



Considerations to Improve Services for Black/African American Individuals with Disabilities and Mental Health Concerns

Introduction

People with disabilities often face limited access to mental health providers. For some people with disabilities, access can be even more limited. In the United States, Black and African American youth and adults receive mental health services at a lower rate than White youth and adults.¹⁸ It is important to realize that the complexity of this issue goes beyond what this fact sheet can cover. Everyone's experience with seeking mental health services is different and the reasons for barriers may be numerous. It is also important to note that more research including Black and African American people with disabilities is needed to inform service providers on how they can break down barriers. In this fact sheet we will review considerations, barriers, and recommendations for improving service delivery.

How the Overlap of Race/Ethnicity and Disability Can Affect Self-Identity, Trust, and Provider Access

Past and current injustices show that Black and African American people are at a higher risk for violence, incarceration, and economic exploitation.³ ¹⁴ Having a disability can increase these risks for many minoritized individuals too. An example of this increased risk is how officers sometimes mistake people with disabilities as being aggressive when they just communicate differently. This may contribute to the high incarceration rate of people with disabilities of all racial/ethnic groups.¹⁰ However, this rate is higher for Black or African American people with disabilities, with 55% arrested by age 28.¹¹

A Black or African American person may not want to openly identify as a person with a disability, how

someone with an identity approach does.³ An identity approach views disability as an important part of who they are, similar to gender or ethnicity and encourages pride about one's disability. This approach might not feel like an option if an individual is worried that being open about their disability will increase the discrimination they already experience.

It is recommended to consider both current and historical contexts when serving minoritized individuals. For some, these contexts contribute to a mistrust of authorities, including health professionals. This mistrust can affect help-seeking behavior by making a person less likely to seek treatment from a professional.¹² This mistrust is often reaffirmed when a person does not receive quality care. Sadly, Black people and African Americans are less likely to receive recommended standard care.² This could be related to how conscious and unconscious bias affect treatment. For example, both conscious and unconscious bias lead to lower quality treatment and incorrect diagnoses such as how Black and African American men are more likely to be misdiagnosed with schizophrenia when they report symptoms of major depression than White men.^{7, 13}

Being mistrustful of the health system does not mean someone is unwilling to look for help. Screening data found that Black and African American people with depression planned to seek help at higher rates than what is typically claimed. Many begin searching for help through faith-based outreach. It is believed that Black and African American providers give more effective and comprehensive care for Black and African American individuals. However, there is a limited number of Black and African American providers in the mental health field.¹² Having a disability can already make it difficult to find a provider, so it can be particularly difficult to find

someone who understands their experience. Many professionals do not feel like they are well-equipped to work with someone with a disability.

How Mental Health Symptoms Can Present

Something to keep in mind is how mental health symptoms can be expressed in indirect ways. People with disabilities (like those without disabilities) often express their needs through external behaviors. A person who has trouble using coping skills or communicates and/or processes things differently might use more external behaviors to express themselves. External behaviors often include decreased self-care, irritability, aggression, and withdrawal from people and activities the person usually enjoys. Having more behavioral difficulties or losing skills can be the first sign that children and adolescents have experienced trauma.¹⁵

Feeling judgment from others can lead to difficulties in sharing mental health concerns. Many Black and African American people believe their friends would think of mild depression and anxiety as “crazy.” Some also feel mental health conditions should not be talked about with family members.¹ Stigma can be internalized, meaning you start to believe what other people say. These examples may contribute to why some Black and African American people describe physical symptoms associated with their mental health instead. Many Black and African American people may describe chest pain, stomach pain, fatigue, and trembling which can be brought on by mental health conditions.¹³

Using a Trauma-Informed Approach

Considering cultural, historical, and gender issues is one of the Substance Abuse and Mental Health Services Administration (SAMHSA)'s six recommended guiding principles for a trauma-informed approach (TIA).⁶ Other mental health organizations also support the need to consider historical issues, like racial trauma.¹⁴ This approach acknowledges how trauma plays a role in someone's life and affects their mental health. TIA calls for organizations and providers to ask: “What has happened to this person?” instead of “What is wrong with this person?”⁹ There are many

supporting reasons for using TIA as an effective approach for people with disabilities. Interventions for youth with disabilities typically focus on managing behaviors rather than helping youth process and recover from trauma. Also, youth with intellectual and developmental disabilities are at a greater risk for many types of trauma, such as neglect and abuse. They can also experience trauma related to interventions done to “contain a youth.” Some examples are interventions that use restraint and seclusion.¹⁵ Making efforts to avoid re-traumatization is an important part of TIA. Re-traumatization is when a situation or environment brings up difficult feelings associated with trauma because it resembles the trauma either literally or symbolically. Another TIA consideration is making services easily accessible for all individuals.^{9, 17}

The National Child Traumatic Stress Network (NCTSN) offers many resources about TIA. [TIA resources on working with Black and African American children and families](#) can be found on their website. NCTSN also offers an online training called [The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma](#).

The Importance of Meeting People Where They Are and Collaboration

A common phrase in helping professions is “meet people where they are.” This means considering and respecting a person's circumstances, both their challenges and strengths, to see how support can be offered more effectively. It also includes thinking about a person's many needs and trying different outreach approaches when necessary. For example, a provider may work with a faith-based organization to reach people who are reluctant to seek help through other ways.

A person's quality of life and ability to find mental health treatment can be affected if they are struggling to meet their basic needs. They likely will not prioritize their mental health as much as other needs. This is one reason why it is important to “meet people where they are at”. The CDC recommends addressing basic needs and connecting people with various services/organizations that affect health to

reduce health disparities among Black and African American people. Some examples are helping connect people with transportation and housing resources/assistance.⁵

Strong collaborations among agencies are essential for improving health and reducing disparities among Black and African American people. Some promising treatment models have unified mental health treatment, substance use treatment, and primary medical care. These models use collaborative case management. Collaborative case management includes systematically connecting individuals with providers and regular follow-ups. Studies found that individuals had better outcomes, and communication between case managers and providers improved using this approach. A collaborative case management program in Washington had lower rates of people living in homeless shelters, fewer arrests, and decreased inpatient hospital admissions.²⁰ Although many people with disabilities have mental health concerns, mental health and disability services often work under separate systems. A collaborative approach helps systems address problems they face from being siloed.¹⁵

Another recommendation is literally reaching people where they are by having programs in communities, homes, and other settings.⁵

Listening and Contributing

People of racial/ethnic minority groups do not all have the same experiences. Some groups may face similar barriers and have similar values. However, each group has their own history and cultural experiences. The degree that people identify with groups also varies. Where a person lives can affect their experience as well. For example, over half of Black and African American people live in Southern states, whereas only 10 percent live in Western states.¹⁹ This low prevalence of Black and African American people in Western states can affect how culturally aware services are. Individuals might also have trouble finding providers or peers they relate with on specific experiences. How else do you think living in a place with little diversity can affect someone?

Agencies wanting to help with research including Black and African American people should consider working with universities that are doing studies on health and disparities experienced by people with disabilities.⁸ It can be easy for people to make assumptions when there is limited information on a topic. Hearing others' stories can help with reducing assumptions and considering more possibilities for services and delivery when working with people. One way of doing this is by listening to digital stories. In [Melissa Malcolm King's digital storytelling episode](#), you can hear about Melissa's experiences as a Black/African American individual who is hard-of-hearing and has mental health struggles. Melissa talks about assumptions people have made and overlapping challenges.

It can feel discouraging to learn about problems that have existed for a long time and at such a large-scale. However, this does not mean you cannot do anything. One suggestion to help agencies work toward culturally appropriate services is giving testimonies to local legislators. You can inform them about policy and issues that you see adding to health disparities. You can also influence organizations to include disability as a social justice and civil rights issue which can help advance progress. Partnering with people with disabilities and using advocacy and education to inform organizations is a recommended way to do this.⁸

Additional Resources

In addition to the resources linked throughout, you may find the following helpful.

The [National Center for Cultural Competence at Georgetown University](#) has many cultural competence resources that can apply to a range of providers and agencies.

[BEAM, the Black Emotional and Mental Health Collective](#), has resources that individuals and agencies can use. Their site offers toolkits and resources for educational purposes, and a Black Virtual Wellness Directory.

You can also keep up with the [National Black Disability Coalition](#) for information and news about conferences.

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