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WHAT IMPACT DOES RELIGIOUS BELIEFS HAVE AMONG AFRICAN AMERICANS ATTITUDES TOWARDS GETTING MENTAL HEALTH SERVICES?

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WHAT IMPACT DOES RELIGIOUS BELIEFS HAVE AMONG AFRICAN
AMERICANS ATTITUDES TOWARDS GETTING MENTAL HEALTH
SERVICES?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Vanessa Rosalee House

June 2018

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Approved by:

Armando Barragan Jr., Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator

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ABSTRACT

Mental Health in America is a continuous and on ongoing concern for families across the nation. For African Americans there are certain contributing factors that can increase the likelihood that an individual will suffer from a mental health disorder. African Americans have been identified as persons who are less likely to seek mental health services. By using the positivist paradigm, the research question, "What Impact Does Religious Beliefs Have Among African American Attitudes Towards Getting Mental Health Services?" is explored. In order to conduct this study, the researcher constructed a survey of 16 questions for African American male and female participants ages eighteen to sixty-five. All participants were members of the identified local Christian church. The quantitative data was analyzed by using SPSS. Data analysis indicated that there is no relationship between the two identified variables of religious beliefs and attitudes towards mental health. The research study findings will highlight the need for further studies to identify barriers which contribute to the lack of mental health services within the African American communities, and ways in which social workers can improve interventions strategies at the micro level.

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CHAPTER ONE

ASSESSMENT

Introduction

The current chapter covers the outlined research question, What Impact Does Religious Beliefs Have Among African American Attitudes Towards Getting Mental Health Services? This section will cover the identified choice theory, and theoretical orientation and further implicate possible contributions to social work.

Research Question

Many African Americans are living in communities with factors that contribute to being at a greater risk of developing a mental health disorder. It is known that there are some common barriers obstructing effective mental health outcomes (Kawaii-Bogue, Williams ,& MacNear, K. (2017). Religious preference is a commonality in American communities. Spiritual beliefs are vastly utilized for mental and emotional wellness. Even with a significant necessity for mental health services within the African American communities, research does not provide effective interventions community outreach.

Paradigm and Rationale for Chosen Paradigm.

The chosen paradigm for this study is the positivist approach. This approach is the most appropriate paradigm for this study as Positivism allows the researcher to remain objective with minimal engagement at the micro level by examining a correlational question. This is important for the study as it gives the most accurate results without input from the researcher, by obtaining information that is true to the participant's attitudes and beliefs. This approach does not allow the researcher to interfere or manipulate variables. Through exploration and discovery, the study will assist social workers in identifying effective ways of engagement, by expanding cultural competency in order to provide service for members of the African American community. In this study we will identify the positivist paradigm as it is used to study social issues. According to (Morris, 2014) the positivist view is conjectures and ideas of research questions in which participant's results are measured in numeric form. Research in social work continues to drive the movement of intervention and advocacy for change. Completion of this study will provide another stepping stone if efforts to provide better services or case management within the African American communities.

Literature Review

For as far back as history will allow us to go, religious practices have shown to be a great support for physical, mental and emotional wellness. In 2015, an estimated 77 percent of Americans identified with a Christian religion

(Newport, 2015), undoubtedly identifying Christianity as the most practiced religion in the United States. In an article written by the Pew Research Center (2009) it was African Americans who were classified as being significantly more religious than the entire United States population, with further reports of an average of at least half of men and women identifying Christianity as their current religious preference (Pew Research, 2014). Classifications by (Nami.org 2016) report, African American communities look to their own faith rather than turning to health care, more specifically mental health services, despite some need for therapeutic services. Nami.org further reports that the prevalence of mental health in the African American community is the same as the general population, but African Americans remain at greater risk of living with circumstances which contribute to the likelihood of developing a mental health disorder. Unfortunately, “about one-quarter of African Americans seek mental health care, compared to 40% of whites” (Nami.org). Current research investigating this area is minimal, suggesting that this topic has yet to be thoroughly explored. Although it is the responsibility of the people to reach out and access certain avenues for mental health care, there are some barriers which can impede those actions. However current research has not provided in depth information in regards to the barriers that may exist within the communities.

Attitudes towards mental health tend to have differences across ethnic minority groups. These attitudes are often influenced by social interactions, world view opinions, and family culture. Research on this subject proposes that the

stigma of a mental health illness may add to a negative connotation, which results in a person's poor attitude towards mental health services, predominantly those within the African American Community (Conner, Koeske, & Brown, 2009).

Theoretical Orientation

Nearly thirty years ago, Wing and colleagues (1982) introduced their model of Multicultural Counseling Competence- MCC, (Chao, Wei, Good, & Flores, 2011). The Multicultural Counseling Competence Model-MMC, is made up of three key components which includes: "attitudes and beliefs—awareness of one's own assumptions, values, and biases; knowledge— understanding the worldview of culturally diverse clients; and skills— developing appropriate intervention strategies and techniques", (Chao, et al., p.72., 2011). Despite the current framework and application of MMC, (Vieten, Scammell, Pilato, Ammondson, Pargament, Lukoff, & David, 2013) states that most psychotherapists are continuously provided poor amounts training on issues related to faith and spirituality. Cultural diversity, and cultural competence is a major component in working with diverse and ethnic groups in social work. Ivers, Johnson, Clarke, Newsome, & Berry (2016) explains, because the world continually diversifies it is only right to find new effective ways to ensure counselors are culturally competent. The MCC serves as the most appropriate model because of its purpose to provide awareness to the therapist about

worldviews and beliefs of diverse and ethnic clients. This component will aid in overall social work education and can lead to positive community interventions.

Contribution of Study to Micro Social Work Practice

The potential contributions of this study will allow social workers on a micro level to recognize religious beliefs within a group, and attitudes of African Americans towards mental health services. There are organizations around the world that are invested in communities in order to promote outreach and educate members on the importance of mental health care. The current study can aid social workers in identifying barriers, and locate avenues to better communicate with members of the African American community. This may generate opportunities to collaborate already existing projects working towards the same goals. Much of social work advocacy and promotion for change is done through data collecting. There appears to be a lack of research on this subject despite the great need for mental health services necessary in the African American communities. Attitudes cannot be changed overnight, however various methods to connect with the community can open one's mind to alternative approaches for mental health care.

Summary

This chapter discussed the research question, theoretical orientation, and summarized the possible contributions to social work. This section further

indicates current themes as it pertains to the research question for this study. Mental health is a revolving topic within the communities. The literature review highlights the need for research in this area as current information is limited. The study gives social work the ability to identify tools to improve cultural competency and create ideas of effective interventions for populations in need. Additionally, the study gives possible connections for future collaborations in order to promote, and provide mental health services within the African American community.

CHAPTER TWO

ENGAGEMENT

Introduction

This chapter will address the study site, initiation and engagement with the gatekeepers, preparation of the study, and diversity, ethical and political issues. Here, the researcher will also discuss the role of technology within this study.

Research Site

The study site was chosen by the researcher based off of likelihood of available participants. The study site identifies as a Christian Church. Members of the church are predominantly African American. There were no complications in contacting the church leader of this site. This study site served as a positive location where the members were accepting and welcomed the efforts of the study.

Engagement Strategies for Gatekeepers at Research Site

The researcher contacted the church leader of the organization's site via email. Through correspondence with the church leader the researcher explained the purpose of the research project, gave a description of the survey questions, and the start date contingent on the approval from the church leader. The

researcher further informed the church leader of the study approval form obtained through the Institutional Review Board Sub-Committee, and the consent forms to be reviewed and marked by each participant. The Researcher then gained consent from the church leader to proceed with the research study. Through additional correspondence, the researcher was given the physical location of the church site and referred to the church organization's liaison. The researcher contacted the church liaison upon arrival to the church. The researcher asked members of the congregation who were male or female, ages 18- 65 years of age, and identified themselves as African Americans and Christians to participate and complete the survey questions. The researcher provided a variety of sweets as incentives for completion of the study.

Self-Preparation

The researcher obtained IRB approval in order to begin the study. The researcher utilized the internet in order to narrow down a potential site of local Christian Churches. The researcher visited the church web page in order to observe the church culture and majority members. Finally, the researcher developed a list of questions to be answered by the participants on the first day of data collection.

Diversity Issues

The current study struggled with inclusion of age, race and geographical areas. This study's data was focused on African American's ages 18-65 yrs, both

male and female. This study further utilized participants that lived in the Central Valley. The specific issues for this study is not all African Americans are Christian, and not all African American who identify as Christian attend church. The diversity of participants in this study as absent, due to the nature of the research topic.

Ethical Issues

All information of the study is confidential. This was ensured by requiring that the participants not to provide any identifiable information which includes but is not limited to, names, dates of births and home addresses. The researcher maintained moral values by assuring the study was approved by all required entities, and all data is reviewed and observed by authorized persons only. Each survey provided was completed by the participant at their own discretion. All participants were provided information regarding when and how to locate the results of the study after participation. A copy of the IRB approval was located and available at the study site.

Political Issues

Presently, African Americans are greatly overrepresented in several social issues. This study may contribute to an emphasis on this topic that highlights current needs for African Americans and mental health care at the micro level. California is reputedly known by other states to have strict mandates for

education. This study may enhance educational requirements within psychotherapy in order to provide therapist additional skill sets to broaden their knowledge of cultural competency and its correlation within mental health.

The Role of Technology in Engagement

This study utilized surveys which were completed by participants in person. Data collection was completed using the SPSS program. The researcher also utilized SPSS to run data statistics. Results and findings of the study will be available for participants June of 2018 at the John M. Pfau Library Scholar Works database at California State University, San Bernardino.

Summary

This chapter discussed the study site, engagement strategies, self-preparation, diversity issues, ethical issues, political issues, and the role of technology for this project. This section also provided details on how participants will be able to retrieve results and findings of the study.

CHAPTER THREE

IMPLEMENTATION

Introduction

In this Chapter the researcher addresses the method of the study which includes, the study participants, selection process, data needed, phases of data collection, data recording, and data analysis. This will be followed by the termination of the study, follow up, and a plan for dissemination of the study findings.

Study Participants

The participants of this study are African American men and women. Participants fell into age ranges of 18-65 yrs. Participants are current members of the chosen Christian church study site. All participants range in educational achievements, marital status, and current employment. Each member participated willingly with no compulsion from the researcher. Each participant had an equal opportunity to discontinue the study at any time.

Selection of Participants

The selection of participants was isolated to one Christian church within the local area. After service came to an end members were met outside by the researcher. The researcher set up a table where participants came to inquire about the current study. Members of the study site were encouraged to participate and complete the survey. The researcher provided participants with the pre-qualifying requirements in order to complete the study. Each member who participated in the study met the following terms of the study; identified as African American, and identify as a Christian. Finally, all members participating in this study is at least 18 years of age.

Data Gathering

In this study data was gathered through the completion of surveys by the participant. The survey is a series of 16 questions. The initial six questions ask information on gender, age, marital status, years having attended church, employment status and degree of education. The remaining 16 questions measure the participant's beliefs and attitudes towards mental health. Each of the 16 questions were answered by using a number code which represented participants answer' as; Strongly Agree (4) Agree (3), Disagree (2), and Strongly Disagree (1).

Phases of Data Collection

The researcher completed two phases of data collection. In the first phase the researcher provided surveys to 30 participants. The second phase of data collection the researcher received a total of 15 completed surveys from participants. Both phases of data collection were conducted on a Sunday after church services. The researcher waited for participants in the foyer and engaged as needed.

Data Recording

The researcher used SPSS which is a computer program used for quantitative data analysis. The researcher input the responses of the participants into the SPSS program. Each question entered into SPSS utilized a frequency variable to code a response, with scores ranging from one to four. The researcher further ran a univariate analysis to observe the value distribution of variables.

Data Analysis Procedures

This study used quantitative data analysis. The researcher analyzed the findings by running frequencies for questions regarding gender, marital status, employment status, and degree of education. The researcher ran a descriptive data analysis for questions involving participant's age, years having attended

church, and how often participants reported attending church. Further data was conducted through a correlational test for variable (1) religious beliefs and variable (2) attitudes towards mental health, to determine the direction of the relationship between the two variables.

Summary

This chapter covers the description of participants, and how they were selected for this study. In this section information is provided on ways in which the researcher gathered data, recorded data, and analyzed data. Furthermore, this chapter explains the program used in order to run the data for this study.

CHAPTER FOUR

EVALUATION

Introduction

This sections covers the data analysis, data interpretation, and implications of findings to micro practice. This sections provides information on how data was interpreted and descriptions of the participants.

Data Analysis

The researcher conducted a study in order to examine the research question “What Impact Does Religious Beliefs Have Among African American Attitudes Toward Getting Mental Health Services?”. The researcher obtained participants (n=45). Participants were both male (n=18) and female (n=27) African Americans who identified as Christian. All participants were members of the church site and were over the age of 18 years with an average age of 41 years. The research question was measured by using a scoring method for 16 questions. Participants answered questions using a scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1). The Descriptive data reports on average members of the study site had been attending church for 27 years nearly 2-3 times a month (Table 1). Of this study 60% of participants were female, and the over 50% of participants report being divorced or widowed.

Furthermore, 68% of participants report some form of employment, and 46% of participants had at least a Bachelor's or Graduate degree (Table 2.3, Table 2.4).

Data Interpretation

Variable 1 (religious beliefs) displays for questions 1-8, that the average answer for participants was recorded as strongly agree or agree (Table 3).

Variable 2 (attitudes towards mental health) Table 4., indicated on questions 9-16 that participants recorded an average response of agreed or strongly agreed, with the exception of questions 11 and 16, in which participants recorded an average response of disagree or strongly disagree. Data for this study recorded that only 15.5 percent of participants had some high school education or equivalent, indicating that the remaining of participants had at least some vocational or college education (Table 2.4). The data provided information that most participants are educated beyond secondary education. We can conclude that the majority of participants are more likely to be educated on some form of mental health services, and would have been more likely to have knowledge on how to access mental services within their communities. The Pearson correlation coefficient reports that there is no relationship between religious beliefs and attitudes towards mental health with $r=.084$, $n=34$, and $p=.638$. This data explains that attitudes towards mental health and religious beliefs do not have an association, meaning one does not correlate to the other.

Implication of Findings for Micro Practice

Outreach within the communities provide a strong tie between members and social workers. For this study implications in micro social work only highlight the need for further studies in African American communities for individuals who are at risk of suffering from a mental health diagnosis. Although many participants in this study prove to have strong Christian values and carry a positive attitude towards mental health, the survey population of participants mostly reported some college education. This indication poses that many of the participants may not currently experience factors within their community which can increase the likelihood of suffering from a mental health diagnosis. Therefore, further research would focus on specific communities where members are currently facing factors that increase the likelihood of members to suffer from a mental health diagnosis. This would include communities where homelessness, and low socioeconomic status are prevalent. The increase in effort by social workers to engage in these communities will provide better research data, and greater intervention strategies to promote mental health services within the community.

Summary

This chapter covers the qualitative data used, data analysis interpretation, implications of findings for social work practice. This section discusses the participants age, education, and marital status. As well as the concluded findings from the data results.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This section covers the termination of the study, communication of findings to study site, and the dissemination plan. This section further provides information on how results and findings can be accessed for participants of the study,

Termination of Study

After the completion of data collection Spring quarter of 2018, this study was no longer in progress. The researcher provided participants with the informed consent which explained the purpose and description of the study and how to contact appropriate parties in regards to further information of the study. The results of this study will be available after June 2018 at the John M. Pfau Library Scholar Works database at California State University, San Bernardino. The researcher will provide a written account of the results and findings of the study, which will be available to participants after the indicated date.

Communication of Findings to Study Site

The overall study provided great insight on attitudes towards mental health services within the African American community. This study provided data which

concludes that there is no relationship between religious beliefs and attitudes towards mental health services. These findings only indicate that further research is necessary in order to identify factors or barriers which hinder a member of the African American community from seeking mental health services. This study is limited by the small sample size and the single study site for participants. Many African Americans including those who are homeless may not attend church, may have limited transportation to attend church, or may conduct their own services in smaller community areas. Furthermore, the study site did not focus on African American communities where members are currently at an increased risk of suffering from a mental health diagnosis.

Further research on this topic should include how a person's beliefs can impact utilization of mental health services. Knowledge or lack of knowledge of mental health services, and stigmas of mental health diagnosis are just a few topics in need of further research. The lack of findings in this study alerts social workers at a micro level to highlight a much needed area requiring imperative attention. Future research on this topic will contribute to the social work practice by gathering data which will lead to a successful intervention strategy in regards to mental health services for members of the African American community.

Dissemination Plan

At the completion of this study the researcher did not have any further face to face contact with the participants. The researcher provided necessary

information for the participants to follow up with the results of the study. All information gathered for this study has been properly disposed of, and will not be utilized further.

Summary

This chapter covers the termination, follow up and dissemination plan. The researcher provides information for participants to locate the research study results, and discusses the achievements, and value of this study.

APPENDIX A
SURVEY QUESTIONS

The first set of questions ask participants to circle the correct choice to indicate the correct answer. The second set of questions asks participants to rate the truth of each item as it applies to you by entering the appropriate number. This survey was developed by the researcher.

1. What is your gender?
 - Male
 - Female

2. What is your age? _____

3. What is your marital status?
 - Single, never married
 - Married or domestic partnership
 - Widowed
 - Divorced
 - Separated

4. How many years have you been attending church? _____

5. Employment Status
 - Employed or Self-employed
 - Not working but looking for work
 - Not working but not currently looking for work
 - Retired
 - Unable to work

6. What is the highest degree or level of school you have completed?
 - No schooling completed
 - Elementary to 8th grade
 - Some high school, no diploma
 - High school graduate, diploma or the equivalent (for example: GED)
 - Some college, no degree
 - Trade/technical/vocational training
 - Associate degree
 - Bachelor's degree
 - Graduate degree

4

3

2

1

Strongly Agree

Agree

Disagree

Strongly Disagree

1. I identify myself as a Christian. _____

2. I believe I have strong Christian beliefs and or Values. _____

3. On average, I attend Church (**circle below**)

rarely

once a month

2-3 times a month

4 or more a month

4. I would encourage family to use religious practices for mental health symptoms instead of medical treatment. _____

5. If I felt I was suffering from mental health symptoms which includes but is not limited to (Depression, Bipolar Disorder, Suicide, Attention Deficit Hyperactive Disorder and Anxiety), I feel my religious practices can treat or minimize a mental health disorder. _____

6. Based on my religious practices, I believe mental health can be treated without medical assistance. _____

7. I believe my faith and religion is a better option of treatment for those dealing with mental health diagnosis. _____

8. I believe I have witnessed members in the Christian Community use religious practices to treat mental health diagnosis. _____

9. I believe I could successfully use mental health services in the Fresno community if needed. _____

10. I believe mental health services in the Fresno area can successfully assist the African American community. _____

11. I feel I would be embarrassed or Ashamed if I had a mental health diagnosis. _____

12. I feel comfortable encouraging family to seek mental health services if needed. _____

13. I believe mental health is a concern in the African American Community. _____

14. I believe the use of mental health services would benefit African Americans who are in need of help. _____

15. I feel medical professionals are able to treat mental health symptoms for myself and or others within my community. _____

16. I do not believe in mental health disorders. _____

APPENDIX B
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the impact religious beliefs may have among African Americans' attitudes toward getting mental health services. This study is being conducted by a graduate student, Vanessa House, under the supervision of Dr. Armando Barragan Jr., Assistant Professor at California State University, San Bernardino. This study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: To investigate religious beliefs and attitudes toward mental health treatment services among African Americans.

DESCRIPTION: Participants will be asked of a few questions on about religious beliefs and attitudes towards seeking mental health services.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: The researcher will ensure all information is confidential by requiring the participants NOT to provide any identifiable information which includes but is not limited to, names, dates of births and home addresses.

DURATION: It will take 10 to 15 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: Should you have any questions regarding this study, please contact faculty advisor Dr. Armando Barragan Jr. at (909) 537-3501

RESULTS: The results of this study will be available after December 2018 at the John M. Pfau Library Scholar Works database (<http://scholarworks.lib.csusb>) at California State University, San Bernardino.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here _____

Date _____

909.537.5501 · 909.537.7029

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APPENDIX C
INSTITUTIONAL REVIEW BOARD LETTER

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Vanessa House

Proposal Title: What Affects the Uptake of Mental Health Services in the African American Community

SW1767

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- Faculty and Investigators' signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)



Committee Chair Signature

10/9/2017

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

APPENDIX D
DATA TABLES

Table 1. Descriptive Data

	N	Mean	Std. Deviation
Age of Participants	45	40.4444	14.78875
How many years have you been attending church	44	27.47	16.128
On average I attend church	43	2.74	.492
Valid N (list wise)	42		

Table 2. Description of Participants

	Gender of Participants	Marital Status	Employment Status	Highest Degree of Education
N	Valid 45	43	42	45
	Missing 0	2	3	0
Mean	1.60	2.51	3.07	5.76
Std. Deviation	.495	1.764	.601	1.811

Table 2.2 Marital Status

	Valid Percent
Valid Single/Never Married	27.9
Separated	2.3
Divorced	14.0
Widowed	2.3
Married or Domestic Partner	53.5
Total	100.0

Table 2.3. Employment Status

	Valid Percent
Valid	
Unable to Work	2.4
Not Working but looking for work	7.1
Employed or Self Employed	71.4
Retired	19.0
Total	100.0
Missing System	
Total	

Table 2.4. Highest Degree of Education

	Valid Percent
Valid	
Some High School, no diploma	2.2
High school graduate, diploma or GED equivalent	13.3
Some college no degree	15.6
Trade/Vocational school	8.9
Associates Degree	13.3
Bachelor's Degree	28.9
Graduate Degree	17.8
Total	100.0

Table 3. Religious Beliefs

	SQ1	SQ2	SQ3	SQ4	SQ5	SQ6	SQ7	SQ8
N Valid	44	44	43	39	40	40	40	39
Missing	1	1	2	6	5	5	5	6
Mean	3.98	3.89	2.74	3.18	3.30	2.78	3.10	3.21

Table 4. Attitudes Towards Mental Health

	SQ9	SQ10	SQ11	SQ12	SQ13	SQ14	SQ15	SQ16
N Valid	41	41	41	41	40	40	40	39
Missing	4	4	4	4	5	5	5	6
Mean	3.07	3.07	2.02	3.44	3.45	3.50	3.23	1.46

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