

For stressed-out black Americans, mental health care often hard to come by

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(HealthDay)—If there is one thing that recent police brutality protests

have demonstrated, it is that life for black people in America is steeped in stress.

And while it might seem logical to assume that all that stress would translate into higher rates of mental health conditions like depression and anxiety, that doesn't seem to be the case—at least not when actual diagnoses are tallied.

But official numbers don't capture the whole story, as a multitude of factors stand in the way of good [mental health care](#) for black Americans.

"There's an assumption that all people express symptoms of depression the same, but some culture groups express symptoms differently," explained Sherry Davis Molock, an associate professor of psychology at George Washington University, in Washington D.C.

She said that while depression is typically defined as someone who has lost interest in activities they used to enjoy and a persistent sad mood for at least two weeks, in black and Asian people depression is more likely to present with physical symptoms like headache or digestive issues. Those differences could translate to fewer people getting diagnosed in the earlier stages of mental illness: Molock noted that [black people](#) are more likely to be diagnosed with severe mental health conditions.

Another issue that can stand in the way of people of color getting mental health care is the stigma of mental illness.

One man's story of depression

Pervis Taylor III, a life coach and author from New York City, had a tough start in life. Before he was an adult, Taylor was bullied and molested, and his father passed away at a young age from a heroin overdose. Taylor said he now thinks his father had undiagnosed mental

illnesses, including bipolar disorder and post-traumatic stress disorder from serving in Vietnam.

When Taylor became depressed, he didn't know what resources were available to him and it never even occurred to him to reach out to [mental health professionals](#) for help.

"When I was in my 20s, I thought therapy was taboo. I didn't know the benefits of therapy. And, being a man in our society, you're not supposed to go to therapy or have emotions, and being a black man on top of that, you think you can pray it away," Taylor said.

Taylor—now 39—eventually did get therapy, and now he tries to help other people see the value in sharing their stories with others.

"Stories help build connections. When I tell people that I get therapy, it can be a first step in helping make therapy attractive to them. People think, 'If you made it through, I can make it, too,'" Taylor said.

Cost and access to mental health care professionals are additional barriers to mental health treatment.

Mistrust is another concern. David Fakunle, an associate faculty member in mental health at Johns Hopkins Bloomberg School of Public Health in Baltimore, said, "When it comes to utilizing the health care systems we have, there's a distrust. From the Tuskegee airmen to Henrietta Lacks, there's a history of the black body being mistreated in the name of science and medicine. That distrust has been passed down from generation to generation."

More black mental health professionals needed

Within that cultural context, Fakunle noted that "it would be easier for

black people to access mental health treatment if there were more black faces [offering treatment]. We need more black mental health professionals." And, he pointed out that this issue is not just inherent to black people—it's important to encourage more diversity in mental health care for all races and ethnicities.

"We need a greater investment in the mental health infrastructure for people of color," he said.

Molock agreed that cultural norms don't encourage black people to seek mental health care.

"We have to get more people of color providing services and doing the research," she said.

Traditionally, black people have sought care in other ways—through family or church. But, as society has become more mobile and people aren't as connected to family or church, those traditional ways of seeking help may not be enough anymore, Molock said.

Both Molock and Fakunle said that black people in America have learned to be resilient.

"Black people are amazingly resilient. We have survived what would appear to be insurmountable odds, and yet somehow find ways to find joy," Molock said. But she also noted that having a resilient attitude might discourage people from seeking care.

Fakunle agreed. "Resiliency has become a kind of crutch to not address mental health issues. We think, we've dealt with so much already, how can we have mental health issues? We've learned to endure and be resilient, but there are ramifications from the constant trauma and constant stress of being black in the United States," he said.

Like Taylor, Fakunle believes strongly in the power of storytelling to help destigmatize mental health conditions and treatment.

"People telling their stories, talking about what's happened to them, especially people who you think have everything, when they talk about their challenges and say, 'It's affected my mental health,' that's the human element that unites us all," Fakunle said.

More information: Learn more about racial disparities in mental health from this [One Mind webcast with Sherry Davis Molock and David Fakunle](#).

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