**Review Article**

**A Literature Review of Barriers to Mental Health Services Utilization and Help-Seeking Behaviors: Sub-Saharan African Immigrants’ Experience in the United States**

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**Abstract**

Immigrants are a unique population as they have to adjust to their new country of residence and contend with the increased stressors from their migration, including the concept of otherness and the multiple marginal identities that come with being in a foreign country. This population regularly experiences discrimination based on citizenship status, religion, language, cultural, and racial identities. These stressors can increase the chances of African immigrants developing mental distress. The symptoms associated with such mental distress were exacerbated during the COVID-19 pandemic, where long-standing health disparities and implicit bias against ethnic communities persist. This literature review aimed to examine factors that may impede the utilization of mental health services and factors associated with mental health help-seeking behavior among Sub-Saharan African immigrants in the USA. A literature review search of published articles in CINAHL, MEDLINE, and PsychInfo databases from 2014-2022 was conducted. Additional references were obtained from the bibliographies of these articles. Data were analyzed and categorized into themes. Barriers to mental health services included; stigma, discrimination, financial barriers, and lack of mental health literacy. Help-seeking factors included; religiosity, proficiency in English, level of education, neighborhood risk, gender, and age. This literature review revealed the complex nature of being an African immigrant, with many of the major themes being interrelated and thus challenging to explicitly define and independently analyze their singular effect on immigrant groups. Understanding these factors will provide concrete evidence for future research, policy development, and intervention programs that fully support African immigrants.

**Keywords:** African immigrants, Mental health, Mental illness, Mental challenges, Barriers, U.S.

**Introduction**

The International Organization for Migration [1] defines a migrant as a person who is moving or has moved to another country or within their state away from their usual environs due to various push and pull factors (2019). Globally, approximately 28.3 million sub-Saharan African immigrants reside outside their countries of birth; among these, 2.1 million live in the U.S. [2]. The World Migration Report [3] provided evidence that suggested a higher rate of mental distress, including stress, anxiety, depression, and post-traumatic stress syndrome among the migrant population as compared to the host population. The manifestation of symptoms associated with such mental distress was exacerbated during the COVID-19 pandemic, where the long-standing health disparities and implicit bias toward ethnic communities persist [4].

Research has demonstrated that immigrants fall under a unique population as they must adjust to their new country and contend with the stressors unique to migration [5]. These stressors include a language barrier, new culture, racial profiling, financial barrier, difficulties navigating the complexities of a new system, and the general fear of not belonging [6-9]. These stressors can increase the chances of African immigrants developing mental illnesses [6]. Given the profound impact of migration, it is surprising that little research has centered on African immigrants’ mental health and distress in the U.S.

Inconsistent findings have been reported on migration-related stress. Some authors have cautioned against the assumption that migration may lead to mental health problems [10-13]. These authors emphasized that immigrants are less likely to experience adverse mental health issues and physical health outcomes than native-born individuals. However, it is essential to note that these studies were conducted on non-African immigrants in the U.S. and, as such, made generalizations that do not pertain to African immigrants and their effect on accessing mental health services.

This difference in findings makes a case for further investigation into mental health among African immigrants. This paper will provide a literature review on the barriers to mental health services utilization and factors associated with mental health help-seeking behaviors in African immigrants. Understanding these factors may provide concrete research evidence for future research, policy development, and intervention programs that fully support African immigrants.

**Method**

The literature review was conducted via internet and database searches from January 2014 to December 2022. The database search covered, HealthStar (Ovid), Pubmed, PsycINFO, CINAHL, and the Cochrane Database of Systematic Reviews. For grey literature identification, relevant databases from the World Migration Report, United Nations Population Division, and US Department of Health and Human Services websites. Articles were selected based on recent publications, evidence quality, and studies in the U.S. The search terms were used in various keyword combinations, including “African immigrant,” “African immigrants,” “mental health,” “mental illness,” “mental challenges,” “barriers,” and “U.S.”

C**haracteristics of Included Studies**

A total of 1,514 articles were retrieved and analyzed (Figure 1). Of these, 30 articles were used after meeting the inclusion criteria. The results were then analyzed, and a descriptive synthesis and discussion of the findings were grouped into themes. Most of the papers were qualitative in nature(n=17), with fewer quantitative (n=12) and mixed methods (n=1) research analyzed. Most articles were recently published, ranging from 2014 to 2022.

**Figure 1:** Diagram Representing the Articles Searched.

Data were collected from participants, including African men and women, health care providers, and medical records. Data collection was mostly done via focus groups and structured interviews. Some studies used a theoretical framework to guide their studies (n=6). These frameworks included a post-colonial feminist approach, intersectionality theoretical framework, social constructionist theory, theory of constructivism, Anderson and Newman’s health services framework, and social learning theory. All participants in the included studies were African immigrants from different parts of sub-Saharan Africa (n=3,112).

**Results**

**Identified Themes**

After the analysis and synthesis of the articles, several themes were identified from the reviewed studies and categorized into two topics: (a) barriers to mental health services utilization, and (b) factors related to mental help-seeking behaviors among African immigrants (Table 1).

**Barriers to Mental Health Services Utilization**

**Stigma:** The stigma associated with mental health challenges has been described as having worse consequences than the condition [14]. A plethora of literature relating to stigma suggests that most people of color who go to a health care clinic with a plausible mental illness are often treated with a lack of dignity and respect by the health care providers [15,16]. Given such evidence, it is unsurprising that African immigrants, confounded with migration stressors, find it challenging to seek mental health services. Several types of stigmas are often related to mental illness, such as; public, self, institutional [17], and indigenous stigma [17]. In the literature reviewed, several authors reported that the participants experienced at least one stigma that formed a barrier to seeking treatment.

**Public Stigma:** According to Tanielian and Jaycox [17], public stigma refers to the societal misconception of individuals with mental illness and challenges. These misconceptions include constantly portraying the mentally ill as aggressive, dangerous, and inept at caring for themselves. Among African immigrants, public stigma is often accompanied by the general mistrust of mental health clinicians and the lack of awareness of the influence of culture in seeking mental help [18]. In their study, McCann et al. [19] found that public stigma ranked among the top barriers to mental health utilization, with participants concerned about the consequences of disclosure and being labeled a ‘lunatic.’ Nakajima, et al. [20] examined the attitudes of Somali immigrants toward mental health. The authors discovered that stigma and discrimination were barriers to seeking professional help. In addition, the authors noted that due to language barriers between the participants and the mental health clinicians, a communication stigma developed, thus further complicating the complexity of the stigma towards mental challenges.

**Community Stigma & Self‐Stigma:** Tanielian and Jaycox [17] defined self-stigma as a person or a community internalizing the public’s negative perceptions. Personal shame and fear of community rejection have deterred help-seeking behaviors [19], thus leading to the need for African immigrants to handle mental challenges independently [19,21]. In a qualitative study, Yohani et al. [22] explored the perception of mental health among African communities. Findings from this study revealed a general fear of admitting to having mental health challenges as one will be rendered weak and jeopardize the whole family’s reputation. Saasa et al. [23] found similar results when they examined the factors associated with mental health service utilization among African immigrants. Findings revealed that participants were afraid to be considered inadequate and feared rejection by their community.

**Culture:** **Ethnicity-Based Beliefs**. Negative attitudes and stereotypical views towards mental health and illness develop early in life and are deeply rooted in culture and cultural practices [24]. Culture defines how health care information is received, how rights and protections are exercised, what is a health problem, how symptoms and concerns about the problem are expressed, who should provide treatment for the problem, and what type of treatment should be given. While it is important to understand culture from the perspective of those who belong to it, it is also valuable to understand its origins’ intricate nature and beliefs.

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| Category A | Category B |
| Barriers to Mental Health Services Utilization | Factors Related to Mental Health Help-Seeking Behavior |
| StigmaPublic StigmaCommunity Stigma & Self‐StigmaCulture: Ethnicity-Based BeliefsFinancial BarriersRacial DiscriminationLimited Mental HealthAwarenessLack of Mental Health Literacy | ReligiosityNeighborhoodEnvironment & RiskLevel of Education & English ProficiencySocio-DemographicsAgeGenderMarital Status |

**Table 1:** Categories of Health Service Barriers and Behaviors.

Mental illness and challenges are often a source of shame in many cultures. In the literature reviewed, several authors stated that African immigrants have ethnic-based cultural norms and beliefs, influencing their reluctance to utilize mental health services. Such beliefs include self-healing and relying on traditional methods of treatment [23,25,26]. In addition, some cultural groups do not perceive mental health challenges as mental illnesses that require professional attention. These groups view mental illness as an evil spirit or generational curses that require traditional cleansing rituals [22]. It is, therefore, not surprising that culture is considered one of the most significant barriers to mental health utilization among African immigrants [23,27,28].

**Financial Barriers:** A constant source of income can be a source of security and shape an immigrant’s life in a new country. Several authors have identified financial strain and hardship as significant barriers to seeking and utilizing mental health services [21,23,29-31]. In Saasa’s study of 323 African immigrants, work-productivity loss was the strongest determinant of mental health care use. Participants were asked to respond to “Was your job performance adversely affected by mental health problems during the past 12 months.” The response from the participants supported the idea that health service utilization among African immigrants was primarily driven by symptom severity and functional limitations [21]. In Mwanri et al.’s [32] study, some participants indicated difficulty securing employment for various reasons, such as lack of experience and language barriers. One participant stated that without a source of income, the utilization of mental health services is not a priority [32].

**Discrimination:** African immigrants have to contend with the concept of otherness and the multiple marginal identities that come with being in a foreign country. This population may experience discrimination based on citizenship status, religion, language, cultural, and racial identities [33]. Several studies have suggested that the intersections of immigration status, country of origin, and race may lead to compounded discrimination that may produce socioeconomic inequality and mental health disadvantage for African immigrants compared with other immigrants in the USA [33,34]. Such experiences of discrimination, alongside being a minority, are a strong predictor of mental health problems and a barrier to mental health service utilization [23,25,33]. Escamilla and Saasa [23] surveyed 429 African immigrants to examine the gendered variations of mental health symptoms and found that loneliness and racial discrimination negatively impacted the mental health of both females and males. Similar findings were reported by Salami et al. [31], stating that racial and regional discrimination contributed to exacerbating their mental health challenges. However, the participants were reluctant to seek professional help due to stigma and a lack of resources. According to these findings, discrimination is a complex concept that exacerbates mental health issues and deters African immigrants from seeking care.

**Limited Mental Health Awareness & Lack of Mental Health Literacy:** Mental health literacy is the knowledge and beliefs about mental disorders, which is instrumental in their recognition, management, and prevention [35]. Therefore, it is unsurprising that most of the articles analyzed indicated a lack of mental health literacy and limited mental health awareness as a barrier to mental health service use. [23,31,36,37]. Using a mixed method of questionnaires and personal interviews, Mehari [36] examined the recognition of symptoms of mental health disorders among African immigrants. Findings revealed that most participants ignored mental distress symptoms, and some reported a lack of awareness that such symptoms may require professional help.

While, Saasa et al. [23] found similar results in their study, such that participants indicated a general lack of mental health literacy when asked to provide reasons for not seeking health care services. Salami et al. [31] also found that limited mental health awareness was a source of reluctance to seek mental health services, as participants were unsure if the symptoms were related to mental health distress. These authors emphasized a need for public health initiatives to increase mental health literacy among African immigrants.

**Category B: Factors Related to Mental Health Help-Seeking Behaviors**

**Religiosity:** Religiosity and mental health well-being have been vastly recognized as related; however, this association suggests a complex relationship. Literature suggests that religion can provide a platform for informal mental health care among African immigrants in the form of consultation with religious leaders and spiritual practices [25,38,39,40]. Informed religious leaders can provide awareness of mental health challenges in the community and encourage African immigrants to seek and utilize mental health services [23]. In a qualitative study exploring the mental health implications of living in the shadows of undocumented African migrant women, Olukotun et al. [39] found that women experienced feelings of depression and anxiety due to being in a new country but feeling displaced. According to the authors, the women relied on social support and religion to cope with the mental health challenges. Similarly, Pederson et al. [40] found that among respondents, using religious resources as a coping mechanism was associated with less stigma and influenced the use of professional mental health services. In Saasa et al. [23] study, participants reported higher odds of mental health utilization because of being involved in religious activities.

**Level of Education & Proficiency in Host Country Primary Language:** Empirical evidence suggests that the level of education and proficiency in the host country’s primary language enhances mental health help-seeking behavior among immigrant groups, including African immigrants [28]. In a cross-sectional study examining help-seeking behavior among 669 sub-Saharan African immigrants in the U.S., Orjiako and So [28] found that the educational level among participants significantly predicted professional mental health utilization. This study indicated that those with a higher level of education sought additional help outside their immediate family.

These authors asserted that a higher level of education may have provided more awareness about the host culture and the resources available. This study also revealed that having a higher command of the English language was predictive of help-seeking behaviors. Those who reported better English language skills were also more aware of mental health challenges and thus more inclined to seek help. Orjiako and So [28] argued that proficiency in English enabled the participants to conceptualize the mental challenges as theorized in Western society. Similar findings were reported by Saasa et al. [23], where English proficiency served as a platform for increased mental health service utilization. Several authors argued that the level of education and proficiency in English may have a ripple effect. Specifically, that African immigrants who are inept in this skill set may have to contend with the compounded challenges of immigration‐related stress that can intensify long‐term mental health problems [23,25,28,41].

**Neighborhood Environment & Risks:** Neighborhood environments have been long recognized as structural conditions that have the potential to shape a person’s life and opportunities [42]. Although mentioned in some of the literature reviewed, the neighborhood environment has been suggested as a catalyst for seeking mental health services [18,23,22]. Examining the role of a specific neighborhood environment on health-seeking behaviors is complex, as other variables may be interrelated and influence each other. These variables include individual characteristics, location, culture of the neighborhood, and the resources available [12,43]. Most authors did not discuss the relationship between the neighborhood environment and seeking health services.

**Socio-Demographic Characteristics:** Research into the association between age and mental health-seeking behaviors among African immigrants yielded inconsistent findings.

**Age:** Some studies found that the likelihood of mental health service utilization increased with age [23,33;] while other studies reported that younger immigrants were more aware of the mental challenges and were willing to seek help than older immigrants [44]. Interestingly, some researchers have argued that the age of an immigrant at the time of migration shapes the individual in how decisions are made, the ease of learning the new language, and opportunities to seek and utilize resources [12,45].

**Gender:** Some authors have reported that gender plays an integral role in the complexities of migration and its impact on an immigrant’s mental well-being, with more women seeking mental health services than men [19,29,46]. Several possible explanations exist for the higher incidence of mental health use among female African immigrants. Researchers posited that men and women commonly respond to stress with different coping strategies or that men and women face varying levels of stress [19,46]. In addition, these researchers suggest that due to the high expectations of the African male immigrant, the stigma associated with mental illness and the general fear of appearing weak has created a gap in the utilization of mental health services. Other studies [23,33] found no significant gender differences in service utilization.

**Marital Status:** In the Saasa et al. [23] study, marital status was found to be among the strongest predictor of mental health service utilization, such that those participants who were not married utilized more mental health services [23]. Similar findings were noted by Ayele et al. [29]; however, the specific role of the relationship status (married or not married) in the use of mental health services was not elaborated.

**Discussion**

The primary purpose of this literature review study was to identify factors associated with the utilization of mental health services among African immigrants in the U.S. These factors included barriers and help-seeking behaviors for mental health use. This literature review, taken together, has revealed the complex nature of being an African immigrant, with many of the major themes being interrelated and, thus, challenging to explicitly define and independently analyze its effects on immigrant groups. The inconsistency in findings reveals gaps in knowledge that future studies should address.

The major themes in the literature reviewed are not a novelty regarding factors influencing mental health services utilization, especially among black people in America. African immigrants are unique in that they must contend with the concept of otherness and the barriers identified [34]. Chapel [47] suggested using mental health awareness campaigns, such as mental health first aid (MHFA) training, that aim to fundamentally reduce the perception that some barriers associated with mental health problems can enhance help-seeking behaviors.

One of the major themes identified is stigma and discrimination. As noted earlier in the paper, stigma and discrimination associated with mental illnesses may have worse consequences than the conditions themselves [14]. Mental health awareness campaigns can potentially increase and facilitate the public’s early identification and treatment of mental health challenges [48], ultimately fostering acceptance of mental health disease and reducing stigma [47]. African immigrants reported having limited mental health awareness and lacking mental health literacy. Such campaigns will benefit this population in that the information received can be used to initiate dialogues amongst each other and with formal and informal mental health providers.

Part of mental health awareness campaigns includes training interventions targeted to specific populations. One of the recent trainings aimed at raising mental health awareness is MHFA training. According to the National Council for Well-Being [49], MHFA training instructs participants on early recognition and response to signs and symptoms of mental health challenges. The training provides skills to deliver care and support to an individual going through a mental health crisis and offers information on how to provide self-care [50].

Culture is another significant barrier to mental health utilization that can profoundly influence every aspect of health and illness. An immigrant’s culture may dictate how symptoms are perceived, coping patterns, the need to utilize health services, treatment adherence, how to communicate, and most importantly, what information to share with health care providers. To understand the effects of culture on mental health services uses, several researchers have suggested that healthcare providers familiarize themselves with existing community leaders and religious organizations in order to identify and mobilize specific psychosocial support and other resources when needed [7,28]. In addition to cultural familiarity, some researchers insist that using a cultural broker as an interpreter when there is a cultural barrier can potentially increase clinical assessment and treatment options among African immigrants [7,51]. A cultural broker advocates for an individual, translating not just language difficulties but significant cultural concepts [51].

Culture is highly intertwined with religion and religious practices among African immigrants; thus, some researchers suggest seeking the assistance of religious leaders and community leaders to bridge the gap of uncertainty to mental health services providers and utilization of services [23,52]. Given that religious leaders are often revered within the African immigrant population, it would be beneficial for health providers and policymakers to initiate a close partnership with these community leaders, provide adequate training in the assessment and early recognition of mental health needs, and help formulate a referral system for those in need of specialized services [23].

Another factor that intersected with other themes was the concept of neighborhood environments. Roux [43] stated that most individuals are keenly aware of the benefits of living in a “good” neighborhood as opposed to a “bad” one. Some authors have cautioned against investigating neighborhoods as a single variable that could influence health and utilization of health services [23,43]. These authors argued that neighborhood environments are a multidimensional factor and should be researched as such. Attributing neighborhood factors directly to disease with little consideration of how the disease is expressed from an individual or cultural point of view may result in incomplete conclusions and weak correlations [53,54]. Investigations of neighborhood effects on health should have an explicit conceptual definition of what neighborhoods is within their broader context. The structure of a neighborhood results from variables such as migration, political decisions, discrimination, and economic status [43]. Therefore, neighborhoods should be researched as interacting parts when dealing with mental health utilization.

Socio-demographics, including gender, marital status, and age, may profoundly influence those seeking mental health services. Within the African culture, these variables are critical in defining a person within the community. Being male is often attributed to dominance, strength, being a provider, and being devoid of fear. With such attributes, it is unsurprising that male immigrants do not utilize mental health services as frequently as female African immigrants. In addition, being male, black, and with an accent in a foreign country that profiles people of color can hinder the utilization of mental health services due to the general fear of experiencing discrimination. Mental health providers can build a trusting rapport with African immigrants, assist in demystifying mental health challenges, and address the damaging effects of discrimination on emotional well-being [55].

The immigrant’s age resulted in conflicting findings: Both older and younger African immigrants were found to seek mental health services. However, emerging literature suggests that the age of migration determines the navigation of an African immigrant in a new country. Few studies addressed marital status as an influential factor in seeking mental health services, and of these articles, there was a lack of specification on whether being married or not married was the driving factor. Given that marital status is a vital aspect of African culture, more research is needed to identify the specific role of marital status in mental health services use.

**Conclusion**

The themes analyzed provide an interesting perspective of what it entails to be an African immigrant in the U.S. and the complexities of utilizing the mental health system and providing services. As noted, immigration has related stressors that can exacerbate prior and subtle mental health challenges among African immigrants. Several authors have offered suggestions for future research that includes initiatives to increase mental health literacy by using `mental health campaign awareness, such as mental health first aid training as an initial opening dialogue to mental health awareness. Utilizing informed religious leaders and cultural brokers is critical in bridging the gap between awareness of mental health symptoms and accessing mental health services. Future studies should, therefore, include these leaders as part of the intervention process. Public health initiatives also need to increase financial accessibility to mental health use, as this was identified as a barrier to mental health use. A clear need for longitudinal studies is needed to assess the factors that are interrelated and intertwined within the broader context of immigration.

This literature review has shed light on some of the persistent barriers to mental health service utilization and provided information on factors that can be catalytic in seeking mental health services. Understanding these factors provides the foundation for further research and interventions that specifically address the experience of African immigrants in the U.S.

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