Implications of Barriers to Care and Help Seeking Behaviors for Health Disparities among Rural African American Families
Presentation Objectives

- Examine the implications of barriers to help seeking behaviors of rural African American parents

- Consider innovative models and methods for partnering with community stakeholders to regain trust and encourage help seeking behaviors among rural African American families
Acknowledgements

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Research Project

- *Families In It Together (FIIT)* is an ongoing research project involving African American mothers, their children and the rural communities where they live in the state of Georgia. We examine Wave 8.

- *Longitudinal Study*: This study, which started in 1993 with a group of 150 single mothers and their children, takes a look at how African American kids grow into successful young adults.
Family Community Context: The participating families live in small towns and communities in which poverty rates are among the highest in the nation and unemployment rates are above the national average.

Many of them live under conditions of severe, chronic environmental stress that has the potential to take a significant toll on their children.

However, instead of focusing on what causes problems for children raised in these circumstances, this study examines the individual, family and community factors that help them achieve academic competence, social competence and positive psychological adjustment.
Health disparities and health care access are of serious concern for rural populations.

Contrary to popular belief, research has shown that rural environments are not protective factors for mental health needs including drug and alcohol abuse, depression, family violence, or suicide attempts.
Demand for physical and behavioral health services in rural areas is high, however the availability of these services is limited.

Limited availability, combined with other challenges of living in rural areas create added barriers in acquiring mental health services.
Overview of Rural African Americans in the South

- Several million families living in small towns and rural communities
- Poverty rates among the highest in the nation
  - 50% live below federal poverty standard
  - another 25% live close to the standard
Census % Rural Population

Rural, % Total

Baldwin | Elbert | Greene | Morgan | Barrow | Oglethorpe | Walton | Wilkes | Georgia
---|---|---|---|---|---|---|---|---
34 | 68.7 | 81.7 | 77.2 | 53.1 | 57.8 | 66.8 | 28.3 | 99.9
## Rural Georgia Counties: FIIT

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>Poverty Rate Among 5-17-year olds: % of the Pop. (2003)</th>
<th>Mean Per Capita Income in $, 2004</th>
<th>% of Households Headed by Women, No Husband Present, 2000</th>
<th>% of the Population who are African American, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>24.5</td>
<td>20,715</td>
<td>18.5</td>
<td>51.2</td>
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<tr>
<td>Baldwin</td>
<td>21.7</td>
<td>23,671</td>
<td>27.3</td>
<td>44.0</td>
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<td>Barrow</td>
<td>13.7</td>
<td>23,800</td>
<td>15.1</td>
<td>10.8</td>
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<tr>
<td>Elbert</td>
<td>22.2</td>
<td>22,253</td>
<td>21.8</td>
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<td>Greene</td>
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<td><strong>25,585</strong></td>
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<tr>
<td>Morgan</td>
<td>16.5</td>
<td>29,050</td>
<td>18.9</td>
<td>25.4</td>
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<tr>
<td>Oglethorpe</td>
<td>16.5</td>
<td>23,544</td>
<td>15.8</td>
<td>18.8</td>
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<tr>
<td>Walton</td>
<td>14.5</td>
<td>24,906</td>
<td>16.1</td>
<td>14.5</td>
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<tr>
<td>Wilkes</td>
<td>25.1</td>
<td>21,622</td>
<td>25.1</td>
<td>42.2</td>
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<tr>
<td>Georgia</td>
<td><strong>17.9</strong></td>
<td><strong>29,782</strong></td>
<td><strong>20.6</strong></td>
<td><strong>29.8</strong></td>
</tr>
</tbody>
</table>
General Hospital Bed Capacity

- Baldwin, 140
- Barrow, 56
- Walton, 77
- Elbert, 52
- Greene, 25
- Morgan, 20
- Wilkes, 25
Educational Levels

Percent Not Completing High School (25+), 2000

- Baldwin: 27.4%
- Elbert: 32.8%
- Greene: 29.9%
- Morgan: 26%
- Barrow: 26.7%
- Oglethorpe: 27.9%
- Walton: 26.5%
- Wilkes: 35%
- Georgia: 21.4%

Teen High School Dropouts (16-19), Percent, 2000

- Baldwin: 9.8%
- Elbert: 15.1%
- Greene: 17.7%
- Morgan: 19.3%
- Barrow: 15.8%
- Oglethorpe: 15.6%
- Walton: 13.4%
- Wilkes: 13.6%
- Georgia: 12.8%
Unique Challenges and Barriers Confronting Rural Families

- Low population density
- Lack of non-agrarian businesses create low revenues to contribute to the economic resources needed to support such services
- Families must travel long distances to obtain mental health services
■ Public transportation is unavailable impeding access to places where services and programs are provided

■ Rural African American families are more reliant on family members for help and support during times of needs

■ More skeptical of the benefits to be derived from mental health services

■ Reluctant to advocate for the establishment of these services
Prevalence of Mental Health Issues among Rural African American Youth

1970s and 1980s:
- Displayed substantially lower rates of conduct disorders, depression, and substance use than did either suburban or urban adolescents.

Mid-1990s:
- Behavioral and emotional problems, substance use, and engagement in high-risk sexual behavior reached levels equal to those among urban adolescents.

2000-present
- The National Center on Addiction and Substance Use (2000) presented data indicating that youth substance use and its correlates, such as academic failure, behavioral problems, and emotional difficulties, have been increasing more rapidly in rural than in urban areas.
- Results from a probability sample (N = 897) of African American 13-year-olds residing in rural Georgia and Iowa, revealed that 56% were using substances and 25% were sexually active.
Implications for Problems During Adulthood

This cluster of problems is not only highly prevalent among rural African American youth, but it also has prognostic significance for their involvement with the criminal justice system, depressive symptomatology, and substance use during young adulthood.
Juvenile Commitment Rate

- Baldwin, 6.09
- Elbert, 3.35
- Greene, 4.97
- Morgan, 5.13
- Barrow, 2.68
- Oglethorpe, 0.74
- Walton, 3.87
- Wilkes, 1
- Georgia, 3.4
Challenges That Circumvent Help-Seeking Behaviors

- Few providers specialize in African American issues
- Minimize mental health problems – just got the blues, feeling low
- View depression as a sign of weakness, not a legitimate problem
- Social stigma regarding mental health problems in African American community
- Communal stigma about “putting our business in the street” airing dirty laundry
- Reluctant to seek professional care, rely on ministers, prayer, confiding in relatives, friends
- Often go untreated because of:
  - suspicious of professional mental health care providers
  - lack of access to mental health care
  - recipients of poor service
Perception of Research and Mental Health Service Delivery

- Greater concerns about ethics of clinical science;
- Perceive scientists less trustworthy than do those of middle-class families in general and middle-class Caucasian in particular;
- Belief that they will be experimented on without consent;
- Suspicion about how the information will be used:
  - Who will benefit from the research, researchers or African American communities?
  - Why is their community being targeted for service delivery?
Sources of Cultural Mistrust

- Reliance on folk beliefs that creates skepticism about Western medicine and mainstream values about health

- Cadavers of enslaved African Americans used to train medical students

- Tuskegee Syphilis Experiment 1930s-1970s
Implications of Cultural Mistrust

- Unwillingness to seek mental health treatment
- Negative attitudes toward health care providers
- Continued health disparities
Mixed-methods Approach to Examining Barriers to Mental Health Help Seeking Behaviors of Rural African American Mothers

- FIIT Surveys
  - Full sample, Wave 8 (n=164)
  - Qualitative interview subsample (n=22)

- In-depth Qualitative Interviews
  - Semi-structured
  - Based on Model of Behavioral Health Service Use
Model of Behavioral Health Services Use

----MACRO Environmental/Contextual Issues--

Community  Service System

Individual and Family

Predisposing  Enabling  Need

Service Use
Results

Quantitative Data Analyses for Full FIIT Sample
(n=164)
What do rural African American families tell us about mental health help seeking behaviors?
Are you worried about your child’s behavior or emotions?

- Not at all, 46
- Somewhat, 27.6
- Moderately, 8
- Very much, 9.8
- Quite a bit, 8.6

Full FIIT Sample, Wave 8
Have other individuals expressed concerns about your child’s emotional or behavioral problems?

School personnel

Full FIIT Sample, Wave 8
Have you considered getting help for child’s mental health problems in the past year?

How likely will you seek help in the next six months?

Full FLIT Sample, Wave 8
For those who did seek services:

Where did you go to get help for your child?

- Counselor: 68.8%
- Doctor: 37.5%
- School: 18.8%
- Friends: 12.5%
- Social Worker: 6.3%
- Family: 6.3%
- Church: 6.3%

Full FIIT Sample, Wave 8
What are preferred sources of mental health care for your child’s behavior and/or emotional problems?

- Family: 69.8%
- School Counselor: 53%
- Pastor: 51.7%
- Teacher: 49%
- Doctor: 45%
- Friends: 32.2%
- Psychiatrist: 16.8%
- Social Worker: 14.1%
- Psychologist: 12.8%

Full FIIT Sample, Wave 8
What is your (one) preferred choice for discussing issues regarding your child’s emotional and/or behavior problems?

- Family is preferred choice to talk to about mental health problems (49%)

- The second source is pastor when the first resort is not available (19.5%)

- The third choice is doctor when the first and second sources are not available (18.3%)

Full FIIT Sample, Wave 8
Results: Quantitative Analyses for Full FIIT (n=164) and Interview Subsample (n=22)

Questions on:

- Willingness to seek care
  - Mother
  - Child
- General mistrust of service providers
- Cultural mistrust
- Stigma
- Lack of social support
- Lack of access

Full FIIT Sample, Wave 8
Mother Willingness to Seek Treatment for EBP

- Unwilling
- Willing

- All
- Interview
Child Willingness to Go to Treatment for EBP

Unwilling

Willing

All

Interview

0%
20%
40%
60%
80%
100%
General: “I don’t feel that I can trust professionals no matter what race they are.”
Cultural: “I am suspicious that white professionals would not treat my child as well as s/he would treat a white child.”
Stigma Is a Barrier to Seeking Mental Health Care

Sample question:
“I would be afraid of what people would say about me as a parent if my child was getting professional help for emotional or behavior problems.”
Social Support Available for Seeking Mental Health Care

“If I took my child to get professional help for emotional or behavioral problems, my family would be very supportive.”
“If my child had emotional or behavior problems, it would be easy to find out where or who to take him/her to get help.”
Specific Aims of the Qualitative Rural Family Interview Study

- To explore the perceptions and experiences of families about their children’s behavioral health problems and their communities
- To provide a richer description of issues from the surveys
- Respondents: 22 mothers from FIIT sample who had reported clinical levels of child problems on their Wave 8 Achenbach Child Behavior Checklist
  - Target children: ages 13-15, 11 boys, 10 girls
  - 4 of rural counties
    - Baldwin, Elbert, Green, Morgan
Qualitative Methods

*Private face-to-face semi-structured interviews with trained and known FIIT interviewers covering:*

- Identification of child problems and beliefs about illness
- Mechanisms for informal support
- Mechanisms for formal support
- Experiences with the behavioral health system
- Other community resources
Results: Qualitative Analyses for Interview Subsample (n=22)

- Thematic Analysis
  - Behavior of the Child
  - Social Institutions
  - Community: Unmet Needs and Recommendations

- Established inter-rater reliability (90%)
Types and Prevalence of Mental Health Problems Reported by Participants for Target Child

- ADHD
- Learning Disabilities
- Depression
- Behavioral Problems
- Other
Social Institutions: Where Were Child’s Needs Identified?

- Mothers acknowledged that behavior problems were seen at home or in the community.

- Identifiers outside of families:
  - Schools
  - Physicians
  - Juvenile Justice System
Where Were MH Services Provided?

- School: 10
- Medical Doctor: 15
- MH Services: 20
Social Institutions: Path to MH Services

Not one reported directly seeking MH services

School

Doctor

Mental Health Services

X
Social Institutions:
Access to Specialty MH Services

- Most had used some type
- Most could offer specific information about local services (knowledge)
- Only one mentioned expense as a barrier (Medicaid as a resource)
- Access problems:
  - Problems obtaining info
  - Difficulty traveling
  - Conflict with hours available
Community:
Unmet Needs and Recommendations

- Heavy focus on community recreational resources for all youth
  - More activities and programs for children
  - Community recreation center
- Also mention of other social services
  - Shelter
  - More mental health services
  - Financial assistance for mental health services
  - More medical services
  - Low-income housing
  - Food bank
  - Parenting classes
Summary of Results: Barriers to Help-Seeking

- Family-level
  - Waited on school (usually) to identify
  - 1/3 to ½ concerned about stigma
  - Family member attitudes not perceived as a barrier to help-seeking
  - Unwillingness of child to go for treatment
Summary of Results: Barriers to Help-Seeking

- Community-level
  - Families generally mistrusted (white) service providers
  - But were more mistrustful of mental health professionals regardless of race
  - Many reported access issues
  - Few positive opportunities for community involvement
Implications: Eliminating Barriers to Care and Supporting Help-Seeking

- Stigma and mistrust are likely ongoing concerns in all domains of community life that must be addressed.
  - Identify ways to reduce and eliminate stigma at multiple levels: family, community, society, through programs, public education, media campaigns.

- Schools are the primary identifiers and referral agents and must be involved in any community efforts.
  - “Family friendliness” is critical.
Implications: Eliminating Barriers to Care and Supporting Help-Seeking

- The importance of “normal” community involvement needs attention
  - Opportunities must be created
  - Youth and families should be involved in the design
Implications: Eliminating Barriers to Care and Supporting Help-Seeking

- Develop strategies to enhance parents and youths’ understanding of mental health
- Offer programs that empower families to advocate for health services in their communities
- Identify avenues and strategies to dispel suspicion and mistrust of families of social service institutions and mental health care providers.
- Develop and integrate culturally relevant approaches into mental health service delivery efforts.

- Studies have shown that families are more likely to seek help when there is evidence that the service agency is sensitive to issues of diversity and have designed approaches to engage them in treatment.
For More Information

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