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Challenging Stigma: Exploring Cultural Influences on Mental Health Help-Seeking Behaviour Among Caribbean Men

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Abstract

Globally, mental health has become a significant public health issue. Factors affecting the mental health landscape and potential interventions vary across cultures and genders. In the Caribbean, mental health assessment and treatment remain inadequately addressed, particularly as they relate to men. This study identified and analysed the determinants of good mental health among men living in the Caribbean and the diaspora. Pertinent studies were retrieved from multiple databases using predefined keywords and Boolean operators. Researchers applied rigorous selection criteria, favouring publications from reputable international organisations for comprehensive analysis. The findings of this study show that mental health literacy, stigma, discrimination, harmful cultural norms, and access to mental healthcare services significantly influenced the prevalence and treatment of mental health disorders among the demographic. Caribbean men are most susceptible to poor mental health, and mental health issues within this population are understudied. Interventions targeted at improving access to services and minimising negative sociocultural values and constructs are necessary to protect the mental health of Caribbean men. Such initiatives are crucial in safeguarding the mental well-being of Caribbean men and fostering a more inclusive and supportive environment conducive to mental health promotion.

Keywords: mental health, Caribbean men, stigma, suicide rates, cultural norms, gender roles, health literacy

Introduction

There are five major mental health disorders: anxiety, mood, psychosis, dementia, and eating disorders. According to worldwide statistics in 2022, the World Health Organisation (WHO) estimates that 1 in 8 people live with a mental disorder, with anxiety and depression being the most prevalent. A comparison of suicide rates between men and women in the Americas shows a 3.5 to 1 men-to-women ratio (Suicide Mortality in the Americas – Regional Report, 2015-2019, 2021). In Jamaica, between 2002 and 2010, 90.4% of

suicide victims were male, and suicide by strangulation accounted for 77.5% of these deaths (Abell et al., 2012). Among Caribbean men living outside the region, Caribbean men were at a higher risk of being diagnosed with a psychiatric disorder compared to African American men (David et al., 2011). Furthermore, Caribbean men who migrated were more likely to suffer from mental health disorders than other races (Himle et al., 2009).

Culture serves as a pivotal determinant in understanding the mental health disparities across diverse populations. This paper delves into the multifaceted cultural values and norms influencing the mental well-being of Caribbean men within their native region and those living abroad. It covers the following dimensions: mental health literacy, racism, cultural dynamics, healthcare accessibility, and prevailing stigmas surrounding mental health. The level of understanding and awareness regarding mental health issues among Caribbean men remains a critical determinant of mental health outcomes. Studies have shown that inadequate mental health literacy perpetuates misconceptions and hampers help-seeking behaviours among Caribbean men, thereby exacerbating mental health challenges. Among Caribbean men living in the diaspora, persistent experiences of racism and discrimination contribute significantly to the mental health burden. Structural racism entrenched within societal institutions undermines a sense of belonging among Caribbean persons and exacerbates feelings of alienation and psychological distress.

The rich tapestry of cultural norms and values within Caribbean societies profoundly influences men's mental well-being. Notions of masculinity, stoicism, and emotional expression intersect with cultural expectations, shaping how Caribbean men perceive and experience mental health challenges. Limited access to culturally sensitive mental healthcare services further poses a significant barrier to addressing mental health concerns among Caribbean men. Structural inadequacies in healthcare infrastructure coupled with socioeconomic disparities exacerbate disparities in mental health outcomes. Prevailing stigmas surrounding mental health within Caribbean communities engender shame and reluctance to seek professional help. Cultural taboos surrounding mental illness further perpetuate silence and hinder efforts to promote mental wellbeing among Caribbean men.

Researchers retrieved data from academic studies and international bodies, including the WHO and the Pan-American Health Organisation (PAHO). Considering the complex interplay between culture and mental health, this literature review underscores the importance of examining the cultural determinants of mental health among Caribbean men. By understanding the influence of cultural values, norms, and structural dynamics on mental health outcomes, policymakers, and healthcare practitioners can devise targeted interventions to foster culturally sensitive approaches to mental health promotion and intervention within Caribbean communities. Efforts to destigmatise mental illness, enhance mental health literacy, and improve access to culturally competent mental healthcare services are paramount in mitigating the mental health burden borne by Caribbean men.

Methods

Non-systematic searches were conducted using PubMed, Google Scholar, and Science Direct databases. Articles were retrieved with the keywords and Boolean operators in Table 1 in the appendix. We selected and reviewed cohort studies, meta-analyses, and systematic reviews. The articles examined mental health among Caribbean men and the various social and cultural factors influencing it. In contrast, articles excluded focused on mental illness and mental health among women, outdated mental health infrastructures, and concentrated on non-Caribbean populations.

Machismo and Gender Roles

Machismo is a term used to describe the feeling of masculine pride or exaggerated masculinity, which often represents toughness, self-

reliance, constricted emotionality, promiscuity, aggression, and dominance (Valdez et al., 2023; Hem-Lee-Forsyth et al., 2019). These traits develop through behavioural norms, stereotypes, ideologies, and cultural expectations. Machismo within the Caribbean culture is prevalent; it perpetuates the idea that men must be sexually active, resulting in risk-taking behaviours and multiple sexual partners (Hem-Lee-Forsyth et al., 2019). Men who exhibit these characteristics are less likely to engage in health-promoting behaviours and are at increased risk for substance abuse, sexually transmitted diseases, physical injury, and medication non-adherence, all of which are directly related to mental illness (Ezeugwu & Ojedokun, 2020).

Defining features of Caribbean masculinity identified include dominance, competitiveness, sexual prowess, and acting as a provider and protector (Bean, 2022). Society expects Caribbean males to show little emotion and act aggressively in childhood. If they do not comply, society questions their sexuality and labels them as effeminate (Bean, 2022) - undoubtedly having an impact on their mental health. This inability to express emotion healthily often results in acts of anger and violence, and many women in the Caribbean frequently become victims of this violence (Bean, 2022). Harmful cultural values regarding masculinity in Latin America and the Caribbean contribute to high levels of violence among Caribbean men, making these regions some of the most violent. The need to assert one's manhood through violence and sexual behaviours is further reinforced through media and pop culture, specifically within music lyrics (PAHO, 2023). Furthermore, a study among Jamaican and Guyanese persons found that these men were less likely to establish and maintain social networks, and researchers hypothesised that this could be linked to increased substance use disorders (Lacey et al., 2016). Harmful gender norms and the absence of proper support systems leave men at an increased risk for poor mental health.

In a 2019 survey among Jamaican men, 70% of the participants reported being taught to conceal any feelings of nervousness and fear. Participants who adhered more to masculinity norms were more likely to experience depression or sadness and had less control over their life decisions (PAHO, 2023). Additionally, Caribbean culture requires men to be the primary or sole provider and leader of their families, exerting additional pressure on men to be the sole providers for their household, likely increasing stress levels (PAHO, 2023; Bean, 2022; Hem-Lee-Forsyth, 2019).

Mental Health Literacy The American Medical Association defined health literacy as the capability to read and understand health-related resources essential to effectively function as a patient, as well as have the cognitive and social skills that can assist the patients with having the motivation to maintain good health (American Medical Association Ad Hoc Committee, 1999). Recently, the definition has also included the importance of understanding mental disorders and related treatments, having less stigma towards mental health, and developing the competency of knowing when to seek help (Jorm, 2012; Kutcher et al., 2015).

Researchers have suggested that adherence to masculine norms predicts health literacy. Men who exhibited a higher level of conformity to masculine norms had low levels of health literacy compared to men who conformed less to masculine norms (Milner et al., 2019). Furthermore, researchers found that lower levels of health literacy among men were linked to poor mental health; participants of a study who exhibited an increased severity of

depressive symptomatology reported low levels of health literacy (Milner et al., 2019).

Low levels of health literacy are significantly concerning as this likely results in reduced use of preventative health services. Compounding poor help-seeking behaviours is the association of seeking help with weakness (Milner et al., 2019). Research has shown that mental healthcare services are significantly underutilised by Caribbean men (Turner et al., 2018), further increasing the risk of poor mental health outcomes among this population.

Neglect of one's mental health can result from the anticipated stigma post-diagnosis and the fear of rejection by peers (Thornicroft, 2006). Often, stigma results in social isolation due to shame, influenced by factors like cultural norms, misinformation, prejudice, and discrimination, directly resulting in avoidance of treatment (Thornicroft, 2006; Hochman, 2007). Individuals who belong to a racial or ethnic minority and who are male or poorly educated are more likely to exceed the average time for accessing mental healthcare (Wang et al., 2005; Morgan & Fearon, 2007). A lack of health insurance, mistrust in the healthcare services, health beliefs, denial of mental illnesses present, or even a lack of knowledge regarding the existence of mental healthcare services are additional factors that act as barriers to Caribbean men seeking help (Thornicroft, 2008).

Several organisations launched campaigns to increase awareness around mental health literacy, promote help-seeking behaviours for mental health disorders, and reduce the attached stigma. Among the different approaches used, direct interactions between individuals of the general population and those with mental health disorders facilitated through an anti-stigma program was the most effective approach to fighting the stigma, followed by education (Corrigan et al., 2012). Research has shown that increased mental health literacy is associated with more positive attitudes and a reduced desire of the public to distance patients with depression socially (Svensson & Hansson, 2016).

Race Factor

Research has shown that racism has varying effects on the mental health of Caribbean men. One study found that foreign-born Caribbean men had lower levels of internalised racism, resulting in lower levels of psychological distress (Mouzon & McLean, 2017). In contrast, other studies have found that racism distinctly impacts Caribbean men's mental and physical health in the United States (Joseph Taylor et al., 2019). However, Taylor et al. (2019) found that experiences of racism among Caribbean men from Spanish-speaking Caribbean countries and English-speaking Caribbean countries varied; men from English-speaking Caribbean countries reported experiencing more threats or harassment, while men from Spanish-speaking Caribbean countries felt inferior when compared to their white counterparts.

Regardless of the type or severity of the encounter, racism, and discrimination have long been shown to have adverse effects on mental health. According to a study, clinical determination of the frequency of Major Depressive Disorder (MDD) highlights race as a determining factor in the prevalence of mental disorders (Williams et al., 2007). The research previously found that while lifetime MDD prevalence is similar across ethnic groups, chronic MDD was highest for African American and Caribbean Blacks (Williams et al., 2007). Additionally, the study further stated that Caribbean Blacks who met the criteria of MDD often failed to seek

medical help, and only 45% received appropriate therapy (Williams et al., 2007).

In a more recent study investigating the prevalence difference of MDD, Woodward et al. (2013) found that many scientific studies failed by treating Black participants as one homogenous group. Instead, they advocated for conducting separate studies targeting Caribbean Blacks and African Americans to arrive at more tailored interventions, as the experiences of these two groups can vary considerably. The study also determined that Caribbean Blacks had a significantly higher lifetime prevalence of MDD than African Americans, and this trend was consistent across all age groups (Woodward et al., 2013). Moreover, the study showed that Caribbean Black males had an 18.2% lifetime prevalence of MDD compared to Caribbean Black females with 4.3% (Woodward et al., 2013). Woodward et al. (2013) study revealed insightful findings related to its data on suicidal attempts; while most research found higher rates of depression and suicidal attempts associated with MDD in women than men, researchers found higher rates among Caribbean Black men residing in the United States. Living in predominantly Black societies tends to have protective health effects likely due to lower stress levels caused by an absence of racism (Mouzon & McLean, 2017), and migration of Caribbean persons to diverse societies may cause additional stress due to inexperience with racism.

MDD is not the only mental disorder known to affect Caribbean men selectively. In a study performed in three territories of the United Kingdom, researchers found that Caribbean Black men's incidence rate ratio of schizophrenia and mania was substantially higher (Fearon et al., 2006) than other groups. Tabulated values showed that Caribbean men had an increased incidence of 'narrow-schizophrenia' whereas females had a higher incidence of 'depressive psychosis' (Fearon, 2006). In another study conducted later, this increased rate of psychosis was noticeable among the immigrant generation (Coid et al., 2008).

Second-generation Black Caribbean persons had incidences of 29.4% non-affected psychosis, whereas first-generation persons had only 6.3% (Coid et al., 2008). Coid et al. (2008) postulated that the value system instilled in second-generation Black Caribbean people differed from that of first-generation migrants, highlighting that "social pressure" may have determined the quality of mental health in Caribbean men. Another study examining the incidence of psychotic disorder in Caribbean men, specifically schizophrenia, showed an increased incident rate due to poor economic conditions (Veling et al., 2007). Veling et al. (2007) further inferred that Caribbean men lack access to social support systems regarding mental disorders like other ethnic groups, such as Indian, Pakistani, and Bangladeshi men.

Cultural Determinants

Individuals face pressure to conform to gender roles and norms. These societal beliefs affect the quality of their mental health. Caribbean-wide, factors such as education, income, occupation, and social status shape gender expectations and health outcomes (Blank, 2013). According to a study, throughout the Caribbean, lower and middle-income men were perceived as irresponsible in their roles as husbands and fathers despite being primary income producers (Blank, 2013). Being subjected to culture-based criticisms may increase the likelihood of developing mental health disorders such as depression and anxiety.

Often, religious beliefs may prevent Caribbean men from seeking necessary psychiatric attention. Historically, people viewed psychiatric disorders as supernatural phenomena, more specifically, possession by demons (Rössler, 2016). Research has shown that religion simultaneously has positive effects on the mental health of Caribbean people; solid religious beliefs were positively correlated with help-seeking behaviours and lower rates of suicide ideation (Turner et al., 2018; Liverpool et al., 2023). However, for persons with more serious mental health disorders requiring professional treatment, this has the potential to result in poorer health outcomes because of inadequate mental health care delivery.

Mental Healthcare Access & Socioeconomic Status

Mental healthcare systems in the Caribbean have a low capacity, which prevents people from receiving adequate care (Liverpool et al., 2023). In one study, the priority ranking for research and policy implementation on depression was high in the Caribbean and Latin America. However, priority ranking primarily focused on children and women (Sharan et al., 2009), leaving men increasingly vulnerable to a poorer quality of mental health attention. Caldas de Almeida (2013) analysed available data on mental health care and implementing mental health reform in Latin America and the Caribbean and found that stakeholders could not reach a consensus on policies regarding mental health services. Despite the PAHO urging this region to improve mental health services, significant problems still hindered the political movement, including a lack of funding, centralisation of care in mental hospitals, and inadequate leadership in leading mental health reform (Caldas de Almeida, 2013). Moreover, researchers found a lack of research on cost-effective mental health interventions and services, decreasing the likelihood of service improvement (Caldas de Almeida, 2013). Additional challenges identified in the region included resistance from professionals to new models of care, difficulties integrating mental health care into the primary care system, and a lack of professionals adequately trained in mental health services and primary care (Caldas de Almeida, 2013).

According to Rodriguez (2010), 75% of countries in the region reported a national mental health plan, but the implementation of the plans was incomplete or did not meet international standards. Additionally, the high poverty level in many Caribbean countries leads to only a tiny fraction of the population needing access to private services through direct payment or insurance (Rodriguez, 2010). Some Caribbean ministries have recently begun implementing formal men's health programs and clinics and increasing interventions on the community level. However, monitoring and evaluation of programs are limited, making it unclear how successful programs are in improving men's health and help-seeking behaviours (Lacey et al., 2016; PAHO, 2023).

A cross-sectional study randomly selected 120 students from four schools in central Haiti with self-reported psychosocial assessments and structured research interviews (Eustache et al., 2017). The results showed that the prevalence of complete syndrome, subthreshold major depressive episodes, or post-traumatic stress disorder was as high as 36.7% (Eustache et al., 2017). Of these students, 88.6% had not accessed mental health services, and 36.4% had no care (Eustache et al., 2017). Without adequate mental health services, the risk among adolescents with poor life outcomes increases. However, it is essential to note that

Haiti has faced many political conflicts and natural disasters (Eustache et al., 2017), undoubtedly affecting the mental health quality of its population while simultaneously highlighting the urgent need for more significant mental health interventions.

Jadnanansing et al. (2022) conducted a survey study of low-middle-income areas in Suriname. They compared it with urban areas using the Center for Epidemiological Studies Depression and Generalised Anxiety Disorder 7. The result showed that subjects from both regions manifested similar rates of depression (18% vs. 16%) and general anxiety disorder (3-4%). However, a 78% to 100% treatment gap was noted (Jadnanansing et al., 2022). The calculated treatment gap estimated the percentage of subjects with depression or anxiety who did not seek professional help (Jadnanansing et al., 2022). The centralisation of care in Caribbean countries is partially responsible for the treatment gap. Psychiatric hospitals provide most of the mental health care, so funds and human resources are concentrated here (Rodriguez, 2010). Additionally, providing mental healthcare primarily through psychiatric hospitals may deter persons from seeking treatment due to the fear of stigmas.

Stigma

Researchers theorise that a man's reluctance to seek mental health treatment stems from a fear of being dependent and weak. Adhering to cultural ideals of masculinity leads men to believe that seeking medical help, especially mental health services, is a socially unacceptable display of weakness and femininity instead of advocating for their well-being (McKenzie et al., 2018). In Caribbean culture, mental health issues are not often prioritised or discussed. They are frequently met with stigma and associated with weakness, thus deterring Caribbean men from seeking mental health assistance (Mascayano et al., 2016).

Caribbean culture impacts the diagnosis, treatment, and reporting of mental health disorders (Lacey et al., 2016). Society often regards Caribbean persons with mental illness as dangerous, unstable, or untrustworthy, leading to their alienation, social isolation, and increased poor help-seeking behaviours (Robinson et al., 2021; Jackson Williams, 2013;); potentially worsening the quality of their mental health. Many Caribbean communities are small, leading to a lack of anonymity and privacy in seeking care, further decreasing the likelihood of persons seeking mental health care (Walker et al., 2022). Furthermore, negative stigmas around mental health in the Caribbean are prevalent among mental health professionals, law enforcement, and policymakers (Lacey et al., 2016), which is significantly alarming considering the role each sector plays in mitigating mental health crises.

Culturally relevant interventions are needed to increase awareness, eradicate myths, and address the stigma associated with mental health. To alleviate the current crisis, it is imperative to seamlessly integrate mental health care into essential primary care services to improve the utilisation of mental health services, enhancing the utilisation of mental health services by Caribbean men.

Conclusion

This paper presented various factors that impact the quality of mental health among Caribbean men within and outside the region. Many studies examined in this review focused on Caribbean men residing in the diasporas - particularly in nations such as the United Kingdom and the United States. To attain a better understanding of factors affecting Caribbean men's mental health, researchers

underscore the need for primary research within the Caribbean. Cultural elements, including gender roles and stigmas regarding mental health, were found to be detrimental to the mental well-being of Caribbean men. Adherence to harmful social constructs of masculinity, compounded by limited mental health literacy, presents significant barriers to help-seeking behaviours. Moreover, the accessibility of mental healthcare services remains limited due to insufficient political prioritisation, funding, and infrastructural support within mental healthcare systems.

Furthermore, race emerges as another critical consideration in comprehending the mental health disparities among Caribbean men residing outside the region. Racial discrimination contributes significantly to high rates of mental disorders such as depression and psychosis. Addressing these disparities necessitates acknowledging the distinct needs of diverse racial and ethnic groups within heterogeneous nations. In summary, the amelioration of Caribbean men's mental health necessitates a multifaceted approach encompassing enhanced mental health literacy, destigmatisation, promotion of help-seeking behaviours, and improvement in access, quality, and prioritisation of mental health services, and consideration of the intricate role of culture in mental health dynamics. Consequently, substantial investments in funding, infrastructure, and leadership are imperative to fortify mental healthcare systems and alleviate disparities in mental health outcomes among Caribbean men.

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