

# Perceptions of Psychiatric Services Held by Older African-American Males

Author: Kelli Williams Gary, Ph.D., MPH, OTR/L  
Editor: Allen Lewis, Ph.D., CRC



In the context of this topic sheet, "older" is defined as the ages 65 years or older.

## Did you know?

- Between 2004 and 2030, the projected population of African Americans 65 years and older will increase 147% compared to 74% for European Americans 65 years and older.
- Research has raised the issue that African Americans are at higher risk of misdiagnosis of mental illness compared to European Americans.
- African-American men are almost three times more likely than European-American men to be hospitalized for psychiatric reasons; however, they are less likely than European Americans to use mental health counseling and psychotherapy.
- Older African Americans are more likely to access primary care mental health services; thus, they receive outpatient specialty mental health services at approximately half the rate of their European-American counterparts.
- For older African Americans, management of mental disorders typically in primary care compared to specialty mental health services can be inadequate due to lack of system level resources, and insufficient provider time for initiating treatment and providing close follow-up.

## Primary Referral Sources for Older African-Americans

- Emergency Room Services-- A wing connected to a hospital that is required to give 24-hour emergency care for medical conditions that need immediate care or
- Primary Care Services – Coordinated care of comprehensive health services that could be in a hospital or community center where acute and chronic physical, mental, and social health diseases are managed.

## Cultural Barriers

- African-American men have expressed that seeking mental health psychotherapy services is associated with weakness and diminished pride.
- Older African Americans have faced difficult life experiences historically and as a cultural group they have learned to cope with adversity. This attitude can bolster mistrust of mental health providers and inhibit help-seeking behaviors.
- The strong sense of family and extended family in the African-American community typically poses prohibitions on sharing information about mental illness with those outside of the family circle or close friends.
- The lack of available African-American mental health providers increases the probability of African-American patients feeling a decreased sense of personal connection and genuine concern, which could limit access.



## Access Barriers

- Fewer mental health services located in African-American communities.
- Lack of transportation to locations outside the community to access services.
- Lack of adequate insurance that would cover mental health services.
- Lack of knowledge about available federal and state resources to obtain mental health services, e.g., United States Department of Health and Human Services-Substance Abuse and Mental Health Service Administration (SAMHSA) and National Alliance on Mental Illness (NAMI)-Virginia.



## System Level Barriers

- Perception that European-American mental health providers will not be sensitive to cultural differences,
- Lack of knowledge among mental health providers of African-American life and struggles,
- European-American mental health providers' discomfort with addressing racial differences early in the therapeutic relationship,
- The negative influence of stereotypes held by the mental health provider, or
- Lack of mental health providers' ability or desire to address the spiritual aspects of healing.

## Future Recommendations

- Integrate mental health services into African-American communities and use churches for outreach and referral.
- Mental health professionals should incorporate a social justice orientation in their work environment to promote cultural competence through training initiatives, self-examination, and research.
- Increase efforts to train and hire additional African-American mental health practitioners.
- Conduct more research on mental health outcomes specifically for older African-American men and increase efforts to improve their participation in research studies to enhance the validity of research findings.

## References

- Annapolis Coalition. (2007). An action plan for behavioral health workforce development: A framework for discussion. Substance Abuse and Mental Health Administration. Shortage Designation: HPSAs, MUAs & MUPs. Retrieved on July 8, 2010 from <http://bhpr.hrsa.gov/shortage>
- Biegel, D. E., Farkus, K. J., & Song, L-Y. (1997). Barriers to use of mental health services by African-American and Hispanic elderly persons. *Journal of Gerontological Social Work*, 29:23-44.
- Crystal, S., Sambamoorthi, U., Walkup, J. T., & Akincigil, A. (2003). Diagnosis and treatment of depression in the elderly Medicare population: Predictors, disparities, and trends. *Journal of American Geriatric Society*, 51:1718-1728.
- Cooper, L. A., Gonzales, J. J., Gallo, J. J., Rost, K. M., Meredith, L. S., Rubenstein, L. V.,...Ford, D. E. (2003). The acceptability of treatment for depression among African-American, Hispanic, and white primary care patients. *Medical Care*, 41(4), 479-489.
- Mills, T. L. (2000). Depression, mental health and psychosocial well-being among older African Americans: A selective review of the literature. *Perspectives (Spring/Summer)*, 93-104. Retrieved June 21, 2010 from <http://www.rcgd.isr.umich.edu/prba/perspectives/springsummer2000/tmills.pdf>
- Richardson, J., Anderson, T., Flaherty, J., Bell, C. (2003). The quality of mental health care for African Americans. *Cultural Medical Psychiatry*, 27: 487-498.
- Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology Research and Practice*; 35:19-26.
- United States Department of Health and Human Services. (2001). Mental health: Culture, race, and ethnicity. A supplement to mental health: A report of the Surgeon General. Rockville, MD: Author.
- Wallace, B. C. (2008). Towards equity in health: A new global approach to health disparities. New York, NY: Springer Publishing Company, LLC.

