Barriers to Mental Health Services among African American Adolescent Males

Introduction

Literature suggests that African Americans experience greater difficulty in accessing mental health services than Caucasians (Davis & Ford, 2002). Furthermore, African Americans who do gain access often face barriers to accurate mental health assessment and diagnosis, leading to a lack of effective mental health treatment. Many African American adolescents who are in need of mental health treatment fail to receive these services or discontinue between the first and third appointment.

The gap between the need for and utilization of services is especially serious for African American adolescents, who are already at an increased risk for poor health outcomes as a result of poverty, unemployment, poor education, and the consequences of living in troubled communities (Copeland, 2006). Given the long-term risk of failing to provide mental health services to this population, it is crucial to examine barriers to access and utilization in order to eliminate these barriers. A lack of attention to the current disparities will have far reaching negative effects for African American adolescents, their families, and our society resulting in increased stress and disability, homelessness, incarceration, substance abuse, community violence, child abuse and neglect, increased foster care placement, and juvenile delinquency, etc.

There is a significant divide between the African American community and the traditional mental health system. The first step is to identify what those barriers are - it is about culture, language, misperceptions about the nature of mental health and mental illness, systemic discrimination, racism and fear of stigma. The information provided serves to better understand the relationship between barriers to mental health care among African Americans and how going forward we can help to facilitate positive and beneficial outcomes.
During the 19th century, the prevailing diagnostic system centered on four main syndromes—melancholy, mania, dementia, and idiocy; however, geography and race of clients often combined to create a different typology (Lowe, 2006). By this time there was a new movement put into place concerning the delivery and organization of health care that dramatically changed mental health care by propelling national efforts to develop state-funded asylums for the care of the mentally ill. Although many states began establishing institutional facilities, the accessibility and quality of mental health care left considerable room for improvement. By 1849 thirteen states had initiated state-funded asylums for the care of the mentally ill (Lowe, 2006).

With most African Americans living in the south, care for the insane was generally thought to be tremendously scarce. Ironically enough the quality of care in the North was questionably no better. With most African Americans living in bondage, this new form of care was rarely accessible therefore; the surge of institutional reform did little to change the status of mental health. The delivery of mental health services became increasingly more segregated during the mid 1800’s, which affected the funding and public attitude toward those receiving care (Lowe, 2006). In March 1875, the North Carolina General Assembly appropriated $10,000 to build a colored insane asylum. The Eastern Asylum for the Colored Insane was opened in 1880 with accommodations for four hundred and twenty patients (Jackson, 2001). The availability of specialized care for the mentally ill was often limited to white citizens, which forced alternate paths of service for most African Americans. This meant that almshouses and jails remained their primary providers of institutional care.

Most of the knowledge of mental health for the African American population in the first half of the twentieth century came from several large studies that focused only on the severely mentally ill (Lowe, 2006). There were several studies that took place where they consistently found that blacks had higher rates of mental illnesses than whites (Lowe, 2006). Treated rates were not accurate estimates of the prevalence of psychiatric illness. A client’s economic status, the number of available beds, health care financing options, distance, available transportation, racial discrimination, and other structural and cultural barriers affected the likelihood of both seeking and receiving medical care. As later studies expanded their study population by the inclusion of outpatients, private patients, and/or community residents, the bias inherent in the earliest studies was reduced, and the findings of racial differences in mental health status became more inconsistent but some studies of expanded treatment populations continued to find higher rates of mental illness in blacks.
African Americans have relied on so many other resources when it comes to mental health problems and they resist bringing sensitive matters like mental health issues to a system that has historically been less than sensitive to the institutional and systemic challenges African Americans face. The most common barriers were the importance of family privacy, lack of knowledge regarding available treatments, denial of mental health problems, and concerns about stigma, medications and treatment (Ayalon & Alvidrez, 2007).

This framework includes four categories of barriers (Davis & Ford, 2002):

- **Sociocultural barriers** include racial and ethnic discrimination and cultural beliefs, such as fear and mistrust of the mental health care system and cultural beliefs regarding mental health and mental illness. Lastly stigmas are one of the most common barriers.

- **Systemic barriers** result from inherent aspects of the mental health care delivery system, such as the perceptions of mental health service providers toward African Americans, and culturally inappropriate screening measures, diagnostic procedures, and treatment programs.

- **Economic barriers** are obstacles to mental health services resulting from economic status, such as lack of health insurance or mental health care coverage.

- **Individual barriers** are perceptions of vulnerability to disease and denial of disease (Swanson & Ward, 1995). All of these barriers may have a significant impact on mental health services utilization and the quality of mental health care received by African Americans.

Please see video below:

[Stigma and Mental Illness: A First Hand Experience](#)

[Anti-Stigma Project](#)
The Church
The African American community holds strong ties to their churches, which can create extreme complications and conflict with mental health treatment. Often, African Americans turn to family, church and community to cope. The level of religious commitment among African Americans is high. In one study, approximately 85 percent of African Americans respondents described themselves as “fairly religious” or “religious” and prayer was among the most common way of coping with stress. (APA, 2009). Because of such a high power in faith that exists within the African American church, there is a sense that most problems can be healed with prayer and a belief in God. Therefore mental health problems are often diagnosed and translated into nothing more than a spiritual problem.

Bias
Once African Americans boys are enrolled in clinical mental health services, the next barrier to effective treatment presented is the potential for bias in assessment. When African Americans do receive mental health care, they are more likely to use emergency services, less likely to continue with outpatient therapy and more likely to be prescribed atypical antipsychotic medications and assigned to intensive case management (Tucker & Dixon, 2009).

Misperceptions
Many of us think you have to be "touched" or "crazy" to go to therapy." While it's true that some people with mental health issues seek therapy, it's really a service for anyone (Ladipo, 2008). There is also a mistrust of psychotropic medications. Many are concerned that drugs are used to manage and control African Americans. The historic misuse of psychotropic medication to control behavior has led to unnecessary pain and suffering for many African Americans. It has been argued that the personal perceptions and prejudices of school educators and counselors, coupled with a lack of knowledge of the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) criteria for diagnosis may be resulting in the widespread misdiagnosis of adolescent African-American males. In particular, adolescent African-American males are significantly more likely to be diagnosed with conduct disorder than white males. Thus it is not surprising that alienation from school starts to occur after elementary school.

Financial Hardships
Financial barriers have a significant effect on adolescent African-American males’ access to mental health services. For example, nearly one in four African Americans are uninsured, compared to 16 percent of the U.S. population. Additionally, rates of employer-based health coverage are just over 50 percent for employed African Americans, compared to over 70 percent for employed non-Hispanic whites (Xanthos, 2008).
Mental Health and the Black Community

Memphis radio personality James Davis hosted a short-lived talk show in the fall of 2007 called the "Think Tank." The "Think Tank" featured interviews and information about relevant issues in Memphis and the surrounding community.

On Saturday, November 17, 2007, Mr. Davis and the late Representative Gary Rowe discussed the importance of mental health care in the Black community. Rowe had pending legislation (House Bill No. 2061) in the Tennessee General Assembly to start a pilot program for mental health care. The major goals of the program were to:

1. Provide information to the African-American community to improve understandings of mental illness, stigma and treatment options.
2. Partner with local African-American pastors to 'get the message out'.
3. Supervise provision of counseling and other support services in black churches.
4. Employ and train indigenous 'community navigators' to conduct outreach efforts.
5. Implement pilot projects to integrate primary care and behavioral health services.
6. Improve the care continuum for high-risk youth in the city school system operating in such county.
7. Provide linkages to the county juvenile and criminal justice systems.

Rowe cited statistics from the Office of the Surgeon General—which reported a 233 percent increase in the suicide rate for Blacks ages 10 to 14 over the past two decades—as a major reason for sponsoring the legislation. He noted how treatment for mental illness is a stigma in the Black community, and most Black families deal with depression and stress by NOT dealing with it. No one can "pull themselves up from their bootstraps" if their boots are falling apart from the inside. Throwing money at a problem isn't a solution when we fail to address the problem. It is time to start treating the cause of problems rather than the result. At the root of most social ills—from crime and substance abuse to abortion and dysfunctional families—there is usually an untreated mental illness.

Tragically, a few months after this interview, Rep. Rowe passed away after a brief battle with cancer. Budget cuts and his absence led to the ultimate demise of his legislation. Hopefully, someone will someday take up this cause again in his memory. Mental health is an important issue for EVERYONE, regardless of race.

Please see videos below to listen to actual excerpts from Mr. James Davis:

Mental Health and the Black Community Part 1
Mental Health and the Black Community Part 2
Other options

We must discover ways to bridge the mental health system to the African American Community so that the traditional system is experienced as a seamless member of the Community much like the African American Church. Through education about the nature of mental illness, stress and emotional issues, professionals can provide clear and factual information about the differences between mental illnesses like schizophrenia, bi-polar disease, stress and emotional problems. Education programs could include information about the origins of mental disease, the nature of depression and anxiety and the risk factors that lead to them, thereby eliminating the stigma associated with mental health problems.

We have to inform patients that costs can be managed. The traditional system must offer creative low cost options that keep the doors open; as it offers high quality services to previously underserved groups that have been unable to afford the service. Medicaid is essential in helping to pay for the cost of services. Community groups and the traditional mental health system can join together to advocate for more funds to provide mental health services. Effective assessment and evaluation can make sure that those who really need the help can get the help and can screen out misuse and abuse.

It is important that the traditional mental health system understand the language of mental health problems in the African American Community. Does a “nervous breakdown” refer to full blown mental disease, emotional problems, stress or trauma? When mental health professionals and community members can translate mental health speak with community speak, then useful information can be shared and critical decisions can be made, such as why and when medications might be appropriate.

Also mental health professionals must acknowledge the historic nature of racism and discrimination and its impact on the African American community. They must also understand how systemic racism and discrimination continue to operate in the African American community. And the emotional and psychological impact must be factored into treatment planning. There is an urgent need for African American clinical social workers, psychologists, psychiatrists and counselors who are licensed and able to be administrators in mental health facilities and provide counseling and therapy to those in need of mental health services. The traditional mental health system can offer incentives for African Americans to study and become trained and licensed.
Conclusion and Recommendations

The need to understand the influence of race, ethnicity, and culture on the utilization of mental health services is a response to the: (1) current and projected demographic changes over the next 25 years; (2) need to eliminate the disproportionate burden of disability from unmet health needs for African Americans; (3) need for culturally appropriate treatment interventions and outcomes; and (4) increase in awareness and understanding of provider bias which contributes to mental health disparities (Copeland, 2006). Ultimately, the practical need is to improve the mental health status of all children and adolescents. Treatment interventions that are designed to respect and understand the influence of culture and race on health are most effective within the individual’s frame of reference.

Future research needs to address the role of family and peers in the help-seeking process. Interventions that are effective for African American youths are particularly needed because social and family networks are not likely to be active user of mental health services, except when these are initiated through school (Lindsey, Korr, Broitman, Bone, Green, Leaf, 2006).

When working under the guidelines of managed care, many therapists feel pressed to begin the problem solving process without an appropriate engagement period for building an open, trusting, genuine, and collaborative relationship. African American youth and their parents are especially interested in exploring knowledge about the clinician as a person and as a provider of care to African American populations. This concern may not be exclusive to race, but also class. Therefore, self-disclosure around issues of trust and experience with African American clients may be necessary during the engagement process. The development of prevention programs as an intervention strategy can be a function of the unique issues African American adolescents identify as having a contribution to both their presenting concerns and coping ability. From a strengths perspective, treatment services for adolescents should be designed to improve self-image, behavioral change, and health and well being. For this group of adolescents, prevention programs can be successful for clarifying perceptions, attitudes, and beliefs about mental illness, treatment services, and outcomes.

Program interventions can provide networking opportunities to obtain community services and supports for at risk youths. Collaborative work with churches, schools, and communities to conduct educational workshops for increasing awareness of mental health issues can decrease some of the
stigma regarding illness and treatment. Community-based prevention programs can demonstrate
greater potential in sustaining good mental health for youths than traditional institutional methods.
Adequate resources for culturally sensitive programs for mental health treatment are needed.
These programs should provide opportunities for adolescents to receive self-referred confidential
mental health treatment services. Failure to understand the unique socio-cultural background of
African American Adolescents and their families lead to continued misdiagnosis, lack of
cooperation, poor use of mental health services, and a general alienation of African American
adolescents from the mental health system.

More research must be done to better understand mental health disparities and to develop
culturally competent interventions for African Americans. With proper diagnosis and treatment,
African Americans — like other populations — can increasingly better manage their mental health
and lead healthy, productive lives (APA, 2009).
Work Cited & Additional Resources


Jackson, V. (2001), "In Our Own Voices: African American Stories of Oppression, Survival and Recovery in the Mental Health System", pp 1-36, p. 4-8 [http://academic.udayton.edu/health/01status/mental01.htm](http://academic.udayton.edu/health/01status/mental01.htm)


For additional information please click the link below:

- [Mental Health Data & Statistics](#)
- [The Secret Epidemic: Overview](#)
- [Mental Health and African Americans](#)
- [African American Community Mental Health Fact Sheet](#)