

**BROTHER,  
YOU'RE  
ON MY  
MIND**

# Toolkit

**ΩΨΦ**  
Omega Psi Phi Fraternity



National Institute  
on Minority Health  
and Health Disparities

# BROTHER, YOU'RE ON MY MIND

## Introduction

Every year, more than 40 million Americans struggle with mental illness. African American men are as likely as anyone else to have mental illness, but they are less likely to get help. Depression and other mental illness can be deadly if left untreated. Suicide is the third leading cause of death among African Americans 15 to 24 years old. Untreated mental illness can also make African American men more vulnerable to substance abuse, homelessness, incarceration, and homicide.

To help start conversations about mental health, Omega Psi Phi Fraternity, Inc., and the National Institute on Minority Health and Health Disparities (NIMHD) have launched *Brother, You're on My Mind: Changing the National Dialogue Regarding Mental Health Among African American Men*. This initiative has two major goals:

### GOAL 1:

To collaborate on efforts to educate Omega members, their families, and related communities about the effects of depression and stress.

### GOAL 2:

To communicate the importance of seeking help for mental health problems and to encourage affected individuals to get information from their health care providers and others in order to obtain appropriate treatment.

This initiative uses a variety of activities to raise awareness of the mental health challenges associated with depression and stress that affect African American men and their families. Omega members are asked to:



PLEDGE



LEARN



EDUCATE



PARTNER



NIMHD has developed *Brother, You're on My Mind* toolkit materials about depression and stress that are based on the science of mental health. The materials are being disseminated by Omega members through national, regional, and local chapter meetings and events.

- Ω Omega chapters will be encouraged to participate in a variety of ways:
- Ω Find local (state or county) mental health resources and providers.
- Ω Have a mental health professional speak during a chapter meeting to discuss depression.
- Ω Display and distribute print materials at key locations (e.g., barbershops, churches).
- Ω Participate in a health fair and distribute materials.
- Ω Work with congregations and health ministries to focus on mental health.
- Ω Develop local partnerships that make larger workshops and a wider impact possible.
- Ω Encourage local mayors and city officials to establish proclamations on men's mental health.

# BROTHER, YOU'RE ON MY MIND

## Purpose of the Toolkit

The Brother, You're on My Mind toolkit provides Omega Psi Phi Fraternity chapters with the materials needed to educate fellow fraternity brothers and community members on depression and stress in African American men. Omega chapters and their partners can use the toolkit to help plan and execute community education events and build strategic community partnerships to advance initiative goals. When planning community events, event organizers are encouraged to have a licensed mental health professional present during community presentations. Other organizations, such as nonprofits, churches, youth groups, and retirement homes, are invited to use toolkit materials as desired to educate African American families on mental health.

The toolkit includes the following materials:

**Educational Handouts**—This section includes fact sheets that can be distributed at community events, as well as a handout that can be tailored to mental health providers in your area. You can find an editable version of the “Locating Mental Health Treatment” handout on the toolkit webpage that you can tailor to meet your needs.

- Ω Being Supportive to a Fraternity Brother with Depression Fact Sheet
- Ω Depression and Stress in Older African American Men Fact Sheet
- Ω Depression and Stress in Younger African American Men Fact Sheet
- Ω Locating Mental Health Treatment Handout

**Event Planning**—This section includes materials to support planning and execution of a community event, including a planning checklist and template to promote your event and a PowerPoint presentation and activity handouts that can be used on the day of your educational event. You can find editable versions of the PowerPoint presentation and event flyer on the toolkit webpage that you can tailor to meet your needs.

- Ω Community Mental Health PowerPoint Presentation
- Ω BYOMM Event Flyer Template
- Ω Event Planning Checklist
- Ω Event Group Activities Handouts (3)
  - o Managing Stress
  - o Practicing the Ask
  - o True or False

**Community Outreach and Partnerships**—This section provides materials to guide community outreach activities and tips on partnership development.

- Ω Community Outreach Checklist
- Ω Partnership Development Tips

**Communications and Social Media**—This section highlights the use of social media to promote messages on mental health and includes some general guidelines in developing social media content, as well as some sample messages.

- Ω Guidelines for Developing BYOMM Social Media Content
- Ω Sample Social Media Messages

**Evaluation**—This section includes some general information on conducting an evaluation and some sample forms that can be used to evaluate a community event. You can find editable versions of both evaluation forms on the toolkit webpage that you can tailor to meet your needs.

- Ω Evaluation Overview
- Ω BYOMM Event Evaluation Form
- Ω Measuring Knowledge, Attitudes, and Beliefs Evaluation Form

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# **Educational Materials**



# BROTHER, YOU'RE ON MY MIND

## Fact Sheet on Being Supportive to a Fraternity Brother with Depression

“Friendship is essential to the soul.” — Omega Psi Phi motto

As the motto says, our friendships feed our souls. Like a second family, our friends make us feel at home no matter where we are, and they’re in our corner when life gets tough. In fact, a friend can be a brother’s strongest ally in the battle against depression.

It’s normal for someone to feel sad after a death or when he’s sick, going through a breakup, struggling at work or school, or having money problems. But for some, the sadness doesn’t go away or keeps coming back. If the feeling lasts more than a few weeks or makes it hard to carry on with daily life, it may be depression.

Depression is one of the most common mental health problems, but it often goes unnoticed and untreated among African American men. We’re expected to be strong in a crisis, hide our sensitivities, and keep personal problems within the family. Some people think it’s weak for a man to admit to sadness or despair.

That kind of scorn can convince a brother to suffer in silence while the depression worsens. His life may start falling apart, and he may turn to drug abuse as a way to cope, or he may find other dangers that threaten

liberty or even life. Suicide is the third leading cause of death among African Americans 15 to 24 years old, and it’s the sixteenth leading cause of death for all African Americans.

But a friend’s support and understanding tells a brother he’s not alone and can encourage him to seek help for his depression.

### SIGNS OF DEPRESSION

Depression symptoms can be different for each person. Someone with depression may feel sad, anxious, empty, hopeless, guilty, worthless, helpless, tired, irritable, or restless. He may have other symptoms, too:

- Ω Aches, pains, headaches, cramps, or digestive problems
- Ω Loss of interest in activities he used to enjoy, including sex
- Ω Problems concentrating, remembering information, or making decisions
- Ω Problems falling or staying asleep, or sleeping too much

Ω Eating too much or not wanting to eat at all

Ω Thinking about or attempting suicide

While both men and women can suffer from depression, their signs can be very different. Men may be more likely than women to be exhausted and irritable, avoid the things they used to enjoy, lose sleep, and use alcohol or drugs to cope. They also may become frustrated, discouraged, reckless, angry, or abusive. Some bury themselves in their work to avoid talking about their depression with family or friends.

## WHAT TO SAY

Here are some examples of what to say to help your friend open up. Being there, showing that you understand and want to help, can really make a difference.

- Ω I've been worried about you. How are you—really?
- Ω I've noticed some changes in you lately and wanted to check in with you.
- Ω It sounds like you're having a tough time. It must be really hard to try to hold everything together when you're feeling this bad.
- Ω When did you start feeling like this? Did something happen that started it?
- Ω How can I help you to find help?
- Ω Feeling depressed isn't a sign of weakness. It takes courage to speak up.

If you're uncomfortable talking about feelings, it's tempting to avoid or cut short the conversation, but your respect and support are needed here more than ever. Just listening can mean a lot.

## WHAT NOT TO SAY

Remember that depression is a real illness. Don't minimize or joke about your friend's distress. He may already think he should be able to just "cheer up" or "snap out of it" and feel embarrassed because he can't.

Here are some examples of what not to say to a depressed friend:

- Ω It's all in your head.
- Ω You're just having a bad day.
- Ω I'm sure it's nothing to worry about.
- Ω Man up; you can deal with this on your own.
- Ω Why are you talking about this stuff?
- Ω You don't want people to think you're crazy.
- Ω Counseling is for sissies.
- Ω What will your family say?

## OPPORTUNITIES TO GIVE SUPPORT

Don't think you have to come up with answers to fix all of your friend's troubles. Depression is a health problem, and he may need to talk to a counselor or doctor, which you can help him find. Offer to go with him if it will help. If he doesn't want to see a mental health professional, suggest a general checkup with a family doctor, who can rule out any other illnesses and refer your friend to mental health services if the diagnosis is depression. There are other ways to help, too:

- Ω Keep in touch—meet up, phone, or text to see how he's doing. It will remind him he's not going through it alone and that you care.
- Ω Talk about other everyday things, as well as his mental health.
- Ω Invite him to join you for simple activities like watching TV, shooting hoops, eating a meal, or going for a walk. If he refuses, keep trying, but don't push.
- Ω Help with everyday tasks that can be difficult to manage in times of depression—errands, meals, cleaning, paying bills on time, and showing up to doctor's appointments.
- Ω Never ignore comments about suicide, self-harm, or harming others.

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Suicide Prevention Resource Center. (n.d.). *Suicide among racial/ethnic populations in the U.S.* Retrieved from <http://www.sprc.org/sites/sprc.org/files/library/Blacks%20Sheet%20August%2028%202013%20Final.pdf>

<http://www.nimhd.nih.gov/byomm>  
<http://www.opf.org/byomm>



# BROTHER, YOU'RE ON MY MIND

## Fact Sheet on Depression in Older African American Men

Some people think that depression is a normal part of aging, but it isn't; most older adults are satisfied with their lives. It's normal to feel sad about the death of a spouse or aging-related issues such as loss of mobility. But if that sadness overtakes everyday life and makes it difficult to carry on, the problem may be depression.

Depression in older adults is frequently misdiagnosed, since doctors may dismiss its symptoms as the result of a physical illness such as cancer, heart attack, or stroke. There is a higher prevalence of depressive symptoms among elderly African American men than in elderly White men, but depression in African American men is underrecognized and undertreated. This makes knowing how to recognize depression in older African American men and being aware of treatment options especially crucial.

### PHYSICAL AND EMOTIONAL SIGNS

Symptoms of depression are different for each person. Someone with depression may feel sad, anxious, hopeless, guilty, irritable, or restless. Other possible symptoms:

Ω Being reluctant to leave home or spend time with friends

- Ω Complaining of being a burden to the family
- Ω Gaining or losing weight due to changes in appetite
- Ω Sleeping too much or very little
- Ω Drinking more alcohol or using other drugs
- Ω Having frequent thoughts of suicide or talking about death a great deal

Older men with depression are more likely to complain of the physical symptoms associated with depression, such as aches and pains, and to show a lack of interest in activities they once enjoyed. Many older African American men may not relate to the term "depression"; they may refer to feeling "downhearted" or "blue."

### STATISTICS

- Ω Fifty-six percent of African Americans believe that depression is a normal part of aging.
- Ω Adult African Americans are 20 percent more likely to report serious psychological distress than adult Whites are.
- Ω Adult African Americans living in poverty are two to three times more likely to report serious psychological distress than those not living in poverty.

- Ω While 69 percent of adult Whites with a major depressive episode in 2009 received treatment, only 53 percent of adult African Americans did.

## RISK FACTORS FOR DEPRESSION IN OLDER ADULTS

Mental health is a product of a person's emotional, psychological, and social well-being. Brain chemistry, difficult life experiences, and a family history of mental health problems can affect a man's chances of developing depression over his lifetime. There are other factors that may make a man more vulnerable to depression, many of which become more common with age:

- Ω Being diagnosed with a new or chronic physical disorder, such as diabetes, or developing multiple chronic physical disorders
- Ω Stroke, bypass operation, or hip fracture
- Ω Racism/discrimination
- Ω Poor health, physical or functional disability, or severe chronic pain
- Ω Prior episodes of depression
- Ω Changes in medications or new prescribed medications
- Ω Income changes, such as retirement or financial hardship
- Ω Recent loss of a spouse or loved one
- Ω Living alone or social isolation

Retirement is strongly tied to development of depression in many African American men.

## HOW TO ADDRESS DEPRESSION

Untreated depression in older men can lead to new or worsened physical health problems, such as heart attacks, and can make recovery from other physical illnesses more difficult. A doctor or other health professional may be able to diagnose and treat depression or refer someone with depression to other mental health services, such as counseling or talk therapy. Individual or family insurance or Medicare can help cover treatment costs. There may also be nonprofits in the community that offer mental health services at little or no cost. In addition to finding a mental health professional who specializes in aging issues, doing the following could help to alleviate depression:

- Ω Joining a community club and engaging in enjoyable activities
- Ω Engaging in easy physical activity or exercise (with a doctor's approval)
- Ω Seeking new hobbies
- Ω Reaching out for support

Untreated depression in older adults is likely to lead to new or worsening physical illness, longer recovery periods for illness or surgery, and premature death. Receiving appropriate treatment for depression can help older men lead longer, healthier lives.

If you or someone you care about is in crisis, please seek help immediately.

- Ω Call your doctor
- Ω Call 911
- Ω Go to the nearest hospital emergency room
- Ω Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889)

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Bryant, K., Wicks, M. N., & Willis, N. (2014). Recruitment of older African American males for depression research: lessons learned. *Archives of Psychiatric Nursing*, 28(1), 17-20.

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<http://www.nimhd.nih.gov/byomm>  
<http://www.oppf.org/byomm>





# BROTHER, YOU'RE ON MY MIND

## Fact Sheet on Depression and Stress in Younger African American Men

The college years and young adulthood can be tough and full of stressful situations. We might be living away from home for the first time, missing family and friends, and feeling alone in a new place. We might be in charge of our own food, clothing, shelter, and sleep schedules for the first time—and not always managing so well. We might be encountering new and difficult academic work and jobs. We might be having relationship problems or breakups. A lot of us are worried about finances. Our encounters with racism and discrimination in daily life add to our burdens. Sometimes there are a lot more problems than pleasures.

All of these stresses can leave us exhausted, irritable, or sad. If these “blues” last more than a few weeks or make it hard to carry on with daily life, you may be depressed. Depression is one of the most common mental health problems, but it often goes unnoticed and untreated among young African American men. We’re expected to be strong in a crisis, hide our sensitivities, and keep personal problems within the family. And a nationwide survey found that about 30 percent of college students reported feeling “so

depressed that it was difficult to function” at some time in the past year.

The good news is that depression, like other illnesses, is treatable, and we can recover.

### PHYSICAL AND EMOTIONAL SIGNS

Depression symptoms can be different for each person. Someone with depression may feel sad, anxious, empty, hopeless, guilty, worthless, helpless, tired, irritable, or restless. Other potential symptoms of depression include:

- Ω Aches, pains, headaches, cramps, or digestive problems
- Ω Loss of interest in activities that one used to enjoy, including sex
- Ω Problems concentrating, remembering information, or making decisions
- Ω Problems falling or staying asleep, or sleeping too much

Ω Eating too much or not wanting to eat at all

Ω Thinking about or attempting suicide

While both men and women can become depressed, the signs can be very different. Men may be more likely than women to be exhausted and irritable, avoid the things they used to enjoy, lose sleep, and use alcohol or drugs to cope. They also may become frustrated, discouraged, reckless, angry, and sometimes abusive. Some bury themselves in their work to avoid talking about their depression with family or friends.

## STATISTICS

Ω Adult African Americans are 20 percent more likely to report serious psychological distress than adult Whites are.

Ω Adult African Americans living in poverty are two to three times more likely to report serious psychological distress than those not living in poverty.

Ω Among men aged 18–44 who had daily feelings of anxiety or depression, non-Hispanic Black and Hispanic men (26.4 percent) were less likely than non-Hispanic White men (45.4 percent) to have used mental health treatments.

Ω Suicide is the third leading cause of death for African American males ages 15 to 24.

Ω African American men ages 20 to 24 have the highest suicide rate among African Americans of all ages, male and female.

Ω African American teenagers are more likely to attempt suicide than are White teenagers.

Ω Young African Americans are much less likely than White youth to have used a mental health service in the year during which they seriously thought about or attempted suicide.

## CAUSES OF DEPRESSION

Depression can have a combination of causes, including stress, negative thinking patterns, other illnesses, a family history of mental health issues, drug and alcohol abuse, brain chemistry, hormones, and surroundings and life experiences, including trauma or abuse. Mental health problems have nothing to do with laziness, weakness, or character flaws.

## HOW TO MANAGE STRESS

Stress is often associated with depression. Sometimes, if not managed well, it can lead to symptoms of depression. Therefore, it is very important to learn how to manage stress on a regular basis. Examples of how you can manage stress:

Ω Stay in touch with people who can provide emotional and other support, including friends, family, and community or religious organizations.

Ω Get proper health care for existing or new health problems.

Ω Set priorities: Decide what must get done and what can wait, and learn to say no to new tasks if they are putting you into overload.

Ω Note what you have accomplished at the end of the day, not what you have been unable to do.

Ω Avoid dwelling on problems. If you can't do this on your own, seek help from a qualified mental health professional who can guide you.

Ω Exercise regularly—just 30 minutes per day of easy walking or other exercise can help boost your mood and reduce stress.

Ω Schedule regular times for healthy and relaxing activities.

Ω Recognize signs of your body's response to stress, such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.

Ω Explore stress coping programs, which may incorporate meditation, yoga, tai chi, or other gentle exercises.

## HOW TO ADDRESS DEPRESSION

A doctor or other health professional may be able to diagnose and treat depression or refer you to other mental health services, such as counseling or talk therapy. Try to see someone as soon as possible; research shows that getting treatment sooner rather than later can relieve symptoms more quickly and reduce how long treatment is needed. Individual, family, or employer health insurance can help cover costs, and community or student health centers can provide basic

health care services at little or no cost. There are also other steps you can take:

- Ω Spend time with other people. Try not to isolate yourself, and let others help you.
- Ω Break up large tasks into small ones, and do what you can as you can; try not to do too many things at once.
- Ω Do not make important decisions until you feel better; talk about decisions with others whom you trust and who know you well.
- Ω Engage in mild physical activity or exercise.
- Ω Participate in activities that you used to enjoy.

- Ω Expect your mood to improve gradually with treatment. Often, sleep and appetite will begin to improve before your depressed mood lifts. Remember that positive thinking will replace negative thoughts over time.

Of course, if you or someone you know is in crisis, get help quickly:

- Ω Call your doctor.
- Ω Call 911 for emergency services.
- Ω Go to the nearest hospital emergency room.
- Ω Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (1-800-799-4889).

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<http://www.nimhd.nih.gov/byomm>  
<http://www.opf.org/byomm>

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# **Community Partnerships and Outreach**

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## Community Outreach Checklist

Understanding the population you wish to serve through your Brother, You're on My Mind events will increase the likelihood that your program will be relevant and that you'll reach your intended audience. Speak with local leaders and organizations to—

- Learn about the individual characteristics and employment patterns that could be useful in designing your event.
- Learn about preferred communication channels that will be useful in promoting your events.
- Engage these organizations to play a larger role by partnering in your event planning, as well as helping you advertise.



This checklist can help you brainstorm the organizations and media channels that are most important in your community.

### IDENTIFY LOCAL LEADERS AND ORGANIZATIONS

- Community leaders: community elected officials, government officials, clergy, tribal leaders, teachers and principals, community groups, media personalities, sports figures, youth leaders
- Community businesses and organizations: schools, places of worship, colleges and universities, school groups (including fraternities and sororities), women's and men's clubs, senior and community centers, recreational facilities and centers, work sites (including grocery stores, clothing stores, hair salons, barber shops)
- Health care and social service agencies: provider practices, community health clinics, nursing homes, hospitals, academic medical centers, offices of welfare and child welfare, community action agencies, public housing, mental health clinics, drug treatment centers

### IDENTIFY COMMUNICATION CHANNELS USED BY YOUR TARGET POPULATION

- Formal and informal interpersonal relationships: health care providers, religious leaders, community leaders, family members, friends
- *Mass media*: promotion through local television, newspapers, periodicals, radio
- *Social media*: Facebook, Twitter, Instagram

Use your network. Think of churches, nonprofit organizations, and fellow fraternities and sororities that chapter members, friends, and family members belong to.

# BROTHER, YOU'RE ON MY MIND

## Tips on Forming Key Partnerships

### IDENTIFYING KEY PARTNERS

#### What elements make for a successful partnership?

- Ω Clear mutual benefit for both parties
- Ω Time and capacity within both organizations to dedicate to partnership
- Ω Regular and open communication

#### Discuss and determine the following with your chapter:

- Ω Based on current priorities, what are you trying to achieve through partnerships?
- Ω Does this organization value diversity?
- Ω Do we share similar organizational goals?
- Ω What is the benefit, both for our chapter and the potential partner?
- Ω How long will the partnership last?

#### Examples of potential partners:

- Ω Local chapters of mental health organizations
- Ω Local businesses with a vested interest in the African American community
- Ω Local churches

See the *BYOMM Community Outreach Checklist* for more ideas on potential partnerships.

### DEVELOPING PARTNERSHIPS

- Ω Identify the “ask.” What specific actions do you want your potential partner to take?
- Ω Do your homework on the organization.



- Ω Make the following clear to the potential partner:
  - What each party’s role would be in the partnership
  - How long the partnership is intended to last
  - What the benefit of the partnership is to them
- Ω Create an informal partnership agreement if necessary.

### MAINTAINING PARTNERSHIPS

- Ω Identify a liaison. Choose a member of your chapter who will be your partner’s point of contact.
- Ω If there will be costs associated with the partnership, make it clear up front what those costs will be.
- Ω Track partnership activities, so that you can evaluate the partnership at the end of the year.
- Ω Communicate regularly with partners. Provide updates on events and outreach successes.
- Ω Celebrate partner contributions. Show partners that you are thankful, with thank you letters, recognition in newsletters, or phone calls from chapter leaders.

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# **Event Planning**

# BROTHER, YOU'RE ON MY MIND

## Event Planning Checklist

### 3 TO 4 MONTHS BEFORE EVENT

- Decide on event goals
- Develop budget
- Select event location
- Select date and time
- Contact event sponsors, if needed
- Identify at least one licensed mental health professional that can be present during event or lead activities during community presentations. This will ensure someone is available to respond to questions.
- Determine what roles chapter members will play in event planning and whether you will need additional volunteers

### 2 MONTHS BEFORE EVENT

- Determine method of registration (online form, email, printed form)
- Create and carry out plan to promote event
- Develop flyer, using template included in BYOMM toolkit
- Share event information on social media
- Send flyer to event partners
- Post flyers in community locations, such as churches and rec centers
- Send event information to local newspapers and blogs so that they can post to calendars

### 1 MONTH BEFORE EVENT

- Update BYOMM PowerPoint presentation to fit program needs
- Brief your contact at event location on audiovisual requirements

### 1 WEEK BEFORE EVENT

- Print any handouts that will be distributed at event
- Send email reminders about event to participants
- Check in with event partners
- Remind chapter members of their roles during event

### DAY BEFORE EVENT

- Print participant check-in list if necessary
- Print signs for event
- Prepare items needed at event, such as name tags and tablecloths

### DAY OF EVENT

- Pick up refreshments, if serving any
- Arrive at event location early
- Set up and test audiovisual equipment

### DAY AFTER EVENT

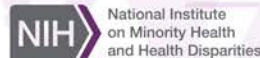
- Send thank you notes or emails to event partners and sponsors, as well as to event attendees if emails were collected
- Send pictures and summary of event to community newspapers or national Omega office
- Plan to debrief at next chapter meeting and discuss event outcomes



# BROTHER, YOU'RE ON MY MIND

## A Community Discussion on African American Men and Mental Health

Presented by the (insert chapter name) chapter of  
Omega Psi Phi Fraternity, Inc.



# What is *Brother, You're on My Mind*?

Ω *Brother, You're on My Mind* is an initiative from Omega Psi Phi Fraternity and the National Institute on Minority Health and Health Disparities (NIMHD)

Ω Our mission is to help start conversations about mental health in African American men. We want you to:

- Be able to recognize the signs and symptoms of mental illness in African American men
- Understand the barriers to treating depression that are unique to African American men
- Know what you can do to help yourself and your loved ones

# What Is Mental Health?

Ω Mental health includes our emotional, psychological, and social well-being

Ω Factors that contribute to mental health include:

- Genes or brain chemistry
- Life experiences, such as abuse or traumatic experiences
- A family history of mental problems

# Barriers to Mental Health Treatment

Ω Reasons why so few African Americans receive mental health care include:

- Stigma
- Lack of access to care
- Lack of insurance
- Poor cultural understanding by therapists

# Why Are We Afraid to Talk About Mental Health?

- Ω Psycho
- Ω Weirdo
- Ω Crazy

- Ω Schizo
- Ω Basketcase
- Ω Wacko

- Ω Stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be a disadvantage.

# African American Men and Mental Health: A Snapshot

**1 in 5** Americans struggle with mental illness every year.



African Americans are **20%** more likely to have serious psychological distress than whites are.



Suicide is the **3rd** leading cause of death among African Americans ages 15 to 24.



African American men are **4 times** more likely to die by suicide than African American women are.



The proportion of African Americans who need mental health treatment and get it is only **half** that of whites.

# Signs of Depression

Ω Depression symptoms can be different for each person.  
Common signs of depression in men:



Aches, pains, headaches, cramps, or digestive problems



Loss of interest in activities the person used to enjoy, including sex



Problems concentrating, remembering information, or making decisions



Trouble falling asleep or staying asleep, or sleeping too much

# Signs of Depression

Ω Depression symptoms can be different for each person.  
Common signs of depression in men:



Eating too much or not wanting to eat at all



Thinking about or attempting suicide



Experiencing feelings of guilt, worthlessness, helplessness, hopelessness, or pessimism



# How Can You Be a Friend to Someone With Depression?

Ω Reach out. You may want to say:

- I've been worried about you. How are you—really?
- I've noticed some changes in you lately, and I wanted to check in with you.
- It sounds like you're having a tough time. It must be really hard to try to hold everything together when you're feeling this bad.
- When did you start feeling like this? Did something happen that started it?
- I understand. How can I help you to find help?
- Feeling depressed isn't a sign of weakness. It takes courage to speak up.

# How Can You Be a Friend to Someone With Depression?

Ω Don't make him regret opening up to you. It takes courage to speak about depression. DO NOT say:

- It's all in your head.
- You're just having a bad day.
- I'm sure it's nothing to worry about.
- Man up. You can deal with this on your own.
- Why are you talking about this stuff?
- You don't want people to think you're crazy.
- Counseling is for sissies.
- What will your family say?

# Group Exercise

**ΩΨΦ**  
Omega Psi Phi Fraternity



**NIH** National Institute  
on Minority Health  
and Health Disparities

# Treating Depression

- Ω Depression **is** treatable and recovery **is** possible
- Ω Treatment options include:
  - Counseling
  - Psychotherapy
  - Medication
- Ω A mental health professional can work with you to design a treatment plan that best fits your individual needs
- Ω Faith and spirituality can be a part of your healing from depression

# Maintaining Positive Mental Health

Ω Strategies that doctors recommend for maintaining positive mental health include:

- Keeping in touch with friends and family who can provide emotional support
- Engaging in physical activity every day
- Saying “no” to new responsibilities when your plate is full
- Getting enough sleep
- Seeking help from a mental health professional when stress becomes overwhelming

# Questions?

**ΩΨΦ**  
Omega Psi Phi Fraternity



**NIH** National Institute  
on Minority Health  
and Health Disparities

# Resources

For more information about the initiative, visit:

[www.oppf.org](http://www.oppf.org)

[www.nimhd.nih.gov](http://www.nimhd.nih.gov)

## Mental Health Resources

- Ω National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Ω Substance Abuse Mental Health Services Administration (SAMHSA)  
Treatment Referral Helpline: 1-877-SAMHSA7 (1-877-726-4727)
- Ω National Alliance on Mental Illness (NAMI) HelpLine: 1-800-950-NAMI  
(6264)
- Ω **Add local resource**
- Ω **Add local resource**

**BROTHER,  
YOU'RE ON  
MY MIND**

ΩΨΦ  
Omega Psi Phi Fraternity



NIH

National Institute  
on Minority Health  
and Health Disparities

# BROTHER, YOU'RE ON MY MIND

## HANDOUT ON LOCATING MENTAL HEALTH TREATMENT

### IMMEDIATE HELP

If you are experiencing serious emotional distress and cannot wait for an appointment, reach out to these groups for immediate assistance:

- Emergency Medical Services: 911
  - If the situation is potentially life-threatening, get immediate emergency assistance by calling 911 at any time, day or night.
- National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255) or live online chat at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).
  - If you or someone you know is suicidal or in emotional distress, contact the National Suicide Prevention Lifeline. Trained crisis workers are available 24 hours a day, 7 days a week. Your confidential and toll-free call goes to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline: 1-877-SAMHSA7 (1-877-726-4727)
  - Get general information on mental health and find treatment services in your area. Live operators are available Monday through Friday, from 8 a.m. to 8 p.m. ET.
- National Alliance on Mental Illness (NAMI) HelpLine: 1-800-950-NAMI (1-800-950-6264) or [info@nami.org](mailto:info@nami.org)
  - Staff and volunteers can answer your questions about symptoms of mental illness and how to access local support groups and services for yourself or family members. Operators are available Monday through Friday, 10 a.m. to 6 p.m. ET.

### LOCAL RESOURCES

The following local resources can provide services or help you access services:

- FILL IN NAME OF Local crisis center**, fill in phone number, address, website
- FILL IN NAME OF STATE/COUNTY Mental Health Association**, fill in phone number, address, website
- FILL IN NAME OF COUNTY Affiliate, National Alliance on Mental Illness**, fill in phone number, address, website
- FILL IN NAME OF Health Department**, fill in phone number, address, website
- FILL IN NAME OF Community Health Center**, fill in phone number, address, website
- FILL IN NAME OF Other local mental health organization**, fill in phone number, address, website
- FILL IN NAME OF Other local mental health organization**, fill in phone number, address, website
- FILL IN NAME OF Mental health provider**, fill in phone number, address, website
- FILL IN NAME OF Clergy**, fill in phone number, address, website
- FILL IN NAME OF Psychiatric hospital**, fill in phone number, address, website
- Hotlines and emergency rooms (call 411 for Directory Assistance)**





# BROTHER, YOU'RE ON MY MIND

## Group Activities Handout

*We encourage event organizers to have a licensed mental health professional lead this activity. This will ensure someone is available to respond to questions.*

### MANAGING STRESS EXERCISE

#### MATERIALS NEEDED

You'll need markers and paper or poster board for this activity.

#### INSTRUCTIONS

Have participants draw a line down the center of their paper or poster. Ask each participant to draw images of what triggers their stress on the left side of the page and what they strive to do to manage stress and avoid those triggers on the right side of the page. Give them 5 to 7 minutes to draw. Then allow volunteers 2 to 3 minutes to share their drawings.





# BROTHER, YOU'RE ON MY MIND

## Group Activities Handout

*We encourage event organizers to have a licensed mental health professional lead this activity. This will ensure someone is available to respond to questions.*

### **PRACTICING THE ASK EXERCISE**

#### **INSTRUCTIONS**

Have participants pair up and practice role-playing with their chosen scenario. One person will act as the concerned loved one, and the other person will act as the person who is depressed. The pair will act out the conversation, which the loved one will initiate to express their concern and support. Give participants about 5 minutes to act the scenario out, and then allow two to three pairs to volunteer to share their roleplay and what they learned. Participants can also make up their own scenarios.

#### **SUGGESTED SCENARIOS**

##### **SCENARIO 1**

Joseph's son, Brian, is home from college for winter break. Joseph notices that Brian sleeps nearly all day and spends all of his time in his room eating junk food. Yesterday, Brian asked whether Joseph thought the world would be better off without him.

##### **SCENARIO 2**

Kevin notices that his fraternity brother, Shawn, has missed several chapter meetings and hasn't been answering Kevin's phone calls or emails. Kevin knows that Shawn recently lost his job and is under a lot of financial pressure.

##### **SCENARIO 3**

Cheryl's husband, Robert, has seemed restless and anxious lately. He becomes irritated with her and their two children easily. He also complains frequently about aches and pains. Robert has always been a bit moody, but his being quick to anger is out of character.



# BROTHER, YOU'RE ON MY MIND

## Group Activities Handout

We encourage event organizers to have a licensed mental health professional lead this activity. This will ensure someone is available to respond to questions.

### TRUE OR FALSE EXERCISE

#### INSTRUCTIONS

Read each statement aloud and allow participants to decide and say out loud whether they think the statement is true or false. After participants respond, discuss the correct answer with them.

#### TRUE OR FALSE?

- Statement:** Sadness is a part of everyday life. Depression isn't worth seeking help for.

**Answer: False.** Life is full of ups and downs, but if you're struggling each day with sadness or for weeks at a time, it's time to get help. No one should have to feel bad every day.
- Statement:** Stress can affect your physical health negatively.

**Answer: True.** Stress can lead to digestive problems, headaches, and sleeplessness and can make you more prone to viral infections, like the flu.
- Statement:** It isn't possible to be depressed if good things are happening in your life.

**Answer: False.** A number of factors influence mental health, including brain chemistry and past life experiences. Someone can have a great job, be financially stable, and have lots of friends and still experience depression.
- Statement:** If you see a therapist once and don't like him or her, that means therapy just isn't for you.

**Answer: False.** You have the right to find a mental health professional that you feel comfortable with, and that may take a few tries. If finding the right treatment takes a bit of trial and error, that's perfectly okay.
- Statement:** African Americans receive mental health treatment at the same rate as Whites do.

**Answer: False.** The number of African Americans with mental disorders who receive treatment is about half that of Whites.

6. **Statement:** You shouldn't talk to therapists about your problems. They'll tell everyone in town about your business.

**Answer: False.** What you tell your therapist doesn't leave the room. Mental health professionals are held to an ethical code that means they won't disclose your information unless you give them permission to do so or unless you are in danger.

7. **Statement:** Depression affects everyone in the same way.

**Answer: False.** Though there are common symptoms like the ones we've discussed, depression affects everyone differently.

8. **Statement:** It's impossible to recover from a mental illness.

**Answer: False.** It is possible to recover from a mental illness, with treatment and support.

9. **Statement:** Regular exercise can help reduce stress.

**Answer: True.** Thirty minutes of walking or other types of exercise per day can help boost your mood and relieve stress.

10. **Statement:** It's impossible to help a depressed person.

**Answer: False.** There is always a way to offer support to a depressed friend. If a friend refuses to seek treatment, let him know that he isn't alone by keeping in contact with him.



*BROTHER, YOU'RE ON MY MIND*

# **Event and Initiative Promotion**





## BROTHER, YOU'RE ON MY MIND

# WORKSHOP NAME

### Ω Date

MM/DD/YYYY

### Ω Time

00:00AM–00:00PM

### Ω Location Date

Fugias comnienet voluptatet

### Ω Chapter name (name of which fraternity chapter they are, such as Chi Omega chapter)

Pelestoritio est opta esequam

### Ω Description of workshop

Pelestoritio est opta esequam qui dessum dit landae omnimo conse ationsenim sitet eum quunt.

### Ω Chapter website URL

<http://www.sequeporedebis.com>

### Ω Social media handles

**Twitter:**

@est\_opta\_esequam

### Ω Registration information/link

<http://www.sequeporedebis.com>

# BROTHER, YOU'RE ON MY MIND

## Guidelines for Developing Social Media Content

### WHY USE SOCIAL CONTENT TO PROMOTE MENTAL HEALTH MESSAGES?

- Ω Approximately 70 percent of African American men use social media. Sharing mental health messages through social networks allows Omega Psi Phi chapters to reach a large number of members quickly. We've created a list of suggested messages to share in the Brother, You're on My Mind (BYOMM) toolkit's "Sample Social Media Messages" handout. We encourage you to use these guidelines to develop and share your own messages as well.

### GOALS OF SHARING BROTHER, YOU'RE ON MY MIND SOCIAL CONTENT

- Ω Initiate a discussion among Omega Psi Phi members about mental health.
- Ω Encourage fellow fraternity members to recognize signs of depression and stress, and seek help when needed.
- Ω Promote chapter mental health activities and events related to BYOMM.

### TIPS FOR SOCIAL POSTS

- Ω **Use relevant hashtags.** The more brothers who find your content, the better. Use hashtags that are used frequently among fraternities and in mental health communities to increase the reach of your tweets. Here are some hashtag suggestions:

- #MentalHealth
- #Depression
- #Stress
- #MHChat
- #MinorityHealth
- #MentalHealthMatters

Be sure to use the #BYOMM or #OmegaPsiPhi hashtags with as many tweets as possible to ensure that other Omega members are able to find and share your BYOMM content.

- Ω **Share and retweet important info.** To continue to educate African American men about mental health, connect with other organizations that provide mental health content on Twitter and Facebook. Share and retweet posts on stress and depression that fraternity members would be interested in. Remember to include the #BYOMM hashtag in shared posts when possible.

Some suggested accounts:

- National Institute of Mental Health, @NIMHgov
- Substance Abuse and Mental Health Services Administration, @SAMHSAgov
- National Alliance on Mental Illness, @NAMICommunicate
- Man Therapy, @DrRichMahogany

- Ω **Link to the initiative webpage.** Link to the BYOMM webpage as often as possible to increase awareness and link as many brothers as possible to free information and resources.

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Pew Research Center. (January 6, 2014). African Americans and Technology Use. Retrieved from <http://www.pewinternet.org/2014/01/06/detailed-demographic-tables/>.

# BROTHER, YOU'RE ON MY MIND

## Sample Social Media Messages

Use these messages to promote the Brother, You're on My Mind initiative on Facebook and Twitter. By sharing educational information about this initiative online, we can open up discussion on mental health and get important information to Omega Psi Phi Fraternity members around the world.

### FACEBOOK

- Ω Omega Psi Phi Fraternity, Inc., is working with the [National Institute on Minority Health and Health Disparities](http://go.usa.gov/3zm7V) to encourage brothers to talk about their mental health. Learn how you can get involved in the Brother, You're on My Mind initiative. <http://go.usa.gov/3zm7V>
- Ω Uplift—a cardinal principle of Omega men. If you think a brother is dealing with a mental health issue, tell him you've got his back. Work together to get him the help he needs. <http://go.usa.gov/3zm7V>
- Ω “Friendship is essential to the soul.” A true Omega Man supports his brother, no matter what. If you see a brother struggling with his mental well-being, reach out. Find helpful resources on the Brother, You're on My Mind initiative website. <http://go.usa.gov/3zm7V>
- Ω How can you know whether a brother is depressed? Different people have different symptoms. Men who are depressed are more likely to be very tired, feel irritable, and have difficulty sleeping. Learn the signs and how you can help. <http://go.usa.gov/3zm7V>
- Ω It takes a lot of courage to admit you're going through a tough time. If a brother is brave enough to open up to you about his mental health, don't call him crazy. Don't tell him he's “just having a bad day” or to “man up.” Here are more suggestions on what NOT to say to a brother dealing with depression or stress. <http://go.usa.gov/3zm7V>



### TWITTER

- Ω Omega Psi Phi is working with @NIH to encourage brothers to talk about #mentalhealth: <http://go.usa.gov/3zm7V> @NIMHD #BYOMM
- Ω Support the  chapter at . Together, we can raise #mentalhealth awareness among our brothers.
- Ω Omega men support their brothers no matter what. Here's how we support brothers battling #depression: <http://go.usa.gov/3zm7V> #BYOMM
- Ω The  chapter cares. To our brothers dealing with depression, you're on our minds. #BYOMM #OmegaPsiPhi <http://go.usa.gov/3zm7V>
- Ω How can you know if a brother is depressed? Signs include loss of interest, fatigue, and being irritable. #BYOMM <http://go.usa.gov/3zm7V>



*BROTHER, YOU'RE ON MY MIND*

# **Evaluation Forms**

# BROTHER, YOU'RE ON MY MIND

## Evaluation Introduction

Evaluation is important to ensuring you are meeting your organizational goals related to the *BYOMM* Initiative. Evaluation information can help you improve planning and management by understanding the following aspects of your initiative:

- Ω How the activities are playing out (the process),
- Ω Whether the program is useful to people who have participated in *BYOMM* activities (the quality),
- Ω Whether participants like it (satisfaction), and
- Ω Whether it has made a difference in people's lives (the impact).

Start thinking about your evaluation as you are planning *BYOMM* activities. There are different types of evaluations, which can be simple or quite complex, depending on your needs and available resources.

You can use the evaluation tools provided in this section to evaluate your next event.

### Communicating Evaluation Data

Once you have evaluation data, sharing any positive results is important to your continued success. The information you gather through your evaluation efforts can be used internally to make improvements for future activities but can also be shared more widely. Results can be shared with chapter members to promote your accomplishments, with partners to build support and attract new partners, or incorporated into proposals for funding. The Omega leadership and membership, as well as community partners, like to see actual examples of how your activities have helped someone. Sharing results with your partners helps to ensure their continued support. You can develop materials, such as a fact sheet, or use social media to promote your achievements and any success stories.

# BROTHER, YOU'RE ON MY MIND

## After Action Report

OMB Control Number: 0925-0648      Expiration Date: 05/31/2021

Thank you for all your work in organizing an event to support the *Brother, You're on My Mind* (BYOMM) Initiative. **Please complete the following assessment within 10 days of your event.** Omega Psi Phi Fraternity, Inc.'s international headquarters will use the information to describe the types of activities that chapters are implementing.

**Organizer Name:** \_\_\_\_\_

**Organizer Email:** \_\_\_\_\_

**Organizer Phone Number:** \_\_\_\_\_

**Chapter Name:** \_\_\_\_\_

**District:** \_\_\_\_\_



1. Date of event: \_\_\_\_\_

2. Location (city, state) of community event: \_\_\_\_\_

3. Type of event:

- Had a mental health professional speak during a chapter meeting to discuss depression and/or mental health
- Displayed and distributed print materials at key locations (e.g., barbershops, churches)
- Hosted a community forum on mental health for men
- Participated in a health fair and distributed materials
- Worked with congregations and health ministries to focus on mental health
- Other (please describe)

\_\_\_\_\_

\_\_\_\_\_

4. How many participants attended this BYOMM event? \_\_\_\_\_

5. Did you work with partners to plan or implement this BYOMM event?

- Yes
- No

# BROTHER, YOU'RE ON MY MIND

## After Action Report

6. Please indicate the types of partners that supported this BYOMM event (select all that apply).
- Community leader
  - Mental health organization or professional
  - Health care or social service (e.g., local health department, community health center)
  - Congregation or health ministry
  - School
  - Other Greek letter organization
  - Community-based organization
  - Other (please describe) \_\_\_\_\_
7. Did you use the BYOMM toolkit materials to plan and implement this event?
- Yes (please indicate how helpful these materials were)
    - Extremely helpful
    - Very helpful
    - Somewhat helpful
    - Slightly helpful
    - Not at all helpful
  - No (please describe why) \_\_\_\_\_
8. Did you connect participants to a mental health professional and/or organization or distribute resources on how to locate mental health resources?
- Yes
  - No
9. Were there any personal stories that were shared by participants describing the impact of the BYOMM event?
- Yes (please describe) \_\_\_\_\_
  - No
10. If you have any additional feedback about this event, please describe below

# BROTHER, YOU'RE ON MY MIND

## Measuring Knowledge, Attitudes & Beliefs for BYOMM Events

OMB Control Number: 0925-0648

Expiration Date: 05/31/2021

Thank you for taking part in today's event. Please take a few minutes to complete a brief assessment about the impact of this *Brother, You're on My Mind* activity.

- 1) Date \_\_\_\_\_
  
- 2) Location (city, state) \_\_\_\_\_
  
- 3) Omega chapter \_\_\_\_\_
  
- 4) What is your age?
  - Under 18 years
  - 18 to 24 years
  - 25 to 34 years
  - 35 to 44 years
  - 45 to 54 years
  - 55 to 64 years
  - Age 65 or older
  
- 5) What is your sex?
  - Male
  - Female
  
- 6) What is your gender identity?
  - Male
  - Female
  - Male to Female Transgender
  - Female to Male Transgender
  - Other Gender Identity
  - Refuse to Answer
  
- 7) Are you Hispanic, Latino/a, or of Spanish origin?
  - Yes
  - No
  
- 8) What is your race? (check all that apply)
  - Black or African American
  - White (e.g., European, Middle Eastern, North African)
  - American Indian or Alaska Native
  - Asian (e.g., Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
  - Native Hawaiian or other Pacific Islander
  - Other \_\_\_\_\_

# BROTHER, YOU'RE ON MY MIND

## Measuring Knowledge, Attitudes & Beliefs for BYOMM Events

### Measuring knowledge

Please evaluate each statement per the following scale:

Strongly Agree = 1

Neutral = 3

Agree = 2

Disagree = 4

Strongly Disagree = 5

### BEFORE today's event,

	Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
9. I believed mental illness was often confused with effects of drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I believed mental illness was caused by something biological.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I believed most people with depression could get better with treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I believed men displayed signs of depression more often through anger and irritation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If any of my relatives or friends had a mental illness, I would have told them not to tell anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I believed only people who were weak or overly sensitive let mental illness affect them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I would not have told anyone if I had depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I believed it was a good idea to avoid any discussion of mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### AFTER today's event,

	Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
17. I believe mental illness is often confused with effects of drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I believe mental illness is caused by something biological.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I believe most people with depression can get better with treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I believe men display signs of depression more often through anger and irritation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. If any of my relatives or friends had a mental illness, I would tell them not to tell anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I believe only people who are weak or overly sensitive let mental illness affect them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I would not tell anyone if I had depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I believe it is a good idea to avoid any discussion of mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brother, You're on My Mind is a partnership between NIMHD and the Omega Psi Phi Fraternity, Inc. The initiative is intended to raise awareness of the mental health challenges associated with depression and stress that affect African American men and their families.

[oppf.org/BYOMM](http://oppf.org/BYOMM)  
[nimhd.nih.gov/BYOMM](http://nimhd.nih.gov/BYOMM)

**ΩΨΦ**  
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