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Race Differences in Professional Help Seeking[1]

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Using data from two national surveys, findings from this research indicated that blacks were more likely than whites to seek help from mental health professionals, particularly for economic and physical health problems. Blacks also sought help more often than whites from other sources of professional help, such as teachers, lawyers, social workers and emergency rooms. On the other hand, whites were more likely to seek help from medical sources for all types of problems, and from clergy members.

Research on professional help seeking has consistently shown that people seeking professional help for personal problems have sociocultural characteristics that differ in important ways from those who do not seek professional help (Greenley & Mechanic, 1976; Kessler, Brown, & Broman, 1981; Veroff, Kulka, & Douvan, 1981b). This research has documented the role of age, sex, and socioeconomic factors in patterns of professional help seeking. Studies have shown income to be declining in significance in professional help seeking (Kulka, Veroff, & Douvan, 1979), whereas age, sex, and education have been shown to be important predictors of professional help seeking (Greenley & Mechanic, 1976; Hibbard & Pope, 1983; Kulka et al., 1979; Veroff et al., 1981b). However, the evidence regarding other sociocultural factors in professional help seeking, such as race, is far from clear. Race

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has been argued to be an important factor in professional help seeking (Snowden, 1982), yet, despite a great deal of research, the issue remains unresolved. In an attempt to address the issue, this study used two national data sets to examine race differences in professional help seeking.

It is not clear from previous research whether blacks or whites were more likely to seek professional help, or whether race was a significant factor in professional help seeking at all. Some studies have shown that blacks were more likely than whites to seek professional help (Berkanovic & Reeder, 1973; Huffine & Craig, 1974; Kramer, Rosen, & Willis, 1973), whereas other studies have found the opposite (Brown, 1978; Rosenblatt & Mayer, 1972; Wolinsky, 1982). Still other studies have found race totally unimportant as a factor in professional help seeking (Berkanovic, Telesky, & Reeder, 1981; Marcus & Siegel, 1982; Wolinsky, 1978).

Previous studies also have important limitations which temper their conclusions. Many studies are based on small numbers of blacks (Berkanovic & Reeder, 1973; Brown, 1978; Huffine & Craig, 1974), some used nonrandom samples (Rosenblatt & Mayer, 1972), and most failed to study important factors in the relationship between race and professional help seeking. Perhaps the most important factors are the level of psychological distress and problem type. Evidence suggests that the level of psychological distress is a key predictor of professional help seeking (Kessler et al., 1981; Yokopenic, Clark, & Aneshensel, 1983). Further evidence suggests that professional help seeking in response to different levels of psychological distress varies across different ethnic and cultural groups (Mechanic, 1982). The response to different types of problems may also vary by race. For example, race does not seem to be significant in seeking help for physical health problems (Berkanovic et al., 1981), but it may be important in help seeking for economic and mental health problems (Stack, 1974; Warren, 1981). Both level of distress and problem type may have important effects on professional help seeking patterns across race, yet these relationships have not been studied.

Another issue that has not been studied is help seeking from specific professional sources. Previous research suggested that blacks may differ from whites in their use of specific professional sources because of attitudinal and cultural factors. For example, previous literature argued that blacks and the poor underutilize medical services because they hold negative and nonprofessional health orientations (Dutton, 1978; Rundall & Wheeler, 1979). On the other hand, blacks may be more likely to consult clergymen, owing to the historical importance of the black church for the survival of blacks (Frazier, 1963). In fact, previous research has shown that blacks were more likely than whites to seek help from members of the clergy (Warren, 1981). In summary, cultural preferences for seeking help from particular professional sources may exist, and these preferences may influence actual patterns of race differences in help seeking from specific professionals.

The limitations and conflicting nature of previous research prohibit meaningful predictions about the nature and extent of race differences in help seeking. Therefore, a major goal of this study is to describe the basic patterns of race differences in professional help-seeking, through an examination of the following two questions: (a) Do race differences in seeking professional help from any and specific professional sources exist?, and (b) What contribution, if any, do problem type and psychological distress make in race differences in professional help seeking? We now turn to a discussion of the data and methods used in this study.

METHOD

Data

The data used in this study are from the National Survey of Black Americans (NSBA) and the Americans View Their Mental Health restudy (AVTMH).[3] The NSBA is the first, nationally representative, cross-section sample of the adult black population. The survey was conducted at the University of Michigan in 1979–1980. The sampling and interviewing procedures resulted in 2,107 completed interviews, which represented a response rate of nearly 70%. More detailed information on this sample may be obtained from Neighbors (1984). The AVTMH data were collected at the University of Michigan in 1976. The sample was an area probability sample of the general population of individuals living in private households. The final *N* of 2,264 represented a response rate of approximately 72%. More detailed information on this sample may be obtained from Veroff, Douvan, and Kulka (1981a).

Comparability of the samples was ensured by the fact that each was drawn through similar procedures utilized by the Survey Research Center at the University of Michigan. Each was an area probability sample, drawn using a multistage cluster procedure which sampled census tracts, then city blocks or groups of blocks, then households, and then individuals. Criteria for an eligible dwelling unit for selection were identical, except for considerations of race. Some of these considerations demanded the use of more intensive efforts to find black households in areas where the proportion of blacks was very low. Procedures for selecting respondents to be interviewed and

[3]Human subjects considerations were observed in both studies. Respondents from the general population were contacted by interviewers at their homes, asked to participate, and informed that participation was entirely voluntary. General procedures followed were approved by Human Subjects Review Committees of the University of Michigan.

for replacement of ineligible respondents were also identical. Interviewers for both studies were trained using Survey Research Center procedures for recording of responses and for probing. It is also worth noting that both studies were coded in the coding section of the Survey Research Center, where coders are trained using common procedures.

In one section of both the NSBA and AVTMH questionnaires, respondents were asked if they had ever experienced a life crisis. Measures of psychological distress, coping, and the utilization of informal and professional help resources were assessed for all respondents who had a crisis experience (NSBA N = 1,322; AVTMH N = 1,968). To eliminate problems associated with recall bias, the study samples used in this report were based on respondents who had a problem in the last year, and for whom complete information on measures used could be obtained (NSBA n = 673; AVTMH n = 751). The analyses of the AVTMH data set were also limited to whites.[4]

Measures

In both data sets, professional help seeking was measured from a question which asked respondents if they talked over the crisis with anyone. Respondents were given a list of professional help sources and instructed to indicate if they talked to any of them. Included on the lists in both data sets were a variety of professional sources which were collapsed into categories of medical, mental health, clergy, and "other." The Appendix lists the various professional sources and how they were categorized. Overall professional help seeking was measured by using a dichotomous variable which classified respondents by whether or not they sought professional help from any source. The sociodemographic measures used in this analysis were age, sex, education, marital status, employment status, urbanicity, and region. Income and occupation were examined and dropped from the analysis due to a large number of missing data, and due to the fact that, when data were available, neither variable had any effect on these results. Veroff et al (1981b) also found that income and occupation were of minimal significance in professional help-seeking. Missing data were primarily due to unemployed respondents.[5] Age and education were measured in years, and dummies for sex (1 = female), marital status (1 = married, widowed, divorced, separated, 0 = never married), employment status (1 = employed), urbanicity (1 = urban), and region

[4]When the AVTMH data were restricted to people who had a problem in the last year, and for whom complete information could be obtained, the blacks who remained were too few for analysis (n = 113). Using subgroup analysis, as is done in Tables II, III, and V, the cell sizes often were too small to be reliable.

[5]Valid data for occupation were available for only 457 whites and 388 blacks.

(1 = North, South , 0 = West) were created. For multivariate analysis, a series of dummy variables was also created for problem type (1 = economic, interpersonal, death, and physical health, 0 = emotional).

Psychological distress among blacks was measured with a seven-item scale which asked the respondents how often they felt lonely, depressed, jittery, or lethargic, and whether they had crying spells, restless sleep, or a poor appetite. Responses were coded on a 5-point scale from very often (5) to never (1). The responses to these questions were summed to yield an index which ranges from 1 to 35 with a mean of 23.04. These seven items were selected via factor analyses from a pool of 15 items, and they load on a factor from .78 to .96. Reliability for this scale was good, alpha = .83. Among whites, psychological distress was measured with a 15-item scale which asked how often respondents felt lethargic, dizzy, tense, and if they had experienced headaches, restless sleep, poor appetite, nightmares, trembling hands, shortness of breath, upset stomach, feeling close to a nervous breakdown, heart beating hard, slow to get going, lost weight while worrying, and bothered by aches and pains.[6] Responses were coded from very often (4) to never (1), and following Veroff et al. (1981a) the mean of the items taken and multiplied by the number of items (15). This scale ranges from 17–59 with a mean of 29.2 Reliability for this scale was also good, alpha = .83.

Problem type was assessed from a question which asked black respondents: "Thinking about the last time you felt this (had a serious personal problem) way, what was the problem about?" For whites, the question was: "Now think about the last time you felt (bad from a serious personal problem) that way. What was it about?"[7] Identical coding schemes were used for responses to these open-ended questions. For analysis purposes, these responses were collapsed into five categories; physical health or injury problems, interpersonal problems (relationship problems with spouse, children, or close friends), death of a significant other, economic problems, and emotional adjustment problems (references to self-doubts, mood disturbances, and phobias). Table I presents the descriptive characteristics of both study samples.

Analysis

The data used here were analyzed in two ways. First, the proportion seeking help was computed for each racial group, and the ratio (white proportion/black proportion) presented. These proportions were tested for race

[6]When identical items for psychological distress were used, the results of the study did not differ.
[7]Some AVTMH respondents were asked: "Now think about the last time something really bad happened to you. What was it about?" The coding of this question was identical.

Table I. Descriptive Characteristics of the Samples

	White (n = 751)	Black (n = 673)
Age		
Less than 30	32.2	40.1
31-45	30.5	29.4
45-64	25.8	23.2
65 or over	11.5	7.3
Sex		
Male	39.1	31.6
Female	60.9	68.4
Education		
Less than 12	25.6	42.2
12 years	38.2	30.5
13 or more	36.2	27.3
Marital status		
Married	65.0	39.5
Previously married	21.8	35.1
Never married	13.2	25.4
Employment status		
Working	60.9	55.7
Not working	39.1	44.3
Urbanicity		
Urban	44.1	47.5
Rural	55.9	52.5
Region		
North	51.1	49.2
South	30.0	55.6
West	18.9	5.2
Problem type		
Economic	20.0	28.8
Interpersonal	28.4	38.8
Death	22.9	4.9
Physical health	23.4	15.8
Emotional	5.3	11.7

differences by a difference in proportions test (Blalock, 1972). The assumptions of this test were that there are two independent random samples drawn from a population with normal mean and variance. When N was large (greater than 50), the normality assumption could be relaxed. The presentation of proportions was designed to be descriptive and to facilitate the comparison of race differences. These data were also analyzed using more powerful multiple logistic regression procedures. In this procedure, the dependent variable was the expected log-odds of seeking help; otherwise the form of this equation was similar to an ordinary multiple regression analysis.

The coefficients in all logistic equations were transformed so that the results could be stated in terms of odds. This was accomplished by taking

the antilog of each coefficient. The transformed dependent variable becomes the expected odds of seeking help. This antilog transformation of the logit model becomes what is known as a multiplicative logistic regression model (Swafford, 1980). The directionality of the coefficients was indicated by their departure from unity. Coefficients of greater than 1 indicated that the variable increases the odds of seeking help, while coefficients of less than one indicated that the variable decreases the odds of using professional help. The statistical significance of coefficients was tested using a statistic that approximates the Z distribution for large samples.

Separate within-race logistic regression equations were estimated. The significance of the effects across race was tested using meta-analysis techniques (Rosenthal, 1978). These techniques provide a more statistically rigorous approach to comparing effects of individual predictors across independent studies than is offered by simply depending upon the knowledge that effects across samples are either all significant or all not significant. The technique used compared Z statistics for individual predictors. These were compared using the equation:

$$(Z_1 - Z_2)/(2)^{1/2} \tag{1}$$

This ratio is distributed as t, and statistical significance is indicated at $p < .05$ if t is greater than 1.65 (one-tailed test, $df > 120$). If t is greater than this value, then the conclusion that the effect of the predictor differs across race-specific equations is warranted.

RESULTS

Table II reports the proportion seeking help from any and specific professional sources. The first row presents the results for any source of professional help. Blacks and whites were almost equally likely to seek any professional help; the difference in proportions was not significantly different. There were, however, significant race differences for help-seeking from specific professional sources. Blacks were more likely to seek help from mental

Table II. Proportion Seeking Professional Help

	White (n = 751)	Black (n = 673)	Ratio
Any	.418	.451	0.927
Mental health	.081	.126	0.643[a]
Medical	.237	.097	2.44[a]
Clergy	.121	.088	1.38[a]
Other	.129	.177	0.729[a]

[a]Significant at $p < .05$.

health professionals and those in the other category, whereas whites were more likely to seek help from medical professionals and members of the clergy. These findings suggest that categorizing diverse professional sources into a single variable obscures significant race differences in professional help seeking.

Sociodemographic factors had a minimal effect on these patterns. This was clear when meta-analysis techniques were used to compare race-specific logistic regression equations. For each of five professional sources across race, an equation was estimated which regressed seeking professional help on sociodemographic variables. For each of the five equations across race, the same sociodemographic factors were significant in the prediction of help seeking across race (with two exceptions). Marital status was the only significant sociodemographic factor for both races. The significance of marital status has been found elsewhere (Smead, Smithy-Willis, & Smead, 1982). No other sociodemographic variable was significant for either race, except in the following cases. The coefficient for separated marital status was significant for whites in the mental health equation, and age predicted help seeking for whites in the Other equation. However, these differences did not alter the basic pattern of results. When the significant effects were controlled, the odds ratios of help seeking from these sources still favored blacks. The odds of seeking help for whites were closer to the odds for blacks when these factors were accounted for, but blacks were still significantly more likely to seek help from mental health and other sources of help. Thus, sociodemographic factors played a minimal role in race differences in professional help seeking in these data.

Table III reports the proportion seeking professional help by level of distress. All proportions reported in the table were adjusted for sociodemographic factors. In Table III, the distribution of psychological distress was coded into quartiles in each sample, and the proportion seeking help computed at the particular level of distress. Note that blacks were significantly more likely than whites to seek help from any professional source at the lowest level of distress, but that the likelihood of seeking professional help was similar at higher distress levels. However, this result was not supported using meta-analysis (Table IV). Table IV presents the multiplicative logistic regression coefficients of professional help-seeking on psychological distress, controlling for sociodemographic factors. Note that the difference in Z values was not significant by race for seeking any source of professional help.

The results for help seeking from specific professional sources in Table III show that psychological distress was an important factor in the relationship with race. However, only in the case of medical help-seeking were the results of Table II altered. The relationship between race and medical help

Table III. Proportion Seeking Professional Help by Level of Distress (Adjusted for Covariates)[a]

	White (n = 751)	Black (n = 673)	Ratio
Any			
1 (low)	.346	.464	0.746[b]
2	.444	.452	0.982
3	.428	.369	1.16
4 (high)	.470	.514	0.914
Mental Health			
1 (low)	.056	.102	0.549[b]
2	.092	.106	0.868
3	.105	.125	0.840
4 (high)	.075	.178	0.421[b]
Medical			
1 (low)	.199	.111	1.79[b]
2	.209	.105	2.19[b]
3	.228	.059	3.86[b]
4 (high)	.312	.113	2.76[b]
Clergy			
1 (low)	.104	.056	1.86[b]
2	.116	.095	1.22
3	.149	.077	1.94[b]
4 (high)	.115	.125	0.920
Other			
1 (low)	.124	.224	0.553[b]
2	.175	.181	0.967
3	.105	.139	0.755
4 (high)	.115	.165	0.697

[a]Covariates were age, sex, education, marital and employment status, urbanicity, and region.
[b]Significant at $p < .05$.

Table IV. Logistic Regression of Professional Help Seeking on Psychological Distress (Multiplicative Coefficients)[a]

	White (n = 751)	Black (n = 673)	Z difference
Any	1.03 (2.82)	0.995 (0.577)	1.59
Mental health	1.03 (1.39)	1.01 (1.10)	0.205
Medical	1.04 (2.80)	0.995 (0.323)	1.75[b]
Clergy	1.01 (0.716)	1.03 (1.86)	−0.809
Other	0.995 (0.313)	0.978 (2.04)	−1.22

[a]All coefficients net of sociodemographic factors: age, sex, education, marital and employment status, urbanicity, and region. Z values in parentheses.
[b]Significant at $p < .05$.

Table V. Proportion Seeking Professional Help by Problem Type (Adjusted for Covariates)[a]

	White (n = 751)	Black (n = 673)	Ratio
Any			
Economic	.345	.440	0.784[b]
Interpersonal	.329	.387	0.850
Death	.383	.464	0.825
Health	.631	.633	0.996
Emotional	.379	.410	0.924
Mental Health			
Economic	.079	.160	0.494[b]
Interpersonal	.106	.100	1.06
Death	.047	.043	1.09
Health	.051	.148	0.364[b]
Emotional	.240	.148	1.62
Medical			
Economic	.071	.055	1.29
Interpersonal	.133	.064	2.07[b]
Death	.206	.138	1.49
Health	.529	.246	2.15[b]
Emotional	.260	.087	2.98[b]
Clergy			
Economic	.034	.050	0.576
Interpersonal	.122	.116	1.05
Death	.209	.136	1.53
Health	.126	.072	1.75
Emotional	.041	.066	0.621
Other			
Economic	.227	.192	1.18
Interpersonal	.136	.137	0.993
Death	.098	.126	0.777
Health	.074	.273	0.271[b]
Emotional	.104	.163	0.638

[a]Covariates were age, sex, education, marital and employment status, urbanicity, and region.
[b]Significant at $p < .05$.

seeking was stronger once psychological distress was accounted for; that is, whites were more likely than blacks to seek help from medical sources once the effects of psychological distress were taken into account. For other sources of professional help, the race difference in proportions significantly differed at particular levels, but an inspection of the Z differences (Table IV) did not support the conclusion that psychological distress was a significant factor overall for these other professional sources of help.

Table V presents the proportion seeking help by type of problem. All proportions were adjusted for sociodemographic factors. In general, problem type had a powerful impact on race differences in professional help

Table VI. Logistic Regression of Professional Help Seeking on Problem Type (Multiplicative Coefficients)[a]

	White (n = 751)	Black (n = 673)	Z difference
Any			
	0.856	1.16	
Economic	(0.404)	(0.533)	−0.091
	0.799	0.918	
Interpersonal	(0.607)	(0.310)	0.210
	1.02	1.25	
Death	(0.041)	(0.513)	−0.334
	2.97	2.75	
Health	(2.90)	(3.14)	−0.170
Mental Health			
	0.264	1.08	
Economic	(2.62)	(0.196)	1.71[b]
	0.368	0.630	
Interpersonal	(2.20)	(1.10)	0.778
	0.144	0.304	
Death	(3.48)	(1.44)	1.44
	0.147	0.956	
Health	(3.44)	(0.098)	2.36[b]
Medical			
	0.185	0.588	
Economic	(3.33)	(0.994)	1.65[b]
	0.418	0.670	
Interpersonal	(2.04)	(0.801)	0.876
	0.727	1.75	
Death	(0.765)	(0.836)	−0.050
	3.46	3.53	
Health	(3.06)	(2.63)	0.304
Clergy			
	0.697	0.875	
Economic	(0.418)	(0.231)	0.132
	2.92	1.90	
Interpersonal	(1.40)	(1.24)	0.113
	5.70	2.11	
Death	(2.30)	(1.07)	0.870
	3.03	1.14	
Health	(1.45)	(0.217)	0.872
Other			
	2.44	1.25	
Economic	(1.55)	(0.606)	0.668
	1.38	0.829	
Interpersonal	(0.561)	(0.513)	0.034
	0.911	0.728	
Death	(0.154)	(0.502)	−0.246
	0.662	2.01	
Health	(0.666)	(1.79)	−0.795

[a]All coefficients are net of sociodemographic variables; age, sex, education, martial and employment status, urbanicity, and region. Z values in parentheses.
[b]Significant at $p < .05$.

seeking. Patterns of seeking any professional help varied by problem type in one instance; blacks were more likely than whites to seek any professional help for economic problems. However, this result was not supported when the results of more powerful logistic regression procedures were compared. The *Z* differences (Table VI) for the significance of problem type in help seeking from any professional source did not differ significantly across race. The general conclusion was therefore warranted that there are few differences by race in seeking any professional help. Turning to specific sources, the table shows that the greater use by blacks of mental health services reflected their response to particular problems. Blacks were significantly more likely to seek help from mental health sources for economic and physical health problems. The greater use of medical professionals by whites was also reflective of their response to particular problems. Whites with physical health and interpersonal problems were over twice as likely as blacks to seek help from medical sources, and almost three times as likely to seek help from these sources for emotional problems. Problem type was not significant in seeking help from clergy members or from other professionals.

The results of Table V for specific professional sources were elaborated through meta-analysis comparison of race-specific equations. Table VI presents the logistic regression equations of professional help-seeking on problem type. Comparing equations across race, we see that problem type was significant in help seeking from medical and mental health sources. Though problem type was significant, however, it did not alter the basic pattern of results reported in Table II. Rather, the effect of problem type was to specify the race differences in seeking help from medical and mental health sources. Blacks were more likely than whites to seek help from mental health sources because of their response to economic and health problems, whereas the preponderance of whites seeking help from medical sources was generally not affected by problem type. The exception was that there was a negative relationship between having an economic problem and medical help seeking for whites, and this significantly differed from the relationship for blacks. These results demonstrate the importance of cultural responses to particular problems, and show the crucial significance of personal definitions of distress on the relationship between race and seeking professional help.

DISCUSSION

In this research, we found that although patterns of seeking help from any professional source are very similar by race, there are significant race differences in seeking help from specific professional sources. Blacks are more likely to seek help from mental health and other sources, whereas whites are

more likely to seek help from medical and clergy sources. Problem type and level of psychological distress has a significant impact on these results, however, but only for help seeking from medical and mental health sources. Generally speaking, psychological distress is of minimal significance. Regardless of level of distress, the pattern of help seeking from specific professional sources by race is unchanged, with one exception. Whites are more likely than blacks to seek help from medical sources once psychological distress is accounted for. However, the direction of the relationship remains the same, but increases in strength once this factor is accounted for. Patterns for specific professional sources are strongly affected by problem type, however. Though blacks are more likely to seek help from mental health sources overall, and whites from medical professionals, these relationships are elaborated by problem type. Blacks are more likely to seek help from mental health sources for economic and physical health problems, and there are no differences in help seeking from these sources for other types of problems. For seeking help from medical professionals, there is a negative relationship between help seeking and having an economic problem for whites, which significantly differed from the relationship for blacks. There are no significant differences for other problems. Seeking help from clergy and other sources is generally unaffected by problem type.

The results for seeking help from specific sources vary in their degree of consistency with previous research. The results for clergy differ from previous research. Warren (1981) found that blacks were more likely to seek clergy help, whereas our results are opposite. There are two possible reasons for this. The first concerns problem type. From previous research, it is clear that people with problems involving death are among those most likely to seek clergy help (Veroff et al., 1981b). The fact that whites are over five times more likely to cite problems involving death as the last serious crisis may increase the likelihood that they will seek help from clergy sources more than blacks. This could be true even though the relationship between death problems and seeking help from clergy does not differ across race, as our results show. Warren's sample was composed of people with mainly interpersonal and emotional problems, and this may be why the results of this study differ from his. The second reason is that Warren failed in his analysis to control for sociodemographic factors. It is possible that if a multivariate model had been examined in his research, the results he reported would be very different.

Previous research on help seeking from medical sources has been inconsistent, differing as to whether race was significant and the direction of this relationship. Our results show clearly that race is a significant factor in seeking help from medical sources, and that whites are more likely to do so regardless of problem type and levels of psychological distress. Both factors are significant, but controlling the level of psychological distress increases

the difference in the likelihood that whites more often seek help from this source. Our results may clarify the contradictory findings of previous research by focusing on black/white differences, as opposed to focusing on white/nonwhite comparisons. Previous research assumed similar help-seeking patterns among all minority groups, by placing all in the nonwhite category. This may not be a reasonable assumption. It is also worth noting that other studies which have examined black/white differences in help seeking from medical sources have reported similar findings (Warren, 1981).

The results for help-seeking from mental health sources is, perhaps, the most surprising finding of this research. It contradicts traditional thinking and research in this area which has argued that blacks underutilize mental health services when compared to whites (Snowden, 1982). However, limitations in previous research and thinking may have led to drawing erroneous conclusions. A key limitation is that most arguments that blacks underutilize mental health services are not buttressed by data. The argument is largely based on inference: The poor do not use mental health services, blacks are poor, and therefore blacks do not use mental health services. However, recent work has shown that income has seriously declined as a factor in the use of professional help (Veroff et al., 1981b). Further, empirical research on race differences in use of mental health services, though of limited quality, has found that blacks are more likely to seek help from mental health sources (Huffine & Craig, 1974; Kramer et al., 1973).

The most serious limitation of previous thinking and research is the lack of information on problem type. Problem type has largely been ignored in studies of seeking help from mental health sources. Much of the previous research in this area has mistakenly assumed that only people with mental health problems seek help from mental health sources. Our results have shown that this assumption is incorrect. People seek help from mental health sources for a variety of types of problems. In fact, if our analysis were focused solely upon people with mental health-related problems (emotional and interpersonal), our results would be consistent with previous research, and in line with traditional thinking on this issue. While not significant, the direction of the relationship suggests that whites may be more likely to seek help from mental health sources for these types of problems. The overall pattern of blacks being more likely to seek help from mental health sources reported in Table II is reflective of the fact that blacks seek help from these sources for economic and physical health problems, as shown in Tables V and VI.

It is not immediately clear why blacks seek help from mental health sources for these types of problems, but there are two factors of possible importance. One concerns the relevance of professional help seeking in the solution of the problem. Veroff et al. (1981b) have shown that a key factor in professional help seeking is whether the respondent believes professional help contributes to the problem's solution. Blacks may tend to define

economic problems as relevant for help seeking, as is suggested by some research. Stack's (1974) research showed that blacks see help-seeking as relevant in the solution of economic problems. Other research supports this conclusion (Neighbors, 1984) and suggests that blacks do seek professional help for economic problems. This may also be of importance for physical health problems, but there is no literature known to the author which addresses this issue.

Another factor of possible importance concerns problem impact. it is possible that blacks, more so than whites, seek help from mental health sources for economic and physical health problems because the psychological impact of these types of problems is much greater for them than for whites. Research supports this speculation for economic problems. Research on the stressfulness of life events has found that blacks rate economic events as requiring more psychological and personal adjustment than whites do (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978). Part of the process of adjustment to this event for blacks may involve seeking help from mental health sources. A test of this speculation would involve an examination of the psychological impact of economic events across races, and then an evaluation of how the differential impact of the event predisposes different racial groups to seek help from mental health sources. Similar processes may be at work regarding physical health problems, but they have yet to be studied. Testing these possibilities is outside the scope of this paper, but these are issues for future research. Problem type is critically important in race differences in seeking help from mental health sources, and more research is needed to fully document the reasons for this.

In summary, this research has shown that race is a significant sociocultural characteristic that predicts professional help seeking. Blacks are more likely than whites to seek help from mental health sources, particularly for economic and health problems. Blacks also seek help more often than whites from other professional sources, such as teachers, lawyers, social workers, and emergency rooms. Whites more often seek help from medical sources for all types of problems, and from members of the clergy. Psychological distress has an important impact on these results but much less so than problem type. Psychological distress increases the likelihood that whites seek help more than blacks from medical sources. Future research should address other factors that may affect this relationship, and seek to further specify patterns of race differences in professional help seeking.

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APPENDIX
List of Professional Helpers

AVTMH whites	NSBA blacks
A. Psychiatrist	A. Hospital emergency room
B. Psychologist	B. Medical clinic
C. Social worker	C. Social services or welfare agency
D. Counselor	D. Mental health center
E. Doctor	E. Private therapist (i.e., psychologist, psychiatrist, social worker or counselor)
F. Nurse	F. Doctor's office (medical doctor, physician)
G. Clergy	G. Minister or someone at your church or place of worship
H. Teacher	H. Lawyer or place to get legal help
I. Police	I. Police
J. Lawyer	J. School
K. Other (please specify)	K. Employment agency
	L. Other place (specify)

These responses were categorized as follows: Medical: AVTMH E and F, NSBA B, F; Mental health: AVTMH A, B, D, NSBA D and E; Clergy: AVTMH G, NSBA G; Other: AVTMH C, H-K, NSBA A, C, H-L. The professionals combined in the Other category were so assigned due to infrequent responses. The categorization of medical sources was done both with and without hospital emergency room included in NSBA, and also by comparing the response of doctor in both samples. The results did not differ from those reported here.