

# Blacks with high socioeconomic status less likely to seek mental health care

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The rate of unmet need for mental health care is significant among Blacks, reducing quality of life and causing disability. Sirry Alang, assistant professor of sociology and health, medicine and society at Lehigh University says unmet healthcare needs should be seen as a threat to society. "It increases health care expenditures through emergency room visits and substance use disorders. It reduces productivity; and it burdens other systems such as child services, criminal justice and law enforcement."

In her latest research paper, titled, "Mental health care among blacks in America: Confronting racism and constructing solutions," published recently in *Health Services Research*, Alang questions why there is a significant unmet need for mental health care among Blacks and identifies solutions among healthcare systems to fix it: teach the history of racism in medicine; and actively seek, privilege and legitimize the narratives of black people.

Using data from the 2011-2015 National Survey on Drug Use and Health and [focus groups](#), Alang analyzed black adults with unmet [mental health care](#) needs. She looked at the factors that are associated with reasons for unmet mental health needs reported by Blacks. She then held focus groups to explore the role of racism and elaborate on the racial context of the results obtained in the first phase.

Racism, she confirmed in her research, is a fundamental cause of mistrust and racial inequities in mental health service systems.

But why?

She found stigma to be highest among African Americans with a college education. She also found that women are more likely to minimize symptoms and not seek care even when they think they should.

"These results are all explained by racism," she explains. "For example, the fear of double discrimination—racial discrimination and mental illness discrimination—is exacerbated among Blacks in higher socioeconomic positions where they work, compete and are evaluated side by side whites."

When African Americans experience racism in other institutions such as education, work and the [criminal justice](#) system, they anticipate these experiences in health care settings.

Historical institutional betrayal has bred mistrust in mental health systems, and sometimes not seeking care is an effort to avoid exposure to racial microaggressions, Alang says.

Her research has strong implications for practice, policy, and education. She suggests first teaching about the history of racism in medicine and the contemporary forms of racism to clinicians. She says, "Provide anti-racism education. Make this part of the centralized curriculum."

She says that in addition to this, "researchers, clinicians and policy makers should actively seek, privilege and legitimize the narratives of black people. We should be able to document that this process has happened for any policy or research on marginalized groups. It serves the dual purpose of building trust in institutions and provides services that are relevant to the experiences and meets the needs of Black and other marginalized communities."

We cannot change a person's race to reduce the risk of having unmet needs for healthcare, Alang says. "but we certainly can eliminate racism, the fundamental cause of racial inequities."

**More information:** Sirry M. Alang, Mental health care among blacks in America: Confronting racism and constructing solutions, *Health Services Research* (2019). [DOI: 10.1111/1475-6773.13115](https://doi.org/10.1111/1475-6773.13115)

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