A systematic review: Perception and attitudes surrounding mental illness within the African American community.

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ABSTRACT:

Background

The aim of this study was to conduct a systematic review of published studies that assess the perceptions, attitudes and stigma that surround mental illness within the African American community.

Methods

A systematic review of existing literature was conducted. Original publications were retrieved from databases such as PubMed, MEDLINE, and National Center for Biotechnology Information. The author retrieved 88 articles on mental illness, stigma in African Americans. Out of these, 6 were reviewed but only 4 publications were considered complete to be included within the systematic review. Relevant information including gender, ethnicity, measures of association, population studied, and year/place of publication, study implementation were extracted from the articles. This information was presented in a descriptive graphic format.

Results

The research concerning perceptions, attitudes, and stigma surrounding mental illness within the African American community is limited. Results suggested that future research will need to be conducted surrounding mental illness within the African American community concerning perceptions, attitudes, stigma, and coping behaviors amongst this community. Studies that were reviewed suggested they are not very open to acknowledging psychological problems, are very concerned about stigma associated with mental illness, and are somewhat open to seeking mental health services, but they prefer religious coping. Significant gender and age differences were evident in attitudes and preferred coping. The current studies being conducted are functioning to

eliminate disparities that surround mental illness, and provide a more in depth look at coping strategies that are currently being used.

Conclusion

This systematic review used methodology that will assist researchers with future studies concerning mental illness as they begin to better understand the underlying stigmatism that cultivates perceptions and attitudes within the African American community.

Keywords

Stigma, Mental Illness, African Americans, Blacks, Perceptions, Attitudes, Coping strategies

Chapter I: Introduction

About 25% of all U.S. adults have mental illness and nearly 50% of U.S. adults will develop at least one mental illness during their lifetime (World Health Organization, 2010). In 2014, there were an estimated 43.6 million adults aged 18 or older in the United States who suffered fr1om mental illness within this past year (National Institute of Health, 2015). In comparison to other ethnic groups, African Americans are one of the minority groups that go untreated and undiagnosed (U.S. Surgeon General Report, 2001).

Approximately 18.6% of adult Blacks are living with a mental illness (U.S. Census Bureau, 2011). The increasing number of cases of those who suffer with mental illness is a Public Health issue and it has become as important as any other chronic diseases and illnesses (CDC, 2013). Although mental illness appears across race, ethnicity, and gender, some groups appear to experience a higher burden than other populations (Williams, 2007). Compared to Caucasians, mentally ill African Americans have more chronic diseases, higher levels of disability, higher inpatient service use, lower rate of outpatient mental health service use (Ward, 2009). African Americans are at a higher risk for mental health illness due to an overrepresentation in homeless populations, people who are incarcerated, children in foster care and child welfare systems, and victims of serious violent crime (U.S. Surgeon General's Report, 2001). Mental illness is not ethnic or race specific, however, African Americans experience more severe forms of mental health conditions due to unmet needs and other barriers (Office of Surgeon General, 2001).

Problem Statement:

Many people think that in order to be healthy that means your physical health is in optimal shape; however, what most people don't realize is that being healthy includes mental health as well. Within today's society, mental illness is becoming more of a growing public health issue for African Americans because depression is trending in adults (CDC, 2010). Risk factors such as: poverty and crime, impact the lives of those affected and can lead to depression or other mental disorders. Depression has been identified as one of the most common mental illnesses, affecting more than 12 million women (12%) and more than 6 million men (7%) in the US within any 1-year period (Figure 1.1), (National Institute of Mental Health, 2011). In a recent large-scale national survey, a lifetime prevalence rate of 10.4% was reported for African Americans (Williams, 2007), indicating that this group is affected by depression at high rates. Results also showed African American women (13.1%) had a higher prevalence of depression compared to African American men (7.0%), which is consistent with literature indicating women have higher prevalence of depression compared to men (National Institute of Mental Health). These and many other conditions go untreated and mental illness is frequently stigmatized and misunderstood in the African American community (Gallo, 1999).

African American attitudes, perceptions, and the stigma placed upon those who suffer with mental illness are some of the barriers that discourage those with mental illness to seek adequate mental health care (Snowden, 2001). Mental illness retains considerable stigma, and seeking treatment is not always encouraged. One study found that the proportion of African Americans who feared mental health treatment was 2.5 times greater than the proportion of whites (Sussman, 1987).

Study Significance:

Mental health is an overall key component within Public health. Specific mental illnesses such as depression, schizophrenia, bipolar disorder, and various others have an important implication for both health service planning and risk factor epidemiology. These implications will impact future research as they work to redesign the health equity and disparities that exist within the ethnic minority communities (Gallo, 1990).

Notably, there is a difference in coping strategies amongst each ethnic group. African Americans and Hispanics used religion; Non-Hispanic whites used medical treatments with a licensed psychologist or psychiatrist: American-Indians use more informal methods of coping strategies such as support groups and families (Ward, 2009). For consistency and validity, the difference of coping strategies was measured using the preferred coping scale (PCS). The coping preferred coping scale determined that African Americans utilized more religious coping (prayer, pastor) than Non-Hispanic whites (Caucasians) who utilized medical treatments, while American Indians, and other ethnic groups utilize informal treatments such as family support, and focus group. The aims of this review are to: systematically identify studies describing the perspectives and attitudes of mental illness within the African American community; to summarize the findings of these studies; and to explore selected factors that may influence different coping strategies amongst different ethnic groups.

This systematic review will focus on the target population of African Americans and the attitudes and perceptions pertaining to stigma. The attitudes and perceptions of mental illness from community members could be a barrier for those who suffer with mental illness. The systematic review of literature highlighted the social and cultural beliefs which influence perceptions and attitudes about mental illness within the target community. Through this systematic review, the aim is to answer the following research question: Do African American men and women have different coping strategies than other ethnic groups?

Background:

The Mayo Clinic defines mental illness as a wide range of mental health conditions disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors (Mayo Clinic, 2014). Mental illness not only affects an individual's emotional well-being, but it can also interfere with the social and physical aspects of an individual's life. Mental illness is characterized by alterations in mood, thinking, or behavior associated with distress or impaired functioning (CDC, 2013). Deeply rooted stigma may be the reason why African-Americans were not as likely to seek mental treatment (Alvidrez, 2010). Deeply rooted stigma is defined as the severe fear of what others would think or do if they knew that an individual was suffering with mental illness, or seeking treatment. (Alvridrez, 2010) suggested that there was greater stigma concerns as well as other concerns about treatment which were associated with an increased likelihood of engaging in treatment.

As researchers begin to become more interested in the target population of African Americans it also illuminates the stigmatization that surrounds mental illness which cultivates the perception and attitudes from family members, or community members about those who suffer with this condition. Due to the stigma that lies behind mental illness, studies show that African Americans are much more likely to seek help though their primary care doctors as opposed to accessing specialty care (NAMI, 2014).

Prevalence of Mental Illness:

A national survey was conducted by Substance Abuse & Mental Health Services Administration and only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. African Americans and Hispanic Americans used mental health services at about one-half the rate of Caucasian Americans in the past year and Asian Americans at about one-third the rate (AHRQ, 2010). Understanding the prevalence of mental illness within the African American community is important. The United States Department of Health and Human Services, Office of Minority Health, reports that African Americans are 20% more likely to not report psychological distress than non-Hispanic whites. This is due to standards of care as African Americans stand a greater risk of being undiagnosed or misdiagnosed and they are at a greater risk of a longer course of illness (Office of the Surgeon General, 2001). Africans Americans are likely to utilize emergency room, primary care physicians, and alternative treatment rather than specialists for diagnosis or treatment of mental illness (Beals,2005).

Disparities in Mental Illness:

Dr. Larke Huang, Director of Health of the Office of Behavioral Health Equity at the Substance

Abuse and Mental Health Services Administration mentions, "There are looming disparities that

affect socioeconomic status, cultures, race, and gender of each ethnic group individually

 (NSDHU Report, 2014)." Disparities within the African American minority ethnic groups

include, but are not limited to, poverty and shortage of care. The effect of African American

mental health largely rest on these social disparities and contribute to mental health and

contributes to their lower economic, social, and political status (Snowden, 2001). These

conditions can be debilitating as well as a contributing factor to the prevention, treatments, and

daily function of those who suffer with mental illness (Menke, 2007). In addition, there is a lack

of sufficient mental health professionals working in the public health system in community

health clinics or for county departments of mental health, for instance. Huang called the shortage

"significant" (APHA, 2015).

According to the Centers for Disease Control and Prevention's Office of Minority Health and

Health Disparities 2015, Black Americans are "more likely to experience a mental disorder than

their white counterparts" but "less likely to seek treatment." For minorities facing mental health

issues there are further roadblocks to their care such as: health indicators (chronic diseases), and

lack of minority physicians. Chronic diseases constitute roadblocks because instead of

physicians examining patients for mental illness, the general assessments that are performed are

associated with symptoms that would present as a chronic disease and patients are treated for

this. This leads to the misdiagnosis and under treatment of African Americans. The differences

of treatment amongst ethnic groups can be dated back to historical and present day struggles with

racism and discrimination (US, DHHS, 1999).

Barriers

Seeking Care

The barriers to treatment fall under several umbrella categories: demographic factors, patient attitudes towards a service system that often neglects the special needs of racial and ethnic minorities, financial, and organizational, stigma. There are specific populations that experience these barriers more than other ethnic groups. Those populations are: African Americans, Hispanics, and poor women who are less inclined than non-Hispanic whites (Sussman, 1987; Gallo, 1995; Miranda & Green 1999).

Demographic Factors

Demographic factors such as gender, race, and economic status, have a strong influence on attitudes toward mental illness and mental health services. Despite efforts being made to make treatment available regardless of income, people with fewer financial resources or less education do not seek mental health care ((Leaf, Bruce, Tischler, & Holzer, 1987). As a result of the increase in those who suffer with mental illness within the African American community, they opt out of getting optimal help due to factors such as cost of care, lack of insurance, fragmented stigmatization, and lack of access to adequate care (U.S. DHHS, 1999).

Patient attitudes

When looking at patient attitudes towards mental health, research findings concluded that there was an association of patients' attitudes and seeking treatment. The patient attitudes influences where they will seek treatment which in turn causes a lapse in timeliness to obtain care and adequate access to care are other barrier as to why African Americans do not seek care.

Stigma

One of the primary barriers is the perception and attitudes perceived from others known as stigma. Stigma is defined when someone views you in a negative way because you have a distinguishing characteristic or personal trait that is thought to be, or actually is, a disadvantage (a negative stereotype) (Mayo Clinic, 2014). There are various types of stigma but two that impacted this study were stigma with prejudice and stigma with attitude (Menke, 2009). Stigma with prejudice can occur when an individual of a specific population desires to seek mental health care from a licensed professional; but there is a language barrier due to the patient not being able to explain how they feel in terms that are understandable. This makes them feel inferior (Ward, 2009). However, when looking at stigma with attitude these are the pre-judgmental thoughts that individuals place upon those who suffer with mental illness (Ward, 2009). These forms of stigma cause people with mental illness to feel shame, and fear of discrimination about a condition that is as real and disabling as any other serious health condition. Due the stigmatism surrounding mental illness, minority communities tend to avoid seeking treatment which leads to untreated and undertreated mental illness this shows that there is association between stigma and treatment avoidance.

Perspectives on Mental Illness:

People's beliefs and attitudes towards mental illness set the stage for how they interact, react, and support those with mental illness. Two of the most prevalent misconceptions of mental illness is that it is not real and that religious coping is the most effective solution (Menke 2009). Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past

restrictions (e.g., health insurance restrictions, employment restrictions; adoption restrictions) (Corrigan et al., 2004; Wahl,2003). Embracing diversity within mental health is an ongoing Public Health issue and these factors impact the health outcomes of all ethnic groups. Therefore, these factors are important because they show that there is not a lot of inclusion of diversity and health equity is an issue that will address each of these individually to ensure proper healthcare for all regardless of sex, gender, race (Office of Surgeon General, 2001).

When attitudes and beliefs are expressed positively, they can result in supportive and inclusive behaviors (willingness to date a person with mental illness or to hire a person with mental illness). When such attitudes and beliefs are expressed negatively, they may result in avoidance, exclusion from daily activities, and, in the worst case, exploitation and discrimination. Individual, cultural and religious teachings often impact beliefs about the origins and nature of mental illness, which can shape attitudes towards the mentally ill. Culture plays a major role in how patients are treated and their willingness to utilize it. Within the African American community some of the cultural influences that influences stigma are: their own timeline, consequences, and controllability of mental illness; even being unsure of their own understanding and whether they were affected emotionally by mental illness (Ward, 2009). Religious influence is also pertinent within the African American community. The utilization of religion is an informal support system for African Americans which help to foster meaningful strategies to promote mental wellness within the community.   In addition these factors also influence whether mentally ill individuals experience social stigma, beliefs about mental illness can affect patients' readiness and willingness to seek and adhere to treatment.

Therefore, understanding individual and cultural beliefs about mental illness is essential for the implementation of effective approaches to mental health care in the African American

community. Although each individual's experience with mental illness is unique, the following studies offer a sample of cultural perspectives on mental illness Alvidrez, 2008; Ward 2009; Carpenter-Song 2010; Ward, 2013).

Chapter II: Systematic Review of Literature

Introduction:

Within today's society, mental illness is becoming more of a growing public health issue for African Americans (MHA, 2015). Mental illness is frequently stigmatized and misunderstood within the African American community. This systematic review evaluated the literature in three areas: 1) perceptions, attitudes of mental illness, 2) Stigma of mental illness, 3) coping strategies. This review will critically evaluate the gaps within the African American community that cause mental illness to go untreated.

Review of Literature:

People's beliefs and attitudes about mental illness might predict whether they disclose their symptoms and seek treatment and support. Knowledge of beliefs and perceptions can aid in the recognition, management, or prevention of mental illness (Alvidrez, 2008).

Multiple studies were similar in their approach as they examined African Americans beliefs about mental illness, attitudes toward seeking mental health services, and preferred coping behaviors and whether these variables differ by gender and age (Alvidrez, 2008; Ward 2009; Carpenter-Song 2010; Ward, 2013). (Ward 2009), studies were also performed to test the validity and reliability of the specific sample size was chosen for each study, four different valid data collection tools which were used to ensure the validity and reliability about beliefs about mental

illness, attitudes toward seeking mental health services, and preferred coping behaviors (Ward, 2013).

The methods utilized to collect data were similar as well. Demographics were collected to provide general information about the target population. To ensure participants provided accurate information, demographics were collected by a demographic questionnaire. The demographic questionnaire consisted of year of birth, income, and marital status, number of children, perceived economic class, and level of education. To capture identity and symptoms associated with mental illness, the Brief Symptom Inventory (BSI) was used; it includes 53 symptoms associated with mental illness (Derogatis & Melisaratos, 1983)

Response options were changed from a Likert-type scale to dichotomous responses of 1 (yes) or 0 (no) to simplify the measure and reduce participant burden (Ward & Heidrich, 2009). The BSI scores were summed to give a total score. Current research supports construct validity of the BSI with African Americans (Hoe & Brekke, 2009). The BSI has outstanding internal consistency with a reported alpha of .96, consistent with an alpha of .97 in this study. Dimensions of representation were measured using the Illness Perception Questionnaire-Revised (IPQ-R), an instrument based on the CSM (Moss-Morris, Weinman, Petrie, Horne, Cameron, & Buick, 2002). To capture the attitudes toward seeking mental health services attitudes toward seeking mental health services were measured using the Inventory of Attitude toward Seeking Mental Health Services (IASMHS). The IASMHS is a 24-item measure designed to assess individuals' attitudes. The IASMHS has three subscales: psychological openness, help-seeking propensity, and indifference to stigma. Preferred coping behaviors were measured with using the 14-item Preferred Coping Scale (PCS) (Alvidrez, 2008; Ward 2009). There were variation noted in one study and researchers designed the). This survey was developed specifically for African

Americans and, in previous unpublished research, has shown good construct validity (Ward, 2013). These studies were conducted on human subjects, and approval was obtained by the ethics committee.

The review of the literature was limited on discussing coping strategies. (Alvidrez, 2008), study suggests that preferred coping with mental illness is primarily religious within the African American community. There are two types of coping strategies: positive and negative. Positive coping strategies are healthy ways of dealing with stress. The positive coping strategies mentioned were religion which plays a key role in overall mental health. Negative coping strategies are unhealthy ways of dealing with stress such as: alcohol/substance abuse, negative self-talking. Each of these are coping strategies are important. The study shows that there is a difference between African American men and women copies strategies as compared to other ethnic groups. The primary positive coping strategy is religious coping (Ward 2009). African American women would use religious coping to deal with a mental health problem, while indicating they might seek professional treatment. Similarly, more African Americans (90.4%) than non-Hispanic Whites (66.7%) reported use of religious coping in dealing with mental health issues (Chatters, Taylor, Jackson, & Lincoln, 2008). In a qualitative study, high use of religious coping including prayer and developing a relationship with God were found to be ways to cope with depression (Conner, 2010). Research examining gender differences in coping among African Americans is minimal.

Chapter III: Methodology

A search of the PubMed, MEDLINE, NCBI, Centers for Disease Control, and Census bureau databases were conducted using the keyword terms: stigma, African American, Mental Illness, perception, attitudes, coping, Black. Studies were retrieved from the earliest records in these databases from 2004 to 2014. The search yielded 88 articles on mental illness, stigma in African Americans. Out of the articles that were searched 82 articles were excluded based upon abstract and title. These particular studies did not include the target population nor include valid measurements for outcomes. Out of these 6 articles were reviewed but two were excluded because they did not focus on coping strategies, or disparities. Only 4 articles were considered complete and were included within the systematic review. Relevant information including gender, ethnicity, measures of association, population studied, and year/place of publication, study implementation were extracted from the articles. This systematic review did not require approval by the Emory Institutional Review Board. This articles that were reviewed were presented in a descriptive graphic format (see table 1.1 in appendices).

 The study of stigma and mental illness within the African American community is a growing body of research in its own right and there is very little existing research on the topic. The inclusion criteria for this review required studies to: (i) specific ethnic group; (ii)focus on coping strategies; (iii) disparities; (iv) include a valid measurement for outcomes; A sequential process of examining the title, abstract and main text of each article or book (chapter) was undertaken, with exclusion of documents occurring at each stage. The bibliographies of all articles meeting the inclusion criteria, as well as those of previous review articles, were also searched for further relevant studies, which were acquired and checked against the inclusion criteria above

Chapter IV: Results:

Seeking help for mental health treatment has become difficult for those within the African American community who suffer with mental illness. This is due to the stigma that surrounds mental illness. Alvidrez, J., Snowden, LR, Kaiser DM (2008) examined the stigma of mental illness and the way African American consumers experienced both mental health problems and mental health treatment. A sample of N=34 African Americans, ages 25-60, were interviewed as part of the study to develop an intervention to reduce stigma about mental illness. The methods used to conduct this study were interviews, and qualitative research. Growing up in a culture that valued strength in the face of adversity, consumers learned that succumbing to mental illness or requiring professional help to address it was a sign of weakness. Exposure to such messages was more commonly reported by younger African Americans who were sampled. They were involved with family when struggling with mental health issues or deciding whether to seek mental health treatment as opposed to older adults. The consequences of stigma were significant. Most suffered for many years with untreated mental health problems they avoided, delayed or refused voluntary mental health treatment to avoid the external and internal stigma of being "crazy". These concerns that kept consumers out of treatment were often justified. Findings of this study identified three overarching stigma-related themes: exposure to stigmatizing beliefs about mental illness and mental health treatment, stigma as a barrier to seeking mental health treatment, and stigma as an ongoing treatment experience. The stigmatizing beliefs are indicators of feelings that are present within the African American community, particularly these differences in representation and beliefs are different amongst African American men and women. Ward, EC., Heidrich SM (2009) examined African American women's representations/beliefs about mental illness, preferred coping behaviors if faced with mental

illness, whether perceived stigma was associated with treatment seeking, and whether it was related to beliefs and coping preference, and whether these variables differed by age. The sample chosen was N=185 African American women ages 25-85 years of age. The study design used was an exploratory, cross-sectional survey. Age groups were recruited young (25-45 years), middle-aged (46-65 years), and old (66-85). Age groups were developed based on life-span developmental research. Findings showed that mental illness is caused by several factors, including family related stress and social stress due to racism, is cyclical, and has serious consequences but can be controlled by treatments. Participants endorsed low perceptions of stigma. Major preferred coping strategies included praying and seeking medical and mental health care. Age differences were found in all variables except stigma.

Studies point to stigma as a serious barrier to help-seeking for mental health problems. Alvidrez, J., Snowden, LR. Patel, SG (2010) study examined stigma (both perception that mental illness is stigmatized and stigma concerns about entering treatment) and other treatment concerns along with subsequent treatment engagement within three months. The sample size utilized within this study was N=42 black adults. The methods used to conduct this study were baseline interview questions demographic information, psychiatric diagnosis, symptom severity, treatment engagement, and analytic plan. Findings indicated the importance of examining stigma as a multi-dimensional construct and raise questions about the utility of addressing stigma as a way of promoting service use in black adults. More work will need to be done to understand the complex relationship between stigma and help-seeking in black populations and other underserved groups. Even though there is more work to be done associating stigma and help-seeking there is also work to be done to understand African Americans beliefs about mental illness, attitudes toward seeking mental health services, and coping behaviors. Ward E;

Wiltshire, J; Detry, M; Brown, R (2013) the study aim was to examine African Americans' beliefs about mental illness, attitudes toward seeking mental health services, and preferred coping behaviors and whether these variables differ by gender an age. The sample size was N=272 African American men and women whose ages ranged from 25-72 years old. An exploratory, cross-sectional design was used to conduct this study. The findings have implications for gender and age specific psycho-education interventions to increase openness to psychological problems and reduce stigma are needed.

Chapter V: Discussion

This study suggests that there are different coping strategies for African Americans who suffer with mental illness. Mental illness is a Public Health issue that will require future research will to understand coping strategies, stigmatism, perceptions and attitudes, as they work to alleviate health equity, disparities, and social injustices within mental health.

First, there is a significant gap in mental health treatment (Ward, 2009, Ward, 2013). The needs of the African American population are not being properly diagnosed or treated. Perceptions, attitudes and stigma were identified as major concerns within the African American community that reaching optimal treatment. The U. S. Surgeon General report notes that more research must be conducted to further understand the disparities, and barriers that surround mental illness as well as changing health equity to ensure everyone can benefit from this.

Next, the review of literature answered the research question, "Do African American men and women have the same coping strategies as other ethnic groups?" According to

(Ward 2009, 2013), the coping strategies used by African Americans men and women were similar but different from other ethnic groups. Religious coping was consistent with a number of studies showing the use of religious practices such as: praying, talking to a pastor) to cope with mental issues (Ward, 2010). Surprisingly, utilization of informal support such as family and friends was common as well. Other ethnic groups specifically, non-Hispanic whites seek out treatment, professional help, and social groups. African Americans are less likely to report symptoms associated with mental illness to their physicians, family, co-workers, because they are not knowledgeable of the symptoms or feel that they should be able to cope with whatever feelings they are dealing with on their own. Because African Americans are underrepresented in mental health research, this study provided an action of how psychological openness might influence decision making to seek professional mental healthcare (Ward, 2013).

A few of the limitations in these studies are: participants of the African Americans community would not disclose symptoms as readily as other groups, for example, or if they present their symptoms in a distinctive manner, then attempts to accurately assess African American mental illness will suffer. (Alvidrez,2008;Ward, 2009; Carpenter-Song, 2010;Ward 2013).

After reviewing this study, depression was the most common mental illness, and there were no gender differences in prevalence but there was significant gender and age differences in attitudes and preferred coping (Ward, 2013). African American men and women believed that they knew some of the symptoms and causal factors of mental illness. Their attitudes suggested they are not very open to acknowledging psychological problems, are very concerned about stigma associated with mental illness, and are somewhat open to seeking mental health services, but they prefer religious coping Studies of attitudes, perceptions, and stigma.

The studies showed that African Americans are less likely to report symptoms associated with mental illness to their physicians because they are not knowledgeable of the symptoms or feel that they should be able to cope with the social problems they encounter on their own so they do not seek out licensed professional help.

As more research expands about mental illness within African American communities and other ethnic groups, the implications will produce frameworks that will impact practitioners and researchers so that they are able to properly treat, and diagnose mental illness. By incorporating governmental agencies, caregivers, and other members of the community this will promote positive partnerships and provide more formal support for those who suffer with mental illness.

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Appendices:

Table 1.1: Literature Review

Author/Date	Topic/Focus/Question	Concept Theoretical Model	Research Method	Context Setting/Sample	Findings	Future Research
Alvidrez, J., Snowden,LR., Kaiser, DM.,(2008)	This study performed to see how stigma affects people receiving mental health treatments.		Qualitative	25-60 male and female	Stigma kept them from recognizing they had issues Second guessing they had issues. Common coping strategies education, secrecy, withdrawal. Behavioral strategy: social support.	Design programs to help individuals overcome stigma to obtain the treatment they need.

Ward,C., Heidrich, S., (2009	This study examines African American representations/beliefs about mental illness, preferred coping behaviors, and whether stigma was associated with treatment-seeking.	Common Sense Model (CSM)	Exploratory, cross-sectional survey design	African American Women young (25-45), middle-aged (46-65), old (66-68)	Identified with closely with symptoms of feelings to want to end their lives religion to cope low likely to endorse-seeking treatment Likely to attribute symptoms to mental illness and believe treatment can be effective	Relationships between beliefs and coping. Include African American men. Target to women of different age groups. Open it up to include African American men.
Alvidrez, J, Snowden, LR, Patel, SG. (2010)	Study examined stigma (perception, and entering treatment)		Uses data from randomized pilot study.	County hospital based, outpatient mental health clinic.	Greater stigma concerns and greater concerns about treatment were	Diversify sample to obtain full understanding of stigma.

					associated with an increased likelihood of engaging in treatment.	
Ward, E., Wiltshire, J., Detry, M., Brown, R., (2013)	This study examine beliefs about mental illness, attitudes toward seeking mental health services, and preferred coping behaviors differ by gender and age	CSM	Exploratory, cross-sectional survey design	African American men and women ages 25-72 years.	Gender specific outreach is needed to educate and reduce stigma.	Examining reliability of the IPQ-R for use with African American adults. Attitudes might be barriers or may facilitate treatment seeking among this group.

Table 1.1 (Articles that met all inclusion criteria, included in literature review table).

Figure 1.1.
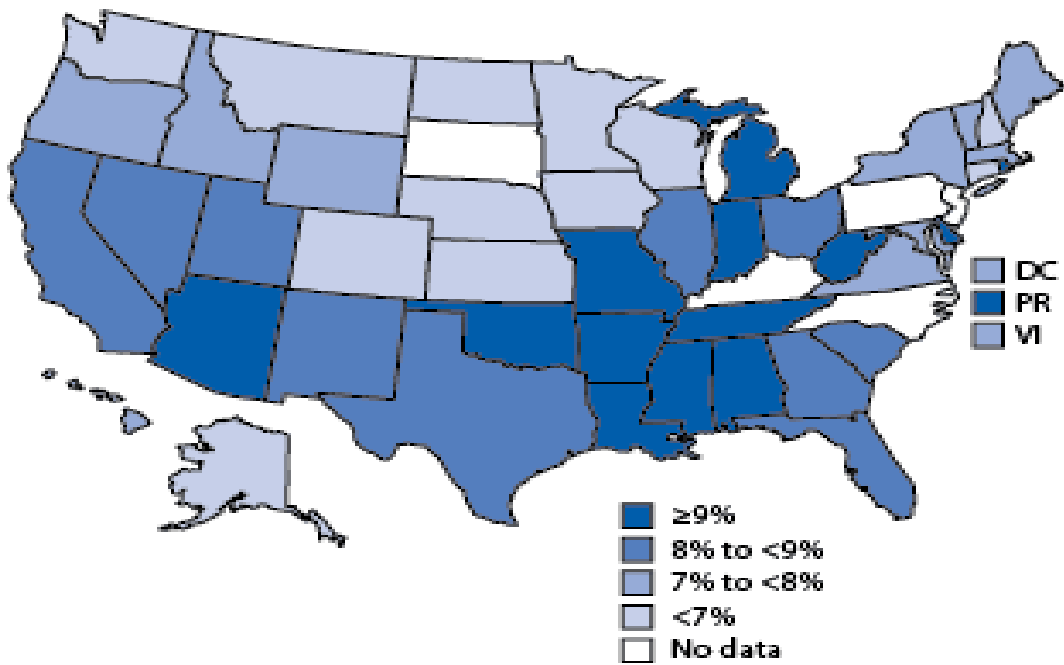
Prevalence of current depression among adults aged ≥18 years, by state quartile — Behavioral Risk Factor Surveillance

System, United States, 2006 (CDC, 2015)