

Stigma: The Invisible Barrier

During my 28 years as a mental health professional I have seen advances in treatment that offer hope and recovery to individuals suffering from problems ranging from situational depression to severe and persistent mental illness. Along with new therapies and medications, a better understanding of cultural differences and their impact upon the healing relationship has greatly improved our practice and effectiveness as professional helpers.

Despite these advances, there remains an "invisible barrier" to many African Americans seeking help for mental health problems. That barrier is stigma.

Distrust of medical and mental health treatments offered by the majority culture has historical validation in the African American community. In pre-civil war America slaves who repeatedly attempted to run away from their masters were said to be suffering from the mental disease, "drapetomania". The 1930's (1932-1972) brought the infamous Tuskegee syphilis study in which approximately 400 African American men were made unwitting test subjects of the life long effects of untreated syphilis. More recently (July, 2000), researchers from Duke University Medical Center, the University of California at San Diego, and Georgetown University found that white male medical students tended to show racial and gender biases that negatively affected their clinical judgment regarding the prognosis and treatment of women and people of color.

This cultural tendency to distrust the medical establishment is compounded by the "shame" associated with mental illness in some segments of the African American community and indeed in many communities of color. For many in our community self reliance is equated with self respect. Consequently, all family and community resources will be exhausted before turning to outside sources for help. Many poor African American women fear that acknowledgment of a mental illness will result in their children being taken away from them by a social service agency.

Stigma is strengthened when services are offered in a manner that accentuates illness and weakness rather than health and strength. African American culture is grounded in relationships, familial, communal, and spiritual. Therefore, practitioners must attend to the health of the relationship from the first encounter. While the practitioner is evaluating the client, she or he is also being evaluated. The result of the client's evaluation of the treater will very likely determine the length and successfulness of the treatment.

The barrier of stigma blocks us from treatment at precisely the time when the mental health needs of the African American community are distressingly acute. The Surgeon General's report (2001) entitled, "Mental Health: Culture, Race, and Ethnicity", noted that the suicide rate for African Americans 10-19 years of age has more than doubled from 1980 to 1995. The report estimates that 1 in 5 Americans--roughly 50 million

people-- suffers from some form of mental illness. This statistic is compounded in many black communities by stigma, poverty, and the unavailability of quality health care. Homelessness, increased violence, substance abuse, and family disruption are the devastating consequences.

We in the treatment community must address this crisis by assuring that our services are accessible to and effective for all the members of our community. We can no longer employ a "one size fits all" approach to health care of any kind. We must change our practice so that people, particularly African Americans and other under served groups, who seek our services view us as extensions of their community. We accomplish this by establishing working alliances with community leaders and institutions (churches,community health clinics, neighborhood centers, etc.). Our presence in the African American community must become an habitual occurrence rather than only as a response to crisis. And finally, health care agencies must hire staff who are knowledgeable about the African American community and culture and who are able to engage its members. This will help to combat stigma and distrust.

We in the African American community must educate ourselves about the causes and treatment of mental illness. The strongest antidote to stigma is knowledge. Equipped with knowledge, we must seek out skilled culturally competent practitioners and ask for the help we need. Trusted professionals, including ministers, family physicians, and neighborhood center staff, can help in this search. Healing relationships based upon trust, honesty, and mutual respect offer our best chance to overcome the pain and suffering caused by untreated mental illness in our community and in our society at large.

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