SSN SCHOLARS STRATEGY NETWORK
BASIC FACTS

DEBUNKING MYTHS ABOUT MENTAL ILLNESS AMONG BLACKS

by Kimya N. Dennis, Salem College

"Black people don't see therapists" is a saying common among many people of the immediate African diaspora in the U.S. and around the world. Beyond everyday conversations, this declaration sometimes pops up in movies and television shows with Black actors and actresses. Popular sayings offer windows into social assumptions, and this one stems from a widely held belief that people of African heritage have no need for any type of mental health treatment.

Maybe need is denied because of longstanding limits on access to a complete array of medical services, or because of Black distrust of white mental health providers and predominantly white-run mental health arrangements. But access is not the only issue, because there are also widely held nonmedical beliefs regarding the causes and cures of physical, mental, and emotional conditions in Black communities. Potential medical symptoms can be ignored and medical diagnoses disregarded in favor of faith-based and spiritual "diagnoses" and "cures." The tendency to override the medical with the faith-based and spiritual can encourage silence or false hopes that mental health issues are not serious or have been resolved. Blacks with concerns regarding emotional health and mental health are often ridiculed, mocked, and ignored by family and friends. In addition to experiencing difficulties in accessing care, Blacks can be made to feel that seeking professional treatment is a betrayal of faith, spirituality, and group culture. Seeking mental health help can even be considered a form of excessive assimilation into "whiteness."

Given problems of both access and willingness to seek help, many experts and providers are working to overcome myths and ensure excellent mental health care for Black people.

Myths and Misconceptions

About one in every four human beings has some form of mental illness. Indeed, over the course of his or her life, it may be true that every person has or will experience a temporary or chronic mental illness. Still, even with more research on risk factors, at-risk behaviors, and mental maladies of all kinds, experts have paid too little attention to issues of mental illness among Blacks – and also too little attention to the stigma often experienced by Blacks who acknowledge mental health concerns. Here are some the myths and misconceptions that hold inordinate sway:

- Data on homicides versus suicides have long been cited as evidence that Blacks should be concerned with the former but not the latter. For every 100,000 people, fewer Blacks die from suicide than whites, Hispanics, and American Indians or Alaskan Natives (and Black females, though not males, kill themselves less often than Asian and Pacific Islanders). Of course, mental illnesses are not the only reason people die from suicide. Cultural beliefs and practices, life stressors, notions of shame or honor, and perceptions of the right to end one's life – along with the availability of lethal methods – all come into play along with mental health issues. And of course many mental illness issues have little connection to either suicide or homicide.

Yet apart from incidents of mass murder or murder followed by suicide, people link mental illnesses more closely to suicide than homicide.

- Racial assumptions intersect with beliefs about homicide and suicide. The stereotype of a "street criminal" is often associated with Black homicide offenders, particularly males, with no questions usually asked about the mental health of the offender. What is more, despite the general tendency to think that suicides are rooted in mental maladies, such illnesses tend not to be considered when Blacks take their own lives.

- Some lay people presume that Black lethal violence of all kinds is rooted in failures of faith, spirituality, or personal fortitude to deal with adversity. Some Blacks who hold these beliefs feel unable to fulfill community expectations of faith and strength. If they fall short, they may not attribute difficulties to mental health issues; instead, they can experience stigmatization, social isolation, and silent mental illness. They may try self-medication or harm themselves.

- Often, experts and public authorities lack full or accurate data on the correlates of lethal violence and on the representation of Blacks with and without mental health problems in lethal violence. In official suicide data, there are potentially years of discrepancies in documenting official cause of death. Some Black suicides may well have been misclassified as homicides, accidental overdoses, fatal car accidents, or police killings. Blacks have also been underrepresented in scientific studies of suicidal feelings and attempts.

Where Do We Go from Here?

Many individuals and organizations are working tirelessly to develop better evidence, reduce the stigma of mental illness in the Black community and provide adequate treatment resources. Even so, there is a need for more racial and ethnic diversity in the mental health field. As suggested by the call for more African American mental health professionals on the website of the National Alliance on Mental Illness, many Blacks now look in vain for Black psychiatrists or psychologists and other providers who share their racial background. More broadly, the Black community needs more access to counselors, mental health support groups, and other mental health programs. Advertising for such services has to reach more fully into Black neighborhoods, and there must be better ways to transport people to services or bring providers to those in need. Word about mental health issues and resources should be featured in health fairs and open forums to encourage dialogue on the prevalence and realities of this form of illness.

To make progress, concerted efforts and increased attention to mental health provision will be needed from health professionals, community leaders, predominantly Black institutions and organizations, and everyday members of Black communities. One promising avenue is to strengthen relationships between mental health providers and religious institutions, so that more Black churches will acknowledge the realities of mental illness and offer church-based information about appropriate services. Blacks need to speak up about the need for mental health services in their communities, so health professionals will no longer assume that interest and need is lacking. Generations of disbelief, stigma, distrust of white medical institutions and presumptions about a clash between religious faith and medical realities – all need to be challenged and changed. The necessary shifts will not happen quickly or without twists and turns and setbacks. But progress must be relentless and steady, to erase the falsehood that mental health is not an issue for Black people and show that resources are available for those who suffer.

This brief draws on the author's own community work and in-progress research.