



# Retracted: Unveiling the Mask: Navigating the Depths of Black Men's Mental Health

Tay D. Robinson, DSW, CSW

Adjunct Instruct, Department of Social Work, Prairie View A&M University, United States.

## Article Details

Article Type: Review Article

Received date: 18<sup>th</sup> August, 2023

Accepted date: 08<sup>th</sup> September, 2023

Published date: 11<sup>th</sup> September, 2023

\***Corresponding Author:** Tay D. Robinson, DSW, CSW, Adjunct Instruct, Department of Social Work, Prairie View A&M University, United States.

**Citation:** Robinson, T. D., (2023). Unveiling the Mask: Navigating the Depths of Black Men's Mental Health. *J Soci Work Welf Policy*, 1(1): 101. doi: <https://doi.org/10.33790/jswwp1100101>.

**Copyright:** ©2023, This is an open-access article distributed under the terms of the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Abstract

The objective of this article is to address the existing informational gap about the mental health of Black males. This article examines the phenomenon of intergenerational trauma among Black males, explores the historical events that have contributed to the emergence of hurdles faced by this demographic, and sheds light on the prevailing mental health diagnoses widespread within the Black male population.

By consistently restating the established facts presented in this article and providing potential solutions, it is anticipated that this will attract the interest of mental health experts, educators in the field of social work, and policymakers. By fostering collaboration among academics, practitioners, and educators, a collective effort may be made to enhance our understanding of the mental health of Black males and identify strategies to effectively address their specific needs.

## Introduction

When it comes to mental health and therapy, Black males are often excluded from the discussion. The examination of the mental well-being of Black males is of utmost importance as it serves to illuminate the many inequities associated with their ability to get adequate healthcare services. Research has shown that there exists a higher likelihood for mental health inequalities among individuals who identify as Black males. These disparities manifest in the form of elevated rates of depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health issues [1]. The discrepancies seen may be attributed to several factors, such as systematic racism, socioeconomic disadvantage, and inadequate availability of mental health resources [2]. The examination of mental health issues among Black males may serve to enhance understanding of these inequalities, mitigate the negative connotations associated with requesting assistance, and facilitate increased availability of mental health resources for all members of the community.

In the context of therapy, Whaley's [3] research demonstrates that racial biases, stereotypes, and racism among White therapists can potentially contribute to disparities in mental healthcare and result in underutilization of mental health services, misdiagnoses, and lowered expectations for Black clients [4-6].

## Historical Factors

The lingering impact of slavery and racism in the United States has resulted in intergenerational transmission of trauma, persisting to the contemporary age [7,8]. As a consequence, there has been a notable escalation in the amount of mental health disorders, diseases, and other health-related complications among individuals belonging to the Black male demographic. The institution of slavery has been widely seen as a profoundly abhorrent manifestation of human oppression throughout the course of history [9]. A significant number of African individuals were violently uprooted from their countries of origin and then taken to the Americas, where they were subjected to sale and exploitation for labor purposes. The institution of slavery exerted a significant and enduring influence on the individuals who were subjected to its oppressive conditions, and its repercussions continue to manifest in the form of intergenerational trauma among their progeny [10].

The impact of slavery on generational trauma is seen in the erosion of cultural identity. Enslaved Africans suffered the loss of their personal identities, linguistic heritage, and cultural customs, compelling them to assimilate the cultural norms imposed upon them by their oppressors [10]. The intergenerational transmission of cultural estrangement has posed challenges across generations of Black Americans in cultivating a strong sense of identity and belonging.

One further ramification of the institution of slavery is the continued propagation of racial disparity and prejudicial treatment. Despite the formal abolition of slavery, Black Americans have continued to face a disproportionate impact from discriminatory policies and practices, including but not limited to Jim Crow legislation, redlining, and mass imprisonment [11]. The presence of institutional racism contributed to a recurring pattern of poverty, trauma, and disadvantage that has proven to be difficult to overcome. The enduring impact of slavery encompasses the psychological burden of persistent stress and exposure to violence, resulting in a range of mental health disorders such as depression, anxiety, and PTSD [10]. These many elements have had a role in the perpetuation of intergenerational trauma among the Black American population.

If you examine the history of African/Black Americans throughout the decades, you will notice that Blacks have not always received the

finest treatment. The following paragraphs will provide examples of discriminatory practices experienced by individuals of African/Black descent within the healthcare system.

J. Marion Sims is often acknowledged as the one who has the title of "Father of Gynecology." Between the years 1845 and 1849, Sims undertook a series of experimental surgical procedures on women who were slaves. According to Sartin [12]. Anarcha and Betsey, two female slaves, were subjected to experimental operations by the man in the matter, who conducted these procedures without the use of anesthesia or properly cleansed medical equipment [12]. Dr. Sims received several accolades and acknowledgments for his contentious experiments conducted on enslaved women, ultimately culminating in his election as president of the American Medical Association [12]. Below is one additional illustration of the historical mistreatment endured by those of African or Black American descent at the hands of healthcare practitioners.

The Tuskegee Syphilis experiment is a widely known research endeavor that investigated the impact of syphilis on African American boys. The Tuskegee Syphilis study lasted for a duration of four decades and included the observation, rather than treatment, of 439 African/Black Americans who were in the advanced stages of syphilis [13]. This study capitalized on the disadvantaged educational and social status of African American males, who willingly agreed to participate in the research after being notified of their purportedly contaminated blood [13]. During this specified period, the male individuals who took part in the activities were inadvertently denied sufficient medical attention. The study that was conducted had detrimental effects on women and children, leading to their ongoing suffering, which may be attributed to its unethical nature.

Henrietta Lacks, an African American woman, is known for her significant involuntary contribution to medical science by the establishment of the enduring HeLa cell line derived from her cervical cancer cells [14]. Mrs. Lacks inadvertently offered her cancerous cells for research purposes during a biopsy procedure conducted when she was a patient at The Johns Hopkins Hospital, which was among the limited number of medical institutions that provided medical care to individuals of African descent at that era. Dr. George Gey was given her cancer cells for the purpose of doing cancer research (Johns Hopkins Medicine, n.d.).

The descendants of Mrs. Lacks have been actively pursuing recognition and compensation for their contributions to the development and use of the HeLa cell line [15]. This instance exemplifies a series of occurrences when African Americans have been deceived by medical professionals, hence adding to the pervasive lack of confidence among African Americans towards the healthcare system. Several instances have been shown to demonstrate the justifications for the African/Black American community's tendency to feel skepticism towards healthcare institutions.

Throughout history, Black males have faced several challenges such as the persistent risk of violence, limited opportunities for education and housing, and systemic discrimination in employment among entire communities [16,17]. These adversities have contributed to prolonged periods of tension and anxiety, ultimately giving rise to mental health problems. The presence of systemic racism and discrimination is deeply ingrained in American culture, manifesting in several domains such as healthcare, education, and work, where Black males encounter substantial obstacles [18]. Within the healthcare sector, it is often observed that Black males have inequities in terms of their access to healthcare, the quality of healthcare they get, and the resulting health outcomes when compared to their white counterparts. One salient element is the presence of racial prejudice within the healthcare system, which has the potential to result in misdiagnosis, treatment delays, and insufficient pain management for those of the African/Black diaspora.

## Societal Factors

The regularity of forced family separations, with instances of police brutality and mass imprisonment, may have a substantial influence on familial support structures, hence leading to heightened levels of stress and anxiety. These adverse experiences often appear as mental health issues among Black males. Socioeconomic variables, including but not limited to poverty, lack of appropriate health insurance, and inadequate public health infrastructure, may contribute to the exacerbation of these discrepancies.

Engaging in conversations about mental health with Black men might potentially enhance their social support networks. Numerous societal obstacles impede the care-seeking behavior of Black males, as the prevailing stigma around mental health issues and the underrepresentation of Black men in mental health professions further compound this problem [19]. The discussion of mental health among Black males has the potential to cultivate an atmosphere that promotes the recognition and prioritization of mental health and overall well-being needed within community. This may be achieved by fostering the development of robust social support networks and by offering tailored resources and therapeutic interventions to those within the community who are most in need. Much of this work can be done by social workers and other mental health practitioners.

Throughout history, the African American community has had significant challenges in obtaining sufficient access to healthcare services, leading to a disproportionate impact on the physical and mental health of Black males, both in terms of diagnosed and undiagnosed diseases, over their lifespans. The existence of restricted access to healthcare services of high quality suggests that individuals who exhibit initial signs of mental illness may face a decreased probability of obtaining precise diagnoses and suitable treatment [20]. Consequently, this situation contributes to the advancement of their issues and the emergence of more severe symptoms, ultimately resulting in poorer health outcomes. Moreover, African Americans have shown a persistent sense of distrust in the healthcare system, so creating an extra obstacle in their ability to get healthcare treatments [21].

Widespread economic insecurity caused by limited access to high-quality education and limited career opportunities has been identified as a factor in Black men's poor mental health [22]. Within the realm of education, Black males have a notable disadvantage. Students are more inclined to enroll in educational institutions that lack sufficient resources, such as inadequately educated educators and antiquated infrastructure. This circumstance often results in diminished academic performance and limited access to educational prospects. The educational disadvantage experienced by Black males may have long-lasting effects, impeding their opportunities for securing high-paying employment and maintaining racial inequalities in terms of income and wealth [23]. Furthermore, it is important to note that even Black males who successfully attain higher education degrees may still encounter instances of discrimination and prejudice within the realm of employment, particularly in relation to recruiting procedures and opportunities for advancement [24].

The primary objective of this article is to provide a scholarly contribution to the dearth of knowledge about the mental health of Black males. This article provides an overview of historical factors that impact Black men, different types of mental health disorders that Black men suffer from the most, reiterates known barriers Black men face with mental health, and includes personal narratives from Black men about their experience with mental health. Because there is an overwhelming amount of literature published regarding Black men and depression and suicide, this article aims to highlight other impactful mental health illnesses.

## Mental Health Issues in Black Males

Depression and suicide represent significant issues in the realm

of public health, as documented by Bachmann [25]. Depression and suicidal thoughts may affect individuals from many backgrounds, although Black males have a heightened susceptibility to these mental health challenges as a result of intersecting cultural, societal, and economic influences. Williams and colleagues [26] state the difference between white and Blacks is the chronicity and lack of treatment.

The Center for Disease Control [27] statistical data indicates that the age-adjusted rate of suicide of non-Hispanic Black Americans increased 36.6% [28]. This phenomenon in particular may be attributed to the COVID-19 pandemic as well as other variables. Several factors contribute to the limited availability of mental health treatments that are culturally affirming, such as inadequate access, absence of health insurance coverage, and insufficient funding for mental health resources within the Black community. These concerns necessitate a comprehensive approach involving various policy and societal modifications. This includes advocating for enhanced mental health resources specifically tailored to the needs of Black men, augmenting the representation of Black men in mental health advocacy efforts, tackling systemic racism and social isolation, and fostering economic stability through job opportunities and investments in education.

The presence of societal stigma around mental health concerns is identified as a contributing factor to the elevated prevalence of depression and suicide rates among Black males. Black males are often subjected to a process of socialization that encourages the adoption of hyper-masculine traits and the suppression of emotional expression, resulting in challenges when attempting to seek assistance during times of distress. The existence of negative societal views towards counseling, therapy, and other modalities of mental health care might exacerbate the reluctance of males to seek assistance, thus resulting in elevated levels of untreated mental illness.

Economic instability is an additional component that adds to the aforementioned difficulties. Black males encounter institutionalized racism and discriminatory practices within the labor market, resulting in adverse outcomes such as unemployment, underemployment, and financial hardships [29]. These pressures might heighten the susceptibility to depression and suicide, since individuals of the male gender may experience feelings of hopelessness, anxiety, and being overwhelmed due to their prevailing circumstances. Moreover, the presence of economic instability might impose constraints on individuals' ability to get high-quality healthcare and mental health services, so exacerbating the challenges they face in accessing necessary assistance [17, 29].

The presence of inadequate social support is an additional determinant associated with elevated levels of depression [30]. The topic of discussion is to the incidence of suicide among the demographic of black males. The confluence of racism, poverty, and social exclusion engenders challenges for Black males in establishing a feeling of belonging and accessing help within their respective communities. The state of isolation and absence of interpersonal connections might pose challenges in developing resilience and effectively managing the many stresses encountered in life. Furthermore, it is important to note that social isolation has the potential to give rise to detrimental coping strategies, including but not limited to drug misuse and engaging in dangerous behaviors, which have the potential to further aggravate mental health issues.

The prevalence of substance misuse and addiction among Black males is a substantial concern. Research findings indicate that there exists a higher prevalence of addiction among Black males in comparison to other demographic groups. This disparity may be attributed, at least in part, to the influence of institutional racism and many socioeconomic determinants of health [31]. The misuse of substances and the development of addiction may result in several negative consequences for African American males, such as difficulties in securing jobs, legal entanglements, and strained

interpersonal relationships. The impact of addiction may be notably severe among the Black male population who are already grappling with mental health conditions, including bipolar illness, schizophrenia, or PTSD.

Li and colleagues [32] state that bipolar illness, schizophrenia, and other psychotic diseases have a significant and far-reaching influence on the lives of those who identify as Black males. These illnesses are distinguished by disturbances in mood, cognition, and perception, which may result in difficulties in interpersonal interactions, occupational functioning, and general well-being. Black males who are afflicted with these disorders may have supplementary obstacles in seeking healthcare as a result of societal stigmatization and prejudice, hence impeding their ability to get necessary medicine, counseling, and other types of assistance.

Anxiety problems are prevalent among Black men as well. These diseases have the potential to induce chronic anxiety and terror, hence exerting a significant influence on several domains of an individual's life. Individuals who identify as Black and have anxiety disorders may encounter challenges in engaging in social relationships, exhibiting difficulties in maintaining attention on routine activities, and displaying heightened vulnerability to drug addiction and other maladaptive coping mechanisms [33]. Furthermore, the availability of mental health services for individuals with anxiety disorders may be constrained, resulting in suboptimal results, and worsening the deleterious effects of the disease.

Post-traumatic stress disorder is a significant issue that disproportionately affects Black males, namely those who have had traumatic experiences associated with institutional racism, police brutality, or other manifestations of violence. PTSD may elicit profound sensations of anxiety, despair, and flashbacks, so impeding one's ability to effectively engage in routine activities of daily living. It is safe to say that the recent civil unrests, the murders of George Floyd, Breonna Taylor, and many other unarmed Black people by police, along with COVID-19, has played a key role in heightened psychological concerns among Black men. Many scholars have concluded that the effects of discriminatory, biased, and unfair treatment from police along with exposure to violence increases stress levels and aids in the development of mental health symptoms among Black men [34-36]. There is evidence to suggest that Black men who experience PTSD may face an elevated likelihood of engaging in self-destructive behaviors such as suicide and substance abuse, as well as encountering other negative consequences [37]. Moreover, these individuals may encounter further social stigmatization and discrimination when attempting to access appropriate care. To ameliorate these circumstances, it is imperative to enhance the availability of PTSD treatments that are grounded in empirical evidence, while concurrently working to diminish the societal stigma surrounding the act of seeking assistance for mental health concerns. By doing so, it is plausible to enhance the overall well-being and mitigate the detrimental effects of trauma experienced by Black men [1, 38]. It is important to comprehend the distinctive obstacles faced by Black males in order to effectively tackle these issues and mitigate avoidable fatalities.

## Barriers to Mental Health Treatment

It is widely known that there are many barriers for Black men and mental health. Below I will review barriers that continue to be prevalent today. The continued publishing of the same barriers Black communities face as it relates to mental health should be alarming. One of the aims of this article is to bring attention to and facilitate discourse and encourage dialogue among the social work and mental health communities.

### Masculinity and Stigma

Hyper-masculinity is a cultural phenomenon that glorifies traditional male traits and behaviors such as physical strength, aggression, and emotional restraint. While it can be found in many cultures, it is

particularly pervasive in Black communities, where it is often seen as a symbol of strength and resilience. However, the hyper-masculine ideal can also create toxic norms that are harmful to men's health and wellbeing and contribute to the stigma surrounding mental illness. One consequence of hyper-masculinity is the pressure on Black men to suppress their emotions and deny vulnerability [39]. This can make it difficult for them to seek help when they are struggling with mental health issues, as they may see it as a weakness or a sign of failure. As a result, many Black men suffer in silence and may not receive the care they need to recover. Another consequence of hyper-masculinity is the reluctance to engage in self-care activities that might be seen as "feminine" or "soft." For instance, exercise, therapy, and mindfulness practices can be essential tools for promoting mental and physical wellness. However, men may hesitate to participate in these activities or seek professional help out of fear of being perceived as weak or unmanly. As Segal [40] puts it *'the "emasculatation" of the black man co-exists with anxiety over the super-sexual, super-macho nature of the black man. Is he not-man-enough or is he too-masculine-by half?'* (p185). One of the most often recognized barriers to advocating for males of African descent with mental health difficulties was a perceived unwillingness to identify or discuss mental health concerns. Typically, this finding would be connected to a discussion of stigma in communities and, more intriguingly, to conceptions of challenged masculinity [41].

As literature continues to show, racial/ethnic identification is another element that may influence veterans' mental health usage, stigma associated with mental illness, and attitudes about getting assistance. In the United States, racial and ethnic groups report lower rates of mental health usage than non-Hispanic whites [20,42]. Because stigma is a social construct, it is impacted by socially significant factors such as culture and ethnicity. Cultural norms and views, for example, influence social markers of mental illness, hence influencing stigmatizing signals [43].

Moreover, the stigma surrounding mental illness in Black communities can also create barriers to treatment, exacerbating this problem. Many Black men feel shame or embarrassment about their struggles with mental illness and fear being judged or ostracized if they seek help. This can lead to a cycle of avoidance and denial, making it difficult to recover from mental health issues. Not to mention the stigma of therapy and the Black church. Many Black Americans believe that all you need to do is trust and believe and God and he will handle your problems for you; and that there is no need to see a therapist.

### Personal Narratives and Reflections

The purpose of the qualitative study conducted by Robinson [44] for his doctoral capstone project was to gain an understanding of the lived experiences of Black male veterans with their mental health and mental health treatment. The results from this study will help social work educators, scholars, and practitioners begin conversations about the different changes that need to be made to current curricula, practices, research, and policies. The subsequent paragraphs will provide actual quotes from participants that will depict their personal thoughts and experiences as it relates to mental health. This article will also provide overall themes found from the participants narratives.

#### Lack of Knowledge

The first theme that was identified in the results is *lack of knowledge*. During the beginning of the discussion participants were asked "What is your knowledge, or how would you describe your knowledge of mental health?" One participant stated, "I'm not that well versed in that area. Your ability to deal with stressful situations." A second participant stated with a questioning face, "Like, your state of mind." While the third participant simply stated, "Depression."

The Centers for Disease Control and Prevention (2021) states that mental health includes our social, emotional, and psychological well-

being and affects how we feel, think, and act. From the answers from the participants, it is safe to say that some may not know what mental health is and what it entails.

Robinson [44] asked the group to "provide examples of any negative things family and friends have said about therapy." Two of the participants mentioned their friends' thoughts about therapy stating things such as, "Black men are supposed to be strong, and you're supposed to have like a certain mindset." This apprehensiveness to seek mental health services is to be expected in the African American community according to current literature [45-47]. Robinson [44] states that one participant went on to mention him having "friends who immediately, they want someone who looks like them." Consistent with findings from Banks and colleagues [48], Sue [49], Sue and Sue [50], Black Americans prefer having a therapist of the same race. One of the participants states,

I think the last thing I would say is I think when it comes to Black people, a lot of mental health specialists, they don't realize like Black people or Black men as a whole, we're individuals. Like they think that we all experience the same things, which once again, we're in America. So, must of us do, but like approach the situation as if like it's just a blank face, a blank canvas and then go into the situation and such, but like don't project or think you know somebody just based off their skin color. I think that's one of the biggest issues with Black men in therapy, going to therapy.

which supports why this factor is important. The other two participants also expressed their agreement. John Head [51] tells us that many mental health practitioners are overwhelmingly white, with Black psychiatrists, social workers, and psychologists estimated at less than three percent of the nation's total.

#### Lack of Support

The last question asked to participants in the Robinson [44] study was about support, "How supportive is your family when it comes to your mental health?" The participants overwhelmingly reported that their family is not involved in their mental health treatment. For some, the lack of involvement is because they do not want their family to know about their treatment because "it's none of their business." Or "I feel like they wouldn't understand." "They're still in the mindset of, we fix it ourselves." "They are not as open minded as I am." For others, they feel as if their family wouldn't understand. It was reported by one participant that he plans to share with his family about his mental health treatment but has not done so yet. One participant mentioned their friend having negative remarks about him going to therapy such as therapy being "a waste of time" or "you're paying someone to tell you something you already know?" He shared that one friend even went as far as saying "you could have paid me to do that."

Unfortunately, these Black males are hesitant to seek treatment or share the fact that they are receiving mental health treatment for reasons such as negative perceptions and lack of support. One participant grew up in a Haitian household and shared with the group that he was raised not speak about personal and family business with anyone outside of their household. The other two participants voiced experiencing being told the same when they were children. Black families are raised to not let others know what is going on in the home for fear of other's perceptions [52]. Individuals with good social support are less likely to need mental health services but are more likely to get assistance in seeking care when they need it, compared to those with insufficient social support [53].

#### Interventions and Solutions

The examination of mental health among Black men is of utmost importance in order to effectively tackle health inequalities and advance the cause of health equality. According to Mongelli et al. [54], the establishment of secure environments where people may openly address their mental health issues may lead to a decrease in obstacles to receiving care, enhance the availability of efficacious

therapies, and mitigate the adverse effects of mental health problems on the lives of Black males. This intervention has the potential to enhance overall health outcomes and alleviate the societal burden associated with mental illness and the stigmatization of mental health on a national scale.

In order to effectively tackle these systemic challenges, it is essential to allocate resources towards implementing policies that foster fairness and impartiality throughout all domains of society, including healthcare and education. These measures include anti-discrimination legislation, affirmative action programs, and augmented financial support for schools and communities facing resource deficiencies. Furthermore, it necessitates a collective endeavor to confront the institutional and structural prejudices that sustain racial discrimination and the marginalization of individuals belonging to racial and ethnic minority groups. By effectively resolving these concerns, it is possible to foster a society that is characterized by more justice and equity for all individuals.

To overcome these challenges, shifting cultural attitudes around masculinity and mental health is crucial. We need to create a society that values emotional intelligence and vulnerability as characteristics of strength rather than weakness. This includes increasing representation of Black men in mental health advocacy and support networks and promoting positive masculinity models grounded in empathy and self-care.

Additionally, increasing access to mental health resources in Black communities is critical. This includes increasing funding for clinics and programs that serve Black men and dismantling structural barriers that stand in the way of care, such as excessive out-of-pocket costs or long wait times. By working to overcome the stigma around mental health issues and empowering Black men to prioritize their wellbeing, we can create a more just and equitable society for all.

The mitigation of elevated levels of depression and suicide in Black males requires a multifaceted approach that encompasses individual, societal, and structural interventions [55,56]. This encompasses the enhancement of understanding of mental health, the establishment of culturally affirming mental health services, and the promotion of enhanced social connectedness and support. The need to enhance outcomes necessitates the identification and resolution of systemic impediments to healthcare, including but not limited to discriminatory practices and inadequate availability of high-quality medical services. The establishment of a conducive setting that places importance on mental health and overall well-being has the potential to enhance results for Black males and mitigate the negative connotations associated with requesting assistance. This includes strategies such as enhancing the presence of Black male mental health professionals, allocating resources towards research endeavors that delve into the distinctive experiences and requirements of Black men [44], and actively promoting legislative reforms that target the underlying factors contributing to health inequalities. Through collaborative efforts, it is possible to envision a future when Black men may experience optimal well-being and lead satisfying lives, unencumbered by the challenges posed by depression and suicide.

The historical and sociological issues described above have a role in further widening gaps in mental health outcomes among Black males in comparison to other demographic groups. These factors not only impede timely interventions for Black men when they exhibit early symptomatic conditions, but also contribute to the perception of mental health issues as a sign of weakness. Moreover, the reluctance to seek treatment further reinforces the stigma surrounding mental health concerns specifically among Black men. Recognizing and confronting these historical and sociological elements will facilitate the attainment of enhanced health equality within the African American community. This approach will foster the implementation of early treatments via the enactment of legislation and cultural initiatives, ultimately leading to a reduction in the mental health burden experienced by Black males.

For the social work profession, we need to look at how educators can reach more African/Black American men to garner their interest in clinical social work. National social work organizations should call for a task force of primarily Black social work educators, researchers, practitioners, and policy makers. Having representatives from each sector of social work will bring diverse a perspective for discussing the development of Black centered research informed policies, curriculum, and practices.

## Conclusions

There has never been a greater need for added studies on mental health as it relates to African/Black Americans than now [57]. There is even more so a need to explore the mental health of Black male. There is a need for more research specifically on the Black male other than solely depression as well as incarceration as there is an overwhelming amount of literature that focuses on depression and suicide in the Black community. Future research could duplicate the Robinson study from 2022 on a larger scale to obtain the data researchers, educators, and policy makers need to create the changes we need. To gain a deeper understanding of Black male's mental health future research should also investigate the intersectionality and the multiple identities of Black men, culturally informed interventions, as well as means to end disparities faced by Black men today.

It is also important to note the recent advocacy that led to the CDC's director declaring racism a public health issue and shared the work being done to address it from the public health perspective [58]. As social work(ers), researchers, educators, and policy makers we must begin to study the Black male and their mental health to better understand how to appropriately serve them. The interdisciplinary mental health field must act now, and work together become better servants who are also culturally competent for the communities we serve.

**Competing interests:** The authors declare that they have no competing interests.

## References

1. Motley, R. & Banks, A. (2018). Black males, trauma, and mental health service use: A systemic review. *Perspectives on Social Work: The Journal of the Doctoral Students of the University of Houston Graduate School of Social Work*, 14(1), 4-19.
2. Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelahe, M., & Gee, G. (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PLoS one*, 10(9), e0138511. <https://doi.org/10.1371/journal.pone.0138511>
3. Whaley, A. L. (1998). Racism in the provision of mental health services: A social-cognitive analysis. *American Journal of Orthopsychiatry*, 68(1), 325-343.
4. Austin, N. L., Carter, R. T., & Vaux, A. (1990). The role of racial identity in Black students' attitudes toward counseling and counseling centers. *Journal of College Student Development*, 31, 237-244.
5. Townes, C. H., Wishnow, E. H., Hale, D. D. S., & Walp, B. (2009). *ApJ*, 697, L127
6. Watkins, C. E., Jr., & Terrell, F. (1988). Mistrust level and its effects on counseling expectations in Black client-White counselor relationships: An analogue study. *Journal of Counseling Psychology*, 35(2), 194-197.
7. Halloran M. J., Chambers G. (2011). The effects of a common ingroup prime on intentions to help Indigenous and homeless Australians. *Australian Psychologist*, 46, 163-170.
8. Scott-Jones, G. & Kamara, M. R. (2020). The traumatic impact of structural racism on African Americans. *Delaware Journal of Public Health*, 6(5), 80-82. <https://doi.org/10.32481/djph.2020.11.019>

9. Rinehart, N. T. (2016). The Man That Was a Thing: Reconsidering Human Commodification in Slavery. *Journal of Social History*, 50(1), 28–50. <http://www.jstor.org/stable/43919915>
10. DeGruy, J. (2018). Post traumatic slave syndrome: America's legacy of enduring injury and healing. *JoyDeGruy Publications Inc.*
11. Ward, M. (2022). The Legacy of Slavery and Contemporary Racial Disparities in Arrest Rates. *Sociology of Race and Ethnicity*, 8(4), 534–552. <https://doi.org/10.1177/23326492221082066>
12. Sartin, J. S. (2004). J. Marion Sims, the father of gynecology: Hero or villain? [Review of the article, J. Marion Sims: The Father of Gynecology]. *Southern Medical Journal*, 97(5), 500–505. <https://doi.org/10.1097/00007611-200405000-00017>
13. Reverby, S.-M. (2012). Ethical failures and history lessons: The U.S. Public Health Service Research Studies in Tuskegee and Guatemala: Ethics in public health. *Public Health Reviews*, 34(1), 1–18.
14. Wolinetz, C. D. & Collins, F. S. (2020). Recognition of Research Participants' Need for Autonomy: Remembering the Legacy of Henrietta Lacks. *JAMA: The Journal of the American Medical Association*, 324(11), 1027–1028. <https://doi.org/10.1001/jama.2020.15936>
15. Blakemore, E. (2017, February 15). *New Claims Prove the Henrietta Controversy is Far From Over*. Smithsonian Magazine. <https://www.smithsonianmag.com/smart-news/claims-henrietta-lacks-controversy-far-from-over-180962185/>
16. Pager, D., & Shepherd, H. (2008). The Sociology of Discrimination: Racial Discrimination in Employment, Housing, Credit, and Consumer Markets. *Annual review of sociology*, 34, 181–209. <https://doi.org/10.1146/annurev.soc.33.040406.131740>
17. Weller, C. E. (2022, April). *African Americans Face Systematic Obstacles to Getting Good Jobs*. Center for American Progress. <https://www.americanprogress.org/article/african-americans-face-systematic-obstacles-getting-good-jobs/>
18. Byers, O. M., Fitzpatrick, J. J., McDonald, P. E., & Nelson, G. C. (2021, November). Giving while grieving: Racism-related stress and psychological resilience in Black/African American registered nurses. *Nursing Outlook*, 69(6), 1039–1048. <https://doi.org/10.1016/j.outlook.2021.05.010>
19. Chatmon, B. N. (2020). Males and mental health stigma. *American Journal of Men's Health*, 14(4), <https://doi.org/10.1177/1557988320949322>
20. U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
21. Hostetter, M. & Klein, S. (2021). Understanding and Ameliorating Medical Mistrust Among Black Americans. *The Commonwealth Fund*. <https://doi.org/10.26099/9grt-2b21>
22. Ward, E., & Mengesha, M. (2013). Depression in African American men: a review of what we know and where we need to go from here. *The American journal of orthopsychiatry*, 83(2 Pt 3), 386–397. <https://doi.org/10.1111/ajop.12015>
23. Mineo, L. (2021, June 17). Racial wealth gap may be a key to other inequities. *Harvard Gazette*. <https://news.harvard.edu/gazette/story/2021/06/racial-wealth-gap-may-be-a-key-to-other-inequities/>
24. Anderson, M. (2019, May 2). *For Black Americans, experiences of racial discrimination vary by education level, gender*. Pew Research Center. <https://www.pewresearch.org/short-reads/2019/05/02/for-black-americans-experiences-of-racial-discrimination-vary-by-education-level-gender/>
25. Bachmann S. (2018). Epidemiology of Suicide and the Psychiatric Perspective. *International journal of environmental research and public health*, 15(7), 1425. <https://doi.org/10.3390/ijerph15071425>
26. Williams, D. R., González, H. M., Neighbors, H., Nesse, R., Abelson, J. M., Sweetman, J., & Jackson, J. S. (2007). Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and non-Hispanic whites: results from the National Survey of American Life. *Archives of general psychiatry*, 64(3), 305–315. <https://doi.org/10.1001/archpsyc.64.3.305>
27. The Centers for Disease Control and Prevention. (2021). About Mental Health. <https://www.cdc.gov/mentalhealth/learn/index.htm>
28. Stone, D. M., Qualters, J., & Mack, K. A. (2023, February 9). *Notes from the field: Recent changes in suicide rates, by race and ethnicity and age group - United States, 2021*. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm>
29. Solomon, D., Maxwell, C., & Castro, A. (2019, August). Systematic Inequality and Economic Opportunity. In *Center for American Progress*. Center for American Progress. <https://www.americanprogress.org/article/systematic-inequality-economic-opportunity/>
30. Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont (Pa. : Township))*, 4(5), 35–40.
31. Suntai, Z. D., Lee, L. H., & Leeper, J. D. (2020). Racial Disparities in Substance Use Treatment Completion Among Older Adults. *Innovation in aging*, 4(6), igaa051. <https://doi.org/10.1093/geroni/igaa051>
32. Li, K., Richards, E. & Goes, F. S. (2023). Racial differences in the major clinical symptom domains of bipolar disorder. *International Journal of Bipolar Disorders*, 11(17). <https://doi.org/10.1186/s40345-023-00299-3>
33. MacIntyre, M. M., Zare, M., & Williams, M. T. (2023). Anxiety-Related Disorders in the Context of Racism. *Current psychiatry reports*, 25(2), 31–43. <https://doi.org/10.1007/s11920-022-01408-2>
34. Aymer, S. R. (2016). “I can't breathe”: A case study—Helping Black men cope with race-related trauma stemming from police killing and brutality. *Journal of Human Behavior in the Social Environment*, 26(3-4), 367-376.
35. Gibbons, F. X., Kingsbury, J. H., Weng, C.-Y., Gerrard, M., Cutrona, C., Wills, T. A., & Stock, M. (2014). Effects of perceived racial discrimination on health status and health behavior: A differential mediation hypothesis. *Health Psychology*, 33(1), 11.
36. Hope, E. C., Hoggard, L. S., & Thomas, A. (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for African American youth. *Translational Issues in Psychological Science*, 1(4), 342.
37. Sibrava, N. J., Bjornsson, A. S., Pérez Benítez, A. C. I., Moitra, E., Weisberg, R. B., & Keller, M. B. (2019). Posttraumatic stress disorder in African American and Latinx adults: Clinical course and the role of racial and ethnic discrimination. *The American psychologist*, 74(1), 101–116. <https://doi.org/10.1037/amp0000339>
38. Dhillon, M., & Mishra, V. (2020). Life in lockdown: The psycho-social impacts of the COVID-19 pandemic on young Indian. *Indian Journal of Health & Wellbeing*, 11.

39. Unnever, J. D., & Chouhy, C. (2020). Race, racism, and the cool pose: Exploring black and white male masculinity. *Social Problems*, 68(2), 490–512. <https://doi.org/10.1093/socpro/spaa010>
40. Segal (1997). *Slow motion: Changing masculinities, changing men* (2<sup>nd</sup> Edition). London: Virago press.
41. McKeown, M., Robertson, S., & Stowell-Smith, M. (2008). Masculinity and emasculation for Black men in modern mental health care. *Ethnicity and Inequalities in Health and Social Care*, 1(1), 42-51.
42. Institute of Medicine. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academy Press.
43. Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, 31, 934–948.
44. Robinson, T. D. (2022). Transforming social work practice and research: Examining lived experiences of Black male veteran students and mental health. *DSW Capstone Projects*. 1. [https://uknowledge.uky.edu/csw\\_grad\\_reports/1](https://uknowledge.uky.edu/csw_grad_reports/1)
45. Alegria, M., Chatterji, P., Wells, K., Cao, Z., Chen, C. N., Takeuchi, D., Jackson, J., & Meng, X. L. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services*, 59, 1264–1272.
46. Neighbors, H. W., Woodward, A. T., Bullard, K. M., Ford, B. C., Taylor, R. J., & Jackson, J. S. (2008). Mental health service use among older African Americans: The National Survey of American Life. *The American Journal of Geriatric Psychiatry*, 16, 948-956.
47. Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitudes toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, 62(3), 185-194.
48. Banks, G., Berenson, B. G., & Carkhuff, R. R. (1967). The effects of counselor race and training upon counseling process with Negro clients in initial interviews. *Journal of Counseling Psychology*, 23, 70–72.
49. Sue, S. (1988). Psychotherapeutic services for ethnic minorities: Two decades of research findings. *American Psychologist*, 43, 301-308.
50. Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice* (3<sup>rd</sup> ed.). New York: Wiley.
51. Head, J. (2005). *Black men and depression: Saving our lives, healing our families and friends*. Harlem Moon.
52. Wallace, S. (2019, September 28). *What Happens in This House Stays in This House*.
53. Andrea, S. B., Siegel, S. A. R., & Teo, A. R. (2016). “Social Support and Health Service Use in Depressed Adults: Findings from the National Health and Nutrition Examination Survey.” *General Hospital Psychiatry*, 39, 73–79.
54. Mongelli, F., Georgakopoulos, P., & Pato, M. T. (2020). Challenges and opportunities to meet the mental health needs of underserved and disenfranchised populations in the United States. *Focus: The Journal of Lifelong Learning in Psychiatry*, 18(1), 16-24. <https://doi.org/10.1176/appi.focus.20190028>
55. Alvarez, K., Polanco-Roman, L., Samuel Breslow, A., & Molock, S. (2022, June 1). Structural Racism and Suicide Prevention for Ethnoracially Minoritized Youth: A Conceptual Framework and Illustration Across Systems. *American Journal of Psychiatry*, 179(6), 422–433. <https://doi.org/10.1176/appi.ajp.21101001>
56. Robinson, W. L., Whipple, C. R., Keenan, K., Flack, C. E., & Wingate, L. (2022). Suicide in African American Adolescents: Understanding Risk by Studying Resilience. *Annual review of clinical psychology*, 18, 359–385. <https://doi.org/10.1146/annurev-clinpsy-072220-021819>
57. Miller, D. B. & Bennett, M. D. (2021). Special Issue: Challenges, disparities, and experiences of African American males. *Research on Social Work Practice*, 21(3), 265-268. <https://doi.org/10.1177/1049731510393985>
58. Walensky, R. (2021, April 8). *CDC declares racism a public health threat*. Centers for Disease Control and Prevention. <https://www.cdc.gov/minorityhealth/racism-disparities/expert-perspectives/threat/index.html>