SEASON 35

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Study Guide

NATIONAL NEW PLAY NETWORK
ROLLING WORLD PREMIERE

JUMP

By Charly Evon Simpson

MILAGRO

CONFRONTATION
THEATRE

Andrea Vernae as Fay in *Jump*. Photo ©2019 Russell J. Young.

Jump explores the theme of mental health and illness in communities of color and examines family relationships and dynamics in trying times.

In this study guide, we're going to look at the stigma surrounding talk of mental health in the United States, how that stigma can be especially powerful in diverse communities, specifically African American communities, and how you can reach out to people who are struggling.

We hope this study guide helps you appreciate the show, better understand some of the situations and dynamics in it, and raise questions that give way to meaningful conversations.

A National New Play Network Rolling World Premiere

JUMP

Written by **Charly Evon Simpson**

Directed by **La'Tevin Alexander**

A co-production with **Confrontation Theatre**

Study guide research and writing by **Dora Totoian**

Photo by Miki Jourdan. ()

Mental Health Stigma

Have you ever had a mental health crisis or been challenged by your mental health in other ways? Have you struggled to get out of bed for days on end, feeling as though the world beyond your door was simply too much to bear? Or have you ever found it impossible to quiet your mind during an otherwise simple task?

If so, you're in good company, along with the 43.8 million, or nearly 20 percent, of the U.S. population that will experience mental illness in a given year. If you're not in this category, you certainly know somebody who has experienced mental illness, and there's a good chance they may have kept their struggle a secret, in part because of the social stigma or shame that comes with talking about mental illness. In fact, over 50 percent of people in the U.S. with a mental illness do not get the treatment they need.

The shame of talking about mental illness can have devastating consequences for people, from deciding to not seek treatment for it, not taking their medications if they're prescribed them, and even internalizing other people's stereotypes about people battling a mental illness — that they're incompetent or aren't trustworthy, for example. In some cases, if left unaddressed or

untreated, mental illness can lead people to suicidal ideation and even attempts to end their own lives. It is a person's and family's experience with suicide that drives the plot of *Jump*, and playwright Charly Evon Simpson explained that people who jump from the Golden Gate Bridge in an attempt to end their lives inspired the play.

The stigma surrounding mental illness can make it seem that people who experience mental illness have a host of bad character traits, are not trying to improve their situations, are more likely to be violent, or that they just plainly have something wrong with them, among other things. Every attitude or comment that reinforces any of these ideas makes it so that mentally ill people will likely be even more reluctant to talk about their mental health and/or get help to feel better.

Moreover, people with mental illness are also more likely to struggle with their physical health as well. They're more likely to have cancer, heart disease, respiratory problems, asthma, and be obese, in part because medical professionals are less likely to focus on their physical health ailments after they disclose their mental health problems.

For proof that the societal shame people may receive for talking about their mental health and mental illness, consider that a 2009 study showed that 58 percent of Americans didn't want to work with mentally ill people, and 68 percent didn't want a mentally ill person to marry into their families. Those are very real consequences.

To not feel comfortable talking about or seeking help for your mental health around your partner's family or at work, two spaces that can already prove difficult and sensitive to navigate, perpetuates the idea that mental illness is embarrassing and should be kept hidden. Going back to the statistic that nearly 20 percent of the population experiences mental illness shows that mental illness is real life, and sometimes (or often), real life is messy and/or uncomfortable. By being ourselves and transparent and open about our struggles, we can make it a little less uncomfortable, both for ourselves and for other people so that they know they're not alone.

There have been various campaigns in America and across the world that have tried to open up the conversation around mental health and illness and ultimately, to normalize them. Different campaigns have had different levels of success, and one article talks about how campaigns that would seem to be effective, with the goal of showing that mental illness is the same as any other illness, can sometimes have negative consequences, like making mental illness seem incurable or making people feel pity for those who experience them.

One strategy that the article says has worked well is presenting mentally ill people as real people who have lives beyond their mental illnesses and who are well-adjusted members of society. The Mayo Clinic also lists ways that the stigma of mental illness may be affecting you and how you can avoid giving into it. In other words, showing that mental illness is part of real life for real people helps others to approach the topics of mental health and illness with a more accepting and healthy attitude.

Mental Health in Diverse Communities

Not everyone experiences mental illness and thinks, talks about, or reacts to their mental health in the same way. People's gender, race, culture, age, and socioeconomic status, among other factors, influence how they will understand and seek (or not seek) help for their mental illness. This article from a master's in public health graduate explains how people's identity and culture can even influence how people talk about their symptoms and how cultural customs can affect how they will describe their mental health and illness. This is highly significant because how people will think about their mental state influences their own and others' perceptions of their situation, how serious it is, and whether or not they should seek informal or professional help.

Navigating cultural norms and ideas about mental illness also affects how likely people will be to even describe their symptoms to others. If they know that mental illness is more highly stigmatized in their own culture, they will probably be more reluctant to

confide in people and/or to seek professional help. However, ignoring their symptoms and not treating them in some way will severely impact their lives.

Experiencing mental illness as part of a minority group in the United States also means you may feel uncomfortable seeking treatment because of the lack of culturally competent providers and services. Racial and ethnic minorities in the U.S. are less likely than whites to seek treatment, and one survey found that 43 percent of African Americans and 28 percent of Latinos reported that they were treated badly due to their background during their treatment, compared to 5 percent of whites.

However, while it's important to be aware of cultural and other differences when approaching the topics of mental health and mental illness, it's also crucial to realize that there's a lot of diversity among different people within each community and in response to the various types of mental illnesses.

General Attitudes toward Mental Health/Illness in African American Communities

As mentioned in the previous section, people in diverse communities and from different cultures experience mental illness differently. In *Jump*, we see an African American family working through mental health struggles and navigating the aftermath of a suicide.

While it is impossible and unsafe to generalize, a sample of academic articles and mental health resource sites and pages repeat a number of themes when discussing mental health and illness in African American communities, namely the cultural stigma surrounding discussing mental illness, the family and religious communities sometimes serving as substitutes for professional care, and the lack of culturally specific treatment options and trust in most providers.

One of the most problematic aspects of digging into the literature on African American mental health and illness is the lack of research on several components of African American mental health. For example, one article plainly stated that prevalence rates of psychiatric disorders in young African Americans haven't been studied enough and neither has the usage rate of mental health services among this group.

Another issue is that researchers tend to assume a certain image of African Americans and conduct studies that imagine them one way rather than acknowledge the diversity of experiences. For example, mental disorders in African American men have been underresearched because most research tends to focus on them as criminals or absentee fathers and tends to not consider their mental health.

Moreover, research that recognizes and investigates intersectionality between race, gender, class, and other identities is also lacking. The lack of research in these various areas concerning African American mental health conspires to mean that the information isn't a priority in academia and isn't as readily available as information about mental health in white communities. This is especially problematic because majority culture norms may not be that helpful when trying to treat people from a minority culture.

The National Alliance on Mental Illness (NAMI) explains that the stigma associated with talking about mental health and illness is especially prevalent in African American communities and as a result often leads to people not talking about their issues. One consequence of not discussing mental health is that people don't have a clear understanding of what a mental illness is and how they should go about approaching it. For example, they may think of depression as simply a difficult phase they need to break out of rather than acknowledge that it's a condition that needs professional attention.

The shame that comes from talking about mental illness can also make African Americans have certain views about therapy or other treatment and how effective it could be. They're less likely to view treatment as helpful and are more likely to think that it doesn't align with their emotional or psychological needs. They're also more inclined to think that their mental health problems aren't severe enough to require formal, professional care and that going to treatment would be unnecessary.

Some research also shows that African Americans can tolerate more symptoms than whites before feeling that they need to get professional help. The experience of being black in the United States can also negatively affect people's mental health, as

victims of racial discrimination have reported higher levels of psychological distress.

While being the victim of racist incidents isn't necessarily tied to being more likely to have an officially diagnosed psychological disorder, a study showed, it still results in higher levels of psychological distress, which can still be incredibly harmful. In fact, the reason the author supposes that racist events don't necessarily make one more likely to have a psychological disorder is that racism is so ingrained into everyday black life in America that African Americans have developed coping strategies to prevent an actual disease.

Because of the shame surrounding talking about mental health and illness in many African American communities, it's sometimes harder for people to reach out and get professional help, NAMI explains. However, the informal networks of support from family, friends, and church communities can still serve as sources of relief and are often more extensive and more reliable than in white communities.

sam. Photo by David Robert Bliwas. (CC BY-NC 2.0)

Linda Chatters' article on informal helper networks among African Americans emphasizes that in African American communities, people tend to live close by extended family members, see them often, ask them for help frequently, and report a high degree of satisfaction from family life. One survey referenced in the article shows that in response to a personal problem, 43 percent of African Americans relied only on help from their informal networks, and 44 percent got help from informal and professional networks.

Informal support networks certainly have their merit, especially if they are used alongside professional treatment. Woodward et al. notes they can serve as "a strong social fabric" that can protect against some mental health problems as well as provide support. Moreover, they can also facilitate access to professional treatment by encouraging people to get help.

But while family and friends can still be people to turn to in search of strength and support, they cannot always substitute for professional help. Moreover, family and church communities can also be damaging to mental health if they're not informed about mental health issues or how to support people experiencing them.

The role of religion and church communities can also help and harm African American mental health. For example, being involved in a faith community can help you get rid of negative emotions, make you feel closer to God and possibly increase your self-worth, and provide you a space that gives you social support — either emotional or tangible — during a moment of need.

However, religious communities can also harm mental health because they can prevent people from getting professional treatment through encouragements to go to church or to pray about a mental health struggle. In an article for the Good Men Project, writer Anthony Carter phrases it well by saying that it's not enough to go to church or to pray about mental illness to make it go away, and the tendency in African American communities is to present religion as the answer to mental illness. He notes though that the role of prayer itself isn't bad, but that other action must accompany prayer for it to be effective.

The stigma against talking about mental health and the emphasis that is given to religion in confronting mental health problems in many African American communities can act as barriers to treatment, along with a lack of compatible care options and consequent fear of getting treatment.

NAMI points out the importance of culturally compatible care by noting that when providers are consciously or unconsciously biased and lack certain cultural knowledge, they don't give their patients the best care and may even misdiagnose them. Consider also that less than two percent of the American Psychological Association Members are African American, and it's obvious that this is a valid concern. In a study of depressed African American young men, respondents said that interacting with non-African American providers made it so that they sometimes weren't understood. They reported wanting providers who understood their lived experiences, gave them problem-focused treatment, and displayed true trustworthiness.

Participants in that study also said that it was easy to view mental health care providers as part of the greater "system" (the government or legal system) that is prejudiced against African American men. Fear that you'll experience microaggressions or be discriminated against in other ways can make you want to avoid treatment to avoid dealing with racism in that space. African American men are already more likely to be referred to corrections facilities rather than mental health care providers, and interacting with providers who can't appropriately understand and treat them can be yet another barrier to care.

How to help those struggling

Knowing how to step in to help a friend or family member who's experiencing mental illness can be hard. The experience can be awkward and uncomfortable for both people, but ultimately, it's something you have to do if you care about someone and are concerned about their wellbeing. Here are some things to keep in mind so that you can intervene in the best way possible and help in a more profound way than simply asking, "How are you?" and just getting an empty "fine" as a response. This information is compiled from a NAMI page, a Mental Health America (MHA) page, a Medical News Today page, a University of Michigan page, and a New York Times article.

- Make sure that you're in a comfortable place where you won't be distracted or interrupted by people or things. MHA even says that in some cases, it's ok approaching the topic via a text saying that you have important things to tell them and want to make time to talk to them.

- Listen and resist the temptation to give your own advice. Genuinely listen and affirm and/or acknowledge their experiences. Something you could say, according to NAMI, is, "Yes, some days are certainly more challenging than others, I understand." Offering advice or trying to highlight the positives in their life will not help them much.

- Ask them what they need from you and what you can do to help, but without prying and forcing them to reveal things they're not comfortable with. Share your feelings and try to find things you agree on. And remember, don't talk down to them. Mental illness has no bearing on a person's intelligence. Realize though that they may become upset by you trying to have this conversation with them.

- Ask if they're getting the treatment they want and need, and if they're not, help them look into resources.

- Ask if they are having suicidal thoughts. Asking them will not increase the likelihood of them trying to carry it out. If they say "yes," ask them when and how so that you can figure out how to prevent them from hurting themselves. Encourage them to call a hotline (1-800-273-8255 — National Suicide Prevention Lifeline) or someone they go to for support in their lives. Some resource pages also recommend getting a professional involved as soon as they mention death. Check in on them after the crisis phase also, as this helps to prevent it from happening again.

- Tell them again that you care and make sure to support their healthy behaviors, such as taking them to their appointments or to activities that help manage their mental illness. Also make sure to make yourself available to them again.

- Do your own research and educate yourself so that you know what to expect and know the best ways to be supportive. Here's a page on how to be a mental health ally.

- This should go without saying, but don't gossip to people about what they told you. Let them share on their own terms.

Mental Health Resources

Avel Gordly Center for Healing, OHSU: 503-418-5311
Licensed African-American mental health practitioners are available to serve the mental health needs of the African and African-American communities in the Portland Metropolitan area. The practitioners are trained in mental health, substance abuse, and psychiatry and are available to provide individual, couples, family and group counseling.

National Suicide Prevention Lifeline: 1-800-273-8255
Free and confidential, has prevention and crisis resources

African American Health Coalition: 503-413-1850
Health education, advocacy, and research for Portland African American communities

Portland Community Mental Health Resources
Downloadable PDF with Portland-area mental health resources

Virginia Garcia Memorial Health Center
Has Spanish-speaking providers in Washington and Yamhill counties

Multnomah County Culturally Specific Resources
A collection of organizations that serve specific racial/ethnic populations in Multnomah County.

National Alliance on Mental Illness (NAMI) Oregon: 1-800-343-6264
Works to provide treatment and support services; also trains volunteers

Psychology Today Find a Therapist
Enter your zip code and be connected to providers, therapy groups, and treatment facilities

Anxiety and Depression Association of America: 240-485-1001
Information on preventing and treating anxiety and depression

Project LETS Race-Specific Resources and Information
Project LETS is a group led by and for people with "lived experiences of mental illness, disability, trauma, and neurodivergence" and aims to provide resources and enact policy change

Online Mental Health Screenings
They can indicate whether or not it'd be a good idea to seek professional help

Brief Mental Health Checkup
The American Psychiatric Association has a list of questions for you to assess your own mental health and see whether or not you should get professional help.

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Confrontation Theatre

We explore the Black experience from a Black perspective. So all of our stories showcase the reality of being an African American. Our plays are for us and by us, but we welcome all to come and experience a perspective that may be different than their own. On top of a genuine Black experience, we proudly display new work. By staying current, Confrontation Theatre can explore new playwrights and tell stories that you may have never heard before. Our goal? To create a window into what Black life in America is actually like. We invite you to sign up to our email list to stay current and recieve access to our updates and promotions. Ase!
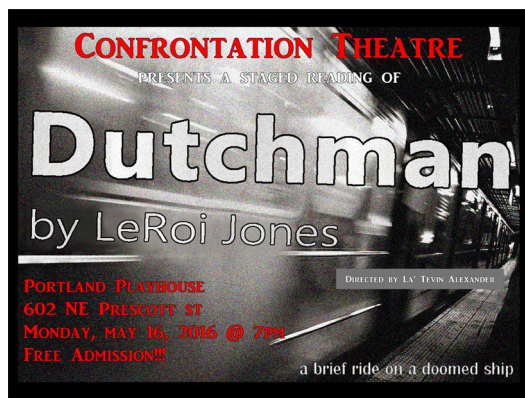
The Confrontation Theatre Team
La'Tevin Alexander . . . Artistic Director
Andrea Vernae . . . . Managing Director
Tamera Lynn. . . . . Media Director
Phil Johnson. . . . . Technical Director
Alagia Felix . . . . Outreach Director
Jasmine Cottrell . . . . . Education Director

Every 28 Hour Plays (2016)

Sibling Rivalry (2017)

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a brief ride on a doomed ship

Fires in the Mirror Vigil (2019)

Andrea Vernae as Fay in *Jump*. Photo ©2019 Russell J. Young.

Cast

Andrea Vernae*............................ Fay
Jasmine Cottrell...........................Judy
Charles Grant .... Hopkins
Wrick Jones............................... Dad

* Member of Actors' Equity Association, the Union of Professional
Actors and Stage Managers in the United States

MILAGRO
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The Northwest's premier Latino arts and culture center
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Milagro has been dedicated to bringing the vibrancy of Latino theatre to the Northwest community and beyond since 1985. In addition to its national tours, Milagro provides a home for Latino arts and culture at El Centro Milagro, where it enriches the local community with a variety of community outreach projects and educational programs designed to share the diversity of Latino culture. For more information about Milagro, visit milagro.org or call 503-236-7253.