Engaging African American Men in Mental Healthcare

Darius Campinha-Bacote, PsyD, HSP
Licensed Clinical Psychologist
Certified Trauma Therapist (TF-CBT)

May 22, 2026
9:00AM – 1:30PM

Disclosures

- No conflicts of interest to report.
- No financial disclosures to report.

Learning Objectives

- Identify 4 barriers to engaging African American men in mental health treatment.
- Explain 3 ways racialized masculinity, race-based stress, and trauma influence treatment engagement.
- Identify 4 culturally responsive practices that support trust and therapeutic connection.
- Apply 3 engagement strategies to improve outreach, rapport, and retention in care.

Implicit Bias

- Defined
  - Unconscious favoritism toward or prejudice against people of a particular ethnicity, gender, or social group that influences one's actions or perceptions.
    - Oxford English Dictionary (2026)

- Implicit bias exists in everyone. However, in healthcare, implicit bias can lead to unequal health outcomes. It’s important to have an understanding of implicit bias, how it manifests in healthcare at the individual and systems level, and how to reduce the effects of implicit bias.
  - NIMH (2026)

- How may this impact African American men in a mental healthcare setting?

Case Vignette

Case Vignette

Marcus is a 29-year-old African American man who was referred to counseling by his primary care physician after reporting trouble sleeping, irritability, frequent headaches, and feeling “on edge” most days. He works full-time in a warehouse, helps care for his younger brother, and is also trying to support his mother financially. Marcus says he is “used to handling things on my own” and initially missed his first therapy appointment.

At intake, Marcus appears guarded but polite. He says he is not sure therapy is for him and explains that in his family, people do not talk openly about mental health. He says, “Where I come from, you just deal with it.” He also shares that he has had negative experiences with systems before and does not always trust professionals to understand him. Marcus wonders whether a therapist will judge him, label him, or fail to understand the pressure he feels as a Black man who is expected to stay strong no matter what.

Cont..Case Vignette

As the conversation continues, Marcus reveals that over the past year he has felt overwhelmed, emotionally shut down, and increasingly isolated. He reports pulling away from friends, becoming more reactive in relationships, and drinking more on weekends to "take the edge off." He denies wanting to die, but says there are days when he feels exhausted and thinks, "Nobody would notice if I just disappeared for a while." He says he has never told anyone that before.

Marcus states that he would be more open to counseling if he felt respected, understood, and not pushed too quickly. He says he wants help, but he does not want to feel weak, misunderstood, or forced to explain his entire cultural experience to someone who "just doesn't get it."

Discussion Questions

(please place your answers in the chat)

- What barriers to treatment engagement are present in this case?
- How might stigma, masculinity norms, and mistrust be affecting Marcus's willingness to participate?
- What signs of depression, trauma-related stress, or suicide risk should the clinician assess further?
- How could a provider begin building trust in the first session?

Cont.. Discussion Questions
(please place your answers in the chat)

- What culturally responsive engagement strategies might help Marcus remain in treatment?
- How can the clinician normalize help-seeking without minimizing Marcus's lived experience?
- What practical supports or real-life needs should be explored as part of treatment planning?

Why This Topic Matters

Why?

- Unmet Mental Health Needs
  - *Young Black Men (YBM) (ages 18 – 25) face unmet service needs that impede their ability to address numerous negative social determinants of health (e.g., high adverse childhood experiences, low socioeconomic status, etc.)*
  - YBM are frequently described as having meaningful unmet mental health needs despite clear exposure to stress, trauma, and social adversity.
  - Needs often go unaddressed until symptoms intensify or crisis-based systems become involved.
  - Earlier support matters, because untreated concerns in young adulthood can worsen long-term functioning, relationships, and quality of life.

Perceptions, Attitudes, and Experiences Regarding Mental Health Care Among Young Black Men (VanHook, 2025)

Justice-Involved

- *Many YBM who interact with the mental health system primarily do so involuntarily, often through carceral systems (Youman et al., 2010), in which they are overrepresented.*
  - *18.3% of Black men born in 2001 will enter state or federal prison by the age of 38.*
    - *(Robey et al., 2023).*

- *In addition, an analysis of 595 jails found that YBM ages 18–24 years were jailed at higher rates and for longer periods than any other demographic group .*
  - *(Pew Trusts, 2023).*

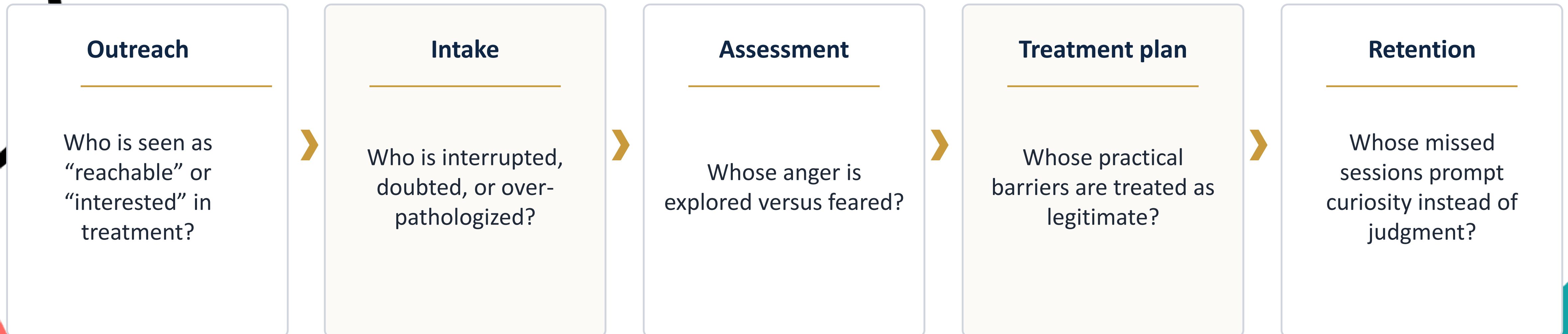
Low Treatment Engagement

- Black men remain underrepresented in outpatient mental health care even when need is high.
  - Conversely, while Black men remain overrepresented in involuntary psychiatric care, they are underrepresented in outpatient mental health services.
  - Analysis of the National Survey on Drug Use and Health found that Black men ages 18–34 years were overrepresented among Black respondents reporting unmet mental health needs (Alang, 2019).

- Many who do seek help enter through primary care, emergency, school, or involuntary systems rather than sustained specialty care.
  - Why might this be?

- A referral for mental health treatment does not guarantee retention, as engagement often drops when care feels fragmented or misaligned with lived experience.

Treatment Throughout the Process



Bias does not only affect diagnosis. It can shape every interaction that determines whether someone returns.

High Stigma & Mistrust

- Help-seeking may be viewed as weakness, especially when masculinity norms reward toughness and emotional control.
- Historical and contemporary racism contributes to skepticism toward mental health systems and providers.
- Informal supports are often preferred when formal care is perceived as unsafe, judgmental, or culturally disconnected.
- **Which of the following is most accurate?**
  - **Stigma is a major barrier to treatment engagement**
- Gere & Salimi (2025); Major et al. (2025); VanHook (2025)

Social & Structural Barriers

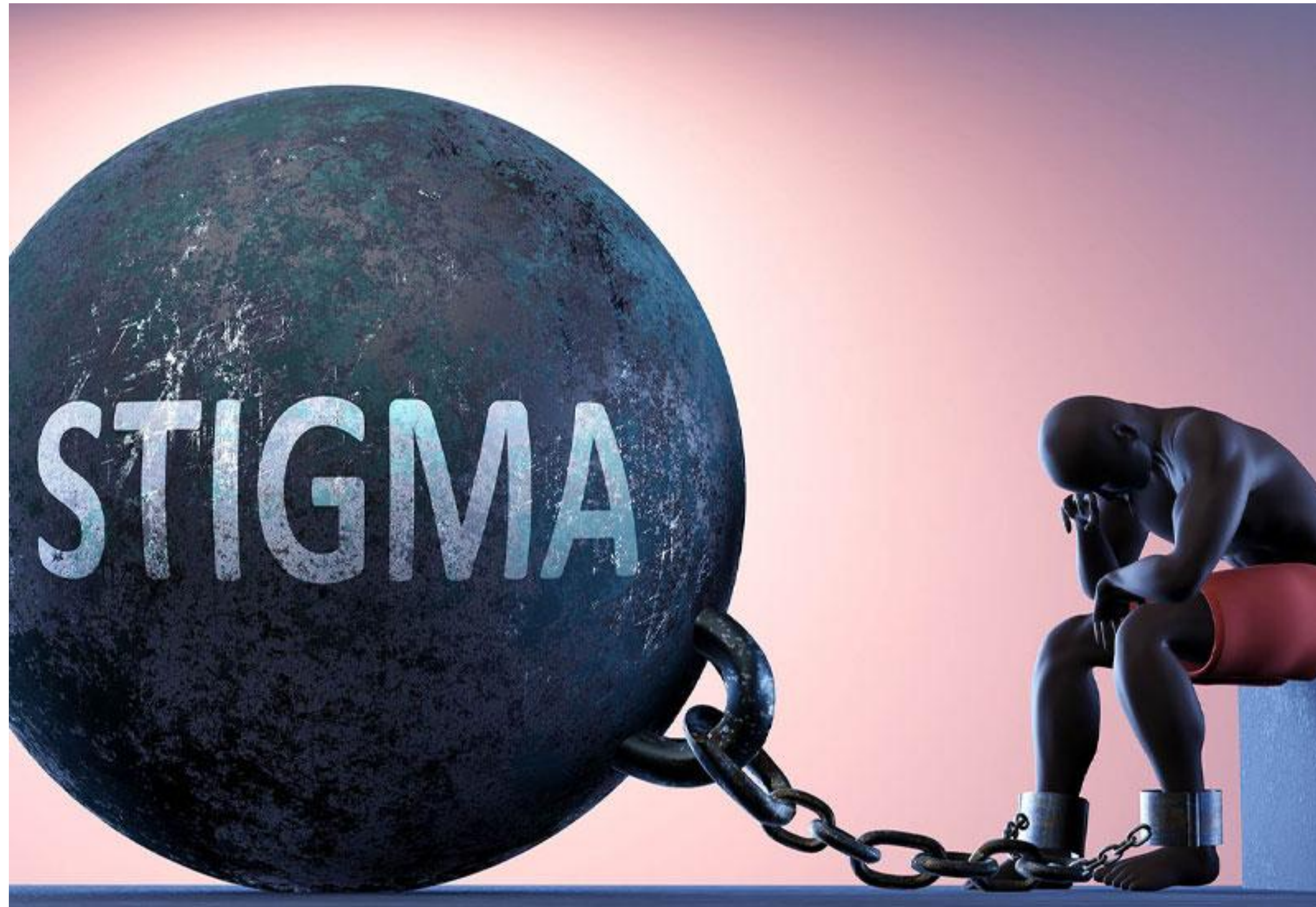
- Expense, transportation, competing priorities, safety concerns, and limited culturally responsive options can all reduce engagement.

- Street life demands, work stress, and family responsibilities may crowd out treatment participation even when motivation exists.
  - Participants heavily emphasized the demands of street life, social expectations for men in their community and how external pressures made it difficult to connect with a therapist. One participant stated the following:
    - My mindset ain't about therapy. I believe therapy can work for some things,…but for the streets? Therapy ain't gonna do nothing for that…the therapist…don't understand the thought processes to tell me what to do…You think like an animal out there.

Cont.. Social & Structural Barriers

- Barriers are often layered rather than isolated, which means access solutions must be practical as well as therapeutic.
  - Several comments revolved around the social expectations to seek revenge rather than help after a shooting, that men who show emotions are weak, and that seeking therapy makes an individual more vulnerable to attack. One participant stated:
    - I'm used to bottling stuff in. That's really the only way. When you're ripping and running the streets, that's the only way we go to deal with stuff.

Mental Health Literacy & Stigma



Limited Knowledge of Care

- Mental health literacy includes recognizing symptoms, knowing what treatment can address, and understanding how to access services.

- When literacy is limited, men may not label distress as treatable, or may see care as only appropriate for "severe" crisis situations.

- Improving literacy can strengthen confidence, problem recognition, and willingness to seek support earlier.

- **Which factor may improve engagement in mental health services among African American men?**
  - **Greater mental health literacy**

- Gere & Salimi (2025)

Describing the Tension

"You show anything that's not hyper-strong, hyper-tough, or hyper-emotionless, then you're not a man."

Participant quoted in Cofield, 2025

"Do not make it so gut-wrenching… ease them into it. Make it more homey."

Participant quoted in VanHook, 2025

"Therapy is a huge vulnerability…they have to be on guard."

Counselor quoted in Major et al., 2025

Engagement is shaped by how treatment intersects with masculinity, safety, and lived context.

Stigma Around Help-Seeking

- Stigma remains a major barrier to service use among Black men and Black male college students.
  - "Stigma remains a key factor, as many hesitate to access services due to fear of judgment."

- Seeking help may be delayed or underutilized due to the perception that it signifies weakness or a lack of self-reliance within the Black community.

- Black students may struggle to balance seeking help with preserving their cultural identity, and past experiences of discrimination can further erode trust in mental health services
  - (DeFreitas et al., 2018).

- **According to Cofield (2025), which of the following was identified as a major barrier to counseling engagement among millennial African American men?**
  - **Black masculine fragility, racial distrust, and invisibility**

- Gere & Salimi (2025); Cofield (2025)

Delayed Recognition of Symptoms

- Distress may be interpreted as normal stress, anger, burnout, or something to "push through."

- Men may present with irritability, disengagement, sleep disturbance, somatic complaints, or substance use before directly naming depression or anxiety.
  - Why are they using a particular substance?

- Without clear recognition, treatment is often postponed until functioning has declined.
  - How far is subjective to each individual.

- Gere & Salimi (2025); VanHook (2025)

Shame Reduces Service Use

- Shame vs. Guilt
  - Is there a difference?

- Shame narrows disclosure and reduces willingness to admit vulnerability in families, peer groups, and treatment settings.

- Delayed help-seeking can reinforce isolation and the belief that one has to manage alone.

- Psychoeducation that normalizes symptoms and treatment can interrupt this cycle.

- Gere & Salimi (2025); VanHook (2025)

Masculinity & Help-Seeking

Black Men Feel,
Then Black Men Can Heal How?

TEDx MellenStreet

Pressure to Appear Strong

- Many Black men describe social expectations to be strong, resilient, and unshakeable even under chronic stress.
  - Where did these social expectations come from?

- These expectations are not only gendered, they are also racialized and shaped by how society interprets Black manhood.

- The result can be pressure to perform in a stable way, while privately struggling.

- Cofield (2025); Adams et al. (2026)

Emotional Suppression

- Men may learn early that sadness, fear, and depression should be hidden, minimized, or “walked off.”
- Emotional suppression can become a coping style that limits language for distress and reduces help-seeking.
- Self-reliance can be adaptive in some settings, but it becomes costly when it blocks connection, assessment, and treatment.
  - Have you seen this play out in experiences that you have?
- Adams et al. (2026); Cofield (2025)

Cry Like A Man

When Help-Seeking Is Seen as Weakness

- Help-seeking may conflict with an internalized image of being a strong Black man.
- Men may fear losing status, autonomy, or credibility if they openly acknowledge emotional pain.
- This can produce hesitation, even when the person values treatment in principle.
  - Not ”what is the cost of going to therapy?,” but rather “what is the cost of not going to therapy?”
- Adams et al. (2026); VanHook (2025)

Racial Stress, Trauma, & Suicide Risk

Managing Your Distress
in the Aftermath of
Racial Trauma & Stress

Race-Based Traumatic Stress

- Race-based traumatic stress refers to psychological and physiological responses to racism, discrimination, and systemic oppression.
- Common reactions include anger, avoidance, intrusive thoughts, hypervigilance, depression, and low self-esteem.
- This framework helps explain why racial stress can feel cumulative, embodied, and clinically significant.
- What are some examples of race-based traumatic stress that individuals you work with have faced?
- **Roberts et al. (2025) examined the impact of which of the following on African American men?**
  - **Race-based traumatic stress**
- Roberts et al. (2025)

Chronic Exposure to Discrimination & Isolation

- Repeated exposure to suspicion, bias, over-policing, microaggressions, and inequitable systems can produce ongoing emotional wear and tear.
  - Over-policing refers to the disproportionate, intense police presence and aggressive enforcement tactics used in specific neighborhoods, particularly low-income, Black, and Latinx communities.
  - It often focuses on minor traffic stops and petty offenses, resulting in over-surveillance, high arrest rates, and excessive force without improving safety.

- Chronic racial stress may contribute to disengagement from school, work, healthcare, and community spaces as a form of self-protection.

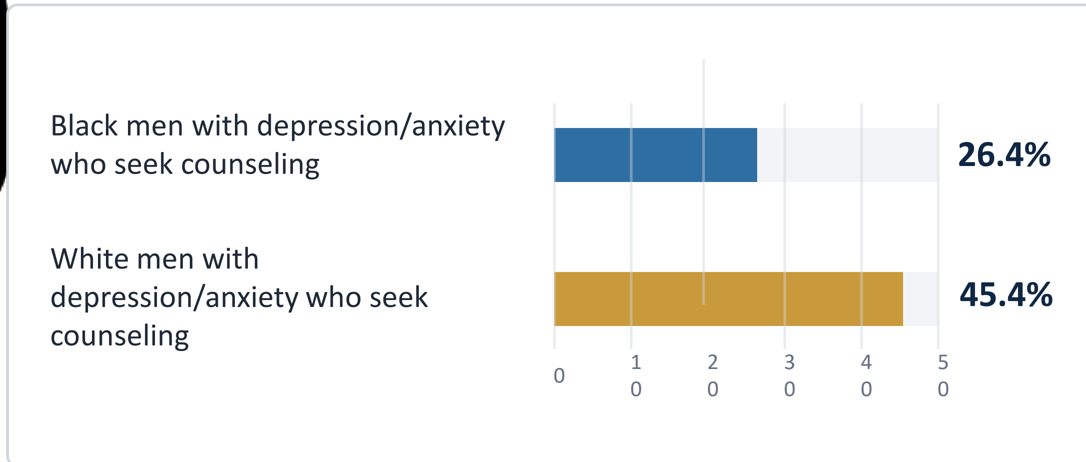
- That withdrawal can reduce support, increase loneliness, and make distress harder to detect.

- Roberts et al. (2025); Adams et al. (2026)

Isolation & Emotional Pain

- Racialized masculinity can intensify emotional suppression and gender role stress.
- Isolation and perceived burdensomeness may increase when men feel unable to share distress safely.
  - Psychological Autopsy related to perceived burdensomeness.
- Current qualitative work have linked these pressures to elevated suicide risk among Black men.
- What happens when we isolate?
  - Whose opinions are we obtaining?
  - “Your choices are not seen, however, your behaviors are”
- Adams et al. (2026)

Suicide Risk May Increase



26%

Increase in suicide rate among Black adult men from 2018 to 2023

Adams et al., 2026

3rd

Leading cause of death for Black young adult men is suicide.

Adams et al., 2026

The literature does not suggest a simple “motivation problem.” It points instead to stigma, trauma, racialized masculinity, distrust, invisibility, and real access barriers that shape whether care feels relevant, safe, and worth pursuing.

Distrust & Cultural Mismatch

Distrust of Providers

- Historical and ongoing racism has contributed to skepticism toward mental health systems and concern about whether providers can be trusted.
- Distrust may reflect lived experience, not resistance or lack of interest in healing
- Men may test safety slowly before deciding whether a provider is genuine, reliable, and worth opening up to.
- VanHook (2025); Major et al. (2025)

Fear of Being Misunderstood

- Clients may worry that providers will minimize racial stress, stereotype them, or misread guardedness as hostility.
  - How do we inadvertently minimize racial stress?
- When men expect not to be understood, they may censor disclosure or disengage before rapport forms.
- Cultural humility and accurate reflection of lived experience are central to reducing this barrier.
- VanHook (2025); Cofield (2025)

Lack of Cultural Relevance

- Services may feel culturally thin when language, examples, values, and treatment framing do not reflect Black men's experiences.
  - How does one work on these areas?
  - What if your values differ significantly from the client?

- A lack of diversity in counseling staff can intensify mistrust and reduce perceived fit.

- Men may be more likely to engage when care is affirming, context-aware, and practical.

- VanHook (2025); Cofield (2025)

Limited Visibility of Black Clinicians

- Seeing Black clinicians and trusted community messengers can make care feel more imaginable and more credible.
- Visibility is not the only solution, but representation can strengthen belonging and reduce assumptions of being unseen.
- When representation is limited, all clinicians still need strong cultural responsiveness and humility.
- “I would argue that having visibility yet being tone-deaf can be harmful.”
  - Campinha-Bacote, 2026
- **True or False: Establishing trust and providing culturally responsive care may enhance treatment engagement among Black men.**
  - **True**
- Gere & Salimi (2025); Major et al. (2025)

Engagement Strategies for Practice

Build Trust Early

- Use transparency, consistency, and follow-through from the first contact.
  - Credibility is built behaviorally.

- Acknowledge that mistrust may be rooted in valid experiences with systems, not simply ambivalence.

- Invite collaboration on goals, pace, and what would make treatment feel useful and safe.

- Major et al. (2025); VanHook (2025)

Use Culturally Responsive Care

- Avoid pathologizing resilience while still naming the cost of chronic suppression and isolation.
- Clinicians should adopt culturally responsive, gender-informed approaches that acknowledge how racialized masculinity influences emotional expression and help-seeking.
- Integrating discussions of racial identity and masculine norms into assessment and treatment may help men contextualize distress without pathologizing resilience.
- Routine screening for racism-related stressors, isolation, and role strain may enhance suicide prevention efforts.
- Training in structural and cultural humility can further improve therapeutic alliances with Black male clients.
- Adams et al. (2026)

Normalize Vulnerability

- Normalize vulnerability as compatible with strength, leadership, survival, and connection.

- Participants described masculinity as performative, especially in contexts where being “tough” was required to survive.

- The tension between societal expectations and internal needs created a deep conflict. Many acknowledged that this performance was less about exerting control over others (a key feature of hegemonic masculinity), and more about controlling their own vulnerability in a world that does not protect Black men:
  - “I feel like being a Black man is so performative . . . we’re masculine, we’re like strong and tough, because we have to be to like get through everything and we can’t let ourselves show any weakness. We can’t be weak.”

- How would you normalize this?

- Adams et al. (2026)

Improve Access & Outreach

- Offer flexible scheduling, telehealth when appropriate, warm handoffs, and clear navigation support.
- Use trusted community settings and messengers such as barbershops, faith communities, schools, and peer-led spaces.
- Outreach should reduce friction, not simply advertise services.
- Adams et al. (2026); Roberts et al. (2025); Major et al. (2025)

Connect Care to Real-life Needs

- Treatment engagement improves when services reflect housing, safety, employment, financial strain, transportation, and family pressures.

- Pair mental health support with practical problem-solving and referrals when needed.
  - What is the problem?

- People are more likely to stay when care feels relevant to daily life rather than detached from it.

- Adams et al. (2026); Roberts et al. (2025); Major et al. (2025)

Case Vignette

Case Vignette

Marcus is a 29-year-old African American man who was referred to counseling by his primary care physician after reporting trouble sleeping, irritability, frequent headaches, and feeling “on edge” most days. He works full-time in a warehouse, helps care for his younger brother, and is also trying to support his mother financially. Marcus says he is “used to handling things on my own” and initially missed his first therapy appointment.

At intake, Marcus appears guarded but polite. He says he is not sure therapy is for him and explains that in his family, people do not talk openly about mental health. He says, “Where I come from, you just deal with it.” He also shares that he has had negative experiences with systems before and does not always trust professionals to understand him. Marcus wonders whether a therapist will judge him, label him, or fail to understand the pressure he feels as a Black man who is expected to stay strong no matter what.

Cont..Case Vignette

As the conversation continues, Marcus reveals that over the past year he has felt overwhelmed, emotionally shut down, and increasingly isolated. He reports pulling away from friends, becoming more reactive in relationships, and drinking more on weekends to "take the edge off." He denies wanting to die, but says there are days when he feels exhausted and thinks, "Nobody would notice if I just disappeared for a while." He says he has never told anyone that before.

Marcus states that he would be more open to counseling if he felt respected, understood, and not pushed too quickly. He says he wants help, but he does not want to feel weak, misunderstood, or forced to explain his entire cultural experience to someone who "just doesn't get it."

Discussion Questions

(please place your answers in the chat)

- What barriers to treatment engagement are present in this case?
- How might stigma, masculinity norms, and mistrust be affecting Marcus’s willingness to participate?
- What signs of depression, trauma-related stress, or suicide risk should the clinician assess further?
- How could a provider begin building trust in the first session?

Cont.. Discussion Questions

(please place your answers in the chat)

- What culturally responsive engagement strategies might help Marcus remain in treatment?
- How can the clinician normalize help-seeking without minimizing Marcus's lived experience?
- What practical supports or real-life needs should be explored as part of treatment planning?