African American Women & Mental Health: Strengths, Challenges and Opportunities for Growth

Gina Newsome Duncan, MD

Eastover Psychiatric Group, PA – Charlotte, NC

Region II Trustee, Black Psychiatrists of America

May 18, 2023

SAMHSA
Substance Abuse and Mental Health
Services Administration

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.
Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

MHTTC Network

Central East Region 3

Acknowledgment

Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

- At the end of today's training please take a moment to complete a **brief** survey about today's training.

Evaluation Link

African American Women & Mental Health: Strengths, Challenges and Opportunities for Growth

**Gina Newsome Duncan, MD
Eastover Psychiatric Group, PA – Charlotte, NC
Region II Trustee, Black Psychiatrists of America**

**Moderator: Annelle B. Primm, MD, MPH
Council of Elders, Black Psychiatrists of America
Baltimore, MD**

May 18, 2023

Today's Webinar

- The intersectionality of race and gender is an important aspect of the lived experience of African American women.
- Today's presentation will explore the mental health and well-being of this important demographic group.
- We thank CE-MHTTC for their partnership on the BPA Health Equity Webinar series.
- Content has both Central East region and national relevance.
- Our featured speaker is Gina Newsome Duncan, MD, DLFAPA.

Objectives

- To explore the unique mental health challenges currently facing African American women, with a particular focus on the impact of recent forces such as the COVID-19 pandemic, political unrest and racial trauma.

- To discuss the ways in which religious and cultural norms, including perceptions of the "strong Black woman," may serve as both protective factors and barriers to help seeking.

- To discuss ways to build rapport with African American women patients/clients in order to increase engagement in treatment.

U.S. Mental Health Statistics

- Mental illnesses are common in the United States.

- Nearly one in five U.S. adults live with a mental illness (52.9 million in 2020).

- 2020 prevalence of any mental illness (AMI):
  - 2 or More Races 35.8%
  - White Americans 22.6%
  - Hispanic Americans 18.4%
  - Black or African American 17.3%
  - Asian American 13.9%

https://www.nimh.nih.gov/health/statistics/mental-illness

Black Mental Health

- African Americans are 20 percent more likely to experience serious psychological distress than white Americans.

https://www.nimhd.nih.gov/docs/byomm_fulltoolkit.pdf

Burden of Mental Illness

- African Americans experience a higher burden associated with mental illness:
  - More chronic disease
  - Higher levels of disability
  - Higher rates of inpatient service use
  - Lower rates of outpatient mental health service use
  - More barriers to seeking mental health treatment
  - Less likely to receive guideline-based care for depression and anxiety

Primm et al 2010
Ward et al 2013

Black Women in America:
Unique Challenges to Mental Health

- Black women are about half as likely to seek mental health care.

- In 2019, Black female high school students were **60% more likely to attempt suicide** than non-Hispanic white females of the same age.

- Historical & Present Day Challenges

https://www.psychiatrictimes.com/view/the-state-of-mental-health-of-black-women-clinical-considerations
U.S. Department of Health and Human Services Office of Minority Health
https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24

"Isms" and Women in American Society
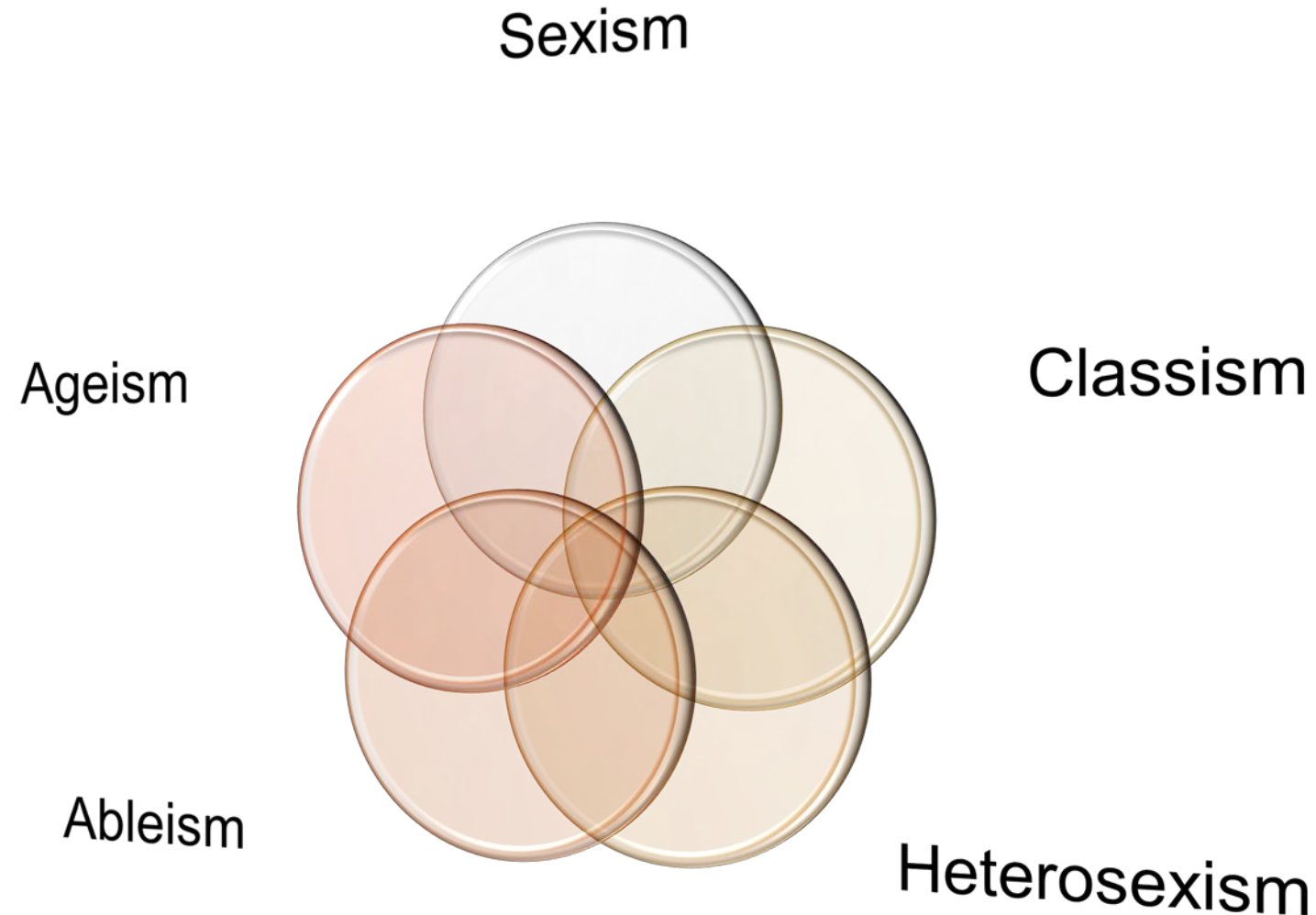
"Isms" and Black Women in American Society

Sexism

Colorism

Racism

Classism

Ableism

Heterosexism

18
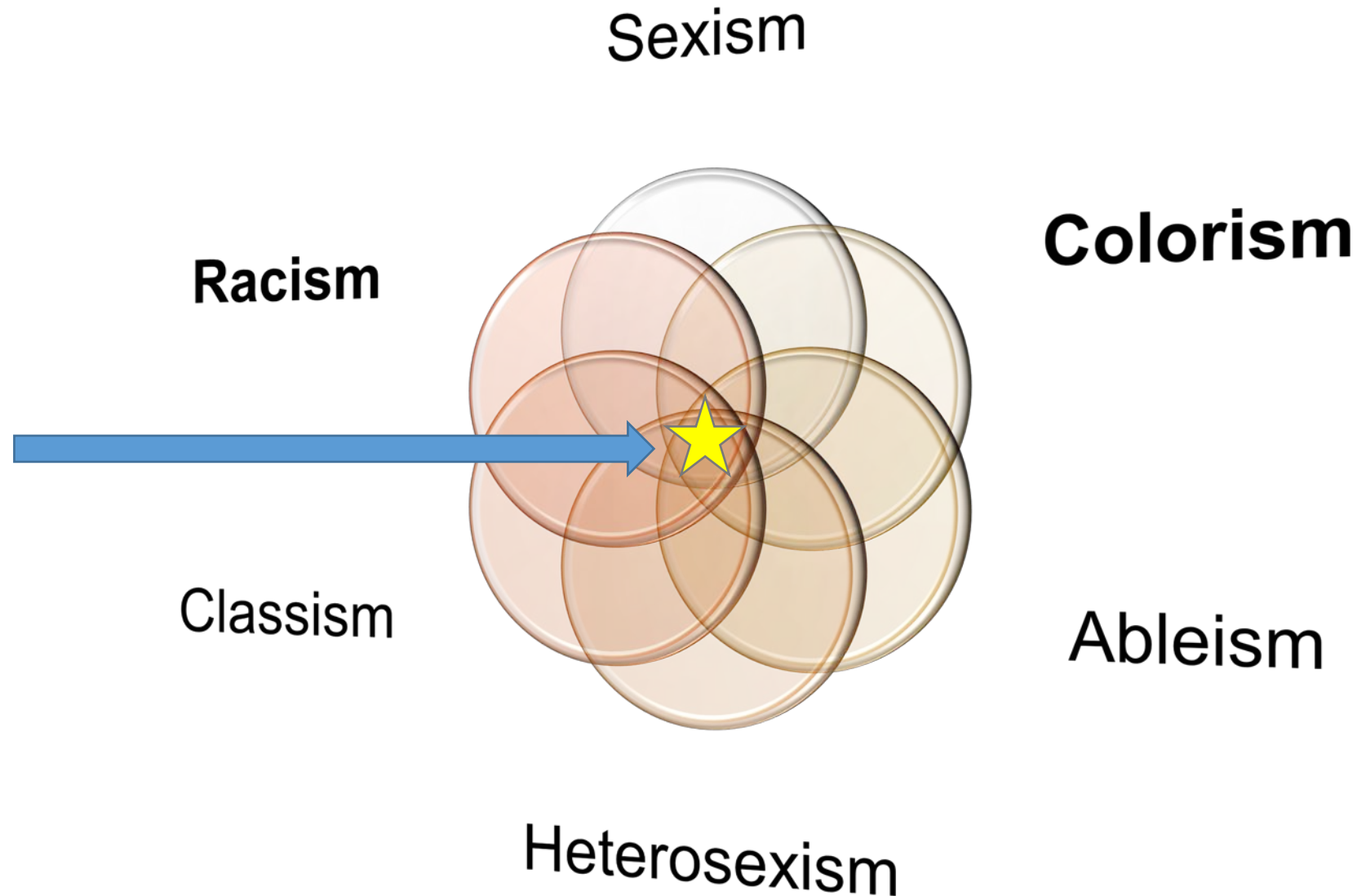
COVID-19

How has the COVID Pandemic Affected Black Women's Mental Health?

- Disproportionate loss – life, health, finances, security
- Economic pressures
- Unable to grieve normally
- Children's education - online school, lost learning
- Children's and grandchildren's mental health
- Separation from church and spiritual practices
- Isolation from family and community

Overlapping Pandemics

"Racial and Ethnic Disparities in Mental Health and Mental Health Care During The COVID-19 Pandemic"

- Examined two nationally representative US surveys:
  - 2019 National Household Interview Survey (NHIS; $N = 30,368$)
  - 2020–2021 Household Pulse Survey (HPS; $N = 1,677,238$)

- Mental health of Black, Hispanic, and Asian respondents worsened relative to white respondents during the pandemic.

- Evidence of especially high mental health burden for Black adults around the murder of George Floyd by police and for Asian adults around the murder of six Asian women in Atlanta.

Thomeer et al. 2022

"Be Mindful of What You Take In"

Barriers to Mental Health Care
&
Help Seeking

Barriers to Mental Health Care & Help Seeking

- Structural
  - Cost of care, lack of medical insurance coverage
  - Geographic accessibility to mental health professionals
- Provider-level
  - Lack of culturally appropriate, culturally sensitive care
  - Stigmatizing behaviors
  - Shortage of providers of color
- Individual/Community-level
  - Mistrust of medical community
  - Limited mental health literacy
  - Stigma within and outside the community
  - Cultural factors and coping strategies

Primm et al 2010
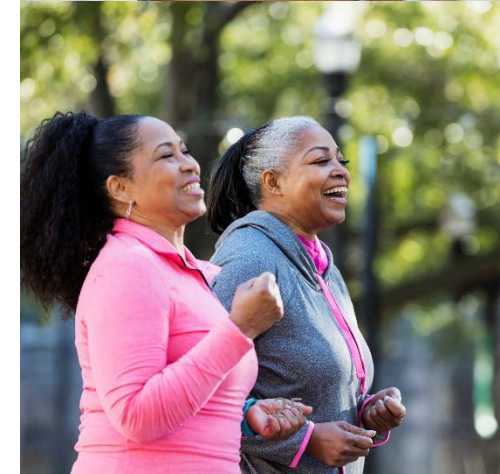
Provider-Level Barriers

- Lack of culturally appropriate, culturally sensitive care

- Shortage of providers of color

- Stigmatizing behaviors

Primm et al 2010

Individual/Community Level Barriers: Mistrust of the Medical Community

- Research suggests that African-Americans generally:
  - Believe that therapists lack an adequate knowledge of African-American life
  - Often fear misdiagnosis, labeling, and brainwashing.
  - Believe that mental health clinicians view African-Americans as crazy.
  - Believe mental health clinicians are prone to labeling strong expressions of emotion as an illness (Thompson, Bazile, & Akbar, 2004).

Conner et al 2010

Individual/Community Level Barriers: Mistrust of the Medical Community

- African American women skeptical about embracing the biomedical model as the cause of depression
  - Reluctant to use psychiatric medications believing that these medications were experimental or mind altering
  - Genetic and/or environmental etiology of depression seen as stigmatizing

Waldron 2010

Individual/Community Level Barriers: Mental Health Literacy & Social Reality

- Difficulty recognizing depression, anxiety, PTSD, etc. → barrier to utilizing services

- Pervasive experiences of struggle, stress and trauma in the Black community

    → *How do you know when stress or sadness has crossed the line to anxiety and depression?*

    → *How do you know when fear and hypervigilance indicate PTSD?*

Conner et al 2010

Individual/Community Level Barriers: Limited Mental Health Literacy

"…African Americans tend to use functional impairment rather than epidemiologically defined symptoms to determine the need for treatment."

Molock et al 2008

Individual/Community Level Barriers:
The Impact of Multiple, Concurrent Stigmas
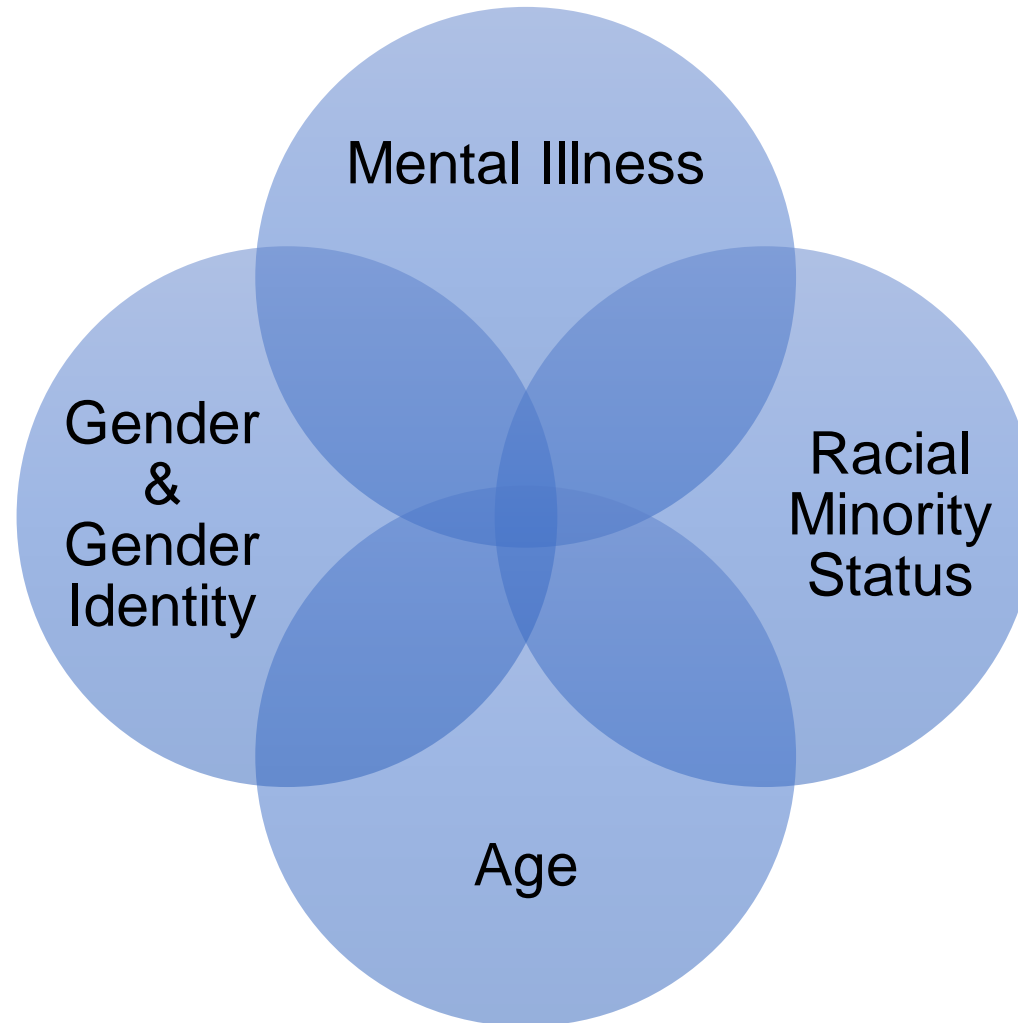
Individual/Community Level Barriers: Cultural Factors & Coping Strategies

- Cultural factors and coping strategies can serve as both strengths and challenges to mental health and mental health care seeking.

*"Let Go…
and Let God."*

Religious Coping: Preferred Method for Mental Health

- Literature has shown religious beliefs to be protective of mental health in general.

- Church Closures due to COVID-19
  - The connection between faith and spirituality as a source of mental health support made church closures during COVID-19 particularly challenging for many Black women.

- *"Blessed and still stressed…"*
  - *Faith and mental health treatment do not have to be mutually exclusive.*

DeSouza et al 2021
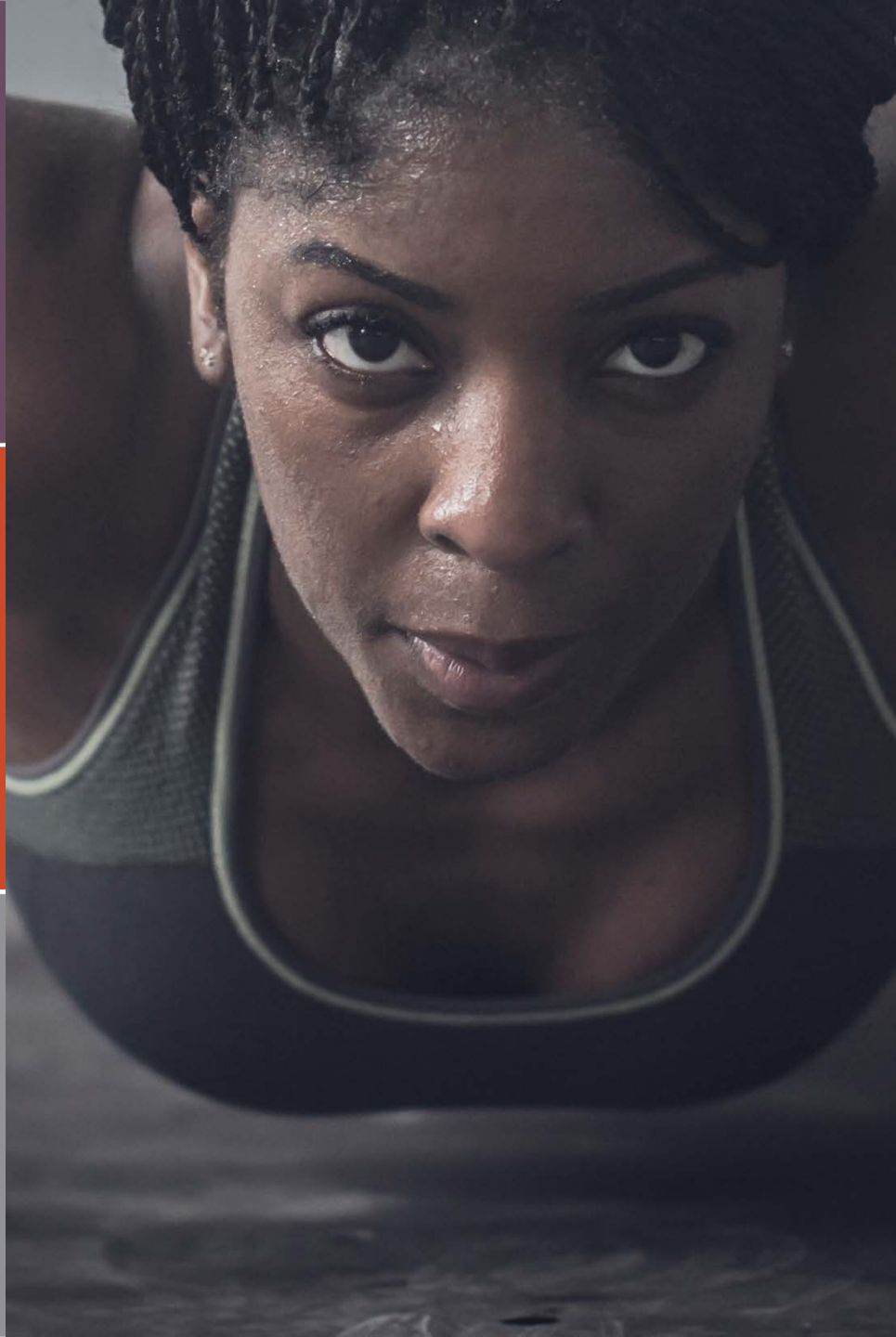
The
"Strong Black
Woman"

Defining the "Strong Black Woman"

- Cultural symbol of Black women's strength that has its roots in slavery.
- Characterized by:
  - Strength
  - Self-reliance
  - Independence
  - Emotional restraint
  - **Ability to take care of others in the face of unending struggle.**

Baker 2017
Donovan & West 2015

Defining the "Strong Black Woman" (cont.d)

"Historically, Black women were seen as inherently 'superhuman' and able to withstand the physical and emotional destruction of slavery, whereas their White counterparts were seen as more frail and 'traditionally' feminine."

Baker 2017

Defining the "Strong Black Woman" (cont.d)

- Re-appropriated by Black women and grew into prominence in the 20th century
  - Means of combating negative stereotypes
  - Respect for ancestry
  - Combats the stereotype of women being dependent and powerless

- **But strength became an overarching defining stereotype instead of one of many intersecting identities.**

Baker 2017

Defining the "Strong Black Woman" (cont.d)

"Being a Black woman turned into a performance of strength where outsiders judged how well she can live up to the SBW ideal instead of questioning a system that demands so much from a person for survival".

(Beauboeuf-Lafontant, 2005)

Baker 2017

"Strong Black Woman" Ideology, Trauma, Binge Eating & Depression

Internalized Strong Black Woman Ideology **+** Trauma

↑**Adherence to Internalized Strong Black Woman Ideology**

Binge Eating ⟷ **Depression**

Baker 2017
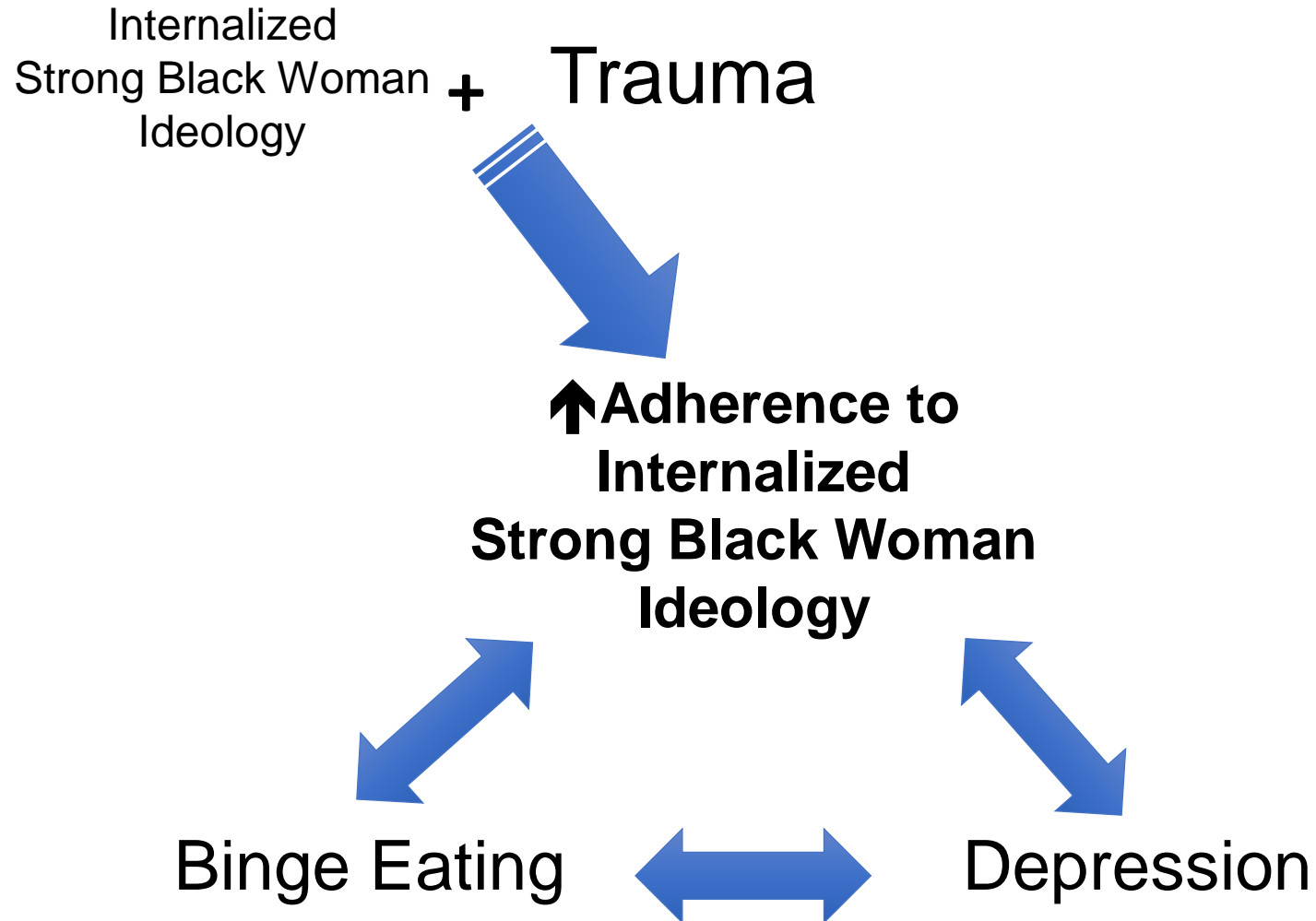
"Strong Black Woman" Ideology, Trauma, Binge Eating & Depression

"For Black women who internalize the SBW ideology, binge eating acts as a way to cope with feelings of depression without breaking the façade of being in control."

Baker 2017

"Strong Black Woman" Ideology & Black Female College Students

- 2015 quantitative study - sample of 92 Black female college students.

- Participants endorsed SBW at moderately high rates.

- **Moderate and high levels of SBW endorsement increased the relationship between stress and depressive symptoms.**

Donovan & West 2015

The "Strong Black Woman": Double Edged Sword

- Adherence to SBW stereotype prompts African American women to use **self-reliance & self-silencing** as coping strategies in response to stressors.

- Allows coping with daily stressors from racism, sexism, classism.

- But prevents full acknowledgment and acceptance of needs and emotions.

- Deters help-seeking both professionally *and socially/personally* for fear of being seen as weak.

Watson & Hunter 2015
Baker 2017

The "Strong Black Woman" and Self-reliance/Self-silencing

"You sort of, well, deal with it. Not that you accept it or not, you just deal with it, and I think that's throughout our whole being involved in being Black…things you just learn to deal with."

-Ms J., 67 years old

Conner et al 2010

Dr. Nicole Cammack
Black Mental Health in America: Redefining Resilience

"Lifting As We Climb":
Black Women & Mutual Support

- Formal and Informal Networks
- Virtual & In-Person
  - Sister Circles
  - Sororities
  - Church & Bible Study
  - Mothers' Organizations
  - Vision board workshops
  - Group texts
  - Social media

Putting it all Together: Recommendations for Practice

Provide Culturally Competent Care

- Understand the ways in which historical and present-day racism, sexism, and classism impact the mental health of African American women.

- Create therapeutic safe spaces.

- Recognize positive and negative cultural coping strategies and be able to address them in the treatment plan.

Provide Culturally Competent Care

- Familiarize yourself with the less stigmatizing language clients may use to describe their depressive symptoms.

- Be skilled in helping patients to open up by acknowledging up front that seeking help is often not easy to do.

- Ask what concerns the client may have about working with a provider from a different ethnic group/gender/age range (if there is one).

Conner et al 2010

Provide Culturally Competent Care: Working with "Strong Black Woman" Ideology

- Understand that the Strong Black Woman archetype exists and that it may be both an asset and a liability for a particular client.

- Ask about the strategies she uses to regulate/cope with her negative emotions.

- Engage her in a collaborative exploration of the pros and cons of her coping methods.

- Consider the use of approaches such as DBT and ACT to improve her ability to manage negative emotions in healthier ways.

Baker 2017

Provide Culturally Competent Care: Leveraging Faith in the Therapeutic Process

- Be open to the client's formulation of their problem and their progress.

- Incorporate spirituality into treatment where relevant:
  - Playing spiritual music during treatment to relieve anxiety
  - Praying with the client/allowing them to pray during the session
  - Including prayer and church attendance in the treatment plan

- Consider referrals to existing local faith-based programs and counseling services where applicable.

Conner et al 2010

Recognize that there may be a significant spiritual experience going on in between clinic visits as the client works to make meaning out of her struggle and incorporates the treatment into her spiritual and world view.

Self Reflection for Cultural Competence

- Examination of your own
  - sense of racial/ethnic identity, potential biases about African American women and worldviews
  - faith beliefs - does your faith perspective differ greatly from the client's?
  - social privilege

- Be flexible and open to how a patient identifies themselves racially, ethnically, spiritually, etc.

- Be mindful of expressing assumptions that can negatively reinforce the Strong Black Woman stereotype.

- *Do not assume completely shared religious or cultural values or interpretations.*
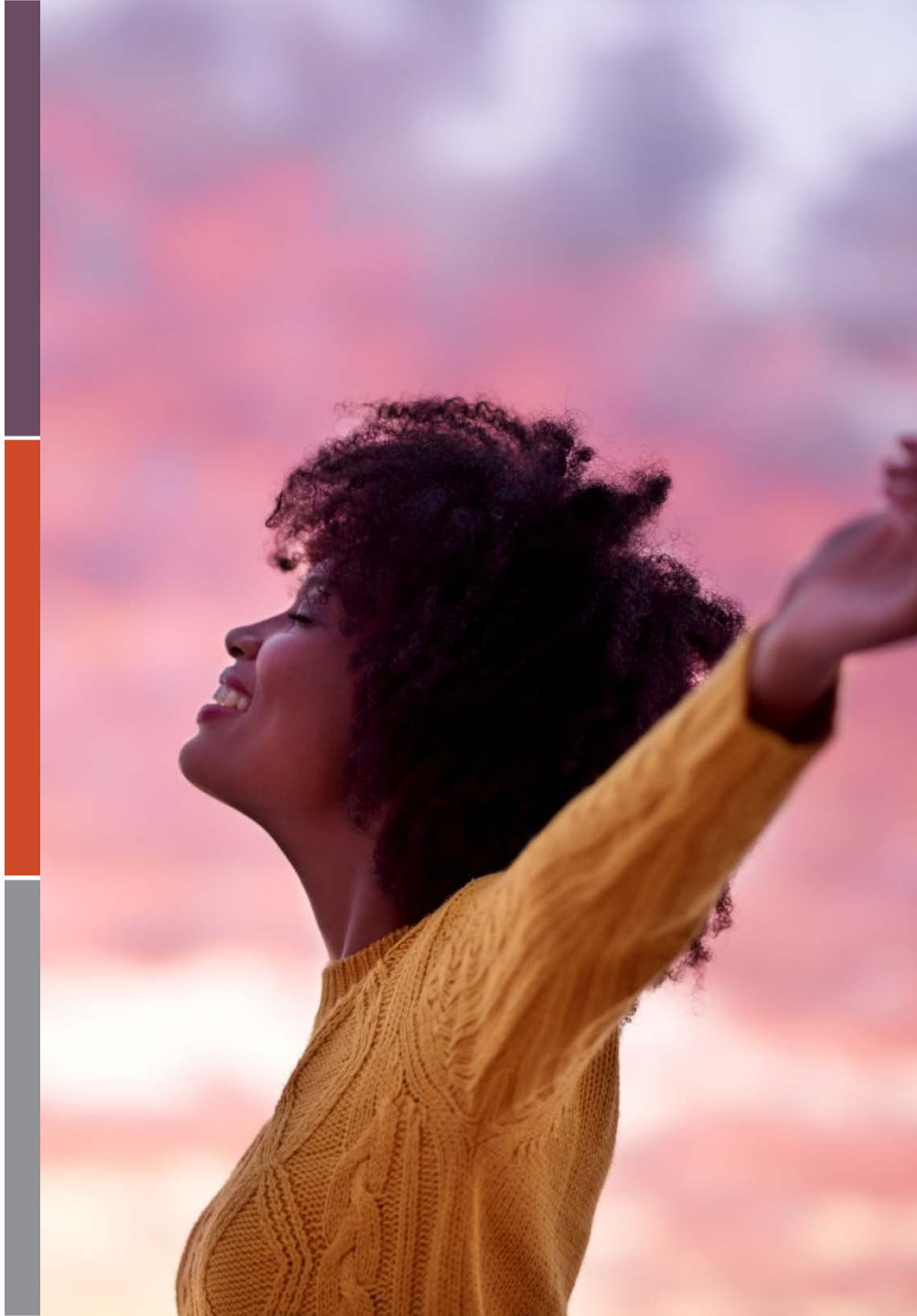
"The fact…that we have always had so much discrimination, [it's] made us tougher…It's made us stronger…And [it's] made us more resilient."

-Ms. S.

Conner et al 2010
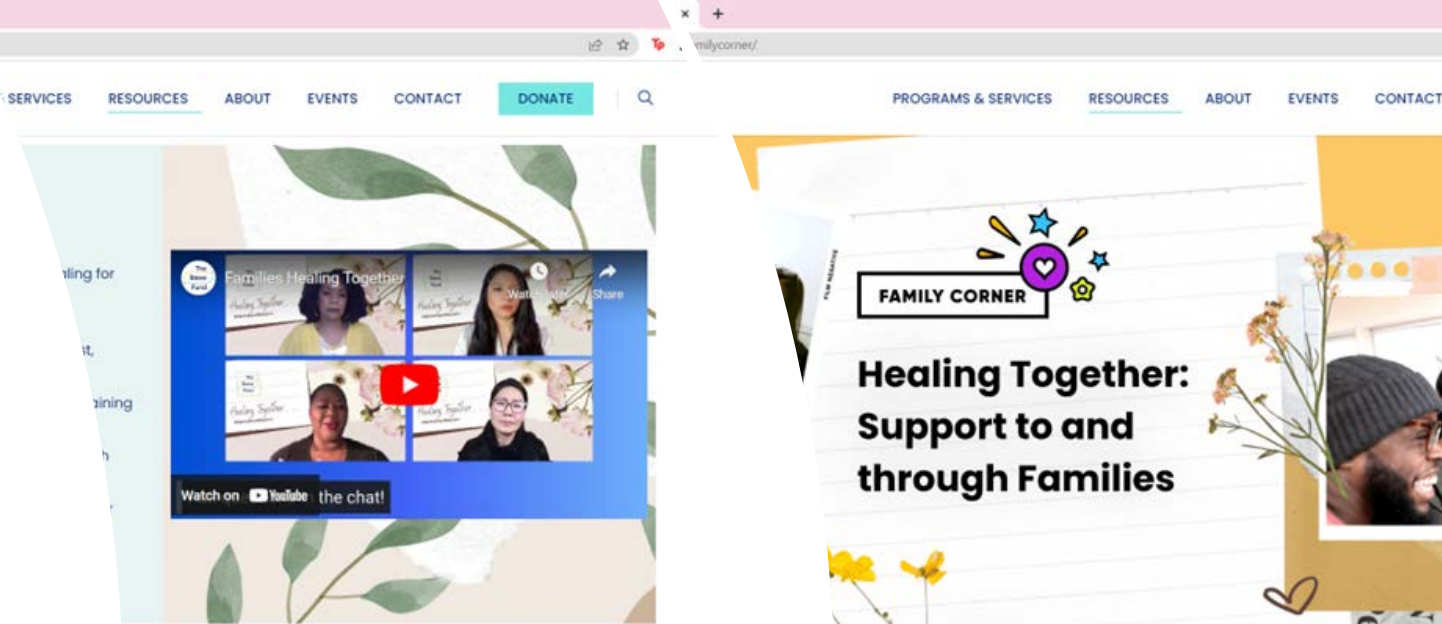
THANK YOU!

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Let's connect: