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Mental Illness in the Black Community

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Abstract

The purpose of this project is to discuss why the stigma of mental illness is still prominent in the black community and who in the black community is at risk. Vulnerable populations are severely affected by mental illness, and this comes from the lack of education, the lack of resources, the lack of medical care and poverty. Mental illness is a hard topic to talk about. The person suffering from mental illness might not know who to turn to or seek help from.
Introduction

Mental illness has been a stigma in society for a very long time and it tends to only be discussed in private or ignored. Whites tend to have lower rates of mental illness than blacks. When blacks develop mental illnesses it is more severe, persistent and disabling (Alang, 2019). This can result from not being able to talk to someone about what they are feeling. This comes from the fear of being judged by their family and peers. The stigma has been passed down from generation to generation and as a result, there have been many deaths related to untreated mental disorders. African Americans are taught not to show emotion and for men to be strong and not let their guard down. Black women are taught to take care of the household and not to complain because it is their responsibility. Black children grow up looking up to their peers and parents because they have fought through their struggles. As a result, black individuals hold in emotion and displace their aggression. Mental illness takes a toll on everyone but when it is ignored it becomes a bigger issue.

Purpose of the Project

The purpose of this project is to discuss why the stigma of mental illness is still prominent in the black community and who in the black community is at risk. People have become more aware of mental disorders and it has become a common topic in the media. Vulnerable populations are severely affected by mental illness, and this comes from the lack of education, resources, medical care, and poverty. For an individual living in a black community to obtain these resources, they must travel out of their community. If an individual does not have a viable source of transportation the individual will be unable to seek counseling, income, healthier food options or a high paying job. Having a fruitful income may involve receiving benefits that
can provide insurance for the individual, their spouse, and their dependents. Individuals with low paying jobs might not have the option to receive those same benefits.

**Scope of the problem**

Mental illness is a hard topic to talk about. It does not matter if it is the person suffering or it is the person trying to help them. The person suffering from mental illness might not know who to turn to or seek help from. The individual trying to help another individual with a mental illness might not be knowledgeable about mental disorders and resources to refer the individual to. There needs to be resources provided in every neighborhood for individuals who wish to seek help. There are more individuals with a mental illness in jail than in mental health facilities (Ford, 2015). These individuals may have never known what a mental illness is or to why they feel and think differently than others. This is because black families do not discuss mental disorders and sometimes it can used as an insult like “crazy” or “weird”. When older black family members are confronted by the younger generation about mental illness, they dismiss them or tell them they will pray for them (Knifton, 2012).

Throughout history there has been a distrust in medicine among African Americans. The Tuskegee Study back in 1932 is a prime example of how Africans Americans developed bias views of the health care system. Six hundred black males were injected with syphilis who did not have the disease prior to the study. The study was conducted without the patient’s informed consent and the patient was told that they were being treated for having “bad blood”. Even after the study showed that these men were exposed to syphilis and penicillin was found to be the drug to treat it, these 600 black men were not offered the drug (CDC, 2015). The men had agreed to the study but not informed about the real purpose.
Review of Literature

According to Alang (2019), blacks are less likely to use psychiatric services. Additionally, the author found that the quality of care was also less than the care provided to whites. The author also notes that racism can play a factor in inadequate access and utilization of health services. Limited access to resources can cause direct stress and induce an emotional and physiological response that can take a toll on the individual's mental health. The goal of this research was to examine the degree to which reasons for unmet needs were result of racism and the approaches to reducing unmet needs. Researchers obtained quantitative data from the National Survey on Drug Use and Health. The sample consisted of black adults who reported an unmet need for mental health care (n=1237 black participants). This was determined by asking them whether, at any time in the past 12 months, they pursued a need for mental health treatment or counseling but did not receive these services (Alang, 2019). Black adults were asked to specify their reason for not seeking care. The five main categories were cost, health insurance does not cover any mental health treatment/counseling, stigma, minimization, low perceived effectiveness of treatment and accessibility barriers. Qualitative data from two focus groups were obtained from 30 black participants. They were asked if they could describe a time when they or another black person they knew needed professional help for a mental or emotional problem but did not receive help. Most of the responses were focus on finances and the stigma that prevented them from seeking care (Alang, 2019).

Mental health is a key factor related to poor educational outcomes among adolescents (Rose, 2017). Positive association with school experiences also positively affects good mental health. Educational success is crucial in an adolescent’s life chances, economic potential and ability to become a productive member of society. Ethnic minorities have a high risk of
experiencing poor educational outcomes. If the adolescent has a positive view of school and has a good connection with their teachers, they will experience successful emotional and behavioral adjustments.

Ford (2015) estimated about 400,000 inmates in jail in the United States suffer from a mental illness. National Alliance on Mental Illness (NAMI) estimates that between 25 and 40 percent of all mentally ill Americans will be jailed or incarcerated at some point in their lives. Between 2009 and 2012, Illinois cut 113.7 million in funding from mental health. Inmates can seek counseling while in jail but once they are released, they have no resources to continue counseling in which they have a higher risk of returning to jail. Since the closing of Chicago mental health clinics and several community mental health agencies throughout the state, emergency room visits for people experiencing psychiatric crisis has increased by 19 percent between 2009 and 2012 (Kadner, 2015).

**Research on Available Resources for Nurses and Families**

Family need must be assessed as part of the multidisciplinary family care plan. Knowledge about mental illness can help family members cope. The nurse might be responsible for explaining the diagnoses after the physician diagnoses the patient. Nurses should provide information regarding testing and other procedures. Nurses can provide resources such as NAMI for the continuation of support and services. If parents have other questions, nurses can also refer an additional program known as Journey of Hope to educate and support the family. It is not uncommon for Parents to experience might grief, fear, guilt and a sense of powerless. The nurse should support families by actively listening to their fears and concerns (O'Connell, 2006).

**Proposed Interventions**
Research has shown that people who have direct contact with the mentally ill individuals sees them as less dangerous (Aflakseir et al, 2019). Results have proven that people who have contact with them see them as less dangerous. A survey conducted in 27 countries found evidence that 50% of people with a mental disorder report discrimination in their relationship and when applying for work (Aflakseir et al, 2019). Two hundred and eight seven college students were recruited from a medical university ranging from 18 to 25 years old to conduct a cross-sectional study to determine the stigmatization and its association with the level of contact with individuals suffering from a mental illness. The highest score on stigmatizing attitudes was for pity and the least score was related to anger. This showed that individuals with family members with mental illness had fewer stigmatizing attitudes towards those individuals.

**Implications for Nursing Practice**

Nurses are advocates for the patient with mental disorders and can help by developing communication skills that can empower the families to ask important questions. Coordinating care and ensure the interventions are implemented properly are some ways to be an advocate. Nurses should have current knowledge of legislation affecting the rights and care of this specific population (O'Connell, 2006). The nurse can teach clients and families about complex medications and procedures. Nurses must understand not all families share the same experiences, but it is okay for them to grieve.

**Conclusion**

The stigma of mental health will continue in the black vulnerable communities as long as there continues to be a lack of resources. Individuals with mental illness should not have to travel or be denied access to care when sought. The more we continue to talk about mental illness and disorder the more the topic will become easier to understand. Results have shown if a non-
mentally ill individual takes the time to interact with mentally ill individual their viewpoint will change. The healthcare providers should become more culturally sensitive to the black culture. Education about mental illness will make it easier for individuals and families to cope with the changes in their life. Mental illness is real, and everyone should be educated about it.
References


O’Connell KL. (2006). Needs of families affected by mental illness: through support, information and skill training, advocacy, and referral, nurses can help families put the pieces together. Journal of Psychosocial Nursing & Mental Health Services, 44(3), 40–51.