

Disparities in diagnosis of depression



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In the paper, “ Disparities in Diagnosis of Depression”, the author has made a mention of the problem of African-Americans being less likely to report, getting evaluated or diagnosed for depression, mania or anxiety than their White Counterparts (Gary 2005). This paper would be concentrating on the reasons for this problem. In history, African Americans have been the victims of chattel slavery and many people felt that they could be suffering from certain mental changes.

Many people considered them to be suffering from a psychiatric disorder known as ‘ draptemania’ (characterized by the need to flee from captivity). Although, African-Americans have an inherent nature not to get depressed very easily because of their apparent happy character, the condition is also at a greater risk of going undiagnosed, under-diagnosed or even misdiagnosed. This was a concern existing since a long time and even till today this problem is existing (Baker, 2000, pp. 3167).

Minority communities especially African-American’s may make up a vital portion of the US population, and if health problems exist, the health status, economic welfare and quality of living of the entire nation would certainly be affected. Only a small portion of the minority population would be receiving ideal mental healthcare (Reus, 2001). It may not be felt that the mental health services for the African-American Communities should be improved as the risk of developing depression is comparatively lower compared to the White population.

Besides, the mental health services may be only developed to lower the occurrence of mental disorders rather than treating a much bigger problem (which could be increasing the risk of developing the disorder) (Witt, 2006).

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Many of the healthcare providers (such as hospitals, public healthcare settings, etc) tend to focus a lot on the ethnicity of the patients (usually the color the skin) rather than on the individual healthcare requirements and the several socio-economic factors.

Several of these providers assume certain problems or issues to have occurred (such as social problems, racial issues, trauma, alienation, etc), which would be responsible for the mental health disorder. The African-American Population may have certain negative experiences with the healthcare system, and hence in the future this ethnic group would develop negative feelings towards the system, thus reducing their reliance on it.

Hence, such individuals are less likely to go to the healthcare providers to seek medical care, and in such instances several mental disorders would go undiagnosed and untreated (Mallett, 2000). Several individuals belonging to the minority community may not seek mental health services as they may fear that they may be misunderstood and further they may undergo ill-treatment due to the prevailing lags inculture, ethnicity, language and literary levels.

Many of the African-Americans who are seeking mental health services may be locked or held in the hospital wards and forced to undergo treatment. They may be administered drugs in greater than normal dosage and all laws and regulations regarding management may be ignored, misused and by-passed. The White Physicians may be biased while diagnosing and treating African-American mental patients. They may discriminate them racially and be arrogant with them.

Some physicians may genuinely have a problem with African-American patients as they may not know the patient's language and culture (Mallett, 2000). Besides this, several other causes such as homelessness, the presence of several other general disorders, access to illegal drugs, lower levels of insurance coverage, etc, amongst African-American population were responsible for the lower chances of several mental disorders getting evaluated and treated (O'toole, T. P. , Pollini, R. , Gray, P. & Jones, T. ; 2007).