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Reducing barriers to help-seeking in ethnic minorities in the USA: a call for increased adoption of alternative mental health approaches

Francis Onyemaechi Okafor

Abstract

Purpose – *The purpose of this paper is to draw attention to inherent barriers to help-seeking, particularly those caused by increased globalization and diversification of our societies. It explores the underutilization of mental health resources by ethnic minority groups while highlighting some alternative treatment approaches with growing evidence bases.*

Design/methodology/approach – *Using a literature review and comparative analysis of relevant studies, the author makes a case for increased adoption of alternative therapies; citing the evidence base for the most promising treatments which include exercise therapy, mindfulness-based therapies, yoga for depression and spirituality-based therapies. It further compares the efficacy and advantages of these therapies with common mainstream therapies.*

Findings – *In comparison, some alternative treatment modules are just as effective, if not better than traditional, mainstream therapies for certain ailments. In conclusion, the paper calls for increased research on the efficacy of alternative therapies; and beckons service providers to explore the potential for these therapies to bridge the gap in treatment towards a more inclusive and client-centered mental health care.*

Originality/value – *The author provides a plethora of thought-provoking ideas in this article. For instance, he tendered a different outlook on barriers to treatment by differentiating between accessibility challenges versus underutilization. He also highlights the critical impact of Eurocentrism as a contributor to barriers to treatment utilization.*

Keywords *Treatment barriers, Help-seeking, Alternative treatments, Ethnic minorities, Underutilization, Efficacy comparison, Client-centered care*

Paper type *Viewpoint*

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Introduction

In recent years, the world has witnessed tremendous progress in the diagnosis and treatment of mental health challenges, thanks to the development and advancement of highly effective treatment options. Nevertheless, despite the progress that has been made, the treatment gap for mental disorders remains remarkably high, especially for ethnic minority groups (Kim and Omizo, 2003). This gap is in part, a consequence of the rampant globalization and diversification of our communities and institutions which has made it more difficult for current treatment models of mental health care to adequately address the complex challenges of mental illness (Lake and Turner, 2017). The underutilization of mental health resources by minorities has long been a concern for practitioners and researchers (Alegria *et al.*, 2002; Garland *et al.*, 2000). In their four-year longitudinal study (Mulia *et al.*, 2014) reported that when compared with whites, members of racial-ethnic minority groups

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had less than two-thirds the odds of assessing treatment interventions. One pertinent question arising from these findings is:

Q1. Despite the plethora of evidence proving the efficacy of most mainstream therapies, why are they not meeting the needs of everybody?

At this junction, I feel obliged to make a brief distinction between accessibility and underutilization as it relates to mental health services. Accessibility relates to specific structures and processes which prevent individuals or groups from having the opportunity to receive mental health care; while underutilization is defined as decisions by individuals or groups to bypass, avoid, or disconnect from mainstream services (Williams, 2001). The scope of this article is on those aspects of traditional mental health therapies that cause certain groups to either hesitate or outrightly not use help. Multiple studies have examined the reason behind the underutilization of mental health services by minority groups in North America; with most alluding that mainstream mental health care is inconsistent with the values, expectations and patterns of help-seeking used by different ethnic communities (Coie *et al.*, 1980; Escovar and Kurtines, 1983). For instance, (Kim *et al.*, 2001; Kim and Omizo, 2003; Leong and Lau, 2002) attributed the underutilization of traditional mental health services by Asian Americans to their cultural values and beliefs regarding mental/emotional health problems. Hence, despite being effective, mainstream mental health services lack some degree of inclusivity. To buttress the need for a more expansive adoption of alternative therapies, I briefly highlight some ways in which traditional mental health therapies contribute to barriers to help-seeking.

Common limitations of conventional mental health treatment

Inclusivity concerns; equity versus equality

Most mainstream psychotherapeutic interventions were historically developed by, and for Europeans (Keller, 2001). However, because increased globalization continues to obliterate barriers that once separated different ethnic groups, there is an inherent inclusivity problem with the mass adoption of mainstream therapies today; especially because this poses an underlying assumption that psychotherapeutic interventions that were historically developed for, and successfully used to treat one group will be effective with all ethnic groups. Furthermore, ethnic minorities tend to shy away from using services if they do not perceive a need, or if the treatment opposes deeply held beliefs about how mental and emotional challenges are solved (Kim *et al.*, 2001). Hence, there is an urgent need for treatment approaches that favor equity over equality. In other words, the goal of equal treatment for all groups should be replaced with the goal of equitable treatment for all groups. Equity would require specific efforts to remedy the limitations and inflexibility of existing practices which currently do not meet the needs of everybody (D'Arcy, 1998; Mhatre and Deber, 1992).

Efficacy concerns

Today, psychotherapy and pharmacotherapy remain the most common treatment options for most mental health illnesses. However, evidence shows that these traditional treatment methods remain somewhat unsatisfactory since a substantial proportion of individuals who receive these treatments do not recover. For example, (Taylor *et al.*, 2012) reported that the dropout rate from cognitive behavioral therapy (CBT) for anxiety was 16%, and 35% of the completers did not achieve a clinically significant improvement. Similar outcomes have been reported in studies of treatment for depressive disorders (DeRubeis *et al.*, 2005; Westen and Morrison, 2001). In addition, many patients treated with medication are just partially relieved and some reports have shown that there is no effect for one-third of the patients who take medication (O'Reardon *et al.*, 2000). Also, even with those that do recover, symptom relief only lasts a short period, as in the case of unipolar major depression where 60% to 70% of patients have suffered relapse in 6 months (Ramana *et al.*, 1995).

Rigidity, labeling and stigmatization

The most obvious limitation of mainstream psychotherapy is its' rigidity of diagnosis. Traditional mental health diagnosis tends to categorize and label individuals as either having a mental disorder or not to the extent that they present with known symptoms cited in the DSM. Hence, the diagnostic methodology is based on absolutes and is rigid (Davies and Bhugra, 2008). These negative labeling have been shown to have harmful effects on individuals' well-being and identity formation, leading to increased psychological distress, greater sick role behavior and restriction of independence (Wright *et al.*, 2011) In the USA, due to higher degrees of multiculturalism, especially, in the metropolitan areas, the challenge is even more dire as evidence indeed affirms that stigmatizing attitudes of mainstream health professionals can pose significant barriers to good quality, mainstream healthcare services (Lindsey, 2002; Gill *et al.*, 2002).

Adverse side effects of medications

There are seven groups of medications commonly prescribed to individuals suffering from mental illness, these include antidepressants, mood stabilizers, antipsychotics, anxiolytics, sedative-hypnotics, antiepileptics and sedating antihistamines (Bennett *et al.*, 2018; Bulloch and Patten, 2010; Lupattelli *et al.*, 2015; Nageotte *et al.*, 1997; Tan *et al.*, 2015). While they help alleviate symptoms, each of these medications induces at least one side effect in the patient (Breen and Thornhill, 1998); and these adverse side effects often outweigh the benefits of the medications. Taking the treatment of depression for example, sleep changes such as insomnia or hypersomnia are common side effects of antidepressant medication. Another common side effect of taking antidepressant medication is sexual dysfunction, including both loss of libido and an increase in premature ejaculation (Hudson *et al.*, 2015).

In a qualitative study conducted in Australia by Usher *et al.* (2012) in-depth interviews were conducted with eight participants aged 18 to 60, taking atypical antipsychotic medications after being diagnosed with schizophrenia. All the participants gained between 10 to 50 kilograms, or 22 to 110 pounds respectively after taking the atypical antipsychotic medications. Eventually, all the participants in this study reported either taking themselves off the medication, having their doctor take them off the medication, or seriously considering no longer taking the medication because of the weight gain side-effects.

The case for alternative therapy

Considering the evidence supporting the assertion that there are legitimate barriers that prevent certain groups from seeking out mental health care. It is therefore imperative that we expand and reshape the delivery of mental health services to reduce these barriers and improve accessibility for more people. One viable option to mitigate these barriers and tackle long-standing mental health care shortcomings is to pay more attention to alternative mental health services. Alternative therapy simply refers to a subgroup of mental health therapies that fall outside of mainstream or conventional treatment regimens. I believe the Increased promotion and adoption of alternative therapies should be a priority among mental health practitioners for the following reasons:

- the large personal and societal impact of Mental illnesses; One in five adults (an estimated 43 million people) experience a mental illness in the USA every year (National Institute of Mental Health, 2021);
- the limitations of current treatments; and
- the positive results of efficacy studies of numerous alternative therapies, the growing popularity and safety, as well as the relatively low cost of these therapies.

Evidence-based alternatives

Exercise therapy

There are numerous studies supporting the therapeutic effects of physical exercise in alleviating mental health symptoms (Pollock, 2001; Barbour and Blumenthal, 2005; Dunn *et al.*, 2005; Anderson and Shivakumar, 2013). Some comparative studies have reported physical exercise as being a better alternative to certain medications as participants in the physical exercise group were not only more likely to complete treatment but also less likely to relapse after treatment when compared with a medication group (Babyak *et al.*, 2000). Two randomized control trials demonstrated that high-energy (measured as a weekly expenditure of about 17.5 kcal per kg or more) aerobic exercise or resistance training produced greater reductions of depressive symptoms than low-energy exercises (weekly expenditure of 7 kcal per kg or less) (Blumenthal *et al.*, 2007). Long and van Stavel (1995) Also found physical exercise effective in the treatment of state or trait anxiety symptoms. Studies also indicate that physical exercise contributes to reduced cravings, and therefore is effective for substance use and eating disorders. For instance, a randomized controlled study by Murphy *et al.* (1986) demonstrated that relative to a waitlist, an eight-week program of running exercise resulted in a significant reduction in alcohol consumption among non-clinical problems. Finally, a study by (Sundgot-Borgen *et al.*, 2002) showed that physical exercise was more effective than cognitive behavioral therapy in reducing the drive for thinness, bulimic symptoms (both binge-eating and vomiting), and body dissatisfaction. Regarding the frequency of bulimic symptoms, the exercise group showed greater improvement than the CBT group.

Mindfulness-based therapies

The origin of mindfulness can be traced back to century-old practice by the foremost eastern religions, Buddhism and Hinduism. These practices have been incorporated into the treatment of mental health ailments since the early 70 s (Keng *et al.*, 2011). Mindfulness is defined as the act, or process of observing thoughts, bodily sensations or feelings in the present moment with an open and accepting orientation toward one's experiences (Bishop *et al.*, 2004). Mindfulness-based treatments currently gaining popularity in mental health discourse include Mindfulness-Based Stress Reduction, (MBSR) Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). In an extensive meta-analysis of 171 studies comprising over 12,005 participants (Simon *et al.*, 2018). Identified mindfulness to be superior to no treatment, other active therapies, and equivalent to mainstream therapies. For pain and eating disorders, mindfulness performed on par with other active therapies and was superior to no treatment controls. For schizophrenia, mindfulness outperformed no treatment control conditions. For anxiety, mindfulness outperformed no treatment control conditions and was equivalent to other active therapies, including EBTs. For smoking, mindfulness outperformed conventional therapies.

The underlying therapeutic mechanism of all mindfulness-based therapies, as (Kabat-Zinn, 1990) suggests is that non-judgmental observation of pain and anxiety-related thoughts may lead to the understanding that they are "just thoughts," rather than reflections of truth or reality, and do not necessitate escape or coping behavior. Mindfulness therapies were particularly helpful in forestalling relapses in individuals treated for substance abuse. The skills helped patients cope with the urge to engage in substance use (Marlatt, 1994). Mindfulness appears to induce cognitive change by reinforcing the view that one's thoughts, feelings, and sensations are not permanent, but temporary phenomena, without inherent worth or meaning, rather than as necessarily accurate reflections of reality, health, adjustment or worthiness (Baer, 2003).

Yoga for depression

Yoga, originated in ancient India and has been purported by several scholars as a promising intervention for treating mental disorders (Cabral *et al.*, 2011; Meyer *et al.*, 2012; Ross and

Thomas, 2010). It implements mind-body practices; and has been described as a process of uniting the body via mind and spirit to promote physical and mental wellness. It generally involves relaxation, physical postures and breathing regulation techniques. However, its most effective utilization has been as an alternative treatment for depression. In a triple-arm randomized controlled trial involving 45 patients with a DSM-IV diagnosis of melancholic depression; (Janakiramaiah *et al.*, 2000) reported percentage symptom remissions for three different interventions as follows Yoga, 67% electroconvulsive therapy 93%, drug therapy 73%. Another study conducted by Rohini *et al.* (2000) examined the effect of Yoga on the depressive symptoms of 30 participants and reported a 50% reduction in Beck's Depression Inventory scores.

Yoga has also shown promise for other mental health disorders. For instance, service providers who work with individuals with traumatic experiences (abuse and assault, human trafficking, military combat, natural disasters and terrorism) have expressed growing interest in the potential benefits of yoga to help their clients and patients cope with the effects of trauma (Macy *et al.*, 2018).

Spirituality-based therapies

There is a lack of consensus among scholars on a universally accepted definition of spirituality. A rather concise but encompassing definition by Cook (2004) described spirituality as being concerned with matters of meaning and purpose in life, truth and values. Spirituality transcends the mundane, it is a yearning for the sacred. A major vehicle through which people express their spirituality is religion. According to Koenig (2009), at least 90% of the world population is currently involved in some form of religious or spiritual practice. Also, studies have shown that Spirituality plays an overarching role in healthcare decision-making. For instance, Jehovah's Witnesses are known for refusing blood transfusions, organ transplants and vaccines, while Seventh Day Adventists advocate vegetarian diets and abstinence from alcohol and tobacco use (Kosmin and Lachman, 1993). Also, many religiously committed people hesitate to seek psychotherapy from mental health professionals out of fear that it might undermine their religious faith and values (Richards and Bergin, 2000).

Spiritually based care, therefore, involves exploring, identifying and working with that which gives an individual, or group their sense of meaning, value, purpose and connectedness to a higher power. Growing awareness of the interplay between spirituality and mental health, and the intersectionality with diversity has led to increased call for the use of spiritual treatment approaches with populations that historically show strong religious or spiritual affiliations; these include African Americans, Asian Americans, Latinos/Latinas, Native Americans (Richards and Bergin, 2000). Because spiritual/religious beliefs serve as a critical source of strength and support for certain groups, it is therefore essential that practitioners integrate spirituality into their practice. Thus, overlooking or ignoring this will amount to a disservice. Due to its abstract nature, it is difficult to pinpoint the mechanism of action of spiritual-based care; hence the evidence for the efficacy of spirituality is hard to measure; however, several research findings overwhelmingly show correlations between spirituality and the prevention and treatment of mental illness (Sawatzky *et al.*, 2005; Chida *et al.*, 2009). A systematic review of 724 studies examining the relationship between spirituality and mental health in five areas:

1. depression;
2. suicide;
3. anxiety;
4. psychotic disorders; and
5. substance abuse.

Koenig (2009) reported statistically significant positive associations in many of the studies.

Researchers concluded that religion serves as a "pervasive and potentially effective method of coping for persons with mental illness, thus warranting its integration into psychiatric and psychological practice (Tepper *et al.*, 2001).

Conclusion

Achieving client-centered care demands that we must go beyond what works for the majority and take social and cultural diversity into consideration regarding treatment options. However, there is still much that is unknown about alternative psychotherapies. What types of alternative psychotherapies are most effective with what types of clients and problems? What types of spiritual psychotherapies do different types of clients prefer? When and how can specific spiritual interventions be implemented ethically and effectively? It is therefore noteworthy that despite widespread scientific and popular interest in these alternative therapies, questions regarding their efficacy remain. Identifying the best research evidence is only the first step in equitable, client-based mental health care. Efforts must be made to consider the validity and limitations of alternative treatment options, as well as the practitioners' clinical expertise, the client and population's characteristics, state, needs, values and preferences, and the environmental and organizational context (Thyer and Wodarski, 2007; Thyer and Pignotti, 2011).

Finally, the apparent limitations of the current mental health climate provide an opportunity for practitioners to lean into emerging theoretical frameworks and test their applicability. While some alternative therapies may be more effective than traditional treatments, they can serve as a viable recourse for many of the ethnic minorities experiencing barriers to care.

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