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WHAT AFFECTS ADULT AFRICAN AMERICAN MALES' USE OF MENTAL HEALTH SERVICES?

Nicole Reyes

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WHAT AFFECTS ADULT AFRICAN AMERICAN MALES' USE OF 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

Nicole Reyes

June 2020

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ABSTRACT

This research project examined barriers that affect adult African American males' use of mental health services because existing research suggests that they frequently experience barriers to obtaining mental health services. Data were gathered through interviews with ten adult African American males on their perspective about their barriers to mental health service use such as socioeconomic disparities, misunderstanding of mental health services due to stigma, a religious or spiritual aspect, inability to access the proper professional services, and overall cultural competence in comparison to other non-African American counterparts who have obtained mental health services.

This research study used a qualitative research design and data was collected through individual interviews that were subsequently transcribed and coded. By using content analysis, the following themes and subthemes were identified: barriers to mental health service access, facilitators of mental health service access, alternative outlets to address or alleviate mental health symptoms, and perceptions of mental health. These findings suggest that stigma, lack of engagement, and socioeconomic status were the most common barriers mentioned by participants that affected their mental health service access. This supports previous research and highlights the importance of how mental health professionals need to deliver services with increased awareness of existing barriers impeding on the health and well-being of such a vulnerable population. Participants identified additional support is needed in the mental health field, in

the form of training, education and resource management support.

TABLE OF CONTENTS

ABSTRACT	iii
LIST OF TABLES	viii
CHAPTER ONE: ASSESSMENT	1
Introduction	1
Paradigm and Rationale for Chosen Paradigm.....	1
Literature Review	2
Research Questions	6
Theoretical Orientation.....	7
Potential Contribution of the Study to Micro and/or Macro Social Work Practice.....	8
Summary	9
CHAPTER TWO: ENGAGEMENT.....	10
Introduction	10
Study Site	10
Engagement Strategies for Gatekeepers at Research Site	10
Self-Preparation.....	11
Diversity Issues.....	12
Ethical Issues.....	12
Political Issues	13
The Role of Technology.....	13
Summary	14
CHAPTER THREE: IMPLEMENTATION	15
Introduction	15

Study Participants.....	15
Selection of Participants	15
Data Gathering	16
Phases of Data Collection.....	17
Data Recording.....	18
Data Analysis.....	18
Summary	19
CHAPTER FOUR: EVALUATION.....	20
Introduction	20
Study Sample	20
Data Analysis.....	23
Themes and Subthemes.....	25
Summary	34
CHAPTER FIVE: TERMINATION AND FOLLOW UP	35
Introduction	35
Data Interpretation	35
Implication of Findings for Micro and/or Macro Practice	39
Limitations.....	42
Termination and Follow Up.....	43
Communication of Findings to Study Site and Study Participants	43
Ongoing Relationship with Participants.....	43
Dissemination Plan	43
Summary	43
APPENDIX A: FLYER	45

APPENDIX B: INFORMED CONSENT	47
APPENDIX C: DATA COLLECTION INSTRUMENT	50
APPENDIX D: IRB APPROVAL	54
REFERENCES.....	57

LIST OF TABLES

Table 1. Demographic Characteristics of Study Sample	22
Table 2. Identification of Themes and Subthemes	24

CHAPTER ONE

ASSESSMENT

Introduction

During the assessment phase of the research project, the research question and hypothesis are introduced. This chapter covers the most appropriate paradigm for the research project along with the rationale for choosing this paradigm. This is then followed by a literature review and discussion of the theoretical orientation. Additionally, the chapter closes with the potential contribution to both micro and macro social work practice.

Paradigm and Rationale for Chosen Paradigm

This study will be conducted using the positivist paradigm. The positivist paradigm “assumes that an objective reality exists outside of personal experience that has demonstrable and immutable laws and mechanisms” and can be methodically studied to reveal relationships (Morris, 2013, p. 9). With this said, the positivist paradigm assumes that the nature of reality is objective with observable regulatory mechanisms and that there is a separation between the researcher and those being researched (Morris, 2013, p. 10).

This research sought to understand the experience of adult African American males’ use of mental health services and the barriers that affect their use. By using qualitative methods, rich data were gathered in this descriptive study.

Literature Review

The African American population is the second largest minority population at 13.4%, following the Hispanic/Latino population at 18.5% (U.S. Census Bureau, 2018). Like other minority groups, African Americans face barriers that may impede them from seeking mental health services or making their mental health a priority. This literature review focuses on the possible barriers to seeking mental health services that include but are not limited to the following: socioeconomic disparities, misunderstanding of mental health services due to stigma, a religious or spiritual aspect, inability to access the proper professional services, and overall cultural competence. For the purposes of this literature review, the following barriers are discussed in three sections: inability to access the proper professional services based on socioeconomic disparities, misunderstanding of mental health services due to stigma with associated religious or spiritual aspect, and overall cultural competence.

Inability to Access the Proper Professional Services Based on Socioeconomic Disparities

Socioeconomic disparities encompass income as well as educational attainment, affecting overall human functioning including mental health needs. According to the Health and Human Services Office of Minority Health, in 2017 the prevalence of adult African Americans with any mental illness (AMI) receiving mental health services in the U.S. was 30.6 percent compared to Whites at 48 percent with California being one of ten states with the largest African American population. Williams & Cabrera-Nguyen (2016) mentioned that the African

American population may be more susceptible to insecure or undependable employment which may not provide quality health insurance ultimately affecting the use of mental health services (Williams & Cabrera-Nguyen, 2016).

Additionally, African American college graduates utilized professional mental health services more highlighting the relationship between mental health service use and years of college education (Williams & Cabrera-Nguyen, 2016).

Woodward et al. (2011) mentioned in the last three decades research has depicted amongst African American and Caucasian adults, that males seek less mental health services than females (Woodward et al., 2011).

African American emerging adults may also face greater risks to their quality of life than the general public due to cumulative vulnerabilities in terms of their age, race, social positioning, and mental health (Williams & Cabrera-Nguyen, 2016). It is important to note that along with these cumulative vulnerabilities, undesirable interactions with mental health providers may decrease utilization and follow through with mental health services amongst African American males (Williams & Cabrera-Nguyen, 2016). In failing to provide such a vulnerable population effective mental health services, this population has been affected negatively on an individual basis and as a society, impeding on “lost productivity at work, school dropout, and increased taxpayer costs for costly tertiary care and rehabilitation” (Maulik, Mendelson & Tandon, 2011, p. 206). While African Americans demonstrate adversity, identifying risk factors associated with this population can be a crucial advantage point in creating and

maintaining effective mental health services. With this said, it is the social workers due diligence to remain knowledgeable and recognize the socioeconomic disparities that impede on this population from utilizing mental health services.

Misunderstanding of Mental Health Services Due to Stigma with Associated Religious or Spiritual Aspect

Despite the barriers this population is faced with, the stigma and shame that are associated frequently appears to be the epitome of African Americans' use mental health services. The African American populations perception toward utilization of mental health services stems from mistrust in the mental health system, questioning the effectiveness pertaining to individualized mental illness and preference in utilizing informal natural support systems (Kohn-Wood & Hooper, 2014). More specifically, rather than seeking help from mental health professionals, African Americans tend to seek guidance from their natural support system (i.e., family and friends) concerning their mental health (Barksdale & Molock, 2009). In a study on 6,082 adult African American or Caribbean Black males who met diagnostic criteria for a mental health disorder, 33% used both professional services and informal support, 24% relied exclusively on informal support, 14% relied on professional services alone and 29% sought no mental health services for their mental health disorder (Woodward et al., 2011).

According to Kohn-Wood and Hooper (2014), a better understanding of the intricate nuances of how stigma directly or indirectly affects the utilization of

mental health services amongst diverse populations (i.e., African Americans) is needed because stigma may impede on the utilization of mental health services based on the effectiveness of mental health treatment, mistrust in the system, or the preferred use of a natural support system or religious practices (Kohn-Wood & Hooper, 2014). For example, Williams & Cabrera-Nguyen found that respondents who reported religious support “were 36 times more likely to have utilized services in their lifetime compared to those without such support” (Williams & Cabrera-Nguyen, 2016, p. 208).

Overall Cultural Competence

The NASW (2001) has explained that cultural competence allows professionals, systems, and agencies to navigate cross-cultural situations effectively through “a set of congruent behaviors, attitudes, and policies.” Some examples of cultural competence in the mental health social work practice include but are not limited to “values, family systems, and artistic expressions of client groups served in the different cultures related to race and ethnicity... immigration and refugee status... religion and spirituality... gender identity and expression, social class, and abilities” (National Association of Social Workers [NASW], 2001, p. 12). Cultural competency can often be viewed as a process with multiple layers affecting an individual’s perception of a mental health providers overall cultural competence due it being a sensitive subject. Additionally, explaining culturally competent treatment practices may counteract

unwarranted attitudes and obstacles allowing racial minorities to embrace and address their mental health concerns (Kohn-Wood & Hooper, 2014).

In sum, literature regarding African American males' seeking mental health services has shown that barriers are a determining factor in this vulnerable population seeking adequate mental health services. Such barriers include, inability to access the proper professional services based on socioeconomic disparities, misunderstanding of mental health services due to stigma with associated religious or spiritual aspect, and overall cultural competence. In response, this study adds to the aforementioned literature by allowing others to better understand African American males' perceptions on their experiences with various barriers related to their use of mental health services.

Research Questions

The research question for this study is: what affects adult African American males' use of mental health services? Do the African American men in my sample receive mental health services? If not, where else do adult African American males receive mental health services (i.e., friends, clergy, loved ones)? Do factors such as socioeconomic status, misunderstanding of mental health services due to stigma, a religious or spiritual aspect, inability to access the proper professional services or overall cultural competence affect the use of mental health services among African American males?

Theoretical Orientation

The theoretical orientation for this research project is explained in systems theory and the oppression theory. Systems theory is essential in the mental health field as it focuses on the individual within the concept of the system and the surrounding community perspectives (Turner, 2011). According to Turner (2011), “social workers and associated mental health professionals observe any individual within the context of their entire system with consideration given to the effects that various levels and aspects of their system have on their functioning” (p. 242). With this said, transactions occurring within each system have a profound influence on an individual’s life story, including broader culture (i.e., macrosystem), or social networks (i.e., exosystem), or place of employment or schooling (i.e., mesosystem) or parent-child relationships (i.e., microsystem). Such transactions may influence whether an individual seeks therapy due to various factors including their vulnerability and perceived shame affecting mental health services use. According to Turner (2011), Andreae (2011) suggested that systems are “interrelated, interconnected and interdependent” (p. 242). Systems theory provides social work and mental health professionals with “the conceptual framework that shifts attention from the cause and effect relationship between paired variables to a person/situation as an interrelated whole” (Turner, 2011, p. 243).

According to Turner (2011), oppression theory is “based on a variety of factors including social class, race, gender, ethnicity, sexual orientation,

disability, or other categories by which people are defined as ‘lesser than’” (p. 378). Oppression must be long-lasting and systematic, targeting a specific group that limits their access to resources (Turner, 2011). According to Turner (2011), racial oppression is a process that involves attitudes and acts such as prejudice, stereotyping, and discrimination that ultimately hinders others from obtaining a higher level in the social structure (Turner, 2011). At the most basic level, this process is how the hierarchal system is formed, as specific groups are now ranked accordingly being placed at the lower level of this structure (Turner, 2011). It is important to note that according to Max Weber’s three dimensions of stratification, power, property, and prestige, not all individuals are placed at the lower level as oppression is selective. More specifically, racial oppression can occur when African Americans are denied access to power, property and prestige hence being imprisoned in this hierarchal system experiencing greater oppression (Turner, 2011). The reason oppression theory is an ideal orientation is that this study addresses the African American population and the relevant barriers that prevent them from seeking adequate mental health services due to their oppression. Based on oppression theory, African Americans are likely to have more barriers, which may in turn affect their ability to seek mental health services.

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

The data collected in this research study contributes to both micro and macro social work practice. The outcome of this research project contributes to

micro social work practice as social workers will be aware and more knowledgeable on how the barriers of African American males seeking mental health services affect the ecological system. It contributes to micro practice by bringing awareness to social workers of possible biases or prejudgments African American males are perceived by. This will in turn allow them to be cognizant of this population's lack of follow through in seeking mental health services so they can better advocate for them individually and as a whole population. The outcome of this research project contributes to macro social work practice by increasing awareness to this vulnerable population and improving alternate access to mental health services.

Summary

Chapter one discussed the assessment phase of the research study. This chapter also discussed the rationale for choosing the most appropriate paradigm for this research study. A review of the literature focusing on African American males seeking mental health services was reviewed and the theoretical orientation that will be utilized for this research project was discussed. Lastly, a review of the potential contribution this research study will have on both micro and macro social work practice was presented.

CHAPTER TWO

ENGAGEMENT

Introduction

During the engagement chapter of the research proposal, the study site and its location are discussed. This is followed by a discussion on self-preparation. This chapter discusses engagement strategies of the gatekeeper along with a discussion on diversity, ethical and political issues. Additionally, this chapter closes with a discussion on the role of technology in engagement.

Study Site

There is no study site for this research study.

Engagement Strategies for Gatekeepers at Research Site

The participants in this research study are adult African American males from the general population. Participants in this study include African American males with diverse backgrounds. These backgrounds differ in age, ethnicity, levels of education, income, marital status, and level of personal experience with receiving mental health services (counseling/ therapy).

The research student introduced herself to the participants presenting the general focus of why the research question was being proposed. Participants were informed of the intentions with this research study in attempts to explore their interest in participating in this research project. In doing so, the research

student engaged the members by discussing her passion for the mental health field and why African American males are being highlighted. The research student is interested in this population because she has worked in the mental health field for almost fifteen years with various positions ranging from front desk receptionist to the professional providing the mental health services being sought. In the research student's experience, she witnessed a reduced number of African Americans males seeking mental health services as compared to other non-African American counterparts (i.e., Caucasian, Hispanic), which led to her interest in the topic.

Self-Preparation

In order to carry out this study, the research student developed a research question and hypothesis with the appropriate paradigm. Then a literature review and theoretical orientation were developed. To prepare for data gathering in this study, the researcher developed the most appropriate interview guide while being sensitive in the choice of the language being used as to not offend someone to record data from the participants.

The research student had the interview guide reviewed by a third party prior to it being utilized in the interview with participants to ensure that it was sensitive in its delivery (i.e., word choice, removing excess jargon, using neutral, subjective language). Lastly, the researcher was sensitive to possible diversity, ethical and political issues that may have had an adverse effect on the study question, such as cultural and racial sensitivity and the subject of confidentiality.

Diversity Issues

In preparation for this research study, the research student was sensitive to the diversity issue that may be associated with cultural and racial sensitivity in discussing barriers that potentially affect African American males use of mental health services. The research student conducted a literature review that focuses on the possible barriers to seeking mental health services that include but are not limited to the following: socioeconomic disparities, misunderstanding of mental health services due to stigma, a religious or spiritual aspect, inability to access the proper professional services and overall cultural competence. The researcher conducted research associated with cultural sensitivity along with racial sensitivity prior to finalizing the interview guide by having colleagues and the research advisor review the interview guide for appropriate word choice and non-bias statements. In being sensitive, the researcher developed a brief section prior to the interview guide that identifies demographics of the participants. This allowed the researcher to assess for any correlation amongst the participants culture or race and the one being studied.

Ethical Issues

In addressing ethical issues, the research study was submitted for review from CSUSB Institutional Review Board (IRB) for approval prior to implementation. Prior to the study being administered, a flyer was emailed, or hand delivered to the participants following the 6-foot social distancing protocol stemming from COVID-19, detailing the purpose of the study. The subject of

confidentiality was discussed to inform the participants they will be kept anonymous. Confidentiality and privacy were protected by recording participants under numbers rather than identifying information, such as names. The informed consents were emailed, or hand delivered to the participants following the 6-foot social distancing protocol stemming from COVID-19, prior to the research study. Therefore, if at any time the participants did not want to participate in the interview they were not obligated, as they were be reminded it was voluntary. The informed consent also included the request for permission to use the data for research purposes. The researcher then followed through with administering the five-question demographic questionnaire and the 10-question interview guide that pertain to the research study. Additionally, all data obtained from participants was kept on a protected computer with a locked screen only accessible by the research student. See Appendix A.

Political Issues

There are no political issues that may be of concern with this research study.

The Role of Technology

Technology was utilized in the engagement portion of the study to acquire participants for the study due to the stay-at-home order stemming from COVID-19 through telephone calls and electronic communication. The initial contact with participants took place via telephone call and electronic communication to ensure

all avenues of communication were utilized. This ensured proper efforts in meeting with the participants to introduce herself to build rapport and discuss the goal of the research study.

Summary

Chapter two discussed the engagement phase of the research study. The initial engagement of the study site and how the gatekeepers were engaged were covered as well as self-preparation of the researcher detailing possible issues pertaining to diversity, ethical and political issues. Lastly, the role of technology in the engagement phase was described.

CHAPTER THREE

IMPLEMENTATION

Introduction

During the implementation phase of the research project, the methodology of data gathering is discussed. This is followed by the study of participants and the selection of participants. This chapter discusses the phases of data collection, data recording and data analysis. Additionally, this chapter closes with a discussion of termination, follow up and the dissemination of findings.

Study Participants

The participants in this research study are adult African American males from the general population. Participants in this study include African American males with diverse backgrounds. These backgrounds differ in age, ethnicity, levels of education, income, marital status and level of personal experience with receiving mental health services (counseling/ therapy).

Selection of Participants

The selection of study participants was determined using convenience and snowball sampling, as the research student implemented social distancing methods via Zoom, email, or telephone. First, the research student used convenience sampling by inviting individuals from her professional and personal networks to participate in the research study. Second, the research student used

snowball sampling by posting an announcement on their social media account and their research advisors' social media to identify adult African Americans to participate in the study. The goal was to reach adult African American males who have used mental health services with the intention of reaching 10-15 voluntary participants. The research student implemented the research study by introducing the study to the potential participants with a flyer and asking if they would like to volunteer via telephone or Zoom to conduct the interview to collect the data.

Data Gathering

The research question for this study is: what affects adult African American males' use of mental health services? It is the hypothesis of this study that those adult African American males who obtain mental health services have been affected by barriers such as: socioeconomic disparities, misunderstanding of mental health services due to stigma, a religious or spiritual aspect (i.e., faith in God or prayer), inability to access the proper professional services and overall cultural competence (i.e., being informed and aware of cultural issues which could then determine the mental health providers cultural competence or lack thereof).

The study used a qualitative research design and the data was collected through individual interviews. The interviews were transcribed and then coded using content analysis. By using conventional content analysis (Hsieh & Shannon, 2005), several themes related to African American males' use of

mental health services were identified as well as barriers that affected their use such of mental health services. The student researcher developed a 5-question demographic questionnaire and a 10-question interview guide with various prompts for the participants depending on the answers given, and the interviews did not take no longer than one hour to complete.

The questions influencing the interview were based off what the literature suggests affect adult African American males from receiving mental health services. The responses provided by the participants measured the degree to which they see African American males seeking mental health services. Examples of questions on the interview guide include “Do you believe the use of mental health services would benefit African American males who are exhibiting mental health symptoms (e.g. anxiousness, sadness)? Could you briefly explain why?” or “When was the last time you received or considered receiving mental health services (counseling/therapy) for this or any other mental health problem? Could you tell me more about the experience?” or “Has your decision to either seek or not seek mental health services been influenced by the possible feeling of embarrassment if you had a mental health diagnosis?” See Appendix B.

Phases of Data Collection

The first phase of data collection for this research study took place via email or social media with a flyer requesting participants to participate in the research study. Once the participant contacted the research student, she then emailed, or hand delivered informed consents following the 6-foot social

distancing protocol stemming from COVID-19, ensuring proper consent. The consent was then signed and scanned back to the research student or dropped off on her doorstep. Prior to asking the 5-question demographic questions followed by the 10-questions on the interview guide, the research student read the instructions to the potential participants. The instructions were as follows: Please complete the following questionnaire, asking about your demographics and your views towards mental health, answering to the best of your ability. Responses are anonymous. There was only one phase of data collection in this research study.

Data Recording

First, each individual interview was audio-recorded then transcribed verbatim by the researcher. Second, the researcher independently read each transcription and coded the data in line-by-line fashion, looking for repetitive themes by noting experiences, highlighting important topics and patterns reported by the participants. Third, the researcher met with the research advisor to discuss the codes and themes to identify areas that are relevant to the research study.

Data Analysis

This study used conventional content analysis (Hsieh & Shannon, 2005) to identify barriers to mental health service use among adult African American males such as socioeconomic disparities, misunderstanding of mental health

services due to stigma, a religious or spiritual aspect, inability to access the proper professional services, and overall cultural competence. First, each individual interview was audio-recorded then transcribed verbatim by the researcher. Second, the researcher independently read each transcription and coded the data in line-by-line fashion, looking for repetitive themes by noting experiences, highlighting important topics and patterns reported by the participants. Third, the researcher met with the research advisor to discuss the codes and themes to identify areas that were relevant to the research study and to finalize the themes and subthemes.

Summary

Chapter three discussed the implementation phase of the research study. The chapter discussed the study of participants and how they were selected. This chapter also discussed the phases of data collection, data recording, and data analysis. Lastly, this chapter discussed plans for termination, follow up and the dissemination of findings.

CHAPTER FOUR

EVALUATION

Introduction

During the evaluation chapter of the research proposal, an overview of demographic information for the participants is discussed along with themes that emerged from the data, consisting of barriers to mental health service access, facilitators of mental health service access, alternative outlets to address or alleviate mental health symptoms, and perceptions of mental health. The chapter concludes with a summary.

Study Sample

The study sample consisted of seven participants who identified as African American or Black adult males whose characteristics are described in Table 1 below. The majority of the participants identified as Black / African American (4), while one participant identified as Black / Latino, one participant identified as Black / Bi-racial, and one participant identified as Black / German. Participants' age range was from 23 to 42 with an average of 32 ($SD = 8.8$). Four participants were single, two participants were married, and one participant identified as never married. Four participants reported they had their master's degree, two participants reported they had some college (no degree) and one participant reported attending trade school. The estimated household income ranged amongst the participants, as three participants reported they had an estimated

household income of \$0 - \$24,999, one participant reported they had an estimated household income of \$25,000 - \$49,999, one participant reported they had an estimated household income of \$50,000 - \$74,999, and two participants reported they had an estimated household income of more than \$75,000.

Table 1. Demographic Characteristics of Study Sample

	N	M	S.D.
Age		32	8.8
Sex			
Male	7		
Female	0		
Race/Ethnicity			
Black / African American	4		
Black / African-born & Other	0		
Black / Latino	1		
Black / Non-Latino	0		
Black / Bi-racial	1		
Black / Other	1		
Age			
18-29 years	3		
30-39 years	1		
40-49years	3		
50+ years	0		
Marital Status			
Single	4		
Never married	1		
Married or domestic partnership	2		
Widowed	0		
Divorced	0		
Separated	0		
Education			
Less than high school education	0		
Diploma or GED	0		
Trade School	1		
Some College (no degree)	2		
Associate's Degree	0		
Bachelor's degree	0		
Master's degree	4		
Estimated Household Income			
\$0 - \$24,999	3		
\$25,000 - \$49,999	1		
\$50,000 - \$74,999	1		
\$75,000 +	2		

Data Analysis

Interviews were conducted and with seven African American males using numbers for each participant to protect their confidentiality. The participants were asked to share demographic information followed by ten open-ended questions related to their use of mental health services. The interviewee responses were initially identified and then separated by concepts, and then a micro analysis took place. These interviews were subsequently transcribed and analyzed utilizing conventional content analysis (Hsieh & Shannon, 2005) to identify themes and subthemes describing various barriers to the African American community. The themes and subthemes are summarized in Table 2 and supported with relevant quotes in the next section.

Table 2. Identification of Themes and Subthemes

Themes and Subthemes	Description
<p>Barriers to MH Service Access:</p> <ol style="list-style-type: none"> 1. Stigma 2. Lack of Engagement 3. Socioeconomic status (insurance/income) 	<p>This theme emphasizes various experiences participants had in common that became barriers in attempting to address their mental health symptoms. The participants found several barriers in addressing mental health symptoms, seeking treatment, and following through with treatment. Some barriers that were identified included stigma, lack of engagement and socioeconomic status (insurance/income).</p>
<p>Facilitators of Mental Health Service Access:</p> <ol style="list-style-type: none"> 1. Community Support 2. Supportive Persons 3. Trusted Professionals 	<p>This theme describes various facilitators that allowed the participants to accept help in addressing their mental health needs where stigma was prevalent. Some facilitators that were identified include community support, supportive persons, and trusted professionals.</p>
<p>Alternative Outlets to Address and Alleviate Mental Health Symptoms:</p> <ol style="list-style-type: none"> 1. Sports/ hobbies 2. Prayer 3. Conversations with natural support system (loved ones/trusted friends) 	<p>This theme depicts the importance of alternative outlets utilized to address and alleviate mental health symptoms stemming from childhood to current. Some outlets that were identified include sports/ hobbies, prayer, and conversations with natural support system.</p>
<p>Perceptions of Mental Health:</p> <ol style="list-style-type: none"> 1. Personal Viewpoint 2. Perceived Harm 3. Social Media 	<p>This theme captures the participants perceptions of mental health highlighting acquired viewpoints along with perceived harm stemming from childhood experiences and how social media plays an integral role. Additionally, family values will be highlighted when presenting viewpoints.</p>

Themes and Subthemes

The first theme includes barriers to mental health service access frequently encountered, which included subthemes related to barriers such as supportive persons, stigma, lack of engagement and socioeconomic status (insurance/ income). The second theme includes facilitators that allowed the participants to accept help in addressing their mental health needs where stigma was prevalent. The subthemes that emerged included community support, trusted professionals, and supportive parents. The third theme includes the importance of alternative outlets utilized to address and alleviate mental health symptoms stemming from childhood to current, and the subthemes that were identified include sports/ hobbies, conversations with natural support system, and prayer/ speaking with church family. The fourth theme captures the participants' perceptions of mental health highlighting, which included subthemes involving acquired viewpoints, perceived harm stemming from childhood experiences, and how social media plays an integral role. Direct quotes from the participants were used to support the themes and subthemes, which are presented by theme and subtheme below. Confidentiality of participants was maintained.

Barriers to Mental Health Service Access

Several barriers were identified by the participants concerning their mental health symptoms that included stigma, lack of engagement and socioeconomic status (insurance/income). Generally, participants described mental health as useful and necessary. Participants viewed mental health services (therapy/

counseling) in a beneficial manner and agreed that it is an opportunity that should be taken advantage of despite stigma to discuss personal matters with a neutral third-party. Participant #4 stated, “There should never be a doubt in someone’s mind that their mental health should not be a priority, but in being a black male I completely understand” (Interview #4, personal Interview, May 2020).

Participants #1, #2, #4, #6 and #7 described mental health not being spoken about openly in black families because you are supposed to be strong, working on personal issues “in house”. These participants also explained how the stigma in the African American community was relevant in their households reporting it was difficult to speak about their emotions. For example, Participant #1 stated, “I didn’t have any social support or mental support in helping me transition through different life stages” (Interview #1, personal Interview, May 2020). Participant #2 stated, “It wasn’t always the outside stigma, that outside stigma essentially made me shameful and I ended up putting more pressure on myself” (Interview #2, personal Interview, May 2020). Participants #1, #2, #4, #6 and #7 also reported since they did not speak about their emotions or personal issues at a young age with their parents that mental health was not spoken about openly resulting in a lack of knowledge on the topic.

The lack of engagement surrounding mental health was common amongst participants causing them to suppress emotions describing hesitation and

mistrust that could result in serious consequences if symptoms worsened.

Participant #3 stated:

However, you need someone that is aware of your situation, someone who is familiar with similar issues you have lived through or witnessed. I say this because we live a different life, each culture has their own struggle, their own story to tell. For someone to look at you and tell you what's wrong with you and they have never been in your shoes it is hard to take them serious because it's like they want to "fix you" but they don't know you (Interview #3, personal Interview, May 2020).

Participant #4 stated that his first mental health experience discouraged him from accepting further mental health treatment because they did not respect his religious beliefs. This participant later stated that due to his mental health symptoms worsening he sought mental health services five years later that resulted in a beneficial experience stating "that therapist was wonderful. She was able to respect my religious beliefs and her approach allowed me to open up and become more transparent to receive services" (Interview #4, personal Interview, May 2020). Participant #2 explained that even though his parents both worked in the mental health field he still had a lack of knowledge on mental health growing up which resulted in a lack of engagement when attempting to seek services as an adult. Socioeconomic status played an integral role for Participant #4 who indicated that not having insurance encouraged him to seek mental health services stating:

When I first needed to get help or mental health services, I didn't have insurance so that was also a factor in my hesitation to get help. I did not want to go through the public health system first of all and so when I became a student, I was able to utilize the health center for group counseling, workshops, and counseling to address my anxiety (Interview #4, personal Interview, May 2020).

This participant took advantage of free mental health services later on in adulthood to address his mental health symptoms due to his lack of insurance throughout life.

Facilitators of Mental Health Service Access

The facilitators identified that allowed the participants to ultimately seek and accept help in addressing their mental health needs include community support, supportive persons, and trusted professionals. Community support was very common amongst the participants explaining how mental health service access stemmed from schools, employers, and church. As stated by Participant #1, "I'm in a community that promotes resilience and unified togetherness for all of its community members where there is open accessibility to professional mental health services" (Interview #1, personal Interview, May 2020).

Participants #2, #4 and #6 accepted mental health services through their schools reporting they utilized workshops, group therapy, and individual counseling. As Participant #6 stated, "this was free, I was in charge of my mental health, and I was not faced with questions about my services" (Interview #6,

personal Interview, May 2020). Participants #3, #4, and #5 detailed how school can be one of the main facilitators or employers who offer the Employee Assistance Program which offers free therapy sessions if needed.

Church acted as a facilitator to mental health access for a few of the participants as they described the community support as encouraging, allowing them to seek and accept the mental health services being offered. Participant #1 stated, “My religious influences pushed me to be okay with getting services and do away with the stigma that is attached. So, my religious influences have helped me to dispel the stigma” (Interview #4, personal Interview, May 2020).

Participants #3 and #5 stated they had supportive persons since childhood who held their mental health as a priority, despite barriers in the African American community. This allowed them to speak openly about their presenting mental health symptoms to their parents. As stated by Participant #6:

I figured if I sought professional mental health services I could do it in secret so I would not be embarrassed or ashamed. I was afraid of what my family would think of me, but they were actually proud of me and didn't judge me. They still loved me (Interview #6, personal Interview, May 2020).

Additionally, Participant #2 learned a lesson from supportive persons in his life stating, “therapy is not a band aid; it can have a long-lasting impact on someone's mental health” (Interview #2, personal Interview, May 2020).

Generally, the participants who did not have supportive persons since childhood explained that was the reason for not seeking or accepting mental health services sooner in life. Participant #7 described how his father was not a positive role-model throughout his life, however, his father always encouraged his mother to accept treatment for her mental health symptoms. He further explained his father never accepted the mental health services offered to him, but his father's actions allowed him to seek help for himself stating, "I wasn't raised in the perfect family because we had our struggles too, but mental health services were always an option for us" (Interview #7, personal Interview, May 2020).

Trusted professionals became a deciding factor for a few of the participants as they explained how their exchanges with mental health providers allowed them to become vulnerable. Participant 2 stated, "I was just trying to open up and find the help I needed until I found a therapist that I truly connected with and I eventually did" (Interview #2, personal Interview, May 2020).

Participant #5 described how trusting professionals can break the shame and guilt associated with accepting mental health services as an African American male stating:

The counselor allowed me to speak, to cry, to be weak. I think this was important because she did not judge me or that was the impression, she gave. She allowed me to be sad, to be mad and angry because I was. She worked with me and encouraged me to speak about what was going on

and why I felt that way (Interview #5, personal Interview, May 2020).

He then explained how these exchanges led him to being a trusted professional himself, reflecting on exchanges with his clients stating:

When this occurs, I listen. I listen because they will then speak, they will start to trust you and eventually open up. I often share my experiences with counseling. I was very fortunate with my first experience in counseling because I strongly feel I am a better person because of it. I let others know that they should not be embarrassed or ashamed because a little support can go a long way (Interview #5, personal Interview, May 2020).

Alternative Outlets to Address Mental Health Symptoms

Alternative outlets are commonly utilized to address and alleviate mental health symptoms such as sports/hobbies, prayer, and conversations within their natural support system (loved ones/trusted friends). All of the participants indicated they participated in at least a few sports/ hobbies such as football, basketball, skateboarding, bike riding or music, gym, or video games. Participant #1 stated, "Sports helped me redirect my mind, what I was thinking or what I was going through so I could be in a more positive place, so I was thinking about what was going on in my microsystem" (Interview #1, personal Interview, May 2020).

Sports and hobbies allowed many participants a healthy distraction to develop a positive mentality by not focusing on what was occurring at home or in their neighborhoods. By utilizing positive reinforcements such activities enhanced their overall wellness, as Participant #1 further stated, "Sports has been my outlet

throughout life giving me self-confidence to be a leader on and off the field” (Interview #1, personal Interview, May 2020).

Each participant frequently mentioned prayer played a vital role since childhood in correlation to their mental health, as Participant #6 stated:

I come from a family that always believed saying a prayer would solve your problem or issue. Your problems should always stay in house. You say a prayer and you don't talk about how your feeling because you are a strong black human being (Interview #6, personal Interview, May 2020).

For some participants prayer was the answer to their mental health symptoms growing up in an African American community and to others prayer led them to seek and accept treatment to address their mental health symptoms despite the barriers associated.

Conversations with natural support systems such as trusted friends and family were identified as contributing factors to utilizing mental health services to most of the participants. Participant #3 stated, “Confiding in a trusted mentor or friend can lead you to a professional you can speak with” (Interview #3, personal Interview, May 2020). In speaking openly with natural support systems, participants were able to encourage their family members to seek mental health treatment as well.

Perceptions of Mental Health

Numerous perceptions of mental health resulted in acquired viewpoints, how social media has impacted the focus of mental health, and perceived harm

stemming from childhood experiences. The perceptions of mental health acquired from the participants is highly valued incorporating family values, personal morals, and an overall developed mentality since childhood. Participant #2 stated, “I also believe that by obtaining mental health services as an African American male it will bring a sense of clarity and understanding to what others normalize in society or in their community today” (Interview #2, personal Interview, May 2020). This participant further stated “Once I realized that it was okay to be the real me and not put on such a strong façade, I was humbled and accepted the help” (Interview #2, personal Interview, May 2020).

The mindset and overall outlook of five participants has developed over time empowering them to work in the mental health field themselves, as Participant #1 stated, “I’m so passionate in studying mental health and learning about it through my education” (Interview #1, personal Interview, May 2020). The progression of development and acceptance of embracing one’s mental health symptoms was highlighted throughout each interview, as Participant #5 stated, “I think it should be commended. I think it should be applauded. I think it’s a beautiful thing because I think there is or was a stigma in our culture to kind of keep things in house” (Interview #5, personal Interview, May 2020).

Majority of the participants noted social media has brought light to the topic of mental health, as participants stated social media was not as relevant as it was when they were growing up. They have highlighted how platforms on social media are normalizing mental health treatment, as Participant #5 stated, “I

want to add that there are several on-line tools and resources to guide you in seeking the proper professional mental health services that I didn't have growing up, so maybe technology plays a significant role in accessing services" (Interview #5, personal Interview, May 2020). Generally, the participants agreed that social media plays a vital role in educating persons of all ages about mental health making it a societal norm.

Participants #3 and #5 highlighted the issue of perceived harm in their childhood explaining how it deterred them from speaking about their mental health symptoms, as Participant #3 stated, "Yes, growing up in certain environments can certainly do its part on your mind, on your brain and the way you approach different situations. But what you normalize a lot of time isn't healthy to another mindset of society" (Interview #3, personal Interview, May 2020). These participants indicated that letting down your guard can be difficult due to the perceived harm that exists in African American communities.

Summary

Chapter four described the sample, described the qualitative methods, and gave a detailed content analysis of the qualitative data that was obtained throughout the study. Themes and sub-themes were identified and presented highlighting African American males' experience with barriers to mental health service use.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

During the termination and follow up chapter of the research proposal, the interpretation of data is presented along with study implications for micro and macro practice is discussed. The limitations, how the researcher terminated with the study site, how findings were communicated to participants, and the dissemination plan for the study are also discussed.

Data Interpretation

This qualitative research study sought to answer questions regarding what affects adult African American males' use of mental health services, if factors such as socioeconomic status, misunderstanding of mental health services due to stigma, a religious or spiritual aspect, inability to access the proper professional services or overall cultural competence affect their use of mental health services, and if the African American men in my sample received mental health services. Through the use of conventional content analysis, these research questions were answered and discussed with respect to the prior literature below.

Factors and Common Barriers Affecting Mental Health Services

The reasons participants identified in addressing their mental health symptoms included stigma, lack of engagement and socioeconomic status

(insurance/income). Throughout the interviews the participants had an optimistic outlook to the overall use mental health services (counseling/ therapy) despite factors that may impede on them seeking mental health services stemming from their childhood to present. For example, participants mentioned socioeconomic status (insurance/income) is a contributing factor towards their decision to seek treatment, which is consistent with Williams & Cabrera-Nguyen (2016) suggestion that the African American population may be more vulnerable to insecure or undependable employment which may not provide quality health insurance ultimately affecting the use of mental health services.

Stigma was another contributing factor impeding on the participants decision to address their mental health symptoms which can also create a misunderstanding of mental health services. The stigma associated with individuals seeking mental health services was often related to fear, guilt, or shame. These findings are similar to Kohn-Wood and Hooper (2014), who found that a better understanding of how stigma directly or indirectly affects the utilization of mental health services amongst diverse populations (i.e., African Americans) is needed. Thus, it is important to understand the overwhelming stigma associated to mental health services and for professionals to remain knowledgeable in order to make a necessary change in reducing and eliminating such disparities.

Once the participants ultimately decided to address their mental health symptoms despite stigma and their socioeconomic status, some were then

affected by the lack of engagement from mental health professionals. Lack of engagement involving undesirable interactions was found to be a significant contributing factor that played a role in the participants use of mental health services. Williams & Cabrera-Nguyen (2016) addressed how undesirable interactions with mental health providers may decrease utilization and follow through with mental health services amongst African American males. These findings from this study are consistent with past studies, supporting the idea that undesirable interactions with mental health providers are an imperative, affecting African American males' use of mental health services.

Related to engagement, undesirable interactions can be associated with the overall cultural competence of the mental health providers. Additionally, participants reported how cultural competency played a role in how they view mental health, which is similar to Kohn-Wood & Hooper (2014), who found culturally competent treatment practices may counteract unwarranted attitudes and obstacles allowing racial minorities to embrace and address their mental health concerns. The lack of engagement along with cultural competency has allowed the participants to embrace their culture today and for some, become the mental health provider the feel is necessary in the African American community. This study along with past studies highlights the importance of being culturally sensitive demonstrating the need for continued education, trainings, and hands on supervision.

Participants Use of Mental Health Services

Overall, six out of seven participants have utilized mental health services throughout their life, as they described facilitators that allowed them to openly embrace their mental health symptoms and eventually seek and accept mental health services. With community support, supportive persons, and trusted professionals, the participants embraced vulnerability, overcame barriers, and continued to spread mental health awareness in their communities. Utilizing their natural support system became a major facilitator in the participants addressing their mental health symptoms as suggested by Barksdale & Molock (2009) who describe how African Americans tend to seek guidance from their natural support system (i.e., family and friends) concerning their mental health. While depending on their natural support system, participants often utilized alternative outlets to address and alleviate their mental health symptoms including sports/ hobbies and prayer prior to seeking mental health services. The use of alternative outlets can play a vital role for the African American community, therefore, sports or hobbies should be highly encouraged along with participation from parents or adults who can set a good example of leadership while listening and being present.

Participants who did not receive mental health services reported their religious or spiritual practices and support aided in alleviating their mental health symptoms throughout life. These reports are consistent with the findings presented by Williams & Cabrera-Nguyen (2016) which found that African

American emerging adults who reported religious support “were 36 times more likely to have utilized services in their lifetime compared to those without such support” (Williams & Cabrera-Nguyen, 2016, p. 208). While participants did not always feel they could speak openly about their mental health symptoms, their families and communities humbly provided strength and comfort when needed. Mental health providers should normalize emotions with active listening and non-judgmental attitudes to the African American community. Participants reported multiple resources where they addressed mental health symptoms in their extended natural support systems including pastors, coaches, teachers, counselors, primary care physicians, mentors at youth and senior centers, and babysitters.

Implication of Findings for Micro and/or Macro Practice

There is limited research regarding what affects African American males' use of mental health services and how mental health professionals need to deliver services to this vulnerable population. All of the participants except for one have ultimately addressed their mental health needs with professional mental health providers throughout their life span thus far. However, the participants clearly struggled throughout their lives in making the final decision to ultimately address, seek, and accept mental health services amid hindering barriers. The results of this study support past studies research regarding African American males' use of mental health services and how stigma plays a key barrier. Thus, this stigma associated with individuals seeking mental health

services needs to be addressed to address this stigma and allow African American males to obtain adequate services without fear, guilt, or shame. This could be accomplished by training mental health providers on how to provide quality care with a sensitive delivery of services along with proper resources.

Research suggests African American males are not immune to mental health symptoms and that they like every other human being require the need for mental health services to address their mental health symptoms. Despite the many barriers that impede on this population, additional resources, education and training are necessary to reduce stigma, address socioeconomic disparities, recognize the misunderstanding of mental health services due to stigma, be aware of religious or spiritual aspects, address the inability to access the proper professional services, and be mindful of overall cultural competence. While there are various facilitators such as community support, supportive persons, and trusted professionals that can assist in directing this population towards seeking and accepting mental health services necessary, this population should not feel they cannot address their mental health symptoms openly. These barriers may always exist; however, these facilitators are the gateway to supporting this resilient population by growing awareness and understanding the perception of individuals who do not address their mental health symptoms. Thus, social workers should focus on bringing cultural awareness to their practice ensuring a sensitive approach to the delivery of services by engaging with African American males by acknowledging the courage gathered to address, seek, and accept

mental health services. These barriers will take time to address and alleviate, however, it can be done with an improved approach upon delivery of services especially at first contact and by raising awareness of the importance of mental health to normalize emotions as part of the engagement process.

The importance of alternative outlets utilized to address and alleviate mental health symptoms should be commended and fortified. Consistent with previous research, the participants indicated religious and spiritual practices are held in high regard when addressing mental health symptoms to the African American population. Therefore, relying on one's natural support system should be encouraged and this may include prayer and conversations. Mental health providers (i.e., social workers) could provide increased support along with additional resources and tools to the individuals within African American communities because they are essential advocates, including youth centers, senior centers, schools, churches, and daycares. As such, it is important to engage with other community gatekeepers in efforts towards addressing social justice within these communities to eliminate inequalities concerning mental health services.

Capturing the participants perceptions of mental health and acquired viewpoints stemming from childhood experiences to present indicates the lack of research on the African American population and how there is a need for additional research on mental health. Quantitative research could explore how common the aforementioned barriers are among larger samples and additional

qualitative research would be valuable in understanding how mental health providers attempt to engage African American males in mental health services. In addition, the participants explained the lack of knowledge and accessibility to mental health services growing up indicating how social media now plays an integral role in individuals' lives. Thus, it is possible that social media platforms may serve as a tool to promote mental health treatment to address mental health symptoms to improve overall health and well-being of countless African American males.

Limitations

There were four key limitations to this study that should be addressed in future research. This study utilized a small sample size of seven African American males that made the results of the research challenging to generalize to the larger African American community. Next, the study targeted males instead of the overall African American community, so these findings may not relate to African American females. Additionally, the participants were recruited through convenience and snowball sampling which could have influenced the study and research results. Last, research participants were difficult to locate due to COVID-19, as the research student was required to implement social distancing methods via Zoom, email, or telephone. Thus, this lack of in-person interaction may have affected participants' responses to the interview questions.

Termination and Follow Up

The research was conducted in a single interview with each participant and termination occurred upon completion of the interview. Participants were thanked for their participation at the conclusion of the interview.

Communication of Findings to Study Site and Study Participants

The findings of this study were shared in the form of a comprehensive research project that was submitted to the Social Work department at California State University, San Bernardino. Participants were informed of where to locate the results of this study.

Ongoing Relationship with Participants

There was no ongoing relationship between the researcher and the participants.

Dissemination Plan

The research student offered to provide the participants with a summary of the final research project if they were willing to provide their email address. Also, the study was published at the University ScholarWorks website (<https://scholarworks.lib.csusb.edu/>).

Summary

Chapter five discussed the termination and follow up phase of the research study. The chapter addressed the termination process of the research

study. A plan for the communication of findings was prepared for the participants along with a dissemination plan.

APPENDIX A

FLYER

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine possible barriers that literature suggest affect adult African American males use of mental health services. The study is being conducted by Nicole Reyes, a graduate student, under the supervision of Dr. James Simon, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to ask adult African American males if they have been affected by barriers such as: socioeconomic disparities, misunderstanding of mental health services due to stigma, a religious or spiritual aspect, inability to access the proper professional services and overall cultural competence in comparison to other non-African American counterparts who have obtained mental health services.

DESCRIPTION: Individually interviews will be conducted where you will be asked questions on what barriers have affected your use of mental health services (i.e., counseling/ therapy) and some demographics.

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: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take approximately 60 minutes to complete the individual interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

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

CONTACT: If you have any questions about this study, please feel free to contact Dr. James Simon at (909) 537-7224 or james.simon@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after September 2020.

I agree to be audio recorded: _____yes _____no

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____ Date

Place an X mark here

APPENDIX C
DATA COLLECTION INSTRUMENT

Demographic Questionnaire Developed by Nicole Reyes

Demographic Questionnaire

Please complete the following questionnaire, asking about your demographics and your views towards mental health, answering to the best of your ability. Responses are anonymous. Thank you for participating!

1. Please indicate your ethnicity:

- 1- Black / African American
- 2- Black / African-born (North African, South African, East African, West African)
- 3- Black / Latino
- 4- Black / Non-Latino
- 5- Black / Bi-racial: _____
- 6- Black / Other: _____

2. Please indicate your current age:

- 1- 18-29 years
- 2- 30-39 years
- 3- 40-49years
- 4- 50+ years

3. What is your marital status?

- 1- Single
- 2- Never married
- 3- Married or domestic partnership
- 4- Widowed
- 5- Divorced
- 6- Separated

4. What is your highest level of education?

- 1- Less than high school education
- 2- Diploma or GED
- 3- Trade School
- 4- Some College (no degree)
- 5- Associate's Degree
- 6- Bachelor's degree
- 7- Master's degree
- 8- Other Post Graduate Degree

5. Please indicate your estimated household income:

- 1- \$0 - \$24,999
- 2- \$25,000 - \$49,999
- 3- \$50,000 - \$74,999
- 4- \$75,000 +

Individual Interview Guide Developed by Nicole Reyes

Individual Interview Guide

1. Do you believe the use of mental health services would benefit African American males who are exhibiting mental health symptoms (e.g. anxiousness, sadness)? Could you briefly explain why?

2. What is your opinion of adult African American males seeking professional mental health services? Where do you believe they ask for help?

3. Do you believe other adult African American males can access proper professional mental health services in your community?

*Prompt- If you answered no, can you briefly explain why?

4. Have you ever experienced mental health symptoms (e.g. anxiousness, sadness)? How did you attempt to resolve it?

*Prompt: Did you receive mental health services (counseling/ therapy) for these symptoms? Could you elaborate a bit more regarding your decision?

5. When was the last time you received or considered receiving mental health services (counseling/therapy) for this or any other mental health problem? Could you tell me more about the experience?

6. Did any of these factors play a role in your decision to either seek or not seek mental health services?

- Finances
- Stigma
- A religious or spiritual belief
- Inability to access mental health services
- Cultural reasons
- Other- *If you chose other, could you please explain why?

7. Has your level of income or insurance influenced your decision to either seek or not seek mental health services?

8. Do you have religious or spiritual beliefs that influence your decision to either seek or not seek mental health services?

*Prompt- Do your religious or spiritual beliefs influence you to seek treatment from clergy?

9. Has your decision to either seek or not seek mental health services been influenced by the possible feeling of embarrassment if you had a mental health diagnosis?

10. Have you experienced previous undesirable interactions with mental health professionals?

*Prompt- Have these previously undesirable interactions influenced your decision to either seek or not seek mental health services?

APPENDIX D
IRB APPROVAL

mgillesp@csusb.edu <mgillesp@csusb.edu>

Wed, Apr 29, 2020 at 8:18
PM

To: 003589234@coyote.csusb.edu, James.Simon@csusb.edu

April 28, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-275

Nicole Reyes James Simon
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
[San Bernardino, California 92407](#)

Dear Nicole Reyes James Simon

Your application to use human subjects, titled "What affects adult African American males use of mental health services?" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino has determined your application meets the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. The exempt determination does not replace any departmental or additional approvals which may be required.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2020-275 in all correspondence. Any complaints you

receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

REFERENCES

- Barksdale, C. L., & Molock, S. D. (2009). Perceived norms and mental health help seeking among African American college students. *Journal of Behavioral Health Services & Research*, 36(3), 285–299. <https://doi-org.libproxy.lib.csusb.edu/10.1007/s11414-008-9138-y>.
- Bowers, N. R. & Bowers, A., (2011). General systems theory. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (6th ed.), pp. 240-247). New York: Free Press.
- Hsieh, H.F., & Shannon, S.E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9) 1277-1288.
- Kohn-Wood, Laura P. & Hooper, L., (2014). Cultural competency, culturally tailored care, and the primary care setting: Possible solutions to reduce racial/ethnic disparities in mental health care. *Journal of Mental Health Counseling*, 36(2), 173-189.
- Maulik, P., Mendelson, T., & Tandon, S. (2011). Factors associated with mental health services use among disconnected African American young adult population. *Journal of Behavioral Health Services & Research*, 38(2), 205–220. <https://doi-org.libproxy.lib.csusb.edu/10.1007/s11414-010-9220-0>.
- Morris, T. (2014) Book. Practice informed research methods for social workers. San Bernardino, CA: Sage.
- National Association of Social Workers. (2001). *NASW standards*

and indicators for cultural competence in social work practice. Retrieved from [www.socialworkers.org](https://www.socialworkers.org/LinkClick.aspx?fileticket=WmWvxnhEnml%3d&portalid=0): <https://www.socialworkers.org/LinkClick.aspx?fileticket=WmWvxnhEnml%3d&portalid=0>.

National Association of Social Workers (NASW), California Chapter. (2020, February 3). *Chapters*. Retrieved from <https://www.socialworkers.org/About/Chapters>.

Robbins, S. P., (2011). Oppression theory and social work treatment. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (5th ed., pp. 376-386). New York: Free Press.

Statistics. (2019, February). Retrieved October 5, 2019, from <https://www.nimh.nih.gov/health/statistics>.

Social Work Policy Institute. (n.d.). Retrieved October 6, 2019, from <http://www.socialworkpolicy.org/>.

US Census Bureau. (2018). *Census.gov*. Retrieved October 5, 2019, from <https://www.census.gov/>.

Williams, S.-L. L., & Cabrera-Nguyen, E. P. (2016). Impact of lifetime evaluated need on mental health service use among African American emerging adults. *Cultural Diversity & Ethnic Minority Psychology, 22*(2), 205–214. <https://doi-org.libproxy.lib.csusb.edu/10.1037/cdp0000040>

Woodward, A.T., Taylor, R. J., & Chatters, L. M. (2011). Use of professional and informal support by Black Men with mental disorders. *Research on Social Work Practice, 21*(3), 328–336. <https://doi->

org.libproxy.lib.csusb.edu/10.1177/1049731510388668.