

Chapter 3

Culturally Responsive Practices: African American Youth and Mental Health

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ABSTRACT

Achieving positive mental health is a worthy desire as positive mental health leads to better success in all aspects of life. Unfortunately, for some youth, achieving positive mental health is a struggle. African Americans demonstrate mental health difficulties approximately 20% more than their White counterparts. To address mental health concerns, schools have increasingly implemented multi-tiered supports to better identify and support students. Unfortunately, interventions implemented in schools have largely ignored the impact that race, culture, and behavioral expectations have on the mental health of African American youth. African American youth exhibit symptoms and behaviors of mental health similar to youth of other cultures and races, yet they experience lower levels of mental health services. To help African American youth experiencing mental health difficulties, stakeholders must implement culturally responsive, evidence-based interventions.

INTRODUCTION

What is mental health? Mental health is the bases for interaction between the individual and their community, family and friends. It is directly related to an individual's ability to be resilient and how she or he views their worth (Parekh, 2018). Mental health can affect how an individual acts, thinks, and feels, in addition to one's ability to cope with life stressors (mentalhealth.gov) which include emotional, behavioral, and cognitive functioning. Mental health difficulties can affect individuals in all life stages, from all races, cultures, ethnicities, SES, and religious affiliations. Mental health difficulties can also manifest as the result of trauma, life stressors, genetics, and a family history (mentalhealth.gov). Often the behavioral manifestations of mental health do not look the same across individuals, even if individuals

DOI: 10.4018/978-1-7998-3331-4.ch003

have the same diagnosis (NAMI.org). The National Institute of Mental Health (NIMH) estimates that millions of people are affected by mental health difficulties each year.

In 2004, the World Health Organization (WHO) defined mental health as an individual's well-being where the individual understands their own abilities, is able to cope with stressors in life, is able to be productive, and contributes to their community (WHO, 2004 as cited in Galderisi, Heinz, Kastrup, Beehold, & Satorius, 2015). This definition resulted in progress towards a more inclusive definition of mental health. For example, Bhugra, Till, and Sartorius (2013) state that mental health is an integral part of one's overall health and does not exist in isolation. They further note that the individual is able to maintain positive relationships and engage in social and cultural roles according to Bhugra et al., (2013).

The state of mental health implies that the individual has the ability to form and maintain affectionate relationships with others, to perform in the social roles usually played in their culture and to manage change, recognize, acknowledge and communicate positive actions and thoughts as well as to manage emotions such as sadness. Mental health gives an individual the feeling of worth, control and understanding of internal and external functioning. (p. 3).

Despite the definitional progression of mental health, Galderisi et. al., (2015) recognize that there may continue to be misunderstandings regarding "positive feelings and positive functioning as key factors for mental health" (p. 231). They note that individuals with positive mental health with a fully lived life can experience a variety of emotions including sadness, unhappiness, and anger. Moreover, these authors note that a focus on positive emotions as a determining factor for mental health "risks excluding most adolescents, many of whom are somewhat shy, those who fight against perceived injustice and inequalities or are discouraged from doing so after years of useless efforts, as well as migrants and minorities experiencing rejection and discrimination" (p. 231). It is this definition of mental health, that notes varied emotions as a part of life's experiences coupled with the inclusion of cultural factors that will be used for this chapter.

According to Bailey (nd), there are approximately 40 million people who identify as African American. This chapter will address mental health in relation to African American youth. Topics in this chapter will include prevalence, barriers, stigmas/perceptions, cultural expectations, culturally responsive evidence-based interventions, and school-based mental health practices. The terms adolescent and youth will be used interchangeably as both are being used to describe individuals ranging in age from 12 to 17.

Mental Health and African Americans

Historically, African American individuals have experienced significant challenges accessing mental health supports and services (mhanational.org/nd) that date back many years where the African American community was denied or treated differently by the mental health community. In order to address the lack of mental health services utilized by African Americans, one must look at the historical abuses experienced by African Americans in the mental health system. Briggs, et al., (2014) note that historically, the use of proper treatment for African American's experiencing mental health difficulties "was virtually nonexistent" (p.2). African American's suffering from mental health difficulties suffered abuses such as whippings, as a justified cure, and placement in poor houses or jail houses. Additionally, the authors note that debilitating labels, such as "negritude, a condition that was analogous to leprosy" (p. 2) continued to perpetuate the inhumane treatment African American's with mental health difficul-

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