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## Use of Professional and Informal Support by Black Men with Mental Disorders

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### Abstract

This study utilized data from the National Survey of American Life to investigate the use of professional services and informal support among African American and Caribbean black men with a lifetime mood, anxiety, or substance use disorder. Thirty-three percent used both professional services and informal support, 14% relied on professional services only, 24% used informal support only, and 29% did not seek help. African American men were more likely than to rely on informal support alone. Having co-occurring mental and substance disorders, experiencing an episode in the past 12 months, and having more people in the informal network increased the likelihood of using professional services and informal supports. Marital status, age, and socioeconomic status were also significantly related to help-seeking. The results suggests potential unmet need. However, the reliance on informal support also suggests a strong protective role that informal networks play in the lives of black men.

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Historically there has been little research on African American men; much of the available research addressed social problems such as criminal behavior, incarceration, HIV/AIDS, unemployment, teenage parenting and family abandonment and focused on young men or young fathers. By virtue of this restricted scope this research reinforced media depictions of black men as absent fathers and street corner criminals. Consequently, this early research failed to acknowledge the broad diversity of the lives of African American men.

Within the last 20 years research in this area has begun to follow the example of Gary's (1981) classic work on African American men. His edited volume addressed normative life issues—coping strategies, social support networks—as they affected black men as well as social problems (e.g., incarceration, substance abuse, adolescent fathers). Building on this work, a growing literature is developing which moves beyond characterizations of black men as either victims or offenders to address a variety of normative issues such as family roles (Bowman & Forman, 1997; Taylor & Johnson, 1997; Taylor, Leashore, & Toliver, 1988) and religious participation (Mattis et al., 2001). There is also a developing interest in the help-seeking patterns of African American men.

## Help-seeking for mental disorders

According to recent national surveys, less than half of adults with a mental disorder used services in the 12 months before being interviewed (Neighbors et al., 2007; Wang et al., 2005). Persons belonging to racial and ethnic minority groups, in particular, underutilize mental health services. African Americans, for example, are less likely than whites to use outpatient mental health services (Barrio et al., 2003; Padgett, Patrick, & Burns, 1994; Snowden, 2001; Wang et al., 2005). Only 32% of black Americans with a mental disorder use professional services (Neighbors et al., 2007) and only 22% of Caribbean blacks and 48% of African Americans with severe symptoms of major depression receive treatment (Williams et al., 2007). These findings suggest that the service needs of black Americans with mental disorders are not being met. This is especially true for black American men.

One of the most consistent findings in the mental health service utilization literature is that men are less likely than women to seek professional help (Narrow et al., 2000; Wang et al., 2005; Neighbors & Howard, 1987). Men are less likely to seek help for a variety of problems including stressful life events, depression and substance abuse (see Addis & Mahalik, 2003). The lower levels of help seeking among men exist despite the fact that they have a higher prevalence of mental health problems such as suicide and substance abuse (Joe, Baser, Breden, Neighbors, & Jackson, 2006; Kessler, Berglund, Demler, Jin, & Walters, 2005; Nock & Kessler, 2006). Over 30 years of research indicates that among both younger and older adults, and among both blacks and whites, men seek help less frequently than women (Addis & Mahalik, 2003). This is true across racial/ethnic groups, service providers, and regardless of the severity or type of problem for which help is sought (Addis & Mahalik, 2003; Neighbors & Howard, 1987). Although income and health insurance status are clearly important in the ability to seek professional help, men are still less likely to seek professional help than women even when controlling for these variables (Neighbors & Howard, 1987; Rhodes, Goering, To, & Williams, 2002; Woodward et al., 2008).

Although it is possible that those who do not use professional services instead receive help from informal support networks, there is growing evidence that adults with a mental disorder have a tendency to use informal support as a complement to rather than a substitute for professional services (Horwitz & Uttaro, 1998; Lam & Rosenheck, 1999; Pescosolido, Gardner, & Lubell, 1998; Snowden, 1998; Woodward et al., 2008). Among African Americans faced with a personal problem, one study found that roughly equal proportions of African Americans used informal support or a combination of professional services and informal support, whereas much smaller proportions relied on professional services only or did not receive help at all (Neighbors & Jackson, 1984). Informal support is, therefore, an important source of assistance both in conjunction with and in place of professional services.

Furthermore, studies that have considered help-seeking more broadly—that is, the use of both professional services and informal support—suggest a more nuanced relationship between gender and help-seeking than previously supposed. African American women, for example, are not only more likely to seek help but also more likely to seek help from both professional and informal sources (Neighbors & Jackson, 1984; Woodward et al., 2008). When African American men do seek help, they are more likely than women to rely exclusively on informal help (Woodward et al., 2008). However, gender differences seen among African Americans have not been significant among Black Caribbeans (Neighbors et al., 2007; Woodward et al., 2008).

Research on gender differences in social support networks has fairly consistently found that women are more involved in informal networks and receive more support from them. These findings are noted in the general literature (Antonucci et al., 2001; Keith, Kim, & Schafer,

2000; Thoits, 1995) as well as in research on African American families (Chatters, Taylor, Lincoln, & Schroepfer, 2002; Taylor, Chatters, Tucker, & Lewis, 1990). African American men interact with their families less frequently and have a lower likelihood of receiving assistance from them when dealing with a stressful life event. For instance, Chatters, Taylor and Neighbors (1989) found that among African Americans who had a serious personal problem, men sought assistance from significantly fewer informal helpers than women. Examination of the use of specific informal helpers suggests that there is a propensity toward same-sex bonds. Men were more likely than women to consult fathers and brothers, whereas women were more likely to seek help from daughters and sisters. There was no gender difference, however, in using the most frequently mentioned informal helpers – mothers. Further analysis of the use of informal helpers found that there was no gender difference in seeking help from kin as opposed to non-kin (Taylor, Hardison, & Chatters, 1996).

This study examines the use of four help-seeking options—the use of professional services only, informal support only, a combination of the two, or neither—among African American and Caribbean black men who met diagnostic criteria for a mental disorder. This study allows us to build on existing knowledge in several ways. First, we focus exclusively on help-seeking among black men. Comparative studies of gender are important to establish the prevalence of ongoing differences in help-seeking between men and women; however, they do not allow us to examine within-group differences which may give us insight into the mechanisms that influence help-seeking among black men. Second, we consider the characteristics of nonusers of both professional services and informal support to broaden our understanding of the help-seeking process among Black men with a mental disorder. Third, we include men who met diagnostic criteria for a lifetime mood, anxiety, or substance use disorder to better understand how both mental disorders and substance use disorders are related to patterns of help-seeking. Finally, we include Caribbean black residents of the United States, a small but significant portion of the general black American population.

## Methods

### Sample

This study uses data from the National Survey of American Life (NSAL) (Jackson et al., 2004). The NSAL is based on an integrated national household probability sample of 6,082 African Americans, non-Hispanic whites and blacks of Caribbean descent age 18 or older. Data were collected between February 2001 and June 2003 by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research. After complete description of the study to the participants, informed consent was obtained. This study was approved by the University of Michigan Institutional Review Board.

The analytic sample included 371 African American and 138 Caribbean black men who met diagnostic criteria for a mood disorder (major depression, dysthymia, or bipolar disorder I or II), an anxiety disorder (panic, social phobia, agoraphobia without panic, generalized anxiety, or post-traumatic stress), or a substance use disorder (alcohol abuse or dependence or drug abuse or dependence). Mental disorders were assessed with the DSM-IV World Mental Health Composite International Diagnostic Interview, a fully structured diagnostic interview (Kessler & Merikangas, 2004).

### Measures

The dependent variable consisted of four mutually exclusive categories for describing patterns of help that respondents could seek for their mental disorder—professional services only, informal support only, both professional services and informal support, or no help. For

each disorder, respondents were asked two questions related to help-seeking. For example, for depression, respondents were asked, “Did you ever in your life talk to a medical doctor or other professional about your [sadness, discouragement, or lack of interests]?” and “Did you ever in your life receive any help from family, friends, or other acquaintances for your [sadness, discouragement, or lack of interest]?” These questions were asked for each disorder, with substitution of appropriate descriptors.

Demographic characteristics include ethnicity (African American or Caribbean black), age in years, marital status (currently married, previously married, or never married). Socioeconomic status was measured by employment status (working or not working), education (high school or less, some college, or a college degree or higher), and a poverty index (ratio of family income to the U.S. Census poverty threshold for 2001). There was also a dichotomous measure of whether or not the respondent had health insurance.

A three-category variable indicated whether the respondent had a mental disorder only, a substance use disorder only, or co-occurring mental and substance use disorders. A dichotomous variable indicates whether the respondent met criteria for a lifetime disorder only or had experienced an episode within the past 12 months.

Finally, three variables described the family network of respondents: a continuous measure of the size of the helper network, frequency of contact with family members (from 0, never to 6, nearly every day), and subjective family closeness (from 0, not close at all, to 3, very close).

## Analysis

Cross-tabulations are presented to illustrate the independent effect of each predictor on the use of professional services and informal support. The Rao-Scott chi square for categorical variables and an F means test for continuous variables are presented. Multinomial logistic regression analysis tested the use of professional services and informal support, with controls for sociodemographic characteristics, disorder-related variables, and family network variables. The reference category was the use of both professional services and informal support. All statistical analyses were performed with the survey commands in Stata 10.1, which accounted for the complex multistage clustered design of the NSAL sample, unequal probabilities of selection, nonresponse, and poststratification to calculate weighted, nationally representative population estimates and standard errors. All percentages reported are weighted.

## Sample characteristics

Most of the sample (73%) are African American and the average age is 41 ( $SD=14.62$ ). Roughly a third report having less than a high school education (29%), a third completed high school (34%) and 37% had some college or higher. On average, household incomes are 2.94 times the poverty threshold ( $SD=2.86$ ), most (68%) are currently working, and have some form of health insurance (76%). Almost half are currently married (43%) with 27% divorced, separated, or widowed and 31% never married. In terms of disorder related variables, 42% meet criteria for a mood or anxiety disorder, 34% for a substance use disorder, and 25% for both a mental and substance use disorder. Half met criteria for a lifetime disorder only (52%) and half experienced an episode in the last 12 months (48%). On average, respondents reported 7 family members available to help them ( $SD=9.52$ ) and had more frequent contact with family ( $M=3.65$ ,  $SD=1.38$ ) than with friends ( $M=2.45$ ,  $SD=.78$ ).

## Results

33% of respondents (n=161) used both professional services and informal support, 14% (n=74) relied on professional services only and 24% (n=119) used informal support only. Twenty-nine percent (n=155) did not seek help. Table 1 presents the bivariate analysis of the independent variables and the source of help. Respondents who relied exclusively on informal support were on average younger than those who utilized other categories of help-seeking while those who used professional services only were on average older. A higher proportion of respondents with less than a high school education did not receive any help compared to those with a high school degree or higher while a higher proportion of those with some college used both professional services and informal support. On average, respondents who used both professional services and informal support or relied exclusively on informal support had higher incomes than those who used professional services only or did not receive any help at all. A higher proportion of respondents who were not working used both professional services and informal support while more of those who were working either did not receive any help or relied exclusively on informal support.

In terms of disorder related variables, a higher proportion of respondents with a substance use disorder did not receive treatment while more of those with both a mental and substance disorder used both professional services and informal support. More of those who experienced an episode in the last 12 months used both professional services and informal support while a higher proportion of those with a lifetime disorder only did not receive help.

In multinomial logistic regression analyses, all variables except insurance coverage, frequency of contact with family, and closeness to family were significantly related to patterns of help seeking (Table 2). African American men were almost four times more likely than Black Caribbeans to rely on informal support alone compared to using both professional services and informal support. As age increases, the likelihood of relying exclusively on informal support declined. Those with some college education or higher were less likely than respondents with less than a high school education to use professional services only and those with higher incomes were less likely to not receive help; that is, those with higher incomes are more likely to use both professional services and informal support compared to not receiving help. Respondents who are working are two times more likely to rely on informal support alone and almost three times more likely to not receive help than those who are not working and those who have never been married are two and a half times more likely to not receive help than those who are currently married.

In terms of disorder-related variables, men with a mental or substance use disorder only were much more likely to not receive help than those with comorbid mental and substance disorders. Respondents who experienced an episode in the last 12 months were less likely than those with a lifetime disorder only to use professional services only, informal support only, or not receive help at all compared to using both professional services and informal support.

Finally, as the number of informal helpers in the network increases the likelihood of relying on informal support alone compared to both professional services and informal support declines.

## Discussion

The findings of this study add to our understanding of help-seeking among black men with a mental disorder. Less than half of black men in this study used both professional services and informal support. The remainder relied exclusively on informal support (24%) or professional services alone (14%), or they sought no help (29%). This is similar to the

proportions found for the sample of black Americans as a whole (Woodward et al., 2008). Although relying on informal support alone can limit the assistance available, this kind of support may be sufficient for more mild and less persistent disorders. Relying on professional services alone, however, may limit the day-to-day help that individuals receive. The significant proportion of black men with a mental disorder who are relying on informal support alone, professional services alone, or receiving no help suggests potential unmet need in this group.

Informal support may play a protective role against the development of disorders. Previous research has found that, despite greater social disadvantages and stressors, members of racial and ethnic minority groups have consistently experienced a lower lifetime prevalence of mood and anxiety disorders than non-Hispanic whites (Adams & Boscarino, 2005; Breslau et al., 2006; Williams et al., 2007). Indeed, the fact that almost 60% of black men in this sample relied on informal support either alone or in conjunction with professional services suggests the presence of a strong social fabric that may buffer individuals from mental health problems as well as provide help in a time of need.

Additional research on the protective role of informal supports as well as the type and adequacy of help provided by both informal and professional sources would help clarify the extent to which underutilization of services equates to unmet need. In addition, the protective role of support from extended family, religious participation, and friends and other nonkin acquaintances (such as church members) should be investigated given the important role of these resources in the lives of black Americans (Chatters et al., 2008; Chatters et al., 2002; Taylor, Lincoln, & Chatters, 2005).

African American men were more likely than Black Caribbeans to rely on informal support alone. Research in the U.S. has typically viewed blacks as a homogenous population. Black Americans, however, are an increasingly diverse group; this finding highlights the importance of examining differences *among* black Americans as well as between blacks and whites. Research on help-seeking among Black Caribbeans is limited. What is available, however, suggests that like African Americans, Black Caribbeans may underutilize mental health services and that differences in informal support networks between Black Caribbeans and whites do not always mirror those found in comparisons between African Americans and whites (Neighbors et al., 2007; Taylor, Chatters, Woodward, & Jackson, Unpublished manuscript; Woodward et al., 2008). This study further supports these findings; while African American and Black Caribbean men do not differ significantly in help-seeking overall, they do in relation to reliance on informal support. The reasons for this are not clear. There is considerable evidence that experiences of racism, mistrust of health care professionals, and masculine identity all may influence service use and patterns of help-seeking more broadly among African American men (Addis & Mahalik, 2003; Hammond, In press; LaVeist, Nickerson, & Bowie, 2000; Smedley, Stith, & Nelson, 2003). While less information is available in this regard for Caribbean Blacks, numerous accounts (Foner, 2001; Vickerman, 1999) describe Black Caribbean immigrants' emergent understanding of U.S. conceptualizations of "race" as a major stratifying dimension and their encounters with structures and systems of racial privilege (i.e., racism) across diverse sectors of society. Accordingly, help-seeking among Caribbean Blacks may be influenced by these experiences. Further research on the role of immigration as well as the effect of masculine identity for help-seeking is needed.

Respondents with co-occurring mental and substance use disorders and those who had experienced an episode in the last 12 months were more likely overall to seek help and to use both professional services and informal supports than those with non-comorbid mental or substance use disorders or those with a lifetime disorder only. These findings are

consistent with previous research on professional service use (Harris & Edlund, 2005; Kessler et al., 1996; Wang et al., 2005) and indicate that greater illness severity increases the overall intensity of help-seeking and the variety of sources from which help is received.

Men with larger helper networks were less likely to rely exclusively on informal support compared to using both professional services and informal support. This finding is consistent with previous research and indicates that family members provide informal support and help facilitate access to professional services (Kouzis, Ford, & Eaton, 2000; Lam & Rosenheck, 1999; Pescosolido et al., 1998). For instance, Taylor, Neighbors, and Broman's (1989) analysis of social service utilization among African Americans found that close to half of the respondents who utilized social services initially heard about the agency from either a friend or relative.

Men who had never been married were less likely to receive help than those currently married, but there was no difference in help-seeking between those who are divorced, separated, or widowed and those currently married. Marriage may provide the informal connections for black men that both provide and facilitate access to help. Furthermore, these connections may continue through children or extended family even in those instances when the marriage itself is no longer intact. For instance, elderly black adults who were parents utilized more informal helpers in response to a serious personal problem (Chatters, Taylor, & Neighbors, 1989) and generally have larger informal support networks (see Taylor et al., 1990). Thus, those who have never been married may be at a greater disadvantage in terms of obtaining help for a mental or substance use disorder.

This study also found that the likelihood of using informal support alone declined with age. In particular, men ages 18 to 29 were more likely to rely on informal support alone, whereas all other age groups were more likely to use a combination of professional services and informal support. Studies that have considered the use of only professional services have found that persons age 18 to 29 are more likely to receive treatment than older adults (Cooper-Patrick et al., 1999; Wang et al., 2005). In addition, Horwitz and Uttaro (1998) found that younger adults were more likely than adults in other age groups to receive help from both family and professional services. These studies, however, did not examine differences within racial and ethnic groups. One reason for these contrasting findings may be that younger black men, more than other black Americans, face more barriers to accessing professional services. Alternatively, disorders among the younger age group may be less severe than for other age groups and may be successfully managed by informal support alone.

Several measures of socioeconomic status were related to help seeking. Respondents with more education were less likely to rely on professional services only while persons who were working were more likely than those not working to use no services or to rely exclusively on informal support. Respondents who were working may have had a less serious disorder and been able to continue working with the help of informal support. In fact, over half of those currently working had a lifetime disorder only, whereas a greater proportion of those not working experienced an episode in the past 12 months. Finally, in terms of income, the lower the household income the less likely respondents were to seek help. This finding is consistent with previous research that has found that lower income is associated with less service use (Cooper-Patrick et al., 1999; Klap, Unroe, & Unutzer, 2003; Wang et al., 2005; Woodward et al., 2008) as well as less use of informal support (Chatters et al., 1989; Thoits, 1995; Turner & Marino, 1994; Woodward et al., 2008).

It should be noted that the use of measures of lifetime diagnosis and help-seeking limit our ability to understand help-seeking as a process. In particular, it was not possible to

determine whether those who used professional services and informal support used them simultaneously or serially. Similarly, for those who used informal support only or who did not seek any help, it was impossible to determine the extent to which their mental health needs were being met. Indeed, help seeking for a mental illness is acknowledged to be a complicated and dynamic process during which individuals move in and out of professional services, change the intensity of services used over time as their needs fluctuate, and experience shifts in their informal networks (Pescosolido, Wright, Alegria, & Vera, 1998). Despite these limitations, this study makes an important contribution to our understanding of help-seeking for a mental disorder among black men.

The findings of this study suggest several general conclusions. First, both professional and informal helpers (i.e., family and friends) are critical sources of support for black men who have had a psychiatric disorder in the last 12 months. Second, almost one of three black men with a psychiatric disorder did not receive assistance from either professional or informal helpers. This could be because the psychiatric disorder itself causes individuals to withdraw from informal helpers or because members of the informal network have decided to withdraw their assistance due to problems associated with the disease (e.g., arguing, fighting, stealing). This lack of both professional and informal support is a clear indicator of the substantial amount of unmet need among these individuals. Lastly, individuals with low incomes are also particularly disadvantaged in terms of receiving support from both professional and informal sources.

This study suggests several directions for future research. First, although we know that there are significant differences in the help-seeking patterns of black men and women, we know little about the correlates of help-seeking among men. The current study is an initial step in this direction, but more research should be conducted to investigate the correlates of help-seeking exclusively among black men. Second, in the last 10 years there has been research on the role of masculinity in the help-seeking process (see Addis & Mahalik, 2003). Overall, men are less likely than women to recognize that they have a problem, admit that they need assistance, seek assistance from informal network members and seek some form of professional help. All of these behaviors and actions conflict with life-long masculine socialization messages of emotional control and self-reliance (Addis & Mahalik, 2003). This is clearly a fruitful area of research and one that can be used to inform targeted interventions to increase awareness and use of appropriate formal and informal sources of assistance. Third, more research is needed on perceptions of discrimination and medical mistrust among black men. Racial discrimination and medical mistrust may interact with masculinity in specific ways to further impede professional help-seeking (Hammond, In press). Lastly, more research is needed on the help-seeking patterns of black Caribbean men and women. This is a group for which there is little research on basic mental health issues (e.g., cultural meaning, definitions, beliefs), as well as the specific ways that ethnic identity and immigration status and history potentially impact the help-seeking process.

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Sample characteristics and bivariate relationships between predictors and help-seeking categories among African Americans and Caribbean black men with a mood, anxiety, or substance use disorder<sup>a</sup>

Table 1

	Total (n=509)			Professional Informal only (n=119)			Both (n=161)			Neither (n=155)			Test		
	n	%		n	%		n	%		n	%	statistic	df	b p	
Race/ethnicity															
African American	371	72.9		55	14.6		89	25.2	117	31.3	110	29.0	1.73	3.0	0.176
Caribbean black	138	27.1		19	12.3		30	9.9	44	48.8	45	29.1			
Age (M ± SD)	40.94 ± 14.62		46.42 ± 13.31			36.32 ± 14.50		42.35 ± 13.88		40.46 ± 15.41		10.92	3.54	0.000	
Education															
Less than high school	143	29.2	25	19.8	22	14.5	40	29.0	56	36.7	2.22	6	0.049		
High school completed	170	33.5	24	14.5	47	31.0	51	28.9	48	25.6					
Some college or higher	196	37.3	25	10.1	50	25.1	70	39.0	51	25.9					
Poverty index (M ± SD) <sup>c</sup>	2.94 ± 2.86		2.29 ± 2.22		3.50 ± 3.79		3.43 ± 3.11		2.25 ± 1.75		4.53	3.54	0.007		
Employment status															
Not working	165	32.1	28	18.8	26	15.8	65	42.0	46	23.4	4.23	3	0.007		
Working	344	67.9	46	12.3	93	27.9	96	28.2	109	31.6					
Insurance coverage															
No	119	23.6	16	15.5	29	20.0	36	31.7	38	32.8	0.44	3	0.725		
Yes	390	76.4	58	14.0	90	25.2	125	33.0	117	27.8					
Marital status															
Currently married	197	42.7	28	11.5	43	24.4	69	36.0	57	28.1	1.62	6	0.152		
Previously married	138	26.9	25	21.9	32	20.3	45	33.2	36	24.7					
Never married	174	30.5	21	11.8	44	26.6	47	27.6	62	34.0					
Disorder															
Mental disorder	230	41.6	27	10.5	62	29.2	76	34.8	65	25.5	5.63	6	0.000		
Substance use disorder	164	33.6	27	16.9	28	18.7	33	18.6	76	45.8					
Mental and substance	115	24.8	20	17.4	29	22.4	52	48.3	14	11.9					
Severity of illness															
Lifetime only	262	52.2	42	16.3	66	28.5	53	18.3	101	36.9	11.82	3	0.000		

	Total (n=509)			Professional						T test				
	n	%		only (n=74)	Informal only (n=119)		Both (n=161)		Neither (n=155)	statistic	df	<i>b</i> p		
12 month	247	47.8		32	12.3	53	19.0	108	48.4	54	20.3			
Network variables (M ± SD)														
Size of helper network	7.45 ± 9.52			5.80 ± 5.98		6.90 ± 7.17		8.34 ± 9.41		7.72 ± 12.15		2.05	3, 54	0.118
Frequency of contact with family <sup>d</sup>	3.65 ± 1.38			3.35 ± 1.40		3.73 ± 1.36		3.63 ± 1.34		3.77 ± 1.44		0.65	3, 54	0.584
Subjective family closeness <sup>e</sup>	2.45 ± .78			2.16 ± .89		2.61 ± .63		2.37 ± .82		2.55 ± .75		2.65	3, 54	0.058

<sup>a</sup> Unweighted N's, weighted percentages

<sup>b</sup> For differences across the four categories

<sup>c</sup> Scores range from 0 to 26, with higher scores indicating that household income is farther from the poverty threshold

<sup>d</sup> Scores range from 0 to 5, with higher scores indicating more frequent contact with family.

<sup>e</sup> Possible scores range from 0 to 3, with higher scores indicating more closeness to family.

**Table 2**  
 Multinomial logistic regression analysis to identify patterns of help seeking among 509 African American and Caribbean black men with a mood, anxiety, or substance use disorder<sup>a</sup>

	Professional only			Informal only			Neither		
	RRR	95% CI	p	RRR	95% CI	p	RRR	95% CI	p
<b>Race/ethnicity</b>									
African American	0.89	.22 - 3.59	0.868	3.76	1.31 - 10.79	0.015	0.93	.35 - 2.49	0.880
Caribbean black	--	--	--	--	--	--	--	--	--
Age (continuous)	1.02	.99 - 1.05	0.176	0.95	.92 - .98	0.005	1.00	.97 - 1.02	0.682
<b>Education</b>									
Less than high school	--	--	--	--	--	--	--	--	--
High school completed	0.80	.37 - 1.72	0.561	1.58	.71 - 3.52	0.254	0.63	.27 - 1.49	0.288
Some college or higher	0.40	.18 - .92	0.032	0.75	.31 - 1.80	0.510	0.44	.19 - 1.04	0.062
Poverty index (continuous)	0.90	.76 - 1.08	0.246	1.06	.97 - 1.16	0.175	0.82	.73 - .93	0.002
<b>Employment status</b>									
Working	1.46	.71 - 3.02	0.301	2.17	1.16 - 4.08	0.017	2.88	1.44 - 5.77	0.004
Not working	--	--	--	--	--	--	--	--	--
<b>Insurance coverage</b>									
Yes	1.09	.46 - 2.58	0.839	1.49	.69 - 3.23	0.309	1.14	.60 - 2.16	0.679
No	--	--	--	--	--	--	--	--	--
<b>Marital status</b>									
Currently married	--	--	--	--	--	--	--	--	--
Previously married	1.80	.83 - 3.93	0.135	1.43	.68 - 3.01	0.345	1.10	.52 - 2.33	0.805
Never married	2.21	.82 - 5.92	0.113	1.26	.55 - 2.87	0.578	2.48	1.18 - 5.18	0.017
<b>Disorder</b>									
Mental disorder	1.00	.45 - 2.22	0.996	1.21	.55 - 2.66	0.624	3.21	1.42 - 7.27	0.006
Substance use disorder	1.88	.80 - 4.45	0.147	1.15	.37 - 3.55	0.805	7.54	3.25 - 17.51	0.000
Mental and substance	--	--	--	--	--	--	--	--	--
<b>Severity of illness</b>									
Lifetime only	--	--	--	--	--	--	--	--	--
12 month	0.30	.14 - .66	0.003	0.22	.11 - .46	0.000	0.26	.15 - .48	0.000

	Professional only			Informal only			Neither		
	RRR	95% CI	p	RRR	95% CI	p	RRR	95% CI	p
Network variables (continuous)									
Size of helper network	0.98	.95 - 1.01	0.124	0.96	.93 - .99	0.014	0.98	.95 - 1.01	0.230
Frequency of contact with family	1.03	.82 - 1.28	0.808	1.02	.80 - 1.30	0.846	1.13	.91 - 1.39	0.270
Subjective family closeness	0.69	.46 - 1.04	0.074	1.76	.94 - 3.29	0.076	1.20	.73 - 1.97	0.468

<sup>a</sup>Reference: combined use of professional services and informal support