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Stigma and the Reluctance to Address Mental Health Issues in Minority Communities

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Stigma and the Reluctance to Address Mental Health Issues in Minority Communities

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Introduction

For the members of ethnic and racial minority groups in the United States, health disparities lead not only to inequities in outcomes from serious physical health problems, such as cancer, heart disease, HIV/AIDS, and diabetes, but also to poorer outcomes from serious mental health conditions, including stress-related, manic-depressive, and psychotic disorders, as well as suicidal tendencies (Allen, Balfour, Bell, & Marmot, 2014; Bostwick et al., 2014; Jimenez, Cook, Bartels, & Alegría, 2013; Le Cook et al., 2014; Williams & Williams-Morris, 2000). Although current epidemiological evidence suggests that the actual incidence rates of mental health problems do not differ significantly across various racial and ethnic groups in the United States, research shows that many minority groups, especially African Americans and Latino Americans, seek and receive treatments for mental health problems at a much lower rate than the general population does, resulting in many unmet needs for mental health care and poorer mental health outcomes (Alegria et al., 2008; Cook et al., 2014; Fiscella, Franks, Doescher, & Saver, 2002; Jimenez et al., 2013; Lo, Cheng, & Howell, 2014; Neighbors et al., 2007; Obasi & Leong, 2009).

According to Aggarwal et al. (2016), numerous serious communication factors exist that lead to the reluctance of many minority members to seek treatment for their mental health concerns; this reluctance has led to serious disparities in mental health outcomes for members of minority communities in the United States. One of the biggest communication factors preventing treatment relates to social stigma concerning mental illness in these minority communities, which discourages individuals from disclosing concerns about mental health problems and from seeking mental health care (Clement et al., 2015; Corrigan, Druss, & Perlick, 2014; Robinson, 2012, 2013). Social stigma is a problem that reduces the perceived status of the people who are stigmatized, including those confronting mental health problems (Goffman, 1963). Stigma concerning mental health problems involves widespread pervasive beliefs portraying those who experience mental health problems as dangerous, evil, weak, or purposely uncooperative, beliefs that often lead to the avoidance and disparagement of the mentally ill in the United States (Robinson, 2012, 2013; Thoits, 2011).

Social stigma is a primary factor inhibiting discussion about mental health concerns and leads directly to reluctance to seek mental health treatment in many minority communities. This stigma discourages individuals from disclosing their concerns about mental health problems, assisting others facing mental health challenges, and seeking mental health treatment for themselves or others (Hatzenbuehler, Phelan, & Link, 2013;

Parcesepe & Cabassa, 2013; Pescosolido, Boyer, & Medina, 2013; Pescosolido, Medina, Martin, & Long, 2013; Robinson, 2012, 2013). However, because of the importance of communication in the prevention, diagnosis, and treatment of serious health problems, it is critical to address these complex communication barriers that derive from the social stigma related to mental health problems to help increase the use of effective communication for reducing mental health risk and incidence, and to improve outcomes from mental health care, especially within minority communities (Neumann et al., 2010; Turner, 2016). Access to relevant health information can enable individuals to make good decisions about mental health, identify their best strategies for improving mental health outcomes, and reduce uncertainty about helping others with mental health problems (Grohol, Slimowicz, & Granda, 2014; Kreps, 1988; Schomerus et al., 2016).

Communication, Stigma, and Mental Health Disparities

The serious health communication barriers that make discussing mental health concerns problematic have been closely related to growing disparities in mental health outcomes (Corrigan et al., 2014; Neely, 2015). Evidence shows that minority group members are less likely than other segments of society in the United States to disclose mental health diagnoses, receive adequate support from significant others about such diagnoses, seek care for mental health problems, and receive and continue mental health care treatments (Anglin, Alberti, Link, & Phelan, 2008; Corrigan et al., 2010; Robinson, 2012; Whaley, 2001; Williams, 2009). Lê Cook, Doksum, Chen, Carle, and Alegría (2013) indicate that the number of mental health care providers within minority communities is often limited, making access to high-quality mental health care difficult for residents of these communities. It is clear that there are numerous serious problems confronting members of minority communities in the United States that are likely to reduce access to mental health care services and treatments, so that mental health problems are exacerbated (Clement et al., 2015; Corrigan et al., 2014; Robinson, 2012, 2013).

In addition to the aforementioned barriers to receiving mental health care, research has shown that access to relevant and accurate information about mental health issues is often limited among the members of minority communities (Grohol et al., 2014; Obasi & Leong, 2009; Snowden, 2012). Furthermore, lack of information about available mental health services has been found to reduce the understanding of mental health problems that is needed to diagnose them accurately, seek the best treatments, and reduce the burden of mental health problems in minority communities (Grohol et

al., 2014; Obasi & Leong, 2009; Snowden, 2012). Even when the symptoms of mental health problems are detected by the individuals experiencing them, such people tend to self-treat their mental health disorders in ways that often make them worse (Lipsky, Kernic, Qiu, & Hasin, 2016; Lo, Tenorio, & Cheng, 2012; Turner, 2016). In many cases, members of minority groups choose self-treatment for mental health problems, typically with overuse of alcohol and illicit drugs (Lo et al., 2012; Turner, 2016). Although a self-medication approach may appear to these individuals to be an easier route than seeking professional treatments for coping with mental health problems, masking symptoms with substance abuse rarely solves their underlying mental health problems; instead, this common and dangerous strategy often leads to additional problems, such as addiction (Clement et al., 2015; Corrigan et al., 2014; Hatzenbuehler et al., 2013; Satcher, 2001).

Unfortunately, popular media, such as movies and television programs, have often promoted the stigma of mental health problems with the widespread dissemination of messages that help to establish and reinforce prejudice against those with mental health problems, portraying these sufferers as violent, dangerous, and out of control (Klin & Lemish, 2008; Neely, 2015; Parcesepe & Cabassa, 2013; Sirey, Franklin, McKenzie, Ghosh, & Raue, 2014; Stout, Villegas, & Jennings, 2004). Mental health stigma is rooted in feelings of shame, fear, embarrassment, discomfort, guilt, uncertainty, and lack of control (Corrigan et al., 2014; Klin & Lemish, 2008; Neely, 2015). The stigma-related discomfort associated with communicating about mental health issues makes it difficult for those who have such issues to acknowledge their problems and seek help in confronting them, even from members of their own families (Robinson, 2012, 2013). The groundbreaking research of Robinson (2012) on African Americans living with mental health problems suggests that their family members are often unreceptive to hearing about mental health problems and do not provide needed social support to those who have them. It is important to raise consciousness and awareness within minority communities that mental health issues are legitimate health concerns and that as significant health problems they require professional attention and treatment to be remedied.

Discomfort concerning communication about mental health issues is closely related to the stigmatization of those within minority communities who experience them; they are often categorized as crazy, dangerous, violent, hostile, and out of control (*loco*). In Latino communities, it is not uncommon for people with mental health problems to be perceived as possessed by the devil and in need of exorcism (Moodley & Palmer, 2014;

Sperry, 2015). People confronting mental health problems are often perceived as weak, undisciplined, and untrustworthy. Therefore, it is common for individuals with mental health problems to try to hide them, treat themselves for their mental health disorders, and refrain from seeking professional assistance. Lack of therapeutic communication about mental health issues inevitably leads to an increase in mental health problems and poor health outcomes for many members of minority communities.

Moreover, mental health problems are complex, often difficult to diagnose, and challenging to manage (Pescosolido, Boyer, & Medina, 2013). Serious mental health problems often require long-term treatments with a variety of therapies (Nathan & Gorman, 2015). Those who have mental health problems may not recognize their need for help, and others may interpret their symptoms as bad or antisocial behavior. The stigma surrounding mental health problems often leads to stereotyping and limited knowledge about the best ways to interact with and help persons with mental health problems. Inappropriate responses to those with mental health problems can often make the problems worse by frustrating, frightening, or provoking those who are experiencing them (Rogers & Pilgrim, 2014; Wood & Watson, 2016). It can be difficult to reason with people who have mental health problems. Training and educational programs can help increase understanding about the best strategies for recognizing, responding to, and providing assistance for those with mental health problems.

Suicide Prevention and Communication

The many stressors associated with living as a member of a racial or ethnic minority in the United States can intensify mental health problems (Cokley, McClain, Enciso, & Martinez, 2013; Sirin, Ryce, Gupta, & Rogers-Sirin, 2013). Prejudicial public stereotypes about competence, intelligence, responsibility, and intentions often lead to negative views and expectations of members of minority groups (Sirey et al., 2014; Sirin et al., 2013). Similarly, public assumptions about antisocial behaviors, including violence, substance abuse, and criminality, can increase the sensitivity of minority group members to public scrutiny and suspicion, leading to feelings of limited self-worth and a poor public image (Turner, 2016; Whaley, 2001; Williams & Williams-Morris, 2000; Williams, 2009). Living with the stress of prejudice and marginalization can promote depressive symptoms among members of minority groups that can increase the risk for suicide (Bostwick et al., 2014). Suicide has become a major mental health–related problem in the United States that is closely related to a lack of access to sensitive, caring, and supportive communication (Kleiman & Liu, 2013; Lai, Maniam,

Chan, & Ravindran, 2014; Silk, Perrault, Nazione, Pace, & Collins-Eaglin, 2017).

The communication problems encountered in addressing stress disorders and depression are especially problematic in efforts to reduce the risk for suicide in minority communities, where individuals can experience high levels of stress due to social bias and prejudice (Cokley et al., 2013; Sirin et al., 2013). It is difficult for members of minority communities to let others know about the stresses that are confronting them, and it is very difficult to diagnose and treat serious stress disorders. Suicidal tendencies can grow from unaddressed feelings of stress. Communication programs need to be developed to help recognize stress-related problems in minority communities; provide needed health services, such as counseling, therapy, and medications, to individuals confronting stress; and reduce the progression from stress disorders to depression and suicidal attempts (Kleiman & Liu, 2013; Lai et al., 2014; Silk et al., 2017).

Communication Interventions for Addressing Mental Health Problems

New communication strategies, programs, and policies must be proposed to help address the stigma of mental health problems in minority communities and to encourage open discussion about mental health issues, promoting the provision of needed interventions for effectively addressing these serious health problems. Strategic communication interventions have the potential to help address many of the inequities in the management of mental health problems that are prevalent in minority communities in the United States. For example, training for mental health care providers in communicating in culturally sensitive ways with members of minority groups who have mental health issues has been found to improve health outcomes (Copeland, 2006; Pearson et al., 2015). Similarly, culturally sensitive multimedia health education campaigns have been designed to help reduce the significant discomfort that members of many minority communities feel when discussing mental health issues (Corrigan et al., 2014; Silk et al., 2017; Thornicroft et al., 2016). Schomerus et al. (2016) found that an online internet-based educational intervention that provided information about viewing mental illness as a normal part of a continuum of mental health helped to combat the stigma of mental illness by influencing attitudes toward people with mental illness.

Ngo et al. (2016) found that community engagement programs can promote improvements in key mental health functional outcomes, reduce barriers to care, and increase participation in mental health care services. Ali, Farrer, Gulliver, & Griffiths (2015) found that the use of online peer-to-peer social support showed promise as a communication intervention for

addressing mental health problems. African American churches have been found to hold great potential for providing needed social support and treatment referrals for members experiencing mental health problems (Blank, Mahmood, Fox, & Guterbock, 2002; Bryant et al., 2014; Hankerson & Weissman, 2012). Bridges et al. (2014) found preliminary evidence indicating that the use of integrated mental health services, which seek to reduce stigma and barriers to service utilization by embedding mental health professionals into primary care teams, can help reduce mental health disparities for Latinos. In addition, programs that promote the expression of social support have been found to reduce risks for suicide by encouraging resilience, combatting loneliness, and promoting feelings of self-worth (Farrell, Bolland, & Cockerham, 2015; Silk et al., 2017).

Communication research can help identify the best strategies for reducing the stigmatization of mental health problems in minority communities. Basic research studies are needed to examine how key communication processes, such as relational coordination, information sharing, social influence, social support, and intercultural communication sensitivity, are related to providing help to individuals confronting mental health problems. We also need surveillance research programs to track how societal communication practices that stigmatize mental health issues can be reduced to promote a greater understanding of mental health issues and support for those living with mental health challenges. Most of all, we need to continue to develop and test evidence-based communication intervention programs for educating key audiences about mental health, as well as for training professional and lay caregivers to interact effectively with people seeking care for mental health concerns. There is great promise for improving mental health outcomes among members of minority communities if we can develop key communication strategies to reduce mental health stigma, increase access to relevant mental health information, and introduce communication programs that make high-quality mental health care easily available to all people who need such care. Increasing access, understanding, and the exchange of relevant mental health information can help to reduce disparities in mental health outcomes.

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