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Depression in African American Men: A Review of What We Know and Where We Need to Go From Here

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Abstract

Depression is one of the most common mental disorders in the United States and affects an estimated 17 million people each year. Projections about depression have generated concern on both the domestic and global levels because of its impact on health outcomes and quality of life. We examined and summarized published research focusing on depression among African American men with the goal of identifying prevalence of depression, risk factors, treatment-seeking behaviors, and treatment-seeking barriers. In the use of a systematic review, inclusion criteria were studies focused on depression among African American or Black men, separated analysis by race and gender, and conducted in the United States. Each study was critically reviewed to identify depression prevalence, risk factors, treatment-seeking behaviors, and barriers. Only 19 empirical studies focusing on depression among African American men were identified in a 25-year time span. Findings suggest the prevalence of depression among African American men ranges from 5% to 10%, they face a number of risk factors, yet evidence low use of mental health services. Consequently, depression among African American men needs to be at the forefront of our research, practice, and outreach agendas. A focus on this group has the potential to reduce mental health disparities experienced by African American men.

Keywords

African American men; depression; racial discrimination; work stressors; retirement; socioeconomic positioning; poverty; social network; mental illness; alcohol abuse; Afrocentric cultural values

Depression is one of the most common mental disorders, and each year depression affects an estimated 17 million people in the United States (American Psychological Association, 2009; Kessler et al., 2003). According to the World Health Organization (WHO), by 2020, depression is projected to become the leading cause of disability and the second leading contributor to the global burden of disease (Murray & Lopez, 1996; WHO, 1996). Adding to the public health concern about depression is the projected increase in the aging population. By 2020, depression will be the second most common disease afflicting the elderly (Chapman & Perry, 2008).

Although projections about depression published by the WHO have generated concern about depression on the domestic and global levels and resulted in increased epidemiological and intervention research on depression, a focus on depression among African American men is missing from the research literature. Watkins, Green, Rivers, and Rowell (2006) vividly conveyed this research gap by commenting that research in this area “are few and sporadic” (p. 232).

In an extensive review of the literature, only one review was found that focused on depression among African American men. In this review article, Watkins et al. (2006) reviewed research examining depression among Black men with the goal of identifying factors that lead to depression in this group. They found that psychosocial coping, economic status and income, and racism and discrimination are factors that contribute to depression and depressive symptoms among Black men. Although the Watkins et al. review makes a significant contribution and provides information about risk factors for African American men, it overlooked analyzing additional contextual information that may positively inform treatment of depression among this group. For instance, in Watkins et al., there is no information about prevalence of depression in this group, treatment-seeking behaviors, and barriers to treatment seeking. Such information is critically needed to reduce the incidence and prevalence of depression, improve treatment, reduce health disparities, and inform future research focusing on African American men.

The purpose of this article is to critically review published empirical studies focusing on depression among African American men in the past 25 years (1985–2010). Given the dearth of information in the current literature, we focus specifically on identifying the prevalence of depression, risk factors, treatment-seeking behaviors, and barriers to treatment seeking among African American men. Finally, we discuss implications for research and clinical practice.

Background Research

In the present review, the terms *African American men* and *Black men* are used interchangeably and refer to individuals of African ancestry born in the United States of America.

Inclusion and Exclusion Criteria

Eligible studies included those focused predominantly on African American men and Black men as well as those that separated the analysis by race and ethnicity. In some cases, studies with a sample of both African American men and women were included if the analysis was separated by gender. A diagnosis of depression according to standardized *Diagnostic and Statistical Manual of Mental Disorders—DSM-III* and *DSM-IV* criteria was necessary for inclusion (3rd ed.; *DSM-III*; American Psychiatric Association, [APA], 1980; 4th ed.; *DSM-IV*; APA, 1994). Since the *DSM-IV* was published in 1994 and studies conducted before 1994 were included in this review, the *DSM-III* criteria also needed to be considered. All empirical studies included in this review (see Table 1) were published between 1984 and 2009. This time period was used to provide a synthesis of literature focusing on depression among African American men in the past 25 years. Findings from the present review were

intended to inform discussion about implications for future research and clinical practice specific to African American men. Thus, studies that did not separate the analysis by race, ethnicity, and gender were excluded. Additionally, unpublished dissertations listed in *Dissertation Abstracts International*, studies focusing on HIV/AIDS, cardiovascular disease, smoking cessation, homeless men, and incarcerated men were excluded. Unpublished dissertations were not included because of the difficulty accessing them, and they are not peer reviewed. Also, articles focusing on other health conditions were excluded, as the purpose of the present review was to focus specifically on major depressive disorders among African American men.

Search Strategies and Scoring System

An extensive literature search was conducted using the following strategies: electronic searches: Academic Search, ERIC, Psych INFO, Social Sciences full text, PubMed, CINAHL, MEDLINE Plus, and COCHRANE Library. Medical subject headings (MeSH) categories entered singly and in combination were depression, depressive disorder, African American men, and Black men. Manual searching was used to identify references in articles found from electronic searches and to locate these articles in Web of Knowledge. Titles and abstracts were reviewed, and articles meeting inclusion criteria were retrieved and reviewed.

An objective scoring system, adapted from the Jadad criteria to reduce article selection bias, helped determine which articles met inclusion criteria (Jadad et al., 1996). Using the adapted Jadad scoring system, each study was rated for eligibility. The scoring system included the dimensions listed below, which were scored from 0 to 5 (5 being the best quality).

- Study conducted in the United States and article published in English.
- Hypotheses or research questions and objective of the study clearly stated.
- Patient population described—sociodemographic information (i.e., age, gender, race, ethnicity, socioeconomic status, and mental health diagnoses, i.e., major depressive disorder and depression symptoms).
- Data analyses separated by race and ethnicity allowed differential implications for depression in African American men to be determined.
- Study design (i.e., quantitative: randomized clinical trial, observational, case series, and qualitative); study procedures (i.e., data collection methods and length of study).
- Outcome measures (i.e., Center for Epidemiological Studies Depression Scale, Beck Depression Inventory, or Hamilton Depression Rating Scale).
- Results—Data collected and analyzed according to each hypothesis or research question, and study results were presented specific to African American men.

The initial literature search yielded 120 empirical studies focusing on depression and including African American (Black) men in the sample. Nineteen empirical studies remained after eliminating studies that did not meet our inclusion criteria (see Figure 1 and Table 1). As mentioned earlier, 19 empirical studies focusing on depression among African American men were identified in a 25-year time span (1985–2010). These 19 articles were

reviewed and analyzed to obtain the following information for this present review: (a) the prevalence of depression among African American men, (b) risk factors unique to African American men, (c) treatment-seeking behaviors unique to African American men, and (d) barriers to treatment seeking among African American men.

Sample Characteristics

All 19 of the studies included in the present review samples included African American and Caucasian men. Some of the study samples also included Black Caribbean, Hispanic, and Asian men. Demographic information from all of these studies resulted in a total of 130,241 participants, of which 8,833 participants were African American men. Participants' ages ranged from 18 to 65 years and older. Socioeconomic status varied, with the majority of African American male participants in the lower socioeconomic status.

Prevalence of Major Depressive Disorder and Depressive Symptoms Among African American Men

Three national survey studies and one regional survey study were found documenting the prevalence of major depressive disorder (MDD) among African American men. Prevalence estimates ranged from 5% to 10% (Compton, Conway, Stinson, & Grant 2006; Lincoln, Taylor, Watkins, & Chatters 2011; Skarupski et al., 2005; Williams et al., 2007). Compton et al. examined changes in the prevalence of major depression between 1991–1992 and 2001–2002 and whether changes in depression rates were associated with changes in rates of comorbid substance use disorder. Data were drawn from the National Longitudinal Alcohol Epidemiologic Survey ($N = 42,862$, $n = 3,062$ African Americans) and the National Epidemiologic Survey on Alcohol and Related Conditions ($N = 43,093$, $n = 8,245$ African Americans) totaling a sample of 85,955, of whom 11,307 were African Americans (Grant & Dawson, 1997; Grant et al., 2004). The Compton study results indicated the prevalence of major depression among U.S. adults increased that from 3.33% to 7.06% from 1991–1992 to 2001–2002, and statistically significant increases were evident among Whites, Blacks, and Hispanics. Among Black men, the prevalence of depression increased from 2.48% to 6.48%. Results also showed that depression comorbid with substance use disorder among U.S. adults increased from 9.97% to 15.06%. Among Black men, the prevalence of depression comorbid with substance use disorders increased from 7.36% to 15.55%, and a particularly concerning increase was found for young Black men (age 18–29), with rate increases from 9.49% to 21.34%.

In another national survey with a representative sample of African American men, Williams et al. (2007) examined the prevalence, persistence, treatment, and disability associated with MDD in African Americans, Caribbean Blacks, and non-Hispanic Whites. Data were drawn from the National Survey of American Life: Coping with Stress in the 21st Century (NSAL), with a total study sample of 6,082 adults, of whom 1,271 were African American men. Results indicated that the lifetime prevalence estimates of MDD were highest for Whites (17.9%), followed by Caribbean Blacks (12.9%), African Americans (10.4%), and African American men (7%). Although the lifetime prevalence of MDD was lowest for African Americans, including African American men, African Americans (56.5%), along with Caribbean Blacks (56.0%), evidenced higher chronicity and disability compared with

Whites (38.6%). Further examination of the chronicity and disability associated with MDD showed severe role impairment in areas of work (Blacks 37.2%, Whites 28.9%), relationship (Blacks 43.2%, Whites 30.9%), and social (Blacks 55.4%, Whites 34.2%). In another study using the NSAL data set, Lincoln et al. (2011) examined the 12-month and lifetime prevalence of MDD among African American men. Results showed a 12-month prevalence of 5.02% and lifetime prevalence of 9.98%, which was slightly higher than the lifetime prevalence in the Williams et al. (2007) study. However, the Lincoln et al. (2011) study did not include examining chronicity and disability patterns among participants.

In one of the only two studies in the present review that included older African American men, Skarupski et al. (2005) examined racial differences in depressive symptoms among older adults over time. Data were drawn from the Chicago Health and Aging Project (CHAP), which is a longitudinal, population-based study of risk factors for Alzheimer's disease and other age-related chronic conditions among community-dwelling adults aged 65 and older. The total sample consisted of 6,158 individuals, of whom 1,034 were African American men. Overall, older Blacks reported a higher prevalence of depression symptoms than did Whites. Although Black women had the highest prevalence of depression symptoms at each of the three time points (1993–1997; 1997–2000; 2000–2003), older Black men at each time point had a higher prevalence of depression symptoms (11.2, 20.9, 15.9) compared with older White men (6.5, 8.5, 5.5).

Risk Factors for Depression Among African American Men

Thirteen studies were identified that met inclusion criteria for the present review focusing on risk factors for MDD among African American men. Of these studies, two focused on the role of discrimination as a potential risk factor for depression among African American men. In particular, one study (Banks, Kohn-Wood, & Spencer, 2006) examined the association between discrimination and specific anxiety and depressive symptoms as independent outcomes. This examination used gender as a moderator to illuminate the intersections of gender, mental health, and discrimination. Data for the study derived from the 1995 Detroit Area Study (DAS). DAS used a multistage area probability sample involving face-to-face structured interviews in a cross-sectional design. The sample consisted of 570 adult participants, of whom 390 were Black men. The results indicated that although Black men reported more perceived everyday discrimination than did Black women, there were no differences noted in depressive symptoms across gender.

In the other study, Borrell, Kiefe, Williams, Diez-Roux, and Gordon-Larsen (2006) examined the association of self-reported physical and mental health status with perception of racial discrimination and also with skin color in African Americans. The data for their analysis were derived from coronary artery risk development in young adults study (CARDIA), a 15-year longitudinal prospective study that conducted follow-up examinations from 1985 to 2001. The sample included 1,722 African Americans, 700 of whom were men. Results indicated that self-perceived racial discrimination was more strongly associated with worse mental and physical health in women than in men. Additionally, African American men were more likely to be married, less educated, and more likely to be in the higher income categories than African American women, suggesting that being married and having

a higher level of income may serve as protective factors for improved mental health among African American men.

The remaining 14 studies focused on various risk factors for MDD among African American men, including demographics, socioeconomic status, social issues, psychological status, and other medical health problems (see Table 2).

Fernandez, Mutran, Reitzes, and Sudha (1998) used a longitudinal data set derived from African American adults ages 58–64 years to examine whether depressive symptoms measured at baseline (1992) and 2 years later were differentially distributed by ethnicity and gender. The total sample included 749 Caucasian and African American adults, of whom 54 were African American men. The prospective investigation found that levels of depressive symptomatology did not vary significantly among White men, White women, and African American men. Work stressors influenced depressive symptoms, but the direct effects of work wore off over time for all groups, except for African American men, whose levels of depressive symptoms remained elevated by work stressors 2 years after their occurrence. Additionally, poor health elevated depressive symptoms among African American men. Whereas retirement decreased depressive symptoms in other groups, it increased depressive symptoms in African American men. Income was found to be a significant protective factor against depressive symptoms among African American men.

Similar to the findings linking work stress and depression, a series of studies showed that employment, earnings, job stability, and other work-related issues were connected to depression. For instance, Gary (1985) investigated how demographic factors, stressful life events, and sociocultural variables (i.e., racial discrimination) were correlated with depressive symptoms among African American men. A cross-sectional design was used with a heterogeneous sample of 142 Black men ages of 30 and older. Results indicated that Black men 30 years of age and under, earning <\$8,000 a year, and living in households with five or more persons scored higher on the depression scale (CES-D) compared with their counterparts. Additionally, men who were unemployed and who had high or medium levels of conflict with their mate had the highest levels of depressive symptoms. In a similar study, Zimmerman, Christakis, and Vander Stoep (2004) examined the link between depression and job attributes for young adults. They used data from the National Longitudinal Survey of Youth and the U.S. Department of Labor O*Net Data set with a combined sample of 7,278, of whom 1,949 were African Americans (men = 982). Overall findings for men indicated that higher job status was associated with lower CES-D scores, suggesting that higher job status might be protective for depression. Furthermore, among Black men, unlike White men or Latinos, job security was associated with fewer depressive symptoms. In addition, every additional year of age was associated with a reduction in depression symptoms for Black men.

Hudson, Neighbors, Geronimus, and Jackson (2011) examined whether differences exist in the relationship between socioeconomic positioning and depression by gender. Socioeconomic positioning was defined as an individual's socioeconomic measurement (e.g., low income, poverty level, unemployed, high income, or range of yearly income). Other indicators such as educational attainment are typically associated with socioeconomic

positioning. Using a stratified and clustered sample design, data were drawn from NSAL. In-home, face-to-face interviews and computer-assisted personal interviewing were conducted among a sample of 3,570 African Americans, 1,181 of whom were African American men aged 18 years and older. Marital status was found to be a significant factor in predicting depression among men, but not women. Specifically, men in the divorced, separated, widowed, and never married categories reported significantly greater odds of major depression compared with married men. Results also indicated that, although unemployed African American men had significantly increased odds of depression, men in the higher income category (\$80,000 and above) reported greater odds of depression than men in the lowest income category (\$17,000 and below). Hudson et al. (2011) concluded that African American men earning higher incomes may be exposed to more racial discrimination in the work environment. Also, these men may experience more social conflicts because of spending less time with their social networks and may also face more demands to provide financial assistance to others in their social support network.

Several studies examined social issues associated with MDD among African American men. Mizell (1999) examined how factors of the adolescent home environment (parental composition and parental achievement), adolescent self-concept (adolescent self-esteem), adult achievement (adult earnings and mastery), and adult self-concept (adult self-esteem) influence depression in Black men. The data were drawn from the National Longitudinal Survey of Youth (NLSY). Two subsamples were used in this investigation, including 892 African American men and another subsample of 1,454 White men, spanning from 1979 to 1992. The sample consisted of men aged 14 years old at the time of the initial interview up to 31 years old at the final interview. Results indicated that belonging to a female-headed household did not produce significantly higher levels of depression in African American men compared with other family arrangements (e.g., two-parent homes, living with a grandparent). Evidence from this study noted an interesting pattern such that parental educational attainment was found to be a positive sequence of events for Black men. Specifically, Black men with increased parental educational attainment were seen to have greater adult achievement and self-concept and lower depression. Although parental educational attainment was found to be a significant protective factor for Black men, the degree of protection was less significant for Blacks compared with their White counterparts. Therefore, the overall findings across races indicated that for Black men, individual adult achievement and adult mastery may be more protective against depression than any other factors of the adolescent home environment (parental composition and adolescent or adult self-esteem).

Another study examined social network and depression among African Americans with a sample of 64 African American (33 men) patients voluntarily admitted to a hospital-based behavioral unit. In that study, all of the participants were depressed. Thirty-four percent (11) of the African American men reported a history of a suicide attempt, and 38% (12) reported no history of a suicide attempt. Findings indicated a poor or absent support network was a risk factor for suicide in this group (Palmer, 2001). In particular, depressed patients with no history of a suicide attempt reported higher perceived social support from family, suggesting that perceived social support may buffer against the risk of suicide (Palmer, 2001).

Lincoln et al. (2011) examined demographic factors associated with MDD among African American men aged 18 years or older. Data were drawn from NSAL, with a total sample of 6,082, of whom 1,271 were African American men. Results showed that demographic risk factors associated with having MDD in the past 12 months were age, poverty status, education, marital status, and geographical region. These findings appear to suggest that younger age groups (<55 years), income near poverty level, years of education (13–15 years), and marital status (separated, divorced, and widowed) were associated with MDD among African American men. Results also showed that marital status (separated, divorced, or widowed) as well as region (living in North Central region of the United States) were correlated with lifetime MDD.

In another study, Henderson et al. (2005) examined relationships between neighborhood socioeconomic and ethnic characteristics with depressive symptoms. Data were drawn from CARDIA, with a sample of 3,437, of whom 692 were African American men. Using the Center for Epidemiological Studies–Depression (CES-D) instrument, 24% of the African American men ($n = 186$) had mean scores suggesting clinical depression (CES-D >16), compared with 14% ($n = 116$) of White men. Neighborhood ethnic composition related to mental health, whereby rates of mental disorder decreased as the percentage of persons of the same ethnicity living in the community increased. However, Henderson et al. cautioned that their study results do not confirm a causal link between neighborhood ethnic density and depressive symptoms or that neighborhood ethnic density is a risk factor for depression.

One study was found suggesting alcohol abuse and dependence were associated with MDD among African American men. Kim, Han, Hill, Rose, and Roary (2003) examined relationships between depression, alcohol and illicit drug use, adherence behaviors, and blood pressure (BP) among Black men ($N = 190$). Results showed 27.4% of the sample exhibited high risk for depression (CES-D score >16). The most significant risk factor for depression among this group was low income (<\$10,000 annual income). Men who reported incomes higher than \$10,000 were 29% less likely to be depressed compared to men with an annual income of <\$10,000. Also, depression was significantly associated with alcohol abuse and dependence, whereby Black men who were depressed were 5.2 times more likely to be abusing alcohol or dependent on alcohol (Kim et al., 2003).

Okwumabua, Baker, Wong, and Pilgram (1997) examined risk factors for depression among community-dwelling African American elders 60 years and older. The total sample consisted of 96 African Americans, of whom 48 were African American men. Twenty percent of the total sample screened positive (CES-D score >16) for depressive symptoms, and 8.9% of the men screened positive for depressive symptoms. Results showed depression to be comorbid with medical problems, including hypertension, arteriosclerosis, and circulatory problems, suggesting that medical illness was a significant predictor of depression among this group. Social network was also a significant predictor of depressive symptoms, whereby individuals who had poor or few relations with family and friends were more likely to report depressive symptoms.

Psychological Treatment-Seeking Behaviors and Barriers to Psychological Treatment Seeking

For the purpose of this review, psychological treatment-seeking behaviors were defined as behaviors involved in seeking professional help to treat a mental disorder, including seeking services from primary care providers, psychiatrists, clinical social workers, and mental health counselors. Four studies focusing on psychological treatment-seeking behaviors and barriers to psychological treatment seeking met the inclusion criteria for the present review.

In one study, Ojeda and McGuire (2006) examined the relationship among gender, race or ethnicity, and use of outpatient mental health and substance use (MHSU) among African Americans and other groups. During 1997 and 1998, data were drawn from the Healthcare for Communities Survey (HCC), which includes data on the care and treatment of mental health conditions for adults aged 18 and older in the United States. The sample included 1,498 adults, 50 of whom were African American men, and met DSM criteria for MDD (American Psychiatric Association, 1994). Results indicated that 30% of African American men with MDD used outpatient mental health and substance use services in comparison with 39% of their female counterparts and 51% of their non-African American male counterparts.

Neighbors et al. (2007) also investigated patterns of help-seeking behaviors among African Americans. In particular, they examined 12-month mental health service use among adult African Americans. The sample was drawn from NSAL with a total sample of 3,570 African Americans, of whom 1,208 were men and were included in the present study. Results showed that among African Americans with serious disorders, a higher percentage of men than women used both psychiatrists (43.7% vs. 27.9%) and nonpsychiatric mental health therapists (24.8% vs. 15.7%). Yet, higher percentages of women than men with serious mental illness sought the help of general medical care professionals.

Two studies were located that examined the role of African American men's values and belief systems and the impact on their psychological help-seeking behaviors. Sanders Thompson, Bazile, and Akbar (2004) utilized a qualitative approach and conducted focus groups to elicit an in-depth understanding of the attitudes, values, and beliefs of African Americans regarding topics such as psychotherapy and barriers to treatment. Mixed-sex focus groups were conducted (May to November 2000) in an urban, midwestern city, with a total of 201 African Americans, of whom 66 were men. Results showed that a cultural barrier to seeking psychotherapy involved the perception that seeking psychotherapy was associated with weakness and diminished pride. One participant in this study illustrated this perception by stating, "Mental illness is considered a weakness and we wouldn't recognize it in the first place, because strong families just don't do that." Similarly, men were more likely to endorse cultural beliefs such as the need to resolve family concerns within the family and uphold the expectation that African Americans demonstrate strength. Additionally, participating men believed that in selecting a psychotherapist, the psychotherapist's "race mattered." Overall findings from Sanders Thompson et al. suggest that, although African Americans, including African American men, did not hold negative attitudes toward seeking mental health services, they held attitudes and beliefs that would negatively affect actual treatment seeking.

Wallace and Constantine (2005) examined the role of Afrocentric cultural values in psychological help-seeking experiences among African American men and women ages 17–37. Afrocentric cultural values include communalism, unity, harmony, spirituality, and authenticity. The sample consisted of 251 African American college students from a predominantly White, northeastern university, of whom 104 were men. Results indicated African American women ($M = 18.35$, $SD = 5.54$) reported more favorable psychological help-seeking attitudes than African American men ($M = 16.13$, $SD = 6.07$). Furthermore, for both men and women, higher levels of Afrocentric values were associated with greater perceived stigma about counseling and a greater likelihood of withholding sensitive information in the mental health context. In the mental health context, self-concealment involves the tendency to withhold sensitive information perceived as negative or upsetting. Self-concealment was found to be related to psychological treatment-seeking behaviors such that self-concealment was a barrier to openness of psychological treatment seeking among the African American men in this study.

Implications for Research and Practice: Where Do We Go From Here?

Nineteen articles focusing on depression among African American men were identified in the current review. However, some of these articles used the same data set (i.e., three used the NSAL data set and two used the CARDIA data set), which suggests the number of empirical studies conducted examining depression among African American men in the past 25 years is low; we estimate 15 total. However, all of the studies included in the present review make a significant contribution to the literature focusing on African American men and depression.

Issues of Chronicity and Disability and Symptom Expression Over Time

On the basis of the studies in the present review, the prevalence of MDD among African American men ranges from 5% to 10%. Although the prevalence of MDD among African American men is lower compared with Caucasian men, African American men appear to experience higher rates of chronicity and disability. Given the disparity in chronicity and disability associated with MDD among African American men, it is clear that this group is burdened by MDD, which is negatively impacting their work life, relationships, and social life. Thus, it is important to know what factors may be causing these problems among this group. Could it be because of discrimination in the work place? Could it be because of conflicts in interpersonal relationships at home or with family? Could it be because of high rates of depression comorbid with substance use disorders or depression comorbid with medical conditions such as hypertension, diabetes, or arteriosclerosis?

From our review of the literature, it appears that older African American men have a higher prevalence of depression symptoms compared with elderly White men. Furthermore, the pattern of depression symptoms over time and the structures that protect or exacerbate risk for depression seem to vary among elderly men. For example, prior research indicated that, whereas occurrences of depression in retirement decreased in other groups, among Black elderly men, depression rates increased (Skarupski et al., 2005). Given that a large part of Black male identity is associated with the “provider role” (Diemer, 2002), perhaps losing the title of employed, even though still retired, is experienced differently for Black men in

comparison with White men. Also, perhaps Black men are exposed to more difficult sociocultural realities when not working, which might increase their risk of depression in comparison with elderly White men. For example, reduction in income, limited access to resources to financially prepare for retirement, difficulty emotionally transitioning into the retirement role, and increased loss of loved ones. As of yet, these are only speculations; therefore, more research investigating prevalence and symptom expression patterns among elderly men is required to better understand these intricate patterns. With more research using a life course perspective examining depression patterns among Black men, these findings can shed light on risk factors that could inform development of culturally relevant prevention and intervention treatments.

Use of Risk Factor Knowledge

Results of the present review suggest there are a myriad of factors that increase African American men's risk for MDD, including demographic, socioeconomic status, social issues, and other psychological and medical conditions. As documented by Gary (1985), one could speculate that the interaction of increased sociocultural factors (unemployment, limited or no health insurance, and poverty) could partly contribute in enhancing the chronicity patterns of depression among Black men in comparison with White men. However, some of these risk factors among African American men include social issues and psychological and medical conditions that might be modifiable. For example, Okwumabua et al.'s (1997) findings can be used to stress the importance of and inform prevention work for African American men with specific medical conditions. In doing so, effective, culturally appropriate treatment and after-care planning for Black men with medical problems, including hypertension, arteriosclerosis, and circulatory problems, can be devised to assess and monitor depression. The ultimate goal is to prevent or decrease the likelihood of untreated depression co-occurring with these and other medical conditions that are more common among African American men.

Additionally, there appear to be factors that are protective for this group regarding MDD, such as being married, level of income, higher job status and job security, adult achievement and sense of mastery (skills), and perceived social support. Interestingly, level of income appeared to be both a risk factor and a protective factor. As a risk factor, Hudson et al. (2011) suggested that higher incomes may place this group at risk of more racial discrimination in the work environment and also conflict with social networks such as demands to provide financial assistance. Better understanding of the risk factors and protective factors for MDD among African American men can inform development of critically needed culturally appropriate prevention and interventions programs for this group. For instance, prevention programs might include educating the African American community about mental illness and addressing misconceptions about mental illness, including stigma, risk factors, protective factors, and treatment options.

Attitudinal Beliefs and Treatment-Seeking Behavior

The literature focusing on use of mental health services among African American men is sparse. In this review, only five studies were identified that focused on treatment-seeking behaviors and use of mental health services. From these five studies, it appears that African

American men's use of mental health services is complex. For example, while African American men are more likely to use specialty mental health providers (psychiatrists and mental health counselors), they are less likely to see primary care physicians (Neighbors et al., 2007). Furthermore, less than 50% of African American men affected by mental illness actually seek treatment (Neighbors et al., 2007). Additionally, although African American men may not hold negative attitudes toward seeking mental health services, they do have attitudes and beliefs that seem to negatively affect treatment-seeking behaviors. It is possible that these attitudes and beliefs may be ingrained in Afrocentric cultural values, whereby concerns about stigma or negative perceptions about mental illness serve as a barrier to seeking mental health services. On the basis of findings by Sanders Thompson et al. (2004), it is also possible that African American men may not seek treatment because of the perception that seeking treatment is a sign of weakness and loss of strength or cultural pride.

Considering the negative impact of stigma on treatment seeking among African American men, there is a critical need for educational outreach programs to reduce stigma. For example, local educational outreach programs tailored specifically for African American men at the local or grassroots and national levels could include dissemination of educational materials in community settings such as community centers, churches, barber shops, and men's athletic clubs.

Also, using a family-centered approach focusing on Black families could be useful, because marriage and perceived social supports are protective for this group.

On a national level, the National Institute of Mental Health's (NIMH) campaign focusing on depression among men, "Real Men, Real Depression" (NIMH, 2012) could be beneficial; however, it needs to be tailored to African American men. Another possible national campaign might involve recruiting well-known African American athletes or actors to serve as spokespeople for mental health awareness campaigns. For example, in 2010, well-known African American basketball player Ron Artest publically thanked his psychiatrist during his speech after winning the NBA title (Black Sports Online, 2010). Artest's public disclosure demonstrates some progress made in decreasing mental health stigma; however, more open dialogue about the normalcy of mental health issues and available treatment options is in dire need in the Black community. In sum, national and local outreach has the potential to reduce stigma associated with mental illness, increase treatment-seeking behaviors, improve mental health outcomes, and reduce mental health disparities among African American men.

Clinical Practice

Culturally specific clinical interventions could focus on use of the Patient-Centered Culturally Sensitive Health Care Model (PC-CSHC). The PC-CSHC Model postulates (a) training provided to both the patient or client and health care provider can promote provision of patient-centered culturally sensitive health care; (b) when patient-centered culturally sensitive health care is provided to patients or clients, it influences their perceived levels of provider cultural sensitivity and interpersonal control (psychological empowerment), which, in turn, impacts patient or client level of engagement in healthier behaviors and satisfaction with health care; (c) patient or client satisfaction with health care in turn influences treatment adherence; (d) level of treatment adherence and level of engagement in healthier

behaviors directly influence patient health outcomes (Institute of Medicine, 2001; Tucker et al., 2007). The PC-CSHC Model was developed to help guide researchers and providers in promoting patient-centered culturally sensitive health care practices and research with the goal of providing high quality of care and reducing health disparities (Tucker et al., 2007). Use of the PC-CSHC model has the potential to improve the quality of health care provided to African American men and improve mental health outcomes.

Limitations

The studies included in the present review are not without limitations; however, these limitations can inform future research. In particular, some of the studies used the same data sets and conducted secondary data analysis (NSAL and CARDIA). In one case, two studies used the same data set, yet they reported slightly different prevalence rates of MDD among African American men. Also, some of the studies did not report all of their findings by gender, which limited opportunities to identify gender differences as well as needs that might be unique to African American men. For example, Okwumabua et al. (1997) provided prevalence of depressive symptoms by gender, but did not provide risk factors by gender. Also, Palmer (2001) did not provide social support data by gender. Additionally, given the increasing aging population in the United States and concerns of late-life depression (Myers & Hwang, 2004), it was disconcerting to find that so few studies included older African American adults. Finally, many of the studies included small samples of African American men, which raises concerns about internal and external validity.

Conclusion

The present review of literature focusing on MDD identified only 19 studies that reported data for African American men, suggesting a critical need for more research with this group. Findings from this literature review provide evidence suggesting that, although the lifetime prevalence of MDD was lowest for African Americans, including African American men, they evidenced higher chronicity and disability compared with Whites (Williams et al., 2007). In addition, African American men also face a number of risk factors for depression, some of which are modifiable (level of education, employment status, work stress, and job security). Fortunately, there are also protective factors (being married, level of income, higher job status and job security, adult achievement and sense of mastery, and perceived social support). Knowledge of modifiable risk and protective factors can inform prevention and intervention programs designed specifically for African American men. African American men's use of mental health services is low; therefore, prevention, intervention, and outreach programs designed specifically for this group focusing on risk factors, protective factors, disability, and chronicity have the potential to increase timely treatment-seeking behaviors. One of the major gaps we identified in this review of the literature is that there is very little research focusing on depression among older African American men. Given the increasing aging population in the United States and projections indicating that by 2020 depression will be the second most common disease affecting the elderly, it is critical to have more representative samples of African American men, including older African American men, in mental health research. Overall, it is time to bring the mental health issues focusing on African American men, particularly depression, to the forefront of our research,

clinical practice, and outreach agendas. Such a focus has the potential to reduce mental health disparities experienced by African American men and improve their mental health outcomes and quality of life.

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Figure 1.
Flow diagram of study inclusion.

Table 1

Empirical Studies Examining Depression Among African American Men

Author/year	Objective	Study design & sample	Results
Prevalence of depression			
Compton et al. (2006)	Examined changes prevalence of major depression and whether changes in depression rates were associated with changes in rates of comorbid substance use disorder	Cross-sectional national surveys with representative samples of adults in the U.S. Data sets from the National Longitudinal Alcohol Epidemiologic Survey ($N = 42,862$) and the National Epidemiologic Survey on Alcohol and Related Conditions ($N = 43,093$)	From 1991–1992 to 2001–2002, the prevalence of major depression among U.S. adults increased from 3.33% to 7.06%. Increases were statistically significant for Whites, Blacks, and Hispanics. Only Black men 18–29 years of age evidenced increases in rates of depression co-occurring with substance use disorders
Williams et al. (2007)	Examined the prevalence, persistence, treatment, and disability of MDD in African Americans, Caribbean Blacks, and non-Hispanic whites	NSAL Sample = 6,082 African Americans = 3,570 (Males = 1,271; Females = 2,299)	Lifetime MDD prevalence estimates were highest for Whites (17.9%), followed by Caribbean Blacks (12.9%) and African Americans (10.4%); however the chronicity, severity, and disability of MDD was higher for both Black groups. The rate of MDD among African American women was almost twice the rate for African American men. Only 45% of the African American sample and 24% of the Caribbean Blacks received any therapy for MDD
Risk factors			
Henderson et al. (2005)	Examined relationship between neighborhood socioeconomic and ethnic characteristics with depressive symptoms in a population-based sample	National cross-sectional survey Sample = 3,437 African Americans = 1,676 (Males = 692; Females = 984)	Depression scores were significantly higher in Blacks than in Whites for both men and women. Also, depression scores were higher in Black women than in Black men. When individual socioeconomic characteristics were taken into account, neither neighborhood socioeconomic characteristics nor ethnic density were consistently related to depressive symptoms
Lincoln et al. (2011)	Examined demographic risk factors for depressive symptoms (DS), serious psychological distress (SPD), and MDD among African American men	Cross-sectional survey design. Sample 6,082 (1,271 African American men)	Age, poverty, education, employment status, and marital status were all significantly associated with depressive symptoms, psychological distress, and major depressive disorder. Five percent of the sample had MDD in the last 12 months and 10% had MDD in their lifetime
Kim et al. (2003)	Examined relationships between depression, alcohol and illicit drug use, adherence behaviors, and blood pressure (BP) among Black men	Clinical trial. Sample 190 African American men	27% of the sample scored <16 on the CES-D. Level of depression was significantly correlated with poor medication and dietary compliance. Use of alcohol and illicit drug use was significantly correlated with poor dietary compliance and smoking. The high prevalence of substance abuse may reflect Black men's effort to cope with depression
Skarupski et al. (2005)	Examined racial differences in depressive symptoms among older adults over time	Longitudinal design with data collection from 1993 to 2003. Sample 4,275 community-dwelling adults aged 65 years and older (African American men = 1,034)	Black-White differences in depressive symptoms were greater among men than women. Older Blacks expressed significantly more (60%) depressive symptoms than older Whites, particularly older Black men
Banks et al. (2006)	Examined the relationship between perceived everyday discrimination and anxiety and depressive symptoms	Survey with use of face-to-face structured interviews Sample 570 African Americans (Males = 180; Females = 390)	African American men reported higher everyday discrimination experiences than African American women. Among both groups perceived discrimination was directly related to symptoms of depression and anxiety
Borrell et al. (2006)	Examined the association between self-reported physical and mental health and perceived racial discrimination and skin color in African American men and women	Survey with use of telephone contact from community lists Sample 1,722 African Americans (Males = 706; Females = 1,016)	Self-reported racial discrimination was more common in men than in women and in those with higher educational attainment, independent of gender. Discrimination was significantly associated with worse physical and mental health in both men and women

Author/year	Objective	Study design & sample	Results
Fernandez et al. (1998)	Examined a causal model of depressive symptoms among White men and women, and African American men and women	Longitudinal prospective Sample 749 African American sample 137 (Males = 54; Females 74)	African American women had significantly more symptoms of depression than White men and women. African American men's level of depression was affected by work stress, poor health and retirement. Low income appeared to be a risk factor for depression among African Americans
Gary et al. (1985)	Examined the impact of demographic factors, stressful life events, and sociocultural patterns on depressive symptoms among Black men	Survey with use of interviews Sample 142 African American men	Among Black men, family income and conflict between the sexes were associated with depressive symptoms
Hudson et al. (2011)	Examined relationships between socioeconomic position and depression among African Americans	National survey. Sample 3,570 (1,181 African American men)	African American men with household income of \$80,000 or more reported greater odds of depression than males in lowest income category. Unemployed men reported significantly greater odds of 12-month and lifetime major depression episodes than employed men. Marital status was a significant factor in predicting depression among African American men, but not women
Mizell (1999)	Examined factors that influenced the development of depression in African American men over the life course	Longitudinal Sample = 2,346 males. African American males = 892	Low parental achievement (educational attainment, occupation status, and social class), low adolescent self-esteem, lesser adult earnings, and low levels of adult mastery (i.e., self-perception of control over their environment) contributed to higher levels of adult depression for African American males
Okwumabua et al. (1997)	Identified characteristic symptoms of depression in African American community elders	Survey using interviews. Sample 96 African Americans (Males = 48; Females = 48)	Chronic illness and social network were the top two predictors of depression symptoms. Participants with 6 or more chronic illnesses and taking 4 or more prescribed medications were more likely to report depression symptoms
Palmer (2001)	Examined whether perceived social support or serum cholesterol level predicted suicide risk	Medical chart survey. Sample 64 African Americans (Males = 33; Females 41)	Perceived social support was a better predictor of suicide risk than was serum cholesterol level. In particular, as perceived social support decreased, suicide risk increased
Zimmerman et al. (2004)	Examined the link between depression and job attributes for young adults	National survey. Sample = 7,278 African Americans = 1,949 (Males = 982; Females = 967)	Higher job status was associated with lower CES-D scores. For Black men and women, unlike White men or Latinos, job security was associated with fewer depressive symptoms
Psychological treatment-seeking behaviors and barriers to psychological treatment seeking			
Neighbors et al. (2007)	Examined mental health service use for African Americans and Black Caribbean	NSAL Sample. 3,570 African Americans (Males = 1,208; Females 2,204), and 1,621 Caribbean Blacks (Males = 630; Females = 949)	Only 10% of the sample used some form of mental health care services in the past year. Only 49% of the sample with serious mental illness used services; however, only 39.3% of this group had contact with mental health care specialists. Also, African American women were significantly more likely to use services than African American men. Low use of mental health services remains a concern among this group
Ojeda and McGuire (2006)	Examined depressed adults' use of mental health services, focusing on Latinos and African Americans	National survey Sample = 1,498 African Americans = 197 (Males = 50; Females = 147)	Latino and African American women and men exhibited low use of outpatient mental health services. A greater proportion of women (73%) than men (50%) reported poor health use. Service use barriers include lack of insurance and stigma. Older adults, especially men and men in poor health, were particularly vulnerable
Sanders Thompson et al. (2004)	Examined the beliefs, attitudes, and expectations of African Americans regarding mental health service providers and use of mental health services	Focus groups. Sample 201 African Americans (66 African American men)	Participants who reported serious mental illnesses (depression, schizophrenia, and suicide) were most likely to initiate psychological treatment seeking. Among African American men, diminished pride and perceived weakness appeared to be a cultural barrier to seeking mental health services
Wallace and Constantine (2005)	Examined the relationship among Afrocentric cultural values, positive and negative	Cross-sectional survey. Total sample of African	Higher levels of Afrocentrism were associated with greater perceived stigma about counseling and greater tendency to withhold personal information

Author/year	Objective	Study design & sample	Results
	psychological help-seeking attitudes, and self-concealment	Americans = 251 (104 African American men)	that could be perceived as negative (self-concealment). African American women reported more positive psychological help-seeking attitudes than African American men

Risk Factors**Table 2**

Categories of risk factors	Risk factors
Demographics	Ethnicity and gender
Socioeconomic status	Income, education, socioeconomic positioning, poverty status, and employment
Psychological/mental health	Perceived stress, self-concept, alcohol abuse and dependence
Medical physical health problems	Hypertension, arteriosclerosis, and circulatory problems