

factors affecting the behavioral causes of black homicide. The factors are classified as predisposing, enabling, and reinforcing. A prevention approach aimed at predisposing factors may involve education to bring about awareness of the problem, to increase self-esteem and, if appropriate, to encourage reassessment of personal value systems. Enabling factors may include the availability of guns and alcohol as well as the inaccessibility of helping services. Reinforcing factors describe other people in the environment who positively or negatively affect the behaviors of the target population.

Health promotion, then, incorporates health education activities along with related political, organizational, and economic interventions in an attempt to facilitate behavioral and environmental adaptations that will improve or protect health (in this situation a reduction in the homicide rate). When people's basic needs—such as housing and food—remain unsatisfied, education alone will not resolve the underlying problem. Economic interventions designed to facilitate access to food supplies and to adequate housing, job training programs, troubled employee programs, and other counseling services may be necessary. Political approaches may include support for gun control legislation and treatment rather than incarceration of selected offenders.

The role of the Federal Government in dealing with a socially based problem such as homicide is to facilitate necessary social change—oftentimes through grants to community and State organizations. But the Government also should not fail to offer support to groups outside the traditional public health community, since such groups frequently enjoy support from an established constituency that has an interest or involvement in resolving the selected health or social problem.

References

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Final Observations and Summary

Charles W. Thomas, PhD

Theory is absolutely essential as a roadmap to guide behavior. Black people have been accepting other people's definitions and following other people's solutions. Power begins with perception of reality. Establishing independence—taking charge of one's own life—is the basis for self-respect.

There has been much talk in this symposium of struggle and a call for unity. People act when they believe progress is possible; people will give up in despair when their goals are unrealizable. Too many black people not only have no dreams but see no possibility for workable dreams.

Too many black professionals have removed themselves from the reality of the black community, and hence are no better than the whites they criticize. Too much time is spent

complaining about what white people fail to do instead of looking at what we can do for ourselves.

In summary, major needs emerging from these discussions include the following:

1. Regional, longitudinal studies that would have funding commitments to cover one generation, like the infamous Tuskegee study of syphilis. In these proposed studies, interdisciplinary teams of senior scholars, assisted by junior scholars, would both collect data and test existing data.
2. Interdisciplinary scientific teams to produce concept papers to help process research data into public policy.
3. A vigorous effort to develop a life-satisfaction profile of African-Americans. The work should include cross-cultural comparisons and a study of noninstitutionalized older black Americans to find out how they have handled adversity.
4. Research on the critical issues at various life stages to help understand what constitutes a "healthy, coping black male in this society."
5. A national data base to promote understanding of the connection between cultural behavior and criminal behavior in black males and regional conferences to refine these data. An interdisciplinary approach is required to provide information on the social, economic, political, and environmental correlates of homicidal violence.
6. There is a presumed notion by people who need help that the human care services in this country are not sensitive to the needs of black people. Mental health practitioners need culturally corrective education to help them diagnose and treat blacks. People who have examined appropriate mental health programs and strategies in the black community must be identified and supported. The rehabilitation efforts that seem to work best with blacks involve activities and concepts with distinct Afro-centric values, but these are seldom incorporated in workshops or proposals in the mental health field. Community mental health centers need to provide culture-specific activities.
7. Community mental health centers should have a social planning component that conducts research on contemporary issues, including spiritually enhancing activities. They should give considerable attention also to crisis intervention, using participant-observer models. Moreover, specialists should write their reports in plain English, so that people in the community can understand and benefit from them.
8. Pressure should be exerted on training institutions and accrediting bodies like the American Psychological Association to see that the training of mental health specialists includes study of the psychology of the black experience.
9. The mental health of blacks cannot be significantly improved unless the quality of education is improved, adequate housing is secured, and steps are taken to deal with idleness. People must learn how to occupy themselves in meaningful, gainful activities and become knowledgeable about self-concept, about normal human growth and development, and about parenting.
10. Relocation programs are needed to match people and jobs.
11. Research and development centers are needed to examine employment substitutes.

12. Blacks need to abandon the search for white approval at the expense of self. Such a search is a disservice to whites and blacks alike.

13. Neighborhoods need to be made safe.

14. The question of whether there is a connection between prescription drugs like Valium and antisocial behavior in the black community needs to be explored.

15. Research is needed on the kinds of organizations that foster psychosocial satisfaction.

16. Whether all-male schools produce less pathological behavior in black males than co-educational schools and the effect on behavior of parochial schools and of the spread of Islam in the 1960s, with its highly structured society, should be investigated.

17. There are serious gaps in the knowledge of how psychology's technology works with respect to blacks, but resources exist for improving the situation. It is important, nevertheless, to be careful about the "blackening of social science techniques." Black norming is being done, for example, by gathering the responses of blacks to the Minnesota Multi-Phasic Personality Inventory, but insufficient attention has been given to the theoretical assumptions underlying the development of that instrument. Perhaps researchers could use specific public housing projects as laboratories for comparative studies, if the residents agreed to participate.

Proposals for action by ADAMHA are as follows:

- Immediate evaluation of current research on black males with reference to homicide.
- Establishment of the parameters of the national data base.
- Establishment of criteria for and sponsorship of regional demonstration projects, particularly in cities and counties with black elected officials, police chiefs, safety directors, public service directors, and college presidents.
- Development of a technical assistance training program to show practitioners and policymakers how to apply research in planning and organizing for social change.

Concluding Remarks

Gerald L. Klerman, MD

This symposium represents the intersection of activities of two parts of ADAMHA, the Minority Advisory Committee and the Division of Prevention. The program of the Agency and the three Institutes was originally conceptualized as a triad of research, training, and services. When I became Administrator, I decided to elevate prevention as a fourth major program mission of ADAMHA. Now we are attempting to give greater visibility to prevention efforts, to clarify our policy and responsibilities, and to identify areas for new initiatives and special programming. One area concerns the problems of adolescents, particularly risk-taking behavior with drugs and alcohol. We are considering more activities in the workplace for people who are employed. The Surgeon General has already identified stress as 1 of 15 priorities for overall prevention efforts.

I have no hesitation in seeing homicidal violence among black males as an important health problem and one of special responsibility for ADAMHA. It is related to mental health in that it deals with issues in terms of the emotions of young males and their families and society—how they handle their frustration and rage at being part of a society that puts special burdens upon them. In addition, we know that alcohol plays an important role in homicidal violence. We know less about the role of drugs, but we do know that drug overdose contributes to the excess mortality of black males.

Therefore, we need to define our responsibility and see which aspects of this problem fall within our specific responsibility and which are outside it. First, the research agenda is clearly within our responsibility. We need to improve the current research and knowledge base; we should also seek the cooperation of other research agencies such as those in the Department of Justice, the Census Bureau, and the National Center for Health Statistics. Improving the general quality of health reporting about minorities, including breaking down the "other than white" category of data, should help. Basically, the research improvements should be relatively easy.

A number of suggestions have been made for changing the mental health training and treatment system, sensitizing community mental health center workers, and working with State departments of alcohol programs and State mental health programs. The existing treatment system obviously does not attract young people, who may be having trouble dealing with their frustrations. Some unconventional outreach programs are called for; demonstration projects could perhaps be mounted in cities like Detroit where the unemployment situation is particularly bad.

Other suggestions for action have been made that are clearly not within our responsibilities: action to relieve unemployment, particularly among black youth; enactment of some form of national gun control; and examination of the extent to which experience in the correctional system increases antisocial behavior instead of correcting it. Action in these areas would have a positive effect on homicidal violence among black males, however, and ADAMHA has a responsibility to serve as an internal advocate for prevention within the executive branch, to highlight the problem, "to knock on people's doors."

As an internal advocate for prevention within the Federal Government, we can work with representatives of other departments such as Justice, Labor, and Commerce to raise people's consciousness and to stimulate development of projects in prevention. Obviously, there is interest in agencies like HUD, as Dr. Curtis's presence testifies. And we need the advice of groups like those at this symposium about how to develop internal advocates.

It also is important to raise the consciousness of Congress. If appropriate congressional committees were to hold hearings to highlight these problems, media attention would "galvanize the bureaucracy to do more quickly the things that we should be doing anyway." I suggest that the consultants to this symposium consider some efforts to prod the Executive Branch and some sympathetic members of Congress.