Black Mental Health Matters
What Nurses Need to Know About Chronic Stressors of Persons of Color

Many persons of color in the United States live in a constant state of stress and anxiety because they have been affected by inequality, negativity, devaluation, and violence, while trying to cope with life in an effective and positive manner (Jackson, Shestov, & Saadatmand, 2017). Perceived racial discrimination negatively affects their mental health (Assari, Moazen-Zadeh, Caldwell, & Zimmerman, 2017). In Black communities, mental illness and psychological distress are seen as weaknesses, historically and culturally (Shattell & Brown, 2017). Black individuals do not seek mental health care as often as White or Latino individuals (Mays, Jones, Delany-Brumsey, Coles, & Cochran, 2017); however, when they do, many experience further discrimination (Mays et al., 2017). The purpose of this editorial is to highlight the chronic stressors that persons of color often face and propose useful strategies for mental health nurses and other providers.

SIGNIFICANCE OF THE PROBLEM

According to the U.S. Department of Health and Human Services Office of Minority Health (2016), the data show us that:

● Adult Black/African American individuals are 20% more likely to report serious psychological distress than White adults.

● Adult Black/African American individuals living below the poverty level are three times more likely to report serious psychological distress than those living above the poverty level.

● Adult Black/African American individuals are more likely to have feelings of sadness, hopelessness, and worthlessness than White adults.

● And although Black/African American individuals are less likely than White individuals to die from suicide as teenagers, Black/African American teenagers are more likely to attempt suicide than White teenagers (8.3% vs. 6.2%).

Black/African American individuals of all ages are more likely to be victims of serious violent crime than non-Hispanic White individuals, making them more likely to meet the diagnostic criteria for posttraumatic stress disorder. Black/African American individuals are also twice as likely as non-Hispanic White individuals to be diagnosed with schizophrenia (American Psychological Association [APA], 2016).

RACISM AND MICROAGGRESSIONS

Black/African American individuals today are over-represented in our jails and prisons. People of color account for 60% of the prison population. Black/African American individuals also account for 37% of drug arrests, but only 14% of regular drug users (illicit drug use is frequently associated with self-medication among individuals with mental illnesses [Kerby, 2012]).

The workplace has added a new level of uneasiness for people of color, particularly Black individuals. Womack (2015) noted in an article titled "A Movement Against Racism Should Be a Movement for Mental Health" that:

It's no secret that a sense of belonging has been scientifically proven to be an essential human need. For people of color, functioning in a society that consistently pressures them to downplay their cultural identities to fit in can have detrimental health effects. This "shifting" may increase African Americans vulnerability to depression and other psychological problems if certain reaffirming buffers are not in place. Racial discrimination in the workplace can be especially unnerving. Research has also shown that racial discrimination in the workplace is a chronic stressor for African Americans. (para. 2)

ATTITUDES ABOUT MENTAL ILLNESS

Stigma and judgment often prevent Black/African American individuals from seeking treatment for their mental illnesses. Research indicates that Black/African American

individuals believe that mild depression or anxiety would be considered "crazy" in their social circles. Furthermore, many believe that discussions about mental illness would not be appropriate even among family (Williams, 2011).

When looking at the attitudes of Black individuals getting help for mental health issues, according to Ward, Wiltshire, Detry, and Brown (2013):

- Black/African American individuals hold beliefs related to stigma, psychological openness, and help-seeking, which in turn affects their coping behaviors. Generally

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speaking, participants in the study were not open to acknowledging psychological problems, but they were somewhat open to seeking mental health services.

- Thirty percent of participants reported having a mental illness or receiving treatment for a mental illness.
- Black/African American men are particularly concerned about stigma.
- Cohort effects, exposure to mental illness, and increased awareness of mental illness are factors that could potentially change beliefs about symptoms of mental illness.
- Participants appeared apprehensive about seeking professional help for mental health issues, which is consistent with previous research. However, participants were willing to seek some form of help.

HYPERVIGILANCE TO OVERT AND SUBTLE RACIAL THREATS

The societal pressures to be stoic yet hypervigilant toward overt and subtle racial threats can be a psychologically daunting task. Research indicates that the daily experience of racism in America is associated with low self-esteem, depression, and anxiety (Graham, West, Martinez, & Roemer, 2016; Molina & James, 2016). Experiences of racism have even been associated with physiological reactivity (i.e., high blood pressure, a predictor of heart disease) (Ferdinand & Nasser, 2017). This finding implicates perceived racial discrimination, a psychosocial factor, as a determinant of this leading cause of death among African American individuals, alongside more commonly recognized behavioral factors (i.e., poor diet, lack of exercise) (Agency for Healthcare Research and Quality, 2014).

Because <2% of American Psychological Association members are Black/African American, some may worry that mental health care practitioners are not culturally competent enough to treat their specific issues (APA, 2014). This belief is compounded by the fact that some Black/African American patients have reported experiencing racism and microaggression from therapists (Mays et al., 2017).

STRATEGIES FOR MENTAL HEALTH NURSES AND OTHER HEALTH CARE PROVIDERS

What do mental health care nurses and other health care providers need to know about taking care of people in Black communities?

- Begin or continue to encourage African American individuals and others to take care of their mental health. Discuss it in a way that eliminates the stigma attached to seeking help, but explain that, in fact, it is a sign of strength to recognize that you need help, accept it, and seek it out.
- Encourage African American individuals and others to seek assistance where they work, perhaps using Employee Assistance Programs, which are designed to be no cost or very low cost ways of getting help.
- Encourage African American individuals and others to seek help from their community churches, which still hold a lot of influence on how Black individuals and others resolve their issues. Many churches have begun Stephen Ministries (2017), which address the mental health needs of its congregants. One church in particular, Third Baptist Church of Chicago on the South Side of Chicago, has taken steps in that direction and created a Stephen Ministry. They understand that confidentiality is critical to its success.
- Engage and listen to what the community and your patients tell you is affecting their lives, particularly their mental health.
- Use your privilege and influence as health professionals, administrators, teachers, etc., to continue to talk about diversity, inclusion, and the need for equal opportunity as it relates to persons of color in all spaces.
- Fight against your biases and negative stereotypes of Black individuals and others of color, and commit to confirming their value in the world and in our health care systems.

- Engage in moving toward change and equal opportunity by informing, educating, and accepting that we do not know all that we need to about each other's culture, but that we care enough to ask questions with cultural humility.

Our country's outcry for social justice depends on each one of us. Let's stop talking and do something.

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Mona Shattell, PhD, RN, FAAN
Editor

Paula J. Brown, MBA
Manager, Diversity & Inclusion
Rush University Medical Center
Chicago, Illinois