

COMMUNITY MENTAL HEALTH AND THE BLACK COMMUNITY: A POSITION STATEMENT

COMMITTEE ON MENTAL HEALTH¹

Association of Black Psychologists

U. S. A.

1) We strongly support "community control" of community mental health centers' policies, monies, and activities in the Black community. An operational and functional concept of community control involves more than consumer participation merely on "advisory boards," but also involves power and participation on policy-making bodies, such as "boards of directors." A major responsibility, then, for insuring that there is, in fact, a meaningful participation of the Black community in decision-making rests with the Black professional. Obviously, implementing an effective relationship between the needs of the Black community and the professional mental health staff is longitudinal and developmental.

2) Black mental health professionals should move to insure that we are adequately represented at all levels of policy-making in mental health, local, state, and national bodies and associations, especially the National Institute for Mental Health. The Association of Black Psychologists and "The Black Caucus" may be valuable support in this effort.

3) We feel that our greatest priority in terms of education and training is on the development of mental health professionals, hopefully, at the Ph.D. level of functioning. We are quite aware of the need for mental health technicians and aides and support the "new careers" movement. However, we are aware of the implication of the thrust toward "paraprofessional" development in the Black community, while the emphasis in a middle-class white community is toward increasing the mental health professionals. Obviously, this position is necessitated by a history of the least skilled personnel providing services in the Black community. In fact, we hope that existing and proposed programs for "training" paraprofessionals will also be utilized to identify promising Blacks and to provide the necessary support, financial and otherwise, for further training toward a high level of professional competence and credentials. The latter proposal is offered as one solution to the problems of low entry, limited mobility and inadequate salary scales, the almost inescapable fate of Black paraprofessionals in mental health.

4) We strongly urge that Black mental health professionals that are involved in the day to day delivery of mental health services assume a major responsibility for the education and training of Black

COMMITTEE ON COMMUNITY MENTAL HEALTH

students in mental health. This responsibility relates to their academic, clinical, and research experiences.

5) We urge that Black mental health professionals and their agencies, consistent with a preventive approach, become a necessary vehicle for social action and social change. It is imperative that community mental health programs in Black communities play an advocacy role.

6) While there currently is an increasing emphasis on preventive approaches, there remains a tremendous need for quality direct services in the Black community provided by Black professionals. We, therefore, affirm the need in training programs and every day practice for a high level of mastery of basic clinical skills essential to providing quality mental health services to the Black community that are relevant in terms of style and content. In fact, we feel that a number of professionals, currently functioning under the guise of "community psychologists," display a blatant lack of clinical skills which we feel are necessary and a prerequisite to effectively utilizing more innovative therapeutic modalities. Recognizing that there is a range of psychological skills and expertise needed in community mental health (i.e., clinical, social, experimental, educational, organizational), which at times overlap, we feel a real need to more clearly differentiate and define the primary functioning of each sub-specialty.

7) We strongly feel that research and evaluation, despite the present controversy of its uses and methods, is a necessary and essential aspect of a community mental health program. However, all research should be subject to the "community control" of the Black consumers, as a means of halting the history of research exploitation of the Black community. This research should be derived from and directed to service needs of the community and may be viewed as a mechanism for justifying and, thereby, increasing the quantity and quality of the services.

FOOTNOTE

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