

Depression and black men: implications for future research

Keywords

African American men

Black men

Risk factors

Mental health

Depression

Depressive symptoms

Stress

Daphne C. Watkins, B. Lee Green, Brian M. Rivers and Kyrel L. Rowell

Abstract

Recent studies indicate that the health gap between Black men and men of other racial/ethnic groups in the US is widening, with Black men experiencing poorer health. Because mental health is an indelible component of overall health, addressing the health issues of Black men requires a critical examination of factors that influence the mental health of this population. Prior research suggests that Black men have more adverse life experiences than men of other racial/ethnic groups and, consequently, experience more depressive symptoms. However, limited research exists regarding depression and Black men. Therefore, the purpose of this review is to organize available evidence systematically, while examining the factors that lead to depression in Black men. Results from over two decades of literature suggest that psychosocial coping, economic status/income, and racism/discrimination are the major factors that contribute to depression and depressive symptoms in Black men. Although the first two factors are listed as factors for depression across races/ethnicities, the third, racism/discrimination, carries major implications for public health and, ultimately, for improving the health status of Black men. © 2006 WPMH GmbH. Published by Elsevier Ireland Ltd.

Daphne C. Watkins, PhD

Institute for Social Research, University of Michigan, Ann Arbor, Michigan, USA

B. Lee Green, PhD, MEd

Center for the Study of Health Disparities, Texas A&M University, Texas, USA

Brian M. Rivers, PhD, MPH

Center for the Study of Health Disparities, Texas A&M University, Texas, USA

Kyrel L. Rowell, MPH

Center for the Study of Health Disparities, Texas A&M University, Texas, USA

E-mail:

daphnew@umich.edu

Online 28 August 2006

Introduction

Black men in the US face a disproportionate burden of preventable morbidity and mortality rates compared to other groups [1]. Weighed against other racial/ethnic groups, Black men experience higher mortality rates in every single leading cause of death [2,3], die approximately 7 years sooner, and have higher rates of poverty and unemployment [1,4]. The exposure of Blacks to greater inequalities within social and economic environments includes an increased exposure to racism and discrimination, violence, and poverty, factors that adversely impact mental health [5], and may potentially lead to psychological distress (i.e. depression, anxiety).

According to the American Psychological Association, depression is the result of psychosocial stressors that include both biochemical and social components [6]. Depression occurs when feelings of extreme sadness or despair last for at least 2 weeks or longer and interfere

with activities of daily living, such as working, eating, or sleeping. Depressed individuals tend to feel helpless and hopeless and blame themselves for these feelings. Some may even have thoughts of death or suicide [6]. Major depressive disorders can begin at any age; however, the average age of onset is the mid-20s. Depression is recurrent by nature and although some individuals may experience an isolated incident of major depression, the vast majority of people experience clusters of depression with increasingly frequent episodes as they age [6]. When a person has a number of depressive symptoms consistently over 2 weeks or more, they may be diagnosed as having a depressive illness.

In any given 1-year period, 9.5% of the US population, or about 18.8 million American adults, suffer from a depressive illness [7]. According to the World Health Organization, depression is projected to become the leading cause of disability and the second leading contributor to the global burden of disease

by the year 2020 [8]. Yet the literature is sparse concerning factors that lead to depression and the impact that depressive symptoms have on Black people compared to other ethnicities. The existing research, although limited, suggests that Blacks are not necessarily at greater risk for clinical psychiatric disorders compared to Whites [9]; but, Blacks are disproportionately exposed to the psychosocial stressors that are important antecedents of depression, economic deprivation, unemployment, and violence [10,11], which places them at greater risk for depression. The aforementioned paucity of studies coupled with the vulnerability of Blacks toward depression suggests that more scientific knowledge needs to be generated concerning this issue.

An important step in the development of scientific knowledge is the synthesis of available evidence, based on objective and sound methodology [12]. Due to the limited studies on Black men and depression, this proves a daunting task to achieve. However, this review will organize available evidence systematically, while highlighting studies that examine the factors leading to depression and depressive symptoms in Black men. It will also identify implications for future research on Black men and depression, and emphasize the importance of research on Black men for improving their health status.

Methods

Selection criteria

Articles for this review were selected using a three-tier procedure. First, studies that addressed factors that lead to depression (not depression in addition to diseases and/or other health concerns), published between 1980 and 2004 in peer-reviewed journals were located. Second, bibliographies from the compiled articles were reviewed for other potential sources. Lastly, journal articles that did not focus entirely on the subject descriptors were removed from the final review.

Studies from 1980–2004 were chosen because prior to 1980, much of the literature on depressive symptoms in Black men did not focus on the multiple layers that contribute to psychological distress (i.e. psychosocial, emotional, physical, and social). A multi-faceted

approach to examining depressive symptoms is vital and increasingly used by researchers. This review sought to highlight these findings. Twelve computer databases were used (Cambridge Scientific Abstracts, ERIC, Health Sciences, Medline, PsychINFO, PsychARTICLES, Psychology SAGE, Pub Med, EBSCOhost, Sociological Abstracts, Sociology SAGE, and ISI Web of Science) to search for subject descriptors (in the following order) with the Boolean connector, 'and': African American men, Black men, mental health, risk factors, depression, depressive symptoms, stress. Although the association of depression with chronic illness is well documented [7,13] and the link between chronic exposure to violence and depression has been recognized [14], for the purpose of this review, all articles with an evident association between depression (or depressive symptoms) and another health concern (e.g. prostate cancer, homelessness, hypertension, HIV/AIDS) were excluded from the final review. Furthermore, if a study did not address depression in Black men it was also excluded. Similarly, many studies included data from other races/ethnicities, however, only those where the results for Black men could be clearly extracted were included. Much of the depression literature has focused on the tertiary effects of depression. Thus, this review is pertinent to the future of depression research by creating a focal point: depression as a major preventable health concern among Black men.

Thirty-two articles were collected; after screening for eligibility, 17 remained. These were then screened for depressive factors in Black men and all 17 were included in the final review. If a study identified more than one factor as influencing depression or depressive symptoms, each factor was included in the major findings of this review. Although many studies used similar terminology to describe depressive factors, some of the language used by the authors was not identical. In such cases, these factors were placed in their respective categories based on the studies' implications. The majority of the studies were quantitative and utilized well-known depression scales (e.g. Center for Epidemiologic Studies–Depression Scale, CES-D). Descriptive analyses were performed by reviewing the reported risk factors associated with depression and depressive symptoms in Black men from each study.

Findings from the studies were assessed for directional relationship to depressive factors and placed in categories derived from the original studies.

Results

Analyses revealed 10 risk factors for depression and depressive symptoms among Black men in the US (Table 1). All of the studies reported one or more of these factors as contributing to depression and depressive symptoms in Black men, however, psychosocial coping, economic status/income, and racism/discrimination were the risk factors most frequently acknowledged in the literature. These risk factors will be discussed below.

Psychosocial coping

Depression is often cited as being a result of psychosocial stressors [6], and psychosocial coping is often employed to counteract these stressors. Psychosocial coping is based on the premise that not necessarily the stressful events, but how the events are managed by an individual influences their mental health. Seven of the studies in this review emphasized the impact that psychosocial coping has on depression in Black men [10,15–20]. While some articles discussed the negative coping strategies used by Black men (e.g. substance abuse, crime, and violence) as an effort to self-medicate themselves for symptoms of anxiety

and depression [10,17–19], other studies suggested that, occasionally, Black men use positive coping strategies as mechanisms for healthy living [16,21,22]. Stress and coping models [23] have long suggested that provocative stressors (i.e. racial discrimination) cannot elicit affective responses. Moreover, one’s perception of a given stimulus may be the most proximate factor associated with affective outcomes [23]. In this review, psychosocial coping was reported based on the studies’ definitions of the term. For example, Weaver & Gary [16] measured psychosocial coping by examining mastery, emotional support, self-rated health community participation, and church involvement among older Black men, and each of these factors has been shown to adversely impact the health of Black men.

The Black family unit is directly impacted by the emotional health of Black men. When a man is ill, it is difficult for him to fulfill expected obligations to his family and others in his social network. Sickness or injuries can have multiple effects on the Black family and bring about other stressful events such as marital discord, sexual difficulties, and changes in personal habits and social activities [15]. In the first cross-sectional study on a national probability sample of Black adults, Neighbors et al. found that more men than women experienced “a problem” (23.8% vs. 12.2%) and “depression” (25.2% vs. 12.9%). These authors suggested that the majority of the interpersonal problems resulted from family difficulties, particularly marital pro-

Table 1 Major findings from 17 studies and reported risk factors for depression and depressive symptoms in Black men

Risk factor	No. of studies	References
Age	4	[10,25,28,35]
Conflict b/t Sexes (Marital Status)	5	[10,15,16,25,35]
Employment Status	5	[25–28,35]
Economic Status/Income	6	[10,15,16,25–27]
Family Structure	4	[10,15,25,35]
Health/Illness	4	[16,33–35]
Psychosocial Coping	7	[10,15–20]
Racism/Discrimination	6	[17,18,20,28–30]
Residential Mobility/Status	3	[18,26,35]
Violence	1	[14]

Sources: [10] Mizell (1999); [14] Paxton et al. (2004); [15] Neighbors et al. (1983); [16] Weaver & Gary (1993); [17] Utsey & Payne (2000); [18] Utsey (1997); [19] Zimmerman et al. (2000); [20] Bennett et al. (2004); [25] Gary (1985); [26] Jones-Webb & Snowden (1993); [27] Zimmerman et al. (2004); [28] Jones & Gray (1984); [29] Munford (1994); [30] Brown et al. (2000); [33] Baker et al. (1996); [34] Husaini et al. (1991); [35] Brown et al. (1995).

blems. The second highest reported problem was that of economic disadvantage. Due to their low economic status, many Black men found it difficult to fulfill their roles as providers and protectors of their families [15]. This challenge often play a part in the negative image of the Black man, resulting in their reluctance to seek out strong relationships and social support. Guided by Norris & Murrell's [24] understanding that "resources are believed to have health enhancing effects whether or not in times of change or stress," Weaver & Gary [16] found that mastery, emotional support, and community involvement were significantly associated with depressive symptoms. Comparably, Utsey's [18] study provided insight into the full range of the psychological harm experienced by Black men as a result of their chronic exposure to societal racism, while Mizell's [10] study of Black adolescent males investigated the developmental processes that contribute to depression by assessing how family structure, parental achievement, adolescent self-esteem, adult socio-economic attainment, and adult self-concept contribute to adult depression. Findings supported the belief that increased parental education, adult self-esteem, and secure finances lower the chances of depression.

Zimmerman et al. [19] found that parental support might play a role in alleviating anxiety and depression; however, youths' symptoms did not activate increased levels of parental support. Also in 2000, Utsey & Payne [17] found that although the Black men in their sample had similar experiences with everyday racism and race-related stress, there were differences in the psychological and emotional reactions to the chronic stress associated with everyday racism. The impact of racism on the psychological wellbeing of Black men is varied and depends on the number of internal and external factors. Although the clinical subsample of Black men in that study experienced similar levels of race-related stress, they had more negative outcomes regarding their psychological and emotional wellbeing [17]. Utsey & Payne suggested that other factors, such as coping style, buffer the consequences of racism for some individuals while others are susceptible to its harmful effects. A more recent study by Bennett et al. [20] concluded that the perception of racial discrimination may have intense affective consequences for Black

men, as participants in their study were expected to ascribe meaning based on prior experiences with racism, cultural beliefs, and expectations.

Weaver & Gary found that in their sample of 161 older Black men, high depression scores were reported by men with low mastery (or, the perception of control over the occurrence of events in one's life), moderate community involvement, and moderate emotional support [16]. This suggests that a lack of social support systems in the lives of Black men can be detrimental to their mental health. Therefore, the more involved Black men tend to be in their communal relationships, the less likely they are to suffer from depression. Social support and the strategies that were used among participants to cope with their depression all contributed to the appearance, or lack, of depressive symptoms in Black men [16].

Economic status/income

Six studies identified economic status or income as a factor leading to depression in Black men [10,15,16,25–27]. For example, more than two decades ago Neighbors et al. [15] found that income was significantly related to problem severity. About 53% of individuals with an income less than \$10,000 experienced their problems at the level of a "nervous breakdown" compared to 39.9% of individuals with an income greater than \$10,000. Individuals in the upper income group were also more likely to seek help from friends and neighbors in response to personal problems [15]. Gary [25] discovered that in addition to other variables (i.e. age, unemployment, and conflict with mates) men who earned less than \$8,000 a year scored highest on the CES-D. This study concluded that income was the best predictor of depression scores; age was second. As income and age increased, depression scores decreased [25].

In a study among older Black men, Weaver & Gary [16] discovered that levels of depression symptoms increased for men with incomes lower than \$10,000 and decreased for men with incomes higher than \$25,000. Comparably, Jones-Webb & Snowden [26] measured social class in their study of Blacks and Whites. The authors found that all sociodemographic indicators, except urbanicity, were associated with symptoms of depression for Blacks.

Depressive symptoms were the highest for females, and respondents who were between the ages of 30 and 39 and in the lower social class. For both Blacks and Whites, gender, marital status, age, employment status, social class, and urbanicity were all associated with an increased risk of depression [26]. In 1999, the effects of earnings and mastery, were tested to understand the contribution of adult influences on levels of adult depression in Black males [10]. Mizell (pp. 481) concluded that “higher earnings represent high education attainment, occupational status, and greater access to opportunity, and hence, less depression”. Results from the aforementioned studies imply that economic status contributes to depression and depressive symptoms in Black men. These studies, extending from 1985 to 2004, further support the notion that economic status has been a contributing factor to depression in Black men for some time.

Racism and discrimination

Several authors of the reviewed studies bring attention to racism as a public health issue in the US. In six of the studies, racism was reported as having a direct relationship to depression and depressive symptoms in Black men [17,18,20,28–30]. In a survey of psychiatrists who had treated Black men, Jones & Gray [28] found the most frequently reported initial problem and diagnosis was depression and the major issues associated with being depressed included racism. In a study by Utsey [18], a racism index was applied to expose racism as a contributing factor to increased hostility and increased substance abuse in Black men. Results from this study suggested that racial discrimination had a negative effect on the psychological health of Black men. Moreover, it was noted that the chronic and invidious nature of racism can be fatal for Black men living in the US and this has raised concerns regarding excessive mortality rates among this population.

In a later study, Utsey & Payne [17] examined the differential impacts of racism on the psychological well-being of Black men. In their study, with sub-samples of Black men from both a substance abuse treatment program and a “normal” Black population, the authors found that racism had a differential impact on Black men and that, in terms of overall scores,

the clinical sample had higher depression and anxiety scores than the “normal” sample. That study also openly addressed the impacts of racism on mental health and how Black men may feel threatened in society due to their lack of acceptance in what the authors called “White” America [17]. Brown et al. [30] used national data collected from a sample of Blacks across two waves to investigate the relationship between racial discrimination and the onset of psychological distress and depression. That study provided support for the hypothesis that actual and perceived racial discrimination is linked to adverse mental health outcomes among Black Americans. Discrimination was found to be related to high levels of psychological distress and slightly related to an increased likelihood of current depression [30]. More recently, Bennett et al. investigated effective responses to controlled stimuli depicting overt and subtly racist harassment. Half of the study participants were subjected to blatant racism while the other half was exposed to no racism. Their responses were monitored and results suggested that participants exposed to ambiguous scenarios and who perceived high levels of racism were more affected than participants who did not [16]. These studies raise important issues concerning racism as a public health issue and support the notion that although racism is an experience familiar to most Blacks, Black men are particularly vulnerable to its deleterious effects [18].

Discussion

This review sought to identify the influence of factors associated with depression, to identify implications for future research on Black men and depression, and to stress the importance of research on Black men to improve their health status. The results of this review are significant because: (1) authors have noted the sparse work conducted on Black men and depression and the need for more research in this area; and (2) potential gaps in the literature have been identified, which must be carefully considered for future investigations and efforts made toward the reduction and/or elimination of mental illness in Black men. Additionally, Mizell [10] noted that prior research with Blacks and depression has been limited in

three ways. First, relatively little research has been done on how factors influence depression over the life course of Blacks, and even less research has specified depression in Black men. Second, because studies of depression tend to rely on cross-sectional data collected at a single point in time, it is difficult to establish a linear relationship among past elements of individuals' lives and how they contribute to current levels of depression. Third, studies usually use pooled samples to measure the influence of factors on the mental health outcomes of Blacks [10]. The abovementioned challenges are the basis for the difficulty in identifying the variables that best explain depressive symptomatology in Black men.

Frequently in the literature on Black men, depression is not reported as a major health concern. Prior research has offered rare occasions when depression in Black men is explored as a centralized topic. Within these rare occasions, research findings suggest a relationship between depression and psychosocial coping, economic status, and racism/discrimination. Interestingly, this review underscores the consistent occurrence of racism as a risk factor for depression – thus reinforcing racism as a public health issue. These findings are congruent with other studies, which highlight the negative impact of racism/discrimination on Black men of various educational and socioeconomic backgrounds [31,32]. For example, Williams [5] specifically addresses three factors that may lead to higher levels of stress and adverse consequences on middle-class Black men: (1) racial discrimination (i.e. the positive association between perceptions of discrimination and education among Blacks); (2) the stress of middle-class status as a Black American (i.e. college-educated Blacks are four times more likely than Whites to experience unemployment and have markedly lower levels of wealth than Whites of similar income); and (3) unfulfilled expectations (because their investment in education has not provided parallel gains in income),

which may be a unique source of stress and alienation for Black men.

Limitations

Few studies have specifically addressed the factors that lead to depression in Black men so this review presents data from a limited number of resources. For example, this review includes Black men of all ages because there is a dearth of literature on sub-populations of Black men (e.g. adolescents, college men, older men). The ages in this review range from adolescents to older men, with no attention focused on a specific age group. The data collected for this review grouped Black men of all ages together, thus not acknowledging the potential differences in depressive factors that may influence one group over another and over the life course. Perhaps future studies can focus on specific age groups, socio-economic levels and provide buffering effects that could prevent one age group from progressing through the stages of depression.

Conclusion

Although researchers are making progress towards identifying many of the problems that plague Black men, efforts are few and sporadic. Researchers must continue to synthesize what is known about depressive symptoms in Black men, and use this information to help educate Black men about depression and how to properly execute coping strategies over their life course. Gary [25] provided a landmark article (included in this review) that provides a foundation for future research endeavors. His article confirmed that a combination of factors assume a role in depression and depressive symptoms in Black men. Approaches such as these will illuminate a topic that has been burdened with stigma and misapprehension, and will also place researchers on a path toward improving the health of Black men in America.

Appendix A. Summary table of findings

Year	Author [Reference No.]	Title	Journal	Depression Risk Factors	Instrument(s)	Sample size
1983	Neighbors et al. [30]	Stress, coping, and Black mental health: Preliminary findings from a national study	<i>Prevention in Human Services</i>	- Interpersonal - Family difficulties - Economic problems	National Survey of Black Americans	2107 Males & females
1984	Jones & Gray [28]	Similarities and differences in Black males and women in psychotherapy	<i>Journal of the National Medical Association</i>	- Family problems - Employment - Environmental factors - Racism	Not ascertained	93 psychiatrists
1985	Gary [25]	Correlates of depressive symptoms among a select population of Black men	<i>American Journal of Public Health</i>	- Family income - Household size - Employment status - Conflict b/t sexes - Racial Consciousness	Center for Epidemiologic Studies–Depression Scale (CES-D)	142
1991	Husaini et al. [34]	Social density, stressors, and depression: Gender differences among the Black elderly	<i>Journal of Gerontology: Psychological Sciences</i>	- Medical problems - Poor Ego	Center for Epidemiologic Studies–Depression Scale (CES-D)	600
1993	Jones-Webb & Snowden [26]	Symptoms of depression among Blacks and Whites	<i>American Journal of Public Health</i>	- Marital status - Age - Employment status - Social class - Urbanicity	Center for Epidemiologic Studies–Depression Scale (CES-D)	Black males = 111 Black females = 303 White males = 87 White females = 205
1993	Weaver & Gary [16]	Stressful life events, psychosocial resources, and depressive symptoms among older African American men	<i>The Urban Review</i>	- Education - Marital status - Household Income - Increased major life events/increased daily hassles - Physical illness - Psychosocial resources	Center for Epidemiologic Studies–Depression Scale (CES-D); Recent Life Changes Questionnaire (RLCQ); Hassles Scale	161
1994	Munford [29]	Relationship of gender, self-esteem, social class, and racial identity to depression in Blacks	<i>Journal of Black Psychology</i>	- Low self-esteem - High racial identity - Low internalization attitudes	Beck Depression Inventory; Rosenberg Self-Esteem Scale; Hollingshead Two-Factor Index of Social Position; Racial Identity Attitude Scale	73
1995	Brown et al. [35]	Major depression in a community sample of African Americans	<i>American Journal of Psychiatry</i>	- Age - Residential mobility - Health status - Stressful life events - Marital Status - Unemployment	NIMH Diagnostic Interview Schedule (DIS)	421 Males 444 Females
1996	Baker et al. [33]	Screening African-American elderly for the presence of depressive symptoms: A preliminary investigation	<i>Journal of Geriatric Psychiatry and Neurology</i>	- At-risk social networks - Illness	Center for Epidemiologic Studies–Depression Scale (CES-D); Baker Belief Scale (BBS)	48 Males 48 Females
1997	Utsey [18]	Racism and the psychological well-being of African American men	<i>Journal of African American Men</i>	- Racism - Oppression - Social Isolation - Psychosocial Coping	Racism Index; Multiple Adjective Affect Check List-Revised Trait Form (MAACL-R)	177

Appendix A (Continued)

Year	Author [Reference No.]	Title	Journal	Depression Risk Factors	Instrument(s)	Sample size
1999	Mizell [10]	Life course influences on African American men's depression: adolescent parental composition, self-concept, and adult earnings	<i>Journal of Black Studies</i>	- Family structure - Parental achievement - Adolescent self-esteem - Adult SES attainment - Adult self-concept - Coping	National Longitudinal Survey of Youth (NLSY); Center for Epidemiologic Studies–Depression Scale (CES-D)	889
2000	Brown et al. [30]	“Being Black and Feeling Blue”: The mental health consequences of racial discrimination	<i>Race & Society</i>	- Racial discrimination	National Survey of Black Americans	2107 Males & females
2000	Utsey & Payne [17]	Psychological impacts of racism in a clinical vs. normal sample of African American men	<i>Journal of African American Men</i>	- Racism - Black man's acceptance in “White” America - Coping	Index of Race-Related Stress; Beck Depression Inventory II; Beck Anxiety Inventory	126
2000	Zimmerman et al. [19]	A longitudinal study of stress-buffering effects for urban African American male adolescent problem behaviors and mental health	<i>Journal of Community Psychology</i>	- Stressful events - Coping	Brief Symptom Inventory	173
2004	Bennett et al. [20]	Perceived racism and affective responses to ambiguous interpersonal interactions among African American men	<i>American Behavioral Scientist</i>	- Racial discrimination - Coping	Perceived Racism Scale	74
2004	Paxton et al. [14]	Psychological distress for African American adolescent males: Exposure to community violence and social support as factors	<i>Child Psychiatry and Human Development</i>	- Exposure to violence - Direct victimization - Coping	Screening Survey of Exposure to Community Violence; Social Support Rating Scale; Center for Epidemiologic Studies–Depression Scale (CES-D); Checklist of Post-Traumatic Stress Symptoms	77
2004	Zimmerman et al. [27]	Tinker, tailor, soldier, patient: work attributes and depression disparities among young adults	<i>Social Science & Medicine</i>	- Employment - Age - Income	Center for Epidemiologic Studies–Depression Scale (CES-D)	982

References

- [1] Rich J. The Health of African American Men. *The Annals of the American Academy of Political and Social Science* 2000;569(1):149–59.
- [2] National Center for Health Statistics. Available at: <http://www.cdc.gov/nchs/data/misc/atlasres.pdf>. [Cited 2005 October 11].
- [3] Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/men/lcod.htm>. [Cited 2005 July 30].
- [4] U.S. Department of Health and Human Services. Mental Health: Culture, Race, and Ethnicity- A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
- [5] Williams D. The Health of Men: Structured Inequalities and Opportunities. *Am J Public Health* 2003;93:724–31.
- [6] American Psychology Association. Available at: <http://www.apa.org/topics/recover.html>. [Cited 2005 March 28].
- [7] National Institute of Mental Health. Available at: <http://www.nimh.nih.gov/publicat/depression.cfm>. [Cited 2005 July 30].
- [8] Murray CJL, Lopez AD, eds. Summary: The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors

- in 1990 and projected to 2020. Cambridge, MA: Published by the Harvard School of Public Health on behalf of the World Health Organization and the World Bank, Harvard University Press; 1996.
- [9] King G, Williams DR. Race and health: A multidimensional approach to African-American health. In: Amick B, Levine S, Trlov A, Walsh D, editors. *Society and Health*. New York: Oxford University Press; 1995 p. 93–130.
- [10] Mizell AC. Life course influences on African American men's depression: adolescent parental composition, self-concept, and adult earnings. *J Black Studies* 1999;29(4):467–90.
- [11] U.S. Bureau of the Census, Statistical Abstracts. Washington, DC: Government Printing Office; 1994.
- [12] Light RJ, Pillemer DB. *Summing up: The science of reviewing research*. Cambridge: Harvard University Press; 1984.
- [13] U.S. Department of Health and Human Services. *Depression in Primary Care: Detection and Diagnosis*, Agency for Health Care Policy, Public Health Service, Volume 1. Washington, DC; 1993.
- [14] Paxton KC, Robinson WL, Schoeny ME. Psychological Distress from African-American Adolescent Males: Exposure to Community Violence and Social Support as Factors. *Child Psychiatry Hum Dev* 2004;34(3):281–95.
- [15] Neighbors HW, Jackson JS, Bowman PJ, Gurin G. Stress, Coping, and Black Mental health: Preliminary Findings from a National Study. *Prevention in Human Services* 1983;2(3):5–29.
- [16] Weaver G, Gary L. Stressful life events, psychosocial resources, and depressive symptoms among older African American men. *The Urban Review* 1993;16(2):45–56.
- [17] Utsey SO, Payne Y. Psychological impacts of racism in a clinical versus normal sample of African American men. *J Afr Am men* 2000;5(3):57–72.
- [18] Utsey SO. Racism and the psychological well-being of African American men. *J Afr Am men* 1997;3(1):69–87.
- [19] Zimmerman M, Ramirez-Valles J, Zapert KM, Maton KI. A longitudinal study of stress-buffering effects for urban African American male adolescent problem behaviors and mental health. *J Community Psychol* 2000;28(1):17–33.
- [20] Bennett G, Merritt M, Edwards C. Perceived racism and affective responses to ambiguous interpersonal interactions among African American men. *Am Behav Scientist* 2004;47(7):963–76.
- [21] Utsey SO, Ponterotto JG. Development and validation of the Index of Race-Related Stress (IRRS). *J Couns Psychol* 1996;43: 490–501.
- [22] Elligan D, Utsey SO. Utility of an African centered support group for African American men confronting societal racism and oppression. *Cultur Divers Ethnic Minor Psychol* 1999;5:156–65.
- [23] Lazarus RS, Folkman S. *Stress, appraisal, and coping*. New York: Springer; 1984.
- [24] Norris FH, Murrell SA. Protective Function of Resources Related to Life Events, Global Stress, and Depression in Older Adults. *J Health Soc Behav* 1984;25:424–37.
- [25] Gary LE. Correlates of depressive symptoms among a select population of Black men. *Am J Public Health* 1985;75(1):1220–2.
- [26] Jones-Webb RJ, Snowden LR. Symptoms of Depression among Blacks and Whites. *Am J Public Health* 1993;83(2):240–4.
- [27] Zimmerman FJ, Christakis DA, Stoep AV. Tinker, tailor, patient: work attributes and depression disparities among young adults. *Soc Sci Med* 2004;58:1889–901.
- [28] Jones BE, Gray BA. Similarities and differences in Black men and women in psychotherapy. *J Natl Med Assoc* 1984;76(1): 21–7.
- [29] Munford MB. Relationship of Gender, Self-Esteem, Social Class, and Racial Identity to Depression in Blacks. *J Black Psychol* 1994;20(2):157–74.
- [30] Brown TN, Williams DR, Jackson JS, Torres M, Sellers SL, Brown KT. Being Black and Feeling Blue: the mental health consequences of racial discrimination. *Race & Society* 2000;2(2):117–31.
- [31] Harburg E, Erfurt J, Chape C, Havenstein L, Schull W, Schork MA. Socioecological stressor areas and black-white blood pressure: Detroit. *J Chronic Dis* 1973;26:595–611.
- [32] Jackson JS, Williams DR, & Torres M. Perceptions of discrimination, health and mental health: The social stress process. Chapter 8 in *Socioeconomic Conditions, Stress and Mental Disorders: Towards a New Synthesis of Research and Public Policy* 2002. Available at: http://www.mhsip.org/nimhdoc/socioeconmh_home2.htm.
- [33] Baker FM, Okwumabua J, Philipose V, Wong S. Screening African-American Elderly for the Presence of depressive symptoms: a preliminary investigation. *J Geriatr Psychiatry Neurol* 1996;9:127–32.
- [34] Husaini B, Moore S, Castor R, Nesor W, WhittenStoval R, Linn J, Griffin D. Social density, stressors, and depression: Gender differences among the black elderly. *J Gerontol Psychol Sci* 1991;46(5): 236–42.
- [35] Brown D, Ahmed F, Gary L, Milburn NG. Major depression in a community sample of African Americans. *Am J Psychiatry* 1995; 152(3):373–8.