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**Mental Health Care among Latina and African American Women:
Literature Review and a Proposed Intervention**

An honors thesis presented to the School of Social Welfare University at Albany, State
University of New York in partial fulfilment of the requirements for graduation from The Honors
College

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Abstract

This paper attempts to explore the cultural stigma associated with mental health treatment among Latina and African-American Women. It also offers a possible intervention that could be implemented in New York City. The intervention involves an event in which the women are interviewed for feedback and information is provided. Discussion is included regarding why this topic should matter to the general population, academic researchers, and social workers.

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Purpose of Research

As a minority and a second-generation immigrant woman, it is important to me to understand the obstacles or challenges that other minority women have to face in the U.S.A. According to the Declaration of Independence, everyone has the right to life, liberty, and the pursuit of happiness in the United States of America. I believe that society cannot fully achieve these three ideals if mental health issues are not appropriately addressed. Too often, people are ashamed to seek out medication or therapy. It is important to understand and learn more about why people carry the shame and guilt associated with mental health treatment. For this reason, I decided to explore the causes of the lack of use and accessibility of treatment for depression among low-income African-American and Latina immigrant women. I also propose a strategy that could attempt to address these issues.

Hypothesis

I hypothesized that the lack of use and accessibility of treatment for depression among low-income African-American and Latina Immigrant women could be associated with the inability to afford medicine, and cultural messages against common forms of treatment, such as, psychotherapy, counseling and medication. A general lack of knowledge will likely have a negative correlation to being treated for depression as well. For example, people may not know where to find a therapist or how to access prescribed medication to remedy mental illness if they live in low-income areas. This is simply because they may not have the financial resources to consider professional treatment for mental illness. Therefore, they would not be familiar with the location of the nearest counselor's office or how to obtain a prescription for antidepressants. They might not have health insurance to cover a visit to a psychiatrist or to a doctor's office where they could get a prescription.

I also hypothesized that cultural beliefs among African-American and Latinas, which encourage women to be “strong” and “independent,” could discourage seeking help. I first developed this idea based on my own experiences with African-American and Latina women who I knew. The research that I conducted supported this idea.

Relevance to modern society

Why should anybody who is not directly affected by this topic be concerned with it? Imagine if everybody received the mental health treatment they need. There would be an increase in the number of people who are able to function in society by taking care of themselves and possibly their loved ones as well. This could decrease crime and the world would become safer. Imagine just one less tragic shooting or one less suicide simply because someone took his or her medication or went to their counseling appointment. The National Survey of American Life reports that 39.5% of African Americans living in an area that is considered to have very high drug and crime problems had a psychiatric condition. According to the researchers who conducted the study, the psychiatric conditions were either the cause of the original crimes or they were the result of the stress from living among the dangerous and illegal activity (Simning, Wijngaarden, & Conwell, 2012).

There are a large number of people with mental illness in the criminal justice system and adults with Attention Deficit Hyperactivity Disorder (ADHD) are more likely to encounter this system (Zhu, Moulden, Mcneely, & Mamak, 2013). In fact, 45% of prisoners have a diagnosis of ADHD according to the American Psychiatric Association. I have to wonder if these particular prisoners still would have committed the crimes that they were sentenced for if they were treated or prescribed appropriate medication (Zhu, Moulden, Mcneely, & Mamak, 2013).

After reading these facts, I imagined there could be a safer world with less crime as a result of more people receiving treatment for mental health conditions. One may not care about neighborhoods with high crime rates if one does not live there. However, one may certainly end up visiting the area or encountering someone from these neighborhoods. One may find someone with a mental health condition anywhere. It is important to ensure that everyone's mental health is cared for to ensure a safe, healthy, and happy environment for everybody.

Importance to academic researchers

Researchers have the resources to help us learn more about mental health treatment disparities. They are most likely to have ties to academic communities, professionals, and the qualifications to conduct sound research. These resources increase their ability to obtain financial support to as members of an institution of higher education. People in academia have the potential to make a huge impact in decreasing mental health treatment disparities. They can do this by either conducting research or teaching others about the topic.

Literature Review

Overall, the literature supported the hypothesis and helped me discover ideas that I had not contemplated before. For instance, in a study completed by the National Institutes of Health, 83 African-American women completed a questionnaire and interview about life experience and mental illness (Nicolaidis et. al., 2010). Many of them mentioned messages from family members that discouraged them from seeking treatment for depression. In fact, most of them stated that they were taught not to go to therapy or take medication. One of the women gave a powerful statement about what her family said to her about this subject: "When my grandma gave birth to my dad, she didn't have the option of going to the hospital because the hospital

wasn't open to her".... And when my son got sick my granny said "No, you don't need to go spend no money on no Triaminic or whatever it is. I got this right here."

There were several statements like this that suggested that one of the major reasons why these women were taught not to engage in therapy or take medication is because of their cost. The same study revealed another factor that I never considered when developing the hypothesis. Every one of the women involved in the study reported experiencing Intimate Partner Violence of some kind in a relationship at least once in their lifetime (Nicolaidis et. al., 2010). Many of the women reported being told not to speak to anyone about their relationships making therapy obsolete and impossible. There were also intimidation and fear the abuse would continue to escalate if they spoke about it with anyone especially someone who would report the abuse. A licensed therapist could possibly be obligated to report it to the police if the client speaks about abuse according to mandated reporter laws (Nicolaidis et. al., 2010).

Additional research showed how women from some cultural backgrounds are often shamed into being silent about mental illness. The American Journal of Cultural Diversity conducted a study in California with 36 Caucasian, 46 African-American, and 43 Latina Immigrant Women, all of whom had been diagnosed with depression. The findings highlighted the shame associated with mental illness because the women were asked about a stigma related to it. They were asked to rate the level of stigma in their culture on a scale of zero (being the lowest) and 3 (being the highest). African-American women gave the highest ratings while Latina Women were the second highest (Myers & Wei-Chin, 2013).

The same study also showed that African-American women had a tendency to follow religious beliefs to treat depression. Some believed that attending church was enough of a remedy for depression. Latina immigrant women often stated in the interviews that they

experienced depression when their traditions were not being practiced or something else was out of the ordinary. For instance, they stated that changes in energy levels could cause depression (Myers & Wei-Chin, 2013).

Another influencing factor may be racism in the U.S. health care system. Primary care physicians are not as likely to detect, treat, and actively manage depression effectively in minority patients (Nicolaidis et. al., 2010). Little or no cultural sensitivity may also deter minority individuals from seeking mental health treatment. A study conducted in North Carolina supported this concern (Meyer & Zane, 2013). The study included 75 females, 24.5% of whom were either African-American or Latina. They were waiting in a clinic to see their care provider and were invited by a researcher to participate in the study. The participants completed a questionnaire asking about cultural sensitivity and how race or ethnicity impacts mental health treatment. For example, one of the questions was “In your treatment, has your provider included knowledge about the discriminations and prejudices faced by your racial/ethnic group?” After researchers analyzed the answers to these questions, they found that participants did not feel as if their mental health practitioners were culturally sensitive to their racial or ethnic group. They did not feel as if their experiences or the struggles that they have faced were understood. This is a major obstacle that discourages women from seeking treatment for mental health (Meyer & Zane, 2013).

Meyer and Zane’s study (2013) supported the idea that it is important for mental health practitioners to take certain factors such as race and ethnicity into consideration. This idea is also supported by a personal reflection written by an African Jamaican scholar at the University of the West Indies, Dr. Fredrick Hickling (2012). He reflected on the idea not only as an academic scholar but as a clinician himself. He conducted a qualitative retrospective analysis of his clinical

cases. The personal reflection provides stories and examples of Dr. Hickling's experiences in which he had to be knowledgeable about people who may be culturally different from him. It not only included his experiences in Jamaica but also in New Zealand. His reflections emphasized the importance of practitioners reviewing literature and information regarding various racial and ethnic groups with whom they may work. While his cases were not in the U. S., Dr. Hickling's contributions still emphasize the universal significance of cultural sensitivity in the field of mental health (Hickling, 2012).

A study conducted in California indicates there are obstacles that prevent immigrants in this nation from receiving adequate mental health services or any service at all. The researchers interviewed 30 participants from various countries who received services from a facility in Santa Clara. Approximately half of the participants were female. They were asked to answer questions about mental health. They were provided with interpreters who spoke their native language if needed. The study concluded that the following five factors prevented them from seeking services: language, enculturation, economic barriers, discrimination, and the ability to find suitable employment (Saechao et. Al., 2011).

The literature review supports the hypothesis that the lack of use and accessibility of treatment for depression among low-income African-American and Latina immigrant women could be associated with the inability to afford medicine, and cultural messages against common forms of treatment, such as, psychotherapy, counseling and medication. Partner victimization, racism in the health care system and religion were also determined to be influencing factors per this literature review. Each of these factors is ingrained in culture and society. In order for African-American women and Latina immigrant women to seek mental health treatment, an intervention would have to be developed that addresses these issues.

From a social worker's perspective, it is important to respect certain aspects of tradition such as religion or superstition. Social workers need to learn about cultural differences so they may not inadvertently negatively criticize aspects of an individual's culture that they may not agree with. For instance, a social worker should not express to any of these women that it is bad or ridiculous to believe that it is wrong to receive professional treatment for depression. This would not allow the women to feel respected or inclined to develop a client-social worker relationship. It would cause more harm than good. It is, however, critically important to share information and educate women about mental health treatment. Perhaps, these women should be able to seek medical treatment for depression without shame. If this particular issue can be combated then perhaps a breakthrough could be reached.

Case Study

I interviewed a young twenty-two year old woman whose parents emigrated to the U.S. from Haiti. She and her family members adopted an identity similar to that of an African-American. I asked her about her experiences with mental health conditions and what her family had told her about it. She expressed that mental health was never really discussed in her family. It was never really talked about in her culture. The preferred way to treat anything related to mental health was religion. This inspired her to study psychology in college to learn more about it.

“I did not learn that much about mental health from my Family. In my culture there is not a lot of talk about mental illness in depth. As far as taking medication that is frowned upon unless absolutely necessary. The medicine preferred is prayer. The views on mental health is that religion is viewed as an answer. This impacted me greatly as a person growing up and my decision to study psychology was fueled by my curiosity for learning

about the human mind and mental health because it was not an issue spoken about in my home.”

This was a statement she voluntarily gave me. The statement supports my hypothesis because it pointed to a cultural stigma against treating mental illness with therapy or medication. It supports the idea that some cultures encourage the use of religious beliefs instead of traditional methods to treat mental illness. It offered me a different perspective.

Intervention Objective

In light of this research, I am proposing an intervention that could help break the barrier between treatment for depression and low-income African-American and Latina immigrant women. The intervention would take the form of an educational program that helps spread the message that all women should be able to seek care for mental illness without shame or racism in the mental health care system. This program could begin in a neighborhood in New York City in which many of these women reside. As a prospective social worker, I believe social workers should be involved in this intervention. The project would be aligned with the guidelines set up by the National Association of Social Worker’s Code of Ethics. This code states that a social worker must understand the culture of another and also respect it. True change in our society and our world comes from understanding the culture and background of others in order to truly change their lives. For instance, many people would outwardly say that it is wrong not to seek treatment for depression to a woman who is a part of a low-income African-American community. On the other hand, a social worker would be prepared to understand the why it is like that in her culture. Social workers are prepared to really understand individuals and treat them with certain values that they abide by such as respect, dignity, integrity, and cultural competence (National Association of Social Work, 2008).

The main goal of the program would be to learn and help the women understand why the stigmas exist in their cultures in the first place. When women have been taught to deal with their problems themselves rather than to seek professional help, it is extremely important for them to learn that there are other options. They will not be able to imagine a world where it is okay to go to therapy and take medicine until they learn more about these options acceptable and available to them. While it may be an educational experience for the women, it will certainly be an educational experience for the researchers as well. The researchers really have to immerse themselves in to the world of these women to understand what it is like. They have to learn something new about another population. It is impossible to help others effectively if you do not understand them. I believe an opportunity for African-American and Latina women to examine the mental health stigma that may exist in their cultures and evaluate their feelings about medication and therapy is a promising start.

Intervention Method

Participants could be recruited using a grassroots approach with a group of social workers going door to door in a low income neighborhood where African American and Latina women live. One suggested strategy for data collection is personal interviews to gather information that would help understand why people have certain beliefs about mental illness. Interview questions could ask women about their mental health history, beliefs suggesting shame and stigma about mental health and seeking help from professionals, and where they think these beliefs originated. Questions could also ask the participants what they think about these beliefs. It is be crucial to interview participants privately because the questions are very personal and recognizing their family members may be playing an important role in fostering the shame they may be feeling if they do experience depression.

A next step would be holding an event for the women who are interviewed. A presentation and question and answer session led by a psychologist or a social worker with expertise on cultural stigma of mental illness. This professional would discuss how to use their hobbies and interests to combat depression and complement professional treatment as well. Discussions could also address the messages in the media targeted to minority women. This segment could discuss specific commercials, movies, magazine articles, and news stories that enforce the message that Latina and African-American women should feel guilt if they suffer from mental illness. The presenter could have an analytical conversation about how these messages may have been ingrained in the way of life of the participants. This could help eliminate the stigma.

The most important part of the event would involve the presenter speaking about how extremely helpful it is to seek treatment from mental health professionals. This presenter could share personal stories that illustrate the benefits of treatment for clients emphasizing that it takes strength and courage to seek professional treatment for depression. Of course, these opinions and anecdotes would have to be shared respecting client confidentiality. At the end of the event, it is hoped that Latina and African American women become aware of the origin of the shame and stigma associated with mental illness and that seeking professional help is nothing to feel guilty about if they choose this new perspective. Even if there is limited success, exposure to another way of thinking and views could be helpful. This approach is very different from one that criticizes or makes disrespectful and negative comments about their culture and the way they already think about mental illness. An African-American or Latina woman speaker may be appropriate to help make the participants less intimidated and more receptive to what she has to say.

As transportation is often a hindrance, this event could include free bus transportation. It could be held at a place that is easy to access and locate such as a school or community center. This would ensure that all of the women have an opportunity to go to the event regardless of where they live or whether or not they have a car. Childcare could be provided by volunteers. Women might be more likely to come if the intervention occurred as part of another event organized by another group that is frequented and trusted by this population. Women who were already going to an event sponsored by a reputable organization could hear the speaker and participate in the intervention there.

The researchers who interviewed the women originally would analyze the data collected and share the results with the presenter beforehand to plan an event that would be truly helpful. Hopefully, the presenter can address the concerns with receiving professional treatment for depression that the women may express. This is very important to make the event personal for the participants.

Sampling Method

Participants would be selected using randomized sample methods. First, 50 homes in a low-income Latino neighborhood in New York City such as the Bronx would be randomly identified. The women living in these homes would be invited to the event. Next, women from 50 randomly selected homes in a low-income African-American neighborhood in New York City such as Harlem would be invited to participate.

There are two additional steps that must be taken in order to ensure that every effort has been made to ensure that the sample population is truly chosen randomly. One of these steps includes systematic random sampling in order to choose from which houses to invite women to participate. This would require the use of simple random sampling to choose one street in Harlem with a computer generator. In this case, every fifth house in Harlem, starting from the

street that was generated by the computer, would be selected. It would start at the end of the street with the lowest building number. The same process would be repeated for selecting homes in the Bronx. The next step would involve randomly selecting one woman from each household who is over the age of 18. I would put the names of all the woman from the home who are willing to participate in the study in a hat then draw one name from the hat to select a participant.

This form of selection reduces the probability that the group of women will be chosen with bias. It increases the probability that there will not be other factors to skew the results of the survey which will determine whether or not the intervention is effective. This ensures that factors such as age, height, weight, occupation, education, general health condition, diagnosis of depression, experience with professional mental health treatment and proficiency in the English Language do not impact the results. Random sampling allows a variety of women from both of the races and neighborhoods to be represented. For instance, drawing the name of one woman from each household from a hat prevents myself from gathering a sample population of women who all work in the same place. When drawing her name from a hat, one cannot know what her age is, whether she completed school, her body type, the state of her mental and general health, whether she has received treatment for it, or her proficiency in English.

Limitations of the Intervention

One possible limitation of the intervention is safety. Going door to door to people's homes in some areas could be associated with potential danger. The risk could be reduced if the social workers who were conducting interviews could visit the neighborhoods during daylight hours. It would also help if they worked in groups rather than alone. Familiarizing themselves with the area beforehand could make it safer as well.

Another major limitation of the study is cost. There are several expenses associated with this project. Some of them include hiring social workers, hiring a reputed and experienced speaker for the event, a venue for the event, childcare and the bus transportation. There may be costs associated with the event as well such as food and decorations. Fundraising and good budgeting could certainly help address this limitation. Organizing a fundraiser activity would be a second project itself but it would be worth it. Grant funding may be available for such a project. It would be important to reach out to national and NYC charitable organizations that may be willing to donate via letters and e-mails.

Another limitation is the fact that the study would be conducted only in New York City. The sociodemographic characteristics and conditions of New York City may not be applicable in other areas. For instance, not every other urban area in the United States of America has five distinct boroughs. The intervention may not be as effective in rural areas or areas with a different type of culture. For example, the culture on the West Coast is very different from the East Coast. The unique traits of New York City have to be considered when determining the reliability of the intervention.

A very important limitation to the implementation of this project is the anticipated difficulty securing women willing to participate. It is hard to know for sure if they will agree to go to an event or even agree to be interviewed. They may not be willing to be involved if they have experienced trauma or hardships such as drug abuse, violence, poverty, or any other difficulty. One way to help counter this limitation is making sure the researchers treat potential participants as women who are strong and deserving of empathy rather than helpless victims so they are more likely to open up. Local organizations that serve African-American and Latinas could provide support.

It would be crucial to explain to the women that they do not have to participate if they do not want. This is another reason why it is so important for social workers to be involved since they are bound by professional ethics to respect a person's self-determination. Participants would also have to sign a consent form agreeing to participate before they are interviewed in their home. This form would be in the language that is understandable to someone with a minimal reading level for those with little or no formal education. The document would be available in English and Spanish. It would explain everything they need to know about the project. It would also explain the risks of participation. One of the potential risks is that they may feel uncomfortable when researchers ask very personal questions about their experience and opinion regarding mental illness and depression. It is important that they know that it is possible that the questions may make them uncomfortable. They must also know that researchers will read the answers to their questions. This is another extremely important aspect of the National Social Work Code of Ethics. The Code states that individuals must give informed consent when participating in research. This includes an understanding of various aspects of the study including objective, method, and risks. It must be explained in language that the individuals can comprehend (National Association of Social Work, 2008).

Measure of Effectiveness

Evaluating the effectiveness of an intervention is critical. It is imperative to assess whether or not an intervention actually accomplished what it was intended to achieve. In this particular case, the main objectives of the intervention are to raise awareness about cultural stigma and to encourage women to seek professional help to deal with mental illness.

Two evaluation strategies would be used. First, participants will be invited to complete a survey before the home interview and after the event. The survey would include questions about

how they feel about taking medicine and/or participating in therapy for mental health conditions. Questions would also ask about their own experience with mental illness, particularly depression.

Second, a panel of experts in the fields of social work, psychology, African-American Studies, Latin American Studies, and Women Studies would evaluate the project for the purposes of quality assurance. They would most likely be college professors who have researched these subjects before. They would not only evaluate the intervention but they would also analyze the various components of the project.

Implications for Social Workers

The topic of mental health inequalities is of great interest in social work research, practice, and policy. Social workers must fight for diversity, cultural competence, equality, and the dignity and worth of all people as these are the core values of the Social Work Code of Ethics. The project presented here offers social workers a vehicle to help African-American and Latina Women feel empowered as they become more aware of cultural mental health stigma and alternative options to treat mental illness. This, indeed, could change their lives for the better. The notion of empowering marginalized people is the very premise of social work. Similarly, any attempt to decrease disparity in mental health treatment is a form of social justice. This is consistent with the mission and goal of social work. Social workers advocate passionately so everyone has an equal opportunity to live the best life possible.

Social workers also value cultural competency. Cultural competency entails respect and understanding of people from different backgrounds with different beliefs and lifestyles. To be cultural competent, social workers must have knowledge of the psychosocial and environmental factors that affect the lives of people from different races and ethnicities, including African-American and Latina women.

Conclusion

If successfully implemented, the project presented here could make a contribution toward mental health care utilization among African American and Latina women. It could make professional health care treatment more acceptable for these two groups of women. Maybe the lives of women in these groups could be altered in ways that one could never have imagined before.

This intervention could be replicated in other geographic areas with low-income Latina and African-American neighborhoods. It could most likely be replicated in major urban cities if it were to be successful. Although this study was designed for African-American and Latina women, it could also be implemented with other ethnic populations. A long term goal would be that this small project in one area of New York City would be the beginning of worldwide efforts to help change negative perception about receiving professional help for mental health conditions. This is definitely possible!

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