Mary Olufunmilayo Adekson *Editor*

African Americans and Mental Health

Practical and Strategic Solutions to Barriers, Needs, and Challenges

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Editor
Mary Olufunmilayo Adekson
Faith Diversity Consulting
Lynchburg, VA, USA

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This book is dedicated first to Almighty God, who has no color and who neither takes sides nor shows partiality when His children fight, and neither judges nor holds grudges.
To all our ancestors who fought to give us freedom to contribute our knowledge to this volume
To all those who will benefit from reading this volume
To all my physical, spiritual and academic children
To all the contributors to this great book that speaks to the mental health needs of those dear to our hearts

Foreword

I was quite pleased when Mary invited me to write the foreword to this necessary contribution to counseling. Increasing awareness and knowledge about working with African American clients will significantly advance our understanding of multicultural counseling teaching and practice. Most importantly, I am honored to support Dr. Adekson in her lifelong efforts to expand our understanding of multicultural counseling. The chapters in this book give voice to the African American individuals, families, and communities that have suffered from centuries of social marginalization. I hope that this book will inspire mental health professionals and trainees to better educate themselves about the historical, political, and social experiences of African Americans and other marginalized communities.

While it is vital to commend the achievements of the various multicultural counseling researchers who have advanced the discipline of counseling, in particular, we must remain steadfast in contributing to this body of knowledge. One of the most important areas representing the next frontier for multicultural counseling scholarship is understanding the impact of historical and race-based trauma on African Americans. Current research suggests that continuous traumatic stress and transgenerational trauma have been shown to affect individuals' physical, psychological, and emotional well-being. Outcomes of mental health research in this area can aid practitioners in their assessments, case conceptualizations, and interventions. Further, scholars as well as practitioners need to construct a more complex understanding of racial-cultural identity development to explore how individuals access multiple aspects of their identity, such as gender, class, and sexual orientation. Scholars who initially explored concerns relating to African American women introduced the concept of intersectionality to explain simultaneous identity development issues. This concept is discussed in the book.

In the twenty first Century, we need a much more sophisticated conceptualization of identity development to better meet the needs of African American clients. There are few multicultural counseling scholars who have contributed more to this area than Dr. Mary Adekson. Mary has provided a lifetime of service to multicultural practice and is perhaps an unsung hero in the field of multicultural counseling. Over the decades, she has quietly and steadfastly served as a leader in counseling

communities, as a practitioner, mentor, editor, reviewer, and teacher. Her recently published books on counseling competence have provided counselor-trainees and early career professionals with guidelines for effective clinical practice. Her edited book, *Handbook of Counseling and Counselor Education* (in which I wrote a chapter on trauma remediation), serves as a primer for students entering the field. Mary also has been pragmatic in advancing multicultural counseling on a global scale as a key player in discussing traditional healing, spirituality, and African-centered counseling practices.

The chapters outlined in this book focus on mental health and African Americans and capture some of the key issues that are of concern for this client population. Beginning with the question of, "Who are African Americans?", Beverly J. O'Bryant establishes the foundation of historical trauma for African Americans in the U.S. (Chap. 1). Touting the wellness model that is a cornerstone of counseling, Brittany L. Dennis presents a case for African Americans' mistrusts of the healthcare system and the role of structural racism in serving as a barrier to effective service delivery (Chap. 4). She emphasizes the need for advocacy among both mental health and physical health practitioners. In Chap. 13, Nivischi N. Edwards and her colleagues provide a discussion of the barriers to effective mental health service delivery for African Americans and then offers the use of Critical Race Theory (CRT) as a tool for better conceptualizing and contextualizing the African American experience in the U.S. These practical strategies for enhancing clinical practice with this population focus on social support, mental health literacy, and emotional wellness.

Key concerns in meeting the needs of African Americans are addressing the unique within group populations, such as the LGBTQ+, youth, elderly, incarcerated, and single parent household populations. These concerns are particularly relevant during the current COVID-19 pandemic. Several chapter authors address the challenges that these groups face and focus on adverse childhood experiences (ACEs), as well as the need for training that includes the ability to recognize race-based trauma. In speaking on resilience and coping, the authors in Chap. 7 (Fawn T. Robinson and Quiana Golphin) emphasize protective factors that promote wellness, including togetherness, emotional resilience, and spiritual lifestyles. This is important in minimizing deficit-oriented thinking about African American clients. To specifically address race-based trauma and social marginalization, Victoria D. Austin (Chap. 14) discusses several strategies for healing within the African American community and offers several culturally appropriate interventions, such as the H.E.R.S. (history, empowerment, rapport, and spirituality) and H.I.S. (history, identity, and spirituality) models.

This matter of social marginalization is what I have dedicated my life to investigating. The Center for Traumatic Stress Research at Xavier University of Louisiana (XULA), which I founded, concentrates on the connection between traumatic stress and systemic oppression, investigating historical trauma and transgenerational trauma. While the majority of my efforts focuses on cultural hegemony in schooling experiences, I have partnered with graduate students who themselves have engaged in research related to adult gay African American men, child soldiers, and pediatric

counseling (with one of the chapter authors, actually). In the process of doing this work, I have found it important to articulate culture-centered counseling theories, interventions, and research methodologies. Most recently, I developed a credentialing program that trains clinicians, educators, and parents on how to employ culture-centered, trauma-informed care (CRESTSprogram.com). I anticipate engaging in dialogue with my colleagues and, hopefully, relying on the scholarship of many of the authors in this book.

Dr. Mary Adekson and the chapter authors in this book have provided a foundational discussion on the unique challenges that African American clients face on a day-to-day basis. The articulation of African American values and worldviews permits the reader to more fully realize the ecosystemic stressors that they face, whether physical or mental. For African Americans, their racial-cultural identity and the historical trauma that they endure must be addressed within the mental health community. This is a new trajectory for the multicultural field that is future-oriented.

Cirecie A. West-Olatunji
Director, XULA Center for Traumatic Stress Research
Xavier University of Louisiana
New Orleans, LA, USA

Preface

African Americans constitute about 13% of the population of the United States of America. Their mental health needs are plagued by stigma, biases, discrimination, prejudice, stereotypes, low income status, disparity in education, lack of cultural understanding and familiarity and other impediments. There is a need to look at what can be done to address and bridge these gaps. There is a lot going on in the world today. The twenty fisrt Century has brought out awareness about how we should all treat each other and work with one another. This is especially true in the way we relate to those who are different from us because of the color of their skins, or religion, or preferred way of living. Movements like "Black Lives Matter" evolved as a result of this important recognition and sensitivity. Yes, whether we like it or not, we are all human beings, made in the image of God and equal before Our Almighty Father. I am, therefore, excited to present this volume, written mostly by my colleagues who are advocating for the mental health needs of African Americans from their own personal and professional perspectives.

This volume serves as a resource to increase the reader's knowledge base and equip counselors with the strategies to aid in African American clients' healing. Some positive features of the volume are that the chapters are written primarily by African American counselor educators. The volume pays particular attention not only to "the why and how" that practitioners need, and to their urgent need to dedicate their work not only to the individual client, but also to the structures that plague African American lives. This volume, therefore, discusses and builds upon what other researchers have articulated as the mental health needs of African Americans. The book also delineates other pertinent areas that need improvements and touts what works to make life easier for this population.

The idea for this volume came to me as the editor, from counseling, teaching, researching and interacting with clients, students, colleagues and friends over the last four decades. This is a much-needed volume, and I am grateful that my mostly African American colleagues, one Asian American colleague, and one Caucasian colleague who contributed to it, answered the call to "pitch in" their ideas and showcase their knowledge and expertise as Counselor Educators.

Lynchburg, VA, USA — Mary Olufunmilayo Adekson

Endorsements

"Dr. Adekson and colleagues added a remarkable piece of work that enriches the multicultural counseling literature on African Americans to our professional field. The text, written by culturally responsive counselors, provides discernment and points readers to pragmatic and tactical ways to support and provide an array of comprehensive topics on the emotional and psychological well-being of African Americans, an oft marginalized community. Students and professionals are afforded a compelling resource that will help them fully understand this population. I highly recommend adding this invaluable resource to your scholarly collection."

– S. Kent Butler, *President-Elect, American Counseling Association; Fellow, National Association of Diversity Officers in Higher Education; Interim Chief Equity, Inclusion and Diversity Officer; and Professor, Counselor Education, University of Central Florida*

"Dr. Adekson's edited book offers readers a unique glimpse and understanding of the diverse and multilayered mental health challenges present in many African American communities. It is a very timely, rich, and much-needed resource for all mental health professionals who wish to increase their culture-specific competencies and overall clinical effectiveness."

– Angela D. Coker, *Director of Inclusive Faculty Recruitment and Retention, Division of Diversity and Innovation; and Associate Professor, Department of Women's Studies, San Diego State University*

"If you are supporting African American clients in your professional practice, there is no better time than now to read *African Americans and Mental Health: Practical and Strategic Solutions to Barriers, Needs, and Challenges*. This book beautifully depicts ways to support and understand African American clients through and in their unique lived experiences across the lifespan. Special attention is given to intersecting identities making this book a must-read for any mental health professional!"

– Karena J. Heyward, *Clinical Faculty, Southern New Hampshire University; Owner, Head to Heart, LLC*

Acknowledgments

First, I want to thank God for giving me the wisdom and vision for *African Americans and Mental Health: Practical and Strategic Solutions to Barriers, Needs and Challenges*. To God be the glory for the opportunity, endurance, inspiration, perseverance, and long life to put the ideas together and finish this volume. "Blessed is the man [or woman] who trusts in the Lord, and whose hope is the Lord" (Jeremiah 17:7)(NKJV).[1] My rock-solid trust in You Lord has never been shaken or betrayed. Thank you, Lord Almighty. All the praises go to you for my fulfilled life in You.

Second, I want to express my special gratitude to Dr. Cirecie A. West-Olatunji for agreeing to write the foreword to this book and for working tirelessly to fulfill her promise. I am very grateful for this kind gesture. Since Dr. West-Olatunji was the past president of the American Counseling Association and the Association for Multicultural Counseling and Development and the Founder of Pediatric Counseling Research Institute, her contribution to this book is personally applauded and welcomed.

Third, I want to thank all my brothers and sisters who contributed to this volume for answering my call to write this volume so we can show due respect to God, our ancestors and give our voice to generations to come about the mental health needs of African Americans. Thank you for your hard work, dedication and faith in me as you researched and finished your chapters. Your perseverance is very much appreciated, especially since you put in all your efforts without any compensation. I am grateful. I wish you the best of luck in all your future endeavors.

I am also very grateful to the unnamed reviewer who critically looked at the proposal for this volume and gave it a green light with excellent and commendable comments. My special gratitude goes to Janet Kim and the Editorial Staff at Springer Nature for giving the volume a chance to be published. Thank you, Janet, for all the insightful feedback and encouraging emails before and after the proposal was accepted and when the volume was published. I cherish this opportunity, hard work

[1] Scripture taken from the New King James Version®. Copyright © 1982 by Thomas Nelson. Used by permission. All rights reserved.

and kind gesture. I am grateful to Nandhakumar Sundar for all his help in all the phases of the production of this book. I am grateful to all the staff at the Production Department for their hard work in the production of this volume.

Last, but not the least, we thank all our family members for their patience and encouragement as we researched, wrote and edited this volume. We are grateful for all your support. We could not have done it without you.

About the Book

This is a contributed volume of research written mostly by African American counselor educators. This volume, backed with practical applications and information, discusses the strategic solutions, barriers, needs and challenges prevalent in African Americans' mental health. The volume will aid researchers, scholars, academicians, practitioners, and other professionals as well as students and the general population to learn more about the important and basic concepts of, and speak to what fosters, the mental health healing of African American clients.

Contents

About the Editor

Mary Olufunmilayo Adekson, PhD has authored two books and one book chapter. She has edited *The Handbook of Counseling and Counselor Education* and *Beginning Your Counseling Career: Graduate Preparation and Beyond*, and also has edited the current volume, *African Americans and Mental Health: Practical and Strategic Solutions to Barriers, Needs, and Challenges*. Mary also has published numerous articles related to traditional healing and counseling to date. Mary obtained her Bachelor of Arts degree from Brandeis University in Waltham, Massachusetts, where she was also a visiting undergraduate student at Harvard University. She got her Master of Education degree from the University of Ife (now Obafemi Awolowo University) in Ile-Ife, Nigeria, and obtained her doctoral degree in Counselor Education from Ohio University in Athens. She was the program director of the Counselor Education Department at St. Bonaventure University in Allegany, New York, during the 2011 to 2012 academic year. Mary retired from St. Bonaventure University as a tenured faculty member in June 2014. She occasionally writes commentaries and articles on related aspects of indigenous healing and counseling in different journals. Mary also writes Christian books to inspire, teach, and encourage young, old and newly converted believers in Christ. She currently is the Chief Executive Officer of Faith Diversity Consulting.

About the Contributors

Lyndon P. Abrams, PhD is an Associate Professor and Director of the Doctoral Program in Counselor Education and Supervision in the Department of Counseling at the University of North Carolina at Charlotte. He has nearly 20 years of experience as a Counselor Educator and research interests focused on social justice and multicultural issues.

Jude T. Austin II, PhD is an Assistant Professor of Counseling at the University of Mary Hardin-Baylor in Belton, Texas. He is also in private practice in Temple, Texas.

Julius A. Austin, PhD is a Clinical Therapist and the Coordinator for the Office of Substance Abuse and Recovery at Tulane University in New Orleans, Louisiana. He is also an Adjunct Professor of Counseling at Southeastern Louisiana University in Hammond. He is in private practice in the New Orleans area.

Victoria D. Austin, Ed.D is a licensed professional counselor and approved clinical supervisor. She currently works as a full-time clinical faculty member at Southern New Hampshire University in Manchester.

Lynn Bohecker, PhD earned a Master's degree in marriage and family counseling and a PhD in counselor education and counseling. She is core faculty at Liberty University in Lynchburg, Virginia, and the director of The Counseling Center at Tree City Church. Her research interests include an emphasis on spirituality and religion in counseling, group work, advocacy, and professional counselor identity.

Clewiston D. Challenger, PhD is an Assistant Professor for the Counselor Education program at the University of Connecticut in Storrs. His research focuses on college transition and adjustment among students of color.

Keith Dempsey, PhD is currently the Associate Dean for the College of Counseling at George Fox University in Newberg, Oregon. He is the past President of the

Western Association for Counselor Education and Supervisors (WACES). He earned a PhD in Counselor Education & Supervision from Oregon State University. His research agenda includes issues of cultural sensitivity, race-based trauma, and culturally specific coping for African American men. He has conducted national presentations regarding counseling issues and the plight of African American men.

Brittany L. Dennis, PhD is an Assistant Professor at Liberty University in Lynchburg, Virginia, and currently serves in the role of Core faculty in the Counselor Education and Family Studies Department.

Nivischi N. Edwards, PhD received her Doctorate in Counselor Education from the University of Central Florida in Orlando. She believes true accomplishment is love: unconditional love for God, self, and others. She operates a virtual practice, teaches counseling at Liberty University in Lynchburg, Virginia, and is passionate about healthy relationships.

Timothy Eng, MS holds a Master's degree in Counseling and College Student Personnel from Shippensburg University of Pennsylvania. His research examines postsecondary retention rates and educational access for students of color.

Kimberly N. Frazier, PhD is an Associate Professor at LSU Health Sciences Center-New Orleans in Louisiana. She has published research on counselling populations experiencing trauma and crisis. In addition, she has published book chapters and articles on multicultural counseling.

Denise Gilstrap, PhD serves as faculty in the Department of Counseling at Loyola University New Orleans in Louisiana. She specializes in child and family counseling and school-based behavioral health services.

Quiana Golphin, PhD is an Assistant Professor at the University of Pittsburgh in Pennsylvania. As a higher education professional, she has experience in teaching, mentoring, and counseling, specializing in religion and spirituality.

Henry L. Harris, PhD is a Professor in the Department of Counseling at the University of North Carolina at Charlotte. He is a former school counselor and Air Force military veteran with 25 years of teaching and administrative experience as a Counselor Educator.

Ariel Encalade Mitchell, PhD is an Assistant Professor of Counseling at Xavier University of Louisiana in New Orleans and Owner of Cognitive Solutions. Her research and clinical work focus on child and family development.

Beverly J. O'Bryant, PhD is Founding Dean, College of Behavioral and Social Sciences, at Coppin State University in Baltimore, Maryland; a Past President of the American Counseling Association, American School Counselor Association and

Association for Multicultural Counseling and Development; and CEO, Counseling and Training Systems, Inc. Dr. O'Bryant also was named by Daily Record as Top 100 Women in Maryland in 2014.

Cirecie A. West-Olatunji, PhD is an expert in Trauma Counseling who is currently a Professor at Xavier University of Louisiana in New Orleans and the Director of the XULA Center for Traumatic Stress Research. Dr. West-Olatunji is a past president of the American Counseling Association (ACA) and the Association for Multicultural Counseling and Association (AMCD).

Fawn T. Robinson, PhD is an Assistant Professor at Carlow University in Pittsburgh, Pennsylvania. She specializes in student affairs with research interests in historical trauma, racial oppression, and culturally-responsive pedagogy.

Jacqueline R. Smith, Ed.D is an Associate Professor, Program Director, and Department Chair at Regent University in Virginia Beach. She serves as a Board member for CACREP and her research interests include multiracial issues, religion and spirituality, and counselor identity development.

LaTonya M. Summers, PhD is an award-winning assistant professor of clinical mental health counseling at Jacksonville University in Florida. With 24 years of clinical mental health and addictions counseling experience, she conducts research on multicultural issues in counseling and supervision.

Shauna Thompson, MA is a Registered Psychotherapist who earned a BA in Psychology and MA in Professional Counseling. She has worked in a variety of settings: rehabilitation clinics, educational institutions, community organizations, and private practice.

Chapter 1
Who Are African Americans?

Beverly J. O'Bryant

Who Are African Americans?

African Americans are strong, proud, determined people born in America whose African ancestors were forcibly transplanted to America beginning in the 1500s. African Americans have thrived in adversity, survived atrocities, risen above the injustices suffered over the last 400 years, and amassed a rich legacy of accomplishments that continue today. Additionally, Americans of African descent have defined themselves in terms of their African origins for well over 200 years.

Based on the 2000 Census, African American refers to "people in the United States who have origins in any of the black races of Africa" and comprises the second largest group after those choosing or reported in the white category (Williams & Jackson, 2000).

African Americans are people who have survived centuries of abuse and continue to thrive despite the circumstances. They are people who overcame the diabolical intentionality of slavery to annihilate a sector of human beings by separating them from their home continent, countries, families, cultures, language, and more. They are people whose primary goals have been equality, equity, and justice for 400 years and whose lineage and institutional memory span the breadth and depth of nearly five centuries. Their experiences are varied and exist parallel to realities of the "privileged" humans by whom and to whom they were enslaved.

Therefore, to answer the question "Who are African Americans?" one must examine the historical context in which African Americans were born, consider the psychological impact of their past and current circumstances on perceptions of self, and recognize that a significant number of African Americans realize that the fight for equality, equity, and justice are 400-year- old goals that are still being sought.

B. J. O'Bryant (✉)
Coppin State University, Baltimore, MD, USA
e-mail: bobryant@coppin.edu

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Hence, the answer to "Who are African Americans?" requires at least a rudimentary awareness of background, experiences, and perceptions with the realization that (1) perceptions are reality until proven otherwise; (2) that, intentionally or unintentionally, comparative analyses of experienced micro- and macroaggressions are consistently being targeted consciously or unconsciously toward African Americans; and (3) that the analyses are around the equality, equity, and justice fields such as jobs/careers, salaries, housing, laws/policies/practice, and opportunities.

The History of African Americans (1500–1799)

The History of Africans coming to America begins in the 1500s with the enslavement of the African people from their motherland, Africa, by white British, Europeans, Scandinavians, Asians, Portuguese, Angolans, and others who themselves migrated to America seeking freedom. But, the white immigrants to America chose to exercise the freedom they sought at the expense of other people. These immigrants came to America and claimed it for their own despite the fact that America was already inhabited by Native Americans. White immigrants to America killed the Native Americans, banished the remaining Native Americans to restricted plots of land (reservations), and seized the country for themselves. The segment of white immigrants who enslaved people from other peaceful and unsuspecting countries became known as slave traders. And, the primary country whose governmental functions supported slave traders was America. The treachery of the white slave traders knew no bounds, even enticing and bribing countrymen to turn against their own countrymen for riches and promises that were subsequently broken by the slave traders.

Millions of Africans were brutally captured, enslaved (primarily from Central and West Africa), and shipped to America (as well as other parts of the world) by way of overcrowded sea vessels under inhumane conditions. Africans found themselves transplanted in a foreign country absent from family, resources, language, culture, or any familiarity with anything or anyone around them (Hurston, 2018). Africans were treated like animals and discarded like trash. Men, women, and children were separated by gender, abused, brutalized, and eventually sold to white immigrant men in America who became their "masters" and continued the inhumane treatment. Africans were considered less than human and therefore were denied freedoms and dignity and treated in less than human ways.

Simultaneously, the first African Americans were being born in America into slavery. The children of transplanted Africans were subjected to the same dehumanizing behaviors and treatment as their parents, but they were not African transplants, they were African Americans. But, unlike their parents, they never experienced the concept of "freedom" because they were born into slavery. They knew only the parallel universe they saw in the families of their "masters," the concept of "family" provided by the love and warmth of their parents and extended families, and the historical archives of their motherland passed down by their elders in oration and

storytelling. They also learned to compare the lives they lived with the lives they saw the white children live; and, over time, there was an impact on the physiological, psychological, and sociological well-being of the children.

The practice of slavery was most prevalent in North America for nearly 400 years. Throughout the fifteenth, sixteenth, seventeenth, and the majority of the eighteenth century (1886), slavery was the norm; and, the major Atlantic slave-trading nations were the Portuguese, British, Spanish, French, Dutch, and Danish. Wealthy white European immigrants to America considered slave labor much cheaper than the use of indentured servants (poor white European immigrants). Therefore, the practice of pillaging continents and islands inhabited by people of color became a mainstay for white immigrant Americans. And, while there is no accurate count of the number of slaves that were transplanted to America, it is estimated by some historians that as many as seven million slaves were transplanted to America in the eighteenth century alone (Brunner, 2017).

African American slaves taught themselves to read, write, invent, and construct. Skills used to build the white man's world were being applied to their own development, growth, and maintenance. And, as they learned, they began to apply those skills differently when possible. For example, (1) in 1746, an enslaved Lucy Terry became the earliest known African American poet for her poem *Bar's Flight*, though it was not actually published until 1855; and, (2) in 1773, Phyllis Wheatley became the first known African American to publish a book entitled *Poems on Various Subjects, Religious and Moral* (Brunner, 2017).

There was an emergence of small but notable slave uprisings during this century to counter the oppression of laws and the Constitution which maintained the vestiges of slavery. For example, slavery was made illegal in the Northwest Territory in 1787, but the US Constitution stated that Congress could not ban the slave trade until 1808 – which was 21 years later. And, during that time, Eli Whitney invented the cotton gin in 1793, which exponentially escalated the need for slave labor; so, during that same year, a federal fugitive state law was enacted which provided for the return of slaves who had escaped and crossed state lines (Brunner, 2017).

The late 1700s supported the continued search for freedom among African Americans. The Revolutionary War (1783), also known as the American War of Independence, was a direct result of the American colonies seeking independence from their mother country, Great Britain. The reason for the Revolutionary War resonated with a significant number of northern Americans who saw a correlation between the colonists wanting freedom from the mother country and slaves wanting freedom from servitude. It was those colonists who later became advocates for the abolition of slavery in the 1800s. The Civil War of 1861, which pitted the northern colonies against the southern colonies precisely because of advocacy for and against slavery, resulted in the emergence of both white southerners and northerners who became both overt and covert advocates for abolishing slavery. This gave significant rise for the support for freedom in the 1800s. Heroines, such as runaway slave Harriet Tubman who started the underground railroad to bring other slaves from the south to freedom in the north, were supported by those southern and northern advocates (Brown and Stella, 2016). So, African Americans had every reason to remain

strong and hopeful despite the emerging patterns that for every one or two strides they made forward, there was a resistant force which forced them back at least one step.

The History of African Americans (1800–1900)

Africans Americans flourished in the 1800s despite the continued practice of slavery which did not end until 1838 (26 years later) in England and in 1888 in America (50 years later) (Painter, 2006).

A statistically significant rise in educational institutions from elementary schools to seats of higher learning was realized. Normal schools (which later became historically black universities and colleges) were preparing educators to saturate the land to teach African American children and adults to read, calculate, learn business, and participate in the economy as opposed to always serving it.

The emergence of the African American children who had become strong African American men and women was the source of not only "staying power" but also an infusion of advanced skills, strategizing, and resources. They wanted equity, equality, and justice for their grandparents who were transplanted into slavery in America, their parents who had been born into slavery, their generations who had been impacted by slavery, and all the future generations of African Americans. Having the knowledge passed down by their elders and the value added of formal education, these young African Americans understood both the infrastructure and political processes that impacted African Americans. And, most significantly, they began formatting the strategies to infiltrate and counter those same resistant initiatives. From activists to politicians, lawyers and researchers, educators, artists, economists, and bankers, they strategically organized bills, events, and movements for equity and justice. Their skills made a significant difference.

From 1881 to 1900, African Americans chronicled major efforts to organize effective change initiatives through the courts as well as through the establishment of educational institutions. These actions were met with strong resistance from mass lynchings of innocent African Americans to legal avenues meant to stifle civil rights.

The landmark decision by the Supreme Court in the *Plessy* v. *Ferguson* (1896) decision, which upheld the 1890 Louisiana statute mandating racial separation on railroad carriages and interpreted the ruling of the 14th Amendment of the US Constitution to mean political and not social equality, reversed a significant number of gains made by African Americans toward equality, equity, and justice. The decision provided constitutional cover for the states throughout the South who continued to oppose integration to subsequently adopt a series of "Jim Crow" laws that legalized segregation (*The Columbia Electronic Encyclopedia,* 2012).

The persistent trend of taking two steps forward and one step backward continued to be frustrating to African Americans. Every one or two advancements were followed by a concerted effort to reverse the achievement. Generally sponsored by southern state initiatives, every victory was countered with a bill, policy, or practice

for reversal. African American elders were keenly aware that each generation would be required to continue the fight if full equality, equity, and justice were to be achieved. And these descendants of slaves were not deterred. They understood the power in numbers, and the sacrifice required to advance change in a society that did not want it. Their strong constitutions allowed them to eat what could be found or not eat at all. Their bodies grimaced but did not buckle when pain was inflicted, and they learned to weather verbal abuses and insults. These were African American children who had seen the suffering endured by their parents and suffered the pains of family beatings, separations, and death. And these were African American adults who passed this history on to their children so the struggle for equity, equality, and justice could continue. Therefore, the need for the young "new-age" African American men and women of each generation of the 1800s and beyond became yet another cornerstone of the monumental legacy being built by people called African Americans. "Activists" strategically organized movements for equity and justice to proactively move on initiatives as well as counter the persistent trend of defying every success toward equity and justice. Between 1800 and 1859, the Ohio constitution adopted outlawing slavery but prohibited free African Americans from voting. James Calendar accused Thomas Jefferson of keeping a former slave as a concubine during the same period that Angelina Emily Grimke became a well-known African American activist for women's rights. And, from 1881 to 1900, African Americans chronicled major efforts to organize effective change initiatives through the courts as well as through the establishment of educational institutions. And, though these actions were met with strong resistance from mass lynchings of innocent African Americans to legal avenues meant to stifle civil rights of African Americans, the activists persisted.

The History of African Americans (1900–1949)

The 1900s marked the rise of a plethora of high-profile African Americans in such areas as civil and social justice issues, law, research, medicine, journalism, education, and sports. Their individual roles spawned a myriad of group events, actions, and movements that continue today in the twenty-first century as African Americans continue to fight for equality, equity, and justice.

But it was the century-ending Plessy v. Ferguson Supreme Court decision in 1896 that galvanized the platform from which the 1900s jettisoned. The 1896 landmark decision by the Supreme Court to uphold racial segregation annihilated the many gains made by African Americans for civil rights, equality, equity, and justice. And the Jim Crow laws adopted in the south in the second-half of the 1800s because of Plessy v. Ferguson gave clarity to the direction for the African American agenda for 1950 and beyond.

The Plessy decision crystalized for African Americans that "letting their guard down" was not an option. Victory in battle does not ensure winning the war. And, throughout the centuries, the successes of African Americans were ultimately the

result of strategically organized group engagement initiated by a visionary leader or leaders. And while the various leaderships did not always agree with one another in approach, their goals and destination were always the same – equality, equity, and justice for African Americans.

Hence, the first half of the 1900s could be described as another cornerstone to support the rise of the African American as an integral force in the acquisition of equality, equity, and justice for all minority, marginalized, and underrepresented groups. Because with two steps forward, there seem to follow an evitable step backward. Therefore, 1900–1950 gave rise to leadership from multiple genres that subsequently laid the support network for systemic national agendas. Multiple attempts by white America to repeal grounds made by African Americans to achieve equality kept tensions high and integration in a state of flux and scrutiny. The constant need for African Americans to become more vigilant and more competitive in every societal market was mandatory (Brown and Stella, 2016). And, the luxury of being complacent and satisfied with liberties gained became nonexistent. From law and education to arts and the economy, African Americans became more entrenched, more prolific, and more dedicated. Intellectuals such as W.E.B. DuBois founded the multi-racial group Niagara movement in 1905 to advocate for a more radical approach to achieving immediate equality in all areas of American life, in protest to Booker T. Washington's policy of accommodation to white society. The founding of the first intercollegiate Greek Letter organizations for professional men and women (Sigma Pi Phi, 1905, Alpha Phi Alpha at Cornell University in 1906, and Alpha Kappa Alpha at Howard University in 1908) signaled the emergence of an organized professional category of African Americans; the hiring of the first African American postman in the south's Orlando, Florida, signaled a new high in the integration of America.

But, with many two steps forward, there followed a step backward. The Brownsville affair of 1906 was such an incident. One hundred sixty-seven (167) buffalo soldiers of the 25th segregated Infantry Regiment in Brownsville, Texas, were framed and falsely accused of killing and wounding a white bartender and a white police officer. The buffalo soldiers were dishonorably discharged from the service by President Theodore Roosevelt, costing them pensions and preventing them from ever serving in federal civil service jobs. The case aroused such national outrage in both black and white communities that organizations such as The National Association for the Advancement of Colored People (NAACP) were subsequently founded. The NAACP was founded by DuBois and other prominent African American and white intellectuals in 1909 to serve as the country's most influential African American civil rights organization, dedicated to political equality and social justice. And, the NAACP still exists today. Subsequent investigations by NAACP and others vindicated these miscarriages of justice though many of the victims were vindicated posthumously. (The Buffalo Soldiers were ultimately vindicated in 1972.)

In 1914, Jamaican-born Marcus Garvey established the Universal Negro Improvement Association, a nationalist organization to promote worldwide racial pride among black people, which included the Caribbean and Central America. Ultimately Garvey spurned the concept of integration believing that African

Americans would never secure equality in a country where they were the minority. This belief led to his 1920 "back to Africa" movement which advocated for an autonomous black state with its own culture and civilization, free from the domination of whites (*The Columbia Electronic Encyclopedia,* 2012).

The Harlem Renaissance, which spanned the 1920s and 1930s, spawned a national emergence of African American artists in music, art, and literature. The proliferation of these artists in one location (Harlem) brought more notoriety to these talented individuals and the opportunity and interests in their talents by other African Americans as well as whites. These national literary and artistic and intellectual movements fostered a new cultural identity among all African American people and ultimately resulted in the financial backing, publication, support, and appreciation for African American culture by African Americans and Euro-Americans (Ogbar, 2010). The Renaissance era was also marked by increasingly more overt displays of racism. The American Negro Labor Congress was founded in the spring of 1925, and on August 8, 1925, the Ku Klux Klan marched on Washington in opposition to African American upward mobility initiatives. The 1931 indictment of nine African American youth in Scottsboro, Alabama, who were convicted of raping two white women in a freight car passing through Alabama, took 82 years to appeal and win…while also destroying the lives of nine innocent young African American boys because of the racism of the 1930s (*The Columbia Electronic Encyclopedia*, 2012). Then in 1947 Jackie Robinson became the first African American drafted to play for major league baseball team; and in 1948, President Harry S. Truman issued an executive order which desegregated the armed forces that fought in World War II so that African Americans could more fully engage in the fight for freedom of the country which had so wrongfully enslaved them.

The History of African Americans (1950–1999)

The second-half of the 1900s, from 1950 to 1999, constituted the second tier of the upward scaffolding of the African American legacy. By 1950, the African American population was 10% of the population of the United States, and Dr. Ralph Bunch became the first African American to win the Nobel Peace Prize. In 1951, the Maryland legislature ended segregation on trains and boats while the Georgia legislature voted to deny funds to schools that integrated (Wikipedia, n.d.). America was experiencing a "cold civil war" that witnessed overt and covert divisions between the races. African Americans were clearly recognized as people with skills, resources, and determination, which, in turn, incited statistically significant numbers of white Americans to voice their disdain for integration through organizations such as the Ku Klux Klan and legislation such as the Jim Crow laws (Woodward, 1966). African Americans continued to stay vigilant and cognizant of internal and external threats to their existence.

The 1954 landmark case of Brown v. Board of Education of Topeka, Kansas, was of significant importance because it overruled the separate but equal ruling of Plessy

v. Ferguson, holding for the first time that segregation in the public schools violated the principle of equal protection under the law guaranteed by the 14th Amendment to the US Constitution. The NAACP lawyers, led by Thurgood Marshall, argued that the label of inferiority affixed on minority children by segregation hindered their full development no matter how equal physical facilities might be; and by 1955, schools across the United States were ordered to desegregate with all deliberate speed (*The Columbia Electronic Encyclopedia,* 2012).

But the fight for equality, equity, and justice was still not realized. Neither Supreme Court rulings, state laws, nor advocacy practices deterred white extremist individuals and/or groups from the persistent barrage of racial harassments, accusations, rush to judgments, beatings, and hangings.

In the same year as Brown v. Board of Education at Topeka, a young African American boy, Emmett Till, was brutally murdered for allegedly whistling at a white woman in Mississippi. The two white men who perpetrated the crime were later heard bragging about it but were ultimately acquitted by an all-white jury. In that same year, as well, Rosa Parks, an African American woman, was arrested because she refused to give up her seat in the front section of the colored section on the bus. Her arrest spawned a bus boycott by African American workers for an entire year. And in 1957, nine African American students were blocked from entering Little Rock Central High School on the orders of Arkansas Governor Orval Faubus (September 24). Federal troops and the National Guard were called to intervene on behalf of the students, who became known as the "Little Rock Nine." Yet, despite a year of violent threats, several of the "Little Rock Nine" managed to graduate from Central High.

The confluence of these incidents despite the historic Brown v Board of Education decision resulted in the establishment of the civil rights advocacy group, the Southern Christian Leadership Conference (SCLC) by Martin Luther King, Charles K. Steele, and Fred L. Shuttlesworth (Woodtor, 1999).

Throughout the remainder of the 1900s, 1950–1999, the civil rights landscape was continually marked by extreme highs and lows as well as less noted but still significant events in the middle.

The History of African Americans (2001–2016)

The history of African Americans from 2001–2016 has again been marked by great highs and lows. Both extremes have reached levels heretofore unimagined and have underscored the need for constant vigilance.

The election of the first African American president of the United States, Barack Hussain Obama, in 2008, was considered the quintessential achievement of the African American search for equality, equity, and justice. From a decrease in unemployment to an increase in fair wages for better employment, from no health care to affordable, comprehensive health care for 20 million uninsured Americans, the

Obama administration relentlessly pursued the prize sought for 500 years with a passion. It sought equality, equity, and justice for all – and it achieved it.

The stark reality of the moment, however, was made evident by the immediate reaction and announcement by the Republican party's Senate Majority Leader Mitch McConnell that the singular goal of the Republican party was to combat any successes of President Obama and work toward a one-term presidency. The subsequent barrage of hateful rhetoric and heinous acts of human behavior against all people of color over the next 8 years of the Obama presidency were unprecedented in modern times. But, they were clearly reminiscent of the 500 years since Africans were brought to America. Not since the 1700s had the most heinous vestiges of slavery been so overtly displayed. And now, in lieu of countering with concerted efforts to repudiate at least one success for every gain made, the opposition effort was annihilation of any gains. But, despite the attempts to undermine the Obama presidency, the Obama administration made unprecedented gains despite coming into office at the end of the worst recession since the stock market crash of the 1930s.

Perry (2018) notes that Barack Obama was one of the most transformative presidents of the past hundred years having taken office of a country in peril and led it through a recession, two wars, civil unrest, a rash of mass shootings, and changing cultural demographics. His accomplishments were transformative because they changed the plight of all minority and underrepresented persons as well as majority races who were not among the privileged few. The Obama Administration pursued the prize sought for 500 years with a passion. It sought equality, equity, and justice for all; and this was accomplished despite blatant and unabashed partisanship displayed by 99% of the elected Republican Party. The productive years between 2008 and 2016 of the Obama administration (Perry, 2018) were followed by a very different era between 2016 and 2020 of the Trump administration.

An Analysis

A cursory analysis of the last 400 years eerily resembles a replication of similar events and strategies throughout the years. From the time African Americans were kidnapped from their native land and transplanted to America, they have been striving to survive, be accepted, establish self-sufficiency, integrate, and thrive. Their goal has been equality, equity, and justice from 1506 until 2020. African Americans continue to make strides but continue to be vigilant of overt and covert threats to their existence.

America was built on the bondage of people of color by white immigrants who thought themselves superior to immigrants of color. Those white immigrants pillaged, murdered, and enslaved whole continents of people to satisfy their greed and avarice. Those white immigrants abducted this country from the residents who were already in America. And those white immigrants showed no moral compass, integrity, or ethical concern. And when others rose up against them, the white immigrants hit back with an animalistic, inhumane vengeance for which they also felt no shame

or sorrow. The descendants of those historically described as an amoral and unethical people continue to exert power to pillage and deny equality, equity, and justice.

The facts and realities that African American elders consistently taught and reminded every generation of African Americans were that those that comprised their opposition were smart but soulless persons whose personal agendas always outweighed the agendas of all others. Complacency, resting on their laurels or savoring accomplishments, was not an option for African Americans. Vigilance must always be observed, and assumptions should never prevail over facts –hence the old wives' tale, *Blacks must be better than whites to be equal to whites.*

Who Are African Americans?

African Americans are strong, proud people who were born in and reside in the United States of America. They are the descendants of equally strong and proud people from the continent of Africa who were kidnapped, forcibly transported to America, and sold into slavery by white Europeans to white Euro Americans. African Americans are people who have endured hardships and atrocities at the hand of white Americans for the last 460 years but continue to seek equality, equity, and justice. They are scholars, lawyers, doctors, researchers, businessmen, economists, artists, and athletes. African Americans are people who have had varied experiences, come from heterogeneous backgrounds, and learned their history and lineage through different venues from parents, ancestors, literature, and investigation despite the attempts by their white abductors to annihilate their history, heritage, languages, and culture. They are also people who have been impacted differently by the circumstances of enslavement, as noted by Thurgood Marshall in Brown v. Board of Education (US Courts, n.d.), be it psychologically, physiologically, culturally, and physically, yet they must continue to pass down the teachings of their elders to every generation. The struggle continues, and each generation must contribute to the maintenance of gains achieved over the past 450 years. Each generation must become more strategic than the last; and that is why "Black Lives Matter" has become a movement (not a march) that was started by this generation of African Americans and is supported by diverse groups of people from all colors, ages, genders, faiths, and sexual orientations. The teachings of the elders must be understood by many for equality, equity, and justice to finally reign among all people.

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Chapter 2
Identifying Barriers and Access to Mental Health Care for African Americans

LaTonya M. Summers, Lyndon P. Abrams, and Henry L. Harris

Throughout American history, racial bias, oppression, and various other forms of dehumanization have negatively impacted the lives of African Americans. One area of significance that warrants attention is African American mental health. A genuine understanding of this population's current mental health status requires a contextual grasp of the traumatic and turbulent history they have experienced since initially arriving in this country as slaves in the 1600s. Throughout time periods that included Domestic Slavery (1619–1865), Reconstruction (1865–1877), Jim Crow (1896–1964), and Civil Rights Movement (1955–1968), African Americans have experienced devastating hardships that included extreme forms of racism, and they were most often perceived as less than human (Hammond et al., 2020).

The lingering consequences of this turbulent history remain active today. In a Pew Study exploring race, the majority of surveyed adults believed that the legacy of slavery continued to negatively affect the position of African Americans today. Forty percent of the respondents agreed that not enough racial equality had been made in the country. White respondents were most likely to acknowledge that their race positively impacted their ability to get ahead in life, and over 50% of African American respondents held opposite views and believed their race had negatively impacted them (Pew Research Center, 2019). As further demonstration of slavery's impact on the mental health of African Americans, Gale and associates (2020) conducted a meta-analysis, and the results indicated that a positive relationship existed between internalized racism and negative mental health outcomes. Furthermore, Majors (2020) contended that "mental health provisions and services for people of color have been in crisis for a long time" (p.4) due to racism, discrimination, and

L. M. Summers (✉)
Jacksonville University, Jacksonville, FL, USA
e-mail: lsummer@ju.edu

L. P. Abrams · H. L. Harris
University of North Carolina, Charlotte, NC, USA

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other forms of inequalities found in organizations, coupled with the lack of cultural competence among White managers and staff in mental health services. It is imperative to understand this history because only then can one appreciate and empathically intervene in a socially just and culturally responsive manner to confront persistent barriers that have contributed to the underutilization of mental health services by African Americans.

Current Status of African Americans

African Americans are the second largest minority group in the United States and currently represent 13.4% of the total US population. Sixteen percent of this population, which is slightly over seven million individuals, reported having experienced a mental illness (U.S. Census Bureau, 2019). In addition, between 2015 and 2018, major depressive episodes (MDEs) increased for all African Americans regardless of age. More specifically, MDEs increased from 9% to 10.3% for African American youth between ages 12 and 17. For young adults between ages 18 and 28, the margin of increase for MDEs was higher, rising from 6.1% to 9.4%. There was also an increase in suicidal thoughts, plans, and attempts for this age group. Finally, for adults between ages of 26 and 49, the gap for MDEs increased from 5.7% to 6.3%. Even with the increase, the rates of MDEs for African Americans are slightly lower than the overall US population (SAMHSA, 2020).

Early History of African American Mental Health

The subject of mental health for African Americans has a historical background impacted by White supremacy, racism, and discrimination. For example, during the 1800s, it was thought that African Americans lacked the capacity to have mental health issues. Dr. John Galt, medical director at the Eastern Lunatic Asylum in Williamsburg Virginia from 1841 to 1862 (Eastern State Hospital, 2020), postulated that African Americans were incapable of becoming mentally ill. He based this conclusion on the fact that African Americans were largely enslaved and not encumbered with tasks deemed stressful, such as land ownership, business management, and engagement in government. Thus, the term *Immunity Hypothesis* was formulated to characterize African Americans since they presumably had no responsibilities that required higher-order thinking, purportedly exempting them from mental distress. The Immunity Hypothesis maintained from the late 1600s through the mid-1800s at which time a contrasting notion of African American mental health was fashioned (Davis, 2018).

This contradictory theorem suggested that African Americans were at greater risk for mental illness than the rest of the population. The Exaggerated Risk Hypothesis was developed at a time coinciding with the eradication of legalized

American enslavement of African Americans. Under this theory, emancipated African Americans were at great risk for mental health problems. Thus, efforts to control and contain this risk were necessary (Davis, 2018).

During this history, some mental illnesses peculiar to African Americans were discovered and advanced. An early American physician, Samuel Cartwright, identified a diagnosis he called drapetomania which was a mental illness that caused enslaved persons to attempt to escape captivity (1851). Suggested treatment for this so-called disorder was removal of both big toes or "whipping the devil out of" the affected individual. Cartwright also described a condition he called dysesthesia aethiopica, which was a mental illness that resulted from or was concurrent with lesions and/or callousness of the skin. Symptomology of this so-called mental illness was lethargy and destructiveness.

Scientific racism facilitated segregation, oppression, and abusive control of African Americans. In effect, the American healthcare system was weaponized against African Americans. Indeed, this history has exacerbated the barriers to mental health care experienced by African Americans historically and currently. This cultural violence has served to force African Americans to engage in self-protective measures that have caused them to often view offers of help through a cynical lens. Those protective measures might be observed as treatment reluctance or refusal. A discussion of a few of those barriers follows.

Racism

According to Mental Health America (n.d.), racism is a serious mental health issue because it causes trauma that is directly associated with mental illness. There are also different types of racism that must be taken into consideration when discussing mental health. For example, systemic racism consists of three parts that include history, culture, and institution and policy. Institutional racism is based on unfair treatment and inequitable policies specially based on race created and enforced by institutions. Internalized racism happens when White supremacy causes African Americans to believe that they are inferior as a result of their race. Reverse racism occurs when White people deny privileges they are afforded as a result of their race and furthermore claim that striving to improve the lives of minority groups is racism against them. Racial colorblindness is a form of aversive racism. Finally, racial trauma is a form of stress created by repeated exposure to racism through daily events or isolated incidences (Lawrence & Keleher, 2004). Medical racism has been reflected in the mental health profession as evidenced by the Gara et al. (2019) study whereby clinicians who treated African American clients focused on psychotic symptoms rather than symptoms of major depression compared to other minority groups. The actions contributed to African American clients, particularly males, being diagnosed with schizophrenia at a much higher rate. This study recommended that screening be required for major depression when assessing African American clients for schizophrenia to help eliminate inaccurate diagnosing. Treatment for

mood disorders differs from schizophrenia, and the outcome for these conditions is often more positive than for schizophrenia. As a result, African American clients do not receive optimal care, and the treatment they receive is more at risk for making their conditions worse (Gara et al., 2019).

Stigma

Goffman (1961) wrote that once an individual received mental health treatment, their social standing would forever be changed, and fear of this change could be identified as a mental health stigma. Even as African American people are more likely to report presenting concerns that are indicative of a mental health need, they are less likely to seek help (Cook et al., 2017). For example, the Matthews et al. study (2006) indicated that African Americans believed that mental health stigma was a serious and consequential problem within their community. They were also likely to feel shame about seeking treatment for their mental health concern and have concerns about how others might react toward them. In another qualitative study exploring mental health care for African Americans (Alang, 2019), African American participants perceived counseling stigma as a form of double discrimination because their Blackness and mental illness were devalued. There are references to this stigma as a problem in the human services literature (Gary, 2005; Tyler & Slater, 2018), but seldom have the foundations of this construct been questioned. Pescosolido (2013) notes that one of the issues with research in this area has been related to failure to consider trends of prejudice and discrimination that co-mingle with stigma. In addition, false and misleading information about mental illness passed down from generations of African American families must be factored into consideration (Matthews et al., 2006). It must also be factored into consideration of how mental health was racialized for African Americans. Thus, notions of stigma in the African American community must be examined through the lens of the above mentioned history of oppression.

Insurance Access and Socioeconomic Status

According to Artiga et al. (2020), based on American Community Survey data, slightly over 11% of the African American population were uninsured. Also, from 2010 to 2018, African Americans were 1.5 times more likely to be uninsured than Whites, which is directly related to alarming and disproportionately lower levels of wealth within the African American community. For example, in an economic report conducted by the US Joint Economic Committee (2020), when compared to Whites, African Americans experience far worse economic conditions by earning only 59 cents to every dollar that Whites earn. In addition, African Americans are also twice as likely to live in poverty and less likely to own their homes (42%

compared to 73% of White families). Furthermore, the median wealth for African American Families is $17,000 compared to $171,000 for White families. Finally, even when education is factored into consideration, the wealth difference between African American and White households still increases (U.S. Congress Joint Economic Committee, 2020).

These are significant factors that are related to both help-seeking and mental health outcomes. Although mental health seeking is a barrier, it must be considered within the greater context of an individual's pursuit of satisfying their daily needs. Any investigation that lacks an appreciation of the challenges of individuals living in low wealth may fail to consider the notion that mental hygiene may be a lower priority compared to meeting other more basic needs for food and shelter. This priority will persist until such time when those mental health concerns overwhelm other needs. In short, the cost of attending to mental health must be considered in the larger context of other perhaps more pressing basic needs.

Cultural Mistrust

One of the most significant factors that have deterred African Americans from seeking mental health treatment is cultural mistrust. Terrell et al. (2009) define cultural mistrust as "the belief acquired by African Americans, due to past and ongoing mistreatment related to being a member of that ethnic group, that Whites cannot be trusted" (p. 299). In a study of 163 African American mothers' attitudes toward mental health utilization, Murry et al. (2011) found that while they were overwhelmingly positive about help-seeking, about a third of the 163 mothers reported that they fear White providers would not understand the challenges of their families. This lack of trust seems merited when we consider the findings recorded by the American Psychiatry Association which found that African Americans who presented for treatment were (a) less likely to receive evidence-based medicines, (b) less likely to receive appropriate psychotherapy, and (c) more likely to be misdiagnosed with more serious diagnoses than are warranted by their presenting issues (American Psychiatric Association, 2017).

Implications

Counselor implications for best practices, research, and policy development are important to make access to mental health care for African Americans practically relevant. Mental health professionals must include race, gender, class, and other diversity considerations in their applied practice to create the change necessary to affirm African Americans. Subscribing to racial colorblindness and other approaches that ignore or minimize the unique differences that African American clients bring to counseling perpetuates racism, discrimination, and oppression. Counseling

models with culturally specific, culturally sensitive, and culturally responsive interventions and techniques are preferred. Such models affirm African American personality, behavior manifestations, culture, norms, and values rather than pathologize them.

Existing models such as the Adlerian theory, person-centered therapy, and cognitive behavioral therapy are the foundation of mental health professions, but they hinge upon Eurocentric values. This is not to say that they are not useful to African American clients but how culturally sensitive can the inferiority complex be without considering the impact of White privilege, systemic oppression, and prolonged racism on an African American client's psyche?

Ward et al. (2013) showed that African Americans are becoming more open to seek mental health services. Therefore, more Afri-centric and Afro-centric models need to be developed, and existing models need to be used in research to emphasize the practical application of the findings.

It is imperative that top-tiered counseling journals and flagship conferences become willing to accept such culturally specific manuscripts and conference proposals even though the profession's readership and audience are still currently predominantly White. Increasing culturally relevant journal articles and conference breakout sessions would radically diversify the counseling profession, give educators scholarly literature to diversity counseling curriculum, and equip mental health professionals with culturally specific and culturally responsive tools and interventions to effect change among African American clients and families. Such moves by the profession are acts of advocacy and demonstration of the commitment to diversity and inclusion.

Now more than ever, considering the current sociopolitical climate, mental health professionals must advocate for African Americans. Counselors striving for cultural competence are able to offer honest and thoughtful discourse to combat negative stereotypes perpetuated against African Americans. Moreover, culturally competent mental health professionals and scholars are able to see African Americans as a heterogeneous group and offer research findings and services that emphasize the diversity of African Americans and their experiences. Mental health professionals targeting various oppressions (i.e., racial, gender, economic, etc.) are crucial to the advancement of African Americans.

Public policy has been simply defined as the government's response to an issue or problem. Mental health professionals must be knowledgeable about how public policy affects African Americans. They must be attentive to current and proposed policies, if none other, then definitely those related to mental health. As aforementioned, history shows that people with mental illness, particularly African Americans, have not been protected. Public policy done wrong exacerbates stigma associated with mental illness and widen barriers to mental healthcare access. Contrarily, when it is done well, it can lead to the destigmatization of mental illness among African Americans by utilizing prevention approaches, increasing mental health literacy and providing early detection and intervention, offering integrative care to address existing health disparities, and operating with a recovery mindset. Mental health

professionals who engage in public policy advocacy can request that cultural information and contemporary racial realities be included in public policy.

Culturally Responsive Interventions

Counselors' inattention to culture and other contextual considerations has led to the overdiagnosis, underdiagnosis, and misdiagnosis (Ancis, 2004) of African American clients. Therefore, it is imperative that counselors consider culture, cultural norms and values, and cultural stressors in assessing, diagnosing, and treatment planning of African American clients. Such culturally responsive interventions positively impact the therapeutic alliance, treatment outcomes, and client satisfaction (Ancis, 2004). Although the authors include a few interventions that incorporate and address cultural considerations into the counseling process, we agree with Ancis (2004) whereby we believe that "culturally-responsive approaches are thus not limited to a specific procedure…but encompass the entire interrelationship between clinician and client(s)" (p. 14).

A most rudimentary approach to honoring the uniqueness of African Americans is to correctly pronounce their names. Shortening the names of African American clients, nicknaming them, or simply refusing to learn or call them by their names is unethical, oppressive, and a misuse of the presumed power counselors have. Simply ask the client how to pronounce their name, and then practice saying it until it is pronounced correctly. Working toward correctly pronouncing a client's name is indicative of the work counselors are willing to do with them and instills trust.

Day-Vines et al. (2007) proposed broaching, a culturally relevant technique used to examine the impact of race and culture upon clients' presenting problems. Counselors who broach race and culture appear more credible, and clients report higher satisfaction, disclose more, and are more likely to return for follow-up appointments (Day-Vines et al., 2007, 2013; Jones & Welfare, 2017). Just as counselors broach expectations about the counseling relationship by going over their professional disclosure statements, they could easily incorporate contextual factors by speaking about their cultural backgrounds and asking clients to speak about theirs. Chang et al. (2004) offered the following to address race and culture in counseling: Tell me about your racial heritage, what does it mean to be a person of color, what do you think about my race, at what point did you become aware of my race? We recommend that counselors find questions they feel comfortable answering and asking to ascertain how race and culture impact the client's presenting problem and the therapeutic relationship.

Incorporating discussion about racism, privilege, and oppression into counseling is another culturally responsive intervention that can promote wellness about African American clients. When African Americans experience racial microaggressions, many of them think they are imagining what they have seen, heard, or been experiencing. When they are overlooked for occupational positions or promotions due to racial, cultural, or appearance bias, it is important that they have a counselor

who can help them have the courage to address the possibility of discrimination and to advocate for justice. Counselors who use a colorblind approach would blame the client or put the responsibility of change onto the client when it is a systemic structure that needs to be challenged and changed.

Considering the racial injustices African Americans have endured in the United States, counselors can no longer subscribe to colorblind treatment approaches where race and culture are ignored, denied, or minimized. Practicing interventions like broaching, pronouncing names correctly, and addressing racism, privilege, and oppression in counseling are just a few ways to improve mental wellness among African American clients.

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Chapter 3
Challenges Mostly Unique to African Americans

Clewiston D. Challenger and Timothy Eng

African Americans face unique challenges when it comes to their education, health care, employment, and relationship with law enforcement. Inequitable access and treatment in these areas create challenges that impact their mental health and can be exclusively found in this community due to America's historical past forged in racism and discriminatory laws. Notably, the Jim Crow era established laws that prohibited African Americans from receiving the same quality education, health care, and employment opportunities as Whites. While the abolishment of the Jim Crow laws made way for the passing of the Civil Rights Act, African Americans had hopes that these initiatives symbolized a shift toward equality. However, other legislation and policies which have evolved from these traditionally oppressive practices in some ways have subtly maintained the disenfranchisement, segregation, and disproportional rates because of sophisticated structural and systemic biases (Bonilla-Silva, 2020; Hardeman & Karbeah, 2020). These structural and systemic biases have produced challenges and racial inequalities that have become major barriers that affect African American advancement in education, relationship with law enforcement, health care, and employment.

Education in the African American community has had underwhelming success due to funding, policy changes, and lack of resources for schools in urban and deep rural areas that African Americans tend to reside in. Low access to an adequate education has been partly responsible for the divide in economic upward mobility of African Americans in the United States. In addition to the challenges in education, African Americans have notoriously had a higher rate of interaction with law enforcement where there have been more instances of lethal force and fatal occurrences than with other races. This community is more often the target of racial

C. D. Challenger
University of Connecticut, Storrs, CT, USA

T. Eng (✉)
Center for Southeast Asians (CSEA), Providence, RI, USA
e-mail: tetimothyeng@gmail.com

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discrimination that has led to vast inequalities in incarceration rates and premature death at the hands of police (Herd, 2020). Furthermore, unemployment rates of African Americans are particularly higher than White and Asian communities in the United States. This disparity, along with the challenges that impact African American education, contributes to a cycle of poverty that has lasted within generations for some families. The dearth of quality education coupled with higher rates of unemployment within this population adds to the challenge of gaining access to adequate health care that becomes limited for African Americans. This subsequently results in low employment rates that are often associated with fewer job options and jobs which often do not provide health care.

The challenges described within this chapter will highlight to the reader, the individual, community, and systemic and structural biases that contribute to continual oppression for the African American community at all levels. These challenges have often manifested themselves onto the mental health of this community by creating race-based stress and angst that contributes to elevated instances of depression and anxiety because of these stress and angst experienced by African Americans living in a predominantly White society. As we discuss these four themes, it will be important to have the reader understand the challenges that impact African American education, physical and mental health, socioeconomic status, and interactions with law enforcement.

Barriers to Equitable Education

Research has shown that despite some of the progress made since the post-Civil Rights era, African Americans disproportionately underperform academically compared to other races. In regard to education, African Americans have historically been denied equitable access to learning at the same rate and quality as Whites. Currently at the college level, there exist severe inequalities in rates of enrollment, retention, and degree completion along with feelings of isolation due to campus culture, low access to resources, and underrepresentation of African American educators and peers (Allen et al., 2018). The level at which African American students receive funding for their college education has contributed to the disenfranchisement of their degree attainment. Rulings on anti-affirmative action policies have also caused schools to reconsider involving race in their admissions processes. Because of this, African American college enrollment and completion has suffered because of colleges' limited access to African Americans in their institutions (Allen et al., 2018). Income has also been a significant factor, as the rising cost of higher education has made it increasingly more difficult for African Americans to afford to attend college. This is due to the fact that African Americans are typically overrepresented in poverty (Naylor et al., 2018).

A high rate of African Americans tends to reside in densely populated, urban communities with increased rates of low-income families (Parker et al., 2018). These urban communities, which can be economically deprived, also have limited

educational opportunities for African Americans. This restricts employment opportunities, decreases access to higher education, and diminishes the chance for upward mobility (Assari, 2018).

Traditionally African Americans have not had the same educational success and achievement as other races. During the Jim Crow era and before the 1954 Supreme Court ruling on *Brown vs The Board of Education*, learning for African Americans was stifled and segregated. This was supported by the belief that African Americans can receive an education so long as it was "separate but equal." By viewing the African American community as a lesser race and culture, educational resources were not fully offered to them in the same way they were for Whites. Thus, post-secondary options for African Americans were limited mainly because of race, neighborhood, and school location. Many of these educational practices continue today.

Civil planning policies such as *redlining* and *gerrymandering* are law-making practices that have caused the clustering of low-income and underemployed African Americans in communities that have poor performing, under-funded schools. African Americans with restricted access to a good education may get caught up in a cycle where they have less post-secondary educational options and have to settle for lower-paying jobs. This may put them at increased risk for mental health issues. Fewer job options due to under-preparation at the K-12 educational levels mean African Americans face the challenge of getting adequate access to health care. This may mean many medical and mental health issues go ignored.

Most schools in urban communities are staffed with teachers who may be underqualified or who have less experience in the field. Often, schools with a high population of African American students may have outdated technology, antiquated buildings and infrastructure, and higher than normal rates of teacher turnover. These factors lead to lower graduation and retention rates. What does this inadequate access to education lead to for some African Americans? It may lead to a path of higher rates of students in the community dropping out or stepping out of their K-12 education. It could also lead to lower rates of persistence with more students missing school. This means schools see greater absenteeism among their African American students. These factors partially explain the achievement gap that exists between African American students and other races, a gap that has changed very little over the last 20 years (Whaley, 2018).

As previously mentioned, African Americans face educational challenges related to lower rates of college enrollment as compared to students from other races. Some major barriers to a college education for African Americans are funding, understanding the application process, and inadequate preparation for college academic rigor. Many African American families also struggle to pay the elevated college tuitions. In addition, due to many K-12 schools cutting school counselors from their budgets, African American high school students are less aware of the college admission process than before. Finally, African Americans may be less prepared for college than peers of other races, due to their residential location.

If African American students attend high schools that underprepared them for college, there is a greater chance that they will have difficulty adjusting to college

and campus life than their White peers. Many college campuses are predominantly White institutions (PWI) where a large portion of the student body are of the majority race. This can lead to African American students having perceptions of discrimination, prejudice, and cultural underrepresentation on campus which impacts their sense of belonging and inclusion to the institution (Dortch & Patel, 2017). These factors pose challenges to African American's educational, professional, social, and economic growth and mobility.

Interactions with Law Enforcement

Another challenge unique to African Americans is their relationship with law enforcement. In recent events, on a national scale, the African American community has been disproportionately impacted by law enforcement's use of deadly force. Another challenge African Americans face more often than other races is the current contentious relationships with law enforcement, particularly the police, the judicial system, and the prison system (Kevins & Robinson, 2020).

The use of excessive lethal force against unarmed African Americans has occurred at alarming rates in comparison to their White counterparts. In 2020, the murders and shootings of George Floyd, Breonna Taylor, and Jacob Blake and countless others have fueled the Black Lives Matter movement and have brought social awareness to gun violence and police brutality against unarmed African Americans. Statistics have shown that African Americans are much more likely to be murdered by police officers than other races and that they are targets of racial profiling, over-policing, and hyper-surveillance (Herd, 2020). From a historical perspective, White fear of African American crime has led to policing as a social control strategy aimed at keeping African Americans in their place (Bonilla-Silva, 2020).

Unfortunately, this has led to African Americans being discriminated against, detained, and illegally searched based on looking suspicious. For this reason, the criminal justice system has been regarded as a contemporary instrument to perpetuate White dominance by way of exhibiting control over African Americans through enforcement and the application of – supposedly – race-neutral policies. These same policies generated initiatives such as the war on drugs and gang reform (Bonilla-Silva, 2020). Police brutality has been a challenge for African Americans and has become a health issue for this race as evidenced by rates of premature death, bodily harm, and race-based stress invoked at the hands of law enforcement officials (Herd, 2020).

Since the abolishment of slavery by President Abraham Lincoln, America has made attempts to find alternative ways to enslave and commoditize African Americans and their labor. One such way was the creation of the 13th Amendment. Although the 13th Amendment emancipated African Americans from slavery, it legally opened the opportunity for African Americans to be jailed or imprisoned for minor infractions and without due process. States could also use these newly incarcerated prisoners to do labor that was deemed needed and necessary for the states

(i.e., infrastructure work such as highways and ditch-digging). This contentious relationship with law enforcement continued through the Civil Rights era, into the riots of the 1960s and 1970s, the Reagan era war against drugs and gangs in the 1980s, and continues into the present day. Even now, an African American male is more likely to be stopped and frisked by the police than their White or Asian male counterparts. It is not an implausible belief that law enforcement officers could view African American individuals as more threatening and intimidating than other races. This could explain why some police officers use excessive force for behaviors they perceive as aggressive or threatening from this race, but not from others.

Those perceptions that law enforcement officers may hold, that African Americans are violent, aggressive, and intimidating, affect this community's ability to feel safe and trust the police. These feelings can result in elevated mental health and medical issues. African Americans are incarcerated at increasingly higher rates than other races making their involvement in the penal system inevitable if they have a negative interaction with the law. The percentage of African American inmates in the US prison system is over 80% (Gramlich, 2019) where the percent of African Americans that make up the US population is 13% (Gramlich, 2019).

The relationship becomes more complex when mental illness and mental health intersect with African Americans and law enforcement. African American men and women who have mental illness and engage with police are more likely to be killed by law enforcement or have an aggressive or lethal response for their behaviors. African Americans who demonstrate erratic behavior due to their mental health issues can be perceived as immediate threats to the lives of law enforcement officials. Officials then feel justified in using deadly force or powerful tranquilizing methods to defuse the situation. Additionally, many African Americans who are arrested and arraigned in court are unable to pay for capable legal representation and find their cases delayed. Due to a lack of finances to hire good representation, many incarcerated African Americans are given steeper consequences by judges for minor infractions where White individuals receive lesser penalties for the same infractions. Lack of proper legal representation results in a backlog of cases leaving some African Americans who cannot afford bail opting to wait in jail for their court date. This leads to disruption in their lives that often wreaks negative consequences. Being away from their families and jobs, missing educational and learning opportunities, and forfeiting prior access to their primary care physicians for medical and mental health care perpetuate the inequities experienced by African Americans.

Inadequate Access to Health Care

Access to adequate health care for African Americans has also been disproportionate; many have little to no insurance coverage for medical and mental health services. African Americans suffer from higher rates of obesity, diabetes, asthma, mental health, and heart disease than other races (Centers for Disease Control and Prevention, 2020). Stigma and mistrust of medical professionals have impacted this

community and have led African Americans to steer away from traditional medical services. Hardeman and Karbeah (2020) point to the realization of the longstanding disconnect between racial oppression and its cause for the vast disparities in health outcomes for African Americans in comparison to their White counterparts. These insights are not being talked about by legislators and healthcare providers. These authors conclude the inequalities that exist in health outcomes for African Americans are the result of systems and structures that uphold and replicate White superiority (Hardeman & Karbeah, 2020). This presents a major challenge for African Americans who fall victim to the systems that have resulted in severe health inequalities.

Access to health care has not been equitable for African Americans for decades. Many African Americans have lived with limited or no healthcare coverage due to low employment and income status. In 2019, when compared to the percentages of Asian Americans and White Americans that did not have coverage (7.4% and 9.8%), African Americans without healthcare coverage stood at 13.6%, a noticeably higher rate of uncovered individuals in the demographic community (Rudden, 2020). With access to health care being a greater challenge for African Americans, getting preventive medical and mental health attention disrupts their chance to lead a quality life. The clustering of African Americans into neighborhoods and communities that have lower economical and educational prospects, often in urban areas, created an increase in medical issues such as asthma, obesity, heart disease, diabetes, and mental health issues more prominent in this demographic group than found with other races (Petersen et al., 2019).

Gainful health care is often connected to employment status. Unemployment rates among African Americans remain highest when compared to other races, adding to the lack of adequate access to health care and insurance. This barrier to insurance coverage and health care has placed African Americans in a position where they are more likely to die at higher rates from preventable medical conditions such as previously listed (e.g., diabetes, asthma). Health education is tied to health care where children and pregnant women can learn about proper nutrition and physical activity to lead healthy lives. According to the Centers for Disease Control and Prevention (CDC) (2019), African American women are two to three times more likely to die from pregnancy-related issues than White women (Farrington, 2020). Also, African American families are also raising children in *food deserts* where there is an absence of grocery stores and supermarkets in communities that offer healthy food options. Many African American families who live in urban communities grapple with food scarcity and food insecurity leading to exacerbation in nutritional, medical, and mental health issues.

The Obama administration's *Affordable Care Act* (2010), also known as Obamacare, made it possible for many African Americans to be insured and get healthcare coverage in ways that were not available before. With the ACA in place, the percentage of uninsured African Americans went down 7% in 9 years (Rudden, 2020). These federal efforts have ameliorated the situation, but there continues to be a lag in comparable rates between demographics.

Low Employment Has Led to Modest Upward Mobility and Stagnant Generational Wealth

Barriers to adequate education are considered factors that can be attributed to the income disparities for African Americans at all levels (Naylor et al., 2018). For decades, African Americans have fought against discrimination, oppression, and prejudiced views to receive an education equal to that of Whites. White families benefited from an economic system that was built to harm African Americans, while they accumulated generational wealth. This resulted in African American communities cycling through generations of poverty which persists today. African Americans have also earned far less income than Whites because they were consistently placed at low-skill jobs during the Jim Crow era. This can be partly the reason why African Americans are overrepresented among unskilled worker positions and underrepresented in white-collar jobs that have higher pay. Similarly, to access and opportunity for education, retracting affirmative action policies by the government for employers to consider race when hiring has also contributed to the inequality of income that continues to challenge African Americans (Bonilla-Silva, 2020).

Within some African American communities, generational poverty exists. The persistence of poverty that crosses age generational lines has continued to negatively impact this race in achieving the financial status afforded to the White majority race. Intergenerational poverty among African Americans stems from decades-long high unemployment rates between races. In 2019, the Bureau of Labor and Statistics (BLS) reported the unemployment rate for African Americans to be at an improved lower rate of 5.9% compared to 16.6% in 2010. However, compared to the Asian (2.9%) and White (3.2%) demographics in 2019, African Americans still struggle to compete in the job-gains market (BLS, 2021). Low employment opportunities impede African Americans' ability to achieve upward mobility, secure health insurance, and reside in higher-income communities (Hudson et al., 2020).

There is a direct relationship between educational access and employability. African Americans who attend schools with a history of academic underperformance risk not being college- or career-ready which directly impacts this population's ability to gain work. For example, small business ownership in America is prevalently concentrated within the White community. About 2.2% of the 6 million small businesses owned in the United States in 2019 were owned by African Americans (USA Facts, 2020). The equitable ability for African American entrepreneurs to obtain a loan or a line of credit needed to embark on a business venture or to own a home remains a major obstacle. Being denied the necessary capital needed to start a business, purchase a home, or pay for a college education or vocational training can disproportionately assign African Americans to low-income socioeconomic status. This stifles professional and economical upward mobility or the chance to break the cycle of generational poverty. African Americans that are caught in the system of lower-income status can be prone to mental health issues such as anxiety, depression, and bouts of anger (Card et al., 2018).

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Chapter 4
African American Mental Health: Challenges and Opportunities

Brittany L. Dennis

African American Mental Health: Challenges and Opportunities

Mental illness is common in the African American community. But the treatment of mental health disorders within this community is not. Historically African Americans have been marginalized within the United States health system, and there is a health disparity in the African American community. Scott et al. (2011) this disparity is linked to a variety of factors including but not limited to medical distrust, institutional racism, stigma, and misinformation (American Psychiatric Association [APA], 2017; Degruy, 2005; Fripp & Carlson, 2017; Gomez, 2015; Harris et al., 2020; National Association of Mental Illness [NAMI], 2020; Snowden, 1999; United States Department of Health and Human Services Office of Minority Health [USDHHS OMH], 2019).

African Americans account for approximately 13% of the US population, and they are more likely to experience psychological distress (NAMI, 2020). Some symptoms reported are persistent feelings of sadness and hopelessness and struggling to complete basic functions and life tasks. Statistical data also highlights the point that African Americans experience more chronic forms of mental illness (USDHHS OMH, 2019).

The majority of African Americans will not seek care for their mental health conditions unless they are seeking emergency services (APA, 2017; NAMI, 2020; Snowden, 1999; Thorn & Sarata, 1998). This choice exposes some of the socioeconomic barriers that affect the well-being of African Americans who are not insured or underinsured. Although there are specific barriers and challenges that impact the African American community, there are opportunities to expand outreach to this

B. L. Dennis (✉)
Liberty University, Lynchburg, VA, USA
e-mail: bdennis18@Liberty.edu

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collectivist community and increase social engagement among community members and stakeholders. This chapter discusses the challenges African Americans experience accessing and acquiring quality mental health care in the United States and explore common and newer strategies designed to foster a culture of improved mental health and wellness. Metaphors will be incorporated at the beginning of some sections to illustrate deeper meaning.

Challenges

Medical Distrust

Metaphor: Medical distrust in relation to mental health for African Americans is like sharing your most shameful experience on social media and allowing Internet trolls to help you heal.

African Americans have a long history of being exploited in the name of medicine. This history extends as far back as chattel slavery and continues into more modern times (Gomez, 2015; Jackson, 2020; Washington, 2006). Women who were enslaved were routinely brutalized with unnecessary surgical procedures to further the study of medicine, particularly in the field of gynecology. In Alabama, African Americans were exploited and harmed during the well-known Tuskegee experiment. In New York in the early to mid-1990s, Brown and Black children were studied and medicated with a harmful drug in order to explore the children's propensity to violence (Washington, 2006).

The actions listed above are egregious examples of the harm experienced by African Americans in the name of medicine. This abuse by the medical community of African American citizens has led to a general mistrust of the medical system (Gomez, 2015; Washington, 2006). There are numerous examples of unreported encounters of African Americans being disenfranchised and discriminated against when attempting to access quality care. Several factors that are discussed in these accounts are discrimination, lack of cultural competency, misdiagnosis, and receiving substandard care (APA, 2017; Harris, et al., 2020; Gomez, 2015). These reported and unreported accounts shared throughout the African American community explain why African Americans distrust the US health system and the medical professionals serving this community, which have a direct correlation to systemic/institutional racism (Jackson, 2020). Perpetuating health disparities is common within this community (Gomez, 2015).

Institutional Racism

The term institutional racism illustrates common discriminatory practices maintained through institutional policies and procedures in both the private and public sectors of society. These practices are experiences that are reported often by

marginalized people of color including African Americans. These practices endorse racist sentiments that perpetuate the false narrative that African Americans are biologically inferior due to genetics and are predisposed to engage in problematic behaviors and demonstrate poor decision-making practices (Bassett & Graves, 2018).

Institutional racism creates a standard within American culture that continuously strengthens a system that fosters inequality, when individuals attempt to access resources that aid in the development and sustainability of a quality of life. This includes equal access to be able to work and live in areas with safe housing, while receiving a good education, and also have access to quality health care (Bailey et al., 2017; Bassett & Graves, 2018; Fripp & Carlson, 2017). These barriers impact each individual differently depending on one's social standing but nonetheless have the potential to cause adverse health outcomes (Bailey et al., 2017).

One factor impacting the mental well-being of African Americans is poverty especially individuals who live below the poverty line. These individuals live with the constant struggle of trying to maintain their basic needs. According to the APA (2017), approximately 27% of the African American population live below governmental guidelines that measure poverty in America. Many of these individuals are uninsured. Living in this survival mode is taxing and causes psychological distress. For African Americans, institutional racism intersects with class and compound issues related to mental health and wellness.

Redlining is a real estate practice that marginalized African Americans by only allowing them to reside in designated areas within a municipality. Separating inhabitants by race is a practice known as segregation. Redlining emerged as a covert way to reinforce the practice of segregation once it was outlawed. This practice entails not only separating the community by races but creating a system that limits access to resources, community development opportunities, and property equity. The impact of redlining causes these communities to become blighted unsafe communities, due to environmental pollutants, poverty, and crime. Bailey et al. (2017) assert that segregation and other insidious forms of racism affect one's psychological well-being and mental health.

Stigma

Metaphor: Stigma is like watching a film of your life while hurling water balloons filled with negative epitaphs at yourself while crying due to the shame. If asked what chronic medical conditions impact the health and welfare of African American people within this community, a common answer would be diabetes, hypertension, and stroke. These medical conditions would be highlighted because these topics are highly discussed and publicized within churches, community groups, and social circles. Educating individuals within the community about the signs and symptoms associated with diabetes, hypertension, and stroke is common. This in turn normalizes these conditions and the need to seek medical help when experiencing complications associated with these physical disorders. According to Jorm (2012), most people accept physical conditions and seek treatment because it is normalized as

they are exposed to an emphasis on early intervention and prevention. Mental illness does not receive the same attention.

There is a natural stigma associated with mental illness. Hannor-Walker et al. (2020) posited that this is especially prevalent within rural African American communities. Stigma occurs when people believe a narrative disparaging their identity and when they are singled out, ostracized, and treated differently because of their disability or difference. These experiences can conjure feelings of shame. For African Americans, shame is one of the reasons people fail to seek treatment and terminate early (Harris et al., 2020; Gomez, 2015; Hannor-Walker et al., 2020; Jackson, 2020). Cultural norms and family expectations foster silence and discretion when dealing with mental health conditions. These expectations highlight this culture's tendency to be perceived as strong and resilient (Alvidrez et al., 2008; Harris et al., 2020; Gomez, 2015). In turn, this causes a disproportionate rate of people within this community to avoid treatment when experiencing psychological distress (Alvidrez et al. 2008; Gomez, 2015; Hannor-Walker et al., 2020; NAMI, 2020).

Misinformation

Metaphor: Misinformation is comparable to playing a game of telephone and publishing the findings in a peer-reviewed journal. The practitioner and the African American consumer are both victims of misinformation. Many practitioners lack the training and knowledge to effectively treat African American clients. Practitioners are then left only with the misinformation adapted through institutionalized racism (Fripp & Carlson, 2017; Gomez, 2015). The data highlights a relational dynamic between the practitioner and African American consumer that disempowers clients, limiting treatment options, increasing misdiagnoses, missing symptoms, and failing to develop a working alliance. The impact of uninformed and misinformed practitioners alienates African American consumers (APA, 2017; Gomez, 2015). The problematic behavior displayed by providers is perpetuated and reinforced by hearsay within the African American community. Thus, sanctioning the seeking of alternative remedies to psychological distress (Gomez, 2015). One example is when associates encourage prayer and long suffering when dealing with mental health-related problem instead of seeking guidance from a trained medical provider (Harris et al., 2020; Neely-Fairbanks et al., 2018). Other barriers are accessibility to technology and the lack of basic scientific and technological know-how to access vetted resources, and limited, to no community engagement (Jackson, 2020).

Opportunities

Metaphor: Opportunities impacting African American mental health are reflected as tiny beacons of light floating in a stormy ocean vigorously churning in a hot pot filled with sharp rocks, current traumas, and historical debris. Even though

historical challenges within the African American community persist, African Americans grow and adapt in order to survive. The ability to grow and adapt is the African Americans' signature strength in the social structures in the United States ([U.S.]; Meyer & Speight, 2010). An example of this adaptation is the way African spiritual practices were concealed and integrated within Christianity. Another example is the way African Americans built viable communities across the United States during the reconstruction period. Another example is African Americans ascending into leadership roles across the country until affronted with the new revised form of oppression in the Jim Crow laws. Despite these oppressive practices, African Americans continue to fight for their human and civil rights, modeling resilience, adaptation, and empowering others across the world.

The structural and institutional barriers in the US health system are by-products of American society and so is resilience in the African American community (Meyer, & Speight, 2010). To empower this community, one must tap into this community's never-ending ability to survive. When empowered by knowledge and sustainable practices, healthier choices are made. A majority of health-related issues are linked to individual lifestyle choices including mental health disorders. Lifestyle factors impact psychological symptoms in both a positive and negative way (Barden et al., 2015; Meyers et al., 2000; Walsh, 2011). Health and wellness play unique roles in mental health because they are connected. According to Walsh (2011), the impact of one's lifestyle is undervalued by mental health practitioners, and opportunities to address psychological distress through behavioral changes are often missed.

Wellness

According to Myers et al. (2000), chronic disease receives more funding than preventive measures or interventions. Wellness initiatives and early intervention programs centralize the distribution of general information on mental health, moving the focus away from illness and focusing on being mentally and physically healthy. Focusing on wellness contributes to destigmatizing and normalizing mental health.

The concept of wellness infers an ongoing balance between mind, body, and spirit. (Barden et al., 2015; Myers et al., 2000). This concept naturally benefits the African American community because wellness incorporates an all-encompassing holistic aspect of one's health. Wellness and holistic health are concepts that need to be applied more within the African American community to eliminate chronic health disparities. According to Barden et al. (2015), Myers et al. (2000), and Walsh (2011), there is a direct correlation between holistic wellness, physical health, and psychological well-being.

Professional counselors are initially trained in the wellness model (Myers et al., 2000). Unfortunately, the US healthcare system functions from an allopathic essentialist medical model, which creates a dynamic that forces mental health providers to work within the confines of the US healthcare system in order to receive reimbursements for services rendered. This system has embraced conventional evidence-based practices, disregarding competing evidence aligned with holistic approaches

to treatment and the potential benefits for consumers who present with mental and physical comorbidities (Walsh, 2011). A paradigm change from the medical model to a wellness model would benefit the African American community in the United States (Myers et al., 2000).

Education

The pervasive chronic mental health conditions within the African American community highlight the fact that this community is not prioritized when targeting early intervention and prevention programs (Neely-Fairbanks et al., 2018). There is a need for programming geared to prevention and holistic wellness to decrease the prevalence of mental disorders (Jorm, 2012; Neely-Fairbanks et al., 2018). An increase in education initiatives to better manage and recognize symptoms associated with psychological conditions would align with movement toward a more wellness and preventative focused approach.

The goal of wellness initiatives is to empower the African American community to take immediate action and begin to make necessary changes both personally and within their environment that will eventually benefit their collective mental health. According to Jorm (2012), educating a culture group on mental health is a multitiered preventive endeavor to (1) increase consumer knowledge, (2) improve early recognition of symptoms, (3) understand options for care, (4) apply effective self-regulating strategies, and (5) improve basic knowledge in order to seek or render aid when in a crisis.

African American professionals and other stakeholders invested in the community have taken an active stance to increase mental health education. Examples include social media campaigns that highlight subgroups of this population to educate on mental health and cultural concerns, directories to identify Black, Indigenous, and People of Color (BIPOC) mental health professionals, and collaborations between spiritual organizations and mental health providers. Since most of these initiatives are led from within the BIPOC community (Vereen et al., 2020), it is vitally important that these community-led initiatives continue to give voice to the culture by listening to stakeholders and mental health professionals who are attuned to the needs and sociocultural nuances of this community (Gomez, 2015; Vereen et al., 2020).

Advocacy

Advocacy supports vulnerable and marginalized populations by working with private and public governmental stakeholders to protect the rights of consumers. Initially these vulnerable consumers were deemed dangerous by the general population and lacking personal agency (Funk et al., 2006) and created sentiments that

intersect race and ability for the African American consumer. Increasing these advocacy efforts and partnering with community members and consumers empower this group. Research relevant to the sociocultural needs will also further the efforts to better serve this population.

Conclusion

The barriers that have been explored and discussed in this chapter will not be eliminated until America addresses its issue that culminates with racial injustice and inequality. Any antidote to fix the system without addressing the root causes is just a Band-Aid. Every year new professionals within the health sector matriculate into the mental health field still possessing some unchallenged implicit biases, prejudices, and limited worldviews that impact the prognosis and quality of the individuals they serve. Because these biases are normalized, pervasive, and ongoing, the narrative of African Americans is silenced, refuted, and shaped into a narrative that discounts the targeted consumer by reinforcing problematic stereotypes (Gomez, 2015).

An alternative solution is to give voice to the community by embracing their feedback and meeting them where they are (Gomez, 2015). There are a variety of opportunities available to aid the African American community and its stakeholders in addressing mental health disparities. They are initiatives that are community based, preventive in nature, and based on a paradigm that shifts the focus from illness to wellness. Embracing a holistic philosophy that is led by grassroots and community-based mental health professionals who are attuned with communal strengths, needs, and challenges should be imbued into these initiatives.

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Chapter 5
Mental Health Challenges Unique to African American Children and Adolescents

Kimberly N. Frazier

Introduction

African American children in the twenty-first century have a multitude of influences that affect their overall functioning and well-being. Social and digital media, along with the marginalization and discrimination, heavily influence African American children navigating today's world. In addition to factors of social media, marginalization, and discrimination, Black families are also linked to the institution of slavery and segregation in the United States. Slavery and segregation are reminders that the Black experience cannot be understood without also including the context of slavery, Jim Crow, and segregation (Murry, 2019).

Events Contributing to Psychological Challenges

The African American experience must be understood within the context of the devastating impact of slavery. Additionally, Black families and children developmental outcomes and mental health functioning are impacted by the past system of slavery and segregation (Murry, 2019). African American parents teach and socialize their children to function successfully in a society that is hostile toward their race (Belgrave & Allison, 2019). Black people are disproportionately discriminated against in a multitude of areas such as policing, housing, and education. The institutional and racial discrimination has taken a psychological, physiological, and social toll on the African American population and community. African Americans have a lack of or limited access to various resources, thus creating psychological

K. N. Frazier (✉)
Louisiana State University Health Sciences Center, New Orleans, LA, USA
e-mail: kfraz1@lsuhsc.edu

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distress, and negative coping behaviors factors that tremendously impact quality of life (Assari et al., 2018).

Racial Discrimination and Trauma

Racial discrimination is a constant in lives of African Americans whether the discrimination is overt or subtle (Murry, 2019). Racial discrimination can take many forms, such as daily verbal, behavioral, or environmental indignities, that can be intentional or unintentional that are racially motivated and communicate hostile insults and negative slights against people of color (Sue et al., 2007; Frazier, 2020). The daily onslaught of racial discrimination causes psychological distress and negative emotions that may lead to mental health issues such as anxiety and depression. The constant trauma of discrimination forces coping mechanisms such as anger and fatigue. Research has shown that constant exposure to racial discrimination causes psychological stress for those experiencing the discrimination, and this psychological stress often spills over into other areas of the person's life (Simons et al., 2003). Murry (2019) examined whether higher socioeconomic status diminished the likelihood of experiencing racial discrimination. Researchers found there was no difference in the frequency of reported racial discrimination experiences despite having a higher socioeconomic status. A different research study did find that having a higher population of Whites compared to the African American population in the area did correlate to reporting higher levels of depression and discrimination in African American children and adolescents (Assari et al., 2018). Research findings suggest a correlation exists when looking at the factors of racial discrimination, racial trauma, and mental health functioning and mental health symptomology among Black children. Additional research needs to be conducted to better understand how these correlates impact Black children based on age and gender and what coping mechanisms are most effective (Assari et al., 2018; Murry, 2019).

Other Factors

The Role of Poverty

Poorer functioning physical and emotional mental health has been associated with children that come from lower socioeconomic status (Nuru-Jetter et al., 2010). African American children are often the focus of racial profiling and racial harassment when compared to their White counterparts (Parham, 2002; Boyd-Franklin, 2003; Catherall, 2004; McGoldrick et. al., 2005; Lamb, 2006).

Children's level of functioning and development is dependent on the social environment that the child is a part of. Socioeconomic status has also been found to be connected to effective functioning and development of children along the domains

of attention, memory, language proficiency, and cognitive ability (Shonkoff & Phillips, 2000; Nobel et al., 2007; Nuru-Jeter et al., 2010). Other studies point to the fact that chronic stress faced during child development can interrupt healthy development as well as impact behavioral control (Cerqueira et al., 2007). Two factors that impact on a child's internalizing and externalizing behaviors are poverty and family income (Nuru-Jeter et al., 2010).

The role of race, socioeconomic status, and functioning of children was researched with mixed results. Some research studies found a correlation between race, socioeconomic status, and development of children, while other research studies findings were inconclusive as to whether a correlation was present. Researchers believe that the reason for this inconsistency is due to how health and development are measured. Inconsistencies in findings can also be attributed to the varying way socioeconomic status is measured in multiple research studies. The mixed results in the research studies make it difficult to determine the traits that need to be looked at to create better interventions for optimal child development and functioning at all stages of child development. Nuru-Jeter et al. (2010) found there is a correlation between socioeconomic status and the conditions that impact health development and functioning in children. This finding suggests that a meaningful increase in economic status and education does play a role in child development and functioning. Higher socioeconomic status and financial security may lead to a decrease in psychological strain, thus allowing for higher levels of development and functioning in children. The second finding in this study found a strong correlation between socioeconomic status and health development to financial resources in Black children when compared to their White counterparts. Additionally the study found there was not a correlation between educational attainment and Black children's health development compared to their White counterparts. Currently there are few studies focused on race, socioeconomic status, and child development. Further research was conducted exploring differing childhood stages (i.e., early, middle, late childhood) and how each stage is impacted in the development of attention, memory, language, and cognitive ability by Nuru-Jeter et al. (2010).

Mental Health Issues Due to Trauma

Children and adolescents are the most vulnerable population for mental health concerns due to many of the mental health disorders showing symptomology beginning at the age of 14 years (Kessler et al., 2005; Washington et al., 2017; Werner-Seidler et al., 2020). Depression and anxiety are commonly reported among child and adolescent populations (Knopf et al., 2008). Murry's (2019) research study found stressful life events are correlated to parents' mental health functioning and aid in ineffective coping strategies such as anger and cynicism. These stressful life events, along with lack of access to resources and financial strain, often lead to elevated mental health issues such as anxiety and depression. Family systems are the main example for children to learn how to function when experiencing life events.

Children learn how to cope and function from their parents, and when their parents are stressed, the children are likely to become stressed as well. In another study, Black males were found to be at higher risk for depression, suicide, and other depressive symptoms when they were at a higher socioeconomic status (Assari et al., 2018). It is worth noting that several studies have reported poorer mental health and psychological functioning for African Americans that earn higher incomes. Researchers have attributed these findings to several multiple possibilities, one being the cost Black families pay socially and psychologically on the path to higher social status (Assari et al., 2018).

A second possibility researchers hypothesize for mental health issues is that African Americans are more likely to participate in goal-striving activities to reach a higher social status and higher incomes; this creates higher levels of stress that create distress psychologically. Researchers also suggest that poor psychological functioning and mental health are evident because attaining higher financial attainment leads to higher perceived racial discrimination in Black populations. Researchers agree that more studies need to be conducted to explore how race, gender, and class impact psychological functioning and mental health. Research also needs to be expanded to see what are best practice interventions for mental health and effective coping strategies for African American men, women, and children (Assari et al., 2018).

The Impact of Depression and Anxiety

Depression and anxiety are mental health issues commonly reported among children and adolescents (Knopf et al., 2008; Washington et al., 2017). Depression is the leading cause of disability worldwide according to the World Health Organization. It is estimated that one in five adolescents will experience a depressive episode by 18 years of age. Depression can cause educational, social, emotional, and psychological issues that can negatively impact the adolescents experiencing symptomatology (Washington et al., 2017; Williams, 2018). Depression symptomatology can first emerge between the ages of 10 and 24 years old (Merry et al., 2004; Werner-Seidler et al., 2020). Depression often has a co-occurrence with anxiety, further intensifying the impact of both on the children that are experiencing symptomatology (Costello et al., 2005; Washington et al., 2017). African American children, when compared to their other ethnic counterparts, experience life events that put them at an increased risk of developing depression and anxiety. These life events, which include poverty, racial discrimination, and violence, all put Black youth at higher risk for mental and behavioral issues. Current studies discuss positive parenting practices, fostering healthy family systems, and fostering healthy environments as positive coping strategies to combat the effects of depression and anxiety on African American children and adolescents (Washington et al., 2017).

The Impact of Suicide

Suicide is the third leading cause of death for African-American adolescents and young adults between the ages of 15 and 24 (Arshanapally et al., 2018). Traditionally the suicide rates among African American children have been lower when compared to White children (Williams, 2018). However, the *Journal of the American Medical Association-Pediatrics* study (2018) found that the suicide rate among African American children younger than 13 years of age is twice as high when compared to White children in the same age group. The study also found that the suicide rate for African American children between the ages of 5 and 11 has been steadily rising since 1990 (Bridge et al. 2018; Williams, 2018). Suicide occurring in such a young population is alarming and does not account for the adolescent and adult populations that are also committing suicide according to mental health professional experts. Possible reasons experts give for the alarming numbers of suicide in African American children include social factors such as violence, poverty, racism, and nutrition. Additional factors given include lack of access to health care and cultural factors that African American children face. The lack of access to health care ultimately leads to poorer health and health outcomes (Knopf, 2016; Williams, 2018). Limited resources, increased risk of violence, as well as the stigma associated with mental health are all factors that lead to an increased risk of suicide among the African American children. Outside the cultural factor of African American children's reluctance to admit the need for mental health services, other factors that should be considered include school issues, relationship/family issues, and other stressful life events (Knopf, 2016; Williams, 2018).

Coping Mechanisms

Resiliency in the form of cognitive reframing, viewing life events in a hopeful and optimistic manner, is an important coping mechanism used by African American children and adolescents. By practicing resiliency and cognitive reframing, children and families can protect themselves from the negative psychological impact of the challenges {of} existing in a racially charged society and the trauma attached to racial discrimination. Children are more able to practice and execute the reframing of life events if their parents and guardians also practice this type of resiliency (Murry, 2019). Researchers also found that when the mother practiced positive coping behaviors, the entire family unit benefited. The mother's positive coping behaviors lead to positive outcomes for the children in the family unit, such as higher self-esteem and an optimistic life outlook (Murry, 2019). Cognitive reframing also creates a buffer to the everyday challenges faced by Black children and provides the resiliency to continue living and developing at the highest levels. Being resilient ensures that African American

children and adolescents gain the coping skills needed to understand themselves, those around them, and the world around them.

Research has pointed to another important coping strategy for Black children and adolescents the development of strong social relationships. When children, specifically Black children, and adolescents develop strong social relationships with their parents, they develop a strong sense of self and community. These strong ties to family and community also allow African American children to develop successful problem-solving skills to navigate the challenges that will come throughout their lifespan. The coping strategy of strong social relationships also gives insight into the importance of creating and maintaining strong support systems in African American children's lives to ensure they develop to their fullest potential (Wilson & Cottone, 2013; Murry, 2019).

Another coping strategy for Black children and adolescents is providing mental health services early to help better process the challenges and stressors faced daily. It is imperative when seeking out mental health professionals that the mental health professional is trained in using culturally appropriate interventions and strategies and has experience with counseling African American child populations. Selecting mental health professionals that have experience and training working with Black child populations minimizes cultural mistrust and the stigma with seeking out mental health services (Wilson & Cottone, 2013).

Recommendations

One recommendation would be to conduct research that is not deficit-focused but resilient-focused on how the factors of socioeconomic status, racial discrimination, poverty, mental health, and development impact African American children and adolescents. Focused research on African American child populations that researches how these factors correlate with each other and how gender and age may garner different outcomes need to be conducted to better develop coping mechanisms that are culturally appropriate. Using resilient-focused paradigms to conduct research with Black child and adolescent populations will expand the current body of research and help close a gap in the literature.

A second recommendation is expanding the body of research that focuses on how the trauma of racial discrimination impacts African American child and adolescent populations. It is imperative that future research studies focus on the different types of trauma that can manifest due to experiencing and witnessing racial discrimination at various stages in childhood for African American populations. By closely examining the different types of trauma that can manifest due to racial discrimination, culturally appropriate coping strategies and counseling interventions can be created.

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Chapter 6
Diagnosis Issues with African Americans

Jacqueline R. Smith

Prevalence of Diagnoses of African Americans

Mental illness refers collectively to all diagnosable mental, behavioral, or emotional disorders, varying in degree of severity from mild to moderate to severe (Substance Abuse and Mental Health Services Administration, 2019)). Research shows that mental illnesses are common in the United States, affecting millions of people each year. The US Department of Health and Human Services Office of Minority Health (NAMI) reports that 1 in 5 adults in the United States is diagnosed with a mental illness every year and 1 in 25 US adults experiences serious mental illnesses with the most common conditions being depression and anxiety (Substance Abuse and Mental Health Services Administration, 2019; Schwartz & Feisthamel, 2009). A survey of nationwide statistics on African American Health found lower rates of mental disorders for African Americans (16.9%) as compared to White Americans (19.3%), but higher levels of serious psychological distress than whites in the previous year (6.9% vs. 4.4%, respectively) (Noonan et al., 2016).

A consistent trend in the literature is the long-standing trend of significant racial-ethnic differences in the diagnosis and treatment of psychiatric conditions. There is a tendency for African American clients/patients to be overdiagnosed with psychotic spectrum disorders and underdiagnosed with mood disorders. Research by Eack et al. (2012) found that African Americans were over three times more likely to be diagnosed with a schizophrenia-spectrum diagnosis compared to whites. According to Bell (2015), when African Americans and White Americans display or present the same symptoms, African Americans are more frequently diagnosed with schizophrenia. Perzichilli (2020) found that African American men are four times more likely than white men to be diagnosed with schizophrenia. This is especially

J. R. Smith (✉)
Regent University, Virginia Beach, VA, USA
e-mail: jrsmith@regent.edu

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troubling given the APA's findings that African American men with mental health conditions particularly schizophrenia, bipolar disorders, and other mental health disorders that result in psychoses are more likely to be incarcerated than people of other races and their mental illness not treated (American Psychiatric Association, 2017).

History of Misdiagnosis and Racism

Scientific racism, the process of embedding racial thinking into medical knowledge and education, has greatly contributed to the misdiagnosis and the mistrust and misuse of mental health services by African Americans. Such practices have occurred throughout history. During the antebellum period of American history, Dr. Samuel A. Cartwright, a widely respected and prominent physician and medical reporter in the South, published many articles during the 1850s to justify slavery and prove that the Negro race was psychologically and physiologically fit for slavery (Guillory, 1968; Willoughby, 2018). He published a paper entitled *Report on the Diseases and Physical Peculiarities of the Negro Race*, a scholarly publication describing a litany of physiological peculiarities that made Negros subject to many diseases not found in other races (Cartwright, 1851). For example, he stated that the Negro brain and lungs were smaller than those of the white man, causing a lack of fresh air. He surmised that the lack of fresh air, coupled with excessive nerve development, caused the Negro's mind to be like that of a child, therefore needing to be protected, taken care of, and disciplined. He stated that Negros preferred slavery and could not help but love their masters. To this medical report, he added biblical scriptures that justified slavery and supported his pro-slavery argument.

In his report, Cartwright described three mental disorders supposedly common only to the Negro slave. Rascality was supposedly a mental disease that made slaves commit petty offenses (Willoughby, 2018). Dysaesthesia aethiopis was said to make slaves lazy and their skin insensible to pain when punished. He wrote that the cure for this mental illness was to stimulate the skin by washing it with soap and water, anointing the skin all over with oil, slapping the oil into the skin with a leather strap, and then putting the slave to some kind of outside hard work that would cause the lungs to expand and get oxygen to the brain to help their "clouded intellect" (Guillory, 1968). Drapetomania, a treatable mental disease that caused slaves to run away, was attributed to slave owners who unwittingly treated their slave as their equals (Willoughby, 2018; Perzichilli, 2020). Cartwright suggested "that Negros should be kept in a submissive state and treated like children, with care, kindness, attention and humanity to prevent and cure them from running away" (Willoughby, 2018). Slaves showing symptoms of drapetomania, a sulky attitude and dissatisfied behavior, were treated by a severe beating. The treatment for drapetomania was the amputation of their toes. An 1840 US Census Report deliberately falsified the insanity rates among African Americans to show that the further north blacks lived, the

higher their rates of mental illness (Suite et al., 2007). It is important to note that while confinement and whipping were commonly used to treat mental illness, it was often unclear whether slave owners were mistreating their slave or treating their mental illness. Many physicians in both the North and South questioned the viability of drapetomania and Cartwright's prescribed treatment (Willoughby, 2018). Following the Civil War and the abolishment of slavery, African Americans still suffered the effects of slavery and racism through sharecropping, Jim Crow laws, KKK lynching, deplorable and brutal segregated psychiatric hospitalization, medical experimentations, and mass incarceration (Smith, 2019). These actions created untold intergenerational trauma in the African American community and the continued reluctance to seek help.

Another important, albeit ignored historical event took place in the sociopolitical context of the 1960s and 1970s, when the intersection of race and mental health altered the way that schizophrenia was diagnosed, understood, and treated in the United States. According to professor, psychiatrist, cultural commentator, and historian Jonathan M. Metzl (Richardson, 2012), schizophrenia's diagnosis transitioned from being a disease primarily associated with white middle-class housewives and intellectuals to one allegedly afflicting violent, "anti-white" African American men. Growing numbers of research articles declared that schizophrenia, a mental disorder manifested by rage, volatility, and aggression, was a condition that afflicted "Negro men" (Perzichilli, 2020). The most notable research was the introduction of the term "protest psychosis" in 1968. In his book, *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Metzl explained how Drs. Bromberg and Simon claimed that protest psychosis was a condition that caused delusions, hallucinations, and a rejection of white values and "civilized society" (Johnson, 2012). This assertion is a reversion of the eighteenth-century beliefs that "American negroes" were not biologically or mentally fit for freedom and needed to be locked up to protect them from themselves. Medical journals and mainstream media pathologized the rebellion against white supremacy and the rebellious activity of the Black power movement as psychological madness, specifically schizophrenia. But instead of mental health treatment, African Americans were involuntarily hospitalized, overmedicated, and incarcerated. Centuries of racism promulgated by medical and legal professionals illustrate the connection between incarceration, stigmatization, and the racial disparities existing in mental health care today. These race-related historical events play a huge role in the mistrust African Americans have of the mental health profession and reluctance to seek mental health treatment.

Provider Bias and Inequality of Care Cause of Misdiagnosis

While literature searches yield a variety of explanations for racial-ethnic diagnostic discrepancies, three consistent themes seem to emerge: biological, clinical bias, and historical trauma.

Biological Causes

Sue et al. (2019) note the prevalence of historical research supporting the belief in the anatomical, neurological, endocrinological, genetic intellectual superiority of whites and the biological and genetic inferiority of Negros/African Americans. Historically, misconceptions, inaccuracies, and stereotypes of the psychology of Negros/African Americans were presented as facts in influential medical journals, newspapers, and magazines. The writings of Samuel Cartwright, MD, were not his opinions alone, but represented the proslavery, antebellum, American culture of his day. Although scientific racism is not publicized as blatantly as it was during the 1800s, the stigma associated with the genetically deficient model of race continues to be transmitted through the widespread use of subtle negative, racist stereotypes, images, public symbols, and microaggressions and continues to adversely influence the diagnosis and treatment of African American patients in the mental health system today.

Another potential biological explanation of racial-ethnic disparities among African Americans is epigenetics. Epigenetics is defined as the study of changes in organisms caused by modification of gene expression rather than alteration of the DNA genetic code itself. Epigenetics asserts that the trauma of slavery, racism, and discrimination can be passed on transgenerationally along biological or physiological lines (Combs-Orme, 2013). The field of social work has always understood that diet, exposure to toxic chemicals, and the social environment impact human development and behavior, but epigenesis provides the empirical evidence that the social environment has the power to regulate gene expression. Epigenesis proposes that poor and minority children are not inherently inferior, dammed by inferior genetics, and condemned to poor health and low achievement, but instead, they are impacted by the power of environmental influences (Lehrner & Yehuda, 2018). Scientific evidence to prove that the social environment can not only modify the expression genes but these effects can be passed down to future generations, holds great promise in addressing and preventing mental health disorders in the African American community.

Cultural Bias

According to Fitzgerald and Hurst (2017), implicit biases (unconscious, uncontrollable, or irrational processes) may cause clinicians to make unwarranted judgments about clients on the basis of perceived membership in a race or ethnicity, ignoring other personal attributes or cultural memberships resulting in bias. Implicit biases, prejudices, and stereotypes lead to inappropriate expectations that result in inappropriate decisions, actions, and diagnoses (Snowden, 2003). Culturally encapsulated clinicians, unfamiliar with cultural norms, may fail to consider the psychological consequences of racism and sociopolitical oppression when evaluating patient

symptomatology. For example, cultural norms for paranoia in African Americans are different because of historical and contemporary experiences with racism and oppression. African Americans' expression of suspiciousness or distrust during an interracial clinical encounter may actually be a protective coping skill termed "healthy cultural paranoia" and not be a symptom of psychopathology. However, culturally insensitive white clinicians may be quick to accuse African Americans of being "oversensitive" or even "paranoid" when they suggest that their problems are the result of racism and interpret some of their legitimate preoccupations and fear as pathological "delusions" of a "persecutory" or "paranoid" nature (Whaley, 2004). This process of labeling the African American's suspiciousness as paranoia is a striking resemblance to Samuel Cartwright's interpretation of submissive behavior and running away as diseases of the Negro slave and the pathologizing of the rebellion to white supremacy in the Black Power movement (Tegnerowicz, 2018).

Historical Trauma

Hampton, Gullotta, and Crowel's definition of African American historical trauma, as cited in Williams-Washington and Mills (2018), is:

> the collective spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day.

Historical and contemporary instances of misdiagnoses tend to perpetuate historical racial trauma. Clinicians and scientists wielded their power like slave masters, using African American men and women in unethical research experiments, overmedicating them, hospitalizing them against their will, and incarcerating them when their activist activities threatened the status quo of white supremacy. This multigenerational history of slavery, race-based segregation, national race-related traumatic events, racism, prejudice, and discrimination incidents has resulted in the fear and mistrust African Americans have of the mental health profession. A meta-analytic study conducted by Whaley (2001) found that fear of treatment and fear of being hospitalized were major reasons for the underutilization of mental health services by African Americans.

PTSD is a common mental health diagnosis used to diagnose African Americans because they are more likely to be victims of violent crime, a traumatic event, but not because of historical trauma. Although symptoms of race-based trauma overlap with those of PTSD, the experience is different. PTSD is caused by a physical traumatic event, whereas racism trauma is ongoing and can be a perceived injury (Cordilia & Petersen, 2020). PTSD does not adequately capture the complexities of historical racial trauma, meaning that a diagnosis of PTSD is likely to be inaccurate. The current clinical diagnostic manual for psychiatric disorders, DSM-5, expanded upon previous editions of the manual by emphasizing the importance of cultural influences on diagnosis and the inclusion of trauma and stressor-related disorders.

However, diagnosis of race-based trauma disorder is only significant if it can be tied to a specific race-based traumatic incident. The DSM-5 does not recognize cumulative, ongoing, or witnessed race-based discrimination (Williams-Washington & Mills, 2018).

The adverse effects of the historical (and traumatic) context of systemic racism have been mostly discounted (Perzichilli, 2020; Williams & Williams-Morris, 2000). The growing body of empirical evidence asserts that ignoring or dismissing the impact of racism and historical trauma can lead to misdiagnosis, inadequate treatment, involuntary hospitalization, and incarceration for African Americans (Tegnerowicz, 2018; Williams-Washington and Mills, 2018).

The Impact of Racism on Mental Health

In a meta-analysis on racism as a determinant on health, Yin Paradies and colleagues (Paradies et al., 2015) used the following definition and explanation of racism:

> Racism can be defined as organized systems within societies that cause avoidable and unfair inequalities in power, resources, capacities and opportunities across racial or ethnic groups. Racism can manifest through beliefs, stereotypes, prejudices or discrimination. This encompasses everything from open threats and insults to phenomena deeply embedded in social systems and structures Racism can impact mental health via several recognized pathways: (1) reduced access to employment, housing and education and/or increased exposure to risk factors (e.g., avoidable contact with police); (2) adverse cognitive/emotional processes and associated psychopathology; (3) allostatic load and concomitant pathophysiological processes; (4) diminished participation in healthy behaviors (e.g., sleep and exercise) and/or increased engagement in unhealthy behaviors (e.g., alcohol consumption) either directly as stress coping, or indirectly, via reduced self-regulation; and (5) physical injury as a result of racially-motivated violence.

A meta-analysis conducted by Yin Paradies and his colleagues corroborated previous research findings that racism is significantly related to poorer health, with the relationship being stronger for poor mental health and weaker for poor physical health (Paradies et al., 2015).

Cordilia and Petersen (2020) stated that research found a link between racism and psychological distress, anxiety, post-traumatic stress disorder, and depression among African American people. A review of nationally conducted research identified three ways in which racism can affect mental health (Williams & Williams-Morris, 2000). The first, socioeconomic status, is a strong predictor of mental well-being, and the disproportionate number of African Americans having a lower income makes them more vulnerable to a variety of risk factors. Socioeconomic status is linked to mental health: People who are impoverished, homeless, or incarcerated or have substance abuse problems are at higher risk for poor mental health (MHA, 2013). Studies show that persons in the lowest categories of both income and education were twice as likely to meet the criteria for a major psychiatric disorder. Economically impoverished racially segregated neighborhoods, created by institutional racism, characterized by poverty, high levels of population turnover,

crime, violence, fear of crime, noise, and crowding can have a negative effect on the psychological functioning of adults and children. Second, experiences of discrimination are a source of stress and can adversely affect mental health. Studies showed that perceptions of unfair treatment and racial discrimination were related to higher levels of psychological distress and lower levels of life satisfaction and happiness. In addition, Capodiupo (2019) cited research linking microaggressions to post-trauma symptoms and depression. Studies showed the cumulative effects of racial microaggressions on African Americans resulted in feelings of self-doubt, frustration, isolation, powerlessness, racial battle fatigue, and invisibility. Despite progress made over the years, racism continues to have an impact on the mental health of Black/African Americans. Third, internalized racism, i.e., the acceptance of the stigma of inferiority and negative societal beliefs on the part of some minority group members as true, can lead to impaired psychological functioning, lower self-esteem, symptoms of depression, and alcohol consumption.

Mental Health Care for African Americans

Despite professional ethical standards and concentrated efforts of behavioral healthcare training programs to provide cultural competence training, African American clients still underutilize traditional mental health services; describe therapy as insensitive, oppressive, and dismissive of their life experiences; and seek mental health services at rates lower compared to White Americans (Schwartz & Feisthamel, 2009). From a culturally responsive standpoint, best practices for treating diverse populations require that counselors develop cultural self-awareness, knowledge of other cultures, and a variety of therapeutic skills to treat clients from diverse backgrounds (Sue et al., 2019). Becoming culturally aware of one's biases, cultural assumptions, preconceived notions, and values is an important step toward delivering multiculturally competent mental health care and decreasing the implicit bias that leads to the misdiagnosis and overdiagnosis of African American clients. However, when it comes to the second characteristic of cultural competence, acknowledging the worldview of racial and ethnic minority populations in the United States, assessment models are woefully lacking.

Recognition and inclusion of historical trauma and perceiving continuing present-day discrimination in diagnosing and treating mental health disorders in African Americans can provide a more thorough conceptualization and assessment of symptoms leading to more accurate diagnoses and treatment of African American clients. The Laboratory for Culture and Mental Health Disparities (CMHD) located in the School of Psychology at University of Ottawa in Canada, whose interests focus on improving mental health care for underrepresented groups, created the Racial/Ethnic Stress & Trauma Survey to help clinicians ask clients about experiences of racism and a group intervention for race-based stress and trauma for veterans of color (Cordilia & Petersen, 2020). The African American Historical Trauma (AAHT) questionnaire, developed by Williams-Washington and Mills (2018), is

another example of an empirically based measure to understand the nature and structure of African American historical trauma.

Conclusions

Scholars attribute the reason for treatment disparities in mental health care to the fear and stigma associated with mental health care in the African American community and the high rate of psychotic disorders diagnosed among African American clients. Racial/ethnic biases of mental health professionals were also found to be a significant factor in treatment outcomes and client satisfaction. But a more in-depth examination of the literature suggests that scientific racism, clinician bias, and the dismissal of historical racial trauma may be at the root of clinical misdiagnosing and overdiagnosing African Americans, the overuse of medication and inadequate treatment, and the involuntary hospitalization and incarceration of African Americans with mental illness. To work effectively with African American clients, the mental health profession must reexamine the criteria by which they use to define normality and abnormality. The mental health profession must unmask the inherent ethnocentric monoculturalism embedded in the fibers of the mental healthcare system. Ethnocentric monoculturalism is the individual, institutional, and cultural expression of the belief in the superiority of one group's cultural heritage over that of another combined with the possession of power (Sue et al., 2019). Scientific racism is proof that the mental healthcare system reflects the sociopolitical values of its society. Each mental health profession must become more intentional in eradicating ethnocentric monoculturalism in their theories and practices, insist upon lifelong cultural awareness and cultural humility training for its clinicians, and include the assessment of historical trauma and current discriminatory experiences of African American clients in their treatment strategies and education to eliminate the inequities undergirding the racial disparities in mental health services.

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Chapter 7
Culture of Family Togetherness, Emotional Resilience, and Spiritual Lifestyles Inherent in African Americans from the Time of Slavery Until Now

Fawn T. Robinson and Quiana Golphin

Mental health has continued to be a discussion point that has received little attention among African Americans. Often, the discourse highlights the reluctance to pursue help outside of the family/community as a betrayal of family values. Furthermore, African Americans have often cited an inability to trust those tasked with the responsibility of providing care, something which correlates to this population's known historical and present-day mistreatment in the United States. This chapter introduces readers to the worldview of African Americans by taking a closer look at how racial identity and culture may influence help-seeking practices. There is also a discussion on utilizing a trauma-informed approach when engaging with clients. Helping professionals acknowledge such an approach and agree that the expanse of trauma while they are attentive to its signs and symptoms encourages them to take cognizance of responding in a way that will not re-expose clients to trauma (SAMHSA, 2014). The ethical codes to which counselors subscribe necessitate attention being given to the diversity of clients (ACA, 2014). Moreover, counselors need to be attuned to the historical contributions which have shaped clients' worldviews (MSJCC; Ratts et al., 2015).

African American Identity & Culture

In defining culture, one must understand the difference between race and culture. Race is a social construct with no true definition. Race was created as a tool of oppression and based on physical characteristics (skin tone, facial features, or hair

F. T. Robinson (✉)
Carlow University, Pittsburgh, PA, USA
e-mail: ftrobinson@carlow.edu

Q. Golphin
University of Pittsburgh, Pittsburgh, PA, USA

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texture) of a person or group. These oppressive methods have caused psychological and racial identity issues among African Americans. William Cross's (1971, 1991) Model of Psychological Nigrescence is a four-stage racial identity development which includes identity clusters for three of the stages: pre-encounter (assimilation, self-hatred, miseducation), encounter, immersion/emersion (intense Black involvement and anti-White), and internalization (Black nationalism and multicultural inclusive) (Cross, 1991; Vandiver et al., 2001; Worrell, 2008). A person's race does not define a person's culture. However, the African American identity and African American culture are tied to historical events: Slavery, Emancipation Proclamation, Jim Crow, Civil Rights Movement, War on Drugs, Mass Incarceration, and Black Lives Matter Movement to name a few. During these historical time periods, traumatized enslaved Africans and African Americans learned survival techniques that shaped and continues to frame modern day African American culture.

A culture is similar traditions, attitudes, beliefs, and narratives shared by a population of people from different races, ethnicities, nationalities, socioeconomic statuses, genders, ages, religions, or geographic locations. According to the American Counseling Association (ACA) (2014), culture is defined as "a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors" (p. 20). Cultures are influenced by family structure, religions, foods, traditions, rituals, clothing, politics, civil movements, education, socioeconomic statuses, occupations, and internal and external perception of self and of others. Enslaved Africans were stripped of their inherent culture and forced to embrace another culture for survival. African American culture was created by the lived experiences of African descendants, historical oppressive structures, and societal influences and based on the slave culture which started prior to landing on the United States soil (Mintz & Price, 1992). In addition to the African culture, the African American culture is influenced by the Caribbean and American cultures as there were two waves of the slave trade from West Africa: (1) traveling directly to the United States and (2) traveling to the Caribbean Islands before landing in the United States. For the purpose of this chapter, the African American culture is defined as a culture created by people of African descent who were enslaved in the United States and experienced historical trauma at the hand of oppressive systems.

Protective Factors

From the time of slavery and being taken from their homeland, to living 400+ years in oppressive environments not created or designed for them, to continuous daily fear for their lives, African Americans rely heavily on their strengths. For African Americans and within the African American culture, three areas of strength resonate with their ability to survive: family togetherness, emotional resilience, and spiritual relationships.

Family Togetherness

The emphasis on family togetherness was started during the slave trade when the enslaved Africans built a collective bond essential for their survival as their family structures were being oppressed and destroyed by the division of males, females, and children upon capture (Mintz & Price, 1992; Moore Hines & Boyd-Franklin, 2005). This division forced the enslaved Africans to recreate and reestablish new family structures and a family culture (Mintz & Price, 1992; Moore Hines & Boyd-Franklin, 2005).

The family structure was no longer defined by blood relatives, and *jumping the broom* was done in secret (Mintz & Price, 1992; Moore Hines & Boyd-Franklin, 2005). The family structure now consisted of other enslaved Africans of all ages emulating the roles of a family. The extended family lived under the same roof, took care of each other, and helped to raise the next generations. As the African proverb says, *It takes a village to raise a child*. When the enslaved Africans were sold to another slave owner, their family members were taken care of, and they were embraced by other enslaved Africans, eventually calling them cousin, aunt, uncle, brother, sister, etc. Including non-blood relatives in the family structure is still a common practice in the African American culture.

In modern-day society, the African American family structure is still being threatened by oppressive systems. Oppression no longer resembles slavery in its pure definition; however, other systematic oppressive structures have been formed in society to destruct African American family system (Alexander, 2012; Tatum, 2003). For instance, the prison system and laws, regulations, and policies are negatively slanted toward the African American culture stemming from housing, banking, employment, education, etc. The war on drugs and mass incarceration imprison African Americans males and remove them from their homes. Police brutality is killing African American men and women and taking fathers and mothers from their children. As in the time of slavery, when families were torn apart, the enslaved Africans bonded together, reestablished family togetherness and community, and persevered through adversity. These practices are still relevant and intertwined in present-day African American culture.

Emotional Resilience

African Americans have a remarkable ability to be resilient. Through the suffering of slavery to modern-day adversities, African American people and communities are able to be strong and move forward. Emotional resilience thrives from a person's ability to emotionally rebound from experiencing high-risk adversities (e.g., systematic violence, oppression, discrimination, racism) (Hendrick & Young, 2013; Luthar et al., 2015; Masten, 2001, 2014). African Americans are exposed to race-based and cultural-based hardships on a daily basis. However, these difficulties do

not interrupt their successes. Some researchers perceive resiliency as a *process* (i.e., understanding how characteristics develop), while other researchers see it as an *outcome* (i.e., teaching resilience skills) (Hendrick & Young, 2013). Luthar, Crossman, and Small (2015) define resilience as a construct of two components: adversity and positive adaptation. Adversity is the exposure to high-risk conditions leading to "maladjustment in critical" areas, and positive adaptation is an unexpected successful adjustment in relation to the high-risk condition (Luthar et al., 2015, p. 4). African Americans experience mistreatment and unfair injustices that attack their mental health and physical bodies, their families, and their communities and culture. Yet, their protective factors of adapting and emotionally bouncing back from these challenges are what strengthens them as people and as a culture.

Spiritual Lifestyles

It is important to understand the significance of religion and spirituality among many African Americans as well as how they define the concepts (Cashwell & Young, 2011). Given that African Americans are not monolithic, counselors and other helping professionals need to explore the meaning assigned to the terms. For example, the concept of *religion* centers around ritualistic practices and beliefs directed toward the worship of that which is sacred or holy (Cashwell & Young, 2011). Conversely, *spirituality* focuses on an individual's connection with something larger than themselves. Moreover, it describes their quest for meaning and purpose in life (Cashwell & Young, 2011).

Armed with this knowledge, counselors and other helping professionals are positioned to harness the power of religion and spirituality to meet the needs of African Americans in the community, as well as inside the counseling office. Doing so, however, requires the awareness, knowledge, skills, and action described in the Multicultural and Social Justice Counseling Competencies (MSJCC) as well as the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) Competencies.

ASERVIC complements and is supported by the ACA Code of Ethics in that it recognizes the need to consider the impact that religion/spirituality has on the whole person. The ASERVIC Competencies consist of 6 focus areas which are further divided into 14 competencies. The six categories are (1) culture and worldview, (2) counselor self-awareness, (3) human and spiritual development, (4) communication, (5) assessment, and (6) diagnosis and treatment (ASERVIC, 2009). Competency areas are contained within the category areas and are useful to combine with approaches to counseling (Cashwell & Young, 2011).

One need not be a professional counselor to benefit from knowing and applying the principles outlined in the competencies to relationships with African Americans. The competencies lend themselves to ethical treatment and interactions with clients (ACA, 2014) – in this case, African Americans. Furthermore, it is paramount to understand the influence of history in shaping one's life experiences, perceptions,

and outlook (MSJCC; Ratts et al., 2015). While religion and spirituality may be foundational to some African American experiences, it is not the case for all. Furthermore, religion in the United States has not always been an ally of African Americans.

During slavery, slave owners, also referred to as masters, regularly used passages of biblical scripture to advance their agenda of ensuring the continued oppression and degradation of African Americans. Consequently, African Americans were not afforded the space or opportunity to view God as loving and supportive, but rather connected to and in the likeness of their White masters who continually subjected them to harsh treatment. Church services stood as an additional means of maltreatment and manipulation because African Americans were exposed to sermons that reinforced messages of total obedience and submission to their White owners.

Not only were the enslaved Africans required to submit to their owners in a new, unfamiliar land, but they were required to adapt to a religious belief system that was also new. Prior to arrival in America, Africans possessed and practiced their own religious and spiritual beliefs before being made to assimilate into that of the Whites (Moore Hines & Boyd-Franklin, 2005) which was often Christianity. Christianity served as the litmus test for whether their behavior categorized them as a good slave or a bad slave. Any deviation from the teaching of what the Bible stated consequently exposed them to sharp criticism and inhumane treatment.

Constant exposure to such abusive conditions took its toll on African Americans, and the effects can still be seen and felt today. They were constantly faced with having to discover ways to manage their suffering while simultaneously battling their insecurities with identity, in addition to trying to establish their worth and status as a human being. Although church attendance with their masters perpetuated their experience with pain and suffering, the enslaved Africans eventually began to hold secret worship services of their own in what has been referred to as the "invisible institution" (Frazier, 1974). During that time, they discovered that God was unlike the one presented to them in the services they attended with their masters. Their newly acquired image of God instilled hope for better days ahead, even though they were still being ruled by oppression.

As time progressed, the church represented a refuge, even if for a short time, where African Americans could attempt to rediscover the identity they lost upon arrival in America. They achieved this through reading the scripture for themselves which paved the way for an understanding of God's true attributes. Moreover, African American leaders began to emerge in the church. Churches provided African Americans with recognition and status, something they could not enjoy in society. Preachers were also seen as individuals other African Americans could trust (Adksion-Bradley et al., 2005).

In effect, African American preachers were identified as the pillars of the community. They provided guidance on life issues, education, politics, social justice and advocacy, and religious and spiritual matters (Lincoln & Mamiya, 1990). For example, during the Civil Rights era, church basements served as training grounds to prepare eager African Americans to fight for change by mobilizing the rally against discrimination and racism.

Whether it be Islam, Jehovah's Witness, Christianity, or some other faith, religion and spirituality has historically served as support for many African Americans. Consequently, it is this strong presence and relationship which has also shaped a great deal of African Americans' views of mental health. For example, consider the role of the African American preacher. During a time when life was stressful, i.e., the Civil Rights era, the preacher was one who was seen as a symbol of support. Again, this was a result of an established level of trust in their ability to lead and provide counsel (Adksion-Bradley et al., 2005; Lincoln & Mamiya, 1990). Therefore, they were largely instrumental in shaping their members' views on world events, behavior, politics, and subsequently mental health.

Historical Trauma

Trauma is defined as resulting "… from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7). A memorable way to conceptualize trauma is that, sometimes, the events that one experiences may contribute to long-lasting, detrimental effects. Whether someone works as a mental health professional, an educator, clergy, or in some capacity where the interaction with others is probable, it is pertinent to be open to the worldview of others. Hence, that worldview may be shaped by trauma.

When the concept of trauma arises, it may evoke images or associations with combat-related PTSD, abuse, accidents, violence, etc. However, there are additional categories which need consideration, especially as they pertain to African Americans, such as historical trauma. Historical trauma is the "cumulative emotional and psychological wounding over a lifespan and across generations, emanating from massive group experiences" (Brave Heart, 2003, p. 7). Given the harsh conditions African Americans were subjected to during slavery and beyond, it would stand to reason that some of those same effects are still present today. Although African Americans today did not have firsthand experience with what occurred during slavery, the remnants still serve as a source of distress among the individual, community, and family. Some of these effects may be in the form of anxiety, depression, and stress, some of which may also be exacerbated by discriminatory practices based on race.

Trauma-Informed Approach

Consequently, knowledge surrounding the effects of slavery, oppression, and discrimination can guide helping professionals to approach their interactions with African Americans through a trauma-informed lens. SAMHSA (2014) describes a

trauma-informed approach as one where there is a realization of the far-reaching impact of trauma in the lives of many people. Additionally, it is an approach where the signs and symptoms of trauma are recognized. What is important to note is that with African Americans, some mental health symptoms manifest themselves physically; therefore, awareness is imperative to foster healing. Furthermore, it is responsive to the existence of trauma by ensuring that policies and procedures reflect what is known about trauma. Lastly, this approach prioritizes the sensitivity to refrain from re-traumatization.

There are six principles in which the trauma-informed approach is grounded: (1) safety; (2) trustworthiness and transparency; (3) peer support; (4) collaboration and mutuality; (5) empowerment, voice, and choice; and (6) cultural, historical, and gender issues (SAMHSA, 2014).

The first principle is safety, where measures are taken to ensure that individuals experience both physical and psychological safety. Safety can be in the classroom, in the workplace, and in religious communities, as well as within the counseling relationship. Trustworthiness and transparency situates honesty at the center of the relationship. Being that trust, especially as it pertains to help-seeking, has been limited among African Americans, helpers need to be forthcoming in their intentions and well-doing. Peer support makes provisions for the comfort of a shared experience. Trauma survivors benefit from knowing they are not suffering in isolation. There is a healing that begins to occur when a survivor can lean on others who demonstrate a level of understanding that perhaps others would not. One could surmise that this type of support is what has served as a coping mechanism throughout history for African Americans.

Collaboration and mutuality acknowledge that sometimes there is a hierarchy of power that exists in relationships which needs to be leveled. For example, in a counseling relationship, the counselor demonstrates the necessary humility to understand that the client is the expert on his or her life. So, the counselor empowers their clients by making them participants in the decision-making process which will ultimately affect their lives. This is also demonstrated in another principle called empowerment, voice, and choice. The counselor harnesses the strengths of the client and incorporates those strengths into the treatment process to move them from victim to survivor. Doing so recognizes that cultural, historical, and gender issues, the sixth principle of trauma-informed care, may have stripped away the power once held by the client. Therefore, counselors and other helping professionals can facilitate the process of healing by taking action and acknowledging the effects of such issues in the lives of African Americans through advocacy.

Mental Health Interventions

Seeking mental health treatment can be an intimidating process for anyone. But, for African Americans, the process can be intensified as a result of the residual effects of slavery and the distrust of medical professionals and researchers. With that,

counselors and other helping professionals have to be familiar with the developmental domains of the Multicultural and Social Justice Counseling Competencies (MSJCC). The MSJCC consists of competencies divided into four developmental domains where clinicians are charged with being self-aware, understanding of the client's worldview, acknowledging the interaction between clients and clinicians and their privileged and marginalized statuses, and implementing culturally appropriate interventions.

Culturally appropriate mental health interventions are imperative when working with African Americans (Chatters et al., 2018; Plunkett, 2014). Protective factors such as family togetherness, emotional resilience, and spiritual connections contribute to African Americans overcoming adversity and mental health issues (McNeil Smith & Landor, 2018).

It is common knowledge that mental illness bears a stigma in the African American community. There is a reluctance to discuss or seek assistance for mental health concerns which may also be rooted in religious and spiritual beliefs. Religious beliefs, as with Christianity for example, often describe mental illness as a sin issue which can be cured through spiritual means like prayer or increased faith. However, the drawback associated with this belief is that those who are struggling with mental illness are left to engage in practices which may not fully address their mental health needs or improve their quality of life.

Research has stated that a more helpful approach to wellness would be to develop collaborative partnerships with key stakeholders in African American communities (Adksion-Bradley et al., 2005; Taylor et al., 2000; Stanford, 2017). Preachers and other religious leaders would be instrumental in such partnerships because they possess the platform to influence the thoughts and behaviors of members of their congregations. It is imperative, though, that they find a balance between fostering spiritual and mental growth by acknowledging the existence of mental illness, especially among African Americans. Moreover, they may leverage their power to build bridges between the faith and secular communities by incorporating positive, inclusive language surrounding help-seeking.

Conclusion

Centuries of oppression and hardships suffered by enslaved Africans and their descendants contribute to psychological issues, racial identity issues, and survival strategies and techniques (Anderson, 2019; Mintz & Price, 1992). African Americans use family togetherness (presence, bonding, and support), emotional resilience (coping with hardships), and spiritual relationships (higher beings and connections) as resources of strength and mental health protective factors (Chatters et al., 2018; Hayward & Krause, 2015; McNeil Smith & Landor, 2018). Counselors and other helping professionals recognize that clients' presenting issues are influenced by the clients' personal lived experiences and effects on their culture, both of which may also include some form of trauma (ACA, 2014; MSJCC; Ratts et al., 2015;

SAMHSA, 2014). Therefore, it is imperative to be cognizant of such factors when developing helping relationships which, hopefully, will begin the much needed healing process among African Americans who struggle with mental illness.

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Chapter 8
The Trauma of Being an African American in the Twenty-First Century

Keith Dempsey

Introduction

In recent years, mental health professionals have paid closer attention to the effects of trauma. For some, trauma is only examined in the context of child abuse, relationships, accidents, and natural disasters. However, there is a plethora of research indicating there is a strong relationship between racism and trauma for people of color (Hall & Neville, 2019). More specifically, Black people have experienced race-based trauma more frequently as racism among this population is more egregious than any other group (Bryant-Davis, 2007 & Carter, 2007). As a result, this population's race-based trauma is manifested by unique psychological and physical outcomes. This chapter will expose the importance and prevalence of understanding the history of racism and how it relates to racial trauma among the Black population in the twenty-first century. It also will encourage clinicians to provide culturally sensitive counseling as coping mechanisms for clients suffering from race-based trauma.

Different Faces of Trauma

The importance of recognizing and understanding trauma is imperative for mental health professionals. In early years, medical professionals defined trauma primarily through the lens of a physical injury. The definition became more inclusive of stressful, personal, noncontact interactions resulting in profound psychological effects. In the mental health field, trauma is defined as experiencing distressing events and overwhelming stress that affects one's ability to cope with adverse situations (Hook

K. Dempsey (✉)
George Fox University, Newberg, OR, USA
e-mail: kdempsey@georgefox.edu

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et al., 2016). Correctly identifying psychological trauma is necessary for mental health professionals to administer the correct treatment. It is essential that mental health professionals who treat clients with trauma are aware of the various causes of the condition.

Mental health professionals encounter different faces of psychological trauma. The following examples have been cited as the most common (Aymer, 2016):

(1) Natural Disasters: Natural disasters are defined as catastrophic events that cause fatalities, property damage, and social, environmental disruption. Some examples would include hurricanes, tsunamis, fires, landslides, tornadoes, and floods. These events create a myriad of issues for victims including physical pain, economic strain, damaged property, loss of animals and family members, etc. These events stand out as they impact a large number of people at one time. The sudden and unexpected nature of a calamity can produce feelings of shock, numbness, and denial. These persistent feelings can lead to episodes of intense anxiety and depression.
(2) Post-traumatic Stress Disorder (PTSD): Soldiers who have experienced combat in armed services are subject to PTSD. PTSD was initially diagnosed for US soldiers who served in the Vietnam war. History annals document the Vietnam war as one of the most horrific conflicts in American history. Young (average age of 19 years) and inexperienced US soldiers were ill-prepared for combat under such unfamiliar and adverse conditions. Draftees suffered and witnessed violence of untold proportions. After returning to the United States, the memory of what they witnessed caused nightmares, cold sweats, mood swings, flashbacks, and other erratic behaviors for these war veterans. PTSD is now widely recognized and diagnosed for other stressful and/or violent life events.
(3) Childhood Trauma: Childhood trauma is defined as a serious adverse childhood experience that causes psychological distress and adversely affects functioning in some areas (Najdowski et al., 2015). Some examples of childhood trauma include physical and emotional abuse, witnessing violence in the home, and physical and emotional neglect. Struggles with anxiety, depression, self-harm, low self-esteem, mood swings, and personality disorders can result from childhood trauma.

The examples mentioned above are stressors that have long-lasting traumatic effects on people. People who live through natural disasters, witness and experience physical violence, or experience neglect and/or abuse should never be ignored by mental health professionals as trauma-evoking tenets. Too many mental health professionals fail to acknowledge the causal relationship between racism among African Americans and trauma (Grills et al., 2016). Mental health professionals must recognize that the psychological effects of experiencing personally mediated racism, micro-aggression in work and public spaces, and systemic racism have a traumatic effect on African Americans (Hook et al., 2016). In order to understand the racial trauma African Americans experience, we must take time to explore the long and pervasive history of racism they continue to endure.

A Long History of Racism

The history of racism began with the systematic enslavement of Africans spanning the sixteenth and nineteenth centuries. During the transatlantic slave trade, millions of African men, women, and children from Central and West Africa were forcibly transported to the Americans under wretched conditions; they were chained and packed tightly like storage in the hulls of ships. During the 2-month journey from Africa to the United States, they were minimally fed and shackled amidst urine, feces, and other excrement which exacerbated illness and disease. Many of the enslaved died during the voyage, often tossed overboard as shark feed. They were captured and chained like wild animals and treated as such. This was the genesis of physical, sexual, and psychological assault they endured at the hands of their captors (Hall, 2019).

Between the seventeenth and nineteenth centuries, US farmers needed cheap labor to support the expanding cotton and tobacco industry. Slaves became the perfect answer to fill this void in many southern states. State laws declared slaves as legal property allowing the owners to treat them as chattel. They were forced to toil long hours with no pay. Cruel and inhumane methods, including public whippings, forced rape and impregnation of mothers, family separation, meager resources, and daily intimidation, were commonplace (Degruy-Leary, 2004).

The threat of death was often used to control the behavior of the enslaved and establish dominance. It was legal for the owner to murder a slave. Every aspect of their lives was controlled; they had inadequate nutrition and unsanitary work conditions and were threatened with death if caught trying to read. The 13th Amendment condemned slavery and the enslaved were "freed." However, without finances, property, and formal education, they were forced to work for the same slave owners for minimal pay. In other words, they were no longer slaves but were forced to live and work under slave-like conditions.

In the early 1900s, local and state statutes known as Jim Crow laws were created to legalize racial segregation. African Americans were prohibited from attending school, from living, and from seeking employment in areas populated by White Americans. They were legally forced to sit on the back of buses, to enter establishments through the back door, and to use bathrooms and water fountains specifically designated "Colored." Segregation laws were strongly enforced by police officers, sending a message that African Americans did not deserve the same rights and respect as their White counterparts. Many southern states were widely known as sundown towns. This meant that African Americans were forbidden to be in town after the sun went down. Not abiding by this and other Jim Crow laws could result in jail, beatings, or even death.

From the 1940s to the 1960s, African Americans organized large efforts to gain racial equality. During this period known as the Civil Rights Era, African Americans protested to gain the constitutional rights their White counterparts enjoyed. School sit-ins, bus boycotts, church meetings, and public marches marked this era. These peaceful protests and demonstrations were often met with anger and hostility by

Whites. Law enforcement officials attacked peaceful protesters with fire hoses with police dogs seriously injuring and killing some of them. On March 7, 1965, police blocked and brutally attacked marchers protesting voter suppression. Because so much blood was shed during the attempted march from Selma to Montgomery, the event is known as Bloody Sunday. Although the Civil Rights Movement resulted in some laws being changed to protect African Americans, the process became increasingly traumatic as Black safety, dignity, and pride were always in jeopardy.

American history tells a vicious story of racism from slavery to the Civil Rights Movement. The common thread of intimidation, laws that do not protect African Americans, and the lack of respect for Black lives remain in the twenty-first century. African Americans continue to fight for equitable schools, housing, and health care. The constant presence of police brutality continues to threaten Black lives. The unprosecuted murders of unarmed Black men and women at the hands of law enforcement officers throughout our nation are a widespread problem (Chaney & Robertson, 2013). The murders of Breonna Taylor and George Floyd are recent examples that illustrate how deadly racism is. With this constant threat always looming, there is little to no physical and emotional safety for some African Americans.

Racial Trauma

Racial trauma is defined as the physiological, psychological, and emotional damage caused by exposure to consistent racial discrimination and harassment (Carter, 2007). Consistent exposure to racial discrimination results in psychological symptoms like anxiety, isolation, anger, paranoia, and disbelief (Bryant-Davis, 2007; Carter, 2007). Physical symptoms like hypertension, heart disease, headaches, and stomachaches have also been reported. Race-related stress and strain threaten the social and emotional well-being as one begins to question his or her value and safety in the world (Carter, 2007). Repeated exposure to racist incidents increases anxiety, fosters mistrust, and threatens self-esteem due to constant messages of inferiority (Grills et al., 2016).

Racism fuels the collective spiritual, psychological, emotional, and cognitive distress for African Americans. Although African Americans are several years removed from slavery, the intergenerational stress from the past coupled with the consistent pattern of racism intensified the African American experience in the United States. Currently African Americans experience racism by way of redlining, microaggressions, and police brutality. The collective distress of modern experiences and historical racism result in traumatic experiences that inform African Americans to move cautiously with the looming threat of unjust laws and policies, injured self-esteem, and fear of physical safety (Grills et al., 2016).

Importance of Recognizing Racial Trauma

It is critical that mental health professionals recognize racism as a component that elicits trauma in the African American population. Failing to acknowledge the traumatic effects of race and racism sends the message that Black lives do not matter. Mental health professionals must provide a safe place to explore issues that are prevalent among the African American population but seemingly taboo to discuss in White spaces. Understanding the impact of racial trauma will provide clinicians with an accurate lens to understand the client and provide a proper diagnosis. For example, an African American client reporting nightmares, flashbacks, irritability, and intrusive negative thoughts may initially appear to suffer from some sort of childhood trauma. However, these symptoms may be the result from direct exposure to the increased cases of unarmed African Americans murdered by police (Aymer, 2016). The constant images of innocent African Americans dying unjustly may significantly increase stress levels and produce anxiety and depression (Hannon, & Vereen, 2016).

When race and racism are not addressed in counseling, clients can become disheartened and angry. Although counselors may have good intentions, failure to recognize the source of trauma may send a message that the client's pain doesn't exist or doesn't matter. Failure to acknowledge the pain of racism results in missed opportunities to treat race-based trauma. Untreated race-related trauma results in intense rage (Hardy, 2013). Hardy (2013, p. 26) states, "It is virtually impossible to be the depository of perpetual negative and debilitating messages and have one's sense of self assaulted without experiencing rage." Mental health professionals need to be specific and intentional regarding the inclusion of race and racism when treating African American clients (Williams-Washington, 2017).

Preparing for Treating Racial Trauma in African Americans

As pointed out earlier, mental health professionals need to be specific and intentional regarding the inclusion of race and racism when treating African American clients. In order to do this, clinicians must (1) set the therapeutic table, (2) seek cultural competency training, (3) employ social justice interventions, and (4) increase awareness regarding current events that affect African Americans.

Setting the Table for Trust

Meyer (2006) uses the metaphor "setting the table" to explain how the power of hospitality can transform relationships while working in the world of business consultation. He identifies hospitality as a key component for successful preparation

when serving specific clientele. This concept rings true for mental health professionals as well. The key components for setting the table with African American clients include self-exploration through multicultural approaches, adopting social justice approaches to therapy, and identifying training materials and literature that enhance sensitivity to race-based trauma. Setting the table in a therapeutic relationship helps increase self-awareness and provides a culturally sensitive lens that promotes empathy and understanding.

Cultural Competency Work

The literature reports many ways of addressing trauma; however, most of them do not include cultural competency (Mosely, 2020). Race-based trauma can only be identified from a multicultural perspective because the disregard or misinterpretation of culture is often its cause. "Without a cultural lens, unique challenges within the Black American culture could never be understood" (Range et al., 2018). Mental health professionals must prepare themselves by inspecting their personal worldviews, internal biases, and understanding privilege. This is taken from the framework provided by the multicultural competency model. Every therapist should be aware of this model and employ it at all times.

Race-based treatment has afforded some unfair advantages yet marginalizes and traumatizes others (Dempsey et al., 2016). It is imperative that mental health professionals explore their relationship to this dynamic and are aware of how it presents in therapy. For example, if a therapist has never experienced unfair treatment based on race, it may be difficult to explore an African American client's experience. This therapist would need to explore personal privileges and bias in order to hear and believe a story about racism much different than their experience. Conversely, an African American therapist may have experienced race-based trauma and expect African American clients to relate and cope in a similar manner. This therapist would need to explore biases that all African American experiences are the same. This exploration allows the therapist to meet clients in different stages of identity development. In both cases, the inability to examine personal beliefs and expand worldview could result in misinterpretations and assumptions that damage the therapeutic relationship.

Choosing a Specific Model

Mental health professionals must move beyond self-exploration and good intentions to do effective work. Employing a therapeutic model specific to the African American community is needed to address the unique challenges this population faces. For example, African American murders by White police officers offer a traumatic conundrum only this population experiences. Police brutality is among one of

the many specific forms of racism that confront these communities. Treating African Americans experiencing race-based trauma requires a strong social justice and anti-racism framework.

The Multi-Phase Model (MPM) is rooted in multiculturalism and directly explores systemic racism in the African American community (Bemak & Chung, 2017). This model requires that mental health professionals address personal and innate biases that exist within western ideals that are harmful to African Americans (Range et al., 2018). The MPM acknowledges that African Americans have been traumatized through historical and current disempowerment. (The model seeks to empower by focusing on African American strengths and reduce trauma through validation, connectivity, and community.) The MPM requires mental health professionals to engage in social action in addition to encouraging the client to do so.

Although the five phases of the MPM are presented in a linear fashion, it is expected that clients will go back and forth between different phases based upon the nature of treatment.

Phase 1: Education to Therapeutic Process
Many African Americans have never attempted to work through trauma issues in a therapeutic setting. The stigma of being labeled as crazy and the mistrust for the western health system provides a barrier for treatment among the Black community. This phase carefully explains the therapeutic process including confidentiality, the therapeutic relationship, and exploring culturally sensitive practices required for healing. A therapist might ask, "how have your elders and ancestors coped with past trauma?" or "What resonates with you about those coping methods?"

Phase 2: Providing Traditional Therapy That Is Culturally Relevant
Many African Americans have experienced therapeutic services that are not culturally relevant. This phase will invite a discussion about any limitations and negative experiences in therapy due to western ideals that did not fit the culture. This phase also creates the freedom to address information culturally suited for the client. A 17-year-old African American client suffering from signs of depression may feel guarded about answering questions on a formal depression assessment. However, a short movie clip of a well-known African American actor struggling with the same symptoms may provide a visual that helps the client connect and discuss things in greater detail.

Phase 3: Support Clients Advocating for Self
Clients are invited to advocate for themselves during the therapy session. The client is invited to provide feedback regarding the cultural appropriateness of the therapeutic strategies designed to address issues. In addition, the client is encouraged to discuss event issues regarding race and discrimination that happen throughout the week. Oftentimes the voices of African Americans experiencing race-based trauma are silenced. When the client is invited to use their voice, counseling becomes the practice grounds to work on strategies to utilize self-advocacy outside of the counseling setting. For example, a discussion about the microaggressions that occur in the client's weekly work meetings can result in a strategy to address the ignorance and interrupt racism.

Phase 4: Community Connection
"It takes a village to raise a child." This African proverb illustrates the importance of community in Black culture. This phase focuses on connecting the client with a supportive community while working through different race-based challenges in therapy. For example, an African American client that has relocated from Atlanta, Georgia, to Utah may struggle to find the Black community. In therapy the counselor learns she is a member of a historically Black sorority. The counselor should make efforts to connect her with the local chapter of her sorority.

Phase 5: Therapist Showing Up in the Community
It is easy for the therapist to encourage clients to advocate and combat racism from the comfort of their office. However, the true connection with African American clients occurs when therapists actively promote change in the community. For example, a therapist may participate in a peaceful protest objecting to police brutality or attend a Black Lives Matter rally. When the therapist has a connectedness to social justice causes, it can further enhance the level of empathy for the client's race-based trauma.

Conclusion and Recommendations

African Americans have experienced racism since arriving in the United States. Unfortunately, this population continues to experience unfair treatment based on their skin color. Although it is clear unjust treatment for African Americans continues, mental health professionals have not shifted to acknowledge racism as a major source of trauma. Failure to recognize race-based trauma jeopardizes the emotional health for African Americans. Mental health professionals must employ culturally sensitive models such as The Multi-Phase Model (MPM) to address racism as a source of pain.

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Chapter 9
Training, Recruiting, and Retaining African American Mental Health Professionals

Jude T. Austin II and Julius A. Austin

Introduction

There is a cultural zeitgeist shift within the mental health profession. The shift is towards more multiculturally skilled approaches and therapeutic relationships (Casas et al., 2016). As the landscape of clients is becoming increasingly diverse, so too is the need for more mental health professionals of color. Clients are either looking for a cross-cultural experience or to see themselves reflected in their mental health professional. Additionally, client issues are becoming increasingly diverse as well. The issues facing clients today involve a complex interplay between individual, systemic, and social/cultural issues. The changes, diverse clientele, and complex issues ask the profession to train, recruit, and retain more diverse professions. While all mental health professionals matter, this chapter focuses on African American professionals.

While the profession's clients, students, and approaches to counseling are becoming increasingly diverse, unfortunately faculty members are not, researchers are not, and supervisors are not. In a field where diversity is becoming increasingly important, how do we train, recruit, and retain African American mental health professionals? This chapter also focuses on answering that question. Extant literature regarding ways to recruit, train, and retain African American mental health professionals also are discussed.

J. T. Austin II (✉)
Mary Hardin Baylor University, Belton, TX, USA
e-mail: jaustin@umhb.edu

J. A. Austin
Tulane University, New Orleans, LA, USA

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Who Are These Professionals?

There are many different types of mental health professionals. Their job titles and description can vary from state to state. They can work in inpatient facilities like hospitals or outpatient facilities like clinics, private practices, and school systems (Hugo, 2001). The following descriptions are a general overview of titles and credentials of mental health professionals.

Psychologists have earned a doctorate in clinical or counseling psychology. Some psychologists earn degrees in educational psychology. Psychologists earn specialized training in using clinical interviews and psychological evaluations and assessments.

Counselors or therapists hold master's degrees in either clinical mental health counseling or marriage, family, and child counseling. Some seek additional supervision to become licensed clinical alcohol and drug abuse counselors. While counselors or therapists can hold a doctoral degree, it is uncommon and not essential to receive a license to practice counseling.

Clinical social workers earn a master's degree in social work. They are trained in case management and advocacy services and can assess a person's mental health. They can hold licenses such as a licensed independent social worker, licensed clinical social worker, or academy of certified social worker.

While the previous mental health professionals are able to assess, diagnose, and treat clients, they are unable to prescribe medication. The following mental health professionals have the necessary training and credentials to assess, diagnose, and treat an individual using medication. For example, psychiatrists are medical doctors with psychiatric training. They receive doctoral degrees in medicine and complete a residency in psychiatry. Additionally, there are mental health or psychiatric nurse practitioners who are master's- or doctoral-level nurses with specialized focus on psychiatry. They are qualified to prescribe medication depending on the state where they practice (Hugo, 2001).

Also making this list are primary care physicians and pediatricians who hold doctorates in medicine or osteopathic medicine and are licensed in the state they are practicing. These professionals do not have specialized training in mental health so they often work closely with specialized mental health professionals. Family nurse practitioners can also prescribe medications although they may not see patients struggling with mental health issues. Family nurse practitioners can hold either a master's degree or doctoral degree in nursing and are licensed in their practicing state. Lastly, psychiatric pharmacists are pharmacists who specialize in mental health care. If allowed by their practicing state, they can prescribe or recommend medications. Many psychiatric pharmacists have additional training in psychiatry, substance use disorders, or geriatric psychiatry (Mayne et al., 2016).

Here is the breakdown of African American mental health professionals for 2016–2017: There are over 160k clinical and counseling psychologists, 140k psychotherapists, 112k substance abuse social workers, 91k counselors specializing in

substance abuse, 25k psychiatrists, and 42k marriage and family therapists (Grohol, 2019).

What Is the Goal of Mental Health Treatment?

Simply, alleviate the client or patient's distress as it relates to the presenting mental health issue(s) (Antony & Barlow, 2020). The process is more complicated when considering the layers of interactions when the mental health professional meets with the client or patient. While discussing these dynamics is beyond the limits of this chapter, any form of mental health treatment involves a process of relationship building, empathic understanding, and ethical behavior that adds to the complexity of the therapeutic process.

During an interaction with the previously mentioned mental health professionals, clients might learn about their condition, moods, thoughts, behaviors, and feelings. Most professionals aim to help build the client's insight, coping mechanisms, and resiliency (Antony & Barlow, 2020). Each mental health professional will develop some form of treatment plan. Clients and professionals work together to help meet the clients' treatment goals. Mental health professionals employ a number of techniques, approaches, and philosophies when working with clients. Some professionals specialize in medication management, case management, traditional talk therapy, and expressive approaches. Working with a mental health professional can take place over 4–6 weeks or longer term over 1–5 years depending on the severity of the presenting issue (Antony & Barlow, 2020).

Regardless of specialization or training, building a strong therapeutic relationship and customizing treatment are essential to effective helping. Effective counseling can be broken down into categories which include techniques, client's expectancy, the therapeutic relationship, and extra-therapeutic events. Each category has a varying level of influence on the therapeutic outcome. Techniques account for 15%, client's expectancy is 15%, the therapeutic relationship is 30%, and extra-therapeutic events account for 40% of what influences therapeutic outcomes. So while the goal is simple, meeting those goals can be complex (Duncan et al., 2010).

Importance of Training, Recruiting, and Retaining African American Mental Health Professionals

It may be safe to assume that increasing client and mental health professionals' resemblance should increase mutual understanding, strengthen the therapeutic relationship, and have associated benefits to treatment outcomes. However, current literature indicates that mental health treatment outcomes do not differ when clients

do or do not have a mental health professional of their same race/ethnicity (Swift et al., 2018). Practically, match is neither an essential nor an adequate condition for positive mental health treatment outcomes. While match may be important for some clients or patients, it may not be important for all (Sue et al., 2019).

For some, the literature about racial/ethnic matching invalidates the need for specific focus on training, recruiting, and retaining African American mental health professionals. However, according to Meyer and Zane (2013), while quantitative literature shows no significance regarding match and treatment outcomes, qualitatively, match influences Black clients'/patients' experience of treatment. It is naive to assume that a positive treatment outcome equals a positive experience during treatment when, according to Duncan et al. (2010), extra-therapeutic events account for 40% of what impacts treatment outcomes. Clients/patients could have a culturally insensitive but affordable mental health professional paired with a supportive community mentor. Essentially, while treatment outcomes may not depend on matches, Black clients/patients prefer to see themselves reflected in their provider (Cabral & Smith, 2011). Some African American clients/patients believe that a provider of color has a unique ability to empathically respond to their needs from a depth that non-African American providers cannot.

African American Mental Health

African Americans face unique mental health challenges and risks compared to other cultures. While African Americans are similarly likely to report mental health issues, they are less likely to receive mental health treatment (Campbell, 2020). Specifically, African Americans have a higher likelihood of reporting feelings of sadness and worthlessness than Caucasians. However, only 9% of African Americans receive mental health treatment compared to 18.6% of Caucasians. Feelings of hopelessness, sadness, and worthlessness rise with African Americans who are impoverished, incarcerated, abusing substances, or homeless (Kawaii-Bogue et al., 2017). Added stressors include systemic racism, discrimination, prejudice, economic disparities, mistrust, police tension in society, and the COVID-19 pandemic.

Despite the unique mental health issues many African Americans face today, few seek mental health services. Some African Americans do not seek mental health services because of the stigma and judgment attached to these services (Fripp & Carlson, 2017). Talking about problems with a stranger can be seen as taboo in most families of color. Many African Americans avoid treatment so as not to appear "crazy" in the social and family circles. If others became aware that an African American member of their circle sought mental health services, it might reveal that the circle was incapable of handling issues internally. In addition to acceptance, stigma, and judgment, some African Americans do not choose mental health services because of a misunderstanding of the therapeutic process. A common belief among African Americans is that mental services are a White people thing, designed by them, for them (Fripp & Carlson, 2017). Lastly, for some African Americans,

cost or lack of insurance is a deterrent from seeking mental health services. In many instances, having the mental health field more reflective of the individuals who might seek counseling can only benefit communities. To do so, there needs to be a concerted effort by the training institutions, agencies, and the profession to train, recruit, and retain African American mental health professionals.

Training

Most mental health training programs are predominately White. Many African American mental health students avoid graduate- or doctoral-level training because of their fear of facing microaggressions, prejudice, and racism. Some avoid higher training because of the psychological distress and trauma it might cause that erodes African American students' self-worth. Still, others decide against pursuing terminal degrees in the mental health profession because of the cultural mistrust that exists. Simply, positive race-related interactions could increase positive feelings in African American students (Logan et al., 2017). Any negative race-related interactions leave African American students unable to gage their abilities when compared to their peers. This inability sows the seeds of uncertainty and disinterest. Helping African American students retain their self-identity is essential to their professional development (Logan et al., 2017).

Self-Identity

Throughout African American students' experience in a mental health professional training program, they need to identify strongly with their cultural heritage. This self-identification can increase an African American student's self-efficacy, motivation, and self-esteem (Lige et al., 2017). Experiencing subtle forms of racism like microaggressions and microinvalidations can negatively impact African American students' identity formation. Training programs can provide resources for African American students to maintain their self-identity throughout the training process. Providing a safe environment for students to be assertive and ask for support is helpful. Other elements such as pairing African American students with more experienced African American peers and organizations, as building a personal caring relationship with their advisor, is essential. Other suggestions for helping African American students maintain a healthy self-identity include creating open forums for students to have conversations that surround current issues affecting them and the communities they serve; providing resources for financial aid; creating opportunities to receive mentorship with African American professionals; and working to hire more African American educators through developing policies and practices at the university level (Lige et al., 2017).

Belonging

Consider the information mental health professionals consume when they are in training. Most of the foundational information within this field was created by European professional writing for other Caucasian colleagues at the time. It might be hard to believe, but Sigmund Freud and Ivan Pavlov were not writing to train a new African American therapist from Louisiana. It might be naive to think that not seeing one's self represented in literature has little to no adverse effects. This can leave some African Americans feeling as if they do not belong within the mental health field. Setting aside the earlier mentioned cultural taboos related to mental health, representation matters. There is power in belonging. Having a sense of belonging can improve self-efficacy which encourages professional identity development. It is imperative for training programs to find ways for African American students to feel a sense of belonging in mental health professions. One way to do that is to show African American students that they are not alone. Connect them with resources like student organizations, professional organizations, and local organizations. Also, intentional video selection, authors in article critique assignments, books, and other key components of the class can make African American students feel less alone. Sometimes an acknowledgment of African American students' feelings of aloneness engenders a sense of belonging (Booker, 2016).

Mentorship

Mentorship is a supportive relationship, where a more senior mental health professional gives feedback, information, and advocates for a more junior mental health professional (Sinanan, 2016). These dynamics can take place peer to peer or student and licensed professional. Mentorship relationships need to be deep and caring to have a positive effect. A student's mentor is someone they trust, someone who sees them at their most exhausted and vulnerable. There are common characteristics which are critical in preparing mental health professional students to this field (Siaji, 2020). These characteristics include experienced, powerful, visible, and knowledgeable. It stands to reason that not everyone is a helpful mentor. However, mental health professional educators are in a unique position to provide mentorship to students, if that faculty member is healthy (Siaji, 2020). Faculty members who do not possess the common characteristics may not be suited for formal mentorship. In fact, an educator's unawareness of some academic and non-academic African American realities and their lack of cultural sensitivity can become barriers within the mentorship process.

Mentorship relationships are essential to professional development because it gives African American students opportunities to develop their professional identity throughout their career. African American students are often lacking in informal guidance that prepares them for academic success. Gaining a mentor helps African

American students navigate professional and academic systems (Siaji, 2020). As graduate and doctoral students in the mental health profession, African American students experience more isolation than their non-minority peers and have less access to same culture mentors. Mental health educators must take the initiative to provide guidance for students looking to secure mentorship relationships. This is especially important in instances where cross-cultural mentorship could occur. While for most minority students, race, gender, and culture are most salient for them as they select mentors, some universities do not offer them the opportunity to have a same-race mentor. In these instances, non-minority faculty members must take the initiative. Cross-cultural mentorship can offer African American mental health professionals a corrective emotional experience that encourages professional development (Bellon-Harn & Weinbaum, 2017).

Culturally Responsive Teaching

Culture shapes communication and how information is received from the educational environment. It is central to learning. To support African American students, mental health professional training programs must respond to the importance of culture in education (Ladson-Billings, 1994). According to Ladson-Billings (1994), culturally responsive teaching includes certain characteristics which include communication of high expectations, learning within the context of culture, student-centered instruction, culturally mediated instruction, reshaping the curriculum, and teacher as facilitator. All mental health students need consistent messages to meet high expectations as graduate and doctoral students. Working towards meeting these expectations, in a healthy program, facilitates a healthy self-concept. It also helps when educators make an attempt to learn about the different cultures in their classrooms. This can situate the information within the students' cultural frame of reference, allowing students to take in the information (Gay, 2018). It takes away barriers and makes learning cooperative and collaborative and creates community between peers. Learning is social and lasts longer when educators integrate diverse ways of understanding, knowing, and representing information. Teaching responsively might cause educators to reshape their curriculum into an integrated, interdisciplinary, student-centered process (Gay, 2018). This new process situates educators as facilitators, guides, consultants, and advocates for mental health professional students.

Recruiting

Recruiting African American mental health professionals into schools and mental health organizations is vital to decreasing the stigma of mental health care in African American communities (James et al., 2017). As stated earlier, representation

matters because it can shape how minorities are viewed by society and how they view themselves. Recruitment refers to the process of identifying and attracting professionals to build a pool of qualified individuals for a position. The process comprises five related stages, planning, strategy development, searching, screening, and evaluation. These stages are unique to each organization, clinic, university, and other places needing more diverse mental health professionals.

Planning Part of developing a recruiting plan includes identifying goals for the position. These goals can include specific dates, timelines, objectives, and potential platforms to announce job openings, identify target groups, and create an ideal candidate characteristic list.

Strategy Development Strategies in the recruitment process might include some procedures for meeting the identified goals. When strategizing, considerations should be made for retaining prospective African American mental health professionals once they accept the position, such as who will be the point of contact during the recruiting phase, should a mentorship program be highlighted during the recruitment process, or would it be beneficial to point out community or adventure opportunities (James et al., 2017). These strategies can present the most attractive elements of a position to a recruit.

Searching Searching for an African American mental health professional requires intentionality. There are several listservs and forums that provide a space for African American mental health professionals to share their experiences, gain mentorship, and post job openings. In addition to these digital options, African American mental health professionals have local, regional, and national organizations that host conferences and job fairs. Searchers can find African American mental health professionals in the places they gather to support each other (James et al., 2017).

Screening and Evaluating Screening starts with the job posting. Developing an ideal candidate and creating the job posting to attract that applicant is a key screening tool. The search committee or hiring team can evaluate and screen candidates that do not align with the desired characteristics. A common way to screen a candidate is through their resume. It provides valuable information about the applicant's qualifications, skills, work history, and special training. A relatively new source of screening and evaluating applicants is through social media. Search committees can evaluate whether or not the applicant has congruence between their paper documents and social media presence. One of the final screening and evaluating processes includes the virtual or in-person interview. This interview gives the committee a chance to evaluate how the applicant articulates the information presented throughout the application documents.

Pandering One crucial mistake some mental health organizations make when recruiting African American mental health professionals is pandering to them (James et al., 2017). Pandering occurs when organizations say and do what they think African Americans want them to do and say during the recruitment process

only to please African American applicants. Pandering can look like the mental health professional arrives for the in-person interview and the only other African American clinician picks them up playing hip-hop music in the car and grabbing lunch at a fried chicken restaurant before dropping the professional off at their hotel where a seedless watermelon is waiting on the hotel bed. Obviously, this is an exaggeration, but it can be hurtful and deter the African American mental health professional from accepting the job (Mac Donald, 2018).

Retaining

Be Authentic During Recruitment

As mentioned earlier, recruitment is intentional and strategic. Some organizations are pressured to increase diversity which might cause them to present a less than truthful image of the organization. This is often done to make the organization seem more attractive to applicants of color. Most African American mental health professionals prefer authenticity throughout the recruitment process. Being able to prepare for an experience that could be isolating and challenging is preferred over being surprised by this experience (Reis et al., 2017).

Encourage Conversation About Race

Talking about race is considered taboo in many organizations. Conversations about race and related subjects are value-laden and can threaten relationships and office morale. Employers are encouraged to face this discomfort and facilitate healthy discussions about race. Ignoring these issues as they are experienced by African American employees can add to isolation and job dissatisfaction (Tatum, 2017).

Address Systemic Inequality

Most often, addressing systemic inequality is challenging because it is less overt than race and discrimination. Systemic inequality is baked into the fabric of a company's DNA. Some employees of color experience it as an insidious pressure to be more like the majority and less like themselves. This pressure is heard in comments by supervisors, owners, and other administrators like, "you remind me of me," which can be experienced as subtle suggestions to reject one's self to be more like the administrator to gain acceptance. A more concrete way to address systemic inequality is to collect anonymous data to assess their feelings of inclusion and equality (Lofton & Davis, 2015).

Support Employee Congruence

Extant literature suggests that most employees of color feel pressure to conform by suppressing their values. This causes some employees of color to leave parts of themselves out of work. Being able to be their authentic selves encourages retention of African American mental health professionals.

Combat Resistance to Diversity

Organizations with a long history in a community might have difficulties increasing diversity. This increase would change the culture of the organization. This process of growing into a more inclusive environment might distress current employees and administrators. Any systemic change threatens the individual members of the system because it asks them to change. It is important to educate employees about the importance of diversity and how it helps to achieve the goals of the organization.

Summary

As clientele becomes increasingly diverse, it is essential for mental health organizations to employ a wide range of voices. There is a greater need for African American mental health professionals as seeking mental health services becomes more acceptable within the African American community. With intentionality and the strategies discussed in this chapter, programs and organizations can help provide more opportunities for those clients to have a unique and powerful therapeutic experience.

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Chapter 10
The Mental Health Needs of Some Unique Groups Among African American Populations

Julius A. Austin and Jude T. Austin II

Introduction

African Americans share the same mental health issues as other populations. However, the African American experience in America has been characterized by violence and trauma which impact emotional and mental health. According to Alvidrez et al. (2008), African Americans who are already mental health consumers explained that mild depression and anxiety would be considered "crazy" in their social circles. Increased stressors combined with social pressure or prosecution damage generations of African American families. When African Americans fit into a unique group, then mental health needs rise. This chapter will discuss the complex and layered mental health needs of some unique groups within the African American community including LGBTQ+, the elderly, single parents, youth, incarcerated individuals, and the economically disadvantaged.

Stigma of Mental Health in the Black community

"What goes on in this house stays in this house"

"…therapy is for white folk"

"What you really need is Jesus"

J. A. Austin (✉)
Tulane University, New Orleans, LA, USA
e-mail: jaustin3@tulane.edu

J. T. Austin II
Mary Hardin Baylor University, Belton, TX, USA

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"I'm going to just pray on it"

"There are no Black therapists"

"I don't want to tell anyone all my business"

"I don't want anyone to think I'm crazy"

"I just don't have time"

These are some phrases that get tossed around within the African American community regarding mental health. The message of "stay strong" and "keep your head up" creates a cycle of individuals who perpetuate the notion that seeking professional help is not an option. Resiliency is something that could be considered synonymous with the African American community, but that very resiliency creates a dynamic where individuals suffer in silence. However, African American people who choose to seek mental health services run into a system, with readily available mental health professionals, that is perceived as a system that is not for African Americans. So, potential consumers of mental health find it difficult to find someone who can understand the lived experiences of an African American person or are culturally competent enough to help the individual feel like they can be their true self.

Alvidrez et al. (2008) expressed that "mental health service use patterns of Blacks are driven by numerous factors, including structural barriers, such as insurance coverage and availability of services, as well as by diagnostic, referral, and treatment assignment practices preventing Blacks from receiving specialty mental health care." These structural barriers created a stigma within the African American community – coloring mental health services as socially undesirable. Common phrases uttered by the African American community are "oh, therapy isn't for us" and "I've searched for a therapist but could not find any Black ones." These phrases are indicative of the systemic issues housed within the mental health system for African Americans.

The idea that therapy is not for us potentially comes from the general distrust that exists within the African American community toward the medical profession. Individuals within the African American community have generational experiences of being neglected and experimented on by the medical profession. These generational experiences and stories still resonate in today's culture and could be a barrier to seeking mental health services. There is also the idea that individuals within the African American community do not have time to be depressed or anxious – that individuals do not have the luxury of "taking a mental health day." Thoughts of "somebody has to pay these bills" or "somebody has to put food on the table" begin a process of living with undiagnosed and untreated mental health disorders.

Bamgbade, Barner, Ford, Brown, Lawson, and Burdine (2020) explained that, among the individuals experiencing mental illness in the United States, 81% of African American young adults do not seek treatment. Along with the barriers mentioned earlier, other important factors that need consideration are the influence of

family and friends, the lack of trust for the medical community, and the African American community's self-reliance and connection to religion. Ward, Wiltshire, Detry, and Brown (2013) explained that though there is a stigma that exists within the African American community regarding mental health, African Americans who are suffering with mental illness have higher levels of disability, increased rates of inpatient service use, and low rates of outpatient service use. What makes the low rates of African Americans using outpatient services important is, as Ward et al. (2013) go on to mention, although African Americans may have a positive attitude toward mental health services, the positive attitudes do not translate to seeking mental health treatment. The following sections briefly detail mental health issues that persist within specific communities of the greater African American community.

Mental Health in the LGBTQ+ Community

Mental Health America (n.d.) reports that 4.5% of individuals in the United States identify as lesbian, gay, or bisexual and close to 40% of those individuals reported having mental health concerns. In many cases, some individuals who identify as LGBTQ+ are also part of a second community – the African American community – who are also marginalized. Peek, Lopez, Williams, Xu, McNulty, Acree, and Schneider (2016) mentioned that it is important to take into account how sexual orientation and race can simultaneously influence the therapeutic process and can help effectively address health disparities for "dual minority" individuals.

Individuals within the African American and LGBTQ+ communities can experience disadvantages within multiple social systems. These disadvantages may force some individuals into maintaining several separate identities as a coping mechanism to marginalization. For example, an individual may diminish a characteristic or part of themselves while with individuals from a specific population in order to avoid scrutiny or gain acceptance. Ragins, Cornwell, and Miller (2003) mention that the concealment of identities may be especially implemented within the workplace because of reported higher rates of prejudice.

Though individuals within the LGBTQ+ community experience issues significant enough to warrant mental health services, these services go underutilized. Potential factors could be the perceived cultural competency of mental health clinicians, the sparse representation of African American and/or LGBTQ+-identifying clinicians in the field, and the lack of access to care. During a recent consultation with a potential client, the client mentioned that one of the reasons they decided to begin psychotherapy was because the clinician looked "Black-black." Upon further discussion, the client mentioned that "Black" meant that the individual walked through life aware of their blackness but made attempts to code switch whenever possible. "Black-black," on the other hand, meant that the individual lived in their blackness in any situation or environment. The term "Black-black" was meant to mean that the clinician was culturally competent enough for the client to feel comfortable and seen in session.

There are structural elements at play that aid clients in feeling comfortable and seen in session. African American LGBTQ+ individuals often face multiple intersecting structural adversities connected to their sexual orientations, gender, and racial identities. An NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health (2017) survey of US adults found that LGBTQ+ individuals of color were twice as likely to report discrimination because of their LGBTQ+ identity when applying for jobs and when interacting with police. Regarding the individual, an African American individual who is also a part of the LGBTQ+ community may experience symptoms of depression, anxiety, substance use, or even suicidality in response to external and internal oppression. A massive issue is that, like many other communities within the African American community as a whole, finding a culturally and racially competent therapist is frustratingly hard. The institutional culture of mental health care needs to be assessed to provide the African American community of LGBTQ+-identifying individuals with adequate care. Instances where institutions are taking a step back and asking what it's like for individuals who identify as LGBTQ+ to be in our space are an important first step.

Mental Health in the Elderly Community

The American Psychological Association explained that there are 4 million African American individuals over the age of 65 (Hope et al., 2020). From a physical health perspective, these individuals experience a higher risk for hypertension, stroke, and diabetes. From a mental health perspective, there may be experiences relating to the historical nature of discrimination that the individual has lived with their entire life and could potentially cause memories to be relived and experienced. Another important aspect of the elderly community is that some individuals may be limited to what they previously could access. For example, some members of the elderly community may have little to no access to grocery stores or pharmacies. The loss of independence is something that has the potential for mental health issues of stress, frustration, as well as isolation.

There are several tools that mental healthcare workers can use when caring for members of the African American elderly community. Chiefly among those tools is having an understanding of racism's impact on the African American elderly community. Another important detail is that there is an idea that having a mental health issue could be considered a personal weakness, which often can perpetuate the mental health stigma. Having a working timeline of important cultural events and social justice milestones may aid with orienting to the client's experience. Additionally, being aware of your own culture and the way it influences your beliefs, assumptions, and biases can assist the African American elderly to cope with life. Being aware is one of the first steps to being mindful and intentional within the therapeutic relationship.

Regarding diagnostic issues, it is important to be sensitive to the culture of the individual. Particularly with the African American elderly community, it is crucial

to consider cultural expression as expression and not pathology. It is not unlikely that an elderly African American is aware of or directly implements notions of spirituality in an attempt to heal. These are all things that should be taken into consideration when working with elderly members of the African American community.

Mental Health in the Single Parent Community

Parenthood is a massive life transition that can be stressful and demanding. The transition may be fraught with mental health considerations, such as depression, anxiety, financial concerns, and child-parent relational issues. In working with single parents in a clinical setting, some individuals mention that they experience shame regarding their situation – mentioning that being a single parent is not something that they either envisioned or wanted. They mentioned that the shame comes from not following the stereotypical plan: (1) find a partner, (2) get married, (3) buy a home, (4) have children, and (5) live happily ever after.

There are several entanglements that exist within the single parent community. One important scenario is not wanting a romantic relationship with the other parent but still wanting said parent to be a part of the child's life. Another important scenario is the complete separation of the parents, leaving the single parent with no or barely any support. When asked what the hardest part is about being a single parent, recent clients mention that there is no reprieve. Typically, in a two-caregiver household, there is another adult's presence that allows for a dance between both adults with regard to responsibility for children in the moment. For example, one partner can pick up food from the grocery store, while the other partner gives the kids a bath. There is this dance that exists which allows for short breaks from being "on" as a caregiver.

Regarding receiving support, it is important to maintain relationships with friends and/or family as a single parent. In this digital world, a single parent can find a community of individuals who could humanize their experience. It is important to understand that, though single parents experience anxiety and isolation at times, there is freedom in being the person calling the shots for the family – being the decision-maker on what their children are going to eat and how they are going to dress adds a unique flavor of freedom.

Mental Health Needs of Those Incarcerated

According to 2006 Bureau of Justice Statistics, 64% of incarcerated individuals will present with recent mental health issues (James & Glaze, 2006). A disproportionate number of African Americans with mental illness diagnosed or undiagnosed are arrested in comparison to the general population (Lamb & Weinberger, 1998). Incarcerated African Americans are often underserved because of varied reasons.

Stigma and lack of information and education on the part of those incarcerated and also on the part of correctional and parole officers are key reasons. Inmates face stigma and obstacles in seeking mental health treatment and rehabilitation. Discrimination that evolves out of being incarcerated also acts as a deterrent to seeking treatment. Structural limitations in society and lack of adequate professionals and resources within the prison system also act as further deterrents. There should be community and societal discussions on how to improve access to care for incarcerated African American males and females. This is because findings by the American Psychiatric Association (2017) elicited that African American men with mental health conditions, particularly schizophrenia, bipolar disorders, and conditions that bring about psychoses, are more likely to be incarcerated with no treatment for their mental health conditions. Incarceration creates mental health concerns for African Americans. They face discrimination, depression, anxiety, and isolation. A consequence of navigating these mental health issues is hardening oneself in order to survive inside prison walls. Scholars suggest that incarcerated African American men may have lost the capacity to empathize because of the harsh conditions they face. Help should be given to incarcerated African Americans when in and outside the prison system.

Mental Health in the African American Youth Community

The suicide rate among African American children ages 5–11 years has increased substantially since 1993. In 1993, suicide ranked as the 14th leading cause of death among African American kids – today, it is the 10th leading cause of death (Holliday-Moore, 2019). To improve the mental health of African American children, there needs to be attention paid to understanding their culturally specific mental health issues. Additionally, knowing how to engage with children in the clinical setting is important. Often, when working with children, there needs to be attention paid to the system the child is living in.

There are several ways that African American children indicate that they may be experiencing mental health issues:

- Frequency of temper tantrums
- Hyperactivity
- Fidgeting
- Consistent disobedience
- Consistent aggression

Though these issues may have a correlation to the child's age, diet, and temperament, the consistency and duration may be an indication that the child is not mentally healthy. Ultimately, larger social change is needed to address the mental health conditions at the root of African American children's health. There are two ways in which to address these large-scale social issues: The mental health needs of African American children of parents who are incarcerated are vast and multifaceted. The

incarceration of African American parents plays an important role in affecting children's performance in school, in their social life, and by and large the racial achievement gap. African American children of incarcerated parents have a higher dropout rate in school, may develop learning disabilities, may be prone to act out or misbehave in school, may suffer from PTSD or anxiety, or may even exhibit physical complications like migraines or high cholesterol.

Growing up without a father is a traumatic experience that can result in relational, psychological, and physical dysfunction. With that said, it is important to acknowledge that not all present fathers are loving and not all unmarried fathers are absent. These mistaken beliefs might harm the therapeutic relationship. Viewing African American fathers as attachment figures might be a more helpful way to assess the impact of this relationship on the mental health of the individual. Obviously, a secure attachment to the father is ideal. It promotes normal social and emotional development. According to Bowlby (2008), the child-father attachment relationship serves two functions: delivering love and security and participating in exciting and challenging practices. The child-father attachment encourages explorations and industry for African American sons and daughters. Without a present father, African Americans navigate their environment from a place of fear and anxiety.

Training There needs to be more trauma-informed training for school staff as well as healthcare professionals. There should be more training on screening for trauma, anxiety, depression, and/or stress. School staff and health professionals should be able to understand how specific experiences in a child's life could elicit certain behaviors.

Support Support can take many forms. The most important points of support need to be directed toward parents or guardians. Implementation of support groups and/or therapeutic services by community clinicians and open communication and/or home visits from mental health clinicians could go a long way in the overall health of the child, family, and environment.

Conclusion

Throughout this chapter, there have been discussions of barriers to mental health that exist no matter the unique community. There are socioeconomic disparities that are present within the African American community that yield lack of or complete absence of any form of health insurance. There is a massive mental health stigma that is still pervasive in the community which not only makes it hard to seek mental health services but also makes it hard for African Americans to acknowledge the very notion of needing mental health support. There is also a connection to a faith community that has tremendous benefits but also may prevent individuals from seeking and receiving a mental health diagnosis and adequate treatment. Additionally,

there are inequalities that exist in the mental health system that negatively affect the African American population. These inequalities have festered and yielded resentment and mistrust of mental health professionals.

Though the challenges mentioned earlier can seem insurmountable for individuals within unique communities of the greater African American community, there are ways to find adequate mental health care. The through roads exist in the systemic changes that need to occur – training for school staff and support for families who deal with issues of mental health in the youth communities. Building communities that offer culturally competent mental health providers who provide group therapy and support to single parents is of paramount importance. Well-informed and patient clinicians who understand the historical richness of being an African American elder and the ability to use that knowledge in session to build a supportive relationship are needed. Assisting and supporting African American males and females who are incarcerated and out in the community after serving their time will be an added advantage. Lastly, mental health professionals who understand and are open to acknowledging the duplicitous nature of belonging to two communities who are marginalized when helping individuals that identify as LGBTQ+ will be greatly appreciated.

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Chapter 11
Roads for African Americans to Live Enhanced and Improved Mentally Healthy Lives

Ariel Encalade Mitchell

Introduction

The history between African Americans and the United States of America is rooted in deception. This distrust and the past treatment that culminated with the transatlantic slave trade, which has been shown to be different than most other forms of slavery, persist today. The era of "Jim Crow" laws allowed for a separation of resources based on race, under the guise of a "separate but equal" mandate enforcing racial segregation. Once racial segregation was deemed unconstitutional, African American people in the United States faced overt discrimination for approximately another 50–60 years culminating in landmark Supreme Court cases such as Brown v. Board of Education in 1954, the Montgomery Bus Boycott in 1955, the Freedom Rides of 1961, and the Civil Rights Act of 1964. However, in the midst of strides African American people were seemingly making toward freedom and equality, mistrust was already cast on the US healthcare system through unfair healthcare practices and blatant guilefulness. Although not well documented, Gamble (1997) acknowledged that the medical experimentation performed on African Americans since slavery served as the foundation to African American distrust of any healthcare system.

The *Tuskegee Study of Untreated Syphilis in the Negro Male* reportedly began in 1932 and lasted 40 years. During this period, African American men were misled by researchers to believe that they were receiving treatment, when in fact treatment was intentionally being withheld to study the effects untreated syphilis would have on the African American male (Allan, 1978). During the 40-year span, penicillin became the standard treatment for syphilis, but this, too, was denied to the men participating in the Tuskegee Study (Cuerde & Lopez-Munoz, 2013). This study received national support from government and healthcare overseers while

A. E. Mitchell (✉)
Xavier University of Louisiana, New Orleans, LA, USA
e-mail: amitch11@xula.edu

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condoning efforts to block the men involved from receiving treatment elsewhere or obtaining penicillin treatment once available from other sources (Allan, 1978). Albeit there are other examples passed down through generations of African American families regarding how the healthcare system has neglected and taken advantage of the African American people (i.e., human radiation experiments, birth control studies, Willowbrook cases), the Tuskegee Experiment is one of the most cited, well-documented examples of maltreatment (Allan, 1978). There are additional healthcare trends up to current times that lend itself to understanding the deeply rooted mistrust between the African American people and the US healthcare system.

Disparities in Health Care

Currently there are disparities in treatment and outcomes for African Americans within multiple areas of the current healthcare system. Speights, Nowakowski, De Leon, Mitchell, and Simpson (2017) acknowledged that although African Americans make up only 13.3% of the US population, they carry the burden of disproportionately poor health status, care quality, and treatment outcomes. Examples of those disparities can be seen in areas such as obstetrics, internal medicine, psychiatry, and behavioral (mental) health, to name a few. Although data regarding physical ailments of the African American population are a growing body of literature, there is a dearth of research regarding African Americans' psychological well-being due to the mistrust and the various avenues in which care is typically sought for psychological concerns, such as prayer, worship, or spiritual counsel (Black et al., 2011).

In the field of obstetrics, the Centers for Disease Control and Prevention (CDC) reported that Black women were two to three times more likely than White women to die from pregnancy-related causes; pregnancy-related death was four to five times higher for Black women over 30 years of age (CDC, 2019). According to Noonan, Velasco-Mondragon, and Wagner (2016), African American women more likely reported a lack of advice regarding alcohol use and smoking cessation from their prenatal care provider. Further, African American infants tend to die at a rate of two times that of White infants (Eichelberger et al., 2016). Although most pregnancy-related deaths are preventable, the lack of standardized protocols in reproductive care makes way for personal biases to influence the level or quality of care being provided to one population of people over another (Petersen et al., 2019).

Similar to the disparity of obstetric care, African Americans experience disproportionate care within internal medicine structures. For example, African American women experience a 35% higher rate of mortality from breast cancer than White women nationally (Peek et al., 2008). While there are several elements that can contribute to the statistical racial gap in breast cancer mortality, Peek, Sayad, and Markwardt (2008) cited inequalities in cancer treatment as a reason for the imbalance of care. Similarly, Arvizo and Mahdi (2017) noted that the disproportionate rate that African American women are impacted by cervical cancer than White

women, with outcomes resulting in higher incidence and mortality than White women, could dematerialize with equal treatment.

In other literature, medical mistrust, poor communication, and perceived discrimination were noted as three main barriers to health care within the African American community (Cuevas et al., 2016). However, provider bias and the stereotyping that occurs also have been presented as barriers that African Americans have experienced when seeking and receiving healthcare services (Sacks, 2018). In a study focused on barriers to healthcare access among African American males, it was identified that the perception of immediate environmental factors, economic factors, and racist history of medical practices were the main barriers to health care in this population (Watson, 2014).

Mental Health Disparities

Mental health is defined by the World Health Organization (WHO) as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO 2001, as cited by WHO, 2004, p. 10). In contrast to mental health, a mental disorder is defined by the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (American Psychiatric Association, 2013) as "a syndrome characterized by clinically significant disturbance in an individual's cognitive, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (p. 20). According to the National Alliance on Mental Illness (National Alliance on Mental Illness, 2020), in 2019, 20.6% (1 in 5) adults in the United States experience mental illness each year with 17.3% of those being Non-Hispanic Black or African American. Of the 20.6% of those experiencing a mental illness in 2019, 43.8% received treatment. Meanwhile, only 32.9% of the 43.8% receiving treatment identified as Non-Hispanic Black or African American. Based on the statistics, the disproportionate rate at which African Americans in the United States receive treatment is evident. However, there are inequities and disparities identified as barriers to African Americans seeking and receiving adequate and effective mental healthcare services in the United States.

To fully understand the mental health disparities within the African American community, it is important to highlight a position statement by Armstrong-Mensah, Patel, Parekh, and Lee (2020) that reiterated that "Although the rate of mental illness among African Americans and Whites in the United States are similar, African Americans tend to have the worst mental health outcomes in the country" (p. 23). Gara, Minsky, Silverstein, Miskimen, and Strakowski (2019) emphasized that compared to other racial groups there is a routine practice of clinicians to underemphasize mood symptoms among African Americans. For example, there is an elevated diagnosis of schizophrenia within the African American community (Gara et al., 2019); however, there is a lower treatment rate of depressive disorders within the

African American community (Lu, 2019). Further, African Americans receive reduced medication treatment, attributed to racial bias, insurance status, and low income (Noonan et al., 2016). Armstrong-Mensah et al. (2020) expanded the contributions to the mental health disparities experienced by African Americans to also include poor quality care, provider bias/stereotyping, and stigmas associated with seeking mental health treatment.

African Americans and the Mental Health Stigma

There is a dearth of literature available regarding African Americans' experience engaging in mental health counseling services. This may be due to the lower rate at which African Americans seek counseling services, mainly attributed to the stigmatization and negative attitudes that prevail with regard to mental health services (Burkett, 2017). According to Matthews, Corrigan, Smith, and Aranda (2006) as cited by DeFreitas et al. (2018), embarrassment is at the center of the stigmatizations held by African Americans and is the main reason mental health treatment is not often sought after. Thus, many African Americans traditionally seek out guidance from the church and religion, then friends and family, and as a last resort psychotherapy or psychiatry (Hankerson et al., 2018). The stigmas associated with mental health services have served as a hindrance to the African American community seeking and receiving prompt and equitable mental health services; however, there is still work to be done in expanding the African American view, trust, and acceptance of mental healthcare services.

Alternatively, suggestions have been offered by researchers regarding ways in which mental health needs within the African American population should be addressed (i.e., Memon et al., 2016). However, most recently, Novacek, Hampton-Anderson, Ebor, Loed, and Wyatt (2020) shared five ways to address the mental health needs of African Americans: (1) develop national comprehensive programs focused on integrated health care, (2) implement early identification and intervention for psychiatric symptoms, (3) maintain increased flexibility in the delivery of services, (4) maintain awareness of historical mistrust by offering collaborative treatment, and (5) increase assessment validity by monitoring for effective evaluation of mental health outcomes for African Americans.

Discussion

The five strategies suggested by Novacek et al. (2020) to bridge the relationship between African Americans and the mental healthcare system seem inclusive of all suggestions presented by researchers within a prior 10-year range. As such, this model is used to frame the discussion of points focused on improving mental health care for African Americans by healing the historically traumatic relationship. For

example, developing a national comprehensive program on integrated health care will standardize care and procedures by engaging in a collaborative gatekeeping system where no one practitioner operates in a solo. Implementing early identification and intervention for psychiatric symptoms can be created through standardized screening for common psychiatric disorders in all healthcare appointments and providing referrals for further assessment and/appropriate care. Maintaining increased flexibility of service delivery can be accomplished through continuing the opportunity for care to be provided on location or through virtual platforms. Maintaining awareness of historical distrust should be accomplished by providers addressing the historical traumas at the onset of treatment and making a concerted effort to be more collaborative in treatment. Lastly, monitoring for effective outcomes can occur through encouraging practitioners to conduct further research regarding the experience and outcomes of African Americans engaging in mental health care.

Conclusion

Given the history of unethical practices that have been endured by the African American community when seeking healthcare services, it is understandable how the underbelly of mistrust and developed stigmas impede on attaining quality health care. As a snowball effect, not receiving quality health care then reduces the quality of life one is able to live both physically and mentally. Although there is a lack of data available to fully understand the African American experience in mental health care, the suggestions presented enable all stakeholders an opportunity to take accountability for the past and present opportunities for changing the future. Through collaborative strides from government, health care, and the African American community, living an improved mentally healthy life can be achieved.

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Chapter 12
Solutions-Oriented Intervention Models for African American Mental Health

Denise Gilstrap

Issues pertaining to social justice and recognition of racial disparities have influenced national conversations regarding mental health in the African American community in an effort to normalize discussion. Studies have shown that mental health stigma can impact African Americans' perceptions of treatment and decisions to seek counseling (Baillargeon, 2014; Mishra et al., 2009). The stigma can be attributed to attitudes about mental health challenges, lack of knowledge in treatment options, and even shame in needing mental health support. However, as more African Americans gain comfort with seeking support from a counselor, it is increasingly important that counseling professionals become competent in treating African American clients. This includes adequate clinical training in multiculturally competent approaches and self-reflection of the counselor's level of acculturation (Bounds et al., 2018). Additionally, multicultural competency incorporates professional advocacy for increased access to and awareness of behavioral health services for members of the African American community. To support counselors with navigating these areas, this chapter highlights solutions-oriented interventions using three frameworks to guide culturally responsive practices for counseling African American clients.

Ecological Systems Model

Bronfenbrenner (1979) introduced the ecological systems theory as a framework for understanding how different environmental structures influence an individual's relational connections within the world, including one's social interactions and inherited cultural perceptions. Ecological systems theory has been used in

D. Gilstrap (✉)
Loyola University New Orleans, New Orleans, LA, USA
e-mail: dagilstr@loyno.edu

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counseling and psychology research to examine interventions for children and adolescents, explore systemic influences in counselor preparation programs, and study the influences of subsystems on individual behavior from a multicultural perspective (Abrams et al., 2005; Lau & Ng, 2014; Mobley, 2001). The value of an ecological approach in counseling is the focus on how various systems influence an individual's self-perception and interrelationships. A thoughtful investigation of these environmental systems enables the counselor to understand how structural elements present as supports or barriers to crucial opportunities and experiences throughout an individual's life. Because of the very nature of examining systemic contexts within this framework, an ecological approach can be meaningful in working with African American clients.

Five environmental systems exist in ecological systems theory that either directly or indirectly affect roles, behavior, and interpersonal relationships (Bronfenbrenner, 1979). Microsystems refer to the relationships and interactions within a person's immediate setting that have a direct impact on that person's development. The mesosystem involves interactions that occur between various existing microsystems, such as a person's home, work, or neighborhood. The exosystem is the influence of external systems that a person may not have direct connection to but inevitably could have an impact on that person, such as a spouse's or parent's workplace. Macrosystems are cultural institutions and ideologies, such as religion and societal norms, that shape microsystems. Lastly, the chronosystem refers to historical and environmental events that occur throughout one's lifetime. All systems collectively interinfluence a person's existence in the world within different settings.

Ecological systems theory has been used in education and social sciences research to explore workplace relationships, new family adjustments, and racial disparities in maternal health care (Noursi et al., 2020; Schweiger & O'Brien, 2005; Tissington, 2008). Because an ecological outlook supports understanding of cultural customs and norms, societal influences, and ideology development, using this framework supports a multicultural approach to counseling and a deeper understanding of sociopolitical influences on racially diverse clients, aligning with the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2015). More specifically, this approach can support mental health professionals and community-based agencies while carefully deconstructing their role and obligation in eliminating barriers to better serve African American clients.

The counseling relationship ideally begins with the counselor's conceptualization of the client to better understand the presenting problem; this essential step involves deeper exploration of who the client is and what the client brings to therapy. There will likely be some examination of environmental influences that have had a direct impact on the client's development, relationships, and worldview. As the counselor works to support the client, either in relying on or challenging these influences, the focus will likely shift to microsystems, highlighting daily interactions that are foundational to the client's interpersonal functioning. Thus, through direct treatment and intervention, the counselor is working with the client to examine microsystemic components. Additionally, because macrosystems represent expanded cultural contexts that fundamentally influence microsystems, it is likely

that the counselor will explore this occurrence throughout the counseling process as well. Consequently, the microsystem and macrosystem are focuses within the ecological systems theory that a counselor will likely interact with most often through direct client work, although it is important not to diminish relevance of the exosystem and chronosystem and still acknowledge related impacts. Nonetheless, culturally responsive practice involves the counselor's accepted responsibility to advocate for the client on microsystemic and macrosystemic levels through direct and indirect counseling support.

Multicultural competence in counseling requires that counselors understand who their clients are culturally and identify the best approaches in working with diverse clients. Understanding clients' background, family, cultural, and societal influences should naturally involve examining microsystemic and macrosystemic impacts. The counselor can do this by applying an ecological approach. However, the ecological approach alone does not address extended professional needs for cultural competency and skill development in counseling African American clients. Therefore, cultural broaching (Day-Vines et al., 2007) and the Multicultural Counseling and Social Justice Competencies (Ratts et al., 2015) are discussed as complementary to the ecological systems outlook.

Cultural Broaching

A multiculturally competent counselor has awareness of ways culture, identity, race, and ethnicity influence clients' personality development, self-concept, and world perspective (Ratts et al., 2015). Culturally responsive counseling should involve the counselor's continual reflection of how personal biases, attitudes, and cultural values either assist or obstruct the counseling process. In order to prevent the latter, the practice of cultural broaching upholds the counselor's persistent consideration of multiculturalism throughout the therapeutic process and within professional advocacy. Cultural broaching refers to the counselor's commitment to exploring issues of diversity and acknowledging these issues within the client-counselor dynamic (Day-Vines et al., 2007). This includes accepting differences between the background of the client and counselor and the counselor's willingness to initiate discussions that address these along with the racial and cultural experiences of the client (p. 402). The counselor commits to understanding how aspects of race, ethnicity, and culture influence how a client is positioned in the world.

Within cultural broaching, there is emphasis on the implementation of multicultural counseling competencies in a counselor's practice (Day-Vines et al., 2007, p. 404). Five broaching styles are identified: avoidant, isolating, continuing/incongruent, integrated/congruent, and infused. Counselors' reflection of broaching style can support self-identification of where they lie on the continuum regarding counseling practice and professional identity. Additionally, understanding broaching behaviors is helpful for counselors' examination of how they maneuver race-related topics with clients.

Avoidant broaching behaviors reflect the counselor's minimization of racial differences and the concept of societal racial oppression. An avoidant counselor would likely elude discussing issues of race with the client. An isolating counselor may engage in discussing race-related issues but only at the surface. In this case, the action is regarded as a simple task to demonstrate multicultural competence rather than an instilled process within the counselor's role and identity. The isolating cultural broaching style may be due to a counselor's discomfort with deep inquiry into matters of race or lack of clinical training in culturally considerate practices. Counselors with a continuing/incongruent broaching style visibly acknowledge race and culture but struggle with effectively implementing multicultural practices into an identified counseling approach. Additionally, the continuing/incongruent counselor may lack deep appreciation or understanding of how multifaceted a client's culture is, relying mostly on stereotypical and uninformed perceptions. The integrated/congruent cultural broaching style reflects the counselors' ability to engage in ongoing practice incorporating race and culture into their counseling orientation. They are able to effectively distinguish between aspects of culture versus individualistic experiences within client's stories, including the ability to adequately recognize maladaptive behaviors that are specific to the client. Lastly, an infusing broaching style goes a step beyond integrated/congruent, representing a strong commitment to issues of social justice as a significant element of the counselor's professional identity.

It is important to consider that broaching styles may align with counselors' professional development, with beginning counselors possibly presenting as avoidant or isolating due to lack of experience and training in exploring issues of diversity and social justice in the client-counselor relationship that requires the counselor to do additional personal identity work. However, lack of willingness to develop multicultural competence or seeing it as secondary to counseling practice could be an issue for counselors at any level of development. Ideally, when counselors implement integrated/congruent or infused cultural broaching styles, they are effectively recognizing and applying best practices in their work with African American clients.

Multicultural and Social Justice Counseling Competencies

The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015) are foundational to multicultural and social justice-related practices in counseling. The MSJCC identify four domains that lead to development of multicultural and social justice competence: counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions. The first three domains (counselor self-awareness, client worldview, and counseling relationship) categorize beliefs, knowledge, skills, and actions a counselor should demonstrate to show competency in the related areas. Competencies in counseling and advocacy interventions characterize counselor advocacy actions for the client on greater structural and systemic levels. This includes supporting clients by recognizing

internalized privilege and oppression and guiding discovery of self-awareness of these concepts. This domain also involves counselors' direct work within the community to better understand clients they serve. While the counselor self-awareness domain focuses on exploration of social identities and issues of race, power, privilege, and oppression, the client worldview and counselor relationship domains present competencies for adequately working with both privileged and marginalized clients from an informed multicultural and social justice perspective.

The MSJCC connect the importance of counselors being culturally aware when working with African American clients. In order to adequately support clients, counselors must be willing to explore societal influences and systemic structures that may be attached to mental health stigma or that could possibly impede successful outcomes in mental health treatment. Particularly, counselors from privileged backgrounds must be willing to acknowledge personal biases and attitudes and navigate the discomfort that comes with deep personal self-investigation. This is all in concurrence with the commitment to working against larger structures that endorse oppressive practices against African American clients.

The three presented frameworks (ecological systems theory, cultural broaching, and the MSJCC) share a common feature of recognizing the influence of environmental and societal systems on personal development and experiences. Furthermore, each upholds the counselors' implementation of multicultural and socially conscious counseling practices. The process of developing multicultural competence contrasts between individuals from privileged backgrounds and those from historically oppressed groups. However, despite the group identification of the counselor, it is essential to operate from a framework that is not only culturally responsive but also culturally relevant when working with African American clients. This can be done with an integrated ecological and culturally responsive approach.

Integrated Approach to Solutions-Oriented Interventions

A key to understanding how an ecological systems approach in conjunction with cultural broaching and the Multicultural and Social Justice Counseling Competencies (MSJCC) work in counseling practice is considering what these actions might look like on behalf of a counselor who works with African American clients. Solutions-oriented interventions go beyond information-gathering and problem conceptualization to emphasizing action steps toward resolution. Taking a solutions-oriented approach is supportive of counselors' efforts to reduce obstructions to mental health treatment for African American clients. Efforts guided by the integrated framework can be identified in the following areas:

Counselor-Focused, Solutions-Oriented Interventions

Counselor-focused, solutions-oriented interventions are professional development-influenced actions that directly and indirectly support reducing barriers to treatment for African American clients. For example, a counselor's lack of awareness of historically oppressive actions against African American clients and limitations in applying relevant approaches and interventions could act as a barrier to a client-seeking treatment. These actions also involve counselors' work in personal identity and race development and instilling this in their professional identity. Counselors' actions in this area are supported by multicultural and social justice competencies (Ratts et al., 2015). When considering interventions in this area, counselors should ask, "How am I increasing my competence in multicultural and social justice counseling and advocacy?" or "How am I disconnected from my African American clients and what steps can I take to address this?" The following are examples of solutions-oriented interventions that are counselor-focused:

- Participate in regular training activities (via professional conferences or academic presentations) that are focused on increasing counselors' multicultural competence and awareness.
- Engage in race-related discussions or professional development aimed at increasing counselors' awareness of systemic challenges affecting African Americans and increasing counselors' comfort with discussing these issues.

Client-Focused, Solutions-Oriented Interventions

Client-focused, solutions-oriented interventions are actions the counselor takes to actively reduce barriers to treatment for their African American clients; these actions might overlap counselor-focused actions due to the direct focus of increasing counselors' multicultural competence in professional work. Essential to solutions-oriented actions in this area is the counselors' ability to effectively and comfortably broach issues of race in the therapeutic relationship (Day-Vines et al., 2007) and recognize microsystemic and macrosystemic impacts in the client's story. These actions should be guided by the counselors' ongoing reflection of racial or cultural differences in the counselor-client relationship and the counselors' use of effective, appropriate interventions that are both culturally responsive and client-specific (Asnaani & Hoffman, 2012). Also important is the counselor's acknowledgement that each client is unique, dispelling any assumptions that every African American client shares the same struggle (Bounds et al., 2018). A counselor might reflect by asking, "What does my client personally need from me?" and "How have microsystemic and macrosystemic influences worked for/against my client?" Solutions-oriented interventions in this area may look like the following examples:

- Research and application of evidence-based practices relevant to African American clients as well as interventions that address individual presenting issues.
- Provide resources and referrals with consideration to client needs. The counselor is mindful of the client's preferences, whether culturally or individually influenced, when making referrals for collateral services.

Community-Centered, Solutions-Oriented Interventions

Multicultural competence and culturally responsive practices comprise in-depth knowledge and perspectives of the community that the counselor serves. There is also recognition that systemic elements can differ regionally due to clients' experiences and varying cultural norms within African American communities. Therefore, it is important that counselors personally connect with the community. This is especially imperative when working in predominantly African American neighborhoods. Community connections can contribute to trust-building efforts on behalf of counselors. Counselors can reflect in this area by asking, "What are the general problems in this community and what role does mental healthcare play?" or "Who are the trusted members in the community that can align with reducing macrosystemic barriers?" The following examples demonstrate solutions-oriented interventions in this area:

- Collaboration through community partnerships**.** There is benefit in developing community partnerships from an ecological perspective (Leonard, 2011). Because African American culture emphasizes connection to the community and identity that is built from individual and collective experiences, it would be beneficial for counselors to engage in the culturally responsive act of reducing mental health stigma and making services more easily accessible through community collaboration with organizations such as schools, churches, and community-based nonprofits.
- Invite community members to participate in advisory boards or councils for community mental health agencies. Enlisting board members that reflect the diversity of the community underscores the importance of community connection and client representation.
- For community agencies, prioritize ongoing agency-wide professional development in culturally responsive practices. Participate in community-building efforts such as community-sponsored fundraisers and events.

Profession-Centered, Solutions-Oriented Interventions

Profession-centered, solutions-oriented interventions encompass social justice and advocacy efforts that highlight the importance of these practices within the entire counseling profession. This aligns with the infused cultural broaching style, where social justice advocacy is merged into the counselor's professional identity (Day-Vines et al., 2007). Profession-centered actions also target macrosystemic issues that can be influenced by collective professional efforts, such as advocating for laws that provide equitable access to mental health treatment for African American communities. These actions align with community and advocacy interventions in the MSJCC (Day-Vines et al., 2007) and include recognizing societal structures that are oppressive to African American clients with commitment to actively speaking out against them. Solutions-oriented interventions in this area may include the following:

- Invite members of the African American community to share anecdotes and reflections on mental health needs of the larger community and welcome continued collaboration on state and national advocacy efforts.
- Support professional efforts that include advocacy for or against laws and policies that impact members of the African American community, including opposition to any structures that present as barriers in accessing quality mental health treatment.

While these recommendations are not exhaustive, the hope is to provide counselors a foundation for implementing an integrated ecological and culturally responsive approach. This will require intentional reflection and work in counselor self- and professional development and consistent examination of meaningful approaches to working with African American clients that are inclusive of systemic considerations and client advocacy efforts. A case approach is provided to demonstrate how the integrated approach might look in mental health work.

Case Approach

A community mental health agency is conducting an annual evaluation to assess the site's efficacy of services and clinician experiences. The agency, located in a mid-sized suburban city, is situated within a predominantly African American area. Thus, the majority of clients who seek and receive services from the agency are members from the community. The evaluation revealed that client requests for individual and family services have increased by 20% over the past year. Yet, a needs assessment showed that clinicians feel under-equipped to address various presenting challenges of their client caseload, including possessing the skills necessary to treat various behavioral and emotional disorders. The agency's leadership team also recognize that while clients primarily served identify as African American, the agency consists mostly of non-African American staff. It is also recognized that

many of the clinicians are recent graduates who do not live in or come from the agency's community.

Although there has been an increase in clients seeking services, the agency notices a trend with clients discontinuing or becoming inconsistent with treatment within 2 to 3 months of working with their clinicians. The agency attributes this trend to cultural disconnection between counselors and clients and overall lack of institutional multicultural competence. Furthermore, the agency recognizes that the lack of clinical skill development activities contributes to low confidence in clinicians. The agency identifies several areas of improvement that include improving community/client relations and providing more effective training for its clinicians.

The agency decides that an integrated ecological and culturally responsive approach would be beneficial for addressing clinician development and improving client and community outcomes. Counselor-focused interventions will center on professional development in multicultural and social justice competency to support clinicians' ability to effectively serve clients and connect with the community. The agency plans to implement monthly training led by mental health professionals in relevant evidence-based practices and cross-cultural strategies. Client-focused interventions will include a system for gauging ongoing client feedback on treatment. The agency also plans to collaborate with other African American community-based treatment providers for referrals and to build a database of extended culturally relevant resources.

The agency realizes that more strategic and thoughtful actions need to take place organizationally to ensure its efforts directly support the community and advocacy for larger systemic issues that impact clients. This involves inviting members of the community to serve on the agency's board and creating an advisory council that consists of community representatives who provide ongoing critique and recommendations for the agency's services and community-focused efforts. The agency also decides to implement a planning committee that regularly organizes agency-wide advocacy efforts on state and national policies and encourages staff representation in professional counseling organizations.

Conclusion

The purpose of this chapter is to support counselors' actions in breaking down mental health barriers for African American clients. Through collective implementation of the ecological systems theory, cultural broaching, and the multicultural and social justice counseling competencies, counselors can take intentional and meaningful steps to producing culturally responsive practices. An integrated approach to solutions-oriented interventions enables a counselor to think strategically about professional actions that can occur on micro- and macrolevels to increase access to culturally inclusive services for the African American community.

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Chapter 13
Practical Strategic Improvements for African American Mental Health

Nivischi N. Edwards, Shauna Thompson, and Lynn Bohecker

African Americans are 20% more likely to experience serious mental health issues than the general population (ADAA, 2020). They have experienced more severe forms of mental health conditions than individuals of other races and are subject to different treatment outcomes (NIMH, 2013). African Americans often do not seek professional counseling services due to a general mistrust of systems (Briggs et al., 2011). This population needs support to improve mental health and their general status within society. To do so, African American mental health must be viewed through contextual factors related to culture. The authors of this chapter review applicable literature on African American mental health, Critical Race Theory (CRT), and practical strategies for improving African American mental health.

Historically, African American mental health research has focused on the effects of racism and increasing awareness of disparities in treatment and resources. However, recent studies emphasized racial and ethnic identity and culturally competent counseling. Nonetheless, extant literature contends that the church consistently plays a significant role in the mental health and well-being of African Americans.

The Importance of the African American Church

The church has remained a staple in African American communities as a place for safety, support, close relationships, and emotional expression. In a world where inequality and racism test the resilience of African American people, they found a place to call their own where they were valued and their faith was strengthened (Bilkins et al., 2016). The church has become a universal resource to assist with the

N. N. Edwards (✉) · S. Thompson · L. Bohecker
Liberty University, Lynchburg, VA, USA
e-mail: Nedwards10@liberty.edu

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troubles facing African Americans including spiritual and mental wellness. Many African American churches tend to operate as a multidisciplinary clinic, where congregants with mental health-related concerns are assisted by others within the church (Bilkins et al., 2016). Outside referrals are not common, as African Americans lack trust in mental health practitioners and confidence in positive results (Dempsey et al., 2016).

Barriers to Treatment and Access to Services

Accessing mental health services is secondary to awareness of the need for such services. Psychoeducation is not emphasized in African American communities, contributing to a lack of awareness of the signs and symptoms of mental illness and available treatment options. This insufficiency places African Americans at a disadvantage, promoting power imbalances, minimal advocacy, and misdiagnoses (Memon et al., 2016). African Americans are discouraged from pursuing mental health services when they feel their culture in terms of language, values, and experiences is misunderstood (Arday, 2018).

Assari et al. (2018) reported that race and socioeconomic status played a significant role in determining mental health among African Americans. However, African Americans with a higher income are not exempt from experiencing nonfinancial barriers to accessing mental health services. Underrepresentation in research and treatment interventions supports the belief that African Americans are not the intended clients and furthers discriminatory ideals (Arday, 2018).

When considering the mental health of the African American population, it is essential to review what it means to be African American. African American refers to expectations, experiences, and attitudes that establish racial or ethnic identity. If an African American ventures outside of the social constructs of "blackness," there are often accusations of "acting white." From one African American to another, this accusation can be perceived as derogatory and an attack on their identity. Coming from a white person, this can be understood as a reminder of the unwritten rules perpetuating racial inequality and ensuring a certain hierarchy is maintained. In any case, frequent accusations of "acting white" are related to negative mental health outcomes especially among African American adolescents (Durkee & Williams, 2015).

Likewise, African Americans encounter subtle, sometimes overt, racial discrimination that can necessitate mental health services. At the same time, they may be subject to racial bias while seeking or receiving these services. African Americans are overrepresented in diagnoses of schizophrenia and forms of psychosis. Stereotypes of aggressive behaviors encourage clinician recommendations for medication. Principal contributing factors include lack of cultural competence in mental health counseling and underrepresentation of African American mental health professionals (Bilkins et al., 2016). Although experiencing prejudice and unequal treatment can become a recurring phenomenon for African Americans, those who negate

these occurrences experience more psychological distress when compared with those who choose to acknowledge and talk about it (Kwate & Goodman, 2015).

Integration of Critical Race Theory

The legal system in the United States was assumed by the dominant white culture to be neutral, racially objective, colorblind, and apolitical. The CRT was born out of the failure of the legal system to see race, acknowledge systemic racism, or establish strategies to combat and disrupt oppressive social structures (Allen, 2017; Griffin, 2010). Specifically, CRT targets the inequalities that exist based on race, gender, class, and other social identities. The focus of CRT is to expose racial biases and the practices that maintain the power and privilege of the dominant racial group and then develop actions to disrupt those systems (Griffin, 2010). Activism for social justice within CRT is grounded in the following tenets: (a) racism is ordinary; (b) racism benefits the dominant group; (c) race is socially constructed; (d) intersectionality; and (e) voices of color. The following paragraphs will unpack the concepts of CRT and provide examples to highlight the applicability to African American experiences and mental health.

Racism as Ordinary

Experiences of racism are an everyday experience for African Americans in the United States and thus, unfortunately, have become common. In contrast, the common experience of white Americans is to enter public spaces such as roadways, shopping centers, restaurants, and parks without being reminded of the color of their skin, without fear of negative comments from strangers, and without risk of being asked to leave. In other words, being perceived as white in the United States means ownership of public spaces. Being African American often means living with constant reminders, scrutiny, harassment, the threat of removal, or physical harm.

It is not unusual for a store clerk to follow around a person of color while they browse assuming they may be there to steal. People of color are not surprised to discover the lack of availability when they show up for a job interview, tour an apartment, purchase a house, or apply for a loan. Children are warned with urgency to behave and to be cautious in public places, as white people may feel intimidated or frightened by the color of their skin or may make derogatory comments toward them. African Americans recognize that white people hold the power to call the police if they feel threatened. To minimize the risks of these everyday ordinary experiences, African Americans may find themselves consciously or subconsciously monitoring how they look and behave to continuously present as nonthreatening to white people.

Racism Benefits White People

Racism benefits the dominant group (white Americans); thus, there is little incentive to eradicate it. The invisible benefits of racism for those who are perceived to be white were highlighted by McIntosh (1989) and labeled "white privilege." The other side of "racism" is the common dispensation for those in the dominant culture. White Americans fully expect and are many times unaware that they can walk into a store without fear of how strangers treat them. There are examples of strong white men and women who have or reported to have pulled themselves up by their bootstraps and found success. Compound these daily experiences by multiplying this dynamic into every aspect of an African American person's life. Although each instance of advantage for the dominant culture may seem trivial, the cumulative daily barrage constantly experienced by African Americans adds an aspect of life that is exhausting.

One of the more visible and tangible ways racism benefits white Americans is in the workforce. It is common for African American applicants, whose resume was received with enthusiasm, to be told the job was already filled upon attending the face-to-face interview. Employed African Americans are often paid less than their white counterparts; their talents and accomplishments often go unnoticed, and many feel supervisors and colleagues see only the color of their skin, monitoring their work details more closely and requiring more reports than are requested of white employees; overall, their work is more scrutinized (Caver & Livers, 2002). These high-stress environments are not conducive to success with practical implications for what African Americans can accomplish. The result is an increase in the social and economic power for white people and the impoverished worn-out subordination of African Americans.

Race Is Socially Constructed

Race is not genetic or biological. There are no DNA markers or anthropological evidence that can identify the race of a person. Rather, the concept of race has been defined as "a socially constructed category, created to differentiate racial groups and show the superiority or dominance of one race (typically whites) over others" (Solórzano, Ceja, & Yosso, 2000, p. 61). Interestingly, the Office of Management and Budget is the department that develops the guidelines for the race data collected through the US Census Bureau, not related to health or science. The essentialist view prevalent when African people were brought to the United States and sold as slaves to white people was that race was based on physical characteristics. However, with no physiological basis, there is not a consensus on how to define the construct of race.

Intersectionality

Intersectionality can be described as the anti-essentialist belief that people have a multitude of identities that converge, overlap, influence, and intersect each other. Crenshaw (1989) first used the term intersectionality to describe the lived experiences of multiple forms of discrimination that intersect for women of color. The complex concept of intersectionality can be described as experiences of multiple subordinations, cultural patterns of discrimination, and oppression based on how multiple identities combine. To fully understand intersectionality, it is important to explore the systemic social and political biases and preferences toward each of the identities and then evaluate how each exponentially compounds the others considering the entwined power dynamics. The result is a unique experience of discrimination and subordination. For example, on average, women make less money than men in the workplace. Also, on average, people of color make less than those who are perceived to be white. Applying intersecting identities on an earned wage continuum would most likely be ordered white male, African American male, white female, and African American female, simply based on gender and skin color.

Other categories are now included such as culture, nationality, age, and sexual orientation (Marecek, 2016). Thus, an African American lesbian Muslim woman will feel a unique type of oppression and discrimination compared to those who have fewer of those intersecting identities. Intersectionality is a concept and a lens that can be used to contextualize the experiences of African Americans, considering the social and political preferences of multiple identities, impacting their mental health and well-being.

Voices of Color

The CRT concept of "voices of color" can be compared to the cognitive psychology heuristic exercise of the Johari window containing four rooms representing four parts of self: what we see, what we knowingly hide, what others see, and the unconscious which no one sees. The voices of color concept highlights African Americans' unique alternate experiences engaging in the systems of oppression. These perspectives hold knowledge and awareness that are incomprehensible for white Americans. To this point, African American voices are uniquely positioned as experts to communicate matters whites are less likely to recognize or understand.

Integration of CRT in African American Mental Health

Although CRT originated to address inequities within the US legal system, conceptually it can be applied across cultures and disciplines. The tenets within CRT have been used in communication, education, political science, sociology, and public health. In education, color blindness can be examined within instructor pedagogy, student learning, and the curriculum. In mental health, CRT can be used as an analytical tool to identify forms of inequality and connections to the interlocking systems of oppression (Rosenthal, 2016). Specific to counseling, the integration of CRT can inform clinical conceptualizations to contextualize African American mental health issues (Vereen et al., 2020). In turn, clinical interventions grounded in strategies integrating CRT can validate experiences and provide space for the sharing and normalizing of oppression experiences to improve African American mental health.

Practical Strategies for Improving African American Mental Health

When experiencing stressors, identifying the mental health supports available to African Americans is extremely important (Hood et al., 2017). Haynes et al. (2017) evaluated the mental health needs of persons of color and identified three broad types of beneficial interventions: (1) providing social support, (2) improving mental health literacy, and (3) promoting emotional wellness. Further research supported these findings and found benefits in promoting these areas for African Americans (Oliver et al., 2017; Jung et al., 2017; Hood et al., 2017).

Social Support

Social support critically influences mental health. Wright (2016) and Edwards (2009) further indicated social support within the African American community reinforces mental and psychological well-being. A strong social community, in which people of color have high social support and high social connectedness, has been shown to lessen depressive symptoms (Holt et al., 2017) and may likely be a protective factor against depression (Lincoln et al., 2005; Lindsey et al., 2010). Similarly, church-based emotional support has protective mental health benefits and functions as a stress buffer for African American adults who experience serious mental health issues (Nguyen et al., 2017). Significant preventative and interventional actions may not only help to improve the mental health of African Americans, but they also may keep them at bay.

Mental Health Literacy

When considering the type of strategies needed to improve the mental health of African Americans, one must consider the importance and impact of education. Mental health literacy is a crucial factor in mental health care (Jung et al., 2017) and is essential in the African American community (Hood et al., 2017). Research suggests increasing mental health awareness through education can be considered the first step toward positive change (Haynes et al., 2017). Jorm (2000) defined mental health literacy as "knowledge and beliefs about mental disorders which aid in their recognition, management, or prevention" (p. 396). As is the case with all things, the more educated one becomes, the more they are armed for success, increased awareness, and improved behavior. Despite this, there is a lack of standardization of instruments used to support the education related to mental health, and many tools have limited cultural representation (Jung et al., 2017). With that being said, Jung et al. (2017) identified four methods that may serve to be valuable in educating African Americans about mental health: (1) case vignette, (2) multiple-choice tests, (3) survey questionnaires, and (4) scales. If applied in culturally relevant terms, these tools may help people of color better understand and treat their mental health which may prevent some problems and arrest others before they reach a point where they are exacerbated.

Emotional Wellness

Preventative maintenance of mental health may be another good approach to support the emotional wellness of African Americans. This will be successful if systems are put in place to educate and support the holistic health needs of this group before the need arises for them to seek support for their mental health needs. This may be done in a variety of ways. Emotional wellness is an important component of a healthy lifestyle and is seen as crucial (Oliver et al., 2017). How this looks may vary, as there are several contributing factors associated with emotional wellness. The impact of stress and coping is often used to assess one's level of emotional wellness (Howard, 2008). For example, we are aware the body does not know how to decipher what type of stress one may be undergoing. Stress is stress whether it is because of an impending marriage or the inability to pay one's bills on time. Therefore, supporting the African American community with ways to healthily deal with stressful life events, regardless of what they are, will support their emotional wellness. This may mean educating African Americans about breathing exercises when feeling overwhelmed, speaking about the importance of incorporating walks into the day where they are off the phone, and not listening to music but instead engaging with nature and expelling their mind of life stressors. Additional things to be taught include journaling as a way of processing thoughts and feelings, normalizing the importance of crying as a source of release, and seeking professional

support before things "get out of control." In a study by Oliver et al. (2017), race was shown to be an influential factor of wellness and subsequent well-being, and African Americans demonstrated greater tendencies for coping with stress in a highly adaptive manner.

Conclusion

In this chapter, we have reviewed the current literature on African American mental health and introduced an integration of Critical Race Theory, while outlining practical strategies for improving African American mental health. This population is severely underserved in the area of mental health, and there is a plethora of reasons why this is the case. To support African Americans, advocacy is needed. Advocating for enhanced supports, greater education, and increased access will shift the trajectory of the mental health needs of this group of people.

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Chapter 14
Treatment Strategies and Healing Related to African American Mental Health

Victoria D. Austin

When working with individuals and families in the African American community, it is vital to help professionals understand how race and culture lead to shared and varying experiences within this population. Race is defined as having origins with a particular group, and culture is defined as one's race, ethnicity, gender, affectional orientation, socioeconomic status, ability status, and religious affiliation. Culture also relates to one's family values, worldviews, belief systems, community norms, and practices (Hays & Erford, 2018). Understanding some of the shared cultural norms and experiences while using an intersectional framework that considers each person's unique identities strengthens the helper's ability to have a foundational understanding of a client's community while addressing their individual concerns. For example, each individual's experience varies based on their upbringing and background. However, the African American community as a whole may face varying barriers to treatment such as social inequalities, low representation in the mental health field, lack of awareness about mental illness, and stigma when seeking support (Gary, 2005; Haynes et al., 2017; National Alliance on Mental Health [NAMI], n.d.).

Nearly 46 million American people identify as either African or Black American (Centers for Disease Control and Prevention [CDC], 2019). Historically, African Americans have faced a disproportional amount of challenges and adversity, ranging from slavery, racial inequalities, discrimination, and white supremacy (Mental Health America [MHA], n.d.). These challenges have left a negative and impactful mark on the African American community as a whole, and, even with progress, they are still significantly behind the majority population. Additionally, they regularly battle negative stereotypes and both micro- and macroaggressions in daily life. All of these components can harm their mental and emotional health.

V. D. Austin (✉)
Southern New Hampshire University, Manchester, NH, USA
e-mail: v.austin1@snhu.edu

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Researchers found that one's mental and emotional needs are not regularly discussed among families, leading to individuals suffering in silence (NAMI, n.d.). African Americans often are hesitant around trusting medical or mental health clinicians due to concerns regarding cultural competence and fear that they will be labeled as "crazy" or weak (Conner et al., 2010). If and when members of the African American community seek treatment, it is often with someone of the same race because they believe that due to similar cultural experiences, individuals may have a better understanding of who they are. However, because of lack of African American representation in mental health professions, this can pose a challenge to those seeking treatment. It is crucial for anyone in the mental health field to prepare themselves for the mistrust that African Americans may have in seeking out support and to be cognizant of how being culturally competent is vital when working with this population (American Psychiatric Association [APA], 2017). Lastly, it is essential to note the lack of access to quality care, and general knowledge of what to look for also plays a significant part in mental health treatment. Advocacy is strongly needed with African Americans because they are more likely to display and report signs of depression compared to their white adult counterparts (Gary, 2005).

Considerations

African American Men and Women

One of the core necessities needed when working with African American men and women is a strong therapeutic alliance because of society and familial pressures foisted on them to carry so much on their own (Shorter-Gooden, 2009). Allowing both groups the ability to express themselves without holding prejudgments is critical. Due to negative images and stereotypes of African American men and women, helpers will want to ensure that they are aware of their own potential biases. Another consideration is a term created by A. J. Franklin (2004) called the "invisibility syndrome," which is when African Americans internalize the idea that they are undeserving or unworthy. This can result in feeling rejected and dismissed in society, which can lead to substance abuse, headaches, internalized anger, and depression for African American men (Franklin, 2004). On the other hand, a helper may want to recognize how multi-invisibility negatively impacts African American women's experiences within their community and in the United States as well as their view of themselves (Helms, 2017).

African American LGBTQI+ Community Affectional Orientation

Four primary focuses come to mind when considering the intersecting idea of being African American and a member of the LGBTQI+. Community clinicians want to be mindful of these areas: "increased racism and heterosexism, masculinity and stigma, issues surrounding HIV, and the role of the Black church" (Ginicola et al., 2017). Within the African American community, there is still a stigma around acceptance of LGBTQI+ issues. The role racism already may have, combined with internalized homophobia or another element of exclusion, may hurt one's mental health (Ginicola et al., 2017). The current representation of Black masculinity may present challenges for African American men who have sex with men to be open in a clinical setting. Statistics show that they are at a greater risk of anxiety, substance abuse, violence, and depression (Ginicola et al., 2017). Some researchers believe that lack of support and the representation of Black masculinity may contribute in part to high rates of HIV among African American gay and bisexual men (Lapinski et al., 2010). Lastly, the historical role of the Black church in the damnation and condemning of this group may present internal religious conflict. It can present feelings of loneliness and rejection, which may hurt how they view themselves and their overall mental health.

African American Children

African American children's concerns ultimately relate to their environment and socioeconomic status. Children in inner cities may face lower incomes, limited access to resources, drugs, violence, and more risks (Bounds et al., 2018). In contrast, children in middle-class homes may experience isolation and pressures of not being "Black enough" or feel that they have to code-switch to be accepted by their peers (Day-Vines et al., 2003). They may experience negative stereotypes and struggle with their racial identity. Additionally, they both may face the same challenges with racism and microaggressions in classroom settings. Understanding their unique concerns will help professionals support their natural developmental process while considering the varying struggles they may experience vis-à-vis their white counterparts.

Socioeconomic Status

When working with African American clients, it is vital to consider the population's socioeconomic status (SES). One of the most significant challenges to understanding the African American community's differing needs as it relates to SES is the rare

research that explores middle- and upper-class African Americans. According to the US Census Bureau (2011), more than one-third of African Americans identify as middle class. However, research and literature seem to present a homogeneous view of African Americans. In some cases, there may be a stereotypical view of African Americans as being uneducated and in the low SES. As a result, it may minimize the unique experiences of this population. It can potentially present internal challenges of shame, isolation, and guilt because there is little discussion around their upper- and middle-class experiences (Day-Vines et al., 2003).

Theoretical Strategies, Approaches, and Interventions

Multicultural Counseling

The use of multicultural counseling assists clients with being supported, but it also challenges clinicians to explore their own biases and blockages (Sue & Sue, 2013). It promotes helping professionals to acknowledge and discuss culture, oppression, racism, and the lived experiences of those who are marginalized in society. The use of this approach emphasizes the accountability of the counselors' side to reflect on their backgrounds and how their viewpoints could potentially impact the therapeutic alliance. When counselors are sensitive, seek to understand, and are empathetic, then their clients feel seen and heard. Additionally, if they can explore their ideologies and educate themselves toward other's experiences, it creates a strong bond. Some interventions often used with this approach are regularly participating in self-awareness activities to self-reflect, educating oneself about other's cultures, and broaching topics on race, religion, sexism, and affectional orientation with clients. Establishing an open, equal, and authentic relationship early on will help support African American clients (Sue & Sue, 2013). Additionally, focusing on the client's strengths and advocacy and understanding how external factors may be contributing to the client's mental health are strong components to consider. The main limitation of multicultural counseling can occasionally be the overgeneralization or stereotyping made about different groups when discussing how to meet certain populations' needs.

Person-Centered Therapy

Person-centered therapy is often used with African American populations because Carl Rogers believed in having unconditional positive regard toward all clients (Rogers, 1951). The core goal of this theory is to work toward self-actualization. According to Hamilton (2016), it can support marginalized clients because the helper is focused on leading with empathy and understanding the client's

worldview. Since this method encourages counselors to see the client as the expert of their own lives, it promotes a sense of safety for the client. Using elements of this theoretical orientation may be beneficial when building rapport since it focuses on the counselor and client being equals. However, integration of multiculturalism still needs to be integrated in this approach in order to consider culture, discrimination, and racism.

Cognitive Behavioral Therapy (CBT)

This form of therapy is used with a variety of issues and populations of African Americans. Since CBT focuses on identifying cognitive distortions and negative thoughts, it can help the client reshape these messages throughout their life by empowering the client to challenge these messages and see their strengths. According to Kelly (2006), this form of therapy reinforces a collaborative relationship with the client and helper because ultimately the client is the expert of their own lives. This form of therapy is often used with African American teens and substance abuse clients. The psychoeducational teaching component of CBT can also help provide clients with structured activities that help them work toward their goal (Kelly, 2006). However, the limitations of this theory are its historical Eurocentric biases, which can devalue the importance of family, community, and spirituality based on its scientific nature (Kelly, 2006).

Narrative Therapy

Narrative therapy can be effective with African American clients because it uses stories to describe their human experiences (Semmler & Williams, 2000). Narrative therapy helps clients express who they are, how they developed into who they are, and who they want to be. At the same time, they are empowered to rewrite their stories and create new meanings for those stories. It can assist clients to develop healthy racial identities, reduce negative internalized stereotypes, and increase awareness around the role culture, ethnicity, and race play in their lives (Semmler & Williams, 2000). Additionally, it allows them the space to express themselves openly, seperate who they are from their presenting issue, and redefine labels placed on them by society (American Psychiatric Association, 2019).

Trauma-Informed Care

According to Ranjbar, Erb, Mohammad, and Moreno (2020), "trauma-informed care is a strength-based approach to caring for individuals mindfully, with compassion and clarity regarding boundaries and expectations, to avoid unintentionally triggering a trauma or stress response." Trauma-informed care seeks to ask more sensitive questions related to a person's past and explore all incidents of trauma. It also seeks to help clients become aware of traumatic experiences that they already faced. When working with African Americans, it is necessary to use culturally informed screening and assessment tools related to trauma. It is also a best practice for helpers to consider traumatic experiences such as race-based trauma or other cultural experiences when considering a diagnosis for a trauma-related disorder (American Psychiatric Association, 2019). Understanding what has happened to a client will not only strengthen the rapport between a helper and client, but it will also provide the helper with more context around how a person behaves and functions in his or her daily life.

Solution-Focused Therapy

When considering some of the common barriers to treatment for African American clients, utilizing solution-focused brief therapy may be very useful. According to SAMSHA (2014), African American clients struggle with therapy and seek a more goal-oriented experience. Some African American clients may not have the means or access to resources that would allow them to participate in longer forms of therapy. Using solution-focused therapy allows clients to collaborate with helpers on their goals and support their desire for change. It focuses on the client's strengths, which builds a strong therapeutic alliance between the helper and the client. This form of therapy was proven effective with families and clients from the lower socioeconomic groups (Miller et al., 2018).

Spiritually Integrated Counseling

Incorporating spirituality and church in the counseling process may be vital in reaching African American clients. Nearly 80% of African Americans report religion as important (Pew Research Center, 2018). In many ways, God is often seen as a coping strategy from which African American clients pull strength. It is vital that helping professionals are willing to explore and incorporate spiritual or faith-based interventions when working with African American clients. Also, it would be beneficial for them to identify the Black church's cultural elements, while being aware that some clients may practice a different faith or none at all. It may be beneficial

for helping professionals to seek support and connect with local churches to advocate for their clients' needs. By doing this, helpers may be able to build rapport with clients themselves and the community as a whole (Avent & Cashwell, 2014). It may also be useful to consider one's spirituality and faith when conceptualizing a client's background and creating treatment plans. The more ways mental health professionals bridge the gap between cultural elements of the African American community, the more they can address issues surrounding stigma and promote a healthy view of mental health treatment.

Culturally Appropriate Intervention Strategies

Many varying culturally appropriate interventions and frameworks could be covered in this section, such as Black feminism theory, critical race theory, intersectionality, and Afrocentric approaches. However, this section's focus is to explore the multicultural components of both the H.E.R.S. and H.I.S. models because they focus on the consistent cultural considerations that are relevant when working with African American clients.

H.E.R.S. Model/H.I.S. Model

The H.E.R.S. (History, Empowerment, Rapport, and Spirituality) model was created due to multiple themes reported by African American women in counseling (Moore & Madison-Colmore, 2005). It is a blend of Emergent, Afrocentric, Integrated Feminist, and Psychodynamic models to capture a holistic framework for appropriately meeting the needs of African American women (Moore & Madison-Colmore, 2005). It consists of four steps: (1) gathering information about one's cultural history (Moore & Maidson-Colmore, 2005). Using various activities to collect this information, one example of this is utilizing a cultural-spiritual genogram, which would explore the client's family of origin and how that specifically relates to their cultural history and spirituality. The next step is (2) empowerment, finding techniques and interventions through the use of narrative therapy, motivational interviewing, and community engagement to reinforce that African Americans can reclaim their power. Also, this provides them with a place to be vulnerable when adequately supported. The next step is (3) the rapport building. As mentioned earlier in this chapter, the foundation of a healthy counseling outcome is directly related to the therapeutic alliance. Building a strong foundation of trust reinforces safety and encourages African American women to be their authentic selves. The final step of this model is (4) incorporating spirituality into the session. Historically, African Americans have a deep connection to religion; however, not all clients may want this in their treatment planning. It is beneficial to explore and discuss this with clients to determine if it can be another strength source.

The H.I.S. (History, Identity, and Spirituality) model shares many similarities to the H.E.R.S. model and consists of a three-step approach (Madison-Colmore & Moore, 2002). The first step focuses on developing a strong understanding and foundation regarding the client's cultural history. In addition to using a cultural genogram, exploration and attendance at various continuing education seminars can enhance one's cultural understanding of this population. The second step is identity, which is where the counselor would identify an appropriate identity model to use with the client and explore some of the following questions: (1) what stage is the client in and "how" and "why" they believe that they are in this stage; (2) how the client wants to move forward as it relates to the identified identity model; and (3) creating a treatment plan that would incorporate the client's identified goals (Madison-Colmore & Moore, 2002). The last step of this model includes spirituality, which is important to at least discuss and explore with the client on whether or not they want this to be included in their treatment planning. These models can easily be incorporated and used with other theoretical orientations when assessing and creating treatment planning. However, since they are conceptual frameworks, a guiding theory will need to be utilized in collaboration with this model. There is limited research that explores this model's effectiveness with African American clients; however, the consistent theme of both these models is the need to treat African American clients holistically with an emphasis on their culture and unique experiences.

Discussion

Although this chapter explored considerations for working with various individuals within the African American community, there are three identified themes to consider, which are limited research on the use of particular interventions/approaches, intersectionality, and treating clients holistically with an emphasis on culture. There is a growing body of research and advocacy for moving away from how to work with African American populations to using various cultural frameworks integrated with specific approaches. Exploring the group's overarching culture as a whole while centering on the intersecting identities and experiences of potential African American clients may be the best way to meet their needs. Continued research on various SES, LGBTQI populations, and couples may also enhance one's understanding of some of the major themes within the African American population. It may also reduce stereotyping and improve counselor awareness and care. When working with African Americans, the foundational components are awareness of culture, acknowledgement of racism, discussion around spirituality, and building a strong therapeutic alliance. Ensuring that these components are addressed while incorporating appropriate interventions can lead to successful African American mental health outcomes.

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Epilogue: Where Do We Go from Here?

Each year, millions of people in the United States experience a mental health condition. Mental illness impacts the lives of family, loved ones, friends, and coworkers. Impact of mental illness on African Americans and the practical and strategic solutions to barriers, needs, and challenges were practically laid out in this volume. My colleagues have highlighted salient points in the 14 chapters that capture the essence of our time. Injustices against African Americans have persisted throughout all the years of American history. The question that therefore comes to mind is: "Where do we go from here?" African Americans need to heal. This healing can only come with positive participation from all and sundry. This healing can start from knowledge of self and family within the African American community, help and assistance from healers (in this case, physical, psychological, and spiritual healers), help and assistance from all the powers that be, and societal involvement and sensitivity to the mental health needs of African Americans – yes, sensitivity and assistance from all including the police and local and federal arms of government.

What Can Act as Impediments for African Americans In Need of Mental Health Care?

Stereotyping, biases, discrimination, and uncertainties on the part of healthcare providers can contribute to unequal treatment for African Americans. Inadequate training and wrong perception of African Americans by providers also can hinder access to quality health care for this group. Barriers of language, geographical location, and lack of cultural familiarity can act as impediments. Cultural mistrust is a factor that deters African Americans from seeking mental health care. Lack of empathy and respect and not paying particular attention to how to pronounce names properly and understand the language of African Americans can act as further impediments. Clinicians' subscription to color-blindness and other approaches that ignore or

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minimize the unique differences that African Americans bring to counseling can perpetuate racism, discrimination, and oppression. Environments and location of providers also can act as a deterrent to African Americans in their access to health care. Financial and institutional arrangements of health systems can also be a barrier in accessing health care for African Americans. The perception of African Americans by healthcare providers can act as a great barrier in their interactions with this population. Lack of African Americans' knowledge about their rights and privileges regarding general care can impede their access to health care. Underrepresentation of African American professionals and practitioners within the healthcare system can be a deterrent for African Americans to seek help. Stigma associated with mental illness among African Americans also has been a great impediment to perception and healing for this group. Shame in professing the needs for mental health support also has acted as a roadblock to pursuing and finding healing. African Americans' pressing needs to take care of more pressing social, physical, economical, and emotional needs usually also negate the cost of attending to their mental health needs. Lack of initiatives to recognize and manage symptoms associated with psychological conditions can act as an impediment to holistic health among African Americans.

Improvements We Can Make

The foundational problems that need resolution are fundamentally rooted within American society. Edna Bonacich (1992) pointed out that "the gross inequalities that characterize American society are multiplied when race and ethnicity are entered into the equation." Bonacich continued by reiterating that "racial minorities, especially Blacks, Latinos and Native Americans, tend to be seriously overrepresented at the bottom of the scale in terms of any measure of material well-being" (Andersen & Collins, 1992, page 101). The question that comes to mind is: How can the above problems be resolved? Since this present volume is directed at African American mental health, we will briefly discuss conclusively, after perusing all that my colleagues have reiterated, how these problems can be resolved.

Since we as clinicians interact with African Americans, the solution can start with all of us. The first point that comes to mind is integrating cross-cultural curricula early in training and throughout training for healthcare providers and also encouraging continuing education on the culture and care of minorities, especially African Americans, for these providers. Providing cultural competency in all curricula within clinicians' training is of paramount importance.

Educating African Americans about their rights to care, access to mental health care, and in understanding and actively taking part in clinical decision-making are also key. Clinicians should include their African American clients in goal-setting discussions during and after therapy. Federal and state governments should work on disparities that are currently present in health care especially as it pertains to African Americans. Community leaders should advocate for laws and policies that will provide equitable access to mental health treatment for African Americans.

Health insurance companies need to be educated about how to treat African American consumers. All stakeholders that interact with African Americans within the mental health field should recognize African Americans first as human beings before their problems and not look at them as individuals with a different color of skin. Mental health clinicians should avoid revictimization, which can be evident through racism, bias, discrimination, and dehumanization that consequently lead to hurts among African Americans. This is very important because of a history of approximately 400 years of slavery and ongoing racism and discrimination prevalent towards African Americans by some among the majority White population.

Mental health clinicians and physicians need to have positive interpersonal skills such as empathy, compassion, trustworthiness, sincerity, respect, and genuine caring for their African American clients and patients because people don't care how much you know until they see how much you care. They should avoid generalizing when relating to African American patients and clients in therapy and care because to treat everyone the same is discrimination. Respect your clients and patients. Be an advocate, empower, educate, love, respect, and encourage your African American patients and clients. Mental health clinicians and physicians should be trained to understand the general and unique culture and worldviews of their African American clients since success eventually will come only from understanding their clients' cultures (Adekson, 2018a, b). Culturally specific and culturally responsive tools and intervention strategies and techniques must be entwined into counseling, psychology, social work, and medical curriculum to bring about the desired change in the future clinicians' interactions with their future clients and families. Mental health clinicians also should be taught theories that would be suitable for their African American clients. Clinicians should ask questions about African American culture. Since African Americans are the experts on their culture, the answers should come directly from them. This can be successfully attained when clinicians have self-knowledge and gain cultural awareness. When clinicians know who they are and are comfortable with their own skins, they are halfway to gaining insight into the personhood of their clients and their families and will feel comfortable working with their African American clients. Clinicians should be sensitive to how their culture affects how they behave with their African American clients and patients. Clinicians from privileged backgrounds must be willing to acknowledge their personal biases and attitudes with self-investigation and inwardly deal with the discomfort that comes with this deep personal self-examination. They should be cognizant of their preconceived notions, fears, biases, discrimination tendencies, discriminatory behaviors, stigma, superstitions, prejudices, stereotypes, and beliefs that might impede their working with African American clients and patients. This is especially true in the case of clinicians from the dominant American culture. Clinicians should evaluate how their African American clients perceive themselves vis-à-vis the dominant culture. Know and ask yourself as a mental health or medical clinician: How do I view an African American man or woman? Ask yourself as a clinician: "What are my fears and preconceived notions about African Americans in general from observing stories in the media or from discussions around the dinner table?" Clinicians should be allowed to express and process these fears, biases, prejudices,

and others in the discussions during multicultural classes before they graduate and venture out to counsel and treat African American patients and clients. Clinicians should work hard not to repeat norms and attitudes that are prevalent against African Americans within the general population. Mental health professionals need to be specific and intentional regarding the inclusion of race and racism and their repercussions when treating African American clients. Clinicians should be trained to identify race-based trauma among African Americans. They should mind their language and employ social justice interventions when interacting with African Americans. They should be careful about their choice of words and nonverbal language towards African American clients or patients in counseling and treatment. They also should learn to pronounce their clients' names correctly. They can do this through practice and by asking their clients to take the lead in helping them as they learn different names. Clinicians should recognize the negative impact of microaggressions, microinvalidations, and microinsults during and outside therapy and care. Clinicians should prepare, read, research, and attend continuing education workshops and conferences to gain adequate and up-to-date understanding of their African American clients and patients. Clinicians should refer their African American clients to the African American clinicians who possess the experience and expertise when appropriate and also consult these experienced professionals where applicable to ask questions and obtain answers about this population. They also should locate appropriate role models for their African American patients and clients within and outside their communities. Encourage your African American clients and patients to discuss stressors, anxiety, and emotional points of view related to being an African American in the United States. Professionals need to earn and gain the trust of African Americans in order to help eradicate the notion of being used as "guinea pigs" or "scapegoats" in clinical trials and studies with the likes of the Tuskegee, Alabama syphilis experiment between 1932 and 1972 by the US Public Health Service. Discussions about treating African Americans as human beings should not be left out during clinical visits. These discussions will help enhance the humanness of this population that has been treated most of the time as "less than" within US society. Respect your African Americans as unique human beings.

Clinicians should be fair and discuss the appropriateness of diagnosis and medication because most of the time African Americans are misdiagnosed more often than Whites. They should involve African American clients in the therapeutic and clinical decision-making and encourage them to make decisions for themselves. Tools that allow African Americans to interject their voices into treatment and recovery will go a long way in alleviating the current state of affairs regarding African Americans and their mental health. This avenue also will help decrease "misdiagnosis" that currently prevails in the mental health field among some clinicians. Since, according to so many past authors, African Americans prefer "higher use of treatment alternatives," mental health clinicians need to refer to or collaborate with pastors, traditional healers, or other alternative health providers when working with this population to enhance positive mental health. Clinicians should take a clue from this point and work closely with African American pastors (or other alternative

healers) in alleviating the mental health and physical health worries and problems of this population. Provision of peer-led, work-led, family-led support will aid African Americans' quest towards wholeness. As I pointed out earlier, educating African Americans about their rights to care, access to care, and in navigating critical decision-making during their treatment will encourage them to seek care when necessary. Encourage African Americans to make decisions regarding treatment for themselves with the clinicians' encouragement and help to build trust within the relationship. Clinicians should ensure that their office spaces are positioned in an environment where African Americans can visit without feeling the stigma associated with having a mental health issue. For example, offices that are located in a general space that houses other major health clinics will make for comfortable, non-suspicious, and non-conspicuous visits. Federal and state governments should work on improving the present disparities that prevail for African Americans vis-à-vis Whites and help pass the necessary laws that will ensure equality of health care for all in the United States. Stakeholders in health insurance companies need to be educated about how to treat African Americans as their consumers with utmost respect.

There should be accountability in the unjust and inhumane way that the police react and interact with African Americans and towards those who have a mental health diagnosis. Adequate training should be given to the police on how to handle and respond to calls relating to mental health crises. The use of force in these situations should never be the first response. Trained clinicians should work closely with law enforcement officers to educate them and to dispel the use of force and killing of innocent African Americans and those who have mental health crises. Mandated national training should be enforced for all stakeholders that interact with this population to ensure the de-escalation of mental health crises within African American communities. Special care should be given to the mental health needs of African American males and females in prisons and after they have served their terms and are out of prisons and jails. Members of the African American community and leaders can help encourage rather than double-stigmatize those who fall within this group. Probation officers should work closely to assist African Americans with mental illness who are on probation and transitioning into the community. Clinicians must be knowledgeable about how public policy affects African Americans, especially current and proposed mental health policies that affect this population.

So, What Works and How Can We Move Forward?

It is imperative to note that despite all the negatives of why African Americans have not been successful in therapy and have not had positive mental health treatment strategies within American health systems, there are positives prevalent within this population. African Americans have had emotional resilience that comes from family togetherness and cooperation and also from spiritual lifestyle and belief in God Almighty. These aforementioned positives are foundational to why African Americans are still standing strong and tall today, despite the problems discussed

earlier in all the chapters. It is, therefore, important for professionals working with African American clients to take excellent note of this important fact throughout therapy sessions as forms of encouragement. In addition to all the recommendations cited earlier in this piece and in Adekson's (2018b) article, professionals and all those who work with African Americans on their mental health should have a daily soul search about how they view this population. As a counselor educator I taught my students to be sensitive to both the verbal and nonverbal cues of African Americans and to ask questions when they are unsure. Understanding that we are all human beings is basic to the success of helping to make life easy for others that we come across in our daily endeavors. Interact with your African American patients and clients as a way of building trust and enhancing human dignity. Clinicians should adhere to their professional code of ethics as they interact with and treat and work with this population. African Americans should be encouraged to perceive mental health issues as they would with physical ailments. They should be educated that the disease of the brain is not different from the disease of the other organs of the body. Therefore, looking at mental health problems from this perspective will decrease the stigma that is currently prevalent within this population. Lack of knowledge of treatment options and shame in needing and seeking mental health support about mental health challenges are some of these stigma-depicted attitudes. This form of education should come from the pulpits of African American churches and from providers too. Students in counseling, social work, psychology, psychiatry, and medical schools should be imbued with this fact in all their courses. This is because the stigma associated with having a mental health condition is a big part of why African Americans do not seek treatment and help from professionals. Most of them prefer to go to the emergency room when they have a mental health crisis. If professionals and all those who relate to African Americans take cognizance of this simple but important fact, the stigma currently associated with mental health problems will be reduced considerably. My colleagues articulated different ways that stigma can be minimized or totally eradicated in the African American community in this contributed volume. Education is key, as I mentioned earlier. Positively interacting with African Americans as human beings who are of worth will encourage them to seek therapy and open up about their mental health needs to their physicians and mental health professionals. Community initiatives that involve prominent people including pastors and spiritual leaders should be galvanized to ensure active involvement that will educate African Americans against the stigma and the "black label" that has been the norm that corrodes people who are living with mental illness. Emphasis should be placed on the positives that pervade the human family including African Americans who have been able to live successfully with mental illness. Prominent African Americans should advocate for adequate and uplifting mental health services that encourage individuals within their community struggling with mental illness. Important discussions shaping public and community and government policies vis-à-vis African Americans and mental illness are seriously called for now. It is noteworthy that the National Alliance on Mental Illness, dedicated to building better lives for millions of people with mental illness, has spearheaded a special focus for the needs of people of color within their organization.

There is a need to initiate programs geared towards prevention and holistic wellness to decrease the prevalence of mental disorders among African Americans. An increase in education initiatives to better manage and recognize symptoms associated with psychological conditions would aid a more wellness- and preventative-focused approach. These initiatives will foster empowerment within the African American community. Therefore, community-based preventive measures based on a paradigm that emphasizes holistic health will shift the focus from illness to wellness.

If we take cognizance of all of these suggestions and all of the recommendations that my colleagues advocated, life will become more bearable for African Americans currently living with mental illness. I am optimistic we can make life worth living for the present and future populations of African Americans living with mental illness and, therefore, make our ancestors proud.

Mary Olufunmilayo Adekson
Lynchburg, VA, USA

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