

**Title:**

Promoting Healthy Coping Mechanisms in African-American Women With Depression

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**Session Title:**

Rising Stars of Research and Scholarship Invited Student Posters

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Coping, Depression and Stigma

**References:**

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**Abstract Summary:**

African-American women have a stigma associated with mental illness causing them to avoid seeking treatment. My evidence-based research focuses on African-American women's beliefs about depression, barriers to treatment, and their past experiences. My research also identifies coping mechanisms used by African-American women, focusing on ways to help them seek treatment.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to discuss barriers to receiving care for depression, the effect past experiences have on depression, and the stigma attached to it.	African-Americans have a stigma attached with mental health, which often leads to lack of treatment. Barriers to care include mistrust in health professionals and lack of recognition of the signs and symptoms of depression. African-Americans suffered from racism, discrimination, prejudice, poverty, and violence, which may impact depressive symptoms. There is the belief that the African-American community is not accepting of people with depression, so instead they do not seek care.
The learner will be able to identify ways to implement strategies that will help make African-American women more comfortable in seeking care for depression.	Instead of seeking care, many African-Americans use other ways to cope with their depression such as religion, self-reliance, frontin', and denial. To make African-American more likely to seek care for their illness, incorporation of mental health counseling and depression screenings in the Church setting, as well as informational pamphlets and resources related to depression in the Church setting can be implemented.

**Abstract Text:**

Depression is one of the most common and serious mental illnesses that negatively affects the way a person feels, thinks, and acts. Although African-Americans make up 12% of the population in the United States, they make up 18.7% of those affected by mental illness (Ward, Wiltshire, Detry, and Brown, 2013). In the African-American community, there is often misdiagnosis and under-treatment of depression because treatment is often not sought (Duckworth, 2009). There is a stigma associated with African-Americans who suffer from depression. This stigma in turn creates additional pain and confusion, and is often the reason African-American women do not seek treatment. Many African-Americans associate depression with weakness and minimize the seriousness of the problem, and therefore do not seek treatment. With education aimed at enhancing coping mechanisms, the incidence of African-American self-initiating treatment for depression will increase. As nursing professionals, we need to be able to

identify the best ways to reduce stigma and help African-American women want to seek professional treatment.

Several studies have been performed in which African-American women were interviewed either in person or over the telephone about their experiences with depression, reasons for not seeking treatment, and coping strategies for depression. Participants were African-American women currently suffering from depression. It was found that African-Americans have higher rates of depression than their Caucasian counterparts (Ward, Mengesha, and Issa, 2013). Many African-American women who feel depressed believe that if they avoid diagnosis and treatment of their depression, they may be able to avoid the social stigma associated with it (Oakley, Kanter, Taylor, and Duguid, 2011). It is believed by African-Americans that the stigma is much greater in their community than in any other community. As a result of this stigma, African-Americans with mental illness are treated worse than those not affected. Due to this, many are afraid of the consequences of admitting they have depression (Conner et al., 2010).

In a study of 37 African-American participants, 35 believed people negatively stereotype people with depression, while 32 believed people with depression are stigmatized in society. Common stereotypes include the belief that people with depression are dangerous, violent, and crazy. Also, 35 participants believe the stereotypes are more severe if they are a person of color. Another barrier discussed was mistrust in treatment. Participants expressed how difficult trust can be if the race of the provider is different than their own. Lastly, lack of recognition was identified as a barrier. Many participants talked about how hard it is to distinguish between depression and stress because they are uneducated about the signs and symptoms (Conner et al., 2010). In another study of 13 women, many participants said they had experienced a number of situations and events from childhood to adulthood that caused their depression. Because of the lack of awareness of the symptoms of depression and varying perceptions of the disease, they did not seek professional help (Ward, Mengesha, and Issa, 2013).

In a study performed by Ward, Mengesha, and Issa in 2013, participants were asked about coping mechanisms used. The results show that religious coping is the preferred method for coping with mental illness in African-American women, including praying and talking to a pastor (Ward, Mengesha, and Issa, 2013). In another study, many stated they had to engage in activities to keep themselves from getting progressively worse. They were asked to identify coping strategies that would be accepted by other in the African-American community and thus avoid stigmatization. Common coping strategies identified were self-reliance (being active in the community, cooking, cleaning, self-medicating with alcohol and drugs), frontin' (hiding depressive symptoms from others), denial (lying to others and denying depression even to themselves), and religion (prayer, Bible), which is the most common (Conner et al., 2010). Lastly, in another study of 15 African-American women who were interviewed, participants believed their illness could be controlled with individual and group counseling, but they were against using medications to control their depression (Ward, Clark, Heidrich).

Considering many African-American women have a stigma attached to depression, it is very important to provide resources for the patient that can help them cope with their illness. Through participating in community organizations, these women can recognize that they are not alone in their illness and there is nothing to be ashamed about. Lastly, because religion was identified as the most common coping strategy used by African-American women, health care providers should play spiritual music during treatment, allow them to pray during treatment, and include prayer and Church attendance as part of the treatment plan (Conner et al., 2010). For those African-American women who do not seek treatment, fliers should be posted in Churches about the signs and symptoms of depression, depression screenings should be conducted by nurses in the Church setting, training of the clergy by nurses on how to provide therapeutic communication to African-American women with depression, and racial matching when communicating should be implemented to help get those women to seek professional treatment.