

## WHAT WE THINK PROJECT

*“I find this survey very knowledgeable. It made me aware of health issues I don’t normally think about.”*

**-50 year old Town Hall Participant**

### **INTRODUCTION**

The What We Think Project is the brainchild of the LGBTQIA2+ subcommittee of the Los Angeles County Department of Mental Health. The project was designed to gather viewpoints from Black Gay Male Elders, those men 50 and over, living in Los Angeles County. One of the main purposes was to see what the population thinks of mental health services, as well as life needs (food, housing, employment, etc.)

### **METHOD**

The information was gathered in three ways, a series of Focus Groups with key community informants, a series of town hall meetings with the target population and collection of written surveys from the target population.

### **DEMOGRAPHICS**

Black Gay Male Elders

Living in

- Burbank
- Central Los Angeles
- Compton
- Crenshaw
- Culver City
- Downtown Los Angeles
- East Los Angeles
- Echo Park
- Harvard Heights
- Hollywood
- Inglewood
- Jefferson Park
- Koreatown
- Long Beach
- North Hollywood
- Pomona
- Santa Monica
- Skid Row
- South Los Angeles
- West Hollywood
- Westlake

#### AGES: 50-84

Most survey participants were between the ages of 50-65. Many of the survey participants aged 80 and over declined to answer the demographics questions.

#### INCOME LEVEL

Income levels varied from men being homeless to salary of \$85,000/per year. Most participants fell in the salary range from 45K to 60K per year.

About 35% mentioned using or relying on government program/services (Bridge, Section 8, Community Health Clinics, General Relief).

Most of the participants were happy with their current occupation, because they found it satisfying. Although there were quite a few men ages 57-65 that were actively looking to change careers and seem to embrace the change.

None of the men felt so discouraged by their financial situation that they felt the need to give up. Those men that are in retirement were generally happy. About half felt secured in the financial future having stable lines of income and/or owning their homes. The other half felt less secure with future finances especially with possible changes in government. Regardless of income level everyone feared the words, possible government shutdown, as it would certainly affect their finances.

#### GENERAL HEALTH

Most participants described their health and generally good. Although everyone described some sort of affects of aging such as:

- Pain in joints
- Unwanted cough that does go away
- Less energy
- Physical changes (weight gain, feel shorter, more flab especially around the waist)
- Longer periods of usual illness (cold, flu)
- Memory not what it was
- Developing arthritis

#### DISABILITY

About 20% reported a disability, the most effectual was a participant with a speech impediment but is still able to communicate very well. Another participant had a life-long issue with hearing. Of those issues developed aging, the most reported was problems with mobility. This included the need for a wheelchair or cane. The next most reported was physical limitations such as problems with movement of arms, hands, legs.

#### MENTAL HEALTH

No one mentioned having any urgent mental health issues.

## FAMILY

About 80% of participants reported having strong family support, mostly through siblings and parents, if still alive.

About 20% reported having at least one child. Of those about 50% said having children was intended or planned, the other 50% mentioned it was from their life before they came out as gay. Although there were bumps as with all parents most reported having a positive relationship with children. The gender of the child did not seem to affect whether it was a positive or negative relationship.

Of the 20% who mentioned not having a good relationship, about 33% said it was due to personality differences, another 33% said it was due to being rejected by family because of sexual orientation and the other 33% said it was because of their use of alcohol/drugs, being homeless or negative lifestyle experiences (choice of friends, involvement with criminal justice).

## IDENTIFICATION

All of the participants were fine identifying as a Black Gay Male Elder.

Those men were out to family and friends were very comfortable with the identification, there was a difference of opinion if aging was positive or negative.

For those men who were not out to friends and family (mostly it was either for privacy reasons or so much hate was targeted at the LGBTQ communities as they were growing up, they did not feel safe coming out. They were grateful for safe spaces in which they could be themselves and identify as being a Black Gay Male Elder.

No one suggested or presented other wording to change or substitute for the term Black Gay Male Elder.

## **OVER SAMPLING**

It seemed important to over sample certain groups and/or communities, either because there is extra need for mental health services to societal ideas/pressures or they are usually underrepresented in surveys. Many times, it is because they are hard to reach to get responses. As such extra outreach was done to particular groups or communities.

Those groups communities included:

## MEN 80 AND OVER

As mentioned, these men can be particularly difficult to reach since a lot of their social activities are limited or non-existent. This seems usually due to self-isolation, just not feeling comfortable in public or feeling in social events situations there is nothing in common with people in attendance.

Physical limitations especially with walking is very important. Many times, the men in wheelchairs or using canes or walkers felt looked upon as strange and not welcome. There are also feelings

that the social events as in society in general are for the young and younger. Sometimes it is just easier to stay in the familiar surroundings of home then venture out to places you may not feel welcomed.

Sadly, many men in their 80's have lost a lot of their close loved ones and are still grieving even though it may be many years later or do not have the energy to establish a new social network. This is not to suggest that some men in their 80's do not feel a vibrant, important part of the community.

The additional outreach was done by asking participants at Town Halls to try and get any Black Gay Male Elders 80 and over to attend a future Town Hall.

#### HIV/AIDS

Because of the long history of men facing additional mental health issues due to the disease either because of lack of society acceptance or feeling damaged and unwanted. Men that were diagnosis at younger age may have felt the sting of lack of services or not feeling welcome in certain spaces. If diagnosed later in life there may be extra layers of guilt and especially shame with all the available information, how did they acquire HIV. The feeling is that this must have happened because of neglect or something they did wrong.

Some of the debilitating peripheral disease and symptoms caused by HIV or AIDS can weigh heavy on mental health by giving a feeling to the person as being less than or doomed.

In the early 2000's African American centered HIV/AIDS organization led the charge to use HIV and Advanced HIV as opposed to AIDS, which seem to have an extra added negative stigma.

Extra outreach to the population as done by doing Town Halls at pre established monthly meetings identified for Black Gay Male Elders affected and effected by HIV and AIDS.

#### HOMELESS

Homelessness or being unhoused is fast growing problem in Los Angeles County, the highest percentage of those experiencing homeless are African American men. Certainly, a large number of those men are Black Gay Elders.

Because of the societal perception and response to the current situation this could add many varying layers to someone's mental health especially in regard to their self-esteem.

Not feeling safe or stable surely can either help develop or advance mental health issues.

Surveys have shown a good number of people that are unhoused are suffering from mental health issues and substance use disorder. Mental health issues and substance use disorder are usually running buddies.

Trying to access housing services is mentally taxing.

Extra outreach was done to those organization that provide services to people experiencing homeless especially in those areas that have large populations of African American men. The organizations were encouraged to invite clients and staff to the Town Halls

#### MEN NOT GAY IDENTIFIED

It was important to try and get the real story about true feelings about not identifying as gay or not being out. Since the term DL (Down Low) hit the streets about men who engage in same sex behavior but have a female partner, people have a low, unforgiving opinion of those men. There was at first no attempt to understand the complex nature of someone who is not open or out their sexuality but instead disgust.

At a High School presentation, I put together, we invited a 60 year-old, non-gay, Black Woman to speak to the students about her experience finding out about her HIV diagnosis. She received the diagnosis during a check up because her then husband was in the hospital dying from AIDS related condition. She described the anger she felt at finding out her husband engaged in same sex behavior, acquired HIV, most likely infected her with HIV and did not say anything to her.

She discussed her anger but after her husband's death she began thinking about all the homo hatred comments she heard from his family and some of her immediate family members. After giving it some deep reflection she realized it was impossible for him to come out and due deeply held religious beliefs of the family divorce was not a good option especially at the time of his death. This helped the students understand the truth with men who do not identify as gay.

#### LOCATION

It was important to outreach and over sample those men in areas of Los Angeles County who usually don't participate in surveys.

#### **SURVEY Q. 65: WHAT ARE YOUR THOUGHTS REGARDING MENTAL HEALTH?**

**"Big problem in our community, it is tearing our brothers apart."**

**-60 year old Town Hall participant**

#### **METHODS**

##### FOCUS GROUPS

Focus Groups were held once a month. There was a core group of 10 men, which attended the monthly Focus Groups. The groups were two-hour groups which were scheduled on Wednesday evening or Saturday afternoon. The groups were scheduled to for the convenience of the core group. Each month 2 to 10 additional participants to try and reach an attendance between 12 to 20 participants. Groups were always done over Zoom.

Participants were paid either \$50 or \$75 per group. It was required that participants attend either 3 or 4 groups before getting paid. This was to encourage participation from a community perspective as opposed to a financial perspective.

## AGENDA

Introductions

Check In

Discussion Topic

Feelings Regarding Mental Health

Town Halls

## CHALLENGES

Getting participants schedules to agree was an issue, so the agreement was made the groups would happen the first or second week of the month on either Wednesday evenings or Saturday Afternoon.

A few of the recruited participants made it clear it was just about the money for them and less about community. One clear demonstration was someone demanding during the Group to be paid immediately instead of the agreed four group attendance. This was resolved by using core participants referrals instead of blind recruits.

## TOWN HALLS

The original plan was to have one Town Hall with 100 participants to be surveyed and Planning Group members would be responsible for greeting participants and getting them to sign in on the attendance sheet. Planning Group members were also going to facilitate the breakout room sessions, depending on their topic of interest.

The most reasonable plan discussed was to do a Town Hall at an open park. This would allow a lot of space for movement and comfort. It was discussed that mother nature is great distraction for participants as well as some attendees may not feel safe discussing certain topics in an open-air environment.

After two planning Focus Groups it became clear that because of logistics such as:

### *SIZE OF LOS ANGELES COUNTY*

It is difficult finding a central location in Los Angeles County because of the size of the county. It could be even more challenging if some one wanted to or had to use public transportation.

### *LOCATION*

It was quite challenging to find a location to comfortably fit 100 participants and also have room for breakout groups for certain topics.

### *WHAT IS THE DRAW?*

What would be the one overreaching topic to draw 100 people and most likely over booking to ensure hitting that 100 number.

### *SELLING THE SENSE OF COMMUNITY*

With more blanket outreach for over 100 people, it does not comfortably allow for nuanced recruitment, to explain to potential attendees the community importance of the Town Hall meetings.

This issue was resolved by planning smaller Town Halls happening once a month for about 8 to 12 participants.

Planning group core members were responsible for developing Town Halls by either doing Town Halls at established meetings for Black Gay Male Elders or developing the Town Hall and figure out all of the logistics, including location, date and time, inviting participants, discussion topics, distribution and collection of surveys and facilitate the discussion.

Town Hall participants were paid \$10 for completing survey and Planning Group members were paid \$10 for each survey collected from a recruited participant.

All Town Halls were conducted in person.

**“It is important to not only have community but be able to feel that community. That is what Black Gay Men need, to not only see it but feel it.”**

**-68 year old Town Hall Participant**

#### FOCUS GROUPS

The Focus Groups were a success.

First and foremost, participants always showed up on time and ready for discussion. Once the date and time was locked there was never a cancellation.

Discussions were intense, thoughtful and deep. Participants always showed a lot of respect for each other, by not disparaging other or other’s opinion as well as not speaking over each other.

Participants were also to varied viewpoints and didn’t feel the need to dominate the group by letting others speak. At no time did I as the facilitator have to stop someone from speaking or end a conversation due to lack of respect.

The planning group did become like a family because of the common bond of wanting to achieve something for the Black Gay Male Elder community. Even though the group developed into a family feeling there was never a time when someone who attended the Focus Groups not on the same regular basis as the planning group, were made to feel unwanted or like an outsider. Instead, they were welcomed as a visiting family member or valued guest.

It was relatively easy to keep the group on topic while at the same time gather valuable insight through their comments.

The planning group members spoke of the need for community and felt like what were doing gave a sense of community and it was something that they would like to see continued as regular monthly check in meetings.

There does seem to be that real desire to develop various outlets for a Black Gay Male Elder community.

Some members were already attached to some form of regular meeting but most of the meetings may have majority Black Gay Male Elder participation, the meetings were not exclusive for Black Gay Male Elders so depending on the make up of the groups there was varying levels of comfort for speaking what was really going on.

As mentioned before the planning group members are very interested in continuing the meeting as a support mechanism for themselves and others in the community.

#### TOWN HALL MEETINGS

The format designed for the smaller, more inclusive Town Halls was very successful.

**The Town Hall meetings I facilitated** were rich with information, participants felt good about sharing concerns, successes, hopes and dreams. I was surprised that all of the participants were fine with the aging process because they liked what they had accomplished during their life. It was an honor that participants felt it was safe space to express themselves and express themselves they did. I was also surprised how open people felt during the discussion, it felt as if they have been waiting a long time to be able to express their opinions.

I would generally use the survey questions as the basis for discussions especially relating to life needs and thoughts on mental health.

After the group at the LGBT Center South, I received a phone call from the meeting coordinator asking if I would be willing to return and do other topics with the group members. That of course felt very good.

**The Town Hall meetings facilitated by Planning Group provided** a lot of needed valuable information.

The Planning Group would arrange the meetings and take care of everything needed to organize the meetings. I would provide them with the surveys as well as the survey incentives before the group. As facilitators they were very responsible for making sure meeting participants signed in and marking who received the incentives.

They were a few groups in which a meeting attendee was not in the project demographics, this was usually because of age someone falling just below 50 years old or ethnicity, someone who said they identified as Black but then listed another ethnicity on the survey. There were 10 of the



out-of-range survey respondents. To keep the peace these folks were paid but their surveys were not included in the analysis.

After the conclusion of each Town Hall, I would meet briefly with the Planning Group member who provided the facilitation to collect the surveys, pay for the recruitment and discuss the flavor of the meeting discussion. These meetings always went quite well. There was always excitement from the Planning Group facilitated because in some ways they didn't know they had it in them to get the information and the information was so rich and helpful there was always a thirst on behalf of the Planning Group members to do more. There was also an expressed desire by the Town Hall Meeting Participants to do more. It felt as if they have been waiting for a long time for someone to ask, what do you think? That moment had finally arrived.

Planning Group members would provide a brief report back at the next Focus Group/Planning Group meeting.

#### ONE ON ONE KEY INFORMANT INTERVIEWS

There were four key informant one on one interviews that were conducted and filmed.

The interviews discussed life needs for the Black Gay Male Elder community as well as the possible mental health issues associated with those life needs. Each interviewee was selected to discuss a particular topic that was raised as a topic of particular importance either or in the surveys or Town Halls. The topics were:

- HOUSING
- AGING
- FINANCES
- BODY IMAGE/SELF ESTEEM

The one-on-one interviews were conducted over Zoom with people already associated with the project, this was done to enhance the information that was already provided and not have to go all the way back to square one.

The interviews were scheduled at the most ideal time for the interviewee. Participants were paid \$75 each for the one on one which lasted about 2 hours each.

The interviews went well there was a rich discussion which led to some powerful information being provided.

At certain points I was surprised by the information shared.

#### METHOD SUMMARY

The methods used were very successful at gathering information.

Although the road is bumpy, and winding and sometimes not always quite sure where it leads it did provide a pretty good road map on community thoughts, feelings and ideas as well as guidance for moving forward.

The opinions are out there for taking and gathering but folks providing the information must feel validated and something will indeed happen, it is for the good of the community. At age 50 and above you have gathered a lot of wisdom and experience, as such you should be properly compensated for your time and what you are sharing. I would like to advocate for more projects like this for the Black Gay Male Elder community but increasing the compensation so participants feel a sense of respect and value for their knowledge.

## **RESULTS**

TOWN HALL MEETING: 121 participants (some folks who did the survey were out of range, and a few people selected not to do the survey).

SURVEYS: 104 participants in range (11 participants were out of range and were not included in the final report).

FOCUS GROUPS: 17 participants, six formed the core group attending each meeting and leading at least one Town Hall.

***“(Services) are great to have if you can access it.”  
-62 year old Town Hall Participant***

***“Where is it (services)?”  
-57 year old Town Hall Participant from Central Los Angeles***

***“How can I get it (services)?  
-57 year old Town Hall Participant from Los Angeles***

***“Do better at targeting our communities for help.”  
-58 year old Town Hall Participant from Crenshaw***

***“Show mental health is normal, make it acceptable”  
-58 year old Town Hall Participant from Compton***

***“Everyone needs a therapist.”  
-59 year old Town Hall Participant from Burbank***

***“Target elders with mobile mental clinics, make mental health affordable.”  
-58 year old Town Hall Participant from Los Angeles***

***“Make mental health more appealing to make it seem normal.”***

*-56 year old male from Hollywood*

**"Sometimes we access mental health late or not at all."**

*-50 year old participant from Los Angeles*

**"I need to take better care of (myself)"**

*-58 year old Town Hall Participant from North Hollywood*

**"(Mental Health Services) Is no where in the black community**

*-61 year old Town Hall Participant from Los Angeles*

**"Take care of yourself, we need a place of peace."**

*--61 year old Town Hall Participant from Los Angeles*

**"We seniors need, transportation, help with technology, a safe place to go, assistance, a resource sheet, better food pantries, resources for free."**

*-57 year old Town Hall Participant from Westlake*

**"It is not there for Blacks"**

*-63 year old Town Hall Participant from Los Angeles*

**"Mental Health does not target Black Gay Men."**

*--62 year old from Los Angeles*

**"I feel my mental health is good."**

*--62 year old Town Hall Participant from Skid Row*

**"State of emergency for mental health"**

*-68 year old Town Hall Participant from Los Angeles*

**"Thank for the opportunity."**

*-62 year old Town Hall Participant from La Brea Los Angeles*

## **KEY TAKEWAYS**

*Wanted to make sure the most important key points are presented upfront.*

## **ONE SIZE FITS ALL WILL NOT WORK**

One of the most important discoveries of the surveys is that there are no real trends. For example, several peoples said they are okay with aging and are enjoying it, while others said there is nothing good about aging. Similarly, some men embrace being a Black Gay Male Elder and are looking forward to becoming more of an elder while others could think of nothing good about being a Black Gay Male Elder.

Also, regarding mental health some people are in with taking care of their mental health enjoying the updated information that mental health services are good, normal and helpful. While once

again others fell into the situation of some of the past bias and/or stereotypes about mental health services such as the services are for the weak are for those people with severe mental illness. Instead of going in for mental health services just work harder at your job or connecting with your family.

The results of the closed end survey questions are presented but it is important that each respond be weighted the same. If services are geared only towards those people who feel good about mental services and feel it is normal, they may not access or need mental health services at the same level as people suffering from some form of a mental health issue but typical mental health services they do not have a belief.

#### KEY PATTERNS INCLUDE

Respondents stating

- There are not enough resources
- There is not information on the resources
- Resources don't target them or their community
- More outreach and education needs to be done

#### LIFE NEEDS

*The following were identified as important life needs.*

#### HOUSING

One issue regarding housing was stability. Whether people felt that will not lose their housing due to a rent increase or loss or reduction in financial stream. Men who own their homes to a far less degree are concerned living stability because of damaged to the profit or sudden large increase in taxes or bills. This naturally causes a lot of mental anxiety.

Those also in search of housing or in need of housing services go through a lot of anxiety. Housing services is one of the most in demand services as such the wait times can be long. There is also a lot of back and forth regarding forms and which agency will be providing services the County or City of Los Angeles.

Trying to access housing services can be very mentally draining as you search for the most appropriate housing in the proper location many times the wait is longer than stated.

Housing along with food are two of the life staples that are needed before someone can even consider mental health care.

Men across all age groups mentioned the importance and concern about housing with a slight tilt of need towards older men, those men 70 and over due to physical limitations of working.

#### FOOD

Food is the other big staple that was mentioned as needing to be stable before someone could even consider accessing mental health services.

Food security was a top concern. Most respondents felt comfortable about the future and maintaining the ability to secure food.

The ability to get certain types of food was very important as well. It was important to have access to familiar foods as opposed to unknown foods. Meals that people grew up eating. This extended to food served at meetings to attract Black Gay Male Elders. Quoting one attendee, "the other day I attended a meeting and didn't see any food I liked any food I was familiar. I need food I can enjoy, food I can put my foot in it!! Of course, I ain't going back there." This was mentioned as a concern across all age groups.

#### GOVERNMENT ASSISTANCE

Most of the assistance mentioned was regarding getting medication in a timely manner to avoid missing and prescribed doses.

Including medications related mental health.

Another assistance identified was medical equipment such as a wheelchair or walkers, as well as other medical devices such high blood pressure machines, diabetes measuring machine as well as equipment to assist with a reminder to take medication or to ensure not double dosing of medication.

Also. assistance with being able to access medical appointments.

This was mentioned mostly by those men 70 and older.

#### TRANSPORTATION

Being able to get to important or necessary appointments. Making sure transportation is affordable. This would help reduce stress.

This was across men of all ages.

#### MEDICATION

Having access to the ability to fill prescriptions on time. Also having access how medications work, possible side effects, and how to take medications. For example, if the medication instructions said it should be taken with food, does that mean if you have not eaten is it better to skip the dose or to take the medication on an empty stomach?

This was stated as a need across all age groups with a tilt toward those men 70 and older.

#### FINANCIAL ASSISTANCE

What to do if a stable income source has ended either temporary or permanently. If temporarily meeting bills in the short term so as not to lose current living situation or disrupting certain living comforts. If permanently how to access streams of income both in long and short term.

Also, what to do if certain government financial assistance comes to end such as unemployment. Men with a higher income were also interested in various programs and were a little frustrated hearing about programs through the grapevine. This causes extra research time because you would need to make sure the program is legit. For example, the down payment assistance for first time home buyers.

This was across all age groups mostly because job security does not exist it did in the same form as it did for their parents and also with government leadership changes will government funding levels stay the same, end or be reduced.

This was across all age group with a large tilt towards those men 70 and over.

#### ACCESS TO INFORMATION ABOUT HOW TO ACCESS SERVICES

Many respondents felt there are services available, but they were unsure which services, what are the requirements to access the service, where the services are and how to access the services.

Information about services to assist with getting life needs was very important.

This was across all age group with a slight tilt towards those men 70 and older.

#### LEARNING MORE ABOUT BLACK GAY MALE ELDER HISTORY

At first glance this did not seem like a life need but it was explained that knowing and understanding history can keep people alive. From the obvious that knowing which disease are likely to affect Black Gay Male Elders to causing inspiration from walking in the shoes of powerful Black Gay Male Elders, which could assist in having a positive mental health outlook.

#### HEALTH

Be given information about health outcomes and related health outcomes that are associated with aging.

What are some of the symptoms of diseases that come with aging and how to check for some of the symptoms.

Access to reliable health services to discuss in an honest way what certain symptoms may mean, without presenting it to a certainty. For example, this is for sure not cancerous.

How to relax until test is performed and the results are available. As well as precautions and activities that should be done until results are known.

Tips in regard to diet, exercise and lifestyle changes were also mentioned.

This as mentioned across all age groups.

#### GOOD SEX

“Just because there is snow on the roof does not mean there is no fire in the furnace.”

There was a concern if aging meant an end to healthy sex life both in regard to physical ability and interest.

For men who are still in the closet what does a healthy sex life mean? Can casual sex be a healthy lifestyle choice?

Is exploring and/or participating in “alternative” sexual behavior that society says is not healthy, can that be a healthy?

How to have a happy sex life as someone who is single, how to have a happy sex life with an aging partner.

Is online the “only” way to meet men who share your sexual interest?

Are there in person events for men seeking healthy sexual life?

Is it strange to lose interest in sex and sexual activity as you age?

A good sex life can do wonders for your self-esteem mental health.

This was across men of all ages.

#### SUBSTANCE USE DISORDER (SUD)

There was interest in finding solid treatment and recovery programs that connect with Black Gay Male Elders.

The interest ranged from I know have a problem and need to get help to I am unsure if I have a problem, I would like to talk someone who is reliable and has best interest as top of mind.

In addition, people were concerned as to how to talk to a friend that may have an SUD problem. With dual history of racism both from inside and outside the community and homophobia that have negatively impacted the Black Gay Male Elder population it understood that SUD was a coping mechanism.

This was across men of all age groups.

#### ACCESS TO LEGAL INFORMATION

Assistance with dealing with the criminal justice system and perceptions regarding involvement in the criminal justice system.

Where to get reliable inexpensive legal advice about issues both large and small both for themselves or close loved ones.

An example of perceived involvement is if the question “have you ever been incarcerated?” is a standard question on an employment application, some may see it as they are being targeted.

This was a concern for men across all ages.

#### MENTAL HEALTH SERVICES

Working within cultural norms is most important, this way people will feel comfortable accessing services.

#### **Working Within Cultural Norm Include:**

##### *SPRITUALITY*

Most Black Male Elders were acculturated in some form of faith, which is essential to their being. It is important to find the best role of how to include spirituality in mental health services.

People have been taught just like with any other disease or trauma you need to “pray on it.”

Prayer is a strong life source and a powerful driver of renewal.

This would also include reaching out to spiritual leaders in the community.

*God created these tools to assist you with mental health it would be a shame not to use them.*

##### *WHAT ARE THE FAVORITE FORMS OF ENTERTAINMENT*

Reaching out during times of entertainment could be a useful in making the connection that mental health may take some work but may also be something fun and enjoyable.

##### *IDENTIFY COMMUNITY NUANCED COMMUNITY NORMS*

Through discussion with members of the community, community norms can be identified and sewn into the overall fabric of services. This would also include realizing who are the community gatekeepers or leaders? Then enlisting their assistance to advocate for the needed services.

##### *DISCUSSION TOOLS*

Developing the most appropriate tools to begin and entice discussion. This includes using relevant questions that pertain to the person’s life and/or life needs and also using open ended questions. Questions should be done in a manner and use language that instills comfort for the participants.

##### *INDIVIDUALIZED GOAL SETTING*

Through the sue of the discussion tool it is imperative that goals and how to achieve those goals are set by the participant. The goals should use the SMART model, Specific, Measurable, Achievable, Relevant and Time bound, so the participant feels invested in the goal. Praise is important during the process of achieving the goal.

##### *CURRENT MENTAL HEALTH TOOLS*



The very, very good news is current mental health tools can be applied so there is no need to learn new tools or relearn current tools.

What is needed to nuance the tools is for the tools to be nuanced to fit the individual needs of the participant. The community norms discovered through those discussions with the participants can be overlaid on current mental health tools.

For example, the practice of CBT (Cognitive Behavior Therapy), replacing a negative thought with a positive one can be a useful tool. Naturally the best way to apply the tool is to use community norms to recognize which positive thoughts are the most functional, practical and helpful.

#### *FINDING PRIDE*

Many accomplishments for people of color go unnoticed and receive no praise. Either because it is not thought of as source of pride or because folks are so busy once they have achieved one accomplishment it is off to try and achieve the next accomplishment without missing a beat or taking a breath. Having someone take a moment and write down accomplishments and sources of pride both as an individual and a group or community. Just identifying resilience within the individual or community can induce a sense of great pride.

#### *ANGER MANAGEMENT*

Getting angry was discussed as a community norm. Many were taught that is how you get respect and power is through your anger.

Similar to anger management it seems the root of most if not all anger is the fear of not being respected. There is a long, documented history of disrespect the Black Community and even more disrespect and hatred targeted to the Black Gay Male Elder community. This is interwoven into daily thought process. Being quick to anger is understandable since there have been so many practices of clear-cut discrimination that the Black Gay Male Elder community has to endure. It is sensible to think the only to deal with the practice is using anger.

This is good opportunity to work within community norms to assist people to realize there is nothing wrong with getting angry is it what you do with that anger and can you channel it into something meaningful. Hopefully then change can happen for the better to the individual or the community.

#### *TRIGGER WORDS*

Those words that may cause a strong emotional response are important to identify. The identification of those words can assist in understanding what are the values of the community norms as well as pull back the curtain somewhat, to reveal some personality characteristics of the participant.

Some words can be quite obvious such as racial slurs and clear cut put downs such as calling someone stupid, dumb, ignorant, useless, etc.

What may not be as obvious are certain words or sayings that can be a powerful trigger including the word "obvious." For example, it was mentioned by a Focus Group participant, it sets him off when someone says to him, "obviously that is not going to work." It suggested he is lacking in basic common sense because he is unable to see the obvious. Other wording mentioned included, "are you maybe lazy by nature?" "You people always react that way," "Boy, don't get me started," "You don't think that is the right thing to do, do you?" All the phrases suggested to the participants that they were lacking in simple mental skills due not to life experiences and learning but they are deficient by genetics.

It can be helpful to avoid word traps by finding out the triggers for participants.

#### *WHAT WAS SAID, WHAT WAS HEARD*

Community interpretations can vary based on language and experiences, it is important to make sure during any interaction and at the conclusion that you both have the same understanding. Especially in regard to action items.

#### *HISTORY OF MENTAL HEALTH*

The history of mental health has not been kind to the Black Gay Male Community. The larger black community many times were placed in dangerous, unhealthy mental institutions for no other reason but to control the community. Having a sense of pride and wanting liberty was seen as severe mental health issue for the Black community by members outside of the community.

Being Gay was once listed as a psychological disorder.

Also, members of the Black community and Black Male community were used as test subjects to see what untreated disease would react in the body and mind.

Some of the studies were conducted by the United States government.

People in the community may not be aware of the exact details of the studies but the message spread in hush tones is you can't trust the government and you can't trust mental health services.

The government thinks we are a small step up from monkeys.

#### *MENTAL HEALTH ISSUES*

It is important to identify the various types of mental health issues that someone may be feeling so that the issue can be resolved in the most appropriate manner. It is important for people to realize it is not unique everyone can use some type of an assist at different times to feel better. Community agencies and programs should be aware of possible signs and symptoms of possible mental health issues, such as depression or anxiety along with some of the more severe mental health issues.

It is vital that diagnosis is done by a mental health professional. The staff at agencies that have developed that trust with participants play an important role of being the bridge to those mental health services.

The need for good, solid inclusive mental health services was mentioned a lot as a life need. Many people saw the importance of accessing mental health service which can be a life saver.

Men from all ages were interested in mental health services although it tapered off somewhat as the age increased.

#### SOCIAL EVENTS

One of the most requested was social events for Black Gay Male Elders to help build community. There was a lot of discussion as how to accomplish this both in the Focus Groups and Town Halls. Some mentioned it should just be a social event, others thought the events should multitask as an opportunity to have foods, do basics like laundry, or learn a DIY skill. Mental Health it seems should be part of the discussion but perhaps not the gist of the meeting. Also, what should the event look like? Many ideas were mentioned about what type of meeting or event ideas from going to the opera to going to the movies, to meeting for coffee, to just a regular topic meeting to book and TV discussions.

One major concern was trying to reduce or eliminate gossip, which has been a problem in the past when attending meetings that were geared towards the community. What was said at the meeting did not stay at the meeting.

It was mentioned if people learned how to use art and art tools it could increase someone's mental health outlook to a much more positive position.

The events should be held in different parts of Los Angeles County, so it is easier to get to for men living in different parts of the county. Also, suggested was the same event that moves around Los Angeles County, so participants get to see different parts of the county.

The social events could be used as a means to inform people about the various services.

There was a lot of discussion about who should be able to access the social events. A clear majority thought it should be reserved just for Black Gay Male Elders to avoid any concerns about being open to disclosure during the event and this could also avoid lookie loos those people that place a fetish on Black Gay Men. Others thought you don't meet discrimination with more discrimination and the meetings while maybe being limited should be open to others.

There were several suggestions that there should be some universal calendar that lists events for Black Gay Male Elders. That would include not only the time and location but the topic as well.

Many suggested social events are the life blood of any community.

Social events could do a lot for a person's mental health especially for those men who feel isolated.

Men of all ages equally shared concerned about this being an important life need.

**"We need more Black counselors."**

**-55 year old Town Hall Participant**

**"Start more support group(s) for Black people."**

**-54 year old Town Hall Participant from Hollywood**

**"No comment I don't have a solution."**

**-54 Town Hall Participant from Hollywood**

**"Mental health is like a garden you have to take care of it."**

**"Need more outreach."**

**-54 year old Town Hall Participant from Skid Row**

**"Make more resources for help."**

**-54 year old Town Hall Participant**

**"I need medication for anxiety issues."**

**"We need to improve how family can be more supportive."**

**-70 year old Town Hall Participant from Jefferson Park**

**"It is important that the Black Gay Community is aware of resources."**

**-71 year old Town Hall Participant from Inglewood**

**"Mental health is important for all ages. Even as we age our mental health will always be important."**

**-72 year old Town Hall Participant**

**"Should target specific issues to the Gay/Bi Black male."**

**-68 year old Town Hall Participant**

**"More people need it and I wish it was more accessible."**

**-60 year old Town Hall Participant**

**"Don't need it."**

**-58 year old Town Hall Participant from Los Angeles**

**"Is (a) crisis."**

**"Give money for therapy."**

**-59 year old Town Hall Participant from DTLA**

**“Mental health needs to be the number one issue for politics.”**

**“Mental health is a serious epidemic.”**

**“Y’all need to market mental health the way y’all market those Obama phones.”**

**-55 year old Town Hall Participant from Culver City**

**“Everyone should have a therapist.”**

**-55 year old Town Hall Participant from Culver City**

### CUSTOMER SERVICE

At each of the gatherings, customer service was mentioned as the main factor that can cause either good or bad feelings about the service. Customer service begins when the participant enters the agency depending on if there is a greeting. Also, if staff comes across as being professional. Some participants mentioned feeling uncomfortable when staff becomes too friendly too quickly and how the staff addressed the participant with a ‘Mr.’ or ‘Sir’ which is more appealing than the way too casual “bruh” or referring to the participant by their first name. Also how is the service delivered, does the agency demonstrate a minimum level of cultural competency? This includes both big ticket items like mental health (does the staff reflect the community?) and other items such as food served.

One of the very much agreed to statement was a participant saying he waited many years and practiced a lot of respect towards elders and very much needs that respect now that he is of that elder age.

### MONEY

There was much agreement among participants that it is tiring to hear there is not enough money for outreach or programs or services for Black Gay Male Elders. One participant said he has been waiting for decades for the money to arrive for the community and it never does, the only thing that arrives is excuses. It is past time for services and programs and outreach to the Black Gay Male Elder community to be fully funded. Some participants felt a level of discrimination as it seems money that should be targeted to the Black Gay Male community goes to other communities giving better infrastructure for services. The Latino communities was used as an example.

### LACK OF INFORMATION

At various communities and on websites the question has been asked, “are you aware of available services for your community?” Participants mentioned the question keeps getting asked, but they never hear anything about the services or how to access those service. This is outside of the services some participants have or are currently accessing, which was usually done through a personal referral.

### NOT ENOUGH MARKETING

Most of marketing for services does not speak directly to the Black Gay Male Elder community but instead is umbrella marketing to capture several communities. It was suggested someone

who is a Black Gay Male Elder and well known to the community should be featured in a serious of marketing campaigns. A celebrity of course would be ideal.

### LACK OF RESOURCES

Even though participants have been told many resources and programs are out there for the community it doesn't feel like it and at some of the services they do not feel they are welcome.

### **MENTAL HEALTH**

The divide for mental health service access for the Black Gay Male Community seems to be along financial lines, who can afford the services or those who can access through their job and those who cannot.

A few participants began mental health services after hearing about the services through outreach campaigns, online advertisements, referral from friends or family members. For those that did not have the job or financial access, the way in for mental health services was through social services programs such as nutritional assistance, medical and HIV services, SUD, housing, etc. Mental health services were other partnered with other services or a prerequisite to obtain services. Everyone that accessed mental health services were thankful they did.

Men 50 to 70 were much more likely to have an open attitude toward finding out about mental health services and wanting to access the services. The men over 70 and getting close to 70 were more likely to lean into some of the stereotypes about mental health services, such as the services are meant for the mentally insane and society wants people to believe African Americans especially Black Gay Male Elders are naturally insane.

One of the most important feelings to establish from the beginning and at every step is the feeling of trust and truthfulness. This way the participant will feel comfortable with program or service and know it is honest.

People have varied experiences with mental health some people were fortunate to find a program, a service that was sincere and genuine and some were less fortunate to access a program that was only using the participant for financial gain.

It can be helpful to find out the participant's thoughts on past programs and services especially in regard to usefulness. This will help establish a sense of comfort that the good things will continue, and the not so good things will not happen.

Some of the main areas the community could benefit from mental health services are:

- Aging. It was felt unlike their white counterparts there are few to no examples of Black Gay Male Elders. As such it is unknown what will happen health and otherwise as they age. This uncertainty can cause a lot of anxiety. In society and especially gay society it is all about being young.

- Acceptance of self. Many participants still feel under the tyranny of homophobia, which causes community members to not be completely open service providers. Also finding out what is their place in society and how to have all of their parts accepted by society.
- Loneliness. Many of the participants either felt completely alone or feeling lonely much of the time. The relationship with family, including their children was a key contributor how lonely someone felt.
- Body image. Regardless of how they looked as younger men their body is changing and are they appealing physically?
- Sex and being sexually. Will they continue to have a healthy sexual life? Will they still be considered attractive and by who?
- Finances. Including housing, are they stable? Not being stable causes much anxiety.
- Spiritual. Several participants mentioned that as they were growing up, if someone felt something that is now called mental health issues such as depression or anxiety was fixed by prayer. Which is considered a very powerful tool.

## MARKETING

Some of the thoughts on how to market to the Black Gay Male Elder Community:

### FOR THE PEOPLE, BY THE PEOPLE, OF THE PEOPLE

Marketing campaign should be developed or have great input for members of the Black Gay Male Elder community. This will help ensure the proper message is presented. Some useful characteristics include:

- UPBEAT – Have a general good attitude about themselves and life as opposed to the everything is gloom and doom attitude. The upbeat attitude will come across as hope in the campaign message.
- HAS A GENERAL IDEA OF THE COMMUNITY AND COMMUNITY MEMBERS – This will assist in getting the most bang for the buck by knowing how to reach members of the Black Gay Male Community.
- CAN ARTICULATE A MESSAGE – So not only stating that something is good or bad but can clearly say what was good or what was bad.
- CAN IDENTIFY A PROBLEM AND A SOLUTION – This avoids the brainstorming session from nothing more than an airing of grievances with no way out.

The marketing should feel targeted to Black Gay Male Elders and not feel like a catch all for every community.

### MEET ME WHERE I AM

Having the campaigns visible in places or areas populated or visited by Black Male Elders, as opposed to having to venture outside of comfortable, safe spaces to view the campaign.

### FAMILIAR FACES FRIENDLY SPACES

Using those images, places or people that are familiar with the community so they will want to make a connection with the campaign.

### I **CAN** HANDLE THE TRUTH

Black Gay Male Elders have their big guy pants on, so a message of hope and understanding is important but be real. The example presented was a doctor who all but assured a participant that the test irregularity was not cancer, but then the results did show cancer. He preferred his friend's doctor approach who was told it might be something, it may not, let's see what the test results how.

### LET ME SPEAK MY TRUTH

The campaign should assure the community that they will have voice in the treatment and not simply be told you are doing this, or you are doing that. It is THEIR treatment.

### CAMPAIGN SHOULD BE MULTI FACETED

It would be great for the campaign to have a unifying message throughout the campaign but use different means to reach the community.

### YOU ARE NOT ALONE

No matter what stage you are in the mental health process there will be someone to assist, there will be a cheerleader for you, there will be someone in your corner.

### EMPOWERMENT

It is your decision, it your time.

### FEEDBACK IS IMPORTANT

During every stage it is important to get community input and feedback to make sure the campaign is on the right track. It is very important once the campaign is launched to get feedback on its efficacy. Is reaching the community intended.