

**Factors Influencing Mental Health Service Utilization Among African American Older  
Adults: A Literature Review**

Tiffany St Clair

University of Georgia

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Dr. Proctor

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***Research Question***

What factors contribute to low utilization of mental health services among African American older adults in the United States?

**INTRODUCTION**

Psychiatric illness, also known as mental illness or mental disorders, refers to a wide range of conditions that affect an individual's thinking, mood, and behavior, leading to distress and impairment of daily functioning (World Health Organization, 2022). It is estimated that over one in five U.S. adults lives with a psychiatric illness, which is 23.1% of the U.S. adult population (National Institute of Mental Health, 2024). The most common psychiatric disorders include anxiety disorders, mood disorders such as depression and bipolar disorder, psychotic disorders like schizophrenia, personality disorders, and neurodevelopmental disorders such as attention-deficit/hyperactivity disorder (ADHD) (World Health Organization, 2022). Mental disorders are highly prevalent worldwide, affecting millions of individuals. According to the World Health Organization (2023), approximately one in eight people globally lives with a mental disorder. In the United States, an estimated 59.3 million adults, or about one in five people, experienced a mental illness in 2022 (National Institute of Mental Health, 2024). As psychiatric illnesses progress, they can lead to significant consequences, including worsening symptoms, increased disability, social isolation, and a higher risk of self-harm or suicide (World Health Organization, 2022). In more severe cases, psychiatric illnesses can contribute to homelessness, incarceration, and premature death (World Health Organization, 2022). In the United States, studies indicate that approximately 67% of homeless individuals experience mental health disorders, with conditions such as depression, anxiety, and substance use disorders being most common (Mundell, 2024). Among incarcerated individuals, an estimated 44% in jails

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and 37% in prisons suffer from some mental illness (Substance Abuse and Mental Health Services Administration, 2024).

Treatment for mental illness involves a combination of approaches, with the specific plan depending on the individual's diagnosis, severity of symptoms, and personal preferences (Mayo Clinic, 2022). Psychotherapy, often referred to as talk therapy, is a cornerstone of treatment and includes a range of therapeutic methods (Mayo Clinic, 2022). Cognitive Behavioral Therapy (CBT) is commonly used to help individuals recognize and change negative thought patterns and behaviors, while other forms of therapy, like interpersonal therapy, focus on improving relationships and communication skills (Mayo Clinic, 2022). Therapy can take place one-on-one, in groups, or even with family members, allowing individuals to explore their emotions, develop coping strategies, and gain a deeper understanding of their condition (Mayo Clinic, 2022).

Medications also play a crucial role in managing mental health disorders. Antidepressants are often prescribed to treat depression and anxiety by balancing chemicals in the brain that affect mood and behavior (Mayo Clinic, 2022). Anti-anxiety medications help reduce symptoms of anxiety disorders, and mood stabilizers are often used to manage conditions like bipolar disorder, where individuals experience extreme mood swings (Mayo Clinic, 2022). In more severe cases, antipsychotic medications are prescribed to treat conditions like schizophrenia or to complement other treatments for mood disorders (Mayo Clinic, 2022). While medications help alleviate symptoms, they do not cure mental illness and are typically most effective when combined with therapy (Mayo Clinic, 2022).

In addition to professional treatment, lifestyle changes are an important part of managing mental health. Regular physical activity, maintaining a healthy diet, practicing stress management techniques such as mindfulness and meditation, and ensuring adequate sleep can all

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contribute to improving emotional well-being (Mayo Clinic, 2022). These changes support the effectiveness of therapy and medication, promoting overall mental health. For individuals with more severe mental health conditions, intensive treatments such as inpatient care, brain stimulation therapies, or residential treatment programs may be necessary to provide constant care and ensure safety (Mayo Clinic, 2022). While prevention and treatment options are available, many individuals either lack access to care or choose not to seek it.

While the term “older adults” has been operationally defined in various ways across the literature, some studies define it as individuals aged 50 and older in research on homebound populations (Choi et al., 2022), while others use age 55 and older in a study examining health disparities among African American adults (Bazargan et al., 2024). For this literature review, older adults are defined as individuals aged 50 and older.

Mental health is a critical component of overall well-being, yet research suggests that minority older adults often underuse mental health care, despite the growing burden of mental health needs within this population (Sorkin et al., 2016). In 2022, adults aged 50 and older were the least likely to receive mental health treatment, with only 18.0% reporting care in the past year (Substance Abuse and Mental Health Services Administration, 2023). In comparison, 29.8% of adolescents aged 12–17 and 21.8% of adults aged 18 and older received treatment the same year (Substance Abuse and Mental Health Services Administration, 2023). There were significant racial and ethnic disparities within the data, as only 36.1% of Asian, 37.9% of Black, and 39.6% of Hispanic adults received mental health care, compared to 56.0% of Multiracial and 56.1% of White adults (Substance Abuse and Mental Health Services Administration, 2023). This demonstrates the gaps in mental health service utilization across both age and racial groups.

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Untreated mental health problems in adults are associated with increased morbidity and mortality, higher healthcare utilization, and substantial costs (Sorkin et al., 2016). It can also lead to worsening mental symptoms, reduced quality of life, and an increased risk of other physical health issues. According to a study co-authored by Professor Aleh Tsivinski of Yale University (2024), mental illness imposes an annual cost of \$282 billion on the U.S. economy, equivalent to 1.7% of the nation's total economic output (Cummings, 2024). This cost is driven by factors such as reduced productivity and increased healthcare expenditures (Cummings, 2024).

Understanding the factors that influence these disparities is important for addressing gaps in service utilization and improving mental health equity within this population. This study aims to identify the factors that contribute to low utilization of mental health services among African American older adults in the United States and explore potential intervention strategies.

## METHODS

The peer-reviewed articles used in this literature review were gathered from Web of Science and Taylor & Francis Online databases. Web of Science is a database containing thousands of scientific and academic research journals worldwide, covering a wide range of topics from various fields, including sciences, social sciences, arts, and humanities. Taylor & Francis Online is a database providing access to journals and other scholarly resources from various subjects, including science, technology, engineering, medicine, humanities, and social sciences. Both databases allow users to search using article titles, author names, and keywords, and include an advanced search option to input Boolean terms. The databases give users the option to refine searches using various criteria, ranging from date to journal title and by author to locate relevant research. These databases and the journal were selected as they contain a vast collection of research articles on the mental health of African American older adults, their service

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utilization, and the factors that likely influence the outcomes. The search processes are detailed in *Table 1* and *Table 2*.

### *Inclusion and Exclusion Criteria*

Specific inclusion and exclusion criteria were selected to ensure the most relevant literature is selected for this review. Only articles published within the last ten years (2015-2025) were considered to ensure the most current articles were generated for use. Only peer-reviewed articles were eligible for review, excluding literature reviews, systematic reviews, meta-analyses, and other types of non-original research articles from all searches to generate original research articles. The keywords “African American” and “Older Adults” were used in all searches as they helped focus the search on the target population, African American older adults in the United States. The additional search terms used to narrow the article pool down to mental health service use were “Mental health”, “Mental health care use”, and “Mental health service use”. The Boolean operator “AND” was used to ensure the studies were relevant to the research topic. The Boolean phrase “OR” was used to separate “Mental health” and “Mental health care use” to generate articles containing these relevant phrases.

### *Rationale for Chosen Articles*

The first search within Web of Science focused primarily on the mental health of older African American adults to determine if there was enough research to review the topic. This search yielded 803 articles prior to applying the filters. The second search within Web of Science further narrowed the search to generate articles focusing on service utilization among older African American adults, but included the mental health umbrella to ensure the search was thorough. The second search also initially yielded 803 articles before filtering the search.

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The first search round within Taylor and Francis focused directly on the research question of service utilization among older African American adults and yielded 6,041 articles prior to refining the search. The Taylor & Francis database was specifically used to locate articles from the journal Aging & Mental Health. During the initial Web of Science search, the journal Aging & Mental Health was commonly cited and the source for many of the articles. This led to a direct search of the journal through this database to further locate relevant studies. The final search results and article totals for each search are detailed in *Table 1* and *Table 2*.

To select articles, each title was assessed for relevance to the topic of interest, helping to refine the initial pool of articles. Next, each article's abstract was reviewed, focusing on the results section to determine its ability to answer the research question. Articles were selected only if they could be categorized into one of three groups as factors that lead to the low mental health utilization for older African American adults. Then, the methods sections of each article were reviewed to determine if the study included African American older adults within its sample population. This process led to the final selection of twenty articles for review.

*Table 1. Web of Science Search Terms and Yielded Results*

Search Rounds	Search Terms	Yielded Results	Articles Selected
Round 1	((African Americans) AND ("Older Adults" ) AND (Mental health))	283	2
Round 2	((African Americans) AND ("Older Adults" ) AND (Mental Health OR Mental health care use))	256	6

*Table 2. Taylor & Francis Search Terms and Yielded Results*

Search Rounds	Search Terms	Yielded Results	Articles Selected
Round 1	(African Americans) AND ("Older Adults" ) AND (Mental health service use)	200	12

## RESULTS

### *Socioeconomic Barriers*

Socioeconomic barriers play a significant role in the low utilization of mental health services by African American older adults, shaping both their perceptions of care and their ability to access it. Education level and perceived treatment need are important factors influencing mental health service utilization. Using data from the Collaborative Psychiatric Epidemiology Studies, the largest and most racially diverse dataset on DSM (Diagnostic and Statistical Manual of Mental Disorders) disorders and treatment patterns, researchers found that 45.4% of Black adults with a 12-month mental health disorder who discontinued treatment cited a low or nonexistent perceived need, compared to 25.9% of White respondents (Green et al., 2020). Among Black participants, those with less than a high school education reported significantly more structural barriers to care than those with 16 or more years of education (OR = 7.4, CI = 1.2–45.2) (Green et al., 2020). This points to a significant relationship between limited educational attainment and challenges in recognizing, prioritizing, or accessing mental health services.

Another key factor contributing to low service use is financial strain, which affects both mental and physical health outcomes. Financial strain heavily impacts the health of older African Americans, particularly in underserved communities where social support and other protective factors are limited (Adinkrah et al., 2022). Research highlights that financial issues, such as difficulty paying bills and medical debt, are directly associated with worsened mental health outcomes, including increased depressive symptoms and anxiety (Marshall et al., 2021). Using data from the Health and Retirement Study (HRS), a nationally representative study of individuals aged 50 and older, one study examined the relationship between financial hardship and mental health among adults with high levels of depressive symptoms (N = 7,678) and

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anxiety ( $N = 8,079$ ) (Marshall et al., 2021). Participants who reported difficulty paying bills were significantly more likely to experience depressive symptoms ( $RR = 2.06$ ,  $CI = 1.75\text{--}2.42$ ,  $p < 0.001$ ) and anxiety ( $RR = 1.46$ ,  $CI = 1.02\text{--}2.05$ ,  $p < 0.001$ ) compared to those without financial difficulties (Marshall et al., 2021). These findings show how economic stressors contribute to health disparities and serve as major barriers to mental health service utilization in older African American populations.

Further reinforcing this trend, a study conducted in South Los Angeles with 740 economically disadvantaged African American older adults found that financial difficulties were positively associated with increased depressive symptoms, poorer self-rated health, and more chronic medical conditions (Evans et al., 2020). This emphasizes how financial instability contributes not only to physical illness but also to emotional distress, reducing the likelihood that individuals will feel capable of prioritizing or accessing mental health care.

Research from the Georgia Centenarian Study highlights how both early-life socioeconomic conditions (childhood financial well-being) and current psychosocial resources (social and financial support) can influence present-day mental health outcomes among older African American adults (Johnson Nicholson et al., 2020). The study found that individuals with greater social resources reported fewer depressive symptoms, while those with better childhood financial stability reported higher self-rated mental health (Johnson Nicholson et al., 2020). Financial resources were significantly associated with lower depressive symptoms ( $r = -0.19$ ,  $p < .05$ ), and childhood financial well-being was strongly linked to better perceived mental health ( $r = 0.31$ ,  $p < .001$ ) (Johnson Nicholson et al., 2020). These findings suggest that individuals with stronger lifelong and current support systems may be better equipped to seek mental health care,

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while those with limited resources are less likely to recognize symptoms, trust providers, or afford services.

Financial strain also functions as a chronic stressor and not only leads to psychological distress but also increases the risk of developing chronic health conditions such as hypertension, diabetes, and cardiovascular disease (Adinkrah et al., 2022). In a cross-sectional study that enrolled 150 middle-aged and older African Americans residing in South Los Angeles, financial strain was significantly associated with poorer self-rated health outcomes, with correlation coefficients ranging from 0.177 to 0.280 ( $p < 0.05$ ) (Adinkrah et al., 2022). This complex cycle of poor health and inadequate care discourages individuals from seeking professional mental health services (Adinkrah et al., 2022).

Research also highlights the crucial role that health insurance plays in determining mental health service utilization. Individuals with insurance are significantly more likely to access mental health services, while those without insurance face reduced odds of seeking or receiving care (Wang & Xie, 2019). In a cross-sectional study using data from the 2013 National Survey on Drug Use and Health, which included 37,424 adult participants, only 686 out of 7,176 uninsured individuals received mental health treatment compared to 4,478 out of 30,048 insured individuals (Wang & Xie, 2019). The sample included 22,763 White, 4,808 African American, 6,137 Hispanic, 1,620 Asian, and 1,896 individuals categorized as Other (Wang & Xie, 2019). Although the data covers multiple racial and ethnic groups, the implications are especially significant for older African American adults, who often experience financial instability, are uninsured or underinsured, and face systemic barriers to care. These findings demonstrate disparities in access to care based on insurance status, further illustrating how financial and structural barriers can limit treatment opportunities for underserved populations.

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### *Individual and Systemic Factors*

Many older African American adults struggle to trust the healthcare system due to a long history of racial discrimination, medical mistreatment, and negative experiences with healthcare providers. This distrust is a major barrier to accessing care, as many African American adults are hesitant to engage with both primary and specialized healthcare providers.

A common individual-level barrier to mental health service utilization is the lack of perceived need or interest in treatment. This is particularly relevant among older African American adults in underserved communities, where cultural norms and stigma can further discourage help-seeking. In a study of 784 low-income homebound older adults 50 and older who declined case managers' referrals for treatment, 66.3% reported that they refused treatment because they did not believe they needed it (Choi et al., 2022). These individuals often minimized or denied their depression symptoms, preferring self-reliance, religious coping, or pharmacotherapy over formal mental health interventions (Choi et al., 2022). Similarly, findings from a community-based needs assessment of 368 African American adults aged 50 and older indicated that self-reported mental health diagnoses were associated with greater odds of preferring traditional care settings ( $OR = 1.42$ ; 95% CI: 0.98–2.07), suggesting that perceived need may play a role in motivating help-seeking behavior when symptoms are acknowledged (Usidame et al., 2023). This highlights how personal beliefs, attitudes, and coping preferences can significantly influence the decision to seek or refuse care. Even when treatment options are made more accessible, such as through telehealth services, individuals may still resist engagement if they do not view treatment as necessary or beneficial for their well-being. This reinforces the importance of culturally responsive strategies that can acknowledge and address these perceptions effectively.

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Research also indicates that older African American adults often prefer seeking mental health support from primary care physicians rather than specialized mental health professionals, a trend that is significant in comparison to other groups (Lee et al., 2021). In a study of older adults, African Americans were more likely to seek help from primary care providers (AOR: 8.26; 95% CI: 1.71–32.86,  $p < .01$ ) and less likely to prefer medication as a treatment option (AOR: 0.36; 95% CI: 0.09–0.79,  $p < .05$ ) than their Asian American counterparts (Lee et al., 2021). This preference is likely influenced by cultural factors, including a mistrust of specialized mental health services, which may affect treatment engagement in underserved African American communities.

Findings from the National Survey of American Life further reinforce this pattern. Among older African American adults aged 55 and above who reported experiencing serious personal problems, only 52.4% sought help from any professional source, compared to 67.5% of non-Hispanic Whites (Nguyen et al., 2020). When they did seek help, African Americans were more likely to turn to primary care providers (31.8%) and clergy (26.8%) than to mental health specialists, with only 8.6% consulting psychiatrists and 8.4% engaging with other mental health professionals (Nguyen et al., 2020). This highlights the importance of understanding the role of primary care in the mental health treatment-seeking process for this group and the need for culturally relevant, accessible interventions that are embedded in trusted healthcare and community settings.

A major factor underlying this distrust is racism, which influences how older African American adults perceive and experience the healthcare system, often reinforcing fears of being mistreated or dismissed. Racism is defined as beliefs, attitudes, and institutional structures that degrade individuals based on ethnicity or appearance (Yoon et al., 2019). Racism operates on

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multiple levels individual, institutional, and cultural, shaping beliefs and systems that uphold inequality. It reinforces ideas of superiority, leading to discrimination that affects daily life, opportunities, and overall well-being (Yoon et al., 2019). The overall effects of racism, particularly in healthcare, contribute to older African American adults' reluctance to seek mental health care, as they likely fear being treated unfairly or dismissed.

African Americans with a higher socioeconomic status experience more lifetime discrimination due to their job roles where discrimination is more apparent, but they are less impacted due to their access to coping resources (Yoon et al., 2019). Using an older African American subsample from the National Health Measurement Study, this study selected a sample of 397 African Americans aged 65 and older (Yoon et al., 2019). While the more educated respondents experienced significantly more lifetime discrimination ( $F = 2.68$ ,  $p < .05$ ), the less educated experienced significantly more everyday discrimination ( $F = 3.47$ ,  $p < .01$ ) (Yoon et al., 2019). In the same direction with educational level, both household income and assets had significant effects on lifetime discrimination and partially on everyday discrimination (Yoon et al., 2019). The broader National Health Measurement Study, used by Mouzon et al. (2017), also found that everyday racial discrimination was significantly associated with poorer physical health outcomes among African Americans (Mouzon et al., 2017). Everyday discrimination overall was significantly related to increased respiratory problems ( $B(SE) = 0.02(0.01)$ ,  $p = 0.003$ ) and greater interference from chronic conditions ( $B(SE) = 0.02(0.00)$ ,  $p < 0.0001$ ) (Mouzon et al., 2017). Everyday racial discrimination, in particular, was significantly associated with chronic health interference ( $B(SE) = 0.02(0.01)$ ,  $p = 0.003$ ), while its relationship with respiratory problems was marginal ( $B(SE) = 0.01(0.01)$ ,  $p = 0.09$ ) (Mouzon et al., 2017). In contrast, everyday non-racial discrimination was not significantly associated with either health

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outcome (Mouzon et al., 2017). This further complicates mental health care access, as African American older adults in lower socioeconomic status are more vulnerable to both discrimination and economic barriers, making it harder to access necessary services.

As discrimination increases, anxiety symptoms also increase, leading to poorer mental health ratings among older African Americans (Carden et al., 2022). Utilizing structural equation modeling (SEM), a study examined predictors of anxiety symptom severity among African American and Afro-Caribbean adults aged 55 and older from the National Survey of American Life ( $N = 1,032$ ) (Carden et al., 2022). Results indicated that greater exposure to discrimination was significantly associated with higher anxiety symptom severity ( $\beta = .42, p < .001$ ), which in turn was linked to lower self-rated mental health ( $\beta = -.31, p < .01$ ) (Carden et al., 2022). These psychological and systemic burdens are further intensified when chronic health conditions are present. For instance, a study of 760 older African American adults from South Los Angeles found that older underserved African American adults who experience migraines reported significantly worse physical and mental health outcomes than those without migraines (Bazargan et al., 2024). Participants with migraines reported a higher mean number of depressive symptoms ( $4.06 \pm 3.44$ ) compared to those without ( $2.10 \pm 2.46; p < .001$ ), as well as a greater prevalence of sleep disorders (31% vs. 15%;  $p < .001$ ) (Bazargan et al., 2024). Additionally, migraines were associated with increased disability and substantially higher healthcare utilization (Bazargan et al., 2024). On average, individuals with migraines had more emergency department visits ( $1.22 \pm 2.18$  vs.  $0.69 \pm 1.39; p < .001$ ) and used more prescription medications ( $6.67 \pm 3.23$  vs.  $5.68 \pm 3.22; p = .002$ ) (Bazargan et al., 2024). This demonstrates how comorbid chronic conditions not only worsen psychological distress but may also complicate the recognition of mental health

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needs and reduce the likelihood of seeking specialized care, especially in a healthcare system often perceived as untrustworthy by older African American adults.

Similarly, Cobb et al. (2020) examined depression treatment status among older African American adults and identified several individual and systemic factors associated with whether or not individuals received care. Their findings indicated that lower educational attainment, older age, and having fewer healthcare providers were significantly associated with not receiving treatment for depression (Cobb et al., 2020). Specifically, middle-aged participants (ages 55–64) were 2.47 times more likely (95% CI: 1.19–5.15) to remain untreated compared to those 75 and older, while those without a high school diploma were less likely to be untreated (OR = 0.54; 95% CI: 0.59–0.90), highlighting the role of education in accessing care (Cobb et al., 2020). Having more healthcare providers increased the odds of receiving treatment (OR = 1.25; 95% CI: 1.05–1.48), but did not impact untreated depression (Cobb et al., 2020). Participants with depression also had higher levels of chronic conditions and pain (Cobb et al., 2020). Those with more chronic conditions were more likely to be untreated (OR = 1.19; 95% CI: 1.04–1.36) or to receive treatment (OR = 1.35; 95% CI: 1.15–1.58) (Cobb et al., 2020). Similarly, higher pain levels increased the odds of both untreated (OR = 1.28; 95% CI: 1.13–1.44) and treated depression (OR = 1.22; 95% CI: 1.09–1.36) (Cobb et al., 2020). These results demonstrate how the intersection of age, health burden, and limited access to care may reduce the likelihood of treatment utilization, even among those with identifiable mental health needs.

The psychological impact, further intensified by a lack of culturally competent mental health care, leads to continued disengagement from professional services. Delays in accessing care are prevalent among racial and ethnic minority groups, as White and U.S.-born Asian adults report better health outcomes and fewer delays in care, while African Americans face greater

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healthcare disparities (Du & Xu, 2016). Among older African Americans, only 12.1% reported superior self-rated health, while 43.2% fell into a declining health category (Du & Xu, 2016). They also reported the highest average number of chronic conditions ( $M = 2.07$ ,  $SD = 1.18$ ) and greater difficulties with daily functioning ( $M = 0.68$ ,  $SD = 0.93$ ) (Du & Xu, 2016). Delays in medical care and prescriptions were more frequent among this group compared to Whites, contributing to worse health outcomes (Du & Xu, 2016). Such delays are not only linked to economic factors but are also influenced by cultural factors that shape African American adults' willingness to engage with formal healthcare systems.

### *Cultural Factors*

Culture heavily influences an individual's perceptions of mental health and their decision to seek professional mental health care. In particular, stigma plays a significant role in mental health treatment-seeking behaviors among older African Americans (Turner et al., 2019). Cultural stigma can discourage help-seeking by framing mental health struggles as personal weaknesses or matters best managed within the family. As a result, many African American older adults prioritize faith-based or community support over clinical intervention, which further contributes to their underutilization of mental health services (Assari & Moghani Lankarani, 2018). Rather than seeking professional care, many individuals rely on religious coping mechanisms and social networks to manage psychological distress (Thomas Tobin et al., 2022). The perception of mental illness as a personal or spiritual weakness leads to reluctance in seeking clinical intervention (Turner et al., 2019).

In addition to stigma, social isolation further complicates mental health care utilization. While social isolation is a known risk factor for poor mental health, its effects vary across racial groups. A study found that 53.1% of African American older adults had two or fewer indicators

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of social isolation, compared to 43.2% of non-Hispanic Whites (Taylor et al., 2019). However, 31.28% of African Americans were isolated from religious congregation members, compared to 50.37% of non-Hispanic Whites (Taylor et al., 2019). While cultural and familial networks offer protection, they may not fully mitigate the need for professional mental health care. These dynamics influence care-seeking behaviors, particularly among socially isolated older African Americans, who may resist seeking professional help despite the negative mental health consequences of isolation.

## DISCUSSION

The findings of this study highlight the complex factors influencing mental health service utilization among African American older adults. Socioeconomic barriers, including educational disparities, financial strain, and limited insurance coverage, limit access to mental health care among older African American adults. Individual and systemic barriers, such as perceived need, discrimination, and inadequate culturally competent services, further contribute to underutilization. Additionally, cultural factors, including stigma, cultural perceptions of mental illness, and reliance on faith-based or community support, shape help-seeking behaviors in this population. Understanding these interconnected barriers is essential for developing targeted interventions that address disparities in mental health care access and utilization.

### *Limitations*

Some of the studies included in this review relied on self-reported survey data and smaller sample sizes, which may introduce reporting bias and affect the accuracy of the data collected. This could lead to a limited understanding of the true extent of mental health service utilization and its associated factors on the target population. The review was based on twenty articles, which may not fully capture the broad scope of influences impacting mental health

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service use among African American older adults. Many of the studies used cross-sectional designs and focused on specific populations within the United States, limiting the generalizability of the findings to the wider African American older adult population. In addition, finding current and relevant information on mental health among older African Americans was challenging due to the limited availability of updated research. Existing studies on mental health disparities often focus on younger populations, leaving gaps in the literature related to older adults. Some of the source statistics were outdated and have not yet been updated to reflect current rates, further impacting the strength of available evidence.

### *Implications for Practice*

Addressing the mental health disparities faced by African American older adults requires targeted interventions that align with the unique barriers to care experienced by this group. Interventions aimed at improving accessibility, reducing stigma, and increasing cultural responsiveness have shown promise in enhancing mental health service utilization among older African Americans. Although many of these evidence-based programs were not initially designed exclusively for this population, they have demonstrated strong relevance and potential for adaptation to meet the specific needs of African American older adults. These interventions have either been successfully implemented in diverse communities or include culturally grounded components that directly address common barriers.

Mobile and home-based care models are particularly effective in reducing logistical and systemic barriers to mental health services. For instance, the Program to Encourage Active, Rewarding Lives (PEARLS), a home-based intervention that utilizes problem-solving therapy and service linkage, has been effective in reducing depressive symptoms among older adults in underserved populations (Ciechanowski et al., 2004). After 12 months, 43% of participants had

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at least a 50% drop in symptoms compared to 15% in usual care (Ciechanowski et al., 2004). Also, 36% achieved full remission (vs. 12%), with notable improvements in both functional ( $P = .001$ ) and emotional well-being ( $P = .048$ ) (Ciechanowski et al., 2004). While these outcomes highlight the program's strong potential, further research is needed to explore how these programs can be scaled effectively within African American communities, particularly in rural or remote areas where access to home-based services may be constrained.

Telehealth delivery also offers an accessible and flexible option for individuals with mobility challenges or limited access to in-person care. Telehealth Problem-Solving Therapy (tele-PST) has been shown to reduce depressive symptoms among low-income, homebound older adults. When implemented with cultural competence, telehealth models have significant potential to improve engagement and outcomes for older African American adults (Choi et al., 2012). Despite its promise, barriers such as limited digital literacy and internet access may hinder the full utilization of this model in underserved communities. Research into the technological needs and preferences of older African American adults will be essential to ensure the accessibility and effectiveness of telehealth services.

Reducing stigma and enhancing mental health literacy are also critical components in improving service utilization. The Mental Health and Faith Community Partnership is an intervention that trains faith leaders to recognize mental health concerns and connect individuals with appropriate care (American Psychiatric Association, n.d.). Given the central role of churches within African American communities, this intervention builds trust and awareness through familiar, respected networks, increasing the likelihood of help-seeking behaviors (American Psychiatric Association, n.d.). Similarly, culturally tailored psychoeducational interventions that incorporate storytelling and community discussion have been shown to

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effectively reduce stigma and increase mental health knowledge, making them valuable tools for promoting help-seeking behaviors among African American older adults (Conner et al., 2024).

Further studies should explore the long-term impacts of such interventions on community-wide attitudes toward mental health.

These interventions highlight the importance of accessible, culturally informed, and community-based strategies in improving mental health outcomes for older African American adults. While many of the interventions discussed were not initially designed for this population, their demonstrated success and adaptability position them as promising candidates for targeted implementation and further development. Future research should focus on refining these models, understanding barriers to their adoption, and developing scalable solutions that can be widely implemented in diverse communities.

### *Conclusion*

The findings from this research can be used to develop and implement strategies that promote greater mental health service utilization among African American older adults. Further research is needed surrounding the mental health of African American older adults, the barriers faced, and its impact on their well-being. Addressing these barriers is a collective effort among policymakers, healthcare providers, and communities to improve mental health service utilization among African American older adults and reduce disparities in mental health outcomes.

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