Anxiety and Phobic Disorders in the Black Community

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May 30, 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

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

Anxiety and Phobic Disorders in the Black Community

Presenter: Topaz Sampson-Mills, MD

Assistant Professor

Menninger Department of Psychiatry

Baylor College of Medicine

Houston, Texas

Moderator: Annelle Primm, MD, MPH

Black Psychiatrists of America, Council of Elders

May 30, 2024

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Today's Webinar

- May is Mental Health Awareness Month, and a great time to discuss phobia and anxiety disorders which are among the most common mental health conditions, and members of the Black community are no exception.
- We thank the SAMHSA CE-MHTTC for its partnership on the BPA Health Equity Webinar series.
- Content has both Central East region and national relevance.
- Our featured speaker is Topaz Sampson-Mills, MD

Anxiety and Phobic Disorders in the Black Community

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Disclosure

- I have no actual or potential conflict of interest(s) in relation to this program/presentation.

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Learning Objectives

- Discuss facts about anxiety disorders.
- Outline prevalence of mental illness in the Black community.
- Show change in anxiety before and after COVID-19.
- Discuss risk factors for anxiety in the Black community.
- Analyze literature and history associating anxiety and other mental health disorders in Black people.
- Show treatment strategies.
- Discuss resources and recommendations for diagnosis and treatment on anxiety in the Black community.

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Types of Anxiety Disorders

- Specific Phobia 7-9%
- Social Anxiety Disorder 7%
- Panic Disorder 2-3%
- Agoraphobia 2%
- Generalized Anxiety Disorder 2%
- Separation Anxiety Disorder 1-2%

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The Facts about Anxiety

- Anxiety is a normal reaction to stress
- Alerts us to danger, helps use prepare and pay attention
- “Fight or Flight”

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The Facts about Anxiety (cont.d)

- Anxiety becomes disordered when it becomes excessive fear
- Anxiety Disorders interfere with work, school and relationships
- Anxiety Disorders are the most COMMON mental disorder
- Affects more than 25 million Americans
- Affect 30% of adults during some part of their lives

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Which Anxiety Disorder is Most Common in the Black Community?

A) Specific Phobia

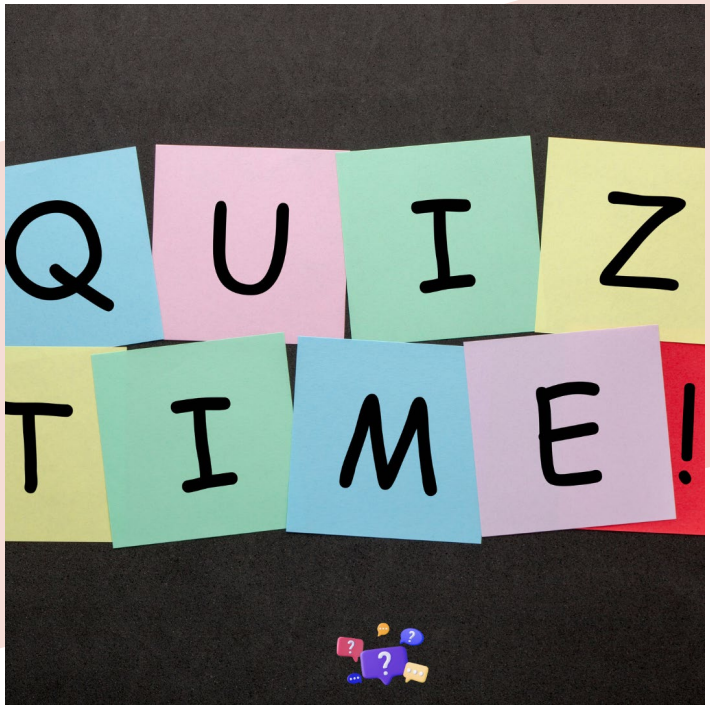
B) Social Anxiety

C) Panic Disorder

D) Agoraphobia

E) Generalized Anxiety Disorder

F) Separation Anxiety



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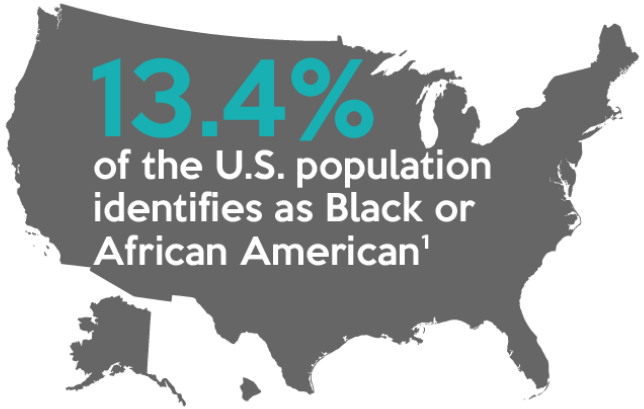

13.4% of the U.S. population identifies as Black or African American[1]

Of those, over **16%** reported having a mental illness in the past year[2]

That is over **7 million people**

MORE people than the populations of Chicago, Houston, and Philadelphia

COMBINED[3]

SOURCES

[1]https://www.census.gov/quickfacts/fact/table/US#

[2]Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS)

[3]https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html

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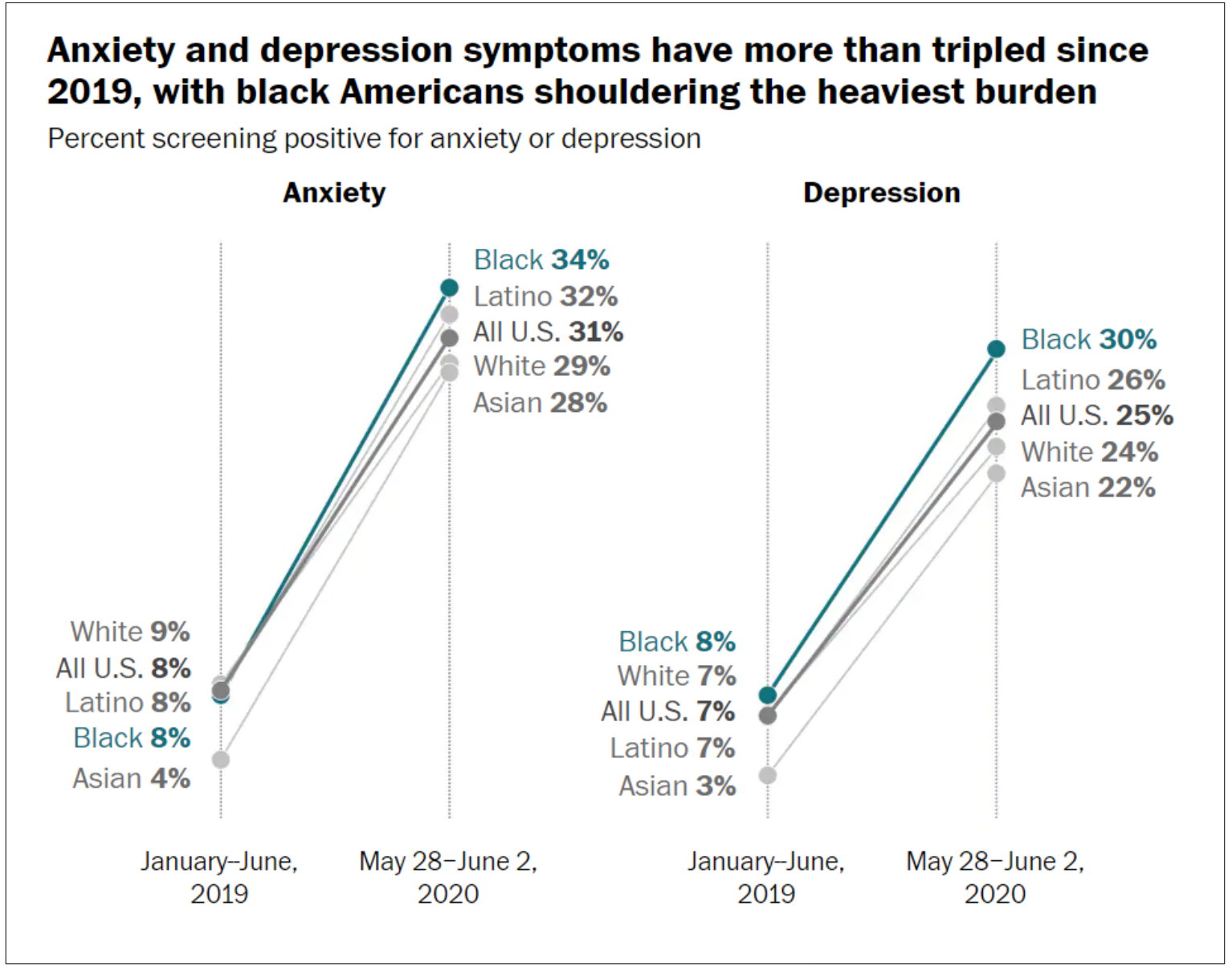

Source: The Washington Post (June 12, 2020)

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Risk Factors for Anxiety Affecting Black People

- Exposure to racial trauma
- Difficult life circumstances due to racism
- Racial barriers to access to care, including racism from care providers and mental health stigma

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Discrimination and social anxiety disorder among African-Americans, Caribbean blacks, and non-Hispanic whites

Debra Siegel Levine [1], Joseph A Himle, Jamie M Abelson, Niki Matusko, Nikhil Dhawan, Robert Joseph Taylor

Affiliations + expand

PMID: 24566508 DOI: 10.1097/NMD.0000000000000099

Abstract

The present study investigated the relationship between discrimination and social anxiety disorder (SAD) in a sample of African-Americans, Caribbean blacks, and non-Hispanic whites using the National Survey of American Life, the most comprehensive study of psychopathology among American blacks to date (N = 6082). Previous work has highlighted a strong association between discrimination and mental health symptoms (Keith, Lincoln, Taylor, and Jackson [Sex Roles 62:48-59,]; Kessler, Mickelson, and Williams [J Health Soc Behav 40:208-230, 1999]; Soto, Dawson-Andoh, and BeLue [J Anxiety Disord 25:258-265,]). However, few studies have examined the effects of particular types of discrimination on specific anxiety disorders or among different black subgroups. In this study, logistic regression analyses indicated that everyday but not major experiences of discrimination are associated with SAD for African-Americans, Caribbean blacks, and non-Hispanic whites. This study adds to the extant literature by demonstrating that specific types of discrimination may be uniquely associated with SAD for different ethnic/racial groups.

The Relationship Between Social Anxiety and Internalized Racism in Black Young Adults

Kline, Emily A., MA | Warner, Carrie Masia, PhD | Grapin, Sally L., PhD | Reyes-Portillo, Jazmin A., PhD | Bixter, Michael T., PhD | Cunningham, DeVante J., MPH, MA | Mahmud, Farah, MS | Singh, Tanya, MA | Weeks, Cody, MA

Journal of Cognitive Psychotherapy DOI: 10.1891/JCPSY-D-20-00030

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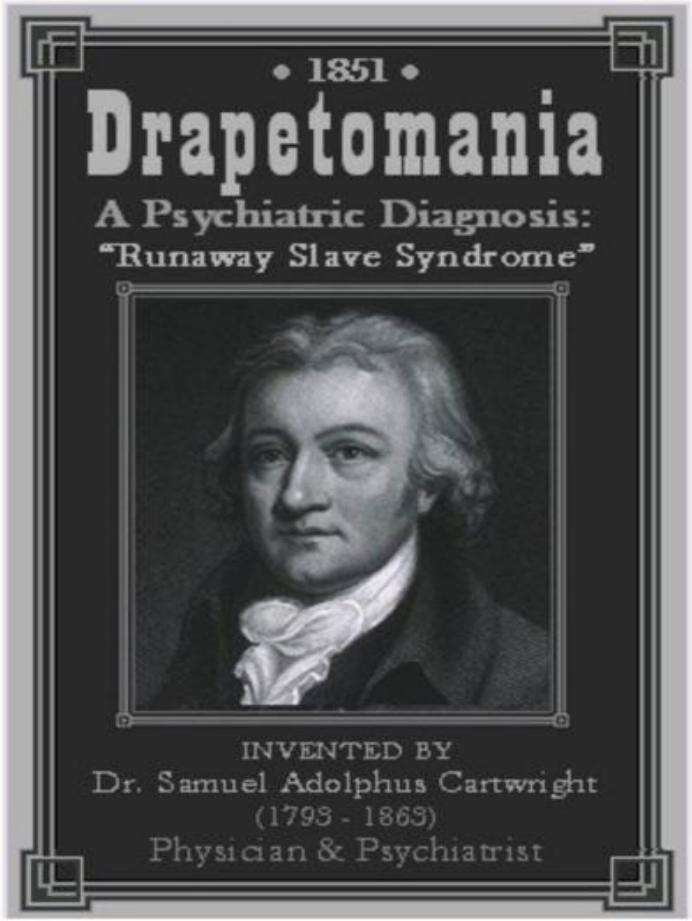
Focus

Article | Metrics

Abstract

The study examined the relationships between social anxiety (SA), generalized anxiety (GA), and depression with racial microaggressions and internalized racism (IR) among Black young adults. Given SA's core features, we expected it to have a unique association with IR, and to moderate the connection between racial microaggressions and IR. Participants were 182 Black university students who completed measures of SA, GA, depressive symptoms, racial microaggressions, and IR. Linear regression models indicated that IR was a significant predictor of SA, but not GA or depression. Racial microaggressions were only positively associated with depressive symptoms. SA and racial microaggressions each predicted IR, but no interaction was found. Black young adults with elevated concerns of others' evaluation may be more prone to accepting negative stereotypes about one's racial group.

How Did We Get Here?



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CLINICAL & RESEARCH NEWS

Cultural Factors Affect Success Of African Americans' MH Care

KEN HAUSMAN

Published Online: 18 May 2001 | https://doi.org/10.1176/pn.36.10.0017

Overdiagnosis of Schizophenia Said to Be Persistent Among Black Patients

MARK MORAN

Published Online: 29 Dec 2014 | https://doi.org/10.1176/appi.pn.2015.1a17

NAME: _____ DATE: _____
PATIENT ID#: _____ MD: _____

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Please enter the score for the term which best describes the patient's condition.

0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe

1. **SOMATIC CONCERN** Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not. SCORE ☐	10. **HOSTILITY** Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (*Rate attitude toward interviewer under "uncooperativeness"*). SCORE ☐
2. **ANXIETY** Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms. SCORE ☐	11. **SUSPICIOUSNESS** Brief *(delusional or otherwise)* that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances. SCORE ☐
3. **EMOTIONAL WITHDRAWAL** Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation. SCORE ☐	12. **HALLUCINATORY BEHAVIOR** Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people. SCORE ☐
4. **CONCEPTUAL DISORGANIZATION** Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning. SCORE ☐	13. **MOTOR RETARDATION** Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level. SCORE ☐
5. **GUILT FEELINGS** Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses. SCORE ☐	14. **UNCOOPERATIVENESS** Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation. SCORE ☐
6. **TENSION** Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient. SCORE ☐	15. **UNUSUAL THOUGHT CONTENT** Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes. SCORE ☐
7. **MANNERISMS AND POSTURING** Unusual and unnatural motor benavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here. SCORE ☐	16. **BLUNTED AFFECT** Reduced emotional tone, apparent lack of normal feeling or involvement. SCORE ☐
8. **GRANDIOSITY** Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation. SCORE ☐	17. **EXCITEMENT** Heightened emotional tone, agitation, increased reactivity. SCORE ☐
9. **DEPRESSIVE MOOD** Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. SCORE ☐	18. **DISORIENTATION** Confusion or lack of proper association for person, place or time. SCORE ☐

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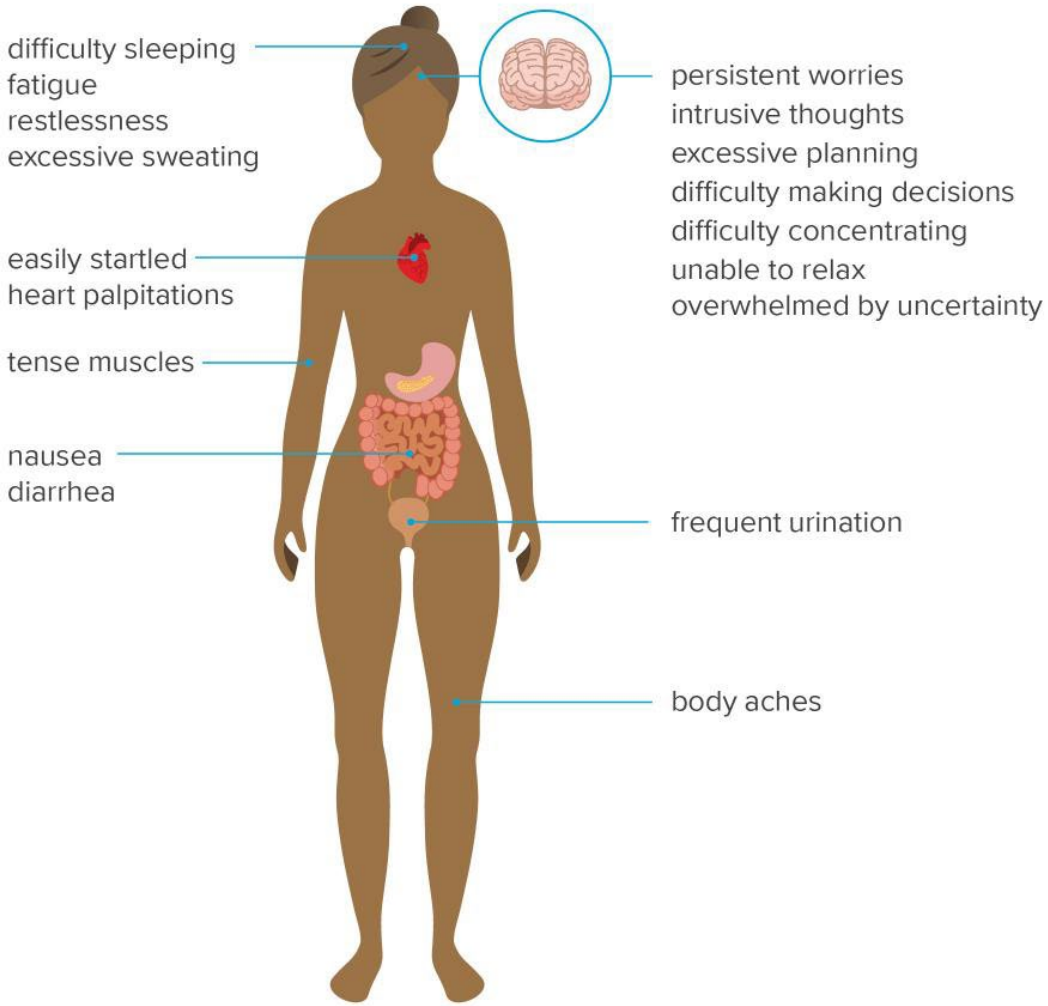
2. **ANXIETY**		11. **SUSPICIOUSNESS**	
Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.	SCORE	Brief *(delusional or otherwise)* that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.	SCORE

MEDICALNEWSTODAY

Effects on the Body

Generalized Anxiety Disorder



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Pharmacologic Treatment

- The good news is there is treatment!
- Make sure no physical symptoms causing anxiety (i.e., hyperthyroidism)
- Medication Types
  - Anti-anxiety (generally prescribed for a short period of time)
  - Antidepressants (i.e., SSRI, SNRIs)
  - Beta Blocker
- Honorable Mentions: Hydroxyzine and Gabapentin

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Non-Pharmacologic Treatment

- Psychotherapy or “talk therapy”
  - Cognitive Behavioral Therapy (CBT)

    Thoughts → Feelings → Behaviors

- Meditation
- Exercise (i.e., Yoga)
- Avoid Caffeine

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Recommendations

Objective Markers

Asking Open Ended Questions

Education & Self Reflection

Changing Social Norms

Addressing Public Policy

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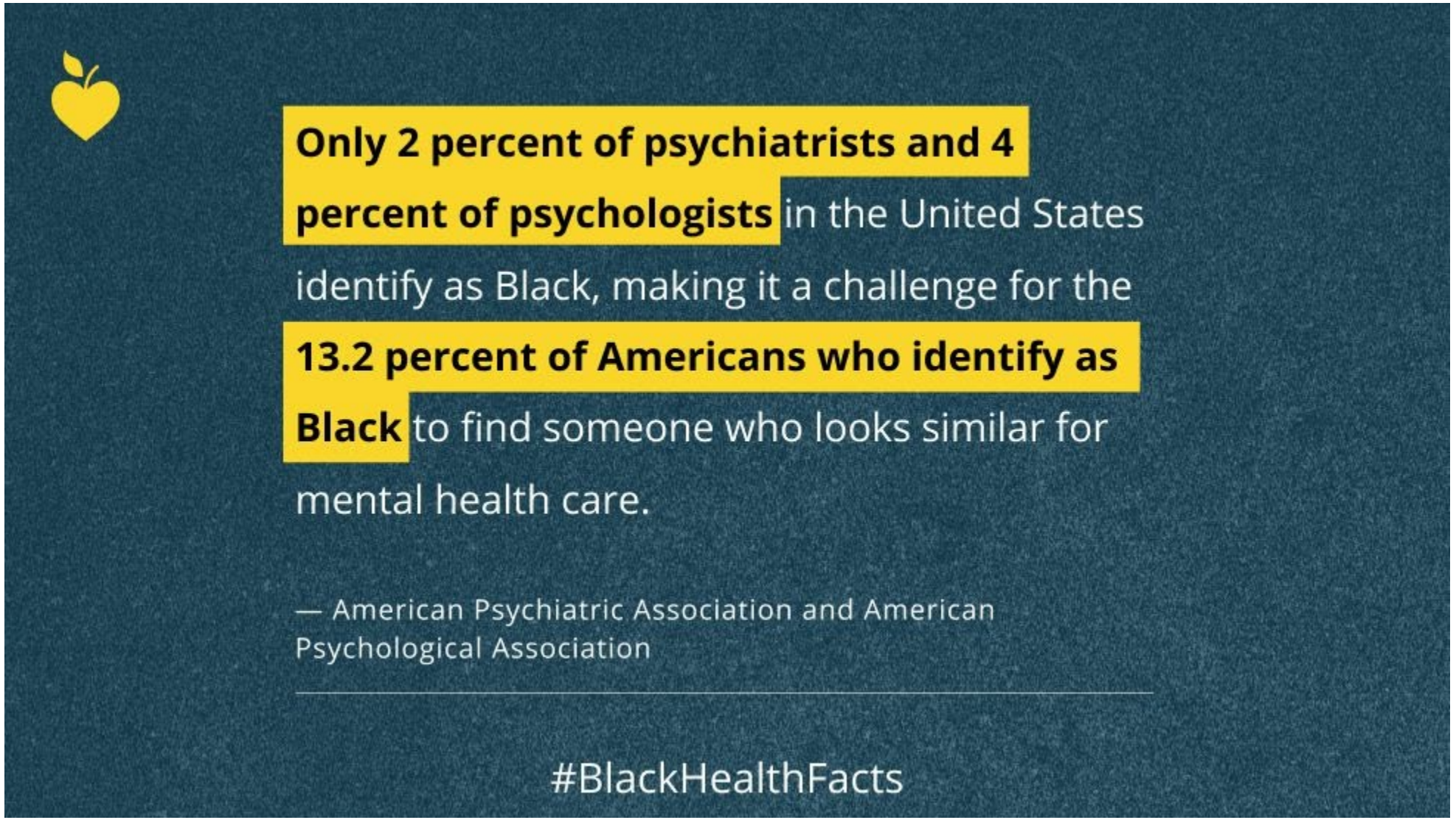

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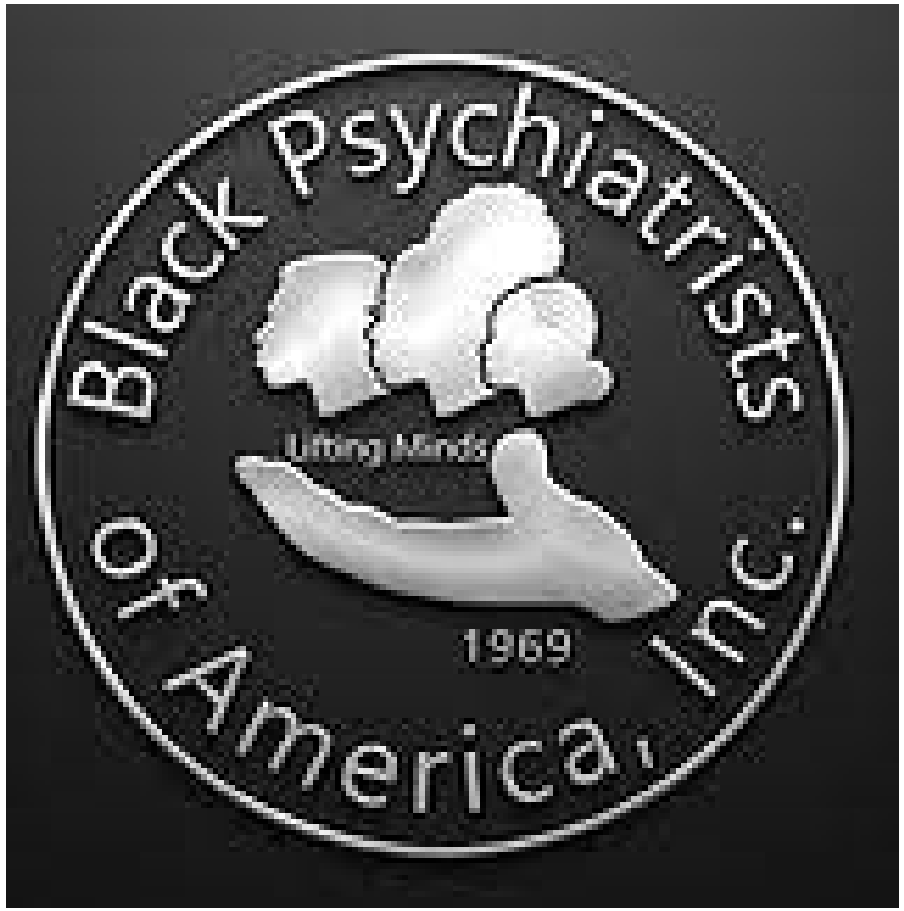
Helpful Resources



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THERAPY for BLACK GIRLS

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THANK YOU

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Appreciation

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