LEGACY

HIV: WORKING WITH
THE AFRICAN AMERICAN COMMUNITY

HIV and Mental Health

Purpose

The purpose of this handbook is to provide some general information about the impact of HIV on the African American community and to identify potential barriers to be mindful of when working with this group. In doing so, the ultimate goal of this handbook is to aid in destigmatizing the need for mental health treatment within the African American community.

The information discussed in this handbook is not all inclusive, nor is it designed to be a "know all" as it relates to understanding and working with individuals in the African American community who are impacted by HIV. Cultural awareness is fluid and constantly evolving and so should our knowledge of working with specific communities.

In the spirit of cultural awareness, it is important to note that this writer will be using the term *African American* when referring to Americans of African descent with ancestry in North America unless otherwise specified. It is important to remember that members of this community may self-identify as Black, African American, multi-racial, or choose another identity altogether. Allow your client to determine how they want to be identified.

Remember, every person is an individual with their own lived experiences and background and should be treated as such. This guide simply has concepts and information that might be useful to keep in mind, but by no means is a definitive guide.

The Prevalence of African Americans Living with HIV

According to the Centers for Disease Control and Prevention[1], since the beginning of the epidemic African Americans have been one of the most disproportionately impacted communities compared to any other race/ethnic group. Additionally, this has worsened over time and is especially apparent in the following ways:

» Account for 43% of newly diagnosed cases per year, while whites make up 26% of newly diagnosed cases per year.
» African American women, youth, and gay and bisexual males account for the most impacted within the community.

African Americans represent the highest lifetime risk of contracting HIV[9]:

» 1 in 22 for males
» 1 in 54 for females
» 1 in 2 for men who have sex with men (MSM)

The reasons likely adding to this include[1]:

» Individuals who are unaware of their diagnosis
» Higher rates of other sexually transmitted infections (STIs) throughout the community
» Lack of access to quality care, lower income and educational levels, and higher rates of unemployment
» Stigma, fear, discrimination, and homophobia.

Prevalence of Mental Health Concerns

The African American Community represents a little over 13% of the entire US population. Regarding the prevalence of mental health concerns for some are[2]:

» 20% reported experiencing more serious mental distress than whites.
» 3x more likely to report experiencing serious mental distress if living below poverty
» More likely to report feelings of sadness, hopelessness, and worthlessness than whites.
» 2x more likely to be diagnosed with schizophrenia than non-Hispanic whites.
» More likely to be victims of serious violent crimes than non-Hispanic whites.

Additionally, only 1 in 3 individuals who needed services actually received them.[3]

Strengths and Characteristics
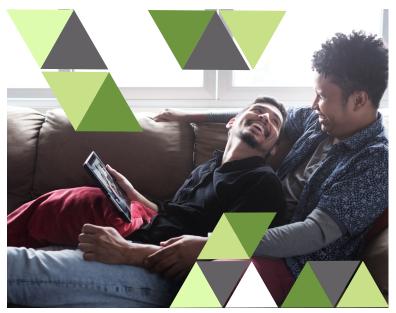
Family structure[4]
- » Increasingly headed by a single parent.
- » Often described as matriarchal (headed by the women)
- » Allow for multiple roles within the family (e.g. older children may help with caretaking, extended family/friends may help raise the children).

Spirituality and Religious Values[4]
- » The church can be seen as a HUGE support system.
- » These values play a very important role in the individual and their families as this provides comfort, economic support, and community involvement.
- » While this is a strength, it is important to remember that some of the church values being spread may negatively impact the person's well-being (e.g. "HIV is a 'gay person's disease' so only gay people get it." or "It's a result of sinful/immoral behavior like homosexuality or infidelity.")

Overall cultural strength[4]
- » Positive ethnic identity
- » Family, extended kin, and community support systems
- » Flexible family roles
- » Achievement oriented
- » Spiritual beliefs and practices

Barriers to Treatment and Their Impact

Barriers many in the African American community may experience in seeking treatment are nearly identical to those that might be adding to the increase in new diagnoses. These being[1, 3, 4]:

- » Stigma
- » Fear of judgement
- » Access to appropriate and quality care
- » Racism or discrimination (experienced/perceived)
- » Distrust in the health care system
- » Culture of, "What happens in the house, stays in the house."

These are just a few reported barriers as your clients may express additional barriers or deterrents to seeking or maintaining treatment.

Two additional barriers pertaining specifically to providers of African American clients included lack of diverse racial/ethnic backgrounds and lack of culturally competent providers.[3]

Stigma & Judgement

Stigma and judgement tend to go hand and hand. Stigma refers to the things we don't want others to know for fear of being rejected, judged, or simply being treated differently. For some African American clients there is stigma around mental illness and stigma around living with HIV. Thus, laying the ground for multi-layered stigma.

- » Stigma is not only experienced when the person decides to seek treatment but can happen when they mention or inquire about treatment to others.

Access to Care

Access to appropriate and quality care. Not only does the African American community have nearly double the unemployment rates as the national average, they are 2x more likely to experience poverty.[4]

» African American individuals living below poverty are 2-3x more likely to report serious psychological distress.[5]

Lack of employment often leads to having no insurance. However, when insurance is available, African American clients are less likely to receive appropriate/quality care.[3, 5]

» Due to primary use of emergency services, African American clients are more likely to be overrepresented in inpatient treatment.
» They are also more likely to be misdiagnosed or listed as severe when compared to the same symptomology as white individuals.

Racism or Discrimination

Racism or discrimination. Many African American individuals perceive, and may experience, racism.[4] It is well documented that African American individuals experience racial profiling, higher rates of arrest and convictions, and experience overall racial inequality.[4] A few things that likely add to this experienced or perceived racism/discrimination include:

» Blatant ways (e.g. racist comments or slurs)
» Microaggressions, which are subtle ways.
» Perpetuating stereotypes/assumptions
» Colorism
» Labeling
» Misunderstanding and/or misinterpretation of cultural behaviors, actions, and belief systems

Some remarks documented that can potentially be interpreted as a lack of understanding or as dismissive of their experiences dealing with race in the world include[6]:

» "I don't see you as African American. I just see you as a regular person."
» "I'm not sure we need to focus on race or culture to understand your depression."
» "If African American people just worked harder, they could be successful like other people."
» "Don't be too sensitive about the racial stuff. I didn't mean anything bad/offensive."

Distrust in Health Care System

Distrust in the health care system. Historical impacts (e.g. slavery and segregation to name a few) continue to affect the overall health, education, social and economic resources available to African Americans resulting in disparities.[5] In addition to the inequality of resources there is an overall distrust in the health care system influenced by the cultural mistrust of past experimental research that included African American individuals (such as The Tuskegee Project 1932-1972).

» This likely continues to negatively influence many in the African American community from participating in research, as well as having some initial resistance to taking medications.

For some in this community, the reluctance to disclose personal matters often leads to a culture of, "What happens in the house, stays in the house." Secrets are not only kept from those outside the household but also within the household.

» This could lead to generational passing down of unhealthy coping behaviors and may perpetuate misinformation or misunderstanding.

This reluctance to talk about personal issues can lead to not helping link clients to appropriate care. Additionally, this may lead the client to not inquire about potential services that they may qualify for and benefit from.

Tips to Help Reduce Barriers to Treatment

Start with yourself. We have to reflect on ourselves in order to not potentially damage/influence the client seeking services.
» Examine your microaggressions, stereotypes, assumptions, bias, and overall understanding of the African American community outside your "scope" of interaction.[5]
» This can help reduce your chance of potential perceived racism, discrimination, and judgement among other things.

Have a **comprehensive biopsychosocial intake assessment** that will help identify the possible complex interactions the client might be experiencing to better help address their needs.[5]
» Sometimes, through the intake process your client may realize things they did not initially think could be impacting them and also feel more seen (connected/understood).[7]

Have **diversity** not only in your employment but in advertisements displayed in your office as well as online.
» It's hard to feel comfortable in a place you don't SEE yourself being represented.
» Some clients prefer and feel more comfortable with a member of the African American community.

Develop a team approach. No one wants to be talked TO but rather talked WITH. Collaborate with the client to identify how they view their problems and the solutions they think might work for them.
» You want to work to establish a collaborative relationship that equally shares the benefits and the responsibilities of treatment.[4]
» Highlight the positive assets for the client, such as family, friends, community resources, and church (spiritual advisors) to name a few.[4]

Disclosure may be beneficial in establishing and strengthening a personal connection between the client and provider, showing you are human and understanding to some degree.

When it comes to mental health concerns specifically, many in the African American community are more likely to want to **start with talk therapy** versus pharmacological therapies (aka medications).[5]
» Providers (of any kind): BE CONSISTENT. The number one concern heard from clients is that they do not like having to switch from one doctor or case manager to another and to another.

Trust is not something given but earned through your actions.
Being open, authentic, and empathetic are necessary to begin the
building of a trustworthy relationship.

» If you say you will do something, do it. Your word is your action
sometimes.

**Be willing to be more direct, provide education, and help them
deal** with agencies or with issues involving health and employment.[4]
Think of the things outside of living with HIV that might be impacting
their willingness to stay in treatment.[4]

» It might be important to explore how they cope. Maybe they're
using drugs to escape abuse or sleeping around with strangers to
have an actual place to stay.
» Remember spirituality often plays a huge role in dealing with
stress, trauma, and depression.

Remember, no one is going to have the answers, so do not share
something you don't truly know or understand with the client. Instead
work with clients to obtain the information they may have questions
about or help connect them to an appropriate person who can help.

» "You know that's a good question, let's see if we can find that out
for you together."

All statements and information provided have been done in good faith.

We are constantly striving to reach more people through education, advocacy, mental health counseling, and substance use treatment.

We would love to hear your thoughts about working with the African American community living with HIV and every effort will be made to incorporate feedback.

If you have a question or suggestion, please share and email Jose Jimenez at jose@legacycounseling.org

USEFUL **RESOURCES**

HIV.gov
www.hiv.gov

National Alliance on Mental Illness
www.nami.org

MentalHealth.gov
www.mentalhealth.gov

Mental Health America
www.mhanational.org

The Black AIDS Institute
www.blackaids.org

The Body: The Complete HIV/AIDS Resource
www.thebody.com

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[8]National Alliance on Mental Illness. (n.d.). African American Mental Health. Retrieved November 12, 2019, from https://www.nami.org/find-support/diverse-communities/african-americans.

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