

Perceptions of Psychiatric Services Held by African-American Male Youth

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Did you know?



In the context of this topic sheet, "youth" is defined as children ages 10-18.

- African-American male youth are less likely to receive mental health treatment than their European-American counterparts even after controlling for socio-economic characteristics.
- African-American male youth have significantly higher odds of suffering from mood disorders such as depression, but are less likely to seek help when compared to their European-American counterparts.
- African-American male youth are more likely to be diagnosed with Attention Deficit Hyperactivity Disorder, adjustment, conduct-related or disruptive behavioral disorders and less frequently diagnosed with mood and affective disorders as their European-American counterparts.
- The rates of suicide among African-American children (ages 10-14) are lower than European-American children. Suicide, however, is the third leading cause of death among African-American youth, after homicides and accidents.
- The suicide rate for African-American youth (ages 10-19) was 2.62 per 100,000 in 2006.
- The rate of suicide for African-American male youth (4.34 per 100,000), was 5.1 times higher than that of African-American females (0.85 per 100,000).
- Research has linked cohesive family relationships, close friendships, and supportive social networks to reduced suicide risk among African-American youth.

Types of Referral



- **Foster care system** -- These referrals are largely due to adverse situations such as illness, poverty, abuse, neglect or death of a family member.
- **Coercion** -- There is an over-representation of referrals for mental health treatment for African-American youth, which are court mandated or initiated by law enforcement.
- **Schools** -- Studies have shown that there are fewer referrals for African-American youth from counselors and teachers than in comparison to their European-American counterparts.
- **Parents** -- This is the least utilized method of referral for psychiatric services for African-American male youth.

Due to the significant number of referrals via the foster care system, the court system or law enforcement, parents and youth often have a bleak outlook toward psychiatric services.

Access Barriers

- Youth are more likely to request assistance from healthcare professionals of their own racial background. However, only 2% of psychiatrists, 2% of psychologists and 4% of social workers in the United States are African American.

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- Few African-American mental health professionals practice in rural areas where a high proportion of African Americans reside, such as the rural South.
- Lack of family transportation.
- Lack of family health insurance.
- Mental health services may be difficult to obtain through pediatricians/primary care providers.

Cultural Barriers

- A clinician may interpret an African-American child's behavior as overactive or aggressive while the parent may perceive the same actions as consistent with cultural norms of expression.
- Parents may instill cultural perceptions that depression is a personal weakness or failure.
- A social stigma may exist among African Americans for verbalizing suicidal ideation and those that express such ideations or intentions may not be taken seriously.
- African Americans are less likely to use and have access to mental health services, due to residential location, distrust of medical professionals, poor service quality, or lack of insurance coverage.



Parental Influences

- Parents typically make the final decision concerning their child's pursuit of mental health services.
- Parents hold perceptions that professional and agency contact for mental health treatment will increase the risk that family members will be inappropriately labeled, medicated or hospitalized.
- Parents may be more likely to seek mental health treatment from "non-clinical" sources such as clergy, community leaders or other family members.

Future Recommendations

- Integrate mental health services into African-American community based organizations such as churches, mosques and temples.
- Increase the representation of African-American clinical providers.
- Increase the cultural competency of clinical providers in the following areas:
 - ✓ clinicians become aware of their own assumptions, values and biases.
 - ✓ clinicians understand the worldviews of culturally different clients.
 - ✓ clinicians develop appropriate intervention strategies and techniques to serve diverse clients.
- Conduct additional research to fill the void in the literature comparing the varying levels of satisfaction with treatment between parents and youth.

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Webcast

Richardson, M., Shamburger, A., and Gary, K.W. (Speakers). (2010, April 14). Perceptions of Psychiatric Services Held by African-American Males: Implications for Service Providers & Researchers. [Archived Web-based Recording]. Project Empowerment: Improving Minority Disability Research Capacity. <http://www.vcu-projectempowerment.org/training/webcastDetails.cfm/168>

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