Predictors of psychological distress and mental health help-seeking among Black and White older adults
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Abstract

This study examined racial differences in self-report of psychological distress among Black and White older adults in need of treatment and estimated the contributions of self-consciousness, ethnic identity, education, and income in predicting depression, paranoid ideation, and mental health help-seeking. Relatively few studies have systematically investigated race differences among older adults in the experience of and relative contribution of Private and Public Self-Consciousness, Ethnic Identity, and Socioeconomic Status (as measured by education and income). These variables were studied in 311 Black ($n = 165$) and White ($n = 146$) adults age 65-years and over. It was hypothesized that significant racial differences exist and predictive models for symptomatology and treatment acceptance would be race specific. Not all hypotheses were supported, but findings do suggest the existence of race and culture specific predictors.

White older adults reported almost four-times more depression than Blacks. Blacks reported significantly more paranoid ideation than Whites, but the difference was not as great. Predicted racial differences in self-consciousness were not supported. Self-consciousness was found to be related to symptomatology in general. Participants were generally more privately self-conscious, and White individuals were more publicly self-conscious than Blacks. As predicted, Blacks were higher in ethnic identity, and ethnic identity among Blacks was related to paranoid ideation. Education was inversely related to depression regardless of race. A similar relationship was found with paranoid ideation but only among Whites. At high income levels, racial differences in depression were greatest. Paranoid ideation among Blacks was highest at both low and high income, but no significant differences were found among Whites. These findings suggest reports of paranoid ideation may be non-pathological and qualitative differences may be related to race and culture. Regarding treatment acceptance, symptomatology and private self-consciousness had the greatest predictive power regardless of race. ROC curve analyses suggest that BSI Depression scores among Whites only are clinically significant predictors of treatment acceptance. No significant markers of help-seeking among Blacks were identified.

These findings have considerable clinical implications and highlight the need for increased attention to race and cultural issues in the process of diagnosis and treatment planning for older adults.