

Mental Health and the African American Male: Unmasking Stereotypes

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Historically and traditionally, the African American male has wanted to project the image of being a strong, stoic, almost hyper-masculine male who eschewed mental health concerns and only saw physicians when absolutely critical. This behavior, of course, is a mask that, for some, is hiding tremendous emotional pain and feelings of hopelessness and anger. This article attempts to unmask this stereotypical thinking. Three questions will be addressed in this article: (1) What are the salient facts that relate to mental health and the African American male; (2) What are some of the reasons why African American males are not receiving the mental health services that seem to be needed based on the incidence and prevalence of mental health disorders African American males experience; and (3) What can we do about the concerns raised in this article?

What Are The Facts

- According to the U.S. Department of Health and Human Services, Office of Minority Health, African Americans are still 20% more likely to report having serious psychological distress than Non-Hispanic Whites. However, they are less likely to seek mental health services, especially the males (CDC, 2012).
- 7% of African American men will develop depression during their lifetime (Bryant et al, 2003). This is probably an underestimate given the lack of screening and treatment services accessible to African American men and due to the fact that some men may be experiencing depression, but the presenting problem is substance abuse, domestic violence or a primary care condition such as sleep disturbance or chronic pain.
- According to the Centers for Disease Control and Prevention, suicide is the third cause of death among African-American males between ages 15 and 24, behind homicide and accidents.
- Even more striking is the fact that a report from the U.S. Surgeon General found that from 1980 to 1995, the suicide rate among African-Americans ages 10 to 14 increased 233%, as compared to 120% for whites. Not to mention the fact that the suicide rates of African American men are four times higher than African American women.
- While the rate of substance abuse among African Americans is lower than other ethnicities, alcohol and drugs are responsible for more deaths in the African American community, especially with men, than any other chronic disease in the U.S. (American Psychiatric Association, 2009)
- According to the Health and Human Services Office of Minority Health, the common mental health disorders among African American males include: major depression, attention deficit disorder with hyperactivity, suicide, particularly among African American young men, and posttraumatic stress disorder (PTSD) because African Americans are more likely to be victims of violent crimes, and substance abuse.
- When mental disorders are not treated, African American men are more vulnerable to incarceration, homelessness, substance abuse, homicide, and suicide (Bryant et al, 2003)

Why Are African American Males Not Receiving Mental Health Services

- Black masculinity serves as a huge barrier to seeking care. African American men are confronted with messages every day to be hyper masculine, super strong, aggressive and angry. “Man up!” “Real men don’t cry.” “Showing emotion makes you weak.” These types of attitudes continue to help foster a culture of silence that allows for African American men to sit and suffer in silence (Terrell, 2013).
- Lack of information and misperceptions about what mental health is in the African American community prevents African American men and women from seeking treatment. The lack of information leads some to believe that a mental health condition is a sign of weakness or a punishment from God. There is still tremendous stigma and shame among African American men regarding having a mental health diagnosis. Lack of information, for example, also leads some men to believe that depression is just the “blues” and you will just snap out of it.
- According to the National Alliance on Mental Illness (NAMI), only approximately 25% of African Americans seek mental health care as compared to 40% of whites. NAMI contends that distrust and misdiagnosis within the healthcare system accounts for some of the reasons for African American males not seeking mental health services. This finding is also supported by the APA (2009) as well as the research of Bryant et al (2003).
- Another reason mentioned for African American males not seeking mental health services has to do with healthcare coverage. While the Affordable Care Act is helping to make a difference, according to the 2012 US Census Bureau, 20.8% of African Americans still do not have any form of health insurance, as compared to 11.7% of whites. Additionally, for those who have insurance, coverage for mental health services and substance-use disorders is substantially lower than coverage for other medical illnesses (Goff, 2013).
- A critical factor in African American males seeking mental health services has to do with the dearth of culturally competent mental health practitioners. The importance of cultural competency in healthcare, in general, and mental health, specifically, is not fully understood, but it is an issue that has been raised by a number of the researchers and writers on mental health and African Americans (Bryant et al, 2003; Goff, 2013; Terrell, 2013). Bryant et al (2003) wrote, “Finding care that is affordable, respectful, and accessible is a major challenge for African American men. There is a dearth of providers of color and culturally competent providers. African Americans account for approximately 12% of the population, but they account for only 2% of psychiatrists, 2% of psychologists, and 4% of social workers.” The National Alliance of Mental Illness writes that lack of cultural competence results in misdiagnosis and poorer quality of care for African Americans. For example, it was pointed out that African American men are more likely to receive a misdiagnosis of schizophrenia, when expressing symptoms related to mood disorders or PTSD. Hence, they point out the critical importance of finding culturally competent and sensitive mental health practitioners, especially for African American males.

What Can We Do About It

- The good news is that there is an increasing level of awareness and appreciation for the importance of developing culturally sensitive mental health services to meet the needs of a broad range of culturally diverse clients, in particular African American adult and adolescent males. Bryant et al (2003) outline a number of very doable recommendations for increasing accessibility of mental health services to African American males, including suicide prevention services geared specifically for African American males; collaborating with faith-based and community services to mitigate the feelings of mistrust and bring mental health services to settings where men may feel safer and less stigmatized; and funding research to increase our understanding of suicidal behavior among African American men to develop more comprehensive profiles of those at high risk for early intervention
- With the advent of Integrated Healthcare approaches to the co-management of chronic disease and mental health conditions, primary care physicians and behavioral health consultants are beginning to co-treat patients in the same location thus reducing the stigma of a mental health diagnosis. For example, an African American male coming into a primary care clinic to receive treatment for his hypertension by the primary care physician would benefit greatly and feel less stigmatized if at the same time he could be treated by a psychologist who could help him understand how his anger and depression may be exacerbating his hypertension. Treating both conditions concurrently can certainly lead to better patient outcomes
- Attitudinal changes are also needed to address the mental health concerns of African American males. Terrell (2013) points out that we need to “work harder at creating safe spaces for Black men and boys to vent, express themselves, be vulnerable, speak about their pain and even seek mental health services without the fear of being criticized or looked down upon. Most important, we need to stop equating being ‘devoid of emotions’ with manhood.”
- African American men must also strive to create policy changes by making community, state, and federal officials aware of their unique mental health issues. This can be accomplished by participating and testifying at public hearings, requesting support from public health agencies and writing to their elected officials and media (Bryant et al, 2003).

In summary, while unmasking some of our stereotypes, we can begin to realize that there is a growing body of research, resources, attitudinal changes, and opportunities for collaboration with community and faith-based organizations that are available to African American men. With this level of support, it is conceivable that we will begin to see a reversal of the trends in the increasing rates of suicide and psychological distress within the African American community.

Resources

There are resources in most communities in this country for African American men and boys needing to address mental health concerns. Below are just a few national organizations and their websites that can provide additional information:

- The Black Mental Health Alliance for Education and Consultation, Inc.
<http://www.blackmentalhealth.com>
- National Alliance of Mental Illness (NAMI)
<http://www.nami.org>
- US Department of Health and Human Services, Office of Minority Health
<http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24>

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