the speakers.
- II. Guest Speakers
 - a. **Keno Bobb: Fighting the Stigma**
 - i. “It’s important to fully grasp what is meant by this thing called mental health in our daily lives,” Bobb said. “How can we go about living our daily lives and educate our families and community about mental health if we don’t know what it is?”

- ii. “Mental health plays an important role in the state of our overall wellbeing. It’s estimated that 19.6 percent of Americans, ages 18 and older, about one-in-five adults, will experience a mental health problem this year.
- iii. The good news is that most people who struggle with mental illness get better and recover completely, he pointed out.
- iv. But what is mental health?
- v. “Mental health includes our psychological, emotional and social well-being,” he said. “It affects how we think, feel and act. It also affects how we handle others, deal with stress, and make choices.”
- vi. Taking care of one’s mental health is just as important as physical health, Bobb argued. A nutritious diet, sleep and exercise are the best ways to maintain good mental health.
- vii. “But many factors contribute to mental illness,” he said. “Trauma, substance use, a history of abuse, biological factors like changes in the genes and physical illness can impact mental health,” he said.
- viii. “At One Brooklyn Health, we offer a truly integrative approach where we “service substance users to behavioral health programs for adults.”
- ix. Bobb said one of the major challenges in mental health is getting people to realize and admit that they need help
- x. “Why the stigma?” he asked. “I look at myself as a black male who comes out of a West Indian/Caribbean culture.
- xi. “As a young boy, I was raised to believe boys did not cry. With that being said, it prevents an individual from displaying any vulnerabilities. So generationally, you grow up being told to toughen up, man up; don’t show any sign of vulnerability.
- xii. “So being a psychotherapist dealing with men of color and black men from the West Indian/Caribbean diaspora, I meet them where they are at. I try to get them to see that being vulnerable is not a problem. The problem is when you live in a state of denial and don’t want to share what is wrong with you.”
- xiii. Bobb said some of the triggers that generate community-wide mental instability are systematic racism, financial woes, lack of housing, self-medication, and substance abuse.
- xiv. “These are catalysts for mental illness. But we’re reluctant to share what is going on with us. We think, I as a man, must keep going and moving forward. I must do this myself. It’s a lot of I, I, I. But if you were to allow someone to enter your life and provide you with that assistance, we have the internal resources that you may need.
- xv. “Communication and resources: One of the things I truly pride myself on is the ability to reach people. I don’t look at people as numbers but as human beings. My 20-plus years in this position have afforded me the chance to be humanistic and to empathize with individuals. Ourselves as professionals in term of modern trends in medicine.”
Bobb said the face of mental illness must change “Mental illness is not someone laid out in the gutter talking to themselves. Mental illness could be

my brother, my cousin, my neighbor, my mother, my father, an individual who you would not believe has a mental illness because they are covering it up.”

b. Latoya Delmadge: Fighting Mental Illness with Engagement

- i. “It’s so important in conversations like these to distinguish mental health from mental illness. Sometimes we all think that we are exempt from that discussion. But right now, everybody in this room has mental health. Sometimes our mental health may not be good. It may be compromised in some way and at other times it may be great depending on what phase of our life we are in. But when we say mental illness, it’s really based on a [inaudible] diagnosis and specific symptoms and worthy of treatment.
- ii. Like Bobb noted, Delmadge said some people avoid mental health treatment to avoid being stigmatized.
- iii. She said the more discussion about the stigma of mental illness, the more people are prepared to see where they fit on the spectrum and deal with it.
- iv. “But, of course, there’s still more work to be done, especially when it comes to certain populations,” she said. “When we think about men of color, we know there’s a need to assess what their needs are as a population that’s [uneasy] dealing with medical institutions.”
- v. She said when one considers the long history of mental illness, one of the three main theories behind the causes is a supernatural one that goes back centuries.
- vi. “You have mental illness because God is upset with you or you have a mental illness because you’ve sinned or you are demonically possessed,” she illustrated.
- vii. By the 1840s, mental illness was beginning to be appreciated as an illness, but methods of treatment were still primitive.
- viii. “We used to just lock people in a room,” Delmadge said. “They were treated like animals.”
- ix. But treatment and know-how evolved. “Now we can treat psychosis and people can stay home in their neighborhoods,” she added.
- x. Even though we’ve made a lot of progress over the years, the stigma remains.
- xi. “That residue is still there. When people say I have mental illness, there’s a stigma attached to that that modern understanding has not wiped out,” she stated.
She argued that treatment is not a punishment but a right that we deserve.
- xii. No matter what causes mental illness, be it homelessness, crime, unemployment, poor physical health, family issues or family genetics, we all must be aware of those conditions and seek out the right treatment.
- xiii. At King’s County Hospital, Delmadge oversees a comprehensive and complex network of mental health services based on age, symptoms, family finances and physical disability.
- xiv. “We really need to shift the perspective on mental illness and mental health and make sure that we are serving people who can lead well-rounded lives in the community,” she said.”

c. Juan G. Maranon, New York State Department of Health: The Role of Health Insurance in Mental Illness

- i. Maranon represents the state-operated health insurance network, formerly known as Obamacare
- ii. “We offer various insurance options that our community neighbors are eligible for,” he said. “State and federal law requires that most insurance programs cover mental illness and mental health.”
- iii. He said the Covid pandemic led to an explosion in enrollment for health insurance. But he warned that with the May 11th end of the Covid crisis, policyholders will have to reapply.

d. Maria Abadia, Chief of Community Resources and Reentry King’s County Attorney General’s Office

- i. Being aware of and finding treatment for a felon’s state of mental health is as important to the reentry process as serving nutritious foods for felons physical health. But unlike feeding an inmate food, which, in some ways ends when they are paroled, mental health monitoring and care, follows them years after parole.
- ii. Abadia runs the Reentry Office where her staff is responsible for making sure that parolees and other at-risk individuals who are leaving incarceration are getting mental health treatment if they are involved with the DA’s office.
- iii. “We’re a one-stop shop,” Abadia said. “If an individual commits a crime in Brooklyn, from the moment they enter the system a range of services – including mental health treatment – are available to them.”
- iv. Services also extend to walk-ins.
- v. “We’re going To be a full-service bureau that’s not on site and that’s purposeful because we want the individual to feel comfortable in the locations. This is why we are currently looking for an individual who can act as an intake officer] relate to the walk-ins.”