

# Depressive Distress and Prevalence of Common Problems Among Homosexually Active African American Women in the United States

Vickie M. Mays, PhD, MSPH  
Susan D. Cochran, PhD, MS  
Michele R. Roeder, BA

**SUMMARY.** We report findings from a national survey of 603 homosexually experienced African American women who self-identified as lesbian, gay, or bisexual. Levels of psychological distress greatly exceeded population norms for African American women. The most frequent problems participants reported were romantic relationship and financial difficulties. Problems with using drugs or alcohol to self-medicate psychological distress were the most chronic stressors. Although

---

Vickie M. Mays is affiliated with the Department of Psychology, University of California, Los Angeles. Susan D. Cochran is affiliated with the Epidemiology School of Public Health, University of California, Los Angeles. Michele R. Roeder is affiliated with the Department of Psychology, University of California, Los Angeles.

Address correspondence to Vickie M. Mays, University of California, Los Angeles, 1285 Franz Hall, Box 951563, Los Angeles, CA (E-mail: mays@ucla.edu).

This work was supported by grants from the National Institute of Mental Health, the National Institute on Allergy and Infectious Diseases, and the National Institute of Drug Abuse (MH42584, MH44345, AI38216, DA15539).

[Haworth co-indexing entry note]: "Depressive Distress and Prevalence of Common Problems Among Homosexually Active African American Women in the United States." Mays, Vickie M., Susan D. Cochran, and Michele R. Roeder. Co-published simultaneously in *Journal of Psychology & Human Sexuality* (The Haworth Press, Inc.) Vol. 15, No. 2/3, 2003, pp. 27-46; and: *Lesbian and Bisexual Women's Mental Health* (ed: Robin M. Mathy, and Shelly K. Kerr) The Haworth Press, Inc., 2003, pp. 27-46. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

<http://www.haworthpress.com/web/JPHS>

© 2003 by The Haworth Press, Inc. All rights reserved.  
Digital Object Identifier: 10.1300/J056v15n02\_03

31% of women indicated they received emotional support from a counselor or other professional in the prior month, the least likely to receive support were those reporting chronic financial, housing, anger, or substance use problems. These findings underscore the vulnerability of African American women, who navigate the triple stigma of having a minority ethnicity, sexual orientation, and gender. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Lesbians, African-American, depressive distress, life stressors

Recent studies suggest that homosexually active women experience greater lifetime prevalence rates of common mental health disorders, such as alcohol dependence, depression, and drug abuse, attempted suicide, and psychiatric help-seeking than those reported by exclusively heterosexually active women (Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Cochran, Keenan, Schober, & Mays, 2000; Cochran & Mays, 2000; Bux, 1996; Cochran, Bybee, Gage, & Mays, 1996; Gillow & Davis, 1987; Saghir, Robins, Walbran, & Gentry, 1970). Mental health concerns among lesbians who are racial/ethnic minorities have been greatly understudied despite research findings indicating that these women may experience a number of stressors commonly associated with higher burden of mental disorders, even more so than White lesbians (Greene, 1994, 2000, 2000; Matthews & Hughes, 2001; Mays, Cochran & Rhue, 1994; Cochran & Mays, 1994). For example, a previous study observed that homosexually active African American women may be especially vulnerable to depressive disorders (Cochran & Mays, 1994). This group was found to evidence symptoms more likely to fall into a clinically diagnosable category of depression than gay men who had been diagnosed with AIDS or HIV-related illnesses.

Identifying the specific problems that may be associated with depressive distress among homosexually active African American women might improve both treatment and prevention programs targeting depressive distress (Cochran & Mays, 1994; Matthews & Hughes, 2001). One early study by Bell and Weinberg (1978) found that African American lesbians, relative to white lesbians, more often perceived

themselves to be (a) lonely, (b) in poorer health, (c) evidencing a greater number of somatic symptoms, (d) manifesting more tension, and (e) they reported less job satisfaction. Recently, Matthews and Hughes (2001) examined some of the specific problems faced by homosexually active African American women in a study that measured African American women's rates of mental health service use. They found that the most common reasons for seeking help among lesbian and heterosexual African American women were similar (i.e., feeling sad or depressed). Most studies, however, have more generally examined problems affecting either lesbians or African American women. Overall, these studies have found that the prevalence and consequences of alcohol abuse is higher among African American than among White women (Mays, Beckman, Oranchak, & Harper, 1994; Clark & Midanik, 1982; Herd, 1985; Caetano, 1984), that lesbian couples earn less than heterosexual couples (Badgett, 1998), and that lesbians in general often feel isolated (Mays et al., 1994; Greene, 1996) and have difficulty finding positive role models of lesbian relationships (Matthews & Hughes, 2001).

The present study examines the self-reported prevalence of common stressors, depressive distress, and help-seeking among a national sample of 603 homosexually active African American women. Our interest is in understanding the types of stressors that highly stressed and help-seeking African American lesbians and bisexual women report. This information might prove useful in tailoring at both individual and social levels interventions that may reduce the elevated levels of depressive distress thought to be commonly experienced by these women.

## ***METHOD***

### ***Procedures***

A national sample of 603 homosexually active African American women was recruited from across the United States to complete anonymous questionnaires (Cochran & Mays, 1994; Mays & Cochran, 1988a; Mays & Jackson, 1991; Peplau, Cochran & Mays, 1997). In order to ensure a heterogeneous sample, a variety of recruitment methods were employed. Questionnaires were mailed to the members of national Black gay and lesbian political, social, and health care organizations, such as the National Coalition of Black Lesbians and Gays. Each nondescript manila envelope contained a questionnaire as well as a stamped,

preaddressed envelope with which to return the questionnaire. A postcard was also included, which could be returned separately if the respondent wished to request additional questionnaires for friends or flyers to be distributed or posted in the meeting places of various gay organizations and social groups. In addition, flyers were mailed to lesbian organizations and business establishments describing the study. We also used announcements in the lesbian press to publicize the survey.

Participants responded voluntarily to the self-administered, anonymous questionnaires. A cover letter informed subjects about the purpose of the study and the protection of their privacy. We conducted several focus groups and pretests of preliminary instruments in locations throughout the United States, including both rural and urban areas, to assist us in the modification of our previous instruments. Our goals in the focus groups and pretests were to: (a) determine areas of specific concerns in the lives of African American lesbians; (b) develop language that would be reflective of the culture of African American lesbians regardless of regional, education, and class differences (see Mays et al., 1992, for discussion); (c) determine the best ordering of items, tolerable length of questionnaire, and format of the instrument; and (d) learn more about methodological parameters for reaching "hidden" African American lesbians who, despite being homosexually active, did not identify as such and were not likely to be reached through organized lesbian networks.

### *Study Participants*

Questionnaires were completed by 603 African-American women who reported having had homosexual sex and whose sexual orientation was not heterosexual. Eighty-five percent considered themselves lesbian or gay (see Table 1). Women ranged in age from 18 to 60 years with a median age of 32 years. On average, women had completed approximately 15 years of schooling ( $X = 15.4$ ,  $S.D. = 2.6$ ). The great majority of participants reported being employed more than 20 hours per week. The median annual income was \$17,500. Two thirds of participants reported being in a current lesbian relationship.

### *Questionnaire*

The self-administered questionnaire extensively asked women about their life experiences. Sections relevant to the present study included:

*Frequency of common problems.* Using the National Survey of Black Americans (Jackson, 1991; Jackson & Gerald, 1999) as a guide in de-

TABLE 1. Demographic Characteristics of the African American Lesbians and Bisexual Women

Demographic Characteristic	N	Percent
<i>Age</i>		
18-24 years	90	15.0%
25-34 years	283	47.2%
35-44 years	171	28.5%
45+ years	56	9.3%
<i>Education</i>		
High school or less	70	11.8%
Some college	247	41.5%
Bachelor's	127	21.3%
Graduate school	151	25.4%
<i>Employment status</i>		
Employed more than 20 hours/week	489	81.5%
Employed less than 20 hours/week	51	8.5%
Not employed	60	10.0%
<i>Annual income</i>		
< \$ 5,000	52	8.8%
\$ 5,000-\$10,999	102	17.7%
\$11,000-\$19,999	202	34.1%
\$20,000-\$39,999	200	33.8%
> \$40,000	33	5.6%
<i>Sexual orientation</i>		
Lesbian/gay	504	85.1%
Bisexual	66	11.1%
Other (but not heterosexual)	22	3.7%
<i>Relationship status</i>		
Single	205	34.0%
In current lesbian relationship	398	66.0%
<i>Geographic location</i>		
Northwest/West Coast/Southwest	293	49.2%
Northeast/East Coast	131	21.9%
Midwest	85	14.4%
Southeast/South	87	14.4%

Note. N = 603, except for missing data.

veloping the questionnaire, we asked respondents to indicate the frequency with which they experienced problems in each of nine areas of their lives. Three were related to economic factors including job, financial, and housing problems. Two were relationship-based including problems with one's love life or family. Four were personal including

health problems, using drugs or alcohol as a means of coping, suicidal thoughts, and anger (thoughts of doing harm to someone else). Frequency was measured using 5-point items anchored by "never," "rarely," "sometimes," "often," and "most of the time." Problems responded to as occurring "often" or "most of the time" were considered to be frequent problems of the past year. After completing this measure, women were asked to indicate which of the problems was their most distressing. Eighty-three percent of women ( $n = 503$ ) surveyed listed one of the nine problems, 9% ( $n = 54$ ) listed two, 3% ( $n = 15$ ) listed 3, and 5% ( $n = 31$ ) did not answer the question. Next, women were asked how long they had been troubled by their most distressing problem.

*Psychological help.* The questionnaire did not ask women specifically whether or not they were currently in psychotherapy. However, women were asked about several possible sources of emotional support in the month prior to completing the questionnaire, including the receipt of emotional support from a "counselor, social worker or other professional." Using this variable as a proxy for current therapy utilization, we considered those women who indicated receiving emotional support from this target to have a therapist. Similarly, we assumed that women who did not indicate support from this target were not utilizing psychotherapy services. Necessarily, this proxy represents a somewhat imprecise assessment of therapy utilization because some women may be referring to service providers other than therapists. Women were also asked how frequently in the past year they had had thoughts about seeking professional help for their problems. The 5-item measure was anchored with "never," "rarely," "sometimes," "often," and "most of the time." Women who reported thinking about seeking help "often" or "most of the time" were considered as having frequent thoughts of seeking help.

*Depressive distress.* Respondents completed the Center for Epidemiologic Studies-Depression Scale (Radloff, 1977). This 20-item inventory of common symptoms indicative of depression was developed for use with non-psychiatric samples. Scores range from 0 to 60, with scores  $> 15$  used to indicate probable depression.

*Demographic characteristics.* The questionnaire also assessed age, educational achievement, employment, annual income, current relationship status, and self-rated sexual orientation.

### **Data Analysis**

Data were analyzed by chi-square analyses and logistic regression. We examined correlates of reported problems using stepwise logistic

regression procedures (Hosmer & Lemeshow, 1989). Variables we considered for entry in these equations included respondents' age, education, relationship status, sexual orientation, employment status, income, and presence of depressive distress. To conduct the analyses, we categorized respondents into one of four age categories (under age 25, between age 25 and 34, between age 35 and 44, and age 45 and older). Similarly, we recorded educational achievement as high school or less, some college, bachelor's degree, and evidence of graduate education. Sexual orientation was coded into two categories, gay or lesbian versus bisexual or other. Employment status was divided into three categories: employed 20 hours per week or more, employed 20 hours per week or less, and not employed. The latter category included 36 unemployed women, 10 who were disabled or retired, 11 who survived by "side hustle," and 3 who were being supported by their partner. Income was divided into five categories (less than \$5,000 per year, \$5,000 to \$10,999, \$11,000 to \$19,999, \$20,000 to \$39,999, and \$40,000 or more per year). Using the standard CES-D cutoff score of 16 and above, we categorized women as either not depressed or depressed. Variables were entered on a forward stepwise manner with evaluation of model improvement via an improvement of fit chi-square test. Fit of the final equations was evaluated by Hosmer-Lemeshow goodness-of-fit tests, with all equations reported achieving model fit. We report prevalence odds ratios and their 95% confidence intervals. Intervals that do not include 1.00 indicate a statistically significant association between the correlate and the dependent variable at the .05 level. Odds ratios greater than 1.00 indicate a positive association; those less than 1.00 indicate a negative association. Logistic regression was also used to examine associations between presence of a counselor and different problems, after adjusting for levels of depressive distress. Again, we report adjusted prevalence odds ratios and their 95% confidence intervals. Intervals that do not encompass 1.00 indicate a statistically significant association.

## **RESULTS**

### ***Depression, Chronicity of Distressing Problems, and Desires for Help***

As anticipated, the African American women participating in this survey indicated high levels of depressive distress. In prior population-based studies, approximately 26% of African American women scored above 15 on the CES-D (Vernon, Roberts, & Lee, 1982;

Comstock & Helsing, 1976; Cochran & Mays, 1994). However, in the current sample 38% of the women scored above the cut-point for probable depression ( $> 15$ ) (see Table 2).

Approximately half of the sample reported that their most distressing problem in the past year was one of a chronic nature, lasting more than six months. Depressed women were significantly more likely than non-depressed women to report that their most distressing problem in the past year had lasted more than six months (59% vs. 46%,  $X^2(1) = 7.40, p < .01$ ).

Thirty-one percent of women reported receiving emotional support from a counselor or other professional in the past month. Also, 22% of women indicated frequent thoughts of seeking professional help in the past year. As might be expected, women who reported frequent thoughts of seeking help in the past year were significantly more likely than women who had not to report recent emotional support from a therapist (60% vs. 22%,  $X^2(1) = 68.31, p < .001$ ). Also, women who reported frequent thoughts of seeking help were more likely to be depressed than those who did not (62% vs. 32%,  $X^2(1) = 37.76, p < .001$ ).

TABLE 2. Depressive Distress, Chronicity of Most Upsetting Problem, and Presence of a Therapy Relationship Among African-American Lesbians and Bisexual Women

Characteristic	N	Percent
<i>Duration of most upsetting problem in past year</i>		
Less than one month	79	16.7%
One to 6 months	154	32.6%
Seven to 12 months	103	21.8%
One year or more	136	28.8%
<i>CES-D Depression Score</i>		
Nondepressed (score < 16)	372	61.5%
Probable depression (score 16 or above)	233	38.5%
<i>Reports emotional support from a therapist</i>		
No	417	69.3%
Yes	186	30.8%
<i>Thoughts of getting help in past year</i>		
Never/infrequent	464	78.4%
Often or most of the time	128	21.6%

Note. N = 603, except for missing data.



### *Frequency of Problems*

As can be seen in Table 3, the two most prevalent problems that women reported were problems with their love life and financial problems. More than a third of the sample reported frequent problems within these areas. These two problems also represented the most distressing problems in the past year. Less commonly, women were bothered by job and family problems.

Though 18% of women reported using drugs or alcohol frequently to make themselves feel better, only 7.2% of women reported that drug or alcohol use was their most distressing problem. However, for nearly two-thirds of those who did so, this problem was chronic, defined as lasting more than 6 months. Also, a small percentage of women reported frequent problems with anger and suicidal thoughts. Approximately 5% reported frequent thoughts of doing harm to someone else, with 4% of women reporting that this was their most distressing problem. Problems with anger appeared to trouble women for shorter peri-

TABLE 3. Self-Reported Problems Experienced by African-American Lesbian and Bisexual Women in the Past Year

Problem area	Reports problem occurs often <sup>1</sup>		Reports problem as most upsetting <sup>2</sup>		Most upsetting problem has lasted more than 6 months
	Percent	(95% CI)	Percent	(95% CI)	
Problems with love life	39.5%	(35.6%-43.5%)	32.6%	(28.9%-36.6%)	48.0%
Financial problems	35.4%	(31.6%-39.3%)	30.0%	(26.3%-33.9%)	51.1%
Job problems	22.2%	(19.0%-25.6%)	10.4%	(8.0%-13.0%)	58.3%
Problems with family members	17.8%	(14.9%-21.0%)	12.8%	(10.2%-15.7%)	56.9%
Used drugs or alcohol to make self feel better	18.1%	(15.2%-21.3%)	7.2%	(5.3%-9.5%)	63.3%
Health problems	13.4%	(10.9%-16.3%)	7.2%	(5.3%-9.5%)	46.9%
Housing problems	10.5%	(8.2%-13.2%)	4.0%	(2.6%-5.9%)	61.9%
Thoughts of doing harm to someone else	5.5%	(3.9%-7.5%)	4.0%	(2.6%-5.9%)	27.8%
Thoughts of suicide	4.3%	(2.9%-6.2%)	4.6%	(3.1%-6.5%)	42.9%

Note. N = 603, except for missing data. S.D. = standard deviations.

<sup>1</sup>Percent reporting problem occurring "often" or "most of the time."

<sup>2</sup>Sums to greater than 100% because individuals sometimes listed more than one problem.

ods of time than other difficulties. Only 28% reported that thoughts of doing harm to someone else had lasted over 6 months. More than 4% of women reported frequent suicidal thoughts, and 4.6% indicated that suicidal thoughts were their most distressing problem.

### *Correlates of Frequent Problems*

Overall, depressive distress was positively associated with reports of frequent problems regardless of their nature (see Table 4). Reporting frequent problems with one's love life was also associated with being single. In contrast, reporting problems with family members was positively associated with lower income, being in a current relationship, and higher levels of depressive distress.

As might be expected, predictors of reporting financial problems included lower income, being employed part-time, and greater levels of depressive distress. Frequent job difficulties were associated with being employed part-time or not at all, lower income, and greater depressive distress. Also, frequent housing related problems were associated with lower income and depressive distress. Frequent health problems in the last year were associated with both depressive distress and being in a current relationship. Frequent use of drugs or alcohol as a coping response was related to being unemployed and reporting greater levels of depressive distress. Frequent thoughts of doing harm to someone else were related both to depressive distress and younger age. Finally, frequent suicidal thoughts were positively related to depressive distress.

### *Presence of Therapist Among Those Reporting Frequent Problems*

As can be seen in Table 5, women who reported problems with their love life, job, health, and suicidal thoughts were more likely to indicate that they had emotional support from a counselor or professional in the past month, even after controlling for differences in depressive distress. In addition, findings suggest that reporting problems with one's family members might be associated with the presence of a counselor or therapist. However, the degree of uncertainty in estimating the prevalence odds ratio is such that this conclusion may be premature.

## **DISCUSSION**

Results of the present study provide some insight into common problems affecting homosexually active African American women and the

TABLE 4. Demographic Correlates of Frequent Problems of African American Lesbian and Bisexual Women: Results of Stepwise Logistic Regression Analyses<sup>1</sup>

Problem area correlates	Odds Ratio	95% CI	Improvement of Fit X <sup>2</sup> Probability
<i>Problems with love life</i>			
Depression, greater	2.22	(1.56-3.17)	.001
Relationship status, coupled	.45	(.32-.66)	.001
<i>Financial problems</i>			
Income, higher	.58	(.48-.70)	.001
Depression, greater	1.65	(1.14-2.40)	.005
Employment status <sup>2</sup>			.03
Employed parttime	2.35	(1.20-4.64)	
Not employed	1.37	(.76-2.50)	
<i>Job Problems</i>			
Employment status <sup>2</sup>			.001
Employed parttime	2.14	(1.06-4.32)	
Not employed	4.37	(2.34-8.14)	
Depression, greater	2.59	(1.69-3.97)	.001
Income, higher	.78	(.63-.97)	.02
<i>Problems with family members</i>			
Depression, greater	2.08	(1.33-3.25)	.001
Relationship status, coupled	1.81	(1.09-3.00)	.02
Income, higher	.80	(.65-.99)	.04
<i>Using drugs or alcohol</i>			
Depression, greater	1.90	(1.23-2.95)	.002
Employment status <sup>2</sup>			.04
Employed parttime	.69	(.28-1.70)	
Not employed	2.14	(1.15-3.98)	
<i>Health problems</i>			
Depression, greater	3.02	(1.81-5.02)	.001
Relationship status, coupled	1.92	(1.07-3.44)	.02
<i>Housing problems</i>			
Income, higher	.60	(.47-.78)	.001
Depression, greater	1.88	(1.09-3.24)	.02
<i>Thoughts of doing harm</i>			
Age, older	.46	(.28-.77)	.001
Depression, greater	2.56	(1.20-5.46)	.006
Employment status <sup>2</sup>			.08
Employed parttime	1.79	(.56-5.69)	
Not employed	2.94	(1.18-7.28)	
<i>Suicidal thoughts</i>			
Depression, greater	3.94	(4.36-81.5)	.001

<sup>1</sup>Variables considered for entry included age, education, relationship status, sexual orientation, employment status, income, and depression.

<sup>2</sup>Referent is employed > 20 hours per week.

TABLE 5. Prevalence of Frequent Problems<sup>1</sup> and Reports of Emotional Support from a Counselor or Other Professional: Results of Logistic Regression Analyses Predicting Counselor Presence

Problem areas	Number reporting problem	Counselor present	Adjusted <sup>2</sup> Odds Ratio	95% CI	Improvement of Fit <sup>2</sup>
Problems with love life	235	39.1%	1.70	(1.18-2.44)	.004
Financial problems	215	34.7%	1.25	(.86-1.79)	ns
Job problems	132	43.2%	1.94	(.95-2.32)	.002
Problems with family members	107	40.2%	1.49	(.95-2.32)	.004
Used drugs or alcohol to make self feel better	109	35.0%	1.23	(.78-1.92)	ns
Health problems	81	45.7%	1.93	(1.19-3.16)	.009
Housing problems	63	30.1%	1.32	(.76-2.30)	ns
Thoughts of doing harm to someone else	33	42.4%	1.59	(.77-3.27)	ns
Thoughts of suicide	26	57.7%	2.65	(1.15-6.11)	.02

Note. N = 603. CI = Confidence Interval. Probability indicated for Improvement of Fit Chi-Square. ns = not significant.

<sup>1</sup>Problems occurring in the past year "often" or "most of the time."

<sup>2</sup>Odds ratio adjusted for depressive distress.

relationship of these problems to depressive distress. Approximately half of the sample reported that their most distressing problem in the past year was chronic, lasting more than six months, with the two most prevalent and upsetting problems involving difficulties with love relationships and finance (Peplau, Cochran & Mays, 1997; Cochran & Mays, 1994). Problems with job, family, and alcohol or drugs were less commonly reported, as were problems with health, housing, anger, and suicidal intent. One encouraging finding is that difficulties with drugs and alcohol seem to be less serious than reported previously among the general lesbian population (Cochran, 2001; Cochran, Keenan, Schober, & Mays, 2000; Diamant, Wold, Spritzer, & Gelberg, 2000; Roberts & Sorenson, 1999; Lewis, Saghir, & Robins, 1982). However, this result was based on self-reports, and as such may not be a wholly accurate reflection of the severity of alcoholism within the sample. Use of drugs and alcohol appeared to trouble women for longer periods of time than other problems; however, only slightly more than 7 percent of those who reported using drugs and alcohol to feel better indicated that this problem was their most upsetting.

Homosexually active African American women, as a whole, experience elevated levels of depressive distress when compared to African American women in general (Cochran & Mays, 1994). In prior population-based studies (Vernon et al., 1982; Comstock & Helsing, 1976), approximately 26% of African-American women scored above 15 on the CES-D, but in the current study, 38% of the women scored above the cut-point for probable depression. The triple stigmatization of being a racial/ethnic minority, being a female, and being lesbian or bisexual may be important risk factors that help to explain the high level of depressive distress observed in our sample (Langer & Michael, 1963; Cochran & Mays, 1994; Mays et al., 1994). This concept is what Greene (1994) calls the "Triple Jeopardy" in which the individual stressors associated with race, gender, and sexual orientation discrimination compound and result in detrimental effects on mental health. African American lesbians must not only deal with the stress of managing the dominant culture's racism, homophobia, and sexism but must also deal with racism within the gay communities (Matthews et al., 2002; Greene, 1994; Mays et al., 1994). Effective targeting of mental health interventions may be enhanced by understanding the sources of higher distress levels (Greene, 1996). At the same time, while discrimination and other social factors may be important contributors to these women's distress levels (Cochran, 2001), presenting complaints in therapy are often focused around the mundane details of common life difficulties.

In the current study, women who had frequent problems in the past year with their job, health, love life, and suicidal thoughts were most likely to report the presence of a counselor or therapist. Those who were depressed were also more likely to think about seeking help than those who were not depressed. In contrast, women reporting problems that may be more difficult to address in therapy, such as difficulties with finances, housing, feelings of anger, and use of drugs or alcohol were among those least likely to report support from a counselor in the past month. Further, only 38% of respondents who scored above the cut-point for probable depression frequently thought of getting help in the past year. This suggests that there is unmet need for professional mental health services among African American lesbians and bisexual women.

There are several possible reasons for this. First, African Americans in general are more likely to use informal sources of care as opposed to formal help-seeking of psychotherapy (Matthews & Hughes, 2001; Cooper-Patrick, Gallo, Powe, Steinwachs, Eaton, & Ford, 1999; Snowden, 1999; Neighbors, 1988; Neighbors & Jackson, 1984). Ethnic communi-

ties and extended families often serve as the primary reference groups providing support for their members at times of distress (Mays, Howard-Caldwell, & Jackson, 1996; Green, 1998; Boyd-Franklin, 1989). In a study that examined the usage of African American ministers as a source of help for serious emotional problems among African Americans, Neighbors and colleagues (1998) found that regardless of the type or severity of the emotional problem, those who sought help from clergy first were less likely to seek help from other professionals.

Second, a number of studies suggest that African Americans in general are significantly less likely than other groups to seek and to receive adequate care (Smedley, Stith, & Nelson, 2002; Mays, Cochran, & Sullivan, 2000; Alegria, Canino, Rios, Vera, Calderon, Rusch & Ortega, 2002; Matthews & Hughes, 2001; Mays, Yancey, Cochran, Weber, & Fielding, 2002; Mays, Coleman, & Jackson, 1996; Snowden, 2003, 1999; Sue, Fujino, Hu, Takeuchi, & Zane, 1991). Partly this is due to disparities in access to, utilization of, and satisfaction with mental health services (Snowden, 2003; Kohn & Hudson, 2002; Mays et al., 1996). For example, Sussman and colleagues (1987) found that some African Americans do not seek help for depression until it has reached a severe stage. Likewise, a study by Wang and colleagues (2002) that looked at the quality of treatment for serious mental illnesses in the United States found that being African American was a predictor of not even receiving "minimally adequate" treatment. In both national and smaller clinical studies, African Americans were less likely to receive appropriate mental health services for the treatment of anxiety or depression (Young, Klap, Sherbourne, & Wells, 2001; Wang, Berglund, & Kessler, 2000;). These findings are supported by research that suggest that there is a greater likelihood that African Americans will be misdiagnosed with schizophrenia rather than an affective disorder (Bell & Mehta, 1980; Mukherjee, Shukla, Woodle, Rosen, & Olarte, 1983; Neighbors, Trierweiler, Munday, Thompson, Jackson, Binion, & Gomez, 1999; Trierweiler, Neighbors, Munday, Thompson, Binion, & Gomez, 2000) and that when treated pharmacologically, African Americans will receive higher doses of antipsychotic medications (Lawson, 1986; Snowden, 2003; Strickland et al., 1995, 1993, 1991).

Third, it has been suggested that higher rates of unemployment (USDHHS, 2001; Darity, 2003) and lower likelihood of insurance coverage as compared to Whites (Burns, 2001; USDHHS, 2001; Brown, Ojeda, Wyn, & Levan, 2000) may result in reduced available treatment alternatives (Mays et al., 2000; Snowden, 2003; Amaro, Beckman, & Mays, 1987). Also, African Americans are over represented in emer-

gency room care and tend to delay seeking regular mental health services (Snowden, 1999; USDHHS, 2001). For example, Brown and Tooley (1989) found that African Americans are less likely to seek treatment for problem drinking than any other ethnic or racial group.

Fourth, it may be that our measurement of help-seeking was too imprecise. The proxy we used to assess therapy utilization did not ask women specifically whether they were currently in psychotherapy; instead, we assumed that those who did not indicate receipt of emotional support from a “counselor, social worker or other professional” were not using psychotherapy services. Thus we may have underestimated help-seeking behaviors.

Two other limitations of the present study also need to be highlighted. First, because our sample is defined as a hidden population, random sampling was impractical. However, because national, diverse social networks within the African American homosexually active population were used to recruit subjects, the generalizability of our findings may not have been too greatly affected. Second, because participation involved self-administered questionnaires, the less educated segment of the African American homosexually active population may have been under-selected into our study.

Despite these study limitations, the present findings demonstrate quite clearly that levels of depressive distress are high among homosexually active African American women in the United States. Our findings underscore the vulnerability of an understudied population that navigates stressors associated with the triple stigmas of racial, sexual orientation and gender minority statuses. Highly distressing problems tend to be chronic, with finances and relationships being the greatest areas of concern among African American lesbians. At the same time, women with problems such as feelings of anger and drug and alcohol use appear less likely to be receiving needed services. Further research is needed to identify methods to address the unmet mental health needs of African American lesbian and bisexual women as part of the effort to reduce or eliminate health disparities in the African American population.

## REFERENCES

- Alegria, M., Canino, G., Rios, R., Vera, M., Calderon, J., Rusch, D., & Ortega, A.N. (2002). Inequalities in Use of Speciality Mental Health Services Among Latinos, African Americans, and Non-White Latinos. *Psychiatric Services*, 53(12), 1547-1555.

- Amaro, H., Beckman, L.J. & Mays, V.M. (1987). A comparison of Black and white women entering alcoholism treatment. *Journal of the Studies of Alcohol*, 48(3), 220-228.
- Aneshensel, C.S., & Fredicks, R.R. (1982). Stress, support, and depression: A longitudinal causal model. *Journal of Community Psychology*, 10, 363-376.
- Badgett, M.V. Lee. (1998). Income inflation: The myths of affluence among gay, lesbian, and bisexual Americans. *The National Gay and Lesbian Task Force Policy Institute*, 5-6.
- Bell, A.P., & Weinberg, M.S. (1978). The Institute For Sexual Research. *Homosexualities: A Study of Human Diversity*, Simon and Schuster.
- Bell, C.C., & Mehta, H. (1980). The misdiagnosis of black patients with manic depressive illness. *Journal of the National Medical Association*, 73(2), 141-145.
- Berndt, E.R., Finkelstein, S.N., Greenberg, P.E., Howland, R.H., Keith, A., Rush, A.J., Russell, J., & Keller, M.B. (1998). Workplace performance effects from chronic depression and its treatment. *Journal of Health Economics*, 17, 511-535.
- Boyd-Franklin, N. (1989). *Black families: A multisystems approach to family therapy*. New York: Guilford Press.
- Broadhead, W.E., Blazer, D.G., George, L.K., & Tse, C.K. (1990). Depression, disability days and days lost from work in a prospective epidemiologic survey. *Journal of the American Medical Association*, 264(19), 2524-2528.
- Brown, E.R., Ojeda, V., Wyn, R., & Levan, R. (2000). Racial and Ethnic disparities in access to health insurance and health care. UCLA Center for Health Policy Research & The Kaiser Family Foundation.
- Brown, F., & Tooley, J. (1989). Alcoholism in the black community. In G.W. Lawson & A.W. Lawson (Eds.), *Alcoholism and Substance Abuse in Special Populations* (pp. 115-130). Rockville, MD: Aspen Publishers.
- Brown, G.W., & Harris, T.O. (1978). *Social origins of depression: A study of psychiatric disorder in women*. London: Tavistock.
- Brown, T.N., Williams, D.R., Jackson, J.J., Neighbors, H.W., Torres, M., Sellers, S.L., & Brown, K.T. (2000). "Being Black and feeling blue": The mental health consequences of racial discrimination. *Race and Society*, 2(2), 117-131.
- Bruce, M.L., & Kim, K.M. (1992). Differences in the effects of divorce on major depression in men and women. *American Journal of Psychiatry*, 149, 914-917.
- Bruce, M.L., Takeuchi, D.T., & Leaf, P.J. (1991). Poverty and psychiatric status: Longitudinal evidence from the New Haven Epidemiologic Catchment Area Study. *Archives of General Psychiatry*, 48, 470-474.
- Bruce, M.L., Wells, K.B., Miranda, J., Lewis, L., & Gonzalez, J.J. (2002). Overcoming barriers and creating opportunities to reduce burden of affective disorders: A new research agenda: Barriers to reducing burden of affective disorders. *Mental Health Services Research*, 4(4), 187-197.
- Burns, R.J. (2001). Strengthening the mental health safety net: Issues and innovations. NGA Center for Best Practices.
- Bux, D.A., Jr. (1996). The epidemiology of problem drinking in gay men and lesbians: A critical review. *Clinical Psychology Review*, 16(4), 277-298.
- Caetano, R. (1984). Manifestations of alcohol-related problems in Latin America: A review. *PAHO Bulletin*, 18(3), 258-279.



- Clark, W., & Midanik, L. (1982). *Alcohol use and alcohol problems among U.S. adults: Results of the 1979 national survey*. In National Institute on Alcohol Abuse and Alcoholism. Alcohol consumption and related problems. Alcohol and Health Monograph No. 1. DHHS Pub. No. (ADM) 82-1190. Washington, D.C.: Supt. of Docs., U.S. Government Printing Office: 3-52.
- Cochran, S.D. (2001). Emerging issues in research on lesbians' and gay men's mental health: Does sexual orientation really matter? *American Psychologist*, *56*(11), 929-947.
- Cochran, S.D., Bybee, D., Gage, S. & Mays, V.M. (1996). Prevalence of HIV-related, self-reported sexual behaviors, sexually transmitted diseases, and problems with drugs and alcohol in three large surveys of lesbian and bisexual women: A look into a segment of the community. *Women's Health: Research on Gender, Behavior and Policy*, *2*(1&2), 11-33.
- Cochran, S.D., Keenan, C., Schober, C. & Mays, V.M. (2000). Estimates of alcohol use and clinical treatment needs among homosexually active men and women in the US population. *Journal of Consulting and Clinical Psychology*, *68*(6), 1062-1071.
- Cochran, S.D., & Mays, V.M. (2000). Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the U.S. population. *American Journal of Epidemiology*, *151*, 5, 516-523.
- Cochran, S.D., & Mays, V.M. (1994). Depressive distress among homosexually active African American men and women. *The American Journal of Psychiatry*, *151*(4), 524-529.
- Comstock, G.W., & Helsing, K.J. (1976). Symptoms of depression in two communities. *Psychological Medicine*, *6*, 551-563.
- Cooper-Patrick, L., Gallo, J.J., Powe, N.R., Steinwachs, D.M., Eaton, W.W., & Ford, D.E. (1999). Mental health service utilization by African Americans and Whites: The Baltimore Epidemiologic Catchment Area Follow-Up. *Medical Care*, *37*(10), 1034-1045.
- Darity, W. (2003). Employment discrimination, segregation, and health. *American Journal of Public Health*, *93*(2), 226-231.
- Diamant, A.L., Wold, C., Spritzer, K., & Gelberg, L. (2000). Health behaviors, health status, and access to and use of health care: A population-based study of lesbian, bisexual, and heterosexual women. *Archives of Family Medicine*, *9*, 1043-1051.
- Etner, S.L., Frank, R., & Kessler, R.C. (1997). The impact of psychiatric disorder on labor market outcomes. *Industrial and Labor Relations Review*, *51*(1), 64-81.
- Gillow, K.E., & Davis, L.L. (1987). Lesbian stress and coping methods. *Journal of Psychosocial Nursing*, *25*(9), 28-32.
- Greene, B. (2000). African-American lesbians and bisexual women. *Journal of Social Issues*, *56*(2), 239-249.
- Greene, B. (1998). Family, ethnic identity, and sexual orientation: African-American lesbians and gay men. In C.J. Patterson & A.R. D'Augelli (Eds.), *Lesbian, Gay, and Bisexual Identities in Families* (40-52). New York: Oxford University Press.
- Greene, B. (1996). African-American women: Considering diverse identities and societal barriers in psychotherapy. *Annals of the New York Academy of Sciences*, *789*, 191-209.
- Greene, B. (1994). Lesbian women of color: Triple jeopardy. In L. Comaz-Diaz & B. Greene (Eds.), *Women of Color: Integrating Ethnic and Gender Identities in Psychotherapy* (pp.389-427). New York: Guilford Press.

- Herd, D.A. (1985). Ambiguity in Black drinking norms. In L.A. Bennett and G.M. Ames (Eds.), *The American Experience with Alcohol: Contrasting Cultural Perspectives*. New York: Plenum Press.
- Hosmer, D.W., & Lemeshow, S. (1989). *Applied Logistic Regression*. New York: John Wiley & Sons, Inc.
- Jackson, J.S. (1991). *Life in Black America*. Newbury Park, CA: Sage Publications.
- Jackson, J.S., & Gerald, G. (1999). *National Survey of Black Americans, 1979-1980*. Conducted by University of Michigan, Survey Research Center. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- Kessler, R.C., Avenevoli, S., & Ries, M.K. (2001). Mood disorders in children and adolescents: An epidemiologic perspective. *Biological Psychiatry*, 49(12), 1002-1014.
- Kohn, L.P., & Hudson, K.M. (2002). Gender, ethnicity and depression: Intersectionality and context in mental health research with African American women. *Perspectives*, 8(1), 174-184.
- Langer, T.S., & Michael, S.T. (1963). *Life Stress and Mental Health*. Glencoe, Illinois: The Free Press.
- Lawson, W.B. (1986). Clinical issues in the pharmacotherapy of African-Americans. *Psychopharmacology Bulletin*, 32, 275-281.
- Lewis, C.E., Saghir, M.T., & Robins, E. (1982). Drinking patterns in homosexual and heterosexual women. *Journal of Clinical Psychiatry*, 43, 277-279.
- Matthews, A.K., & Hughes, T.L. (2001). Mental health service use by African American women: Exploration of subpopulation differences. *Cultural Diversity and Ethnic Minority Psychology*, 7(1), 75-87.
- Matthews, A.K., Hughes, T.L., Johnson, T., Razzano, L.A., & Cassidy, R. (2002). Prediction of depressive distress in a community sample of women: The role of sexual orientation. *American Journal of Public Health*, 92(7), 1131-1139.
- Mays, V.M., Beckman, L.J., Oranchak, E. & Harper, B. (1994). Perceived social support for help-seeking behaviors of Black heterosexual and homosexually active women alcoholics. *Psychology of Addictive Behaviors*, 8(4), 235-242.
- Mays, V.M., & Cochran, S.D. (2001). Mental health correlates of perceived discrimination among lesbian, gay and bisexual adults in the United States. *American Journal of Public Health*, 91(11), 1869-1876.
- Mays, V.M., Cochran, S.D. & Rhue, S. (1994). The impact of perceived discrimination on the intimate relationships of Black lesbians. *Journal of Homosexuality*, 25(4), 1-14.
- Mays, V.M., Cochran, S.D., & Sullivan, J.G. (2000). A profile of ethnic women's health care services in the United States. In C. Hogue, M.A. Hargraves & K. S. Collins (Eds.) *Minority Health in America: Findings and Policy Implications from the Commonwealth Fund Minority Health Survey*. Johns Hopkins University Press.
- Mays, V.M., Coleman, L.M., & Jackson, J.S. (1996). Perceived race-based discrimination, employment status, and job stress in a national sample of Black women: Implications for health outcomes. *Journal of Occupational Health Psychology*, 1(3), 319-329.
- Mays, V.M., Howard-Caldwell, C.S., & Jackson, J.S. (1996). Mental health symptoms and service use patterns of African American women. In H.W. Neighbors & J.S.

- Jackson (Eds.), *Mental Health in Black America* (pp.161-176). Newbury Park: Sage Publications.
- Mays, V.M., Yancey, A.K., Cochran, S.D., Weber, M. & Fielding, J.A. (2002). Heterogeneity of health disparities among African American, Hispanic, and Asian American women: Unrecognized influences of sexual orientation. *American Journal of Public Health, 92*(4), 632-639.
- McGuire, T., Wells, K.B., Bruce, M.L., Miranda, J., Scheffler, R., Durham, M., Ford, D.E., & Lewis, L. (2002). Overcoming barriers and creating opportunities to reduce burden of affective disorders: A new research agenda: Burden of illness. *Mental Health Services Research, 4*(4), 179-185.
- Miranda, J., Lawson, W., & Escobar, J. (2002). Overcoming barriers and creating opportunities to reduce burden of affective disorders: A new research agenda: Ethnic minorities. *Mental Health Services Research, 4*(4), 231-237.
- Moos, R.H. (1990). Depressed outpatients' life contexts, amount of treatment, and treatment outcome. *Journal of Nervous and Mental Disease, 178*(2), 105-112.
- Mukherjee, S., Shukla, S., Woodle, J., Rosen, A.M., & Olarte, S. (1983). Misdiagnosis of schizophrenia in bipolar patients: A multiethnic comparison. *American Journal of Psychiatry, 140*(12), 1571-1574.
- Neighbors, H.W. (1988). The help-seeking behavior of black Americans. *Journal of the National Medical Association, 80*, 1009-1012.
- Neighbors, H.W., & Jackson, J.S. (1984). The use of informal and formal help: Four patterns of illness behavior in the black community. *American Journal of Community Psychology, 12*, 629-644.
- Neighbors, H.W., Musick, M.A., & Williams, D.R. (1998). The African American minister as a source of help for serious personal crises: Bridge or barrier to mental health care? *Health Education and Behavior, 25*, 759-777.
- Neighbors, H.W., Trierweiler, S.J., Munday, C., Thompson, E.E., Jackson, J.S., Binion, V.J., & Gomez, J. (1999). Psychiatric diagnosis of African Americans: Diagnostic divergence in clinician-structured and semistructured interviewing conditions. *Journal of the National Medical Association, 91*(11), 601-612.
- Peplau, L.A., Cochran, S.D, & Mays, V.M. (1997). A national survey of the intimate relationships of African American lesbians and gay men: A look at commitment, satisfaction, sexual behavior, and HIV disease. In B.Greene (Ed.) *Ethnic and Cultural Diversity Among Lesbians and Gay Men*. (pp. 11-38). Thousand Oaks, CA: Sage Publications.
- Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- Roberts S.J. & Sorensen, L. (1999). Health related behaviors and Cancer screening of lesbians: Results from the Boston Lesbian Health Project. *Women and Health, 28*(4), 1-12.
- Saghir, M.T., Robins, E., Walbran, B., & Gentry, K.A. (1970). Homosexuality IV: Psychiatric disorders and disability in the female homosexual. *American Journal of Psychiatry, 127*, 147-54.
- Sherbourne, C.D., Hays, R.D., & Wells, K.B. (1995). Personal and psychosocial risk factors for physical and mental health outcomes and course of depression among depressed patients. *Journal of Clinical and Consulting Psychology, 63*(3), 345-355.

- Smedley, B.D., Stith, A.Y., & Nelson, A.R. (eds.). (2002). *Unequal treatment: Confronting Racial and Ethnic disparities in health care*. Washington, DC: National Academy Press.
- Snowden, L.R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health, 93*(2), 239-242.
- Snowden, L.R. (1999). African American service use for mental health problems. *Journal of Community Psychology, 27*(3), 303-313.
- Strickland, T.L., Lawson, W., Lin, K.M., & Fu, P. (1993). Interethnic variation in response to lithium therapy among African-American and Asian-American populations. In K. Lin, R.E. Poland, et al. (Eds.), *Psychopharmacology and Psychobiology of Ethnicity*, (pp. 107-121). Washington, DC: American Psychiatric Press.
- Strickland, T.L., Lin, K., Fu, P., et al. (1995). Comparison of lithium ratio between African-American and Caucasian bipolar patients. *Biological Psychiatry, 37*(5), 325-330.
- Strickland, T.L., Ranganath, V., Lin, K., et al. (1991). Psychopharmacologic considerations in the treatment of Black American populations. *Psychopharmacology Bulletin, 27*(4), 441-448.
- Sue, S., Fujino, D.C. Hu, L., Takeuchi, D.T., & Zane, N.W. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology, 42*, 794-801.
- Sussman, L., Robins, L., & Earls, F. (1987). Treatment-seeking for depression by Black and White Americans. *Social Science and Medicine, 24*(3), 187-196.
- Trierweiler, S.J., Neighbors, H.W., Munday, C., Thompson, E.E., Binion, V.J., & Gomez, J.P. (2000). Clinician attributions associated with the diagnosis of schizophrenia in African American and non-African American patients. *Journal of Consulting and Clinical Psychology, 68*(1), 171-175.
- U.S. Department of Health and Human Services. (2001). *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, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institutes of Mental Health.
- Vernon, S.W., Roberts, R.E., & Lee, E.S. (1982). Response tendencies, ethnicity, and depression scores. *American Journal of Epidemiology, 116*, 482-495.
- Wang, P.S., Berglund, P., & Kessler, R.C. (2000). Recent care of common mental disorders in the United States: Prevalence and conformance with evidence-based recommendations. *Journal of General Internal Medicine, 15*(5), 284-292.
- Wang, P.S., Demler, O., & Kessler, R.C. (2002). Adequacy of treatment for serious mental illness in the United States. *American Journal of Public Health, 92*(1), 92-98.
- Wells, K.B., Miranda, J., & Gonzalez, J.J. (2002). Overcoming barriers and creating opportunities to reduce burden of affective disorders: A new research agenda: Introduction. *Mental Health Services Research, 4*(4), 175-178.
- Young, A.S., Klap, R., Sherbourne, C.D., & Wells, K.B. (2001). The quality of care for depressive and anxiety disorders in the United States. *Archives of General Psychiatry, 58*(1), 55-61.