



Accessibility of Mental Health Services to Black Communities in America.

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Abstract

Access to mental health services is a fundamental component of individual well-being and societal health. However, significant disparities persist in access to these services, particularly among marginalized communities. This paper examines the systemic barriers to mental health services for Black communities in the United States, acknowledges the historical context, and aligns with social work values to highlight the importance of addressing this critical issue.

Keywords: mental health services, Black communities, social work values

Introduction

While all communities face mental health challenges, Black communities often deal with more stigma, discrimination, and compromised care (1). Historical prejudice and discrimination in the healthcare system have led to mistrust and barriers to treatment. This paper argues for the urgent need to expand access to mental health services for Black communities in the United States.

Systemic Barriers

Black individuals face systemic barriers to accessing mental health services, including

provider bias, lack of cultural competency, and structural inequalities in healthcare. These barriers result in misdiagnosis, inadequate treatment, and ultimately, mistrust of mental health professionals. Socioeconomic factors, such as limited insurance coverage and geographical disparities, further hinder access to care (2).

Socioeconomic Factors

Socioeconomic disparities, such as exclusion from health, educational, social, and economic resources, contribute to worse mental health outcomes for Black communities. In 2018, 11.5% of Black adults in the U.S. had no form of health insurance (1). These disparities are linked to

factors such as socioeconomic status and racial discrimination.

Mental Health Challenges

Research suggests that the adult Black community is 20% more likely to experience serious mental health problems, such as Major Depressive Disorder or Generalized Anxiety Disorder. Black emerging adults (ages 18-25) also experience higher rates of mental health problems and lower rates of mental health service utilization compared to White emerging adults and older Black adults (3).

Counterarguments

Some argue that expanding access to mental health services for Black communities is costly and logistically challenging. However, untreated mental health conditions result in significant economic costs due to lost productivity, increased healthcare expenses, and other indirect expenses. Investing in mental health services can lead to long-term cost savings (4).

Conclusion

The future of mental health in Black communities depends on our willingness to invest in culturally competent approaches that reduce disparities and improve access to high-quality services. By addressing systemic barriers and socioeconomic factors, we can create brighter futures for generations to come. Providing access to mental health services for Black communities will help

save lives and reduce crimes associated with mental health issues, such as suicide, substance abuse, and incarceration.

Source of Support

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Conflict of Interest

The author(s) declared no potential conflicts of interest concerning the research, authorship, and/or publication of this article.

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How to cite this article:

Chibueze Lotanna Abone, Onyeka Chukwudalu Ekwebene. (2024). Accessibility of Mental Health Services to Black Communities in America. *Int. J. Curr. Res. Med. Sci.* 10(11): 43-44.
DOI: <http://dx.doi.org/10.22192/ijcrms.2024.10.11.005>

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Health Sciences

Quick Response Code

DOI: [10.22192/ijcrms.2024.10.11.005](https://doi.org/10.22192/ijcrms.2024.10.11.005)