

ma, and cancer of the prostate, cervix, breast, and colon (6). Mental disorders of concern include schizophrenia, unipolar depression, bipolar disorder, multi-infarct dementia, Alzheimer's disease, trauma-related disorders, and substance abuse (1-8). Psychosocial stressors experienced by African Americans are related to socioeconomic status, residence in high-crime areas, perceived racial discrimination, and perceived limitations on attainments (9,10).

Psychiatric assessment and evaluation

Issues that create particular concern in the assessment and evaluation of psychiatric conditions among African Americans include diagnostic bias and selection of appropriate screening instruments. Clinicians must also be aware of the impact of the patient's psychosocial context on the assessment process. Many African Americans live on marginal incomes in high-crime areas where high rates of drug abuse and unemployment produce chronic stresses.

Diagnostic bias

Since the 1970s studies have reported overdiagnosis of schizophrenia and underdiagnosis of affective disorders among African Americans, compared with the overall prevalence of these disorders in the psychiatric inpatient population (11-17). However, when diagnoses were based on structured clinical interviews and Research Diagnostic Criteria or diagnostic criteria from the Schedule for Affective Disorders and Schizophrenia, African-American inpatients were shown to have rates of schizophrenia and depression similar to those of whites admitted to the same inpatient units (18-20).

Some investigators have suggested the misdiagnosis of schizophrenia might be related to clinicians' misinterpreting the hallucinations frequently seen with depression among African Americans (14,16). In addition, clinician prejudice has been discussed as a reason for overdiagnosis of schizophrenia among black patients (11-17). Retrospective studies of the diagnoses of African-American patients in treatment at a Veterans Af-

Special Series on the Psychiatric Needs of Nonwhite Populations

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The nonwhite populations of the United States are taking on more prominent roles in shaping the country's future. African Americans continue to be an important political force, Asian Americans are asserting their needs for advocacy, Latinos are gaining increased political sophistication while becoming the fastest growing nonwhite population in the U.S., and Native Americans are obtaining self-sufficiency through entrepreneurial enterprises.

Psychiatric Services recognizes the increasing diversity of people within the United States and is aware of the variety of their psychiatric needs. From a perspective that looks beyond the borders of the U.S., the country's so-called "ethnic minorities" are actually representative of a larger, global nonwhite population. American psychiatry should not assume that its standards of diagnosis and treatment necessarily apply to the various nonwhite populations of this country or the world.

To explore the mental health needs of nonwhite populations in the U.S., *Psychiatric Services* this month begins a special quarterly series of articles. The journal solicited scientific papers on the mental health and psychiatric needs of African Americans, Asian Americans, Native Americans, and Latino Americans. The papers were subject to the journal's peer review process before being accepted for publication. A common format for the papers, consisting of a brief description of the population, a discussion of the issues of assessment and evaluation, and a summary of information about the treatment needs of the particular group, was suggested to each author. Authors were also encouraged to acknowledge unique concerns and suggest research directions critical to the mental health care of the specified population.

The series begins this month with a paper on African Americans. A paper on Asian Americans will be published in June, to be followed later by papers addressing the psychiatric needs of Native Americans and Latinos. It is our hope that this special series will stimulate research and writing on the mental health needs of nonwhite populations as well as on more specialized topics in their psychiatric treatment.

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fairs medical center (17) and at a community mental health center (21) have shown that misdiagnosis has remained a problem in the 1990s.

The prevalence of anxiety disorders among African Americans has not

been well studied (22). Survey data from the Epidemiologic Catchment Area study sites in Baltimore and Durham, North Carolina, suggested a higher lifetime prevalence of simple phobia among black Americans, com-