

# Mental health service use among older African Americans and Caribbean Blacks who experience traumatic events

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## Abstract

This study identifies factors associated with mental health service use among older African American and Caribbean Blacks who have experienced a traumatic event. *Method:* Data drawn from the Research on Depression and Anxiety Disorders in Elders Clinical Correlation project (RDADE). Hierarchical logistic regressions were used to compute odds ratio. *Result:* Age, gender, spirituality, depression and access to medical insurance determines the utilization of mental health services. Implications for depression screening in this population.

## Problem

Older African Americans have experienced a higher prevalence of traumatic events than most ethnic groups. Very little has been researched as to how this population copes and manage traumatic events in the United States. People of color are often grouped into one category, this article differentiates black ethnic groups to highlight the importance of cultural backgrounds to understand coping skills and mental health service use.

## Purpose

Little is known about the psychological effects of traumatic events among African American older adults and their subsequent coping methods and mental health service use. Many black ethnic groups are often grouped into one category and does not exemplify the differences in cultural and historical backgrounds. Caribbean Black make up 6% of African American population in the United States. The aim of this study was to identify factors associated with mental health service use among African American and Caribbean Black older adults who experienced a traumatic event.

## Relevant Literature

The demographics of the American population are aging and diversifying. By 2030, one in five Americans will be an older adult, as most baby boomers will have reached age 65 or older (Hilton, Gonzalez, Saleh, Maitoza & Anngela-Cole, 2012; Cohn, 2008). Black older adults will comprise of 15% of this population by 2030 (Gutierrez, Sampson, & Kincannon, 2005). Of the 14.4% Black or African Americans (Humes, Jones & Ramirez, 2011) living the United States 4.4% of the population are immigrants from the Caribbean such as Haiti and Jamaica (Thomas, 2012). Ethnicity may play an important role in the likelihood of experiencing a traumatic event and the types of events. It also plays an important role with coping methods and the use of mental health services.

Roughly two-thirds of African Americans have experienced at least one traumatic event in their lifetime (Alim, Feder, Graves, Wang, Weaver, Westphal, & Charney, 2008; Lincoln et al., 2005; Norris, 1992). African American women experience disproportionately higher rates of trauma (35% higher than White women; Hampton & Gillotta, 2006; Rennison & Planty, 2003) and are less likely to receive professional mental health services than White women (Rosen, Tolman, Warner, & Conner, 2007).

## Research Questions

What socio-cultural factors are involved in mental health treatment utilization among African American and Caribbean Black older adults who experience a traumatic event?

## Procedures

A total of 864 older adults took part in this study, including 315 African Americans and 549 Caribbean Blacks. On average, the African American older adults were 69.39 years old (SE=1.09) and predominately female (71.1%). The Caribbean Blacks were an average of 67.25 years old (SE=0.85), and 60.6% were female.

A questionnaire was developed and translated into Creole for French-speaking Caribbean Black respondents (e.g., Haitians) and then back-translated to ensure accuracy (Flaterty et al., 1988). Which included: A 11-item Mental health Service Use inventory (Cohen et al., 2005; Crystal, Sambamoorthi, Walkup, & Akincigil, 2003; Strothers et al., 2005); a Spirituality inventory (Cohen et al., 2005); a *Insurance Status question*. The 20-item Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) to measure depression. The Self-rating Anxiety Scale (SAS, Zung, 1971) a 20-item instrument that is designed to rate the severity of anxiety symptoms. Last the Trauma and Victimization Scale (Cohen, Ramirez, Teresi, Gallagher, & Sokolovsky, 1997). In the current study, two categories were considered: assault (i.e., victim of crime, physical assault, spousal assault, other physical injury, victim of crime involving robbery, physical abuse, or torture by nonrelatives, sexual assault/rape) and natural disasters (e.g., hurricanes, tornados, fire). Psychometric data document good internal consistency with sensitivity (Cronbach's alpha of .68 with 70% sensitivity; Cohen et al. 2006; Bankole et al., 2008; Cohen et al., 2003).

## Data Analysis

All data were analyzed using SAS procedures (SAS Institute, 2008). The sample size for this study is consistent with the generally accepted practice  $N > 50 + 8m$  (m is the number of independent variables; Tabachnick & Fidell, 2008). Thus with eight independent variables a minimum of 114 cases are needed. The sample size more than meets this guideline.

Differences in types of traumatic events experienced by African American and Caribbean Black older adults were examined using Pearson's chi squared test. Rao-Scott chi square test were performed to explore any relationship between MHSU and ethnicity. Last multiple regression were employed separately for the ethnic groups to examine predictors of Mental health treatment utilization.

## Findings

Results of hierarchical logistic regression of formal service use			
Variable	Step 1	Step 2	Step 3
Ethnicity (ref. Caribbean Blacks)			
African Americans	36.36***	9.76****	8.95****
Age	0.95**	0.94**	0.94**
Sex (ref. Male)			
Female	2.33**	1.88	2.03
Spirituality		0.19*****	0.14****
Insurance		5.17 **	4.34*
Depression			5.88****
Anxiety			1.60
Assault			1.15
Natural disasters			5.46*

Results of hierarchical logistic regression of informal service use			
Variable	Step 1	Step 2	Step 3
Ethnicity (ref. Caribbean Blacks)			
African American	7.69 ****	2.92	2.14
Age	0.95	0.96	0.96
Sex (ref. male)			
Female	0.90	0.59	0.60
Spirituality		0.58****	0.55*****
Insurance		3.86	3.59
Depression			2.46
Anxiety			0.94
Assault			0.92
Natural disasters			1.52

## Limitations

This study's findings are considered within certain limitations. It is a secondary data set. Admitting to mental illness and treatment use is socially undesirable and the data was collected through self-report. Such data are subject to potentially distorting influences such as bias, self-presentation concerns, interviewer effects, lack of awareness, and misunderstanding. In particular, cultural stigma related to mental illness and the use of mental health services is prominent in the Black population, regardless of ethnicity (Williams et al., 2007). Therefore, self-reporting may underestimate actual rates.

## Conclusions

Caribbean Black older adults experience more natural traumatic events while African American older adults experience more assaults. Both groups underutilize mental health treatment services regardless of the type of traumatic event but Caribbean Black older adults utilized services even less than African American older adults. Each subsample has different factors associated with mental health service use. Those who used formal mental health services experienced a higher prevalence of depression.

## Social Change Implications

Screening for depression and history of traumatic events maybe necessary for understanding older adults mental illness and help seeking behaviours. Sociocultural heterogeneity among the black race influences every interaction, the decision-making process, expectations for treatment, and adherence to mental health treatment.