



ASPECTS OF MENTAL HEALTH AND THE AFRICAN AMERICAN COMMUNITY

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ABSTRACT: From institutionalized discrimination to stigma, the Black community have faced many challenges to receive much-needed support and treatment for their mental illnesses. The main question revolves around whether increased awareness and accessibility to mental health resources impacts the quality of life for African Americans. The proposed study addresses three main obstacles that hinder African Americans from seeking help: stigma around having mental illness, historical atrocities done to African Americans by the healthcare field and the effects these injustices have on African people Americans' decision to receive care. The anticipated outcome is increased awareness will result in greater willingness to accept treatment quickly leading to an overall better quality of life.

Section I: What I Know, Assume, or Imagine

The topic of investigation in this paper I chose is mental health in communities of color and how stigma influences how the community receives help. Personal proximity to these social stigmas around mental health that people of color have. As a person of color who has lived in a culture that does not acknowledge any type of mental disorders, aside from complete mania, and perceives that the sole solution is holy water. Eritrea, my native country, recently gained its independence from Ethiopia in 1991, when the government was overturned by a dictator who implemented a law conscripting teenagers ages 16-18 into the military until death. There is no future for getting an adequate education, a dream that many had. As a result of the dictatorial government's mandatory enlistment, my parents and extended family were all destined to be soldiers when they turned eighteen. I listened to war stories as my parents relived the horror that is war. Consistent teaching that they are supposed to be strong has ingrained in them a fear

of weakness and a habit of ignoring their emotions.

Personally, it wasn't until the pandemic began that I learned about what mental stability and instability were. For some reason, taking care of one's mental health was always overlooked at my school. After a health class, I wanted to explore careers around mental health and learn more about this growing topic. I am aware that the constant discrimination and microaggressions the Black community is exposed to can cause a rapid deterioration of one's mental stability. I would like to find out if any POC-focused programs help with mental health awareness and what would be the best methods to increase accessibility in these communities. I assume that programs led by similar-looking people who have similar backgrounds would help with awareness. This paper studies whether improving access to mental health facilities and mental health awareness will help future generations seek help earlier rather than later, leading to improved quality of life.



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Section II: The Research Process and Discoveries

Part A: The Search Methodology

I began with the keywords “race”, “racial minorities”, and “mental health” while searching for reference sources in Gale Virtual Reference Library. I used the same keywords in the UW Library Search but encountered a problem. Before I filtered it to only peer-reviewed sources, the PsycInfo database I used gave results that were mainly personal narratives and many were from the American Psychological Association. I could not use the personal narratives since they were not peer-reviewed, and the American Psychological Association’s target audience is the public. Since my keywords were broad the results they yielded were varied. I chose the Web of Science database and added the keywords “mental health disparities and racial minorities”, “access and racial minorities”, and “health disparities and access” which yielded more specific results but there was a problem with whether these sources were peer-reviewed. From there, I moved on to a subject database (PubMed) because the articles published were peer-reviewed and relevant to my subject. I continued to add the keywords “discrimination and mental health” and “mental health and racial minorities.” I have used Sociological Abstracts for information regarding the cost of mental healthcare services using the keyword “cost of healthcare.” I also used Sociological Abstracts for my subtopic on stigma using the keywords “stigma in healthcare” and “stigma and mental health and African Americans.”

Part B: Discoveries

Racism and Discrimination in Mental Healthcare

The main barrier that causes African Americans to hesitate before seeking mental health services is the countless injustices that the healthcare system has caused in the community. Sirry Alang, a professor of Psychology at Lehigh College, stated that a Black participant said “They treat us bad in school, at work, and on the streets. If I’m not dying, I’m not going to the hospital. They’ll treat us bad there too. You want them to give you medications for mental health? That stuff can mess with you real good” (346). This quote helps to highlight the idea of experienced racism and how Black people start to perceive that the healthcare system would not be any different. This participant expresses mistrust toward the healthcare system which is supported and reflected by this finding which shows that Black patients do not go to hospitals due to the mistreatment they receive and how the treatment that they receive can be dangerous to their health rather than aiding in their recovery or lessening the symptoms. Both of these support the idea that there could be negative behavior changes in care-seeking by African Americans. A group of researchers at the University of Lisbon conducted a study to identify health-related stereotypes about Black people that healthcare providers had and found that “being Black was more strongly associated with being less intelligent, less cooperative, and less compliant than White patients. In another study on treatment decisions, Sabin and Greenwald found that the higher the provider level of bias was, the less likely they were to prescribe postsurgical pain medication for a Black (vs. White) patient” (Filipa Madeira et al. 3). This quote displays how stereotypes that come from racism influences how providers



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treat Black people and how the stereotypes have a negative impact on their health. Historically, misconceptions that people of African descent can take pain better than their European counterparts are exemplified in this quote, which states how providers are less likely to prescribe African American patients painkillers after surgery (Filipa Madeira et al. 3). In brief, due to historical discrimination in the healthcare system, African Americans are less likely to seek professional help for their mental illnesses and these findings from these studies support the idea that there could be negative attitudes toward the healthcare system and lead to many African Americans dealing with their mental illness alone, leading to poorer quality of life.

Institutional Mistrust

The second barrier that Black people face regarding receiving mental health services is the institutional mistrust that is a result of the centuries of atrocities that the medical community has performed on African Americans. Researchers from the Wake Forest School of Medicine's Department of Psychiatry, found that although the disorder is more prevalent in White Americans than African Americans "the chronicity of disease was higher for African Americans (56%) than it was for Caucasian patients (38.6%)"(605). In addition, Professor of Psychiatry and Biobehavioral Sciences Jeanne Miranda, describes how "After entering care, minority patients are less likely than Whites to receive the best available treatments for depression and anxiety"(395). African Americans are less likely to receive the best available treatment which is supported and reflected by this large finding, which showed that mental disorders in the African American community last

longer and worsen over time compared to those of White Americans. Both of these findings support the idea that the lack of equal and non-discriminatory mental health treatment leads to Black patients becoming more hesitant when seeking mental health services which results in a decrease in quality of life. Elizabeth Sparks, a Psychology professor at Boston College, states that "It has been found that 12% of African Americans, compared to 1% of Caucasians, feel that a doctor or health provider judged them unfairly because of their race or ethnic background"(22). This quote demonstrates that African Americans do not feel that using mental health resources is beneficial due to how the providers in the mental health care system mistreat them. Also, it shows that providers are not without their biases and that healthcare professionals need sufficient training when it comes to treating all of their patients equally and being aware of the history between minorities and the healthcare system. This mistrust toward health providers and professionals leads to untreated mental disorders, which can decrease the quality of life for Black individuals and future generations to come.

The Stigma around Mental Illness

The third main cause of unequal access and treatment is the stigma around mental health. Stigma has caused many to believe that receiving treatment is for completely mentally unstable individuals. This public stigma can change into an internalized stigma in which the patient feels ashamed about their mental disorder and does not seek help. Researchers from the University of Pittsburgh Department of Psychiatry have found that "African American older adults endorsed higher levels of internalized stigma and less positive attitudes toward



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seeking mental health treatment than their White counterparts”(Conner et al. 543). This high level of internalized stigma stems from the public stigma which is supported and reflected in this finding that in the African American community that mental health services are associated with the mentally insane. This highlights the idea of how public stigma turns into internalized stigma, which causes African Americans to not seek help for their mental disorders when they need it. Researchers at the University of Maryland School of Medicine conducted a study where African American participants gave input about their thoughts on mental health/illness in their community. Stigma was one of the main themes that were discussed and one of the participants states that “...Socially, if a person in your family had a mental disorder it was looked upon as something went awry or for the love of superstition or revenge kind of thing.” They looked upon it like it was a curse from above or somebody in their family sinned and lost his honor. So people shunned people. Not just the individual but people related to them”(Mishra et al.123). This quote describes how the fear of being labeled negatively affects one’s family image and is greater than receiving professional help. Because of the stereotype that people with mental disorders are “cursed” or “lesser than others” along with the association of being a social outcast is not a desirable outcome, and individuals with mental disorders choose to suffer in silence. These negative attitudes toward receiving help may cause their mental illness to worsen to the point that it becomes unmanageable. Overall, stigma plays a major role in whether a Black individual is willing to utilize mental health services therefore destigmatizing

mental illness will improve attitudes toward treatment which in turn improves the quality of life for that person.

As I began and continued my research, I was surprised by the new information the sources brought to light. In the beginning, my main focus was on methods that could be used to increase the number of Black people who seek mental health resources. I assumed that more mental health awareness would improve the quality of life for the next generation of African Americans. I also had personal experience with how untreated mental illness, generational trauma, and stigma around mental health negatively impact a community. Overall, I was searching for solutions rather than acknowledging and understanding the obstacles people of color, especially African Americans, face to receive the help they need. During my research, I was able to identify the numerous barriers that hinder Black folks; racism and discrimination being the main reasons. I was surprised that there were providers that still use stereotypes to diagnose their patients and a health care system that does not seem to care about the well-being of all its users. Institutional mistrust of the healthcare system is the result of centuries of injustices done to African Americans by the medical field as well as the rest of society. This vicious cycle of needing mental treatment but knowing the institutions that are supposed to treat you will work against you, is the biggest obstacle. Although it is not a shocking piece of information, internalized stigma is also a reason that many African Americans do not wish to get help for their mental illness; community stigma that states that people who receive treatment are mentally insane has caused many to hide their illness or



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find dangerous ways to cope. The financial burden that comes from receiving help also needs to be acknowledged since it is a big part of the problem. Possible solutions to alleviating the stress is training healthcare providers in the cultural and historical contexts that African Americans come with and ensuring that the providers understand the implicit biases they may hold against them. It would help if there were programs for the African American community that highlight how receiving treatment is not only essential but wise. Finally, government funding to increase healthcare accessibility for disadvantaged groups and financial aid for mental health visits would improve the quality of life for many African Americans who struggle with mental illness.

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