

HEALTH WIRE

DISCOVERING THE BENEFITS OF PSYCHOTHERAPY

PART II

Recent research by the National Coalition of Hispanic Health and Human Services (COSSMHO) shows that Latinos have a much lower usage rate for mental health services than either African Americans or whites.

The reasons for the low usage rates are unclear, but Adolf Falcon, Vice President of COSSMHO, says that "one-third of the United State's Latino population is uninsured" which would certainly limit access to many mental health services. Language barriers between potential patients and practitioners also contribute to the problem.

African Americans, on the other hand are pursuing psychotherapy more and more. Though there are no formal studies available, African American therapists across the country report that their numbers of African American clients have increased steadily over the past five years. Most therapists attribute this to a growing African American middle class that has more money (or health insurance) to be able to afford private therapists. Another important factor is that many African Americans work in predominantly white companies and much of what they want to work on in therapy has to do with racial issues on the job.

Wendell Carpenter, Ph.D, a clinical psychologist in Chicago, who has seen his practice grow over the past few years, finds that many of his new patients are young African American men. "Most of them are dissatisfied with their work or marital situations," he says, "they come to therapy because they don't know where else to go for support. Typically, women...get a lot of support from their children, other women, their church."

What Is Psychotherapy?

Part of the problem is that psychotherapy is generally misunderstood. It is not mind control and it is not just for those who have a mental illness.

Today, there are numerous types of therapy to help people cope with their problems — focusing on issues as varied as divorce, grief or sexual dysfunction. Treatment sessions may be arranged for individuals, couples, entire families or groups of strangers who want to work on similar problems.

Therapy also varies in the time spent in treatment from a series of short-term crisis management sessions to year-long (or longer) intensive therapy.

In time-limited or brief therapy, the client and therapist set a goal to be established in a set

number of sessions. This type of therapy is often sought by people in crisis, but it is also

commonly used to change behaviors like procrastination or to help people learn how to handle a difficult friend or boss. Other types of therapy include self help groups that may deal with everything from substance abuse to

eating disorders.

Choosing and Paying for a Therapist

Choosing the right therapist can be difficult. First decide whether you would like to see a male or a female and if you would feel most comfortable with a therapist from your own racial or ethnic background. Community

organizations, hospitals, and often good friends are great sources for referrals.

Therapy can be expensive: Ph.D or Psy.D clinical psychologists can charge \$80 to \$125, per hour or more. Licensed clinical social workers' fees can be as high as \$50 to \$80 an hour. To find more reasonable fee

scales, try calling your state or city health department, a local teaching hospital or university.

Most insurance policies will only cover half of a limited number of visits to the therapist. And don't expect health care reform to make the situation any better. Most of the proposed reform plans will offer about the

same mental health coverage as insurance plans do today, and they are likely to favor short term therapy with demonstrable results.

The most important thing to remember, however, is that psychotherapy can be a great help in a time of need, so it's time we let his valuable form of health care out of the closet and put it to work for everyone.

Angela Mitchell is a freelance writer based in Chicago

H E A L T H

HEALTHWIRE NEWSBRIEFS

Health Care Reform Not An Answer for People of All Cultures

Health policy analyst Emily Friedman, writing in the May 17th Journal of the American Medical Association states that universal health coverage, as proposed by the Clinton health plan, is an admirable goal, but will not improve or insure care for all Americans unless barriers to care, such as race, culture and age are eliminated.

Friedman reviewed existing research assessing the health care currently received by medicare patients, people with private insurance, the homeless and immigrants and concluded there is "extremely convincing evidence that race and culture, particularly for African Americans and Latinos, can compromise access to appropriate health care services — regardless of the person's insurance status." Treatments as varied as kidney transplants, cardiac care and pain control

are less available to African Americans and Latinos regardless of their ability to pay for services. "Even within egalitarian payment systems," says Friedman "like the Veterans Administration or medicare, there is evidence that institutional and individual providers consciously or unconsciously avoid treating minority patients."

Friedman is somewhat optimistic, however, and feels that these barriers could be partially removed through more careful collection of data about discrimination in treatment and more careful legal oversight on discrimination claims. FOR MORE INFORMATION OR A COPY OF THE ARTICLE CONTACT Emily Friedman at 312-784-5050.

Weight Gain: A Breast Cancer Factor For Women of All Races

A study conducted at the H. Lee Moffit Cancer Center and Research Institute in Tampa, Florida suggests that a weight gain of no more than 10 or 20

pounds around age 30 can significantly increase the risk of breast cancer for all women. Woman who carry an extra 10 pounds at age 30 increase their risk by 23%, 15 pounds ups the risk to 37% and over 20 pounds, the risk increased by 52%. The study also indicated that the thirties was the most important decade in which to keep weight under control.

In recent years, health ex-

perts have begun to question the validity of applying data that connects weight with disease across cultural and ethnic lines, because the ideal "normal" weight for white women (which is often used as a base used in research) might not be normal for a Native American or African American woman. Dr. Nagi Kumar, Director of the Moffit Center's Nutrition Program and principal investigator for the

breast cancer study avoided that pitfall by accepting a wide range of base weights as normal among her study participants. The "idea here," says Dr. Kumar, "is that the 10 or 20 pound weight gain is a factor, regardless of a woman's base weight. The study included representative numbers of white, African American, Asian and Latino women. FOR FURTHER INFORMATION (See Health Briefs, Page 21)

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SELF-REALIZATION

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"WHAT AM I STUPID? HOW DID I DO THIS?" BARRY BEGAN TO WORRY, REALLY WORRY. WHAT ABOUT AIDS?"

THEN HE REMEMBERED, "HEY, I'M JUST A CARTOON CHARACTER. I DON'T EVEN HAVE TO SHOWER."

GET HIGH, GET STUPID, GET AIDS.

FOR MORE INFORMATION CALL: **1-800-662-HELP**

Ad COUNCIL NATIONAL INSTITUTE ON DRUG ABUSE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.