Perspectives on Depression Among Black Americans

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Although research shows a prevalence of depression among black as well as white Americans, black Americans do not seek or receive treatment to an equal extent. Social workers should become better educated about depression and develop skills in recognizing this illness. Outreach efforts are needed to increase black Americans' awareness of depression and of the availability of treatment. Through development of ethnically sensitive mental health services and through working relationships with physicians, social workers can contribute to the identification of depressive symptoms, which can help avoid misdiagnosis.

There has been a growing recognition by mental health practitioners of the importance of taking into account cultural, racial, and ethnic factors when working with people who suffer from mental disorders (U.S. President's Commission on Mental Health, 1978). Social workers in particular have been concerned with eliminating inequalities in mental health service delivery, with improving the accessibility and quality of services to members of ethnic minorities, and with developing ethnic-sensitive treatment approaches. Given these concerns, social workers can benefit from information derived from empirical studies that focus on depression and ethnic minority status.

The meanings of symptoms and behavior related to mental health and mental disorders differ sufficiently among ethnic minority groups so as to require separate consideration for each group (Neighbors, 1984). In addition, a search of the literature has revealed an extremely limited amount of research on depression and ethnic minority groups other than black Americans. This discussion of depression among black Americans is based on three major sources: (1) reviews of the epidemiological literature on blacks and depression by Brown (in press), Neighbors (1984), Neighbors, Jackson, Campbell, and Williams (1988), and Williams (1986); (2) 42 studies located in a computer search of the literature; and (3) four studies located through an examination of article titles in six social work journals from 1978 to 1989. Social work literature during this time is lacking notably in reporting research findings related to depression in general (nine studies) and depression among black Americans in particular (two studies).

The studies cited in the current review all define and measure depression either as a clinical syndrome or as a set of depressive symptoms. The review of studies follows a model that classifies mental health research in terms of epidemiology (prevalence and incidence counts); assessment (diagnosis); help-seeking behaviors (utilization); treatment; and rehabilitation (Rogler et al., 1983).
EPIDEMIOLOGICAL PERSPECTIVES

Two major methodological types of epidemiology research are used to determine the nature and extent of depression among black Americans: (1) treatment rate studies and (2) community surveys. Most treatment rate studies are based on research with patients under treatment in hospitals and focus on depression as a clinical syndrome. As Neighbors (1984) noted, treatment rate studies that make generalizations about black Americans should be viewed with caution because most of these studies are based on patients in public psychiatric facilities and do not control for selectivity of patients into treatment. Such studies often use a clinical diagnostic process that has not been validated for black populations. A review of a number of these studies showed mixed findings. In some early studies (Simon, Fleiss, Gurland, Stiller, & Sharpe, 1973), black people were found to have lower rates of depression than white people; others found that black people had higher rates than white people (Marquez, Taintor, & Schwartz, 1985). Most treatment rate studies showed no significant differences between black and white people in rates of depressive disorders when social class was used as a control variable (Warheit, Holzer, & Arey, 1975).

A number of community surveys examined epidemiological questions about black people and depression (Aneshensel, Clark, & Frerichs, 1983). These studies measured depression in terms of a set of symptoms. A large majority of these studies used the Center for Epidemiology Studies Depression Scale (Radloff, 1977). Community surveys almost invariably found no differences between black and white people on scales of depressive symptoms when social class was taken into account (Neff & Husaini, 1980; Roberts, Stevenson, & Breslow, 1981). The most sophisticated and comprehensive community study that includes data on depression has been conducted by the Epidemiologic Catchment Area program of the National Institute of Mental Health. This program used a structured survey instrument, the Diagnostic Interview Schedule (Freedman, 1984), to assess the prevalence of mental disorders in adults in five American communities. Data from the interviews were used to develop diagnoses such as major depression. Drawing from these data, Robins et al. (1984) reported that there were no significant differences in number of depressive episodes between black and nonblack people.

Epidemiological studies often go beyond racial comparisons and also examine demographic, social, and sociocultural factors associated with depressive symptoms. Factors often viewed as modifiers of depression, or as risk factors, include social class, employment status, gender, age, marital status, household income, and household composition. Because black Americans are disproportionately located in lower socioeconomic class levels and experience unemployment to a greater extent than do white Americans, the authors identify issues related to race, class, unemployment, and depression. Findings on gender are introduced because of the special concern in social work practice with issues of discrimination related to the social roles of men and women in American society. Sociocultural factors emphasized in all-black study samples are important because these factors often are the focus of social work interventions.

SOCIAL CLASS AND DEPRESSION

The literature on the epidemiology of depressive disorders provides evidence of the strong association between high levels of depressive symptoms and lower social class levels (Hirschfeld & Cross, 1982). An important feature of both the findings of the treatment rate studies and community surveys is that race differences disappear when social class is introduced as a control variable. The question arises, then, as to whether race affects rates of depression. Kessler and Neighbors (1986) argued that “race is important for mental health even when social class is held constant, and this is particularly true in the lower classes” (p. 113). They suggested that “the concept of social class does not fully capture the stresses to which blacks are more highly exposed than whites” (p. 107). Their analysis of eight epidemiology surveys indicated that a combination of the stresses of racial discrimination, compounded by poverty, leads to higher levels of depressive
symptoms among lower-class black people. Kessler and Neighbors established a basis for rejecting "the conventional view that the association between race and mental health reflects nothing more than social class influence" (p. 113). Brown (in press) emphasized this point in her review of studies of black people and depression, arguing that because there are many more black than white people in the lower classes, black people are at a much greater risk for depression. This risk is a result of the interaction of racial factors, such as discrimination, and the effects of poverty.

UNEMPLOYMENT AND DEPRESSION

Brown (in press) reported that a number of epidemiological studies show unemployment is related to higher levels of depressive symptomatology in the general population (Eaton & Kessler, 1981). Among black people, employed adults are less likely than unemployed adults to display depressive symptoms. Both unemployed black men and unemployed black women reported high numbers of depressive symptoms (Brown & Gary, 1988). Brown and Gary (1988) studied unemployment and psychological distress with data from a community-based survey of black women and found that unemployed women are significantly more depressed than are employed women. Dressler (1986) studied unemployment and depressive symptoms in a southern black community and found that unemployment is related to higher rates of depressive symptoms in the black community, especially in a community with high overall unemployment rates.

GENDER AND DEPRESSION

Women are more likely to report depressive symptoms than are men (Newmann, 1987). Differences in social roles of men and women often are cited as the explanation for these findings (Brown, in press). Such explanations focus on stress and distress and their relationship to depression. Most studies of depression and race do not make gender comparisons between black and white people. Findings suggest that black women are more likely than white women to have depressive disorders. For example, Gray and Jones (1987) suggested that the causes of distress among black women include their having "two second-class citizenship positions in society, being black and being female" (p. 177); pressures from racism and sexism; and social, economic, and educational factors. In studies in which all participants were black, the findings are inconsistent when rates of depressive symptoms are examined between black women and black men. Gary (1985) cited studies that showed black women having lower depression scores than black men (Eaton & Kessler, 1981), but there are a few studies that report no gender differences (Roberts, 1981).

SOCIOCULTURAL FACTORS AND DEPRESSION

Religious involvement, social participation, and social support are thought to have direct as well as indirect moderating or buffering effects on depression (Brown & Gary, 1988). For instance, studies by Gary, Brown, Milburn, Thomas, and Lockley (1985) and Neff and Husaini (1980) demonstrated that a high level of religiosity among black people is associated with low levels of depressive symptoms. The Gary et al. (1985) study also showed that participation of black people in community activities is related to low levels of depressive symptoms. Brown and Gary (1987) found black men and black women differ in the relationship of social support and mental health. Aspects of social support did not influence mental health of black men either directly or indirectly, but did influence mental health of black women positively.

In one study of social support and depressive symptoms among black adults, Thomas, Milburn, Brown, and Gary (1988) examined selected structural characteristics of social support networks and found that they were not "significantly related to depressive symptoms" (p. 35). At the same time, the authors suggested that structural dimensions are only one component of social support, and may not be as important for black people as is the "content" of the relationships. In contrast to these findings, Dressler (1985) found black people who experience their extended kin to be supportive.
reported fewer symptoms of depression. In a study of the elderly, Smith-Ruiz (1985) found that "elderly individuals with supportive relationships experience far less depression than those with little or no support" (p. 1017). She found that married, elderly black people had lower rates of depressive symptomatology than others. In general, these studies show a positive effect of social participation and social support on mental health, which leads to lower levels of depression.

MISDIAGNOSIS OF BLACK AMERICANS

Does race affect the diagnosis of depression? This question is of interest because correct diagnosis is essential for appropriate treatment. A number of studies indicate that misdiagnosis of black Americans often occurs because of limitations in the measurement of depression, that is, in the clinical diagnostic process (Loring & Powell, 1988). For example, Simon et al. (1973) compared hospital staff diagnoses to those of a research project staff and concluded that for black people "hospitals tend to underdiagnose affective disorders" (p. 511). Based on a review of a number of treatment rate studies, Neighbors et al. (1988) found that racial factors have a strong influence on psychiatric diagnosis.

Jones and Gray (1986) identified some major reasons for misdiagnosis among black people, noting that diagnosis in psychiatry relies primarily on signs, symptoms, and behaviors "which may be similar for different illnesses and may be culturally related and thus differ from one ethnic group to another" (p. 62). According to Jones and Gray (1986), the major concerns in diagnosis of affective disorders are "the broad range of affective disorders and the mix of affective and thought-disorder symptomatology they can manifest" (p. 63). Problems related to misdiagnosis of black people include these general issues, especially in regard to underdiagnosis of schizophrenia and underdiagnosis of depression. Other issues include "such factors as cultural differences in language and mannerisms, difficulties in relating between black patients and white therapists, and the myth that blacks rarely suffer from affective disorders" (p. 61).

SERVICE UTILIZATION

A key question regarding depression among black people concerns the extent that this minority group utilizes mental health services. This question is derived from a more general context of help-seeking behaviors of people with mental health problems (Leaf, 1987). As Leaf (1987) noted, most people with psychiatric disorders receive no mental health care, and "among the many undertreated mental disorders, depression commands particular attention" (p. 48). Sussman, Robins, and Earsl (1987) found that black Americans seek care for major depression less frequently than do white Americans. According to Sussman et al., the factors that affect decisions regarding seeking treatment include "characteristics of the individuals themselves, characteristics of the symptoms, and attitudes and beliefs about the causes and proper treatment of psychiatric problems" (p. 187). Sussman et al. found that among black Americans, "those at highest risk of not seeking care were the young (35 or younger), those with few symptoms in a single episode, those who had experienced few episodes in their lifetimes, and those without long episodes" (p. 190). Black Americans were significantly more likely than white Americans to state that they were "afraid of being hospitalized" as the primary reason for not seeking treatment. Considering all reasons for not seeking treatment, black Americans were significantly more likely than white Americans to cite "lack of time" and "afraid of treatment" as the most important factors (p. 194). The work of Sussman and her colleagues provides an initial understanding of the behavior of black Americans in regard to seeking treatment for depression. According to Sussman et al., "the data on barriers to care suggest that blacks may view the treatment system as more alien and intimidating than do whites" (p. 195). Sussman et al. concluded that differences in help-seeking for depression also may be a result of "the context in which health care decisions are made" (p. 195)—for black Americans, in extended family and informal support groups.
TREATMENT AND REHABILITATION

Given the range of treatments for the various types of depression, are black Americans more likely than white Americans to receive different types of treatments, including therapy or medication? How effective are treatments for depression with black patients? Treatments for depression include psychotherapies, psychosocial treatments, pharmacological treatments, combinations of drugs and psychotherapy, and other physical treatments (Klerman, 1987). However, there has been little investigation of treatments for different racial and ethnic groups.

Among the few studies that examine treatment issues of black Americans with depression is a survey of a sample of black and white psychiatrists on the subject of psychotherapy and black men and black women (Jones & Gray, 1984). Both male and female patients served by these psychiatrists “had depression as the most frequent presenting problem” (p. 21). This study identified a number of issues related to black Americans and the treatment process, such as the impact of racial discrimination “on working through conflicts, transference, and uncovering of defenses” (Jones & Gray, 1984, p. 24). Jones and Gray (1984) emphasized that their comparisons of black men and women in psychotherapy revealed many similarities and few gender differences.

In a study of treatment of black Americans and depression, Carrington (1980) focused on middle-class depressed black women and “found cognitive therapeutic interventions more successful than traditional approaches in helping these women restore their sense of esteem and worthiness” (p. 269). In her discussion of treatment of black women, Carrington noted the need to better understand the impact of sociocultural variables on these women, especially racism and sexism. She highlighted the need for a better understanding of depression as it relates to both interpersonal relations among black women, and between black men and women. A study by Gary (1986) examined interpersonal conflict between black men and women and found that the quality of relationships between men and women had a significant relationship to depression, with black men who were experiencing low mate conflict being less likely to have high depressive symptom scores.

Treatment for depression may involve rehabilitation goals, often introduced after an individual is discharged from inpatient care and “resumes a customary role in the community, relieved of the problem or not” (Malgady, Rogler, & Costantino, 1987, p. 228). Studies that analyzed the impact of sociocultural variables on depression among black Americans suggest factors that might facilitate the rehabilitation of these individuals. For example, informal neighborhood helping systems, including extended family, neighbors, and friends, provide a variety of services and social support for ethnic minorities. At the same time, formal bureaucratic agencies have been found to complement the informal social network resources when the agency services have “ethnic” as well as traditional service goals (Jenkins, 1980; Sue, 1988). These studies suggest that the mental health needs of minorities, such as treatment and rehabilitation of black Americans with depression, may best be met through a combination of primary group help and professional mental health services.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Epidemiological studies clearly establish that black Americans constitute a group with levels of depression that are as high as white Americans, although black Americans do not seek or receive treatment to an equal extent. Social workers should be challenged by these findings to reject the traditional stereotype about black Americans not suffering from depression. In view of the prevalence of depression in both the white and black populations, social workers should become better educated about the nature of depression and develop skills to recognize this illness. Studies show that social participation and social supports are important to the mental health of depressed black Americans, and this information should be incorporated into social work treatment approaches.

Epidemiological data on depression and black Americans provide new directions for the planning of mental health prevention programs by
identifying black subgroups that are most vulnerable to the illness, such as members of the lower social class, the unemployed, and women. Appropriate service planning depends on knowledge about the prevalence of depressive disorders and on the cultural/ethnic dimensions of these disorders and also involves distribution of resources to the black population and to the development of new service goals. The findings reported here indicate the need for special outreach efforts at all levels of social work practice to increase the awareness of black Americans of the symptoms of depression and to provide information on effective treatments.

Research studies continue to identify misdiagnosis as problematic for black Americans with depression, especially for the aftercare of hospitalized patients. The findings strongly suggest that social workers and other mental health professionals must be alert to racial/ethnic factors in the assessment stage of patient-client contact. Recent research on diagnosis in general medical practice indicates that depression often is not detected or treated by physicians in general health care settings (Saltz & Magruder-Habib, 1985). In both psychiatric and nonpsychiatric medical settings, social workers knowledgeable about depression can contribute to the identification of depressive symptoms. In general health care settings, social workers have this opportunity as a result of their working relationship with the patient's primary physician, and can make a special contribution through their knowledge of social and cultural influences on diagnosis. Social workers should be involved in the screening and assessment period, in settings where they are responsible for initial diagnosis, and in settings in which they contribute through team membership. The findings on misdiagnosis of depression in black Americans suggest that potential contribution of social workers is great, especially because of their understanding of the psychosocial functioning of individuals and families.

Social workers can have an impact on the help-seeking behaviors of ethnic minorities, especially the economically disadvantaged, by developing culturally sensitive mental health services (Rogler et al., 1987). Important features of such services include acceptability, availability, and accessibility to treatment. Social workers can learn from the research on mental health service utilization to better understand the attitudes and beliefs of black Americans toward psychiatric illness in general. Based on this understanding, social workers, especially those in community work, can initiate educational programs for the black community to enhance recognition and acceptance of the treatment of depression. At the direct-practice level, these goals can be supported by developing contacts with other social service agencies, but especially with the lay referral systems of black Americans, including neighbors, extended family, work associates, churches, voluntary associations, and informal helpers. At the administrative level, increased numbers of social workers who are members of ethnic minorities, as well as in-service training on ethnically sensitive practice, can be expected to improve service use by black Americans.

Social workers are actively engaged in treatment of depressed persons, especially through interpersonal therapy, cognitive-behavioral therapy, and brief psychotherapy. Although the empirical base for these interventions has been enlarged considerably in recent years, it remains extremely limited in regard to treatment of black Americans. Discussions about mental health treatment of ethnic minorities continue to suggest the need for modifying traditional treatments for ethnic groups. In social work, concepts related to ethnically sensitive practice are particularly applicable. There is a need for empirical studies that can be used to guide the treatment/rehabilitation efforts of social workers serving black Americans in hospitals, clinics, community mental health centers, family agencies, and other human service organizations.

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