

Correlation Between Perception and the Underutilization of Mental Health Services in the Treatment of Depression Amongst African Americans

Crenicia J Gaunt¹, Kristina N Jones¹, Christopher Solomon² and Shanika Lavi Wilson^{3*}

¹MSW Candidate, Department of Social Work, North Carolina Central University, North Carolina, USA

²Clinical Instructor, Department of Social Work, North Carolina Central University, North Carolina, USA

³Assistant Professor, Department of Social Work, North Carolina Central University, North Carolina, USA

***Corresponding Author:** Shanika Lavi Wilson, Assistant Professor, Department of Social Work, North Carolina Central University, North Carolina, USA.

Received: April 11, 2018; **Published:** April 30, 2018

Abstract

Each year, depression affects a large number of African Americans across the United States. For many years, African Americans have been left untreated, undiagnosed, or misdiagnosed due to the underutilization of mental health services in the treatment of depression. Factors such as perception, stigma, awareness, and various coping mechanisms may be the reason why African Americans tend to underutilize mental health services in the treatment of depression. In this paper, researchers will explore various articles that report on previous research conducted, which will help determine if there is a correlation between perception and the underutilization of mental health services in the treatment of depression in the African American community.

Keywords: Depression; Perception; Mental Health Services; African Americans

Introduction

Depression is a severe mental illness that affects more than 19 million American adults each year [1]. While depression is a severe mental illness, it is one that can be effectively treated with the proper care [1]. The importance of the utilization of mental health services in the treatment of depression among African Americans has long been recognized by mental health professionals. Over the year's studies have found that African Americans tend to suffer from depression more than any other race or ethnicity [2]. However, many African Americans continue to underutilize mental health services in the treatment of depression for various reasons. The underutilization of mental health services in the treatment of depression among African Americans is a problem because not utilizing these services contributes to issues such as misdiagnosis, under-diagnosis, and under-treatment in this community [3].

Studies have found that depression affects approximately 19 million individuals each year [1]. Of that 19 million, 56.6% of African Americans account their experience of depression as being restricting [4]. In contrast, approximately 38.6% of Caucasians account their experience of depression as being restricting. A study completed by Pratt and Brody (2008) found that 10.4% of non-Hispanic adult blacks were affected by symptoms of depression compared to 17.9% of whites [1]. However, Earl, Williams and Anglade (2011) reported that there were "significant differences in the measures of persistence/chronicity and severity in depressed African Americans (56.5%) compared to Whites (38.6%)" (p.118). Regarding gender, African American women report more depressive symptoms than any other group of individuals [5]. Due to these statistics, a study will be done to determine how perception contributes to the underutilization of mental health services in the treatment of depression among African Americans.

African Americans have a disadvantage when it comes to mental health because of historical, economic, social, political, environmental, and psychological factors [6]. The economic oppression of African Americans in rural southern areas has been linked with documented customs of racism [7]. These traditions remain a hindrance, as demonstrated by the absence of satisfactory institutional support services, with limited mental health services, employment opportunities, and educational programs in areas where African Americans live [7]. Limited chances for changing socio-economic status can cause families to be in the same predicament for generations [7].

Identifying trends within this community allow perception of mental illnesses to be examined. An individual's attitude towards attaining mental health services, including social perceptions, can be influenced by many things. Negative attitudes and beliefs about mental illness, also known as stigma, allow for individuals to fear, reject, avoid and discriminate against individuals who suffer from mental illnesses [2]. Stigma was identified as the most prominent barrier to African Americans seeking professional help in regards to mental health [8]. Religion and denial are also barriers to the African American community seeking professional help. The proposed research will address if there is a correlation between perception and the underutilization of mental health services in the treatment of depression in the African American community.

This literature review will provide an in-depth discussion of literature on the perceptual contributions to the underutilization of mental health services in the treatment of depression among African Americans. Depression is often under detected and undertreated in primary care settings [2]. According to Bailey, et al. [2], the population that tends to suffer the most is the African American community. African Americans who suffer from depression are commonly undiagnosed and insufficiently managed in primary care settings because of factors that include, but are not limited to patient factors, physician factors and treatment setting factors [2]. Patient factors include trends, stigma, and perception. Physician factors include diagnosis, and treatment setting factors include the history [2]. This literature review will close with a theoretical framework section that will be used to direct this study. The information gathered in this literature review was acquired from the academic search complete database.

Search methodology

Searches for journal articles and dissertations were conducted using PsychINfo, PubMed, Science Direct, and Google Scholar databases. Search terms included: depression, mental health, perception, mental health services. Articles had to be written in English and published in a peer-reviewed journal to meet the criteria for being part of this review. Collectively, more than 825 articles were produced. Any materials lacking empirical results and/or involving the correlation between perception and the underutilization of mental health services in the treatment of depression in the African American community were excluded. Articles appearing on multiple databases were also eliminated. Six articles initially met inclusion criteria and were selected for this literature review. The reference section of each article was scanned for additional relevant citations. No additional articles were identified. A total of seven peer-reviewed journal articles are included in this literature review. After using various databases articles were utilized from 2004 to the present.

Ecological Systems Theory

The theoretical framework used for this study is the ecological systems theory, which was developed by UrieBronfenbrenner. The ecological systems theory offers various levels of environmental factors that influence and connect to a person's functioning (Okun, 2005). An individual's development in life is directly affected by their ecological influences and that person's experiences with their environment [9]. Ecological systems theory is a significant theoretical guide in this research because this model acknowledges that persons do not exist apart from their environments [10]. Ecological systems theory notes the importance of the person-in-environment and observes the relationship between micro, mezzo, exo, and macro systems. This approach also offers the framework to study the relationships with individuals in contexts within their communities and greater society. According to Sheafor, *et al.* [10], the ecological systems theory identifies that we must examine the context of the environment to understand the functioning of an individual fully.

The ecological systems theory offers several levels of environmental factors that influence and connect to a person's functioning (Rodgers, 2009). An individual's development in life is directly affected by their ecological influences and that person's experiences with their environment [9]. Research has shown a negative relationship between stigma and underutilization of mental health services (Rodgers, 2009). The presence of stigma can be directly correlated to the underutilization of mental health services in the African American Community (Rodgers, 2009). If this relationship were reversed, positive attitudes towards mental illness and mental health could increase utilization of services in this community. The ecological systems theory supports the hypothesis that ecological influences like stigma and religion are directly related to underutilization of professional mental health services in the African American community. The ecological systems theory supports the hypothesis that ecological influences like stigma and religion are directly related to underutilization of professional mental health services in the African American community.

Depression in African American Communities

Depression is known as one of the most common mental health disorders [8]. Depression can have an impact on a person's physical health and that individual's quality of life as well [8]. It is projected that in the next 20 years, depression will likely be the leading cause of disability worldwide [2]. There are approximately 19 million Americans each year who report they are struggling with major depression [1]. There is a distinct history of depression in African American Communities.

History

Numerous possible factors exist for why African Americans experience depressed moods. According to Brown., *et al.* [11], African Americans are more likely to report more psychosocial stressors and distress than Caucasians [11]. This observation is commonly linked to economic, educational, and discriminatory factors established in today's society [11]. African Americans tend to rate their major depression as severe or very severe and more restricting paralleled to Caucasians [11]. Approximately 56.6% of African Americans, compared to 38.6% of Caucasians, account their experience of depression as being restricting [4]. Little access to treatment, low socioeconomic status, low educational attainment, and low quality of treatment have been contributing factors in the African American community for lack of diagnosis and treatment [12]. The history of mental illness in the African American community helps to identify continuous trends.

Trends

Various trends have been observed when examining depression in the African American community. Experiences with depression vary based on gender and socioeconomic status. Women in the African American community report more depressive symptoms than any other group of individuals [5]. African American women's experiences with racism, sexism, and poverty make them more susceptible to depression [5]. African American women often suffer from various comorbidities of depression. These comorbidities include posttraumatic stress disorder, substance abuse disorder, and generalized anxiety disorder [3]. As cited in Ward., *et al.* [8], it has been observed in a study that occurrences, treatment, and disability are connected to major depression in African Americans, Caribbean Blacks, and non-Hispanic Whites [4]. The data was acquired from the National Survey of American Life: Coping with Stress in the 21st Century. The sample size for this study was 6,082 adults. Of this 6,082 adults, 1,271 were African American men.

Results inferred that the lifetime occurrence approximations of major depression were at a peak for Whites (17.9%), trailed by Caribbean Blacks (12.9%), African Americans (10.4%), and African American men (7%). While lifetime occurrence for African Americans was least accounted for, incorporating African American men, African Americans (56.5%), and Caribbean Blacks (56.0%) revealed greater chronicity and disability paralleled with whites (38.6%) [8]. An additional study using the National Survey of American Life: Coping with Stress in the 21st Century dataset [13] assessed the 12-month and lifetime occurrence of major depression amid African American men. The results determined that a 12-month occurrence of 5.02% and lifetime occurrence of 9.98%, which was faintly higher than the lifetime occurrence in the Williams., *et al.* [4] study.

African Americans have a disadvantage when it comes to mental health because of historical, economic, social, political, environmental, and psychological factors [6]. The economic oppression of African Americans in rural southern areas has been linked with documented customs of racism [7]. These traditions remain a hindrance, as demonstrated by the absence of satisfactory institutional support services, with limited mental health services, employment opportunities, and educational programs in areas where African Americans live [7]. Limited chances for changing socio-economic status can cause families to be in the same predicament for generations [7]. Identifying trends within this community allow perception of mental illnesses to be examined.

Perception

An individual's attitude towards attaining mental health services, including social perceptions, can be influenced by many things. Negative attitudes and beliefs about mental illness, also known as stigma, allow for individuals to fear, reject, avoid and discriminate against individuals who suffer from mental illnesses [2]. Stigma was identified as the biggest barrier to African Americans seeking help in regards to mental health [8]. Mental illness stigma discourages African Americans from seeking the help they need. There is documented history of African Americans resisting medical and mental health services and the biases African Americans tend to possess towards mental health and health care professionals aid in avoidance of treatment [2]. According to Ward, *et al.* [8] African Americans are ashamed and afraid of rejection, and many African Americans see depression as a weakness. It has also been reported that numerous African American do not see depression as a health problem, so they do not seek help [8].

Cultural mistrust has also been identified as a reason for the underutilization of mental health services. This barrier is linked to mental illness stigma in the African American community [8]. Cultural mistrust can be defined as the distrust of whites as a result of historical experiences of racism and oppression [8]. Mistrust of professionals in the medical community has been cited as a significant hindrance for African Americans seeking mental health services [14]. The efficacy of treatments and ability of mental health providers was also questioned regarding cultural mistrust [14]. Doubts of medical professionals were backed by negative inferences of friends and family members who have a hand in the underuse of treatment services [14]. Negative perceptions can be correlated to this population's lack of awareness.

Awareness

There are many instances where the African American population do not know that specific mental health diagnoses exist. There are two main aspects of awareness that pose as barriers to the underuse of mental health services. The first barrier is the lack of knowledge and availability of effective treatments for mental health disorders [14]. The second barrier is the lack of awareness about the availability and location of mental health service facilities in African American communities [14]. These barriers combined serve as significant hindrances to African Americans' ability to access and utilize the help of mental health professional [14]. With little awareness of mental illnesses, the African American community tends to utilize informal coping mechanisms.

Coping Mechanisms

Over the years, the advancements in mental health and healthcare practices have led to an outstanding increase in the average life expectancy of most individuals. While advances in mental health have led to a rise in life expectancy and a healthier lifestyle for most, compared to whites, African Americans have a lower rate of life expectancy and quality of life due to the lack of mental health services available to them (Briggs, Miller, & Paulson, 2011, p.1). The lack of mental health services provided in African-American communities has led to a rise in the utilization of alternative coping mechanisms rather than seeking professional help. According to Njoku, Jason and Torres-Harding [15], "coping is defined as the efforts, cognitive and behavioral, an individual makes towards better managing a condition that causes stress, and the emotions that accompany the condition" (p.264). Two popular coping mechanisms used by African Americans who struggle with mental illnesses such as depression are religion and denial.

Religion

Throughout history, the black church has played a significant role in the African-American community. Allen, Davey and Davey [16] found that the church became a central institution for the black culture following the Middle Passage, which was a time in history where Africans were transported from their homeland and brought to America to be stripped of their cultural heritage [17]. With the establishment of the black church, freed slaves were now allowed to express their cultural, spiritual, and authentic heritage [18]. For many years, African American faith-based communities have been intimately involved in the lives of its members by offering them counseling services for problems such as bereavement, marital issues, substance abuse, and legal issues [1]. Not only does the church provide counseling services but it also offers a safe zone, which encourages African-Americans to become comfortable with sharing their problems without fearing the possibility of being judged by their issues. Due to the church acting as a safe zone in this community, African-Americans have relied heavily on clergy for support during a crisis, especially health crisis. In fact, a large number of this population are taught to "lean and depend on God" when one endures trials and tribulations [1].

As cited in Payne [19], The National Alliance for Mental Illness (N.A.M.I) has found that many African-Americans who suffer from mental illness have turned to religious organizations when seeking strength and support during a particular crisis:

Religious communities are in a unique position to combat stigma and provide a message of acceptance and hope...a faith community may be the only place where a person with a mental illness truly feels accepted, valued, and loved. For people who find no other welcome in the larger community, being welcomed in the house of prayer by a concerned and caring community can make a critical difference for consumers with mental illness and their families [20].

Levels of religiosity among African Americans are sometimes used to determine whether or not an individual will consider seeking professional treatment for depression and other mental illnesses. Since many individuals in this population see clergy as a bridge to God when they are faced with trials and tribulations, leaders of the black church are encouraged to take the initiative by having a role in referring their congregants to professional mental health services. Often many African American families tend to first seek help from their pastors when experiencing emotional distress, so pastors play a huge role in encouraging members to not only depend on God for healing but also to seek professional help. Leaning and depending solely on God instead of seeking professional help could lead to a state of denial, in which African-Americans refuse to believe that they suffer from mental issues.

Denial

Constantine, Myers, and Kindaichi [21] suggests that African Americans experience mental health concerns at the same rate as other Americans but tend to underutilize available mental health services (p.112). Mental health in African American communities has not been thoroughly researched because many individuals in this population refuse to be assessed due to denial [22]. For many African-Americans, mental illness is a sign of weakness, so therefore they refuse to speak openly about the issues that they are facing.

According to Bailey, *et al.* [2], approximately 63% of African Americans see depression as a “personal weakness,” and nearly 30% of African Americans state that they would handle depression themselves if they were experiencing symptoms of depression (p.550). Since the Middle Passage, African Americans have been known for their biological resilience, demonstrated by the ability to survive the atrocities of this catastrophic event and endure the physical and emotional trauma of slavery [23]. Because African Americans have overcome so many obstacles in life, mental health is just another issue that they feel they can handle on their own.

Diagnosis

In Bailey, Blackman and Stevens [24] research found that “depressed moods, loss of interest, loss of pleasure, significant weight or appetite change, sleep disturbance, psychomotor disturbance, fatigue/loss of energy, feeling of worthlessness or guilt, impaired concentration, and thoughts of death or suicide” are all signs and symptoms of clinical depression (p.1085). Due to a large number of symptoms and signs of depression, diagnosis can sometimes be difficult. Psychiatric diagnosis plays a significant role in the quality care of patients because a diagnosis helps to predict and inform treatments [25].

Psychiatric misdiagnosis is one reason why mental health services in the treatment of depression are underutilized among African Americans. As cited in Bailey, *et al.* [2], African Americans are often less likely to be accurately diagnosed with major depressive disorders than whites [26]. Regarding symptoms, studies have proven that compared to whites, African Americans are more likely to present with somatic symptoms such as sleep deprivation, weight loss, and anxiety [2]. Because African Americans are more likely to complain about physical discomfort versus emotional distress, physicians tend to overlook the possibility of depression.

Conclusion

This literature review has examined the barriers in the African American community that affect the underutilization of mental health services as it relates to depression. Understanding these obstacles is essential when trying to determine why this population has a history of underutilizing mental health services in the treatment of depression. Mental health and social service professionals need to be mindful of the perceptions African Americans have to mental health services. This will assist these professionals in providing ethical, culturally competent, and culturally aware practices. More research is needed to address the African American community perception of mental health as a whole and the effects their perceptions on seeking professional mental health services in the treatment of depression.

Bibliography

1. Anthony JS., *et al.* "African American Clergy and Depression: What they know What they want to know". *Journal of Cultural Diversity* 22.4 (2015): 118-126.
2. Bailey RK., *et al.* "Major Depressive Disorder in the African American Population". *Journal of the National Medical Association* 103.7 (2011): 548-559.
3. Carrington CH. "Clinical depression in African American women: Diagnoses, treatment, and research". *Journal of Clinical Psychology* 62.7 (2006): 779-791.
4. Williams DR., *et al.* "Prevalence and Distribution of Major Depressive Disorder in African Americans, Caribbean Blacks, and Non-Hispanic Whites". *Archives of General Psychiatry* 64.3 (2007): 305-315.
5. Dwight-Johnson M., *et al.* "Treatment preferences among depressed primary care patients". *Journal of General Internal Medicine* 15.8 (2000): 527-534.
6. Fralich-Lesarre NM. "Beyond cultural competency: understanding contemporary problems with historical roots using an African-centered/Black psychology lens". (Doctoral dissertation). ProQuest LLC (2012).
7. Hackett Jamie Rose. "Mental Health in the African American Community and the Impact of Historical Trauma: Systematic Barriers". Master of Social Work Clinical Research Papers. Paper 320 (2014).
8. Ward E and Mengesha M. "Depression in African American men: A review of what we know and where we need to go from here". *American Journal of Orthopsychiatry* 83.2-3 (2013): 386-397.
9. Bronfenbrenner U. "Ecological systems theory". In R Vasta (Ed.), *Annals of child development: A research annual*. Greenwich, CT: JAI Press (1989): 187-249.
10. Sheafor BW and Horejsi CR. "Techniques and guidelines for social work practice". Upper Saddle River, NJ: Pearson Allyn & Bacon (2006, 2012).
11. Brown C., *et al.* "Clinical presentations of major depression by African Americans and whites in primary medical care practice". *Journal of Affective Disorders* 41.3 (1996): 181-191.
12. Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. (n.d.). PsycEXTRA Dataset.
13. Lincoln KD., *et al.* "Correlates of Psychological Distress and Major Depressive Disorder Among African American Men". *Research on Social Work Practice* 21.3 (2010): 278-288.
14. Matthews AK., *et al.* "A Qualitative Exploration of African-Americans' Attitudes Toward Mental Illness and Mental Illness Treatment Seeking". *Rehabilitation Education* 20.4 (2006): 253-268.
15. Njoku MC., *et al.* "The Relationships among Coping Styles and Fatigue in an Ethnically Diverse Sample". *Ethnicity and Health* 10.4 (2005): 263-278.
16. Allen AJ., *et al.* "Being Examples to the Flock: The Role of Church Leaders and African American Families Seeking Mental Health Care Services". *Contemporary Family Therapy: An International Journal* 32.2 (2010): 117-134.
17. Caldwell C., *et al.* "Church-based support programs for elderly Black adults: Congregational and clergy characteristics". In M. Kimble, S. McFadden, J. Ellor, & J. Seeber (Eds.), *Aging, spirituality and religion*. Minneapolis, MN: Fortress Press (1995): 306-324.

18. Caldwell CH, *et al.* "The Black Church as a family support system: Instrument and expressive functions". *National Journal of Sociology* 6 (1992): 21-40.
19. Payne J. "Saints Don't Cry": Exploring Messages Surrounding Depression and Mental Health Treatment as Expressed by African-American Pentecostal Preachers". *Journal of African American Studies* 12.3 (2008): 215-228.
20. N.A.M.I. African American Outreach Resource Manual-2005, "Ministry, mental illness, and communities of faith" (2004).
21. Constantine MG, *et al.* "Exploring Indigenous Mental Health Practices: The Roles of Healers and Helpers in Promoting Well-Being in People of Color". *Counseling and Values* 48.2 (2004): 110-125.
22. Williamson M. "The Reluctance of African-Americans to Engage in Therapy". Public Access Theses and Dissertations from the College of Education and Human Sciences. Paper 216 (2014).
23. Hall CA and Sandberg JG. "We Shall Overcome": A Qualitative Exploratory Study of the Experiences of African Americans Who Overcame Barriers to Engage in Family Therapy". *American Journal of Family Therapy* 40.5 (2012): 445-458.
24. Bailey RK, *et al.* "Major Depressive Disorder in the African American Population: Meeting the Challenges of Stigma, Misdiagnosis, and Treatment Disparities". *Journal of the National Medical Association* 101.11 (2009): 1084-1086.
25. Neighbors H (n.d.). "The (Mis)Diagnosis of Mental Disorder in African Americans".
26. Strakowski SM, *et al.* "The effects of race and information variance on disagreement between psychiatric emergency service and research diagnoses in first-episode psychosis". *Journal of Clinical Psychiatry* 58.10 (1997): 457-463.

Volume 7 Issue 5 May 2018

©All rights reserved by Shanika Lavi Wilson, *et al.*