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# **Depression, Mental Health and Psychosocial Well-being Among Older African Americans: A Selective Review of The Literature**

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## **Introduction**

Many people regard depression as a character flaw or personal weakness. However, depression is a serious medical problem and public health concern in America. The economic cost of this illness has been estimated to be between \$30-44 billion annually, and affects nearly 18 million adults each year. Depression is not simply having the blues, or having transitory feelings of sadness. It often involves continual pain, suffering, and dysfunction and is common among older persons (Greenberg, et al., 1994; Rice et al., 1988). Despite being a common, treatable illness, few individuals older than the age of 65 are treated for this disorder (Zylstra & Steitz, 1999; Reynolds, 1994).

Older African Americans make up an expanding segment of the elderly population in the United States. Yet despite considerable progress in the epidemiology of late-life depression, little data have been documented in the scientific literature on depressive symptoms among elderly African Americans (Okwumabua, Baker, Wong & Pilgram, 1997). In a study of the public knowledge of late-life depression, Zylstra and Steitz (1999) found that while blacks and whites did not differ in their knowledge about aging, blacks were less knowledgeable of depression than were whites. This racial difference may be attributed to differences in the social construction of depression in the African American community in comparison to the white community.

The study of African American mental health has had a long, yet often distorted history in the United States. For example, during the 19<sup>th</sup> Century, research reports on racial differences in health helped to obscure the social etymology of illness and disease. These misrepresentations helped to provide evidence of black inferiority, and to promulgate authoritative rationale for policies of inequality, exploitation, and oppression of blacks (Williams, 1995). To illustrate this point, Williams (1995) reports that the 1840 U.S. Census was used in a scientific analysis to conclude that the farther north blacks lived, the greater the incidence of psychoses. The resultant correlation—freedom drove blacks insane!

The purpose of this paper is to provide a selective review and analysis of the empirical research published since 1990 that has examined depression, mental health, and psychosocial well-being among community-dwelling elderly blacks. Using electronic

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and library searches, the 54 studies reviewed here were found in the ISI Citation Index, Sociological Abstracts, PubMed, and PsychINFO. The literature search resulted in finding twenty-one studies that consider the screening, diagnosis and treatment of African Americans. Twenty-two studies reviewed in this paper focused on the antecedents and consequences of depression and psychological distress. Also, three studies reported on the relationship between marital status and psychological well-being. Moreover, eight studies assess the barriers to African Americans' use of mental health services. Additionally, eight studies identified in the literature search focused on the effects of coping strategies, social support and religion, but are not included in this analysis. Nevertheless, this researcher recognizes these factors are important to the psychosocial well-being of African Americans.

I review this select literature with the goals of: (1) outlining the most recent scientific studies of depression and mental health among older African Americans; (2) classifying the causes and outcomes of psychosocial disorders among older African Americans; (3) outlining limitations of the most current research; and (4) outlining policy and practical implications of the most current studies.

### **Screening and Diagnosis of Mental Disorder in African Americans**

In the early 1980s scientific research raised the issue that African Americans are at a higher risk of (mis)diagnosis of mental illness than are whites. A central premise of this argument is that traditional mental health services have not been sensitive enough to ethnic differences in the ways that patients recognize, define, and express symptoms of emotional distress (Neighbors, 1997; Finn, 1994; Strakowski, Flaum, Amador, et al., 1996). Over-diagnosis of schizophrenia and the under-diagnosis of affective disorders are the most frequently specified types of (mis)diagnosis for African Americans (see Williams, 1995; Chung, Mahler & Kakuma, 1995; Baker & Bell, 1999; Mulsant, Stergiou, et al., 1993; Strakowski, Shelton & Kolbrener, 1993; Baker, Parker, Wiley, et al., 1995a). This differential interpretation of similar symptoms is attributed to sociocultural distance, and/or stereotyping (Williams, 1995; Collins, Dimsdale & Wilkins, 1992; Flaskerud & Hu, 1992). Understanding how culture and ethnicity affect emotional disorders is significant because mental health policy and service delivery planning are based on reported rates of disorders (Neighbors, 1997; Singleton-Bowie, 1995; Mouton, 1997; Whaley, 1998). Lawson, Helper, Holladay and Cuffel (1994) found that while blacks were only 16% of a patient population, they made up almost 50% of the diagnosed schizophrenics among inpatients, and 37% of the schizophrenics among outpatients. Whaley (1995) tested whether clinician bias (CB), or cultural relativity (CR) had significant impacts on psychiatric diagnoses. The CB hypothesis assumes that blacks and whites exhibit symptomatology similarly, but diagnosticians mistakenly judge them differently. The CR hypothesis assumes that

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blacks and whites have different modes of presenting psychopathology but diagnosticians are unaware of or insensitive to such cultural differences. The findings supported the CR hypothesis, but failed to support the CB hypothesis.

Leo, Sherry and Jones (1998) found that African American patients were referred for evaluation of depression and diagnosed with depressive disorders much less than Caucasian patients. They suggest that nonpsychiatric staff fail to recognize depression and often refer depressed patients inappropriately. Furthermore, Leo, Sherry and Jones (1998) conclude that depression may be a secondary concern to nonpsychiatric staff; and cultural variables and racial differences between hospital staff and patients may account for the differences in referral patterns. Strakowski, Hawkins, Keck, et al. (1997) concluded that patient race may contribute to the diagnosis process in the psychiatric emergency service by influencing the information obtained from patients during the clinical evaluation. Compared to whites, African American patients with psychological disorders are more likely to experience unnecessary psychiatric hospitalizations, a higher rate of medical emergency room visits, and a greater number of life stressors (Friedman, Paradis & Hatch, 1994). Baker, Velli, Friedman and Wiley (1995b) compared the Center for Epidemiological Studies-Depression Scale (CES-D) with the Geriatric Depression Scale (GDS). The sensitivity of the CES-D to blacks was 71% and to whites it was 85%. The sensitivity of the GDS was 53% in blacks and 65% in white patients. The findings suggest that the CES-D and GDS may not be equally effective in identifying depression among older African American and white patients (also see Baker, Parker, et al., 1995; Koenig, Meador, et al., 1992).

We increasingly see older African Americans in mental health settings, although prevalence rates of many psychiatric disorders in this group are unknown because black Americans are under represented in epidemiologic studies. Improved treatment of black Americans requires an understanding of the biopsychosocial context of their lives, including historic events that have affected them and the influence of African values emphasizing community and family (Baker, 1994).

### **Antecedents and Consequences of Depressive Symptoms, Mental Health, and Psychosocial Disorder**

Research suggests that older African Americans with multiple medical problems and decreased activities of daily living (ADLs) are at an increased risk of depression (Bazargan & Hamm-Baugh, 1995; Baker, Okwumabua, Philipose & Wong, 1996; Ormel, Kempen, Penninx, et al., 1997; Baker, 1994). Also, older black persons who reported kidney, vision, and/or circulation problems were at greater risk for depression (Bazargan & Hamm-Baugh, 1995). However, Okwumabua et al. (1997) found

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that hypertension, arteriosclerosis, and circulatory problems were significant predictors of depression among older blacks. Furthermore, Okwaumabua and colleagues (1997) found that black elders with six or more chronic illnesses or who reported using four or more prescription medications in the past month were at greater risk of depression. Lower body disability has been significantly related to depression among older African Americans, Hispanics, whites, men and women (Stump, Clark, Johnson & Wolinsky, 1997). Research also has shown the difficulties of adaptation to chronic illness to be significantly related to depression, anxiety, and decreased well-being (Ragonesi, et al., 1998; Husaini & Moore, 1990).

Strawbridge, Kaplan, Camacho and Cohen (1992) investigated the prevalence of ADL dependence and mobility impairment among elderly cohorts. In a 6-year follow-up the findings show that older blacks had poorer baseline functioning, more ADL dependence and mobility impairment, and declined more than non-blacks during follow-up. Bazargan and Barbre (1994) found among older blacks that high levels of depression, hearing problems, stressful life events, and poorer health are significantly related to memory problems. Older African Americans are less likely to report dysphoria (chronic feelings of illness and discontent) than are whites; but were more likely than whites to report thoughts of death (Gallo, Cooper-Patrick & Lesikar, 1998). In a study by Blazer, Landerman, Hays, et al. (1998), bivariate comparisons of specific symptoms by race indicated that African Americans were more likely to report less hope about the future, poor appetite, difficulty concentrating, requiring more effort for usual activities, less talking, feeling people were unfriendly, feeling disliked by others, and being more bothered than usual. Yet when controlling for education, income, cognitive impairment, chronic health problems and disability and other factors, racial differences in somatic complaints and life satisfaction disappeared. These findings confirm earlier studies showing small overall differences in symptom frequency between African American and non-African American community-dwelling older adults.

In a community sample of older adults in North Carolina, symptoms of paranoia were found in nearly 10% of the elders (Blazer, Hays & Salive, 1996). These symptoms were significantly related to being black, a prevalence of depression symptoms, lower socioeconomic status, and less exercise. However, the researchers conclude that in blacks, paranoid symptoms may represent an appropriate response to a hostile environment rather than a psychopathic trait. Research conducted by Brown, Schulberg and Modonia (1996) found racial differences in the comorbidity of psychiatric disorders, severity of somatic symptoms, self-reported physical functioning, life stress, and health beliefs. Black, Rabins, German, et al. (1998) found that 35% of elderly black residents of public housing have high rates of psychiatric disorders, but more than half (53%) of those needing care did not use any mental health service in the previous six months. Among those in need of mental health care, more were likely to

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use formal (39%) than informal sources (19%) for care. The strongest correlates of *using formal care* were substance use disorder, Medicare insurance, and psychological distress. The strongest correlates of *using informal sources* were perceiving little or no support from religious/spiritual beliefs, cognitive disorder, and having a confidant (also see Olfson & Klerman, 1992). Contrary to elderly African Americans overall, those in public housing rely more on formal than informal sources for mental health problems.

In a longitudinal study of urban black older cohorts, Ford, Haug, Roy, et al. (1992) determined that those individuals who were aged 53-64 at WAVE 1 of the study, and aged 65-76 (young-old) at WAVE 2 reported more psychological distress, greater difficulties with ADLs, more chronic illnesses, more need for additional medical care, and more visits to physicians. The investigators concluded that between 1975 and 1987, a new cohort of urban residents who were more impaired, disabled, and disadvantaged than their predecessors entered the young-old age cohort. Several studies have reported that black Americans from low socioeconomic status are significantly more depressed than whites occupying the same status. Yet Biafora (1995) found that when controlling for socioeconomic status, they eliminated these racial differences. Biafora (1995) concludes that poverty is hazardous to one's psychological well-being and that race, by itself is merely a proxy for socioeconomic status.

We often identify African American women as a group at high risk for depression (Barbee, 1992). They are also viewed as either delaying or not seeking treatment for depression. It is suggested that African American women may see themselves as devalued within American society and may have fewer support systems to buffer stressful conditions (Warren, 1994). Nonetheless, Mui and Burnett (1996) found that older African American women reported fewer depressive symptoms than their white counterparts. However, their study suggests that physical illness, perceptions of unmet need, and low sense of control were common predictors of depression. Bazargan (1996) reports that among older African American women higher levels of depression/anxiety, low levels of social support, and comorbidity are significantly related to self-reported sleep problems. Vogelanz, Wilsnack, et al. (1999) surprisingly found that older women who consumed alcohol reported better general health (self-perceived general health, depression, sexual satisfaction, and sexual dysfunction) than did abstainers. Moreover, among employed women, the non-married reported better general health than did the married women.

Brown, McGregor and Gary (1997) employed the Bem Sex-Role Inventory (1974)<sup>1</sup> to conduct a study of sex role identity and depressive symptoms among black men. Depressive symptoms varied significantly according to whether African American men self-identified as androgynous, masculine, undifferentiated, or feminine. Those African American men who are androgynous had the least depressive symptoms,

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while feminine-typed men had more depressive symptoms. Undifferentiated men who do not see themselves strongly along masculine or feminine dimensions of sex-role identity had the highest level of depressive symptoms.

### **Marital Status and Psychosocial Well-Being**

Many studies show that marital quality plays a significant role in psychological well-being. Marital quality has been negatively associated with depression, anxiety, and poor health (Williams, Takeuchi & Adair, 1992). The positive relationship between marital quality and mental health also is found among African Americans. However, Gove and colleagues (1983) argue that it is a *good marriage* which accounts for the psychological advantages observed among married people rather than marriage per se. Keith and Norwood (1997) report that unhappily married African Americans and whites of both sexes were more disadvantaged in physical and mental health than those happily married. Although the psychological well-being of African Americans is enhanced by a satisfactory marriage and threatened by an unsatisfactory one, research by Broman (1993) suggests that African Americans experience greater strains and more unhappiness in marriage than whites. Lower levels of spousal support and financial satisfaction among African Americans made a significant contribution to these racial differences. Among African Americans who were legally married or in long-term common-law marriages, marital strain is associated with higher levels of depression (Keith & Norwood, 1997).

### **Barriers to Help-Seeking**

Older adults face a range of special treatment barriers: knowledge deficits, losses and social isolation, multiple medical problems, and lack of financial resources (Unutzer, Sullivan & Miranda, 1999). Moreover, a paucity of research exists on depression, anxiety disorders, and psychosocial well-being among African Americans. This may be due to a negative perception of research by members of the community, a fear of being treated as a 'guinea pig,' the small number of African American researchers, and perhaps to some extent a general disinterest by researchers (Neal & Turner, 1991; Biegel, Farkas & Song, 1997; Shavers-Hornaday, Lynch, et al., 1997; Bonner & Miles, 1997). Low participation among minority elders in clinical research may be attributed to several factors, including: 1) elders may recognize depressive symptoms, but do not seek or cannot obtain medical treatment, 2) they may attribute depressive symptoms to a crisis of the spirit, so they seek help through prayer and the church, and 3) the "slowing down" process of aging, or part of life's burden to be endured (Steffens, Artigues, Ornstein & Krishman, 1997).

Predictors of treatment-seeking include a history of prior treatment, higher education, and greater episode length. In a study of help-seeking behaviors, non-seekers

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felt they could handle the episode, did not consider it serious or recognize it as an illness. Seekers on the other hand, felt the episode was too painful and lasted too long, causing significant disruption in their interpersonal relationships and role functioning (Blumenthal & Endicott, 1996; Brown, Ahmed, Gary & Milburn, 1995).

### **Conclusion**

Major gaps are apparent in this literature, with few studies addressing such areas as the difference or similarity in the antecedents and consequences of depressive symptomatology and psychological disorders between older black women and men. Considering the projected increase of African Americans reaching age 65 and over, and because depressive illness is an important public health concern, more systematic identification of salient risk factors for depression is critical in making effective intervention programs for the black elderly population. We need additional research to clarify the prevalence of specific mental disorders among older African Americans, and how these disorders are related to other aspects of general health. We need more research to understand the barriers to treatment and to find out the most effective combinations of treatment strategies for various disorders. Finally, further research is needed to increase awareness of major depression among general practitioners and to target outreach to African American communities. Hopefully, this selective literature review will help investigators set priorities for future research on the factors that affect the psychosocial well-being for black elderly persons.

### **References**

- Baker, F.M., Parker, D.A., Wiley, C., Velli, S.A., and Johnson, J.T. (1995a). Depressive Symptoms in African American Medical Patients. International Journal of Geriatric Psychiatry, 10: (1), pp. 9-14, January.
- Baker, F.M., Velli, S.A., Friedman, J., and Wiley, C. (1995b). Screening Tests for Depression In Older Black vs. White Patients. American Journal of Geriatric Psychiatry, 3: (1), pp. 43-51, Winter.
- Baker, F.M. (1994). Psychiatric Treatment of Older African Americans. Hospital and Community Psychiatry, 45: (1), pp. 32-37, January.
- Baker, F.M., Okwumabua, J., Philipose, V., and Wong, S. (1996). Screening African American Elderly for the Presence of Depressive Symptoms: A Preliminary Investigation. Journal of Geriatric Psychiatry and Neurology, 9: (3), pp. 127-132, July.
- Baker, F.M., and Bell, C.C. (1999). Issues in the Psychiatric Treatment of African Americans. Psychiatric Services, 50: (3), pp. 362-368, March.

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Barbee, E.L. (1992). African American Women and Depression: A Review and Critique of the Literature. Archives of Psychiatric Nursing, 6: (5), pp. 257-265, October.

Bazargan, M., and Hamm-Baugh, V.P. (1995). The Relationship Between Chronic Illness and Depression in a Community of Urban Black Elderly Persons. Journal of Gerontology Psychological Sciences and Social Sciences, 50B: (2), pp. S119-S127.

Bazargan, M., and Barbre, A.R. (1994). The Effects of Depression, Health-Status, and Stressful Life Events on Self-Reported Memory Problems Among Aged Blacks. International Journal of Aging & Human Development, 38: (4), pp. 351-362.

Bazargan, M. (1996). Self-Reported Sleep Disturbance Among African American Elderly: The Effects of Depression, Health Status, Exercise, and Social Support. International Journal of Aging & Human Development, 42: (2), pp. 143-160.

Bem, S.L. (1974). The Measurement of Psychological Androgyny. Journal of Consulting & Clinical Psychology, 42: (2), pp. 155-162.

Biafora, F. (1995). Cross-Cultural Perspectives on Illness and Well-ness: Implications for Depression. Journal of Social Distress and The Homeless, 4: (2), pp. 105-129, April.

Biegal, D.E., Farkas, K.J., and Song, L.Y. (1997). Barriers to Use of Mental Health Services by African American and Hispanic Elderly Persons. Journal of Gerontological Social Work, 29: (1), pp. 23-44.

Black, B.S., Rabins, P.V., German, P., Roca, R., McGuire, M., and Brant, L.J. (1998). Use of Formal and Informal Sources of Mental Health Care Among Older African American Public Housing Residents. Psychological Medicine, 28: (3), pp. 519-530, May.

Blazer, D.G., Landerman, L.R., Hays, J.C., Simonsick, E.M., and Saunders, W.B. (1998). Symptoms of Depression Among Community-Dwelling Elderly African American and White Older Adults. Psychological Medicine, 28: (6), pp. 1311-1320, November.

Blazer, D.G., Hays, J.C., Fillenbaum, G.G., and Gold, D.T. (1997). Memory Complaint as a Predictor of Cognitive Decline: A Comparison of African American and White Elders. Journal of Aging and Health, 9: (2), pp. 171-184, May.

Blazer, D.G., Hays, J.C., and Salive, M.E. (1996). Factors Associated with Paranoid Symptoms in a Community Sample of Older Adults. Gerontologist, 36: (1), pp. 70-

---

---

75, February.

Blumenthal, R., and Endicott, J. (1996). Barriers to Seeking Treatment for Major Depression. Depression and Anxiety, 4(6), pp. 273-278.

Bonner, G.J., and Miles, T.P. (1997). Participation of African Americans in Clinical Research. Neuroepidemiology, 16(6), pp. 281-284.

Brown, C., Schulberg, H.C., and Madonia, M.J. (1996). Clinical Presentations of Major Depression by African Americans and Whites in a Primary Medical Care Practice. Journal of Affective Disorders, 41: (3), pp. 181-191, December.

Brown, D.R., Ahmed, F., Gary, L.E., & Milburn, N.G. (1995). Major Depression in a Community Sample of African Americans. American Journal of Psychiatry, 152: (3), pp. 373-378, March.

Brown, D.R., McGregor, K.C., and Gary, L.E. (1997). Sex Role Identity and Depressive Symptoms. African American Research Perspectives, 3: (2), pp. 1-6, Spring.

Chung, H., Mahler, J.C., and Kakuma, T. (1995). Racial Differences in Treatment of Psychiatric Inpatients. Psychiatric Services, 46: (6), pp. 586-591, June.

Flaskerud, J.H., and Hu, L.T. (1992). Relationship of Ethnicity To Psychiatric Diagnosis. Journal of Nervous and Mental Disease, 180: (5), pp. 296-303, May.

Ford, A.B., Haug, M.R., Roy, A.W., Jones, P.K., and Folmar, S.J. (1992). New Cohorts of Urban Elders: Are They in Trouble? Journals of Gerontology - Psychological Sciences and Social Sciences, 47: (6), pp. S297-S303.

Gallo, J.J., Cooper-Patrick, L., and Lesikar, S. (1998). Depressive Symptoms of Whites and African Americans Aged 60 Years and Older. Journals of Gerontology Series B - Psychological Sciences and Social Sciences, 55: (5), pp. P277-P286, September.

Gove, W., Hughes, M., and Style, C. (1983). Does Marriage Have a Positive Effect on the Well-Being of the Individual? Journal of Health and Social Behavior, 24: 122-131.

Greenberg, J.S., Greenley, J.R., and Benedict, P. (1994). Contributions of Persons with Serious Mental Illness to their Families. Hospital and Community Psychiatry, 45, pp. 475-480.

Haley, W.E., Han, B., and Henderson, J.N. (1998). Aging and Ethnicity: Issues for

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Clinical Practice. Journal of Clinical Psychology in Medical Settings, 5: (3), pp. 393-409, September.

Husaini, B.A., and Moore, S.T. (1990). Arthritis Disability, Depression, and Life Satisfaction Among Black Elderly People. Health and Social Work, 15: (4), pp. 253-260, November.

Husaini, B.A. (1997). Predictors of Depression among the Elderly: Racial Differences Over Time. American Journal of Orthopsychiatry, 67: (1), pp. 48-58, January.

Keith, V.M., and Norwood, R.S. (1997). Marital Strain and Depressive Symptoms Among African Americans. African American Research Perspectives, 3: (2), pp. 7-11, Spring.

Koenig, H.G., Meador, K.G., Goli, V., Shelp, F., Cohen, H.J., and Blazer, D.G. (1992). Self-Rated Depressive Symptoms in Medical Inpatients: Age and Racial Differences. International Journal of Psychiatry in Medicine, 22: (1), pp. 11-31.

Leo, R.J., Sherry, C., and Jones, A.W. (1998). Referral Patterns and Recognition of Depression Among African American and Caucasian Patients. General Hospital Psychiatry, 20: (3), pp. 175-182, May.

Miles, T.P., and Bernard, M.A. (1992). Morbidity, Disability, and Health-Status of Black-American Elderly: A New Look at the Oldest-Old. Journal of the American Geriatrics Society, 40: (10), pp. 1047-1054, October.

Mouton, C.P. (1997). Special Health Considerations in African American Elders. American Family Physician, 55: (4), pp. 1243-1253, March.

Mulsant, B.H., Stergiou, A., Keshavan, M.S., Sweet, R.A., Rifai, A.H., Pasternak, R., and Zubenko, G.S. (1993). Schizophrenia in Late-Life: Elderly Patients Admitted to an Acute-Care Psychiatric Hospital. Schizophrenia Bulletin, 19: (4), pp. 709-721.

Neal, A.M., and Turner, S.M. (1991). Anxiety Disorders Research with African Americans: Current Status. Psychological Bulletin, 109: (3), pp. 400-410.

Neighbors, H.W. (1997). The (Mis)Diagnosis of Mental Disorders in African Americans. African American Research Perspectives, 3: (1), pp. 1-11, Winter.

Okwumabua, J.O., Baker, F.M., Wong, S.P., and Pilgram, B.O. (1997). Characteristics of Depressive Symptoms in Elderly Urban and Rural African Americans. Journals of Gerontology Series A - Biological Sciences and Medical Sciences, 52: (4), pp.

---

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M241-M246, July.

Olfson, M., and Klerman, G.L. (1992). Depressive Symptoms and Mental Health Service Utilization in a Community Sample. Social Psychiatry and Psychiatric Epidemiology, 27: (4), pp. 161-167, August.

Ragonesi, P.D., Ragonesi, G., Merati, L., and Taddei, M.T. (1998). The Impact of Diabetes Mellitus on Quality of Life in Elderly Patients. Archives of Gerontology and Geriatrics, pp. 417-422, Supplement 6.

Reynolds, C.F. (1994). Treatment of Depression in Late-Life. American Journal of Medicine, 97: S39-S46, Supplement 6A, December.

Rice, D.P., and LaPlante, M.P. (1988). Chronic Illness, Disability, and Increasing Longevity. In S. Sullivan & M.E. Lewin (Eds.), The Economics and Ethics of Long-Term Care and Disability (pp. 9-55). American Enterprise Institute for Public Policy Research: Washington, DC.

Shavers-Hornaday, V.L., Lynch, C.F., Burmeister, L.F., and Torner, J.C. (1997). Why are African Americans Under-Represented in Medical Research Studies? Impediments to Participation. Ethnicity and Health, 2(1-2), pp. 31-45, March.

Steffens, D.C., Artigues, D.L., Ornstein, K.A., and Krishnan, K.R.R. (1997). A Review of Racial Differences in Geriatric Depression: Implications for Care and Clinical Research. Journal of the National Medical Association, 89: (11), pp. 731-736, November.

Strakowski, S.M., Flaum, M., Amador, X., Bracha, H.S., Pandurangi, A.K., Robinson, D., and Tohen, M. (1996). Racial Differences in the Diagnosis of Psychosis. Schizophrenia Research, 21: (2), pp. 117-124, August.

Strakowski, S.M., Hawkins, J.M., Keck, P.E., McElroy, S.L., West, S.A., Bourne, M.L., Sax, K.W., and Tugrul, K.C. (1997). The Effects of Race and Information Variance on Disagreement Between Psychiatric Emergency Service and Research Diagnoses in First-Episode Psychosis. Journal of Clinical Psychiatry, 58: (10), pp. 457-463, October.

Strawbridge, W.J., Kaplan, G.A., Camacho, T., and Cohen, R.D. (1992). The Dynamics of Disability and Functional Change in an Elderly Cohort: Results from the Alameda County Study. Journal of the American Geriatrics Society, 40: (8), pp. 799-806, August.

---

---

Stump, T.E., Clark, D.O., Johnson, R.J., and Wolinsky, F.D. (1997). The Structure of Health Status Among Hispanic, African American, and White Older Adults. Journals of Gerontology Series B - Psychological Sciences and Social Sciences, 52: pp 49-60, Special Issue, May.

Unutzer, J., Katon, W., Sullivan, M., and Miranda, J. (1999). Treating Depressed Older Adults in Primary Care: Narrowing the Gap Between Efficacy and Effectiveness. Milbank Quarterly, 77: (2), p. 225.

Vogeltanz, N.D., Wilsnack, S.C., Vickers, K.S., and Kristjanson, A.F. (1999). Sociodemographic Characteristics and Drinking Status as Predictors of Older Women's Health. Journal of General Psychology, 126: (2), pp. 135-147, April.

Warren, B.J. (1994). Depression in African-American Women. Journal of Psychosocial Nursing, 32: (3), pp. 29-33, October.

Whaley, A.L. (1997). Ethnicity/Race, Paranoia, and Psychiatric Diagnoses: Clinician Bias versus Sociocultural Differences. Journal of Psychopathology and Behavioral Assessment, 19: (1), pp. 1-20, March.

Williams, D.R. (1995). African American Mental Health: Persisting Questions and Paradoxical Findings. African American Research Perspectives, pp. 1-7, Spring.

Williams, D.R., Takeuchi, D.T., and Adair, R.K. (1992). Marital-Status and Psychiatric Disorders Among Blacks and Whites. Journal of Health and Social Behavior, 33: (2), pp. 140-157, June.

Zylstra, R.G., and Steitz, J.A. (1999). Public Knowledge of Late-Life Depression and Aging. Journal of Applied Gerontology, 18: (1), pp. 63-76, March.

<sup>1</sup> The Bem Sex-Role Inventory is a 10-item masculinity and a 10-item femininity scale used to measure sex-role identity. Masculine characteristics include descriptors such as, "ambitious", "dominant", and "self-reliant", while feminine characteristics include descriptors such as, "affectionate", "gentle", and "understanding".