



**Perceptions of Psychiatric Services Held by African Americans Males: Implications for Services Providers & Researchers**

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**The Prevalence & Incidence of Psychiatric Disabilities Among Racial & Ethnic Minority Groups**

**Lifetime Risk and Persistence of Psychiatric Disorders Across Ethnic Groups in the U.S.**

- Africans Americans & Hispanics have a lower lifetime risk of developing mood, anxiety and substance use disorders than non-Hispanic Whites.

**Lifetime Risk and Persistence of Psychiatric Disorders Across Ethnic Groups in the U.S.**

- African Americans & Hispanics diagnosed with mood and anxiety disorders are more likely to be persistently ill than non-Hispanic Whites.

Source  
Breslau, J., Kendler, K.S., Su, Maxwell., Gaxiola-Aguilar, S., & Kessler, R. (2004). Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States. *Psychological Medicine* 3, 317-327.

Kessler R., McGonagle K., & Zhao, S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. *Arch General Psychiatry* 51, 8-19.

**Dispelling the Myths**

**“African Americans Do Not Seek Psychiatric Services”**

Research Indicates

- African Americans with depression are more likely than their white counterparts to seek mental health services.

**“African Americans Do Not Seek Psychiatric Services”**

Research Indicates

- African Americans with severe psychiatric disorders are less likely to be embarrassed if their friends knew they sought mental health care than their white counterparts.

Source - Diala, C.C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., & Leaf, P. (2001). Racial/Ethnic Differences in Attitudes Towards Seeking Professional Mental Health Services. *American Journal of Public Health* 91, 5, 805-808.

**“A Large Percentage of African Americans Live in Poverty & are therefore more likely to Develop Psychiatric Disorders”**

Research Indicates

- Relationships between socio-economic status (SES) & the development of a psychiatric disorder is weaker for African American males than for white males.

**“A Large Percentage of African Americans Live in Poverty & are therefore more likely to Develop Psychiatric Disorders”**

Research Indicates

- Low SES white males have a higher rate of psychiatric illness than low SES African American males.

Source

Williams, D.R., Takeuchi, D.T., & Adair, R.K. (1992). Socioeconomic Status and Psychiatric Disorder among Black and Whites. *Social Forces* 71,1,179-194.

**The Perception of Psychiatric Services Among Adolescents (13-18)**

**Data Relative to Psychiatric Services & African American Adolescent Males**

- African American male youth are less likely to receive mental health treatment than their Caucasian counterparts even after controlling for socio-economic characteristics (1999 Surgeon General’s Report)

#### Data Relative to Psychiatric Services & African American Adolescent Males

- African American male youth have significantly higher odds of suffering from mood disorders such as depression but are less likely to seek help when compared to their Caucasian counterparts (Sen, 2004).

#### Data Relative to Psychiatric Services & African American Adolescent Males

- African American male youth are more likely to be diagnosed with ADHD, adjustment, conduct-related or disruptive behavioral disorders and less frequently diagnosed with mood and affective disorders as their Caucasian counterparts (Nguyen et al, 2007).

#### Data Relative to Psychiatric Services & African American Adolescent Males

- The rates of suicide among African American children (ages 10-14) are lower than Caucasian children. Suicide is, however, the third leading cause of death among African American youth, after homicides and accidents.

The suicide rate for African American youth (ages 10-19) was 2.62 per 100,000 in 2006.

The rate of suicide for African American male youth (4.34 per 100,000), was 5.1 times higher than that of African American females (0.85 per 100,000) (American Association of Suicidology, 2009).

#### Characteristics of Referrals for Psychiatric Services for African American Adolescent Males

- Foster care system
- Coercion
  - Court mandated
  - Police initiated
- Schools
- Parents

#### Perceived Barriers

- Parental Influences
  - Parents oftentimes make the final decision concerning their child's pursuit of mental health services.
  - Perception of parents that professional and agency contact for mental health treatment will increase the risk that family members will be inappropriately labeled, medicated or hospitalized.
  - Parents may be more likely to seek mental health treatment from "non-clinical" sources such as clergy, community leaders or other family members.

#### Perceived Barriers

- Cultural Influences
  - A clinician may interpret an African American child's behavior as overactive or aggressive while the parent may perceive the same actions as consistent with cultural norms of expression.
  - Parents may instill cultural perceptions that depression is a personal weakness or failure.

**Perceived Barriers**

- Access
  - Adolescents are more likely to request assistance from healthcare professionals of their own racial background.
  - Disparity with African American MH professionals practicing in rural areas where a high proportion of African-Americans reside (i.e. rural South)
  - Lack of family transportation
  - Lack of family health insurance
  - MH services may be difficult to obtain through pediatricians/primary care providers

The Perception of Psychiatric Services Among Young Adults (19-25)

**Perceived Barriers**

- Limited benefits of usual care
- Fear of mistreatment & social exclusion
- Symptoms of depression & other mental health issues are not recognized as needing professional help
- Loss of pay
- Differences in patterns of referral

The Perception of Psychiatric Services among the Geriatric Population

Utilization of Mental Health Services by African American Elderly

- Mixed results about the overall use of MH services by African Americans compared to Whites in the elderly population.
  - Access of mental health in emergency room
  - Primary care vs. private
  - Intensity and frequency of services received

**Perceived Barriers**

- Stigma
  - Diminished pride
  - Resolve family concerns among family
  - Inability to cope with adversity
- Geographical Access to Specialty MH Services
  - Less located in African American communities
  - Less connection with African American communities
  - Lack of transportation

### Perceived Barriers

- Financial Access
  - Lack adequate insurance to cover specialty mental health services
  - Lack of knowledge about available financial resources

### Perceived Barriers

- Mistrust of MH Providers
  - Dealing with historical issues
  - Decreased sense of personal connection and genuine concern

### Perceived Barriers

- Lack of Culturally Competent Services
  - Misperception that providers of other ethnicities/races will not be sensitive to distinct cultural differences
  - Lack of providers knowledge of African American life & struggles
  - Discomfort with addressing racial differences early in therapeutic relationship
  - Influence of encountered stereotypes

### Perceived Barriers

- Use of Alternative Care
  - Turning to church as mental health resource
  - Strong reliance on prayer and pastoral support

### The Perception of Psychiatric Services Among the Veteran Population

### Utilization of MH Services by Vets

- Although use of MH services has increased substantially over past decade, African Americans veterans still have lower outpatient utilization rates than White counterparts for PTSD (Rosenheck et al., 1995).
  - Changing demographic profile of VA health care system.

### Perceived Barriers

- System-level barriers
  - Inconvenient clinic hours and proximity
  - Atmosphere at VA is too stressful
  - Lack of choice of providers

### Perceived Barriers

- Attitudinal barriers
  - Overcoming bad reputations of VA services
  - Belief that mental health condition is not severe enough to seek services
  - Reluctance to expose self to intensive or extensive personal exploration
  - Perceived powerlessness in treatment situations

### Implications

### Adolescents

- Integrate mental health services into African American communities.
- Increase African American clinical providers and/or increase cultural competency of non-African American providers.
- Conduct additional research comparing the varying levels of satisfaction with treatment between parents and adolescents.

### Young Adults

- Develop quality improvement interventions/programs to increase quality care among minority groups.
- Increase resources for mental health services in “safety net clinics”.
- Train staff members to be culturally sensitive, professional and motivational.

### Veterans & Geriatrics

- Integrate clinical mental health care into African American communities and implement unique outreach efforts.
- Mental health professional should incorporate a social justice orientation in their work environment to promote cultural competence through training initiatives, self-examination, and research.
- Increase efforts to train and hire additional minority mental health practitioners in VA Healthcare systems.

### References

- American Association of Suicidology. (2009). Youth suicide fact sheet. Retrieved March/1, 2010, from [http://www.suicidology.org/c/document\\_library/get\\_file?folderId=232&name=DLFE-161.pdf](http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-161.pdf)
- American Association of Suicidology. (2009). African american suicide fact sheet. Retrieved March/1, 2010, from [http://www.suicidology.org/c/document\\_library/get\\_file?folderId=232&name=DLFE-156.pdf](http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-156.pdf)
- Biegel, D. E., Farkus, K. J., & Song, L-Y. (1997). Barriers to use of mental services by African American and Hispanic elderly person. *J Gerontol Social Work*; 29:23-44.
- Breslau, J., Kendler, K.S., Su, Maxwell., Gaxiola-Aguilar, S., & Kessler, R. (2004). Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States. *Psychological Medicine* 3, 317-327.

### References

- Chandra, A., Scott, M. M., Jaycox, L. H., Meredith, L. S., Tanielian, T., & Burnam, A. (2009). Racial/ethnic differences in teen and parent perspectives toward depression treatment. *Journal of Adolescent Health*, 44(6), 546.
- Crystal, S., Sambamoorthi, U., Walkup, J. T., & Akincigil, A. (2003). Diagnosis and treatment of depression in the elderly Medicare population: Predictors, disparities, and trends. *J Am Geriatr Soc*; 51:1718-1728.
- Diala, C.C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., & Leaf, P. (2001). Racial/Ethnic Differences in Attitudes Towards Seeking Professional Mental Health Services. *American Journal of Public Health* 91, 5, 805-808.

### References

- dosRies, S., Zito, J. M., Safer, D. J., & Soeken, K. L. (2001). Mental health services for youths in foster care and disabled youths. *American Journal of Public Health*, 91(7), 1094.
- Joo, J. H., Morales, K. H., de Vries, H. F., & Gallo, J. J. (2010). Disparity in use of psychotherapy offered in primary care between older African American and White adults: Results from a practice-based depression intervention trial. *J Amer Geriatric Soc*; 58:154-160.
- Kessler R., McGonagle K., & Zhao, S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. *Arch General Psychiatry* 51, 8-19.
- McMiller, William P. and Weisz, John R. (1996). Help-seeking preceding mental health clinic intake among african-american, latino and caucasian... *Journal of the American Academy of Child Adolescent Psychiatry*, 35(8), 1086.

### References

- Nguyen, L., Huang, L. N., Arganza, G. F., & Liao, Q. (2007). The influence of race and ethnicity on psychiatric diagnoses and clinical characteristics of children and adolescents in children's services. *Cultural Diversity Ethnic Minority Psychology*, 13(1), 18.
- Rosenheck, R., Fontana, A., & Cottrol, C. (1995). Effect of clinician-veteran racial pairing in the treatment of posttraumatic stress disorder. *Am J Psychiatry*; 152:555-563.
- Rosenheck, R., Leda, C., Frieman, L., & Gallup, P. (1997). Homeless mentally ill veterans: Race, service use, and treatment outcomes. *Am J Orthopsych*; 67:632-638.

### References

- Sen, B. (2004). Adolescent propensity for depressed mood and help seeking: Race and gender differences. *The Journal of Mental Health Policy and Economics*, 7(3), 133.
- Rosenheck, R., Fontana, A., & Cottrol, C. (1995). Effect of clinician-veteran racial pairing in the treatment of posttraumatic stress disorder. *Am J Psychiatry*; 152:555-563.
- Rosenheck, R., Leda, C., Frieman, L., & Gallup, P. (1997). Homeless mentally ill veterans: Race, service use, and treatment outcomes. *Am J Orthopsych*; 67:632-638.
- Sen, B. (2004). Adolescent propensity for depressed mood and help seeking: Race and gender differences. *The Journal of Mental Health Policy and Economics*, 7(3), 133.

### References

- Sorkin, D. H., Pham, E., & Ngo-Metzger, Q. (2009). Racial and ethnic differences in the mental health needs and access to care of older adults in California. *J Amer Geriatric Soc*; 57:2311-2317.
- Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psych: Research and Practice*; 35:19-26.
- Wallace, B. C. (2008). *Toward equity in health: A new global approach to health disparities*. New York, NY: Springer Publishing Company, LLC.
- Williams, D.R., Takeuchi, D.T., & Adair, R.K. (1992). Socioeconomic Status and Psychiatric Disorder among Black and Whites. *Social Forces* 71, 1, 179-194.