

Mental Health in the African American Community

African American communities across the United States are more culturally diverse now than in any other time in history, with increasing numbers of immigrants from African nations, the Caribbean, Central America and other countries. To ensure African American communities have access to adequate and affordable care, a better understanding of the complex role that cultural backgrounds and diverse experiences play in mental disorders in these communities is vital.

Access to Care

According to the National Institute of Mental Health, African Americans and other diverse communities are underserved by the nation's mental health system. For example, one out of three African Americans who need mental health care receives it. Compared to the general population, African Americans are more likely to stop treatment early and are less likely to receive follow-up care.

Despite recent efforts to improve mental health services for African Americans and other culturally diverse groups, barriers remain in access to and quality of care from, insurance coverage to culturally competent services. For those with insurance, coverage for mental health services and substance use disorders is substantially lower than coverage for other medical illnesses such as hypertension and diabetes.

Historically, mental health research has been based on Caucasian and European based populations, and has not incorporated understanding of racial and ethnic groups and their beliefs, traditions and value systems. Culturally competent care is crucial to improving utilization of services and effectiveness of treatment for these communities.

Cultural Issues

Culture—a combination of common heritage beliefs, values, and rituals—is an important aspect of racial and ethnic communities.

African Americans are a resilient people who have withstood enslavement and discrimination to lead productive lives and build vibrant communities. Throughout U.S. history, the African American community has faced inequities in accessing education, employment, and health care. However, strong social, religious, and family connections have helped many African Americans overcome adversity and maintain optimal mental health.

Many Americans, including African Americans, underestimate the impact of mental disorders. Many believe symptoms of mental illnesses, such as depression, are “just the blues.” Issues of distrust in the health care system and mental illness stigma frequently lead African Americans to initially seek mental health support from non-medical sources.

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.

Because African Americans often turn to community—family, friends, neighbors, community groups and religious leaders—for help, the opportunity exists for community health services to collaborate with local churches and community groups to provide mental health care and education to families and individuals.

Studies have shown that family participation in a support group or a church group can improve the family's ability to care for family members with mental disorders and cope with the emotional distress of being a caregiver.

Rates of Mental Disorders

Rates of mental illnesses in African American communities are similar to those of the general population. Most individuals are able to maintain good mental health. However, many are in desperate need of mental health treatment. Culturally diverse groups often bear a disproportionately high burden of disability resulting from mental disorders. This disparity does not stem from a greater prevalence rate or severity of illness in African Americans, but from a lack of culturally competent care, and receiving less or poor quality care.

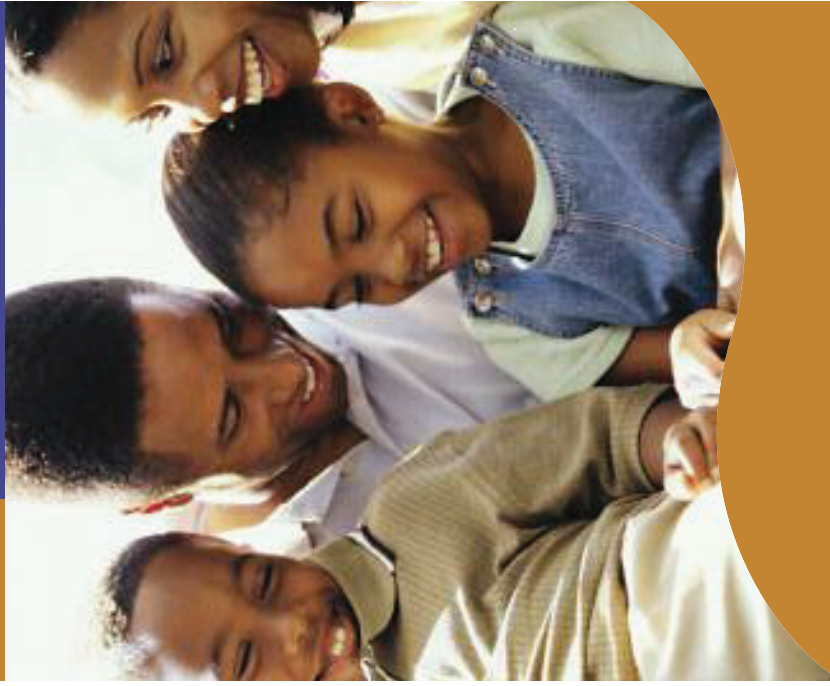
For some disorders, such as schizophrenia and mood disorders, there is a high probability of misdiagnosis because of differences in how African Americans express symptoms of emotional distress. And while the rate of substance use among African American is lower than other ethnicities, alcohol and drugs are responsible for more deaths in the African American community than any other chronic disease in the U.S.

Conclusion

Cultural identity encompasses distinct patterns of belief and practices that have implications for one's willingness to seek treatment from and to be adequately served by mental health care providers. 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.

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Resources

For more information, please contact:

American Psychiatric Association (APA)

1000 Wilson Blvd.

Suite 1825

Arlington, VA 22209

703-907-7300

www.healthyminds.org

Mental Health America (MHA)

2000 N. Beauregard Street

6th Floor

Alexandria, VA 22311

800-969-NMHA (6642)

www.nmha.org

National Alliance on Mental Illness (NAMI)

Colonial Place Three

2107 Wilson Blvd., Suite 300

Arlington, VA 22201

703-524-7600

www.nami.org

Black Psychiatrists of America (BPA)

2020 Pennsylvania Avenue, NW,

Suite 725

Washington, DC 20006

877-BPA-1967 (877-272-1967)

www.blackpsych.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Health and Human Services

1 Choke Cherry Road

Rockville, MD 20850

240-276-2000

www.samhsa.gov

Black Mental Health Alliance

733 West 40th Street, Suite 10

Baltimore, MD 21211

410-338-2642

www.blackmentalhealth.com

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One in a series of brochures designed to reduce stigma associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit www.HealthyMinds.org.

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