

Mental Health Stigma as a Barrier to Mental Health Care for
Black Youth & Young Adults: A Scoping Review

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Abstract

Mental health stigma presents a significant barrier to mental health care access for Black youth and young adults, contributing to disparities in mental health service utilization in Black communities. This scoping review examines the current literature on mental health stigma as a barrier to care within Black communities, with specific focus on experiences of young Black people aged 25 and under. Review of twelve studies revealed multidimensional stigma manifestations: intrapersonal (characterized by self-reliance tendencies, shame, and secrecy), interpersonal (influenced by peer and caregiver attitudes), and structural manifestations of stigma, and stigma interventions. The findings highlight critical gaps in existing research and practice, demonstrating the urgent need for enhanced mental health literacy programs, development of culturally responsive multilevel interventions, and increased research on mental health stigma experiences of young Black girls.

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Background

Nationwide, there is a mental health crisis, impacting people of all backgrounds. In 2023, 18.1% of adolescents aged 12 to 17 had a past year major depressive episode (MDE), though 40% of adolescents with MDE did not receive care (National Survey on Drug Use and Health [NSDUH], 2023). Of the 40%, 7.7% attempted to seek treatment while 33.8% did not seek treatment. For adults over 18, 58.7 million experienced mental illness in the past year, but 27.1 million (about 37%) did not receive treatment (NSDUH, 2023). This crisis has been brought on by provider shortages, mental health care knowledge gaps, and mental health stigma. Mental health disparities continue to grow nationwide, especially for Black communities where there are large gaps between mental health needs and mental health service utilization (Alegria et al., 2015). These disparities stem from interactions between historical factors, systemic barriers, cultural norms, and psychological processes that influence help-seeking behaviors. Among these barriers, stigma consistently emerges as a strong deterrent to mental health service utilization in Black communities (Gary, 2005; Alvidrez et al., 2008). While the prevalence of mental health conditions is similar across racial groups, Black individuals are less likely to seek professional help and more likely to terminate treatment prematurely (Pederson, 2023).

Mental Health Landscape for Young Black People

Young Black people face unique challenges related to mental health, including the impact of racism, discrimination, and social determinants of health that contribute to psychological distress (Assari & Caldwell, 2017). Despite similar or sometimes higher rates of mental health conditions compared to their white counterparts, Black youth are less likely to receive appropriate mental health services and more likely to be channeled into disciplinary or juvenile justice systems rather than therapeutic interventions (Alegria et al., 2015). Breland-Noble et al.

(2015) note that many Black youth experience symptoms of depression, anxiety, and trauma-related disorders, yet their distress often goes unrecognized or is misinterpreted by healthcare providers, educators, and sometimes family members.

The manifestation and interpretation of mental health symptoms may differ culturally, with expressions of distress sometimes appearing as somatic complaints, behavioral problems, or academic difficulties rather than explicit emotional suffering (Breland-Noble et al., 2015). This cultural variation in symptom presentation, combined with diagnostic biases within clinical settings, contributes to under-diagnosis and misdiagnosis of mental health conditions among Black youth (Assari & Caldwell, 2017). Additionally, Black adolescents' experiences with mental health challenges often occur amidst structural inequities in healthcare, education, housing, and criminal justice systems that exacerbate psychological distress while simultaneously limiting access to appropriate care (Alegria et al., 2015).

Help-Seeking in the Black Community

Help-seeking patterns in Black communities reflect overlapping cultural, historical, and social influences. Research consistently shows a preference for informal support networks over formal mental health services (Lynch et al., 2022). Family, friends, religious leaders, and community members are typically the first, and sometimes only, resources sought when experiencing psychological distress (Ward et al., 2013). This preference for informal support stems from both cultural strengths, such as strong familial bonds and religious faith, as well as concerns about culturally incompetent service delivery within formal mental health systems (Snowden, 2012).

The role of religious and spiritual frameworks in conceptualizing and addressing mental health challenges is particularly salient in many Black communities. Religious coping strategies,

including prayer, scripture reading, and pastoral counseling, often serve as primary interventions for emotional distress (Ward et al., 2013). While these approaches provide valuable support for many individuals, exclusive reliance on religious frameworks without professional intervention may sometimes delay treatment for severe mental health conditions (Snowden, 2012). Cultural values of self-reliance and strength also significantly influence help-seeking behaviors. The "Strong Black Woman" (SBW) schema and similar cultural expectations of resilience in the face of adversity can inadvertently create barriers to acknowledging mental health needs (Woods-Giscombé, 2010). These cultural narratives, while serving protective functions in many contexts, may sometimes discourage vulnerability and help-seeking when experiencing psychological distress.

Mental Health Stigma in the Black Community

Mental health stigma within Black communities exists within multiple intersecting contexts, including exploitation by medical institutions, cultural values emphasizing strength and resilience, and ongoing experiences of discrimination (Abdullah & Brown, 2011). Stigma manifests at several levels, including public stigma (negative societal attitudes toward mental illness), self-stigma (internalization of these negative attitudes), and structural stigma (institutional policies and practices that disadvantage those with mental health conditions) (Corrigan & Watson, 2007).

Conner et al. (2010) found that Black adults report higher levels of mental health stigma compared to their white counterparts, with concerns about being perceived as "crazy" or weak if they seek help for psychological distress. Similarly, Masuda et al. (2012) identified significant associations between mental health stigma, self-concealment, and reduced help-seeking intentions among Black college students. These stigmatizing attitudes can be particularly

powerful within close-knit communities where concerns about confidentiality and social standing significantly influence healthcare decisions.

The intersection of mental health stigma with racial identity adds another layer of complexity. Many Black individuals report concerns about being viewed as a "weak link" in their community or reinforcing negative stereotypes if they acknowledge mental health challenges (Abdullah & Brown, 2011). This "double stigma" of mental illness and racial discrimination creates unique barriers to help-seeking that require culturally responsive interventions (Gary, 2005). Understanding these interactions between mental health needs, help-seeking patterns, and stigma is essential for developing effective interventions to reduce mental health disparities. This scoping review examines the current literature on mental health stigma as a barrier to care within Black communities, with particular attention to the experiences of young Black people. By identifying barriers and interventions, this review aims to inform more effective strategies for addressing mental health stigma and improving service utilization among Black youth.

Methods

Study Design

A rapid scoping review method was used to synthesize findings published in academic literature. The rapid review process is beneficial in cases where there is a time constraint for the researcher, and if only one reviewer will be conducting the search. This process consists of a literature search, a title and abstract screening stage, the selection of papers, and an extraction and synthesis of data.

Search Strategy

In March 2025, PubMed and various Ovid databases (Ovid MEDLINE, Embase, APA PsycINFO, and ERIC) were searched. Topics covered by the search terms included race, age, stigma, and mental health and illness. Search criteria included studies focusing on majority Black or African American populations, studies with the majority of participants under the age of 25, any discussion or mention of stigma, and articles written in the United States in English. Included studies need to discuss stigma in relation to mental health care among the study population. Full search terms and search criteria are listed in *Tables 1 and 2*.

Article Selection

2,803 articles were retrieved with the initial keyword search. These articles were loaded into Covidence, which removed 323 duplicates. The remaining 2,410 articles were screened based on titles and abstracts. 87 articles were moved to full-text screening, though 51 of the articles did not have abstracts and therefore had to be passed to the full-text screening as it is not sufficient to screen articles based on title alone per scoping review protocols (Mak & Thomas, 2022). Additionally, one article could not be retrieved and was therefore excluded from the study. 12 articles were selected for the review based on the full-text review using the eligibility criteria. Throughout the screening process, 70 more duplicates were identified manually. The full PRISMA diagram can be seen in *Figure 1*. During the full-text review, the following data were extracted from each article: study population, study design, study aims, measures used, and key results related to stigma. Limitations and future implications were also considered in analyzing the studies. Full data extraction can be seen in *Figure 2*.

Results

Characteristics of Included Studies

As mentioned, a total of 12 studies were included in this scoping review, examining various aspects of mental health stigma and help-seeking behaviors among Black individuals. The studies used a variety of research methodologies including qualitative, quantitative, and mixed methods approaches. Qualitative methods were employed in seven studies, including descriptive phenomenology (Modeste-James et al., 2024), exploratory interviews (Kranke et al., 2012; Samuel, 2015; Gere & Salimi, 2025), and focus groups (Lindsey et al., 2013). Several studies used quantitative survey designs (Watson & Hunter, 2015; Williams et al., 2023), while others implemented intervention-based methodologies, such as pre-test/post-test designs (Vinson et al., 2016; Bamgbade et al., 2024). Triangulation designs, which uses both qualitative and quantitative data, were used in two studies (Lindsey et al., 2010; Murry et al., 2011).

Sample sizes varied across studies, ranging from 15 to 165 participants. Studies with qualitative designs typically included smaller samples (e.g., Kranke et al., 2012: $n = 17$; Samuel, 2015: $n = 54$), whereas survey-based and intervention studies had larger samples (e.g., Williams et al., 2023: $n = 165$; Vinson et al., 2016: $n = 158$). Most studies focused on adolescents and young adults, though ages span from 11 to 65 years, due to some studies recruiting on college campuses with non-traditional students. The included studies predominantly focused on Black youth and young adults, with some also including caregivers ($n = 3$). Several studies targeted Black adolescent males (Lindsey et al., 2010; Williams et al., 2023; Samuel, 2015), while others focused on Black women and young adults (Modeste-James et al., 2024; Tsang et al. 2020; Watson & Hunter, 2015). University student populations were examined in two studies (Vinson et al., 2016; Gere & Salimi, 2025), whereas broader community-based samples, including

caregivers, were included in studies by Tsang et al. (2020), Murry et al. (2011), and Lindsey et al. (2013). Justice-involved youth also emerged as study participants (Murry et al., 2011). For continuity purposes, from here on out, the study population will be referred to as youth.

Finally, while not all studies explicitly mentioned geographic location, several focused on urban Black youth (Tsang et al. 2020; Lindsey et al. 2013), whereas others examined rural populations (Murry et al. 2011). Studies conducted in educational settings investigated mental health knowledge and stigma outcomes among college students (Vinson et al. 2016; Bamgbade et al. 2024; Gere & Salimi 2025), whereas others examined school-based mental health barriers (Lindsey et al. 2013; Williams et al. 2023).

Study Findings

The studies reviewed highlight significant barriers to mental health care access for Black individuals. Multiple studies cited self-reliance, resilience, and shame around mental illness to be associated with increased stigma. Studies also indicated the impact of beliefs among social networks to influence stigma levels and help seeking behaviors. Together, these findings highlight the nature of stigma in Black communities and the critical need for culturally responsive interventions that address structural and interpersonal barriers to mental health care. The findings of this scoping review will be organized utilizing the multilevel framework proposed by Cook et al. (2013) to categorize study findings based on intrapersonal, interpersonal, and structural manifestations of stigma. Stigma interventions will also be discussed.

Intrapersonal Manifestations of Stigma

Self-Reliance

Self-reliance emerged as a theme regarding intrapersonal manifestations of stigma. First, the SBW schema emerged as a theme in two articles. This schema enforces the stereotype that Black women are strong and resilient through tough times and that they are able to resolve all problems on their own. This schema can push Black women to turn to self-reliance and resilience as coping mechanisms (Watson & Hunter, 2015) rather than relying on traditional mental health services, posing a significant burden on Black women experiencing mental illness. Watson & Hunter (2015) found that greater endorsement of the SBW schema is significantly associated with increased anxiety ($r = .30$) and depression ($r = .35$), lower psychological openness ($r = -.27$) and reduced help-seeking propensity ($r = -.25$). These findings align with qualitative data from Modeste-James et al. (2024), where participants describe how the socialization to be a strong Black woman prevented them from disclosing mental health challenges in the past, highlighting how cultural expectations of strength and self-sufficiency may create barriers to accessing mental health services.

Kranke et al. (2012) highlighted how adolescents perceive recovery as a personal obligation that should be accomplished independently, leading to negative attitudes toward medication as a mental health treatment. This sentiment is captured in participants' statements that reflect a belief in personal agency over mental health treatments: "Um, I think it's okay to take medication to fix yourself but then I don't at the same time because um, like you shouldn't have to take medication like to help yourself, like you should just try on your own to make yourself better." Williams et al. (2023) quantified this barrier, finding that participants who exhibited self-reliance were approximately 80% less likely to use school-based mental health

resources (SBMHRs). This aligns with previous research establishing self-reliance as a barrier for adolescents, who typically have increased desires for independence during this developmental stage (Becker et al., 2014; Gulliver et al., 2010; Sakai et al., 2014, as cited in Williams et al., 2023).

The self-reliance barrier appears to be connected to notions of control and personal responsibility. As one participant in Kranke et al.'s study expressed, "Medication can never fix the real problem... If you have a real problem and you try to fix it on your own, can nothing ever fix it except for you." This suggests a perception that outside interventions may undermine personal agency or represent submission to external controls. Williams et al. (2023) further noted that this barrier might be especially pronounced among adolescent males due to its association with traditional masculine ideologies, suggesting that gender-specific approaches may be necessary when addressing self-reliance as a treatment barrier, which is also supported by Gere & Salimi (2025).

Secrecy & Shame

Discretion also emerged as an intrapersonal stigma manifestation in the literature. The studies demonstrate that secrecy and shame, in conjunction with stigma, pose a barrier to mental health service utilization and continued engagement. Samuel (2015) found that an overwhelming majority of study participants (46 out of 54) identified stigma and shame as barriers to their use of mental health services. This barrier was rampant among service dropouts, with 100% expressing this concern, compared to 71% of people who continued using services, suggesting that feelings of shame and stigma may be critical factors in determining whether individuals remain in treatment or drop out prematurely.

Participants in Samuel's (2015) study articulated a belief that society negatively stereotypes individuals with mental health concerns, creating an atmosphere where seeking help becomes a sign of abnormality. The shame experience extended beyond initial help-seeking to the treatment process itself, where discussing private and personal issues with counselors evoked feelings of vulnerability and discomfort. One participant specifically described the shame experienced when peers referenced their mental health service use, highlighting how stigma operates within social networks and drives individuals to engage in face-saving behaviors to protect their social standing. Lindsey et al. (2010) further highlight this dynamic, finding that nearly half of their participants (8 out of 18) explicitly associated formal mental health treatment for depression with feelings of shame. Their study revealed important distinctions in how support systems were perceived, with participants indicating that friends were generally less supportive than family members regarding depressive symptoms. This finding points to the significant role of peer networks in shaping help-seeking behaviors and attitudes toward mental health treatment. This concept will be discussed further in the section covering interpersonal mental health stigma.

The perception of emotional expression as weakness emerged as a harmful aspect of the shame dynamic. Lindsey et al.'s (2010) participants noted that even emotional expressions like crying were viewed as signs of weakness within peer networks, creating a significant barrier to help-seeking, as individuals may suppress symptoms and avoid treatment to maintain their social standing and avoid being perceived as weak. The association between seeking professional help and weakness suggests that shame operates not just around having mental health symptoms but also around help-seeking behaviors.

Interpersonal Manifestations of Stigma

Influence of Peers & Caregivers

The perceived social consequences of seeking mental health services may impact Black youths' willingness to engage with mental health services. Modeste-James et al. (2024) found that participants were concerned about how peers and other members of their social network would perceive them if they sought mental health services, which deterred help-seeking behavior. Similarly, Kranke et al. (2012) found that African American youth valued network perceptions which added pressure to conform to negative perceptions about mental health services. Samuel (2015) further supported these findings, highlighting how peer groups serve as a "powerful factor" preventing youth from utilizing mental health services. A participant in the Samuel study reported being ridiculed by his peers when they discovered that his mother took him to see a psychologist. Other participants in the study reported being told by members of their social network that seeking services for mental health problems was "unnecessary because people can grow out of whatever mental health issues they think they may have." Youth also expressed concerns about being teased or talked about by peers. For example, a participant from Lindsey et al. (2013) shared the following: "I think that it is good that you go to therapy, but not to tell a friend. Because maybe you tell a true friend and then that true friend tell another friend and that friend tell your friend not to hang with her [you]' cause she's stupid and all that; she going to therapy." These findings highlight the influence of mental health stigma among social networks in delaying or preventing care for Black youth.

Stigma and gendered expectations also shape help-seeking behaviors among Black youth. Watson & Hunter (2015) found that endorsement of the SBW schema was associated with increased levels of depression and anxiety, as well as lower psychological openness and a

decreased likelihood of seeking help in female populations. Similarly, Gere and Salimi (2025) found that Black men's frequent encounters with hypermasculinity have a similar effect, leading to a decreased likelihood of seeking help. These findings suggest that narratives emphasizing emotional strength and self-reliance may discourage Black youth from accessing needed support. Similarly, Tsang et al. (2020) found that adolescent girls reported significantly higher levels of self-stigma related to mental health treatment compared to boys, which may further suppress their willingness to pursue care. For Black boys, Lindsey et al. (2010) demonstrated that stigma and perceived social support both influenced depressive symptoms and help-seeking behavior, highlighting the connections between internal and external factors in shaping mental health care pathways for Black youth. The Strong Black Women schema also manifests on the interpersonal level. The relationship between stigma concerns and anxiety appears particularly strong. Watson & Hunter found that high indifference to stigma ($b^* = -.28$) significantly predicted low anxiety, suggesting that worries about being judged for seeking help directly contribute to psychological distress. This connection may be particularly salient because of Black women's double minority status, which independently contributes to increased psychological distress. As Modeste-James et al. (2024) found, "being aware, as a Black person and as a Black woman, of how you're perceived, and that the system isn't set up for us" creates an additional burden that exacerbates mental health challenges. The SBW schema thus operates at the intersection of race and gender, creating unique challenges for Black women navigating mental health services while trying to maintain cultural identities that emphasize resilience and independence.

Many studies discussed familial and caregiver perspectives' influence on stigma around mental health and mental health care seeking. Modeste-James et al. (2024) identified "intergenerational mental health trauma amongst Black women" as a key theme in their

qualitative analysis. This intergenerational perspective often manifests in family members' responses to mental health disclosures, as shown by one participant whose father's recommendation was, "You just need to go pray." Other studies echoed this sentiment (Samuel, 2015; Kranke et al., 2012). Responses such as this reflect cultural attitudes and understandings of mental health that may stigmatize professional mental health services, and mental health experiences overall. The reviewed studies consistently showed that Black youth are less likely to seek professional treatment compared to their white counterparts. This disparity manifests in a preference for informal support networks (family, friends, church communities, etc.) over professional mental health services. Black families frequently function as primary sources of emotional and psychological support, with formal mental health services often viewed as a last resort option, largely for privacy concerns (Lindsey et al., 2010; Kranke et al., 2012; Lindsey et al., 2013; Gere & Salimi, 2025). While this reliance on family networks provides valuable support, it can simultaneously delay necessary professional intervention, contributing to the underutilization of mental health services in this population (K.D. Williams et al., 2022 as cited in Gere & Salimi, 2025; Murry et al., 2011). This preference for familial support is further documented by Murry et al. (2011), whose data revealed that caregivers "overwhelmingly preferred family as sources of help with their children's emotional or behavioral problems," followed by school counselors and pastors. While the researchers acknowledge that the availability of informal supports represents a community strength, particularly in rural settings, they warn that sole reliance on these networks may contribute to under-treatment among rural African Americans. As Modeste-James et al. (2024) noted, many participants attempted to talk about their mental health challenges with family members but reported that "the results were not positive," highlighting the limitations of relying solely on informal support.

Responses may also vary based on cultural contexts among families. Another participant from the Modeste-James et al. study shared that her Caribbean mother had concerns about the American mental health system and that she nervously encouraged her daughter to “be careful what you say” when her daughter shared her plans of seeking mental health care. Familial perspectives such as these likely contribute to below-average scores on psychological openness ($M = 15.66$, $SD = 5.41$) and help-seeking propensity ($M = 18.57$, $SD = 5.60$) as observed in Watson & Hunter’s (2015) study. The reluctance to disclose mental health challenges to family members creates a cycle that reinforces stigma and isolation. As articulated by one participant: "It's hard to be part of a community that doesn't fully understand or respect that you are challenged daily." This lack of understanding within family and social systems represents a significant barrier that mental health interventions must address to effectively serve Black youth. Religious coping mechanisms, while potentially beneficial, are often suggested as replacements rather than complements to professional treatment, further complicating help-seeking decisions.

Structural Manifestations of Stigma

Beyond individual and family-level factors, systemic barriers significantly impact youth’s mental health journeys and attitudes around seeking care. Another theme across studies builds on the perception that "the system isn't set up for us," reflecting awareness of structural inequities in mental healthcare. Modeste-James et al. (2024) identified "lack of culturally responsive practitioners" as a major barrier, which connects to broader racial disparities in mental health services characterized by inadequate care and higher rates of misdiagnosis for certain disorders. Cultural mistrust of mental health systems emerged as a significant barrier as well. This mistrust is largely due to historical abuses within medical and psychiatric systems which have created concerns about receiving appropriate and respectful treatment across generations. Watson &

Hunter (2015) found below-normative indifference to stigma scores ($M = 16.83$, $SD = 9.18$) among African American women compared to non-African American samples, highlighting how stigma concerns may be heightened within this population due to both cultural factors and rational responses to historical and ongoing disparities.

Murry et al. (2011) identified cultural mistrust as a frequently endorsed barrier to help-seeking among African American mothers. Nearly one-third (30.8%) of participants agreed with the statement that "White professionals could not understand the problems of African-American families," while 17% endorsed suspicion that "White professionals would not treat my child as well as s/he would treat a White child." These findings highlight how historical and ongoing experiences of racism within healthcare systems have shaped mistrust that impacts help-seeking behaviors. Concerningly, Murry et al. found that the juvenile justice system was the primary referral mechanism for youth with mental health problems, revealing a trend where Black rural youth must engage in illegal behaviors before receiving proper access to diagnoses and care, which can further create trauma for these youth, but also criminalizes mental health. Samuel's (2015) work with previously incarcerated youth also highlights this systemic issue. Participants in this study communicated an understanding of how their mental health challenges were directly linked to "conditions created by racism, discrimination and other environmental stressors including the living conditions in poor neighborhoods as well as negative interpersonal relationships." This perspective shifts the focus from individual behaviors to recognize how structural inequities and social determinants of health directly contribute to mental health disparities. Though not representative of all Black youth, collectively, these findings show a mental health system that fails to proactively address the needs of marginalized communities. This emphasizes the need for systemic reforms that address not only individual barriers to care

but also the broader structural inequities that shape mental health experiences, access to services, and treatment outcomes for marginalized populations.

Mental Health Stigma Interventions

Research demonstrates promising evidence for interventions aimed at reducing mental health stigma and improving help-seeking behaviors among Black individuals, particularly college students. Bamgbade et al. (2024) found that their psychoeducational intervention significantly decreased depression stigma among participants, with a medium effect size (Cohen's $d = -0.56$). Specific improvements were noted in beliefs about being able to "snap out of depression," perceptions about the dangerousness of people with depression, willingness to disclose depression, and attitudes toward people with depression in leadership positions. These findings align with previous research showing that psychoeducational interventions can produce meaningful changes in stigma and help-seeking attitudes. Vinson et al. (2016) examined the effects of two different intervention delivery methods (video vs. in-person contact) on reducing stigma among African American undergraduate students. While they found no significant differences based on delivery method, they observed significant effects for time across multiple measures, including decreased desire for social distance, reduced negative attributions about people with mental illnesses, fewer concerns about seeking therapy, and improved help-seeking attitudes immediately following the intervention. This suggests that both video and in-person interventions may be similarly effective for college-aged populations, potentially offering more cost-effective and scalable options for implementation. However, Vinson et al.'s study also revealed challenges in maintaining intervention effects over time. While improvements were observed from pretest to posttest, by the 2-week follow-up, negative attributions and positive help-seeking attitudes had returned to levels not significantly different from pretest. This

highlights the need for interventions that produce more durable effects or incorporate booster sessions to maintain initial improvements.

School-based services also emerged as an intervention in the literature. Williams (2023) identified that Black adolescent males often turn to teachers and school staff they've developed relationships with as an initial step toward accessing formal mental health resources, highlighting schools as critical intervention points that can leverage existing trusted relationships. Lindsey et al.'s (2013) qualitative study reinforces this finding through the identification of "reliance on school staff" as a key theme in their focus groups with African American adolescents and caregivers. Again, these findings across studies suggest that school personnel can play a role in facilitating connections to mental health services in ways that traditional clinical settings may not. This trust relationship appears particularly valuable for overcoming initial hesitation in help-seeking behaviors. However, despite the potential advantages of school-based delivery models, significant barriers persist. As previously discussed, Williams et al. (2023) found that self-reliance remains a substantial obstacle, with participants who identified self-reliance as a barrier being approximately 80% less likely to use school-based mental health resources, suggesting that even when services are made accessible, patterns of self-reliance still impact utilization patterns.

The "environmental constraints" theme identified by Lindsey et al. (2013) reminds us that structural barriers continue to affect service utilization even within school settings. These might include limited service availability, privacy concerns specific to school environments, or scheduling challenges that must be addressed for school-based programs to be effective. Together, these studies suggest that school-based mental health services represent a valuable approach for increasing service utilization among Black youth who might otherwise not access traditional clinical services. However, these programs must be designed with awareness of the

specific barriers affecting this population, including self-reliance beliefs, challenges in emotional expression, and environmental constraints. Additionally, intentionally nurturing trusted relationships between students and school staff could strengthen this pathway to care.

Discussion

Implications and Future Directions

The findings of these studies have several implications for mental health practice and research. First, researchers and practitioners must recognize the role of the SBW schema and other concepts around self-reliance in influencing people's decisions to seek mental health care. Understanding the schema and actively working towards moving folks away from this schema can positively impact help-seeking behaviors among Black populations. Moving society away from this schema may also impact the prevalence of mental illness, at least for anxiety and depression. Second, there appears to be an extreme need for mental health literacy interventions for Black communities to help mitigate the stigma of mental illness and mental health help-seeking (Modeste-James et al., 2024; Kranke et al., 2012; Vinson et al., 2016; Tsang et al., 2020). These interventions should engage existing cultural frameworks including religious frameworks, social network frameworks, and different methods used in different regions (the Caribbean, the continent of Africa, etc.). These interventions should address family systems as well, aiming to recognize the role that familial perspectives have in shaping young Black people's willingness to seek help. Interventions should be implemented for individuals and families, though medical systems may benefit as well. In addition to mental health literacy, there appears to be an increased need for culturally competent providers overall (Modeste-James et al., 2024; Watson & Hunter, 2015; Murry et al., 2011). Strategies such as increasing the number of Black mental

health professionals and ensuring that all providers receive training in culturally competent care could improve engagement and outcomes for Black youth.

Continuing, future practice should address intergenerational trauma and caregiver influence. Both Modeste-James et al. (2024) and Tsang et al. (2020) emphasize the role of intergenerational trauma and caregivers as key influences on mental health perceptions and service utilization. This suggests a need for family-based interventions that educate caregivers on the importance of mental health treatment and equip them with tools to support their children's mental well-being without reinforcing stigma. Policymakers should prioritize expanding funding for school-based mental health programs, integrating mental health services within community organizations, and implementing diversion programs that connect justice-involved youth to mental health resources, based on the findings of Samuel (2015) and Williams et al. (2023) that indicate that these structural barriers further complicate access to care for Black youth. Finally, future studies should focus more on young Black girls under the age of 18. Though there is not an abundance of studies focusing on Black boys in this age range, there are more studies examining that population while most studies including Black girls are a combination of both genders.

Limitations

The included studies have limitations that impact the generalizability of their findings. First, a few studies (Modeste-James et al., 2024; Kranke et al., 2012; Samuel, 2015; Gere & Salimi, 2025; Lindsey et al., 2013; Williams et al., 2023) rely solely on qualitative data. Watson & Hunter (2015) and Williams et al. (2023) utilized cross-sectional survey methods, making it impossible to determine causality between variables such as stigma and mental health outcomes. Watson & Hunter (2015), which examined the impact of the SBW schema on anxiety,

depression, and help-seeking, had a sample largely composed of college-aged women, limiting the findings' applicability to a broader population of Black women across different life stages and educational backgrounds. Williams et al. (2023), while providing insight into barriers to SBMHR utilization among Black adolescent males, was limited in its ability to capture changes over time and may not reflect barriers experienced outside of the school context.

Vinson et al. (2016), which evaluated stigma reduction interventions among African American undergraduates, lacked a control group, making it difficult to assess the true impact of the interventions. Additionally, because the study focused solely on college students, its findings may not translate to Black populations with different educational or socioeconomic backgrounds. Tsang et al. (2020) examined the role of caregivers as gatekeepers in adolescents' mental health service use but only included urban youth who were already more likely to hold positive attitudes toward psychological services, thereby limiting the study's ability to generalize findings to all urban Black adolescents.

Conclusion

This scoping review examined mental health stigma as a significant barrier to care among Black communities, with particular attention to the experiences of young Black people. Across the reviewed literature, findings indicate that stigma manifests on multiple levels, including interpersonal, intrapersonal, and structural stigma, each uniquely influencing Black youths' willingness and ability to seek mental health care. Studies also reveal that family and community attitudes play a pivotal role in shaping mental health beliefs, with caregivers often acting as gatekeepers to services. However, misinformation, cultural mistrust of healthcare systems, and beliefs around self-reliance and resilience continue to hinder help-seeking behaviors.

Important limitations in the current literature include an overreliance on college student samples, limited longitudinal data, and few intervention studies with youth in community settings. Additionally, more research is needed to understand how intersecting identities related to gender, sexuality, socioeconomic status, and religion influence stigma experiences and help-seeking behaviors among Black youth. Future directions should include developing and testing culturally responsive interventions that specifically address self-reliance beliefs, incorporating family and community perspectives, strengthening school-based mental health resources, and creating pathways between informal support networks and professional services. Policy efforts should focus on addressing structural barriers, including the criminalization of mental health symptoms among Black youth, and increasing the cultural competence of mental health systems.

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Tables & Figures

Table 1. Search Criteria

Search Criteria
<ul style="list-style-type: none"> • Black or African American majority study population • Majority of the study population must be younger than 25 years of age • Any discussion of stigma amongst Black youth and young adults (interventions, mitigation tactics, perceptions, etc.) • No scoping or systematic reviews • Written in English in the United States

Table 2. Search Terms

	Search Terms
PubMed	((((mental health or psychiatric health or psychological health or mental illness or psychiatric illness or psychological illness) AND (stigma)) AND (black or african american or BIPOC)) AND (youth or young adult or adolescent or emerging adult))
Ovid Databases (Ovid MEDLINE, Embase, APA PsycINFO, and ERIC)	((mental health or psychiatric health or psychological health or mental illness or psychiatric illness or psychological illness) and stigma* and (black or african american or BIPOC or african descent) and (youth or young adult or adolescent or emerging adult))

Figure 1. PRISMA Diagram

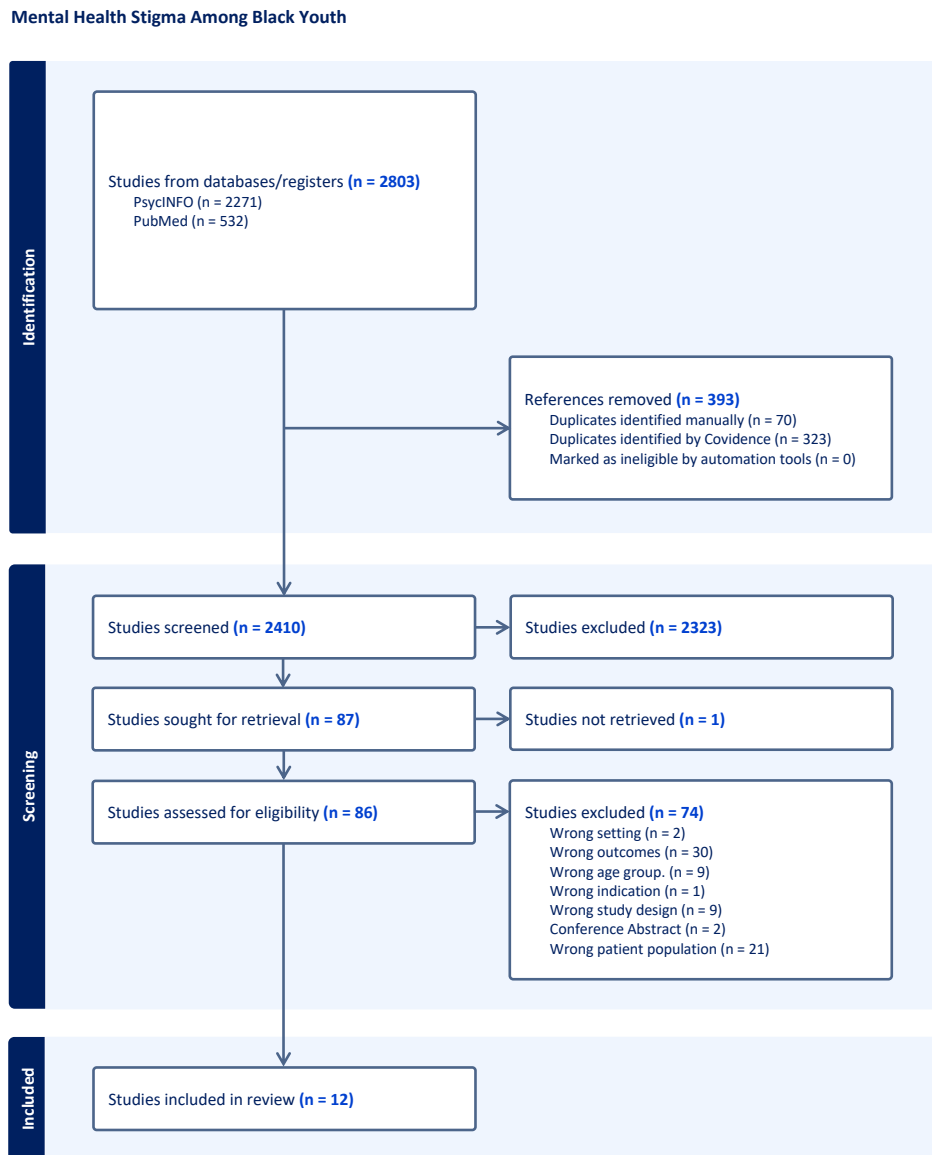


Figure 2. Data Extraction

Authors	Title	Study Design	Study Population	Study Aim	Measures	Key Results (Related to Stigma)
Modeste-James et al. (2024)	"The System isn't Set up for Us": Stories of young Black women's mental health journey	Descriptive Phenomenology Qualitative Approach with thematic analysis	15 Black women ages 18 - 30 (8 out of 15 women were ≤ 25)	Aimed to center the voices of young Black women to understand their lived experiences with mental health challenges and engagement with mental health services; explores topics of stigma, Strong Black Women Schema, Intergenerational Trauma, Provider Mistrust, and COVID-19	--	Five main themes identified as barriers to help seeking for Black women: (1) "Strong Black Woman" persona as a barrier to seeking care, (2) impact of mental health stigma in the Black community, (3) intergenerational mental health trauma amongst Black women, (4) lack of culturally responsive practitioners, and (5) the impact of COVID-19 on mental health. Participants discussed fears about the perceptions of members of their social networks after finding out they were either experiencing mental illness or seeking/receiving mental health services.
Watson & Hunter (2015)	Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking	Cross Sectional Survey Study	95 women who self-identified as African American and who were between the ages of 18 and 65 years (M 20.91, SD 7.27)	Aims to extend the literature on the role of cultural factors in African American women's mental health and attitudes toward professional psychological service utilization; study investigates whether the SBW race-gender schema predicts increased anxiety/depression, and whether these psychological symptoms are exacerbated by negative attitudes toward seeking professional psychological services.	Demographic Questionnaire; SBW race-gender schema; Help Seeking Attitudes; Psychological Distress	~ Participants' reports of psychological openness (M 15.66, SD 5.41), help-seeking propensity (M 18.57, SD 5.60), and indifference to stigma (M 16.83, SD 9.18) were below the adult female normative ranges; reflects that the current sample held less favorable attitudes toward professional help-seeking than previous non-African American samples. ~ Greater endorsement of the SBW race-gender schema was associated with lower psychological openness ($r = -.27$) and lower help-seeking propensity ($r = -.25$). The association between the SBW race-gender schema and indifference to stigma approached statistical significance, ($r = -.19$, $p < .07$) and was also negative. The SBW race-gender schema was significantly associated with greater depression ($r = .35$) and greater anxiety ($r = .30$). ~ Endorsement of SBW race-gender schema significantly increased anxiety ($b^* = .29$) even in the presence of demographic variables such as age and income

Authors	Title	Study Design	Study Population	Study Aim	Measures	Key Results (Related to Stigma)
Vinson et al. (2016)	Mental Illness Stigma Intervention in African Americans: Examining Two Delivery Methods	Pre-test, post-test, and 2 week follow up	158 African American undergraduate students, age 17-50 (M=19.36 [SD, 3.73]); 63% women	Looking to examine the effects of 2 intervention delivery methods in reducing reported stigma	Social Distance Scale; Attribution Questionnaire 20; Thoughts About Psychotherapy Survey; Inventory of Attitudes Toward Seeking Mental Health Services	<p>~ No significant effects based on delivery method for any stigma or attitudes toward seeking therapy measures</p> <p>~ significant effect for time on SDS ($F_{2,244} = 28.995, p < 0.001$), AQ-20 ($F_{2,244} = 14.948, p < 0.001$), TAPS ($F_{2,244} = 7.395, p < 0.01$), and IASMHS ($F_{2,244} = 6.060, p < 0.01$)</p> <p>~ significant decrease in desire for social distance from pretest to post-test ($p < 0.001$); significance in difference between pre-test and follow up desire for social distance ($p < 0.001$)</p> <p>~ Results also indicated a decrease in negative attributions about people with mental illnesses from the pretest to the posttest ($p < 0.001$), by the 2-week follow-up, negative attributions returned to a level no different from the pretest ($p > 0.999$)</p> <p>~ significant decrease in concerns about seeking therapy from pretest to posttest ($p < 0.05$)</p> <p>~ Positive help-seeking attitudes improved from pretest to posttest ($p < 0.01$), but significantly decreased from posttest to follow-up ($p < 0.05$) to a level no different from pretest ($p > 0.999$)</p>
Kranke et al. (2012)	What do African American youth with a mental illness think about help-seeking and psychiatric medication? Origins of stigmatizing attitudes	Qualitative Exploratory Study	17 African American adolescents, ages 12-17 (M = 13.76; SD = 1.79); 65% female	Aims to understand: (1) What sources influence stigmatizing attitudes toward help-seeking for mental illness and use of psychiatric medication among African American adolescents?; and (2) Are the origins of stigmatizing attitudes toward help-seeking for mental illness and psychiatric medication among African American adolescents the same as African American adults?	--	Following origins of stigmatizing attitudes were identified: family beliefs; cultural beliefs; autonomy/self-reliance; images/peer perceptions; and media messages, mostly directed at psychiatric medication usage

Authors	Title	Study Design	Study Population	Study Aim	Measures	Key Results (Related to Stigma)
Tsang et al. (2020)	Caregivers as gatekeepers: Professional mental health services use among urban minority adolescents	Quantitative Research Study utilizing structural equation modeling	120 Urban Adolescents (82% Black/African American), ages 13-18 (M=14.92, SD 1.52), 84% girls 119 Caregivers	Aims to examine parent and adolescent psychological factors influencing mental health service use among Urban youth;	Given to both child and caregiver: Attitude Toward Seeking Professional Psychological Help-Short Form; Self-Stigma of Seeking Psychological Help Scale, Social Stigma Scale for Receiving Psychological Help Scale Given to Caregiver: Achenbach Child Behavior Checklist parent report form; Columbia Impairment Scale; Caregiver Strain Questionnaire	~ youth age significantly positively correlated with adolescent-reported social stigma, $r = .23$, $p = .01$ ~ Youth gender significantly correlated with adolescent-reported self-stigma with adolescent girls reporting higher self-stigma related to mental health treatment than boys, $r = .25$, $p < .01$. ~Family income was significantly negatively associated with adolescent reported attitude toward professional psychological help and significantly positively associated with adolescent-reported social stigma ($r = -.20$, $p = .04$ and $r = .19$, $p = .05$, respectively).
Williams et al. (2023)	Barriers to school-based mental health resource utilization among Black adolescent males	Cross Sectional Survey Study	165 Black adolescent males, ages 14-18 (M=15.65; SD 1.00)	Aims to understand what barriers are associated with Black adolescent males' use of SBMHR? Aims to (1) identify the common resources Black adolescent males' use for mental health support in their school setting, (2) identify the common barriers to SBMHR use as identified by Black adolescent males, and (3) identify the association between psychosocial and access barriers and SBMHR use	PHQ9-A	~ Participants who endorsed self-reliance as a barrier were significantly less likely to utilize SBMHR (OR 0.23; $p < .005$; CI 0.08-0.66), while participants who endorsed stigma as a barrier were significantly more likely to use a SBMHR (OR 3.77; $p < .05$; CI 1.11-12.78).
Samuel (2015)	Utilization of mental health services among African-American male adolescents released from juvenile detention: Examining reasons for within-group disparities in help-seeking behaviors	Qualitative Interviews with Thematic Analysis	54 African American males, ages 15-17	Aims to examine the influence of culture on the attitudes and help-seeking behaviors of 54 African American adolescent males who received mental health treatment services post-detention	--	Thematic analysis revealed the following: (1) beliefs about causes of mental health problems, (2) other beliefs about mental health, (3) social barriers (isolation/ exclusion), and (4) social network influence on service utilization

Authors	Title	Study Design	Study Population	Study Aim	Measures	Key Results (Related to Stigma)
Bamgbade et al. (2024)	Impact of a psychoeducational intervention on willingness to seek help for depression among African American young adults	Prospective, pre- and post-test one-group intervention study	70 African American college students, ages 18-25 (19.7 ± 1.6 years); 62.9% female	Aims to understand if exposure to a pharmacist-led culturally relevant psychoeducational intervention impacts AA college students' attitude, subjective norm, perceived behavioral control, stigma, disclosure, and willingness to seek help for depression.	Depression Stigma Scale; Items related to Theory of Planned Behavior (TPB) variables (willingness, attitude, subjective norm, and perceived behavioral control) were developed in accordance with the TPB	~ Overall, willingness, attitude, and disclosure significantly increased after the intervention (p < .001). ~ Depression stigma significantly decreased after the intervention, indicating fewer stigmatizing beliefs about depression (p < .001). ~ Following the intervention, participants' depression stigma significantly decreased to 16.7 ± 4.7 (p < .01), with a medium effect size (Cohen's d = -0.56).
Murry et al. (2011)	Examining perceptions about mental health care and help-seeking among rural African American families of adolescents	Triangulation Design	163 AA mothers with children aged 14 (SD = 0.8) 21 mothers included in qualitative sample	Aims to expand our understanding of ways to address mental health disparities of African Americans through the initiation of a systematic investigation of perceptions about mental health help-seeking among African American families residing in the rural southeastern United States	Measures for Youth: Child Behavior Checklist (CBCL) Measures for Mothers: Perceived Help-Seeking Behavior Scale	~ fears surrounding community stigma were reported in the survey by as many as half of the surveyed mothers. The most frequent reports of perceived stigma reflected family-level concerns. ~ Higher levels of perceived stigma were reported by mothers whose children had more problems, whose homes included fewer adults, who had less social support, who felt greater general and cultural mistrust, and who were more willing to take their children for treatment.
Lindsey et al. (2013)	Understanding the Behavioral Determinants of Mental Health Service Use by Urban, Under-Resourced Black Youth: Adolescent and Caregiver Perspectives	Qualitative Study - Focus Groups	16 AA adolescents (age 11 to 14 (M=12.8 [SD = 1.01]), 8 boys/8 girls) 11 AA caregivers (age 31 to 67 (M= 40.75 [SD=11.8]), 10 women/1 man	Aims to examine help-seeking behaviors and underlying factors related to formal mental health treatment among urban, Black adolescents and their caregivers regarding school mental health services.	--	~ Themes that came up: attitudes about mental health help seeking behaviors, expectancies regarding treatment, effect of social norms, self-concept, emotion related to service use, efficacy regarding ability to seek help, knowledge about seeking services. environmental constraints, salience, verbalizing feelings, spirituality, and reliance on school staff

Authors	Title	Study Design	Study Population	Study Aim	Measures	Key Results (Related to Stigma)
Gere & Salimi (2025)	Mental Health Literacy, Stigma, and Help-Seeking Behavior Among Black Male College Students in Historically Black Universities	Qualitative Interview	142 University Students, Black men (aged 17 to approx. 32; 92.8% 17-32)	Aims to understand: (RQ1): What is the level of mental health literacy among male Black/African American College Students attending HBCUs?; (RQ2): What are the sources of help-seeking among male Black/African American College Students attending HBCUs?; (RQ3): What is the relationship among contextual factors, mental health literacy, stigma, and help-seeking behavior among Black/African American College Students in HBCUs?	Mental Health Knowledge Schedule (MAKS-12); Attribution Questionnaire (AQ-9); General Health Questionnaire (GHSQ); Demographic Questionnaire	~ Family members, including parents (average agreement 5.50, SD = 1.53-1.78) and other relatives (average agreement 5.50, SD = 1.59-2.05), consistently emerge as the most trusted sources across categories such as stress, anxiety, depression, suicide, and alcohol-related issues ~ higher levels of mental health literacy are significantly associated with increased help-seeking behavior among Black/African American college students in HBCUs (B = 7.89, p < .001). In addition, perceptions of stigma surrounding mental health issues show a significant positive relationship with help-seeking behavior, although to a lesser extent (B = 3.55, p = .035)
Lindsey et al. (2010)	Family matters: The Role of Mental Health Stigma and Social Support on Depressive Symptoms and Subsequent Help Seeking Among African American Boys	Triangulation Design (Validating Quantitative Data Model)	69 African American Boys, ages 13-18 (M= 15.31, SD =1.25) 18 participants for qualitative portion	The aims of this study were to (1) examine the ability of mental health stigma and perceived social support to predict depressive symptoms among urban African American adolescent boys and (2) explore the social network influences on initial problem recognition and eventual help-seeking attitudes/behaviors among adolescents who exhibited elevated depressive symptom levels	Quantitative Measures: Attitudes Toward Seeking Professional help Scale; Social Support Scale; Centers for Epidemiologic Studies Depression Scale (CES-D)	~ both mental health stigma (B = -1.07, p < .05) and social support (B = -1.99, p < .05) were significant negative predictors of depressive symptoms, accounting for 22% of the variance. In the final step, the interaction term, mental health stigma × social support (B = .789, p < .01), was a significant positive predictor of depressive symptoms, accounting for 35% of the variance ~ Qualitative findings illustrated the behaviors engaged in when initially experiencing depressive symptoms, how family members recognize/identify depressive symptoms, and turning to family members as a first option for help.

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