



THE *SECRET* EPIDEMIC:

Exploring the
Mental Health Crisis

Affecting Adolescent African-American Males

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Community Voices: Healthcare for the Underserved is working to make health care available to all. With eight sites across the country and managed by the Satcher Health Leadership Institute of Morehouse School of Medicine, Community Voices is helping to ensure the survival of safety-net providers and strengthen community support services. Launched in 1998 by the W.K. Kellogg Foundation, Community Voices Our goal is to improve health care access and quality of care for individuals and their families by providing models for systematic change and improvement. We continue to develop new ways to assess and define innovative research programs and inform health policy.

The Secret Epidemic: Exploring the Mental Health Crisis Affecting Adolescent African-American Males

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Overview

Diagnosable mental illness and related behavioral problems have risen dramatically in adolescent African-American males in recent years.^a This is illustrated with reference to a number of issues:

- Black males ages 15-19 die from homicide at 46 times the rate of their white counterparts;^b
- During 1980-1995, the suicide rate for adolescent African-American males ages 15-19 years increased from 5.6 to 13.8 per 100,000 of the population.^c While adolescent African-American males historically have had lower suicide rates than adolescent European American males, suicide is now becoming equally or more prevalent among African Americans.^d
- African-American male achievement begins to decline as early as the fourth grade. In 2001, only 42.8 percent of African-American males graduated from high school, compared to 70.8 percent for their white counterparts;^e
- Adolescent African-American males are significantly more likely to be diagnosed with conduct disorder than white males.^f

These figures should not be surprising since adolescent African-American males in contemporary American society face major challenges to their psychological development and well-being. In addition to dealing with the physical, mental and emotional issues typically experienced during adolescence, adolescent African-American males are confronted with unique social and environmental stressors; they must frequently cope with racism and its associated stressors, including family stressors, educational stressors, and urban stressors^g.

At the same time, the social and environmental stressors which affect adolescent African-American males are compounded by barriers to accessing quality mental health services.^h Indeed, adolescent African-American males may be among the most underserved populations with respect to mental health services.ⁱ

The Effect of Social and Environmental Stressors on Adolescent African-American Males

Adolescence is a time of great change and transition, when youth experience physical, mental and emotional changes. These changes leave adolescents particularly vulnerable to mental health problems such as depression, suicidal thoughts, and anxiety disorders, especially if the adolescent has a family history of mental illness.^j At the same time it is essential to note that the challenges of adolescent development are multiplied because of historical and social factors arising from institutional and societal racism.^k Certainly, racism can affect mental health status in at least three ways. First, it can lead to reduced socioeconomic status, diminished access to desirable resources, and poor living conditions; compared to whites, African Americans are three times more likely to be poor.^l Second, it can lead to physiological and psychological reactions which bring about adverse changes in mental health status. Third, the acceptance of negative stereotypes can cause negative self-evaluations that have damaging effects on psychological well-being.^m As such, it is not unusual for adolescent African-American males to develop a mistrust of their environment and uncertainty about

their place in society.ⁿ

Minority status is an additional stressor; adolescent African-American males must cope with stress due to heightened vulnerability in terms of being a visible minority.^o Adolescent African-American males of higher than average socioeconomic status may be particularly vulnerable to minority status stress as they are more likely to attend schools in majority white environments. Willis *et al* (2002)^p suggest that adolescent African-American males of higher socioeconomic status may feel as if they are trapped between two worlds, one “white,” the other “black,” and that adolescent African-American males of higher socioeconomic status are more at risk of suicide now than in the past, due to their lack of a reference group. For example, living in white-majority neighborhoods has been shown to be an important risk factor for depressive symptoms among African-American youth.

^q It is also worth noting that there has been a move from collectivism to individualism in the African-American community, together with a decline in African-American institutions, which may have resulted in the loss of what were previously protective features of the African-American community. These changes may have put adolescent African-American males at risk for unresolved psychological distress and even suicide.^r

Further, John Head, the author of *Standing In the Shadows: Understanding and Overcoming Depression in Black Men* (2004)^s argues that from the time they are

The Secret Epidemic:
Exploring the Mental Health Crisis
Affecting Adolescent African-American Males

young boys, black males are under pressure to adhere to a concept of masculinity that requires a silence about feelings, a withholding of emotion, an ability to bear burdens alone, and a refusal to appear weak.^t

In short, adolescent African-American males are forced to negotiate manhood in less than ideal circumstances.

Family stressors

Exposure to racism and poverty may contribute to family stressors among adolescent African-American males; family poverty is directly linked to increased levels of psychological distress in adolescents. This is due to a number of factors. First, there is limited access to quality food, clothing, and recreational activities.^u In addition, parents' exposure to stressors and their own emotional distress, in turn, has a negative impact on parent-child relationships; distressed parents are more irritable, authoritarian, and rejecting toward their children, and these characteristics contribute to adverse mental health outcomes in children and adolescents.^v

Additionally, African-American children in particular, are especially likely to live in single-parent, mother-only families. As of the 2000 census, 68 percent of black households were single-parent households.^w As a result, many adolescent African-American males have no positive adult male role model;^x this absence of male role models may put adolescent African-Americans males at risk for unresolved psychological

distress.^y Moreover, in the absence of positive adult male role models, many African-American boys turn to their peers to form their male identity; these peer groups often have a negative influence on young boys, encouraging behaviors that diminish chances of success in education and employment.^z

Educational stressors

Racism and poverty also may contribute to educational stressors among adolescent African-American males. For example, according to the 2007 Equality Index, dollars spent per black student was only 82 percent of what was spent per white student.^{aa} Also, African-American boys face barriers such as a lack of mentoring by role models, a lack of positive images of African-American males, and exposure to school environments which are culturally insensitive.^{ab} For example, personal perceptions and prejudices of school educators and counselors can have a negative impact on the experiences of African-American boys within the education system. Indeed, it has been argued that the personal perceptions and prejudices of school educators and counselors, coupled with a lack of knowledge of the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) criteria for diagnosis may be resulting in the widespread misdiagnosis of adolescent African-American males.^{ac} In particular, adolescent African-American males are significantly more likely to be diagnosed with conduct disorder than white males.^{ad} Thus it is not surprising that alienation from school starts to occur after elementary school; many African-American boys fall behind and

may eventually drop out completely.^{ac}

Urban stressors

Racism and poverty also can contribute to urban stressors. As many adolescent African-American males are forced to live in deprived and dangerous neighborhoods, urban stress is an important factor in the study of African-American adolescent psychological development.^{af} For example, African-American youth living in urban environments have been disproportionately exposed to community violence when compared to their white and Latino counterparts.^{ag} Further, a significant number of adolescents that live in such environments is at risk of ending up in prison or dying in gun-related incidents.^{ah} These stressors that result from living in deprived and dangerous environments increase the likelihood for poor social and developmental outcomes, including but not limited to increased aggression, anxiety, low grade point average, delinquency, depression, and social withdrawal.^{ai} Moreover, Paxton, Robinson, Shah, & Schoeny (2004)^{aj} have demonstrated that there is a significant relationship between exposure to violence and psychological distress as measured by depressive and Post Traumatic Stress Disorder (PTSD) symptoms in their study of 77 adolescent African-American adolescent males.

Barriers to Accessing Quality Mental Health Services among Adolescent African-American Males

Adolescent African-American males face a number of barriers in terms of accessing quality mental health services. These include financial barriers, fragmentation of mental health services, a lack of diversity in the mental health-care work force, and a lack of cultural competency.

Financial barriers

Financial barriers have a significant effect on adolescent African-American males' access to mental health services. For example, nearly one in four African Americans is uninsured, compared to 16 percent of the U.S. population. Additionally, rates of employer-based health coverage are just over 50 percent for employed African Americans, compared to over 70 percent for employed non-Hispanic whites.^{ak}

Fragmentation of mental health services

Another factor affecting the access of adolescent African-American males to mental health services is the fragmentation of mental health services. Given the mix of public insurance and safety net programs, federal laws, and disparities in private plans' coverage of mental health services^{al} the mental health system is extremely fragmented. Thus adolescents who need help must often navigate a confusing maze to get treatment.^{am} Many adolescents who do receive services are never seen by the health-care system but receive care through schools (the main provider of services to

The Secret Epidemic:
Exploring the Mental Health Crisis
Affecting Adolescent African-American Males

adolescents with emotional disorders), child welfare agencies, or the juvenile justice system.^{an} Adolescents with serious mental health problems who do use services are often forced to use multiple agencies.^{ao}

Lack of diversity in the mental health care work force

The providers of mental health services to adolescent African-American males are largely non-African American. African Americans account for only 2 percent of psychiatrists, 2 percent of psychologists, and 4 percent of social workers in the United States.^{ap} There are very few black child psychiatrists and non-African-American mental health professionals often have stereotypical views of African American adolescents.^{aq} This lack of African-American mental health professionals presents a challenge for African-American adolescents and their parents who want a provider who is sensitive to their particular situation.^{ar}

Lack of cultural competency

As is the case with the African-American population generally, within existing mental health services, there is a tendency to ignore the social and environmental stressors affecting adolescent African-American males as well as their unique socio-cultural background. This can lead to misdiagnosis, a general alienation of African-American adolescents from the mental health system, and poor use of mental health services.^{as}

With regard to misdiagnosis, it is important to note that because of the gender-specific manifestation of mental disorders, certain mental disorders tend to be

under diagnosed in adolescent males generally. For example, depression is one of the most overlooked disorders in adolescent males because of differences in symptom expression; due to the link between depression and suicide, the under diagnosis of depression in adolescent males is an extremely serious problem. It is also important to note that for cultural and social reasons, African Americans are more likely than whites to exhibit symptoms of suicidality in terms of somatic complaints rather than the typical sadness or depression; as such, traditional suicidal symptoms may not be obvious at first.^{at} Given their dual role as adolescent males and African Americans, adolescent African-American males are at particular risk for misdiagnosis of serious depression and suicidality.

With reference to alienation from the mental health system, Michael Lindsey's study (2006) on depressed adolescent African-American males' perspectives' on mental health services^{au} highlighted adolescent African-American males' feelings about therapists lack of understanding of their cultural context. This illustrates the fact that adolescent African-American males may not trust or feel welcomed by the mental health service providers who are available. Further, feelings of mistrust or perceptions of racism or discrimination may deter them from continuing to seek help.^{av}

What can be done to Improve the Mental Health of Adolescent African-American Males?

In order to improve the mental health of adolescent African-American males, it is essential to address both the social and environmental factors that lead to poor mental health status, and to increase the capacity of the mental health system to meet unmet needs. In addition it is necessary to fund research in this understudied area.

Addressing social and environmental stressors –

Social policies

As has been indicated earlier in this paper, the mental health status of adolescent African- American males is affected by social and environmental stressors, particularly racism and minority status, which have a knock on effect in terms of leading to additional stressors, that is, family stressors, educational stressors and urban stressors. As such, policy makers should promote policies which tackle these social and environmental factors in order to improve the mental health status of adolescent African-American adolescents. For example, policy makers need to formulate policies to remove barriers to equal opportunity and adopt compensatory programs as and when necessary in areas such as education and employment.^{aw} Additionally, policy makers should promote public policies that decrease poverty in areas such as education and employment.^{ax} Social policies should not be a substitute for mental health service interventions but part of a broad policy agenda to prevent and treat problems related to mental health

status.^{ay}

Addressing social and environmental stressors –

Reducing community violence

Policy makers need to view youth violence as a public health crisis that can be tackled through proper intervention efforts, for example, violence prevention programs. As such they should focus more attention and resources on the crucial points in the development of African American male adolescents in order to halt the sequence of events that leads young black males from poverty to community violence, prison and frequently death.^{az}

Addressing social and environmental factors –

Cultural competence in the educational setting

Policy makers and practitioners should make efforts to actively recruit, train, and support competent African-American men who can serve as school educators. Additionally policy makers and practitioners should promote educational advocacy initiatives for African-American male students.^{ba} For example, educational advocates should help school educators to better understand the dynamics of male development from an African American perspective. They should also make the teaching-learning process more relevant to African-American males. In addition, educational advocates perhaps could examine the incidence of discipline in the classroom to ensure that African-American males are not receiving a disproportionate share of reprimands or negative feedback.^{bb}

The Secret Epidemic:
Exploring the Mental Health Crisis
Affecting Adolescent African-American Males

Addressing social and environmental stressors –

Training in bicultural competence for adolescent African-American males in schools and the wider community

Policy makers should promote the inclusion of bicultural competence training in schools and the community for example, churches. Bicultural competence training has the potential to help black male youth develop attitudes, behaviors, and values necessary to cope with societal hostility and to function at optimal levels at school and in the world. It also has the potential to teach adolescent African-American males what it means to be an African-American male within the African-American community and within mainstream society. Additionally, bicultural competence training can be used to expose adolescents to African-American male role models, in order that they develop a sense of cultural and historical pride in the accomplishments of African-American men.^{bc} In this way bicultural competence should reinforce positive racial self-esteem and enable adolescent African-American males to develop the attitudes and skills necessary for academic achievement, and positive and responsible behavior.^{bd}

Increasing the capacity of the mental health system to meet unmet needs: Addressing financial barriers

Policy makers need to work towards enabling the less well off to have better access to health insurance. In addition, policy makers need to increase the availability of publicly financed safety net providers since these providers are an important resource in the provision of care to African-American communities.^{bc}

Increasing the capacity of the mental health system to meet unmet needs: Integration of mental health services

Policy makers need to integrate mental health services that are fragmented across levels of government and among many agencies.^{bf}

Increasing the capacity of the mental health system to meet unmet needs: Make efforts to recruit and retain African Americans into the mental health workforce

Policy makers should make efforts to recruit and retain African Americans, particularly men into the mental health workforce. This could be done by improving admission policies and practices, reducing financial barriers to mental health professions training, and other mechanisms to encourage support for diversity efforts.^{bg}

Increasing the capacity of the mental health system to meet unmet needs: Ethnic matching of adolescent African-American males and therapists

Policy makers and practitioners should promote ethnic matching of adolescents and therapists as a method of improving services for adolescent African-American males.^{bh} Adolescent African-American males ideally should see an African-American therapist; ideally the therapist should also be male.

Increasing the capacity of the mental health system to meet unmet needs: Culturally competent diagnostic systems

When adolescent diagnosing African-American males, it is imperative for practitioners to tailor their

diagnostic systems to correspond with the socio-cultural environment of this population.^{bi} It is vital to acknowledge and understand that adolescence occurs in a wider socio-cultural environment and that adolescent African-American males are subject to a variety of social and environmental stressors. In particular, practitioners need to take extra care in evaluating potential suicidality among adolescent African-American males. Additionally, the impact of culture on different ways of expressing distress should be taken into consideration by clinicians.^{bj} Moreover, therapists, school counselors, and other professionals responsible for diagnosing African-American male students must examine themselves and their perceptions of African-American males in such a way as to eliminate and minimize any personal prejudices or biases that may adversely impact their assessment.^{bk}

Increasing the capacity of the mental health system to meet unmet needs: Culturally competent treatment systems

When providing treatment to adolescent African-American males, it is very important for practitioners to tailor their treatment systems to correspond with the socio-cultural environment of adolescent African-American males.^{bl} As such, practitioners should consider using therapy which is specifically tailored to clients who are people of color/members of oppressed groups; for example, cognitive therapy for members of oppressed groups.^{bm} Exploring culturally relevant content themes, especially those concerning issues of anger/rage, alienation, respect, and the journey from boyhood to manhood can improve the level of therapy

engagement of adolescent African-American male clients.^{bn}

Fund research in this understudied area

Research on the mental health needs of this population continues to be understudied while the existing literature frequently utilizes methodologies that lack culturally-sensitive approaches/measures that recognize the unique contextual environment of adolescent African-American males.^{bo} As such, policy makers should fund research which looks at the mental health needs of adolescent African-American males with a culturally sensitive conceptual framework. Qualitative research in particular would yield valuable data in relation to this population.

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