

View from the Field:



Recruitment and Retention of African American Men in the Mental Health and Substance Use Workforce



African American Behavioral Health
CENTER OF EXCELLENCE

NATIONAL
COUNCIL
for Mental
Wellbeing

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Focus Group Summary Report

INTRODUCTION

The rates of mental illnesses in Black/African Americans (B/AAs) are similar to those of the general population;¹ however, disparities exist regarding mental health care services. The impact of structural racism and the unique history of B/AAs within the United States make the mental health of B/AA men more complex than statistics or clinical diagnoses indicate. Their mental health and treatment are intimately tied to factors such as implicit bias on the part of medical providers and low access to quality health care including mental health and substance use services.²

B/AA men have less access to and poorer quality of mental health care than White men, despite significant need. Only one-in-three African Americans who need mental health care receives it.³ B/AA men often use emergency rooms or primary care for mental health problems because they did not receive appropriate preventive services elsewhere.⁴

Only 26.4% of Black and Hispanic men ages 18 to 44 who experienced daily feelings of anxiety or depression were likely to have used mental health services, compared with 45.4% of non-Hispanic White men with the same feelings.⁵ This problem is not unique to the United States, B/AA men experience similar issues in other parts of the world. Practices like overdiagnoses of schizophrenia, over-medication, use of restraints, etc., are applied at much higher rates to members of the B/AA community and primarily to Black men.⁶

Increasing diversity in the mental health and substance use services field can lead to greater cultural competency and increase the ability of health care providers to offer services that meet the unique social, cultural and linguistic needs of their patients. Research has shown that if diverse patients see themselves within the healthcare workforce, they are more likely to trust their health care provider.⁷ They are also better able to communicate their condition, more likely to understand and follow their prescribed treatment plan and are more satisfied with their health care.⁸

Mental health and substance use services refer to an array of services related to the diagnosis, treatment, and support of people with mental health and substance use challenges. These services include but are not limited to screening, assessment, formal treatment, harm reduction, and recovery supports.

Given this data, the need for more B/AA male professionals within the mental health and substance use field is clear. Despite efforts to improve treatment services for B/AA men, many barriers remain regarding access to and quality of mental health care and substance use services. These barriers include stigma associated with mental illness; distrust of the health care system; and lack of culturally competent providers, insurance or other resources and providers from diverse racial/ethnic backgrounds. Increasing the number of and retaining providers from diverse background has become a significant area of focus for provider organizations across the country. However, increasing the number of B/AAs who need care is still a challenge as the mental health and substance use workforce remains predominantly White and female with B/AA individuals accounting for only about 4% of the psychology workforce and 6% of the mental health workforce.^{9,10}

To help the field address the concerns related to B/AA and mental health and substance use services, the Substance Abuse and Mental Health Services Administration (SAMHSA) established the [African American Behavioral Health Center of Excellence \(AABH-COE\) at Morehouse School of Medicine](#), provides training and technical assistance to organizations and practitioners to assist them to better address the needs of B/AA individuals seeking mental health and substance use services.

As one of AABH-CoE's national partners, the National Council for Mental Wellbeing, conducted two focus group interviews with B/AA male mental health professionals representing diverse backgrounds and experiences to better understand the challenges related to recruiting and retaining B/AA men in the mental health and substance use field. The first part of the interviews focused on their individual experiences and the unique challenges in hiring and retaining Black male mental health professionals. The second half examined the role of stigma in the B/AA community and discussed recommendations and practical solutions to those challenges.

Discussion and Recommendations

In each of the hour-long sessions, focus group participants discussed a wide array of challenges and barriers to the successful recruitment and retention of B/AA men in mental health and substance use careers. The key themes and recommendations provided by the focus group participants follow.



DIVERSIFY EXECUTIVE RANKS

The lack of diversity in the executive ranks of behavioral health organizations is well documented.^{11,12} Given the need for diverse staff to see themselves reflected in the governance structure of organizations, a lack of diversity at the executive level can also shape how staff of color view organizations and their career potential within those organizations. Recruiting more executives of color can lead to greater investments in diversity efforts and more interest from diverse job candidates who may see the organization as a more viable career choice.



INCREASE COMMUNITY EDUCATION/ STIGMA REDUCTION PROGRAMS

Mental health has often been a taboo topic in B/AA households and stigma plays a significant role in why people do not seek treatment. Ensuring that communities have



accurate information about addiction and mental illness is critical to their health and wellbeing. The views of community members can shape how other individuals see the benefits of mental health and substance use services and the appropriateness of becoming a mental health and substance use professional.

Focus group participants consistently cited a need to increase community education and address stigma within the B/AA community as a tool to both improve access to care and increase interest in mental health and substance use careers. Creating public education programs and anti-stigma campaigns focused on mental health and substance use within B/AA communities can help normalize conversations around mental health and substance use challenges and potentially spark greater interest in mental health and substance use careers.



USE OF TRUSTED COMMUNITY PARTNERS

Historically, there is a lack of trust in the health care system for many B/AA families who may harbor feelings of mistrust toward mental health and substance use services. Focus group participants suggested that the B/AA community can take a collective approach by engaging church, local community organizations and government in equitable outcomes. Community-partnered engagement strategies are recognized as innovative approaches to reducing disparities in underserved minority populations.¹³ Such approaches could increase access and interest in the mental health and substance use field. Faith-based organizations (FBOs) often play a significant role in community engagement efforts and may be seen as trusted, nontraditional community institutions to address disparities. FBOs, either religious or spiritual, are preferred sites for health promotion and education programs in under-resourced communities.^{14,15} FBOs have a long history of providing supportive services to the B/AA community and could be leveraged to increase knowledge and interest in mental health and substance use services and careers.¹⁶



IMPROVING TREATMENT EXPERIENCE

The role that poor treatment experiences can have on communities of color and their views about the value of treatment services was a consistent theme among our focus group participants. Poor experiences and the resulting stories that circulate in the community can serve as a deterrent to seeing careers in the mental health and substance use field as viable.

Increased efforts to recruit and hire B/AAs and other people of color into the workforce may improve access, engagement and quality of treatment services for B/AA men by increasing focus on equitable and culturally competent practices and trainings, community involvement and the use of evidence-based practices. Interventions that are culturally competent; understand the diversity among people of color, especially B/AA men; and use trauma-informed principles hold the most promise.



CREATE MENTORSHIP AND PEER-TO-PEER SUPPORT PROGRAMS

Given the lack of B/AA men in the current workforce, providing care and services at many organizations can be a lonely proposition for the few B/AA men who work in these settings. Participants in the focus groups noted that since B/AA men are a rarity in the field, some may see themselves as “tokens,” instead of feeling valued and supported in their roles.

Participants suggested that having men as mentors as they began their careers was essential. While some B/AA male professionals gained interest through formal education and training, others were drawn by meaningful, personal connections with a mentor who played a significant role in creating interest in the mental health and substance use field.

Many participants cited the value of trusted mentors who aided them in onboarding and provided critical advice to help them navigate organizational hierarchies. They also discussed the need to create networks and how to use them for emotional support and to debunk cultural stereotypes. The creation of these networks can be a valuable tool to improve recruitment efforts for B/AA men in the field. Mentorship programs in academic settings are also necessary to increase access and engagement of B/AA men in both academic and clinical settings related to mental health and substance use services.

For example, [affinity groups](#) like “You Good Man?” at The Ohio State University, centers on the mental health of Black men and is a support/ process group for Black people (inclusive of the African diaspora) to discuss issues of masculinity and how assumptions and expectations impact Black lived experiences. Topics include racism/discrimination/bias, assumptions of Black male anger and aggression by society, generational trauma, survivor’s guilt, toxic masculinity, intimacy and healthy attachment and self-advocacy.¹⁷



INCREASE SALARIES/WAGES

In a recent survey of National Council member organizations, salary was cited as a major obstacle to recruitment and retention of qualified staff.¹⁸ While adequate pay has been a major issue of concern for mental health and substance use organizations for decades, B/AAs also face race-based pay inequities that further complicate issues related to salary and wages. Mental health and substance use services staff are often overworked and underpaid and providing additional financial support (if possible) is a key incentive to help attract B/AA male professionals to the mental health and substance use field. Flexibility in the types of financial supports such as offering educational loan reimbursements, housing stipends and retirement savings plans are important in ensuring that staff or potential employees have resources available to them consistent with their financial needs.



Conclusion/Next Steps



The racial disparities in outcomes and access to mental health and substance use services is well documented. A core strategy in addressing these disparate outcomes is to increase the number of B/AAs providing mental health and substance use services. While the numbers are increasing, more work needs to be done, specifically on the recruitment and retention of Black men in the mental health and substance use services field. As our focus groups suggest, there are a number of potential solutions that could be implemented on the local or national level to increase the level of interest of B/AA men in careers within the mental health and substance use services field. Other steps that could be taken include:



Offer more resources and technical assistance to mental health and substance use provider organizations in recruitment and retention of B/AA male professionals. Organizations may not have sufficient knowledge or understanding of the specific needs of B/AA male professionals to be successful in recruiting and retaining them as staff members.



Establish mentorship programs or learning collaboratives with multiple organizations to share ideas and best practices and to develop recruitment strategies for B/AA male professionals more effectively.



Implement similar programs at academic institutions that play a vital role in developing clinical skills as well as increasing interest in mental health and substance use services. These institutions may need additional guidance and support to better engage B/AA men in pursuing careers in the mental health and substance use services field.



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Appendix A: Key Informant/Focus Group Interview Questions



PART I

Discussion on personal experiences and the unique challenges in hiring and retaining Black male mental health professionals.

- How did you become interested in the mental health and substance use field?
- What has been your experience or observations in the field regarding treatment services provided specifically to Black/African American (B/AA) men?
- Can you describe some of the barriers to recruitment Black men into the mental health and substance use workforce?
- Can you describe some of the barriers for the retention of B/AA men in the mental health and substance use field?
- What are some possible solutions for improving recruitment and retention of B/AA men in the mental health in substance field?
- Where do you seek support and what resources are needed to support your work in the field?
- What type of resources or incentives may be helpful in recruiting and retaining B/AA men in the mental health and substance use field?

PART II

Discussion of key challenges, the role of stigma in the B/AA community and practical solutions.

- What are the key challenges related to the lack of access to mental health and substance use services for B/AA men?
- What role do social determinants of health play in access and outcomes for B/AA men seeking mental health and substance use services?
- What role does stigma play in the access and engagement of B/AA men in mental health and substance use treatment?
- What is the role of the community in supporting B/AA men in seeking treatment services?
- Do you have any practical solutions to improve B/AA men's access and engagement in treatment?

Appendix B: List of Key Informants and Focus Group Interviewees

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