

# **Barriers to Mental Health:**

The Effects of Age and Gender on Perceptions of Mental Health Treatment  
in the African American Community

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**Abstract**

Many studies have looked at the general reasons why black Americans are less likely to seek out mental health care than white Americans. The purpose of our study was to see whether certain characteristics within the black community impacted their perceptions of mental healthcare. In particular, we aimed to see whether age or gender made a difference in the ways that black Americans viewed mental health care. We interviewed six African Americans, three males and three females, aged 15-50 who are connected to The Neighborhood Academy in Pittsburgh, Pennsylvania. We asked each interviewee eleven questions to uncover their own experiences with mental healthcare and to see what their attitudes toward it were, generally. From our interviews, it was inconclusive whether age and gender play a significant role in the ways that people view mental health care. Future researchers should interview more people across a wider age range, and should look into other ways that people cope with stress, such as religious coping, as a form of mental healthcare.

## **Introduction**

Negative experiences with mental health treatment have harmed many African Americans throughout generations. Poor experiences with doctors, largely due to doctors' implicit biases, and a lack of insurance serve as barriers to many black Americans in receiving quality mental health care. Additionally, negative stigmas have passed down through generations, and these stigmas make many people question whether therapy would truly help them. This hesitation may be even worse for the African American community, who face more chronic stress than white Americans generally.

However, limited research has been done on individuals' points of view surrounding mental health care. In particular, we were interested in the ways that age and gender may impact individuals' perspectives on therapy. To look into this, we interviewed six African Americans aged 15-50 to see whether age and gender impacted their views of mental health care. We asked both about their personal experiences with mental health and mental healthcare and the outlets that they turn to for help. From their responses, we can highlight common trends based on age and gender of the interviewees.

## **Literature Review**

### *Barriers to Mental Health Treatment*

Mental health is something that people deal with on a daily basis. A person's mental health is very important because it can affect him or her physically. This is a large problem in the United States, where 3% of children and 8% of adolescents suffer from depression (Lindsey et al., 2010, 459). A common way of dealing with poor mental health is by attending counseling or going to a physician. Counseling and depression treatment have high success rates in improving depression among teenagers (Lindsey et al. 2010). However, African American teenagers have been found to be at a higher risk of depression because they are less likely to seek out or receive mental health care. Not only is this a problem, but because they are more likely to live in high risk environments with higher levels of poverty, substance abuse, and violence, they may be more likely to experience higher levels of depression and anxiety than their white peers (Lindsey et al., 2010, 459). There are many barriers in the way of African Americans receiving the care they need, including stigma surrounding mental health, lack of trust of mental health physicians, and chronic stress.

One large barrier that is in the black community is the stigma behind mental health. African Americans are more likely to look at mental health struggles in a more negative light. For example, 63% of African Americans reported that they believed depression was a sign of personal weakness (Ward et al., 9). However, not all African Americans think the same. In a survey conducted by Ward et al., they found that 30% of African Americans said they were open to mental health treatment. The authors believe this is because about 30% of African Americans have experienced some treatment for their own mental illness, and may have seen the benefits themselves (Ward et al., 11). One reason there may still be stigma surrounding mental health care might be due to a lack of trust of physicians.

Another one of the barriers to mental health care in black households is the relationship between the physician and the patient. There is a severe lack of trust of mental health physicians in the black community, especially among males. In interviews by Lindsey et al., many black boys said that they doubted that mental health professionals would be able to break down barriers or genuinely care about their problems (472). Their distrust of mental health physicians largely came from the negative views of doctors and counselors that their families and friends hold (Lindsey et al., p. 472). One reason there might be such distrust is because many white doctors do have implicit biases, which create a more negative experience for black patients. Implicit bias is how information about an individual is processed and leads to unintended biases in decision making (Chapman et al., 2013). It happens without conscious awareness, but can have very negative impacts on black patients (Chapman et al., 2013).

These barriers to mental health in the black community are especially harmful because poor mental health is also contributing to poor physical health. Jackson et al. (2010) hypothesized that the “strain of living under inhospitable environmental conditions are to result in physical health disparities among racial groups” (933). The physical health of African Americans may be at a higher risk, then, because they generally face higher rates of stress (Jackson et al., 2010, 933). Surprisingly, though, African Americans have been found to suffer the same rates of anxiety and depression as any other race, even with higher rates of distress (Jackson et al., 2010, 933). Jackson et al. believes this could be for two reasons. The first is the lack of access to mental health treatment; if Black Americans cannot go to the doctor, they will not be diagnosed. The second reason has to do with coping mechanisms. When individuals are chronically confronted with stressful conditions in daily life, they will often engage in unhealthy

behaviors (Jackson et al., 2010). These unhealthy behaviors include smoking, alcohol use and abuse, drug use, and overeating (Jackson et al., 2010, 933). These behaviors can help a person alleviate resulting symptoms of stress and this can help a person cope with stress in the moment, but it can lead to physical harm over time. Black Americans have greater physical health morbidity and mortality at every age than white Americans do, and this may be due to unhealthy coping mechanisms (Jackson et al., 2010). For example, “Black women are twice as likely as White women to die of hypertensive cardiovascular disease,” and Black Americans’ average life expectancy is seven years lower than white Americans (70;77) (Jackson et al., 2010, 933).

#### *Generational Differences in Perceptions of Mental Health Care*

Age may impact where people turn to for mental health care. Many older African Americans report religious coping as their main coping mechanism (Ward et al., 9). This means that they would talk to a church leader or pray when faced with a mental health challenge. One reason they may not seek out therapy is that older African Americans stated that depression was a sign of a lack of inner strength (Ward et al., 9). Therefore, older African Americans were less likely to even discuss mental health struggles even within their family (Ward et al., 11). When asked about their openness to professional mental health care, young and middle-aged African Americans were more open to this care (Ward et al., 11).

#### *Gender Differences in Perceptions of Mental Health Care*

Family and peer influence can play a huge role on young, African American males’ perceptions of mental health care. In the Drucker study, African Americans reported heavy reliance upon their social networks when faced with challenges. Family members in particular were the first source they turned to for help. In a study by Lindsey et al., the researchers interviewed 18 Black teens, and eleven of those teens said that they would first go to their family, particularly their mothers (471) Most went to family first because they felt most comfortable with them instead of going to “outsiders.” The boys felt as though their mothers would not stigmatize them for having an emotional or behavioral disorder. Additionally, they thought their mothers would provide the best guidance and provide useful feedback (Lindsey et al., p. 471) (Lindsey et al., p. 471). Though when it came to peers, they felt differently. African American males felt that their peers would tease them about using mental health services, and

they would be filled with shame. Among friend networks, the boys believed speaking about mental health problems is more likely to be associated with signs of weakness and vulnerability.

Among adults, depression rates have been found to be higher among African American women. In 2011, 12 million African American women and 6 million African American were diagnosed annually with depression (Ward et al., 2). This is surprising, because generally, African American women are more economically stable than men are. While 28% of African American women perceive themselves to be middle or upper class, only 23.4% of African American men do (Ward et al., 16). In a comparison of young (age 25-45) African men and women, Ward et al. tried to see if there were factors that might lead one group to have higher depression rates than another. The factors seemed to be similar between men and women, although women reported more work and family stress (Ward et al., 7). In terms of seeking out mental health care, women were found to be more likely to use religious coping strategies, and men were more likely to first go to family before any other professional. Women were significantly more open to receiving professional help than men. This could be due to the fact that they tend to make more money, be college educated, and have access to healthcare. Both men and women were tentative about going to friends because of the stigma surrounding mental health issues.

## **Hypotheses**

Research says that both gender and generational differences may play a role in both how people perceive mental health challenges and mental health treatment. However, in studies of both gender and generational differences, current research primarily draws from white participants. Our study aims to investigate whether African Americans follow similar trends in how they perceive mental health and healthcare.

We hypothesized first that older African Americans will have more negative attitudes towards mental health care than younger African Americans. Our second hypothesis is that African American males will have more negative attitudes towards mental health care than females.

## Methods

In our study we interviewed three African American males and three African American females in Pittsburgh, Pennsylvania. Two interviewees were teenagers, two were in their late twenties, and two were over forty years old. In each age group, one interviewee was male and one interviewee was female. The purpose of the interviews was to gain insight into how age and gender may impact how African Americans view mental health problems and care. All participants were asked the same set of questions, but some participants also answered some individual follow-up questions as well.

## Results

Our first hypothesis, that older African Americans will have more negative attitudes towards mental health care than younger African Americans, was partially supported. This hypothesis was based on Ward et al's study that showed older people tended to use very different coping strategies than younger people. However, all of our interviewees were supportive of therapy for those who seek it out at this point in their lives, even if it took some time for them to come to that view.

One way that our first hypothesis was not fully supported was because five out of the six interviewees said that they had been made fun of for their feelings at some point in their lives. There was not a major generational difference in their experiences. Renae, a woman in her 50s, stated that when her family shut down her feelings it, "made me feel bad, like I just didn't want to be bothered and they made light of it." Amarie, a teenager, stated similar feelings, saying, "I have been made fun of for how I was feeling, and it made me feel worse. Because when somebody makes you feel like what you're feeling is invalid or stupid, you start to question whether you have a right to feel how you feel or not." The result of this was that the interviewees closed themselves off to other people. For example, Shante, a woman in her twenties, reported that, "people don't understand why I feel the way I feel about certain things. And if they would just ask I would explain it. And it makes me feel like I don't want to talk about how I feel." Not feeling comfortable opening up to others could prevent African Americans of all ages from seeking out therapy because they may fear that they will be looked at differently by that person and their peers.

One reason that the first hypothesis is partially supported is based on who the six interviewees turned to when looking for help. In the Lindsey et al. and Drucker studies, young, male African Americans reported relying on their social networks, especially their families, to go to when they had problems. In our interviews, however, all interviewees stated that they would turn to their friends for help. For example, Naiziim, a teenage boy said that when he feels upset, “I go to my boy RJ because he can relate to some of my problems...He always makes me laugh.” This did not mean, however, that all interviewees did not go to their families. The three oldest interviewees, all in their 30s-50s, stated that they would additionally go to their family members. Fred, a thirty year old male, stated that, “I outlet to people for different situations. I think pouring all of your sorrows into one basket and putting all your problems on one person can be hindering. I spread it out. I have friends that I talk to about finance, I have friends that I talk to I guess about women, and now that I am engaged and moving onto marriage it’s all about one. But you know I believe in different people for different things.” In total, African Americans of all ages leaned on their friends, and the older interviewees also relied on their significant others in their families.

According to Ward et. al, older African Americans, especially women, reported using religious coping to deal with problems. We did see religious among our two oldest interviewees. However, religious coping was also used by our youngest interviewee. Religious coping may not be entirely generational, but based on a person’s own belief systems.

Our second hypothesis, that African American males will have more negative attitudes towards mental health care than females, was partially supported. All of our interviewees had positive attitudes towards mental health care, however the men interviewed stated that other males did not feel the same way.

One reason our second hypothesis was partially supported was because younger males showed more resistance to therapy than any women and girls. This is in line with the interviews conducted by Lindsey et al., who argued that boys did not think therapists would understand their lives. However, the young men interviewed in our study did not want therapists in their business. For example, Naiziim, a teenage male said that, “[Therapy is] cool for people who need it, and they’re doing it to help other people out...but it’s not for me.” Fred, now at age thirty, believes therapy is very important for people, and goes himself. When he was younger however, he was forced to go because of behavioral issues. He felt like there was a stereotype surrounding therapy, saying, “It makes us like we are “loopy” if we go. ‘What are you going for? Who died in



your family?’ Dang, I can’t just go to therapy because I just wanna give myself a break? I wanna vent, I want to talk stuff and nobody is gonna say anything. I wanna be able to say something to a family member and not worry if they’re gonna go tell the whole family.” Comparing Fred’s and Naiziim’s experiences and attitudes towards therapy shows that people’s experiences, rather than their age and gender, may impact their views on mental health and healthcare.

For the six individuals interviewed, there were not significant barriers to accessing therapy. However, many of the interviewees stated that time and money was a barrier that they saw for others. Fred stated that, “I think that time and money is only barrier but for 80 to 90 to 1000% of people...especially people even now don’t know their mental health is on your insurance if you have insurance...no matter what we talk about bills, school, clothes, and most people’s struggle comes to money first.” Although our interviewees did not mention gender when talking about financial barriers to therapy, other authors have pointed to the fact that there may be more financial barriers to therapy for men. For example, Ward et al. found that 53.6% of African American men say they don’t have health insurance, while only 24.8% of women report not having health insurance (p. 16). Women have been found to be more economically stable than men, which helps us assume that they are more likely to get the medical assistance that they need.

One area that our interviews shed light on was how gender and age might have an impact on who is approached to help people with mental health struggles. Both Renae and Shante, women in their 50s and 20s, felt like they were the person others could go to if they needed help. Despite being a reliable person to lean on, Renae stated that she did not know who she could go to herself for help, and Shante expressed that she did not like to go to others until it became too much. When asking all interviewees where they go to for help, wives and mothers were listed by several interviewees. This could mean that women take on disproportionate levels of stress from others. In the future, researchers should look into the level of stress that women take on as caretakers.

Another area that deserves future research is the way that the therapist’s role as a mandated reporter may prevent people, and especially young people, from opening up or going to therapy in the first place. Renae, a woman in her 50s, hinted at this when she talked about why teenagers may not discuss their problems with someone older than them. She said that teenagers in her life have the attitude that, “you do as you’re told, what goes on here [at home] stays here.”

And Amarie, a teenage woman, stated, “I feel like I get told all the time, even by people who are just 10 years older than me, that the problems that I have now aren't gonna matter in a couple years. And it's not about it still mattering, but it matters now, and because it matters now, it can affect you in the future.” This shows that if teenagers can not even express their emotions in their own household, how will they be able to do it with a stranger?

A big question that was left unanswered in our study was, “Is religious coping useful?” Both older and younger interviewees listed religious coping as a way they managed stress and emotions, yet there is little research on the effectiveness of religious coping. Researchers should explore whether religious institutions, which may be trusted by many African Americans, could partner with mental healthcare providers to provide mental healthcare.

Finally, there should also be more research on more mental health support programs for boys beyond sports. It is important for boys to have a safe place for them to express their emotions. There needs to be more, “brotherhood” environments that allow boys to have male figures to look up to, and not feel like they need to hold back.

There were some limitations to our research. The biggest limitation to this research was that everyone interviewed is connected to The Neighborhood Academy, an independent school in Pittsburgh, Pennsylvania. This school is a tight-knit community, and the community encourages close relationships as well as therapy. This family-like environment may have made the people interviewed feel more comfortable talking with others about sensitive topics than the general public might. Additionally, this research is just a starting point with six interviewees. Although we can see interesting trends, we cannot make sweeping judgements about all African Americans based off of this information. Finally, future researchers should interview older African Americans; our oldest interviewee was in her 50s. Interviewing more people and older people can give us a wider range of experiences that can be telling.

## **Conclusion**

Our study showed that the age of black Americans may not impact their view of mental healthcare. Five individuals, ranging from teenage to their 50s, all had positive views of therapy, and only one individual, a teenager, had skeptical views of mental health treatment. In terms of gender, our study showed that gender may have a stronger impact on individuals' experiences and views of mental healthcare. While all of the men we interviewed personally had positive

views of mental healthcare, they saw other men be reluctant to use therapy or other mental healthcare. Overall, gender and age may not be the best predictors of feelings towards mental health. As a community, people should open their minds towards therapy as a way to improve important mental health care.

## Bibliography

Chapman, Elizabeth N., Anna Kaatz, and Molly Carnes. 2013. "Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities." *JGIM*, (4), 1504-1510. Google Scholar.

Jackson, James S., Katherine M. Knight, and Jane A. Rafferty. 2010. "Race and Unhealthy Behaviors: Chronic Stress, the HPA Axis, and Physical and Mental Health Disparities Over the Life Course." *American Journal of Public Health* 100, no. 5 (5): 933-939. Google Scholar.

Lindsey, Michael A., Sean Joe, and Von Nebbitt. 2010. "Family Matters: The Role of Mental Health Stigma and Social Support on Depressive Symptoms and Subsequent Help Seeking Among African American Boys." *Journal of Black Psychology* 36 (4): 458-452. 10.1177/0095798409355796.

Ward, Earlise, Jacqueline C. Wiltshire, Michelle A. Detry, and Dr.R L. Brown. 2013. "African American Men and Women's Attitude Toward Mental Illness, Perceptions of Stigma, and Preferred Coping Behaviors." *NIH Public Access* 62 (3): 185-194. Google Scholar.