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Young, Black, and Male in Foster Care: Relationship of Negative Social Contextual Experiences to Factors Relevant to Mental Health Service Delivery

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Abstract

Among a small, cross-sectional sample of young Black males transitioning from foster care ($n = 74$), this study explored the relationship of their negative social contextual experiences to two factors relevant to the delivery of mental health services to them: cultural mistrust of mental health professionals and attitudes toward seeking professional help. Three domains of young Black male's negative social contextual experiences were measured: proximal negative experiences, distal negative experiences, and negative imagery experiences. Results of multivariate analysis of covariance (MANCOVA) controlling for custody status, counselling status and history, and psychiatric history showed that young Black males reporting a high frequency of negative social contextual experiences reported significantly greater cultural mistrust of mental health professionals and significantly less positive attitudes toward seeking professional help for mental health problems than young Black males reporting a low frequency of negative social contextual experiences. Implications and future research directions are discussed.

Keywords

Black males; Foster care; Cultural mistrust; Help-seeking attitudes; Social contextual experiences

Introduction

To be young, Black, and male in American society today means a myriad of things. It means to be a member of a group who is the disproportionate victim of homicide (Fox & Zawitz, 2003). It means to be a member of a group whose rate of suicide is increasing astronomically in comparison to other population groups (Centers for Disease Control and Prevention [CDC], 1995; Joe & Kaplan, 2001). It means to be a member of a group whose labour force status is declining enormously as evidenced by high rates of joblessness (D'Amico & Maxwell, 1995; Offner & Holzer, 2002). If you are in foster care, it means to be a member of a group at greater risk of poorer social outcomes (e.g. incarceration) upon exiting the foster care system (McMillen & Tucker, 1999). Last, it means to be a member of a group that perhaps is least likely to voluntarily seek or use mental health services despite confronting myriad stressors and problems that might necessitate it (Rasheed & Rasheed, 1999). The present study focuses on young Black males who are transitioning from foster care. Specifically, the relationship of

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these young Black males negative social contextual experiences to cultural mistrust of mental health professionals and attitudes toward seeking professional help were explored.

There has been scant empirical attention to the utilization of mental health services among Black males, in general. However, analysis of data from the National Survey of Black Americans, a national multistage probability sample of Black adults in the continental United States, clearly show that Black males are less likely than Black females to seek or use professional help for mental health problems (Neighbors & Howard, 1987). A number of explanations for Black males disinclination to seek or use mental health services are offered. Braithwaite (2001) suggests that Black males “learn pathological levels of stoic tolerance” to symptoms of distress and illness in order to mask any semblance of weakness (p. 63). Rasheed and Rasheed (1999) suggest that Black males have wholeheartedly subscribed to the notion that seeking help is a clear signal that they have not only lost control over their lives but also that they are mentally defective. Apart from personal barriers, the legacy of de jure and de facto segregation along with the historical mistreatment and abuse of Blacks by the medical and mental health systems have contributed to a seemingly impenetrable wall of suspicion and mistrust (Maultsby, 1992; Poussaint & Alexander, 2000). Moreover, Franklin (1992) asserts that Black male’s experiences with public agencies and institutions (e.g. welfare, school, judicial) contribute to images of “therapeutic help” that are distorted and antithetical to the professed empathetic and facilitative nature of counselling or therapy (p. 351). The present study focuses on another potential barrier to Black males use or seeking of mental health services that has not been explicitly proposed, that is, their everyday social contextual experiences.

Social contextual experiences of young black males

All young people live in social environments that are shaped by political, cultural, and social forces (Swanson, Spencer et al., 2003). The nature of the challenges and experiences resulting from the complex interaction of these social forces are significantly influenced by gender, socio-economic position, and ethnic group membership (Swanson, Cunningham, & Spencer, 2003). Cunningham and Spencer (1996) suggest that imagery also influences the unique challenges and social experiences that young people confront (Cunningham & Spencer, 1996). For young Black males, this is particularly problematic in that the historical and contemporary representations of them have generally been negative.

Negative images and stereotypes of young Black males do not have their origins in contemporary American society. White and Cones (1999) suggest that the social experiences of Black American males had three beginnings: Ancient Africa, Africa to America, and post-civil war. According to White and Cones, Black males moved from a world where they did not have to justify their existence as human beings to one in which they were redefined as subhuman, and from there, to one in which they were considered to possess attributes that were inferior to White males. Inevitably, stereotypical images of Black males emanating from popular entertainment mediums (e.g. novels, stage plays, movies) of the late 19th and early 20th centuries emerged. The Black male as buffoonish, degenerate, criminally prone, lazy, and brutish were just some of the images projected and are precursors of contemporary Black male images and stereotypes (White & Cones, 1999).

In contemporary American society, negative images and stereotypes of young Black males are inextricably connected to elements of black urban youth culture. Black urban youth culture is expressed in myriad ways such as verbal language, body language, attitude, style, and fashion (Kitwana, 2002). The primary creators and purveyors of black urban youth culture are young Black males (Reese, 2004). However, many elements of black urban youth culture (e.g. styles and fashions, street vernacular) have now been commoditized by media- and corporate conglomerates, hence becoming a global phenomenon. Moreover, many elements of black

urban youth culture are now propagated to as well as appropriated by White youth (Kitwana, 2002; Reese, 2004). Yet, images attached to black urban youth culture that are generally deemed most problematic (e.g. gangsta-thug persona) are often that of the young Black male. Although some young Black males embrace negative images and stereotypes enthusiastically (Reese, 2004), this is certainly not the case among most of them (Dawsey, 1996). Kelley (1997) suggests that for many young Black males, their expression of black urban youth culture is simply a means of self-expression and/or a means of deriving pleasure. Nevertheless, their self-expression generally tends to only foster ascriptions of them as criminal and uncivilized (Anderson, 1990). The “stigma attached to their skin colour, age, gender, appearance, and general style of presentation” makes convincing others that they are decent and not a public enemy, a difficult task (Anderson, 1990, p. 163). As a consequence, many young Black males are subject to social contextual experiences that are generally negative-in-nature.

Cunningham and Spencer (1996) classify the negative social contextual experiences of young Black males into a number of domains: proximal negative experiences, distal negative experiences, and negative inference experiences. Negative proximal experiences are experiences that occur with persons in young Black males proximal environments attributable to their own personal attributes. Examples include police or security guards asking them what they are doing when hanging out (like in the park, playground, or street corner) and people thinking they are doing something wrong (like selling drugs or preparing to rob somebody). Distal negative experiences are experiences that occur due to young Black males membership in a larger devalued group. Examples include harassment (physically and/or abusive language) by police and being rejected from a job due to their appearance. Negative inference experiences are experiences that occur due to the projected negative imagery toward Black males generally. Examples include being followed when entering a store and receiving fear stares from White women.

The following quote by Levin (1992) typifies the social reality of many young Black males:

My central claim is that a white (or black) encountering a young black male in isolated circumstances is more warranted in believing himself in danger, and in taking precautions, than when encountering a white in similar circumstances. This differential warrant is both epistemic and moral. Epistemically, one is more justified in believing oneself in danger in the former case, and absolutely speaking, in believing oneself in some danger in the former but not the latter case. Morally, one is justified in the former case in seeking to escape (p. 6).

Such singular views of young Black males obscure the heterogeneity that exists among them. Franklin (2004) refers to this as “invisibility” (p. 4). Of course, young Black males are not invisible in a literal sense, as the passage above illustrates, but in terms of their true essence—talents, abilities, personality, and worth, they are (Franklin, 2004). Hence, the perception that they are all viewed the same is communicated as one of the worst things about being a young Black male today (Essence, 2003). The negative social contextual experiences emanating from public images and perceptions not only act as daily stressors that impact young Black males psychosocial development (Cunningham & Spencer, 1996), but might also be related to factors relevant to the delivery of mental health services to them.

Factors relevant to mental health service delivery

Franklin (1992) suggests that there are three primary objectives to the delivery of mental health services to Black males: getting them into counselling/therapy/treatment, engaging them in the process, and keeping them engaged long enough to achieve service goals. Most pertinent to accomplishing these objectives, according to Franklin (1992) is *trust*. Cultural mistrust, referring to “the extent to which Blacks mistrust Whites” (Nickerson, Helms, & Terrell,

1994, p. 378) has been the focus of a growing body of research that examines its relationship to factors relevant to mental health service delivery (Whaley, 2001). For example, studying Black male undergraduate and graduate students, Duncan (2003) found that greater cultural mistrust was associated with less favourable attitudes toward seeking professional psychological help. The present study takes a different approach in that it examines cultural mistrust of mental health professionals as a possible outcome of young Black males social contextual experiences. From this standpoint, cultural mistrust refers to the extent to which young Black males mistrust White mental health professionals. Given the paucity of Black mental health professionals, young Black males are far more likely to be provided services by White or non-Black mental health professionals (Leong, Wagner, & Tata, 1995). Although Black mental health professionals are not necessarily immune from mistrust given their positions within formal mental health service environments (Hobbs, 1985), issues of mistrust are likely to be more salient in interracial dyads.

Another factor that may be pertinent to mental health service delivery to young Black males is their attitudes toward seeking professional help for mental health problems. Among study samples consisting predominantly of White college students, research suggests that individuals with more positive attitudes toward seeking help for mental health problems have greater intentions to seek counselling should the need arise (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Notably, the help-seeking attitudes among younger or older youth, in general, have not been widely explored although it is generally believed that most view mental health services negatively (Garland & Zigler, 1994). In a recent study among a nationally representative sample of young adults in the United States, Gonzalez, Alegria, and Prihoda (2005) found that 15-17-year-olds and 18-24-year-olds expressed significantly lower willingness to seek mental health treatment than their older counterparts (e.g. 25-34-year-olds). In general, young adult males (18-24-year-old) attitudes toward seeking help were significantly less positive than their female counterparts. However, contrary to hypotheses, significant gender by ethnicity/race interactive effects were not found, that is, Black and Latino young adult males did not significantly differ from their female counterparts in their attitudes toward mental health treatment (Gonzalez et al., 2005). Last, research that has examined the help-seeking attitudes among Blacks has primarily focused on college student or other adult samples. Factors that have been proposed or found to be associated with Black's help-seeking attitudes include perceived racism in the mental health system, fear of treatment or hospitalization, lack of mental health professionals of the same race/ethnicity, and cultural mistrust (Leong et al., 1995).

The present study

For young Black males transitioning from foster care, the need for mental health care is arguably much greater than their counterparts in the general population. Regardless of ethnic group membership, children and youth in foster care have experienced the trauma of abuse and neglect as well as the short-term, long-term, or permanent removal from the homes of their parents (Dore, 1999). Consequently, many experience poor developmental trajectories (Shin, 2004) and poor psychosocial outcomes (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Mendel, 2001). Furthermore, the prevalence of emotional and behavioural problems and rates of mental health service utilization among children and youth in foster care are significantly greater than their counterparts in other high-need groups (dosReis, Zito, Safer, & Soeken, 2001; Farmer et al., 2001; Harman, Childs, & Kelleher, 2000; Hazen, Hough, Landsverk, & Wood, 2004).

Approximately 18.8% of the 532,000 children and youth in foster care are 16 years of age or older (US Department of Health and Human Services (USDHHS), 2003). Older youth (≥ 17 -year-old) transitioning from foster care are at great risk of poor outcomes as young adults

(Collins, 2001). Educational failure, joblessness, and homelessness are outcomes that are all too common (Mendel, 2001). Research suggests that upon exiting the foster care system, Black males are more ill-prepared academically, are more likely to have histories of criminal involvement, and are more likely to have no employment experiences than their White male and Black and White female counterparts (McMillen & Tucker, 1999). Moreover, males, in general, have been found to fare worse on indicators of self-sufficiency (e.g. employment status) and personal well-being (e.g. stability of housing) after leaving foster care (Kerman, Wildfire, & Barth, 2002). Consequently, many young Black males transitioning from foster care will have a myriad of needs. Those who have been the victims of moderate or severe maltreatment and have histories of serious emotional and behavioural difficulties will likely have continued need of psychotherapy and psychotropic medication. Others are likely to have unresolved feelings of loss and abandonment that need to be addressed therapeutically. Moreover, issues such as academic and vocational under-preparedness are likely to exacerbate an already precarious predicament that contributes to anger, hopelessness, distress, anxiety, and other psychological difficulties. Channelling feelings such as anger and handling economic and employment difficulties constructively are paramount for positive short- and long-term psychosocial outcomes. In this regard, access to needed mental health care will be significantly limited to young Black males who have voluntarily or involuntarily exited foster care upon turning 18 years of age due to the loss of health insurance coverage as well as other forms of support afforded by the foster care system. However, given the choice, it is probable that most will not voluntarily seek or use services even if access is not a barrier. This necessitates the need to elucidate the myriad individual and sociocultural factors that contribute to their non-use of mental health services.

The present study situates young Black males negative social contextual experiences in elements of black urban youth culture and longstanding, negative stereotypes and images (e.g. uncivilized and criminally prone) that are arguably embedded in the American consciousness. To be sure, the lives of young Black males are multifaceted and diverse. Not all of them contend with negative experiences that are attributable to their gender and ethnic group membership. However, to the extent that such experiences occur in their day-to-day lives, they may contribute to a wariness of mental health professionals and the mental health service delivery system. Given the exploratory nature of this study, no specific hypotheses were proposed.

Method

Participants and procedures

From an on-going longitudinal study of older foster care youth in the care and custody of the Missouri Children's Division (MCD), Black males were recruited to participate in a separate study that focused on their readiness to seek help for personal, behavioural, or emotional problems upon transitioning from the foster care system. The longitudinal study at baseline consisted of 406 older foster care youth (Mean Age = 16.99, S.D. = .09), 97 (23.9%) of whom were Black males. The longitudinal study involved older foster care youths being interviewed at 3-month intervals over a 2-year period.

Of the 97 Black males in the longitudinal study, 74 (76.3%) were successfully contacted and agreed to participate in the present study. Participants were 18 ($N = 68$, 91.9%) and 19 ($N = 6$, 8.1%) years of age. The Foster Care Independence Act of 1999 expanded the eligibility for care, support, and services to older youth in foster care up to age 21 (Collins, 2004). Hence, the majority of participants were still in the care and custody of the MCD ($N = 44$, 59.5%). Based on self-report, 27% ($N = 20$), were currently receiving counselling services from a mental health professional, 36.5% ($N = 27$) had previously received counselling services from a mental health professional, and 36.5% ($N = 27$) had never received counselling services. Based on DSM-IV diagnostic criteria as assessed by the Diagnostic Interview Schedule at baseline in

the larger longitudinal study, close to half of young Black males ($N = 34$, 45.9%) met criteria for lifetime or past-year psychiatric disorders. The most prevalent disorders were oppositional disorder ($N = 21$, 28.4%) and conduct disorder ($N = 15$, 20.3%), followed by major depression ($N = 10$, 13.5%) and attention deficit/hyperactivity disorder ($N = 10$, 13.5%). Nearly all ($N = 63$, 85.1%) had a history of placement in congregate care settings (group homes or residential treatment centres). Results of attrition analysis showed that the 74 Black male participants did not significantly differ from the 23 Black males in the larger longitudinal study who could not be located on major study variables (e.g. age at entry into foster care, psychiatric history, etc.).

Details of the procedures used in the longitudinal study from which participants in the present study were recruited are reported elsewhere (McMillen et al., 2004). However, a brief description is provided. From December 2001 to May 2003, the MCD provided to the longitudinal research study team the names of youth in its custody who would be turning 17-year-old in the following month as well as the names and contact information of their respective caseworkers. Caseworkers were then contacted to provide informed consent. After case managers provided consent, prospective youth were contacted and asked if they wanted to participate. Those who answered affirmatively were interviewed in person at their place of residence by trained full-time professional interviewers and were paid \$40 for completing the baseline interview.

For the present study, the names and contact information of Black male participants in the longitudinal study were provided to the first author who contacted them directly to solicit their participation. Those who were successfully contacted were still active participants in the longitudinal study from which they were recruited. None of those contacted refused to participate. Upon providing informed consent, participants were interviewed during the period of July 2003–November 2004 by the first author, a Black male, in person at their place of residence ($N = 66$, 89.2%) or by telephone ($N = 8$, 10.8%). The measures were read aloud to control for reading difficulties. Participants interviewed by phone resided in locales that were a significant distance from the project site (>100 miles). All participants were paid \$20. The Washington University Institutional Review Board approved the procedures for the present study and the longitudinal study from which participants were recruited.

Measures

Negative social contextual experiences—Negative social contextual experiences were measured by the Black Male Experiences Measure (BMEM; Cunningham & Spencer, 1996). The BMEM is a 35-item scale that assesses the social experiences and perceptions of Black males in public places. Experiences and perceptions in four domains are assessed: (a) proximal negative experiences—incidents with people with whom one has a potential or actual close relationship attributed to one's own personal attributes; (b) distal negative experiences—situations that occur because of one's membership in a larger devalued group; (c) negative inference experiences—experiences attributable to the projected negative imagery toward Black males generally; and (d) positive inference experiences—potentially beneficial and positive Black male perceptions. Given the overall aims of our research study, only the proximal negative experiences, distal negative experiences, and negative inference experiences subscales were administered to participants. Eight items assessed proximal negative experiences (e.g. "How often do people you don't know think you are doing something wrong like selling drugs, preparing to rob somebody, preparing to steal something, etc."). Eight items assessed distal negative experiences (e.g. "How often are you harassed by police"). Five items assessed negative inference experiences (e.g. "How often do White people tend to lock their car doors when you pass"). Participants responded to items on a 5-point, Likert-type scale ranging from *never* (1) to *always* (5). Higher mean scores indicated more frequent negative social contextual experiences in these domains of Black male life. The internal consistency

coefficients for the BMEM in the present study were .91 for items from the three subscales combined (total scale), .92 for the proximal negative experiences subscale, .68 for the distal negative experiences subscale, and .73 for the negative inference experiences subscale.

Cultural mistrust of mental health professionals—Cultural mistrust of mental health professionals was measured by a modified version of the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981). The CMI is a 48-item scale that measures the tendency of Blacks to mistrust Whites in four areas of life: educational and training settings, the political and legal system, work and business interactions, and interpersonal and social contexts. An internal consistency coefficient of .88 has been reported (Duncan, 2003). As evidence of concurrent validity, Terrell and Terrell (1981) reported a significant positive association between CMI scores and reported incidents of racial discrimination. In the present study, the 13-item Interpersonal Relations subscale of the CMI was modified to assess participant's beliefs and opinions about the trustworthiness of mental health professionals. For example, the original item "It is best for Blacks to be on their guard when among Whites" was changed to "It is best for Blacks to be on their guard when dealing with White mental health professionals," and the original item "Blacks should be cautious about what they say in the presence of Whites since Whites will try to use it against them" was changed to "Blacks should avoid sharing their personal thoughts and feelings with White mental health professionals because they will use it against you." Participants responded to items on a 5-point, Likert-type scale ranging from *strongly disagree* (1) to *strongly agree* (5). Several items were recoded so that higher mean scores indicated greater cultural mistrust of mental health professionals. The internal consistency coefficient for the modified version of the CMI subscale was .78.

Attitudes toward seeking professional help—Attitudes toward seeking professional help for mental health problems were measured by a modified version of the *Confidence In Mental Health Practitioner* subscale (9-items) from the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970). Given its relevance to the study's aims, this was the only subscale of the ATSPPHS administered to participants. Fischer and Turner (1970) reported an internal consistency coefficient of .74 for the Confidence subscale. In the present study, specific words were modified— the words *mental health professional* were substituted for *psychiatrist* and *psychologist*, and the words *emotional and mental problems* were substituted for *mental troubles* and *mental conflicts*. Items included: "Although there are clinics and agencies for people with emotional or mental problems, I would not have much faith in them"; and "If I believed I was having a mental breakdown, my first thought would be to get professional attention." In addition, an out-of-date item was dropped (A person with a serious emotional disturbance would probably feel most secure in a good mental hospital) resulting in an 8-item scale. Participants responded to items on a 5-point, Likert-type scale ranging from *strongly disagree* (0) to *strongly agree* (4). Higher mean scores indicated more positive attitudes toward seeking professional help for mental health problems. The internal consistency coefficient for the modified version of the ATSPPHS Confidence subscale was .70.

Results

Table 1 shows the means, standard deviations, skewness, and ranges of the study variables. As shown, the skewness of all the study variables indicated that the distributions did not deviate from normality. Young Black males reported negative social contextual experiences, on average, between *almost never* and *sometimes*. However, there was significant dispersion in the frequency to which participants reported proximal negative experiences and negative inference experiences, in particular. For example, over 40% of participants responded "*almost always*" or "*always*" concerning the frequency to which police (47.3%), people they do not know (40.5%), and White people (45.9%) thought they were doing something wrong. Over

60% of participants responded “*sometimes*” to “*almost always*” concerning the frequency to which White people tended to lock their car doors when they passed (60.8%) and sales people tended to follow them when entering a store (66.2%).

On average, young Black males reported a modest level of cultural mistrust of mental health professionals. For example, 71.6% *somewhat* or *strongly agreed* that “a person can trust a mental health professional regardless of what colour he or she is.” On the other hand, 50% *somewhat* or *strongly agreed* that “Blacks should be careful about what they say in the presence of White mental health professionals since they try to use it against you,” and at least a third (33.8%) *somewhat* or *strongly agreed* that “It is best for Blacks to be on their guard when dealing with White mental health professionals.” Last, on average, young Black males reported fairly favourable attitudes toward seeking professional help for mental health problems. For example, 67.5% *somewhat* or *strongly agreed* that their first thought would be to get professional attention if they believed they were having a mental breakdown and 59.5% *somewhat* or *strongly agreed* that they were confident that they could find relief by speaking to a mental health professional if they were experiencing an emotional crisis at this point in their lives.

Independent-samples *t* tests were conducted to examine the relationships of mode of interview (face-to-face vs. telephone), custody status (in MCD custody vs. out of MCD custody), history of receiving counselling services (yes vs. no), and history of psychiatric disorders based on DSM-IV diagnostic criteria (yes vs. no) to each domain of negative social contextual experiences, cultural mistrust of mental health professionals, and attitudes toward seeking professional help. Results indicated no significant relationships between mode of interview and the primary study variables. In contrast, custody status was significantly related to proximal negative experiences, $t(72) = 2.50, p \leq .05$ ($M = 3.24$, $S.D. = .94$ for those not in MCD custody; $M = 2.65$, $S.D. = 1.03$ for those in MCD custody) and distal negative experiences $t(72) = 2.41, p \leq .05$ ($M = 2.27$, $S.D. = .66$ for those not in MCD custody; $M = 1.90$, $S.D. = .64$ for those in MCD custody), with young Black males who were no longer in state custody reporting significantly more of these experiences. Custody status was unrelated to cultural mistrust of mental health professionals and attitudes toward seeking professional help. Psychiatric history was significantly related to negative inference experiences, $t(72) = -4.12, p \leq .001$ ($M = 3.31$, $S.D. = .82$ for those with a psychiatric history; $M = 2.50$, $S.D. = .85$ for those without a psychiatric history), with those with a history of psychiatric disorders reporting significantly more of these experiences. Psychiatric history was also significantly related to attitudes toward seeking professional help, $t(72) = 2.14, p \leq .05$ ($M = 2.20$, $S.D. = .80$ for those with a psychiatric history; $M = 2.55$, $S.D. = .56$ for those without a psychiatric history), with those with a history of psychiatric disorders reporting significantly less positive attitudes toward seeking professional help.

Table 2 shows results of correlational analysis. As shown, young Black males who reported more frequent negative proximal experiences, distal negative experiences, and negative inference experiences tended to express greater cultural mistrust of mental health professionals and less positive attitudes toward seeking professional help for mental health problems. In addition, young Black males expressing greater cultural mistrust of mental health professionals tended to report less positive attitudes toward seeking professional help for mental health problems.

A multivariate analysis of covariance (MANCOVA) was conducted to examine the relationship of negative social contextual experiences to cultural mistrust of mental health professionals and attitudes toward seeking professional help. The independent variable, negative social contextual experiences, included two frequency groups: low and high. Total mean scores for items from the three BMEM subscales were computed given their strong intercorrelations.

Based on their total BMEM mean score, young Black males were placed into low- or high-frequency groups based on whether they scored .5 standard deviations below (low) or above (high) the mean. Participants who scored between these two points were not included in the analysis. The covariates were custody status, counselling status and history, and psychiatric history.

To examine the assumption of homogeneity of covariance matrices in the two groups, the Box's M test was performed. Results indicated that the assumptions were not violated, Box's $M = 2.35$, was $F = .75$, $p = .52$. Furthermore, the Bartlett's test of sphericity indicated that the MANCOVA justified given the intercorrelation among the dependent variables, $\chi^2 = 7.12$, $p < .05$. Using Wilks' criterion, the multivariate F for custody status, counselling status and history, and psychiatric history was not significant nor were any of the univariate ANOVAs for these variables significant. In contrast, a significant multivariate F for frequency of negative social contextual experiences was obtained, Wilks' $\lambda = .72$, $F(2, 41) = 7.93$, $p = .001$, partial $\eta^2 = .28$, observed power = .94. The univariate ANOVAs for cultural mistrust of mental health professionals, $F(1, 42) = 12.13$, $p = .001$, partial $\eta^2 = .22$, observed power = .92, and attitudes toward seeking professional help, $F(1, 42) = 10.55$, $p = .002$, partial $\eta^2 = .20$, observed power = .89, were significant. As assessed by the partial η^2 , the frequency of negative social contextual experiences accounted for 22% of the variance in cultural mistrust of mental health professionals and 20% of the variance in attitudes toward seeking professional help. As shown in Table 3, young Black males who reported a high frequency of negative social contextual experiences expressed significantly greater cultural mistrust of mental health professionals and significantly less positive attitudes toward seeking professional help for mental health problems than young Black males who reported a low frequency of negative social contextual experiences. Follow-up analysis was conducted to determine whether results using the more conventional median-split criterion on the total BMEM score mirrored those using the more stringent (.5S.D. below and above the mean) criterion. Similar significant results were obtained, albeit there was a reduction in the power observed, significance level, and amount of variance explained.

Discussion

The primary objective of the present study was to explore whether the frequency to which young Black males reported negative social contextual experiences are related to their cultural mistrust of mental health professionals and attitudes toward seeking professional help for mental health problems. Participants consisted of 18- and 19-year-old Black males currently or formerly in the state of Missouri foster care system. According to findings, the frequency to which they encounter negative social contextual experiences in their day-to-day lives is related to their mistrust of White mental health professionals and help-seeking attitudes.

It is important to note that young Black males who had exited foster care upon turning 18 years of age reported significantly more proximal and distal negative social contextual experiences than their counter parts who were still in the care and custody of the MCD. The evidence is clear that the circumstances of many youth who voluntarily or involuntarily age out of foster care are generally disorganized and chaotic (Mendel, 2001; Shirk & Stangler, 2004). Hence, it is plausible that young Black males in the present study who were no longer in foster care may more likely be in situations or environments where they are under greater scrutiny and surveillance. In a different vein, young Black males with a history of psychiatric problems based on DSM-IV diagnostic criteria reported significantly more negative imagery experiences than their counterparts without a history of psychiatric problems. It would be easy to simply conclude that the symptoms or characteristics of certain psychiatric disorders such as oppositional and conduct disorders (e.g. negativistic behaviour toward adults) are in keeping with behaviours that would impel scrutiny and surveillance. However, it is plausible that certain

mood states endemic of depression and anxiety may contribute to greater perceptions of such experiences. It is important that future research investigate the individual and community factors that contribute to the negative social contextual experiences of young Black males.

Results of bivariate analysis showed that young Black males with a psychiatric history tended to express significantly less positive help-seeking attitudes. Their negative attitudes toward seeking professional help might be attributable to a myriad of psychiatric symptoms that contribute to negative dispositions, in general. However, it is likely that these young men received the most evasive and restrictive forms of mental health care (Hoberman, 1992), thereby contributing to negative evaluations of mental health services and professionals. It is important that future research account for young Black males perceptions of previous services.

In general, the successful delivery of mental health services is predicated on individual's (i.e. clients) willingness to discuss openly and freely matters that are most personal; in other words, to make themselves vulnerable (Ridley, 1984). According to Franklin (1992), Black males are particularly averse to sharing personal vulnerabilities. Generally speaking, trust is paramount to an individual's willingness to become vulnerable in the mental health service delivery process (Ridley, 1984). This issue is arguably magnified in dyads where the counsellor/therapist and client are from dissimilar ethnic groups. In the present study, findings showed that young Black males who reported a high frequency of negative social contextual experiences expressed significantly greater cultural mistrust of mental health professionals than those who reported a low frequency of negative social contextual experiences; that is, they were more mistrustful of White mental health professionals. As elucidated by Ridley (1984), the cultural paranoia, and by extension, cultural mistrust of mental health professionals among some young Black males can be considered healthy given the extent to which their interactions with persons and institutions in their social contexts are negative. However, contemporary manifestations of cultural mistrust cannot be divorced from the larger sociohistorical forces that have contributed to Blacks general tendency to mistrust mental health professionals and the delivery systems in which they work (Franklin, 1992; Maultsby, 1992; Mays, 1985).

Concerning help-seeking attitudes, findings showed that young Black males who reported a high frequency of negative social contextual experiences held attitudes toward seeking professional help that were significantly less positive than those who reported a low frequency of negative social contextual experiences. That young Black males who contend more frequently with negative onslaughts against their "sense of personhood" would view mental health service systems and professionals negatively is plausible. Formal mental health professionals and systems of care are likely to be viewed as extensions of the larger society to these young Black males. Hence, to possibly subject themselves to additional negative encounters or experiences in the mental health service delivery process may be out of the question.

Gunnings and Lipscomb (1986) asserted that the tenuous relations between Black males and those in the broader society are "often re-enacted" in counselling and therapy situations (p. 17). Mental health professionals are products not only of their training, but also of the larger society. Hence, they are not immune to singular interpretations of black urban youth culture and acceptance of stereotypical portrayals of young Black males. Upon encountering a young Black male who wears and displays the signifiers of black urban youth culture as well as exhibits resistance or hostility during the intake or initial sessions, some mental health professionals may reflexively make premature judgments about how successful the delivery of services will be. Correctives to the possible stereotyping and preconceived notions by mental health professionals include (a) sensitivity to cultural, economic, social and structural dynamics which encompass the development and functioning of Black males, (b) awareness of the myriad reasons why Black males might be legitimately distrustful of authority figures and formal

institutions, (c) understanding of the factors that contribute to many Black males self-presentation, and (d) understanding of the nuances of working with Black males (Bell, 1996). Several limitations of the present study must be noted. First, the findings cannot be generalized nor can causal inferences be made due to the study's reliance on self-report data, a cross-sectional research design, and a small distinctive, non-representative sample of young Black males currently or formerly in the Missouri foster care system. Second, the study did not account for young Black male's satisfaction with or perceptions of the mental health services previously received. Research findings among Black adults, for example, show that negative attitudes toward mental health services may be more evident subsequent to the use of them (Diala et al., 2000). Third, a measure of social desirability was not administered. Because a Black male researcher administered measures of the study variables, participants may have responded to questions in a manner that is not reflective of their true feelings, beliefs, and experiences in order to impress the researcher and present themselves in a more favourable light. With this in mind, future research should include measures of social desirability to control for this possible effect. Fourth, the placement of participants into low- and high-frequency groups obscures the continuous nature of the measure of their negative social contextual experiences. The analytic approach taken was done for heuristic purposes in an effort to markedly demonstrate what consequences such experiences might have for mental health service delivery. Nonetheless, findings should be interpreted with this in mind. Fifth, the present study focused only on the negative domains of young Black males social contextual experiences. Just as young Black males perceive negative gender- and race-based experiences in their everyday lives, they also perceive beneficial and positive experiences. Hence, to the extent that their everyday interactions with persons and institutions in their proximal and distal environments are positive, they may hold more positive views of providers of mental health services and be more inclined to seek needed mental health care. For this reason, it is important that future studies assess both positive and negative domains of young Black males social contextual experiences. Similarly, only one aspect of attitudes towards seeking professional help was measured. Although the Confidence subscale of the ATSPPHS was most pertinent to the study aims given the explanatory variables of interest, the omission of other aspects of help-seeking attitudes (e.g. stigma tolerance) should be considered when interpreting findings.

Despite these limitations, the findings help to elucidate contextual factors that might contribute to the underutilization of mental health services among a population of young Black males who are probably at increased need of them in the future. There are several important directions that future research might pursue. It is important that future studies examine the relative contribution of social contextual experiences to young Black male's perceptions of mental health professionals and help-seeking attitudes in conjunction with other important variables such as fear of treatment, stigma concerns, adherence to certain sociocultural and masculine norms, general coping behaviours, religion, and ethnic/racial identity (Cauce et al., 2002; Srebnik, Cauce, & Baydar, 1996). Among youth and young adults who have more extensive histories of interfacing with mental health service delivery systems and professionals and who have received mental health services in multiple settings, it is pertinent that future studies consider their perceptions of and/or level of satisfaction with the services received. In this vein, the experiences with mental health service delivery systems and professionals among young Black males transitioning from foster care may have left indelible impressions upon them that facilitate or hinder their future use of professional help for personal, behavioural, and emotional problems. The more comprehensive our understanding of the various factors that make young Black males, particularly the most vulnerable, disinclined to seek and use mental health services in the face of real or perceived need, the more culturally and clinically informed the programmatic efforts and treatment of service delivery systems and professionals can be.

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Table 1
Means, standard deviations, skewness and ranges for primary study variables

Variable	M	SD	Skewness	Obtained range	Possible range
Social contextual experiences					
Proximal negative experiences	2.89	1.03	-.01	1.00-5.00	1.00-5.00
Distal negative experiences	2.05	.67	.47	1.00-3.75	1.00-5.00
Negative inference experiences	2.88	.93	-.08	1.00-4.80	1.00-5.00
Cultural mistrust of MH professionals	2.63	.64	.23	1.23-4.08	1.00-5.00
Attitudes toward seeking professional help	2.39	.70	-.67	.13-4.00	.00-4.00

Note: MH = mental health.

Table 2

Intercorrelations among primary study variables

	A	B	C	D	E
A. Proximal negative experiences	—				
B. Distal negative experiences	.79***	—			
C. Negative inference experiences	.61***	.59***	—		
D. Cultural mistrust of MH professionals	.41***	.39***	.41***	—	
E. Attitudes toward seeking professional help	-.30**	-.29*	-.36**	-.32**	—

Note: MH = mental health.

* $p \leq .05$.
** $p \leq .01$.
*** $p \leq .001$.

Table 3

Univariate ANOVA results for cultural mistrust of mental health professionals and attitudes toward seeking professional help as a function of negative social contextual experiences

	Negative social contextual experiences		<i>F</i>	η^2
	Low frequency (<i>n</i> = 24)	High frequency (<i>n</i> = 23)		
	Mean (SD)	Mean (SD)		
Cultural mistrust of mental health professionals	2.29 (.56)	3.05 (.67)	12.13 ***	.22
Attitudes toward seeking professional help	2.70 (.54)	2.01 (.70)	10.55 **	.20

**
 $p \leq .01$.

 $p \leq .001$.