



Obsessive compulsive disorder (OCD) is a mental health disorder that can affect anyone regardless of their racial/ethnic identity. However, African Americans face many additional challenges when it comes to dealing with OCD, such as: exclusion from OCD research, education and income gaps, racial discrimination, and the increased stigma of mental health within their community. This factsheet provides some recommendations/tips for mental health professionals to consider when working with African Americans with OCD, to improve their quality of treatment.

What does OCD look like in African Americans?

While African Americans deal with the same types of OCD symptoms as other races/ethnicities (perfectionism, doubt/checking, aggression, mental compulsions, etc.) there are certain subtypes that are more commonplace.

African Americans' obsessions often deal with cleanliness or "unacceptable" violent and sexual thoughts¹. This stems partly from African Americans historically being labeled as less clean, or "violent or sexually deviant"¹. Therefore, the focus of the obsessions/compulsions are often combatting the undesirable stereotypes:

- Cleanliness/Contamination OCD fears may include: being poisoned, contracting a virus, getting ill through contact with blood, sweat, or getting ill in a magical way (bad numbers, clothing worn at a funeral). Compulsions may include: repetitive cleaning, avoiding certain people/places deemed contaminated, magical rituals (prayers, etc.) to neutralize magical contamination².
- Violent/Sexual OCD fears may include: Sexual Orientation OCD, Pedophilia OCD, thoughts of hitting yourself, or running someone over with your car³. Compulsions may include: driving around the block numerous times to ensure they have not hurt anyone, looking at a specific type of porn to see if they are actually gay/straight/bi, or even avoiding children at all costs.

What are some barriers to treatment among African Americans⁴?

According to institutional research, about 25% of African Americans seek mental health care, compared to 40% of whites⁵. Below are some of the reasons why this happens.

- **Cost of treatment**
 - » According to the 2018 census bureau data, the median household income for African Americans is \$30,000 less than Caucasians⁶. Clinicians should consider accepting private insurance, public insurance (Medicaid/Medicare), or offering a sliding fee to cover costs of OCD treatments.
- **Fear of judgment**
 - » Mental health concerns among African Americans can be misinterpreted as weakness, thus making such conversations taboo⁷.
- **Fear of getting the wrong treatment**
 - » The first-line treatment for OCD is cognitive behavioral therapy (CBT), specifically exposure and response prevention therapy (ERP)⁸. Part of providing the right treatment is making sure that as a clinician, you are knowledgeable in all the latest research and techniques to properly treat OCD and are able to convey this to your patients/prospective patients in an understandable way.
- **Lack of belief in efficacy of treatment**
 - » About 7 out of 10 people with OCD will benefit from either medication (Selective Serotonin Reuptake Inhibitors) or ERP. For the people who benefit from medication, they usually see their OCD symptoms reduced by 40-60%¹².
- **Feeling there is no need for treatment**
 - » It is important that mental health professionals remind their African American patients that OCD is not something they can just snap out of without proper treatment. Just like a person would go to a doctor for their physical health needs, they should do the same for their mental health needs.
- **Lack of transportation to get to appointments**
 - » Is your practice easily accessible through public transportation? Are you willing to provide teletherapy services?
- **Clinicians' lack of cultural sensitivity**
 - » Clinicians, especially those who do not identify as African American themselves, are often unaware of the African American experience, and must first seek to listen and earn the trust of their patients.

Tips for professionals when working with African Americans

- Keep in mind barriers to treatment, including those listed above and any others your client(s) may disclose to you.
- Consider cultural competency training
 - » Cultural sensitivity matters when dealing with minority populations. This can also be cultivated by having a multicultural practice and consulting with your multicultural colleagues.
- Remember societal issues that African Americans are dealing with
 - » Racism, discrimination, economic inequalities, etc.
- Examine family relationships and friend networks⁹
 - » Emphasize the significance of friends and family for support
- Recognize religious affiliations⁹
 - » Emphasize the significance of church ties for social support (reach out to pastors/ elders for support)⁹
- Use the Y-BOCS or the OCI-R instead of the SCID-OCD to diagnose OCD among African Americans¹⁰.
 - » African Americans are less likely to recognize their OCD symptoms, so those with less severe symptoms tend to be misdiagnosed when using the SCID-OCD¹³
- Bear in mind the stigmatization of mental health in the black community⁷
 - » Patients may hide their symptoms out of fear, not only from their loved ones but from you.
 - » Patients may emphasize physical symptoms instead of mental ones.
- Involve African Americans in OCD research studies/ clinical trials.
 - » While African Americans make up 13 percent of the population, less than 2 percent have been included in OCD trials¹¹.

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