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# Race Differences in Seeking Help from Social Workers

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*This paper examines race differences in the use of social workers. A major finding is that blacks are more likely to consult social workers than are whites. Socio-demographic variables did not affect this pattern, nor did the type of problem. Implications for the training of social workers are discussed.*

A developing area of research concerns the various social processes that impact on the mental health of black Americans. One focus of this research has been to describe the distribution of psychological distress within the black population (Neighbors, 1986). Research has shown that one of the most important influences on the distribution of psychopathology is how one copes with stress (Neighbors, Jackson, Bowman, and Gurin, 1983). This research has also shown that seeking outside assistance, especially the use of informal network members and health care professionals, is an important coping response used by a significant number of black adults (Broman, 1987).

In addition to studying factors related to the decision to seek help, this research has focused upon the practical policy issue of access to specific professional help sources, particularly the use of the specialty mental health sector and the use of the general medical care sector by people with mental health problems (Neighbors and Jackson, 1984). In a recent analysis comparing the National Survey of Black Americans data with another national dataset, The Survey of Modern Living, Broman, (1987) found that blacks were more likely than whites to use mental health services. Such findings are important and provocative because they contradict the widespread notion that blacks are

underserved with respect to mental health services. Such findings also suggest that the issue of race differences in help-seeking behavior is more complex than previously thought. Thus, we can no longer afford to rely upon the simple, general statements so easily made in the past.

It appears then, that despite research focusing on race and help-seeking, the issue is still unclear. This lack of clarity can be traced to limitations in studies focusing on race differences in the use of help. The limitations of these studies are conceptual as well as methodological. The conceptual confusion stems from different definitions of the term "utilization" in utilization research. Many studies define utilization research as the study of help-seeking decisions that take place before making contact with a professional helper, for example, pathways into treatment (Horwitz, 1977). Other studies define utilization as the study of what happens to the client or patient after entering a health or mental care facility (Mollica, Blum, and Redlich, 1980). Both types of studies offer valuable information about the utilization experiences of persons in distress, but the findings generated by each must be kept separate when attempting to summarize what is known about the level at which blacks use professional services relative to whites.

These studies also have key methodological limitations. First, small numbers of black respondents are sampled, thus increasing the unreliability of estimates. Second, many studies fail to study the influence of important variables known to be associated with race (e.g., class) and help-seeking behavior (e.g., stress, health status). Third, there is a general lack of attention paid to selection into specific types of professional facilities.

More importantly for this paper, however, is the fact that the vast majority of all types of utilization research ignores the impact of race on the use of social service agencies in general, and social workers in particular. Regier, Goldberg, and Taube (1978) documented the fact that most people with mental health problems utilize general medical care services as opposed to the specialty mental health care sector. The Regier et al. (1978) article led to a number of studies describing the magnitude of this phenomenon (Horgan, 1985). What has been neglected by re-

searchers, however, is Regier et al.'s statement that data are not available to estimate the number of people with mental health problems who use family service agencies or social welfare organizations.

Most help-seeking studies focus on the use of physicians, hospitals, or mental health services (Fabrega and Roberts, 1972). Rarely are social service agencies or social workers singled out as the topic of investigation.<sup>1</sup> This is a serious oversight, especially when one considers that in comparison to Psychiatry, Psychology and Nursing, social workers provide a significant amount of mental health treatment (Knesper, Pagnucco and Wheeler, 1985). This is even more true for the poor and for blacks (Knesper, Pagnucca, and Wheeler, 1985).

An analysis of the National Survey of Black Americans (Neighbors and Taylor, 1958), demonstrated that social workers and social service agencies play an important role in delivering mental health services to blacks. Fourteen percent of black respondents with a serious personal problem utilized a social service agency; and, the poor and those with economic problems were particularly prone to contact social service agencies for help, and many saw a social worker.<sup>2</sup> Although that analysis represented an important step in clarifying the role of social work in the mental health of blacks, it did not specifically measure whether or not a social worker was seen by the person seeking help. Furthermore, we know that social workers are employed in a variety of health care and help settings, not just social service agencies (Knesper et al., 1985). In order to expand upon our previous work, and to ensure comparability across two national datasets, the present analysis uses a dependent variable that measures the use of social workers specifically, regardless of the setting in which they are employed.

In summary, it is the purpose of this paper to explore race differences in the use of social workers in response to a serious personal problem. Two national datasets (The National Survey of Black Americans and The Survey of Modern Living) are used. In addition to employing race as a predictor of the decision to contact a social worker, the analysis includes measures of the severity and the type of problem for which help was sought.

## Method

### *Sample*

The data used in this study are from the National Survey of Black Americans, (NSBA) and the Americans View Their Mental Health restudy (AVTMH). The NSBA is the first, nationally representative, cross-section sample of the adult black population. The survey was conducted at the University of Michigan in 1979–80. The sampling and interviewing procedures resulted in 2,107 completed interviews, which represented a response rate of nearly 70%. More detailed information on this sample may be obtained from Neighbors and Taylor (1985). The AVTMH data were collected at the University of Michigan in 1976, and are based on an area probability sample of the general population of individuals living in private households. The final N is 2,264, representing a response rate of approximately 72%. More detailed information on this sample may be obtained from Veroff, Kulka and Douvan (1981).

### *Instrument*

The section of both the NSBA and AVTMH questionnaires designed to study help-seeking issues were organized around the concept of a stressful episode. Respondents were asked if they had ever experienced a problem which caused them considerable distress. Measures of psychological distress, coping, and the utilization of informal and professional help resources were assessed for all respondents who had a crisis experience (NSBA N=1,322; AVTMH N=1,968). A smaller proportion of each sample sought professional help, and the present analysis focuses on these respondents. The data are analyzed by race, and the samples are: AVTMH whites, n=767; AVTMH blacks, n=98; and NSBA blacks, n=631.

### *Measures*

In both studies, professional help-seeking was measured from a question which asked respondents if they talked over the crisis with anyone. Respondents were given a list of professional help sources, and instructed to indicate if they talked to any of them. In both the NSBA and AVTMH studies, respondents mentioned

use of a social worker. The socio-demographic measures used in this analysis are age, sex, education, and family income. Age and education were measured in years, and income was measured with an ordinal variable which grouped income into \$1,000 increments until \$10,000. Higher incomes were grouped into larger categories.

Problem type was assessed from a question which asked black respondents: "Thinking about the last time you felt this way (had a serious personal problem), what was the problem about?" For whites, the question was: "Now think about the last time you felt that way (bad from a serious personal problem). What was it about?"<sup>3</sup> Identical coding schemes were used for responses to these open-ended questions. For analysis purposes, these responses were collapsed into five categories: (a) physical health or injury problems; (b) interpersonal problems (relationship problems with spouse, children or close friends); (c) death of a significant other, (d) economic problems; and (e) emotional adjustment problems (references to self-doubt, mood disturbances, and phobias). Table 1 presents the descriptive characteristics of both study samples.

### *Analysis Strategy*

The data used here are analyzed in two ways. First, the percentage seeking social worker help is computed for each racial group. These percentages are tested for race differences by a difference in proportions test (Blalock, 1972). This test assumes that there are two independent random samples drawn from a population with normal mean and variance. When  $N$  is large (greater than 50), the normality assumption can be relaxed. These data are also analyzed using more powerful multiple logistic regression procedures. In these procedures, the dependent variable is the expected log-odds of seeking help; otherwise the form of this equation is similar to an ordinary multiple regression equation.

The coefficients in all logistic equations are transformed so that the results can be stated in terms of odds. This is accomplished by taking the antilog of each coefficient. The transformed dependent variable becomes the expected odds of seeking help. This antilog transformation of the logit model becomes what is

Table 1

*Descriptive Characteristics (%)*

|                     | AVTMH<br>Whites | AVTMH<br>Blacks | NSBA<br>Blacks |
|---------------------|-----------------|-----------------|----------------|
| <i>Age</i>          |                 |                 |                |
| Less than 30        | 29.0            | 22.7            | 37.0           |
| 30-44               | 29.0            | 36.1            | 32.2           |
| 45-64               | 31.7            | 32.0            | 24.4           |
| 65 and over         | 10.3            | 9.3             | 6.4            |
| N=                  | 735             | 97              | 614            |
| <i>Sex</i>          |                 |                 |                |
| Male                | 39.0            | 36.7            | 29.0           |
| Female              | 61.0            | 63.3            | 71.0           |
| N=                  | 767             | 98              | 631            |
| <i>Education</i>    |                 |                 |                |
| 0-8 years           | 14.5            | 29.6            | 20.1           |
| 9-11 years          | 15.0            | 26.5            | 22.2           |
| 12 years            | 36.5            | 23.5            | 28.9           |
| 13 or more years    | 34.0            | 20.4            | 28.8           |
| N=                  | 767             | 98              | 626            |
| <i>Income</i>       |                 |                 |                |
| Less than \$10,000  | 38.2            | 68.4            | 52.4           |
| \$10,000-14,999     | 22.9            | 15.3            | 14.4           |
| \$15,000-19,999     | 15.9            | 8.2             | 11.1           |
| \$20,000-24,999     | 10.3            | 3.1             | 22.1           |
| \$25,000 or more    | 12.6            | 5.1             | 0.0            |
| N=                  | 767             | 98              | 548            |
| <i>Problem Type</i> |                 |                 |                |
| Economic            | 13.3            | 21.9            | 19.6           |
| Interpersonal       | 21.0            | 9.4             | 40.5           |
| Death               | 25.3            | 30.2            | 7.8            |
| Health              | 34.3            | 33.3            | 22.0           |
| Emotional           | 6.2             | 5.2             | 10.1           |
| N=                  | 744             | 96              | 592            |

known as a multiplicative logistic regression model (Swafford, 1980). The directionality of the coefficients is indicated by their departure from unity. Coefficients of greater than one indicate

that the variable increases the odds of seeking help, while coefficients of less than one indicate that the variable decreases the odds of using professional help. The statistical significance of coefficients is tested using a statistic which approximates the Z-distribution for large samples.

Race differences in seeking help are explored in two ways. First, using the AVTMH dataset, a logistic regression equation with interaction terms for race with other predictors is examined. For ease of presentation, however, separate within-race equations are presented. Second, race differences in the use of social workers are assessed using two datasets, the AVTMH whites and the NSBA blacks. Because these two datasets were collected using a different sampling frame, a different statistical comparison procedure is called for. The procedure used is commonly known as meta-analysis. This technique provides a more statistically rigorous approach to comparing effects of individual predictors across independent datasets than is offered by simply depending upon the knowledge that effects across samples are either all significant or all not significant (Rosenthal, 1978). The technique used compares Z-statistics for individual predictors. These are compared using the equation:

$$(Z_1 - Z_2) / (2)^{1/2} \quad (1)$$

This ratio is distributed as t, and statistical significance is indicated at  $p < .05$  if it is greater than 1.65 (one tailed test,  $df > 120$ ). If it is greater than this value, then the conclusion that the effect of the predictor differs across race-specific equations from different samples is warranted.

### Results

Table 2 reports the bivariate percentage seeking social worker help by socio-demographic characteristics across race. All race differences are significant, with exceptions listed at the bottom of the table. Blacks are significantly more likely to visit social workers than whites in both datasets. Socio-demographic factors generally affect the magnitude of the race differences in the use of social workers; however, the direction of the relationship is usually unchanged. Blacks are usually more likely to consult social workers regardless of socio-demographic characteristics.

Table 2

*Percent Using Social Workers by Demographic Characteristic*

|                    | AVTMH<br>Whites | AVTMH<br>Blacks | NSBA<br>Blacks |
|--------------------|-----------------|-----------------|----------------|
| <i>Age</i>         |                 |                 |                |
| Less than 30       | 10.3            | 13.6            | 12.8           |
| 30-44              | 4.2             | 8.6             | 13.1           |
| 45-64              | 2.1             | 9.7             | 12.7           |
| 65 and over        | 9.0             | 11.1            | 2.6            |
| <i>Sex</i>         |                 |                 |                |
| Male               | 4.7             | 8.3             | 9.8            |
| Female             | 4.9             | 11.3            | 12.9           |
| <i>Education</i>   |                 |                 |                |
| 0-8 years          | 2.7             | 13.8            | 11.1           |
| 9-11 years         | 6.1             | 15.4            | 15.1           |
| 12 years           | 5.4             | 4.3             | 13.8           |
| 13 or more years   | 4.6             | 5.9             | 8.9            |
| <i>Income</i>      |                 |                 |                |
| Less than \$10,000 | 4.8             | 13.4            | 14.6           |
| \$10,000-14,999    | 2.8             | 6.7             | 10.1           |
| \$15,000-19,999    | 7.4             | 0.0             | 11.5           |
| \$20,000-24,999    | 3.8             | 0.0             | 7.4            |
| \$25,000 or more   | 6.2             | 0.0             | —              |
| <hr/>              |                 |                 |                |
| <i>Overall use</i> | 4.8             | 10.2            | 12.0           |
|                    | 767             | 98              | 631            |

Race differences for all percentages are significant at  $p < .05$ , using a difference in proportions test. Exceptions: AVTMH whites and blacks less than 30; AVTMH whites and blacks 13 or more years of education.

Among the socio-demographic factors, age plays a significant role in the use of social workers.

Among the young, aged less than 30, whites and blacks are equally likely to use social workers. The difference between the AVTMH and the NSBA samples is significant, but there is no significant race difference among the young AVTMH respondents. The pattern changes for older respondents. AVTMH whites 65 and over are more likely to consult social workers than NSBA

blacks age 65 and over. But blacks, age 31–64, are more likely to consult social workers than whites age 31 to 64. It is also noteworthy that the relationship between age and social worker use is not a linear, monotonic one for any group. For AVTMH whites and blacks, the relationship is u-shaped, but not so for NSBA respondents. Among NSBA blacks, the old have a very low rate of use of social workers.

The results for education and income reveal an interesting pattern. At lower levels of education and income, blacks in both datasets are more likely to use social workers, and the percentage difference is large. As education and income increase, whites are more or as likely as blacks to visit social workers in the AVTMH Study, while the race difference in the NSBA Study is not as large. There is also an important result within racial groups: among whites, the middle income group is most likely to visit social workers, whereas among blacks, it is the lowest income group that is most likely to consult a social worker. Gender is the only socio-demographic factor that does not affect the relationship between race and the use of social workers. However, it should be noted that these results do not control for the influence of other variables.

Table 3 presents logistic regression analyses of the use of social workers on socio-demographic variables by race. The results found for education disappear in this multivariate analysis, but significant effects across race are found for income and age. There are two important results for age. First, the relationship between social worker use and age varies across race, as indicated by the superscript *t*. Age is significant for whites, and we can see that there is no significant effect of age among blacks in either sample. The second important result is that there is a negative relationship between age and the use of social workers. Young people are more likely to consult social workers in all samples, but the result is significant only among AVTMH whites. There is only one other significant socio-demographic variable. Among AVTMH blacks, the relationship between use of social workers and family income is negative. Lower income blacks in that sample are more likely to consult social workers, than are higher income blacks. However, the relationship is not powerful enough to be significantly different across race.

Table 3

*Logistic Regression of Social Worker Use on Demographic Characteristics (multiplicative coefficients)*

|           | AVTMH<br>Whites              | AVTMH<br>Blacks             | NSBA<br>Blacks              |
|-----------|------------------------------|-----------------------------|-----------------------------|
| Constant  | 1.05                         | 2.68                        | .372                        |
| Age       | .939 <sup>*t</sup><br>(4.13) | .964 <sup>t</sup><br>(1.42) | .990 <sup>t</sup><br>(.901) |
| Sex       | .915<br>(.248)               | 1.42<br>(-.422)             | .787<br>(.749)              |
| Education | .958<br>(.583)               | 1.03<br>(-.264)             | 1.00<br>(-.017)             |
| Income    | .985<br>(.374)               | .717*<br>(2.64)             | .942<br>(1.76)              |

The variable sex (1 = male) is a dummy variable.

Z values in parentheses.

\*p < .05, within race

<sup>t</sup>Difference across race is significant at p < .05.

It is important to be able to specify the conditions under which people utilize social workers, and previous research has found that problem-type is one critical condition (Broman, 1987; Neighbors and Taylor, 1985). In Table 4, the percentage using social workers by type of problem is presented. In Table 4, the percentages are adjusted for the socio-demographic variables age, sex, education and family income using analysis of covariance.

The results of this table, and Table 5 show that problem-type plays no role in race differences in the use of social workers. Table 4 shows us that regardless of problem-type, blacks in both samples are significantly more likely to consult social workers (this is indicated by the superscript *t*).

Further, Table 5 shows us that in neither sample is problem-type a significant factor in the use of social workers generally, or in predicting race differences in the use of social workers. Further, analysis (not shown) revealed also that there were no significant interactions between problem type and socio-de-

Table 4

*Percent Using Social Workers by Problem-Type*

|               | AVTMH<br>Whites  | AVTMH<br>Blacks   | NSBA<br>Blacks    |
|---------------|------------------|-------------------|-------------------|
| Economic      | 4.2 <sup>t</sup> | 10.8 <sup>t</sup> | 15.9 <sup>t</sup> |
| Interpersonal | 8.8 <sup>t</sup> | 9.9               | 13.6 <sup>t</sup> |
| Death         | 1.9 <sup>t</sup> | 8.1 <sup>t</sup>  | 5.2 <sup>t</sup>  |
| Health        | 4.4 <sup>t</sup> | 11.5 <sup>t</sup> | 9.4 <sup>t</sup>  |
| Emotional     | 6.6 <sup>t</sup> | 17.7 <sup>t</sup> | 16.8              |
| N =           | 726              | 95                | 508               |

Percentages adjusted using analysis of covariance for age, sex, education and income.

<sup>t</sup>Differences across race are significant at  $p < .05$ .

Table 5

*Logistic Regression of Social Worker Use on Problem-Type  
(multiplicative coefficients)*

|               | AVTMH<br>Whites | AVTMH<br>Blacks | NSBA<br>Blacks |
|---------------|-----------------|-----------------|----------------|
| Constant      | 1.28            | 9.93            | .488           |
| Economic      | .553<br>(.764)  | .394<br>(.641)  | .939<br>(.132) |
| Interpersonal | 1.27<br>(-.346) | .684<br>(.226)  | .778<br>(.566) |
| Death         | .225<br>(1.75)  | .271<br>(.893)  | .265<br>(1.61) |
| Health        | .594<br>(.737)  | .484<br>(.527)  | .674<br>(1.29) |

All coefficients are net of age, sex, education and income.

Z values in parentheses.

\* $p < .05$ , within race

<sup>t</sup>Difference across race is significant at  $p < .05$ .

Emotional problems are the omitted category.

mographic variables in the use of social workers for either race or sample.

### Discussion

Race differences in the use of social workers have been found in this research. The most important finding was that blacks were more likely to consult social workers than whites. This finding held when other factors were accounted for. The role of socio-demographic factors was minimal, with only age having any effect across race. For respondents under 30 years of age, differences in the use of social workers by race were not as pronounced. However, even accounting for this effect, blacks were more likely than whites to consult social workers. Multivariate analysis also showed that family income was significant among AVTMH blacks, however, that family income did not differ significantly across race. Problem-type played no role in race differences in the use of social workers.

Overall, these results show that seeking help from social workers is a response of only few people. A small percentage of people consult social workers in times of personal distress, and other research has shown that a variety of other professional mental health sources are consulted in times of distress (Veroff et al., 1981). However, it is significant that blacks are more likely than whites to consult social workers, and research to explain this phenomenon is important. Our research has generally ruled out socio-demographic factors and type of problem as explanatory variables, but there are other factors which may be of importance.

Social workers may be more available and accessible in the black community than in the white community. More importantly, it may be that blacks are more likely than whites to perceive that social workers are available and accessible for consultation. This perception might increase the likelihood of blacks using social workers, because research has shown that if a person believes a professional service to be available, they are more likely to seek out those services (Veroff et al., 1981).

Another factor of possible importance is the extent that blacks, more so than whites, believe that social workers are an appro-

priate source for help with personal problems. A key factor in seeking help from professionals is the belief that they are appropriate sources for help, and that they will help with the problem (Veroff et al., 1981). In general, what we are suggesting is that the experiences of blacks may predispose them to using social workers more so than whites.

The implications of these results for social worker training need to be emphasized. The finding that blacks have a higher probability of utilizing social workers than whites, is critical. First, social work students should receive training on how to effectively administer services to minority clients. Research has shown that blacks in particular, and minority clients in general, receive unequal and poor mental health services when they consult mental health service providers (Sue, 1977). For example, Sue found that blacks who utilize community mental health facilities received differential treatment, and had poorer outcomes than whites (Sue, 1977). This poor treatment is probably due to several factors, but one is that the expectations of minority clients may not mesh with those of white service providers (Korchin, 1980). Of course, Sue's research focuses on community mental health facilities, not necessarily social workers. For this reason, different findings might result. Research has further indicated that the attitudes and biases of clinicians severely limit their ability to effectively treat minority clients (Parloff, Waskow and Wolfe, 1978). Consequently, any training that can assist mental health service providers in general, and social workers in particular, to become more knowledgeable and sensitive to the concerns and lifestyles of minority clients will help facilitate the treatment process.

A second implication of these findings concerns the need to increase the number of black and other minority social workers. Available data from the National Association of Social Workers indicates that the percentage of black and other minority social workers is extremely low relative to their percentage in the U.S. population (Hopps and Pinderhughes, 1987). The low percentage of minority social workers is significant when considering the large number of minority clients seen by social workers. As Korchin (1980) has noted, there are several reasons to increase the number of minority social workers. First, due to cultural

similarities, minority service providers may be better equipped to assist the problems of minority clients. Minority practitioners are also more likely to work with minority clients, and may be more motivated to do research on issues affecting minorities. Lastly, an increase in the number of minority practitioners will help to broaden the perspective and effectiveness of white mental health service providers when working with both minority and nonminority clients.

The role of race in the use of social workers has been studied in this research. Blacks were found to be more likely to consult social workers than whites. Further research is necessary to understand fully the important influences on black use of social workers. Additionally, more research on the processes that influence the quality of service rendered to blacks and other minorities is necessary. Through such study a more complete understanding of these issues is possible, and improvements in mental health service delivery may follow.

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## Notes

1. For exceptions, see Mindel and Wright, 1982.
2. Unpublished analyses revealed that over two thirds of blacks who went to a social service agency saw a social worker.
3. Some AVTMH respondents were asked: "Now think about the last time something really had happened to you. What was it about?" The coding of this question was identical.

