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MENTAL HELP-SEEKING: BARRIERS AMONG AFRICAN AMERICANS: THE ROLE OF TECHNOLOGY IN ADDRESSING THOSE BARRIERS

Charneka Edwards

MENTAL HELP-SEEKING: BARRIERS AMONG

AFRICAN AMERICANS: THE ROLE OF TECHNOLOGY IN ADDRESSING

THOSE BARRIERS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Charneka Latrice Edwards

May 2024

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ABSTRACT

The topic of mental health among the African American community is not often examined on its own, despite nuanced differences contributing to their reluctance to seek mental health services. The study is to examine, through data collection, the various barriers that have contributed to the prevention and reluctance of African Americans regarding mental health help-seeking, and how technology can circumvent those barriers. African Americans make up 12% of the US population and, of the 47 million who identified as African American, only 8.6% sought traditional mental health services, while 56% reported underutilizing mental health services in the United States due to preventive cultural, racial, and structural barriers. Additionally, the COVID-19 pandemic has created more hardships in obtaining adequate services for those in the community, with many falling between the cracks and turning towards other avenues to receive mental health services.

The goal of this study was to examine the social, structural, cultural, and racial barriers that hinder African Americans from seeking mental health services. The data was collected through interviews with 17 African American males and females. This study used qualitative methods, including self-selection sampling and snowball sampling to collect data through in-depth interviews. This approach allowed participants to provide detailed perspectives on the various barriers involved in seeking mental help-seeking and the use of technology. The findings of this study indicated that among the four different barriers previously

mentioned, structural and racial barriers are the most prevalent hurdles faced by

the African American community.

DEDICATION

I would like to express my gratitude to my wonderful parents, Mary and Charles Edwards, my sister Tianna, and my friends Karina and Bethany for standing by me and supporting me through all of my life endeavors and my educational journey. Without those amazing people in my life and all of their love and encouragement, I don't think I would have made it as far as I have. They have always pushed me to achieve my full potential and it's because of my family that I am able to pursue my MSW. Thank you for sticking by me and believing in me, even on days when I didn't believe in myself. I love you all so much and I'm so grateful to have you all in my life.

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CHAPTER ONE:

INTRODUCTION

Problem Formulation

The need for mental health services has seen a steady incline over the last three decades and those numbers have only doubled in the last two years due to the Covid-19 pandemic that has affected millions of Americans nationwide (SAMHSA, 2022). The pandemic has forced healthcare institutions to implement telehealth to provide medical care for millions of Americans, while at the same time, allowing for the growing use of technologies such as social media platforms, online forums, and apps to be able to provide technology-based intervention for those Americans partaking in mental health help-seeking (Williams, K. D., Wijaya, C., Stamatis, C. A., Abbott, G., & Lattie, E. G., 2022). However, despite the need for mental health services that offer a wide range of accessibility and are of higher quality, especially for those higher needs' groups such as minorities or those in lower social economic status, disparities in those areas seem to persist among certain racial groups in the United States (SAMHSA, 2022).

African Americans make up 13.6% of the US population and of the 45.3 million who identified as African American, only 39% sought traditional mental health services, while 52% reported underutilizing mental health services in the United States due to preventive cultural, racial, and structural barriers (SAMHSA, 2022). Instances of being over diagnosed, having their immediate concerns

ignored, and being denied needed prescription medication, has pushed African Americans to over utilizing emergency medical services in place of inpatient and/or outpatient mental health settings as a means of circumventing those barriers. Another area African Americans rank highest among is the use and ownership of cell phones, which would give them access to telehealth and technology-based interventions (SAMHSA, 2022). Nevertheless, even with the higher rate of cellphone ownership, medical institutions, and mental health services have failed to take the opportunity to make use of this information and create a more culturally sensitive technology-based intervention targeted towards African Americans, possibly adding another layer to the aforementioned barriers (SAMHSA, 2022).

As mentioned above, these barriers include racial, structural, and cultural impediments that have negatively impacted mental health help-seeking among African Americans for decades. These continued disparities have precipitated in members of the African American community experiencing surges in the number of people suffering from severe mental health disorders, experiencing high numbers of undiagnosed conditions, and high numbers when it comes to untreated symptoms/ unmet treatment needs (SAMHSA, 2022). Additionally, being such an underserved community when it comes to mental health care also places those in the community at greater risk for homelessness, jail time, poverty, violent encounters, and other situations (SAMHSA, 2022).

These inadequacies in providing the African American communities

with professional and unbiased mental health services show that there needs to be a restructuring in the medical system (Albert et al., 2021). More is needed on a macro level when it comes to the interactions between the African American community and the healthcare system, training medical professionals in the areas of cultural competency and cultural humility so that professionals will be more aware of unconscious bias towards minority groups thus, minimizing the possibility of deterring those seeking mental health services (Albert et al., 2021). Advocacy for better mental health treatment, access, information on working with the African American community, and resources also need to be implemented among medical professionals. With a high number of African Americans utilizing emergency rooms in place of mental health facilities, being given proper information, and having manageable access to resources could see more African Americans utilizing appropriate mental health services when needed and with limited challenges (Albert et al., 2021).

In dealing with the cultural and structural barriers that prevent African Americans from seeking mental health service or causes reluctance among this population, the use of technology has been on the rise in circumventing some of those barriers (Albert et al., 2021). Although institutions are somewhat slow to respond, mental health advocates and mental health professionals have turned to technology in order to reach a reluctant demographic in a new way. The use of technology and social media platforms is relatively still new and the possibilities of expanding their use to provide mental health services are still in their infancy.

However, the use of technology offers opportunities that traditional mental health institutions do not and that could be what appeals to African Americans in need of mental health services (Albert et al., 2021).

Purpose of the Study

The purpose of this study will examine the identified barriers faced by African Americans and how those barriers have added to their reluctance in seeking mental health treatments. These roadblocks have prevented those in the African American community from utilizing mental health services, whether that be formal or informal, have persisted and have been passed down through the generations. The second part of this study will examine the role technology-based interventions play when it comes to providing African Americans with alternative avenues in their mental help-seeking, and how these alternatives can mitigate certain barriers associated with mental help-seeking.

The overall research method that was used in this research study was a qualitative design with self-selection sampling and snowball sampling to collect data through interviews, which has compiled the subjects' perspectives on the various barriers involved in seeking mental help-seeking and the use of technology. This study will employ the use of interviews and questionnaires. This research design was chosen for this study because there is a lack of pre-existing data relating to the use of technology in regard to mental help-seeking among the African American community. Furthermore, the design selected will ascertain the participants' exact attitudes and stances on the subject presented.

Significance of the Project for Social Work

This study will contribute to the practice of social work to varying degrees. The first contribution is that this study will be adding additional information to the body of research this topic has already accumulated. The topic of preventative barriers that African Americans face when seeking mental health services has been discussed in numerous studies, yet more information can be used to help further improve the healthcare system in how they provide culturally sensitive services, treatment plans, and accessible resources to better serve the African American population. Additionally, even less research has been done on the impact of technology when it comes to navigating and circumventing barriers faced by the African American community regarding mental health help-seeking. Given the findings that this study may provide, it should be able to inform the exploring and assessing phase of the generalist model when interacting with this population.

The question this study will address is: Which cultural, racial, and structural barriers deter the African American community from mental help-seeking? How might technology impact mental help-seeking and circumvent these barriers within the community?

CHAPTER TWO:

LITERATURE REVIEW

Introduction

This chapter consists of the examination of research pertinent to the topic of the preventative barriers that causes reluctance in mental help-seeking among African Americans. It will also delve into the impact that technology has on the African American communities' outlook regarding seeking mental health services in terms of providing an adequate avenue in which prevalent barriers can be bypassed.

Cultural Barriers to Mental Health Help-Seeking

This section will discuss the various cultural barriers such as racism, stigmatization, and the lack of representation that have proven to be effective roadblocks when it comes to preventing those within the African American community from seeking traditional mental health services. In some cultures, needing mental health services can be seen as a sign of weakness, in idea that has been propagated by years of racial inequality and societal misconceptions.

Stigmatization

Stigmatization among the African American community has been proven in numerous studies to interfere with individuals' mental help-seeking as well as negatively impact the quality of services (Planey, Moore, & Walker, 2019). In

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regard to self-stigma, those within the community who are experiencing mental health issues hold negative internalized views about their need for mental help-seeking. A sense of shame, lowered self-esteem, and lowered feelings of self-efficacy prevents them from utilizing available resources and force them to turn to adverse behavioral patterns and coping methods (Planey et al., 2019). Public stigma has also negatively impacted the number of African Americans willing to seek out mental health services. The persistent and prevalent opinion that those who are experiencing mental issues and are in need of mental health services, are effectively crazy or just seeking attention, has been deeply ingrained within society. This perception even persists among healthcare professionals, which has in turn led to misdiagnosing, unsatisfactory care, limited resource options, discrimination in treatment, and disparities in health (Planey et al., 2019).

<u>Underrepresentation of African American Providers</u>

The lack of representation is another cultural barrier that comes into play. Finding providers that look like them can be challenging and can deeply affect African Americans' willingness to seek care (Holden and Xanthos, 2022). Providers who are African American can offer, a shared understanding of at least the basic struggle that an African American client. These shared similarities, however small, help in facilitating trust and cooperation as those seeking help will feel that they would get a better quality of care and understanding from providers who look like them (Holden and Xanthos, 2022). The healthcare system has repeatedly abused its position of power in its treatment of the Black population.

With so few mental health providers of the same race, the Black community has a higher rate of refusal when seeking treatment (Planey et al., 2019).

<u>Mistrust due to Racism and Abuse</u>

The mistrust that the African American community holds for the healthcare industry has been passed down through the generations due to the American healthcare system well documented, "scientific racism and eugenics movements" (Bailey, Feldman, & Bassett, 2021). From the days of slavery in which doctors performed unethical experimentation on black slaves without the use of proper safety protocols, their consent, or appropriate care, to the Tuskegee experiment that led to 600 African American servicemen being purposefully infected with syphilis and then given a placebo "treatment" of iron tonic. Even after the discovery of penicillin being a cure for syphilis, the researchers in charge barred the men from receiving the cure and continued these experiments until 1972 (Bailey et al., 2021).

These are not the only instances of African Americans being targeted for unethical experimentation or medical malpractice, with examples such as high maternal mortality rates; Black women having a mortality rate that is 3.5 times higher than their White counterparts (Albert et al., 2021). Even to this day, medical professionals continue to teach stereotyped practices steeped in racial ideology. Just recently, a study conducted in 2016 revealed that half of the White medical students who participated in the study held racialized beliefs about the biology of Black patients (Yearby, 2018). These beliefs influenced how those

medical students performed patient assessments and how they would provide medical treatments. In turn, racial disparities against the black community will continue to be a barrier when it comes to receiving proper medical treatment (Yearby, 2018).

Structural Barriers to Mental Health Help-Seeking

This section will discuss the various structural barriers that have proven to be financial barriers detrimental to those within the African American community who are willing to push passed cultural pressure and seek mental health services. 20.8% of African Americans live below the poverty line compared to their white counterparts who make up 7.2% of the population living below the poverty line, making it difficult to seek more expansive and sometimes out of pocket services such as specific medications and therapeutic services (SAMHSA, 2022).

Financial Constraints

The lack of financial means to access mental health resources has been a recurring and common barrier among the African American community. While the number of uninsured within the Black community has decreased with the enactment of the Affordable Cares Act, the black community still represents one of the highest populations of uninsured Americans (Summers, L.M., Abrams, L.P., Harris, H.L., 2021). African Americans also make up almost half of the jail population as well as half of the population of those living in the inner cities and

poor urban areas, which can and does limit their access to specific health resources (Summers et al., 2021).

With much of the African American community living at or below the poverty line having the adequate financial means and resources to receive proper mental health services proves to be very challenging for this demographic (Summers et al., 2021). Not many can afford the therapeutic services that might be needed in treating severe mental health issues, and that also ties in with medication. With the cost of medication rising with inflation it has been harder for those at the poverty line and below such as African Americans to be able to afford the medications needed to maintain their mental health stability and overall wellbeing (Summers et al., 2021).

Infrastructure Barriers

Along with living in these poorer areas, the issue of having limited access to reliable transportation has played a part in preventing mental help-seeking. This lack of availability when it comes to reliable transportation is especially felt among African Americans who live in more urban or rural areas. This places them in the venerable position of having these much-needed mental health care facilities spread farther out, thus requiring more travel to receive such services (Planey et al., 2019). There has also been a noted uptake in shutting down medical facilities that serve high-needs areas, especially areas in which the majority of clients are minorities and live in the inner cities. The closing of these facilities has been attributed to the issue that these facilities are not experiencing

the needed foot traffic to keep them operable, however, closing these facilities raises the risk of continued mental health instability and raises the disparity and mental health services received among the African American community (Planey et al., 2019).

With these facilities closing it leads to yet more barriers created by these actions, the lack of accommodations and the lack of access to reliable resources (Planey, et al. 2019). Regarding accommodations, many healthcare facilities place a time limit on patients being able to receive certain services, meaning that if that certain population does not receive services in a specific time frame, then they are required to start the process all over again. This can prove very daunting to those who are already struggling to meet their basic healthcare needs and might discourage them from seeking out mental healthcare services (Planey, et al. 2019).

Furthermore, with few accommodations being afforded to this population, many are also made unaware of mental health care services they are entitled to, such as whom they can talk to, the steps and procedures in obtaining mental health services, treatment plans, and other such information. This information is repeatedly underutilized by healthcare providers when providing medical services to African Americans (Planey, et al. 2019). There continues to be an unprecedented failure in the medical profession to provide African Americans with the necessary information that could provide them with the tools and resources needed to meet their individualistic needs. African Americans are twice

as likely than their white counterparts two not receive adequate information

regarding mental health resources that are available to them, and when they do

those resources are at a lower standard than their white counterparts (Planey, et

al. 2019).

Technology Playing a Part

In recent years, social media platforms have gained popularity as a source

of communication, connection building, and in the sharing of information. With

the growing popularity and use of technology, more medical and behavioral

institutions have started to branch out from their more traditional setting, in order

to appeal to a wider demographic.

Rise of Technology-Based Interventions

In recent years with the rise of technology, there has been an uptick in

seeing more African Americans use technology such as zoom, social media

sites, online therapy platforms, chat sites, mobile apps, self-help articles, and

other forms of outreach that uses technology as a means of being able to access

much-needed mental health services (Abbot, Lattie, Stamatis, Williams, &

Wijaya. 2022). These newer avenues of having more accessible mental health

services, it is bound to change the attitudes among African Americans in regard

to mental health issues and mental health help-seeking. Unfortunately, these

new avenues have not been fully explored in how they impact the African

American community, but current trends show that these types of services have

been growing over the last few years and within the small sample size gathered,

have been proven to be effective when it comes to minority use and use among

African Americans (Abbot et al., 2022).

A New Avenue for Mental Health Help-Seeking

The reason behind their recent popularity among younger African

Americans has been that in some ways the use of technology has been able to

circumvent some of those pre-existing barriers, social norms, and gender

expectations when it comes to accessing mental health services (Abbot et al.,

2022). Technology can provide a sense of security, and anonymity, as well as

companionship for those seeking to have a type of camaraderie and a sense of

belonging without having to fully reveal who they are because of a fear of

stigmatization and isolation within their own community. Stigmatization has also

contributed to numerous African Americans concealing the full extent of their

mental health issues for fear of being seen as weak, less than others, or crazy

(Abbot, et al. 2022).

The use of technology can prove to be extremely pivotal when it comes to

performing interventions that can specifically target the unique obstacles that

African Americans face when it comes to mental help-seeking. The lack of

resources would be addressed in that mental health services would be readily

available with a click of a button, with minimum fear of transportation being an

issue (Abbot et al., 2022). This also addresses resource areas by allowing more

accommodation that would meet the needs of the mental help-seeker. The

financial barrier would also be circumvented in some areas seeing as how social

media platforms and some apps are free to sign up for and use. This creates a community for those seeking mental health stability and support at little to no cost. On the other hand, for those who are seeking a more formal setting when it comes to therapeutic resources, the added benefit of the reduction in cost has opened more doors for those in the African American Community to receive the professional help that they need (Abbot, et al. 2022).

Additionally, many people were forced to rely heavily on technology-based interventions, such as telehealth, after COVID-19 pandemic fully got underway (Abbot et al., 2022). This especially hit hard within the African American community for the simple fact that many hospitals were not seeing patients that were not being critical and because a large percentage of African Americans fall on the poverty line, what little resources and access to health services, were further restricted. This has led to individuals not being able to step foot in a hospital for months because their medical issues were not deemed emergent. Many had no choice but to turn to telehealth and other technology-based interventions in order to get the care that they needed (Abbot et al., 2022).

<div align="center">Theories Guiding Conceptualization</div>

Two theories are used to conceptualize the concepts in this study are the Information-Motivation-Behavioral Skills Theory (IMB), and the Fundamental Cause Theory. The IMB model was proposed by Fisher and Fisher (1992) and asserts that people need to be well informed about all aspects of their medical condition in order to be sufficiently motivated to change their behavior regarding

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their health. This theory helps in bringing about the understanding that if individuals in minority communities were better informed when it comes to the different aspects involving their health, more would take advantage of the available resources to maintain their health.

The Fundamental Cause Theory that Antonovsky (1967) presented explained that the effects of socioeconomic status (SES) can be quite detrimental to one's health and mortality, especially to those who fall on the lower end of that SES. Having a low SES exposes an individual to environmental stressors such as lack of financial security, and job stability, and that race and ethnicity are strong factors when it comes to an even further limit on resources such as access to adequate health services.

Both theories can help in the understanding that there are many different social and economic factors helping in the preservation of the cultural, structural, and racial barriers faced by the African American community. Understanding and acknowledging this can help in creating steps and procedures that will allow for better policies, practices, and guidelines to be made so that the wide gap in the health disparity so prevalent in this community can eventually be bridged.

Summary

This study will explore the cultural structural and racial barriers that are prevalent among the African American community and explore how pervasive these barriers are in today's society. The study will also explore how technology will be able to circumvent these barriers and how it can bring about new avenues

regarding African Americans' participation in seeking mental health services through technology-based interventions. The health disparity among the African American community has been a rampant issue for many years however little has been done to rectify this issue. This study seeks to give insight into the attitudes of African Americans regarding new methods of mental help-seeking in order to improve upon service for that community.

CHAPTER THREE:

METHODS

Introduction

This chapter documents the steps that were used in developing the project. This study sought to describe the relationship between mental health help-seeking, attitudes about mental health help-seeking among the Black community, the impact of the structural and cultural barriers associated with mental health help-seeking among African Americans, and how technology has affected African Americans when it comes to mental health help-seeking. This chapter will also consist of eight sections that will include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this research study was to explore the social and cultural barriers affect mental health help-seeking among African Americans and how the added use of technology such as zoom, mobile apps, and media platforms, may contribute to African Americans' attitudes toward mental health help-seeking. A qualitative research design was used to explore participants' attitudes and experiences. Data were collected through in-depth, qualitative interviews. This approach allows for a more in-depth study of the subject matter and the chance to gain rich, detailed responses to research questions. This study is exploratory

in nature due to the fact that the research area of technology and its place in African Americans' mental health help-seeking is a relatively new topic. This study design will also include some elements of a descriptive study in order to provide more information on the different variables among African Americans when it comes to mental health help-seeking.

Sampling

This study recruited African Americans aged 18 years of age to 35 years of age, who reside in Southern California. The inclusion criteria for the participant are as follows: College age young adults, of African American dissent, and currently residing in southern California. The criteria were kept minimal in order to obtain a broad and diverse pool of study participants. The researcher was able to obtain a sample size of 17 participants, from a wide range of demographics, including age, gender, socioeconomic background, and academic background. The reason why they would be a consideration for the data collection is because they would have lived experiences of the structural and cultural barriers discussed earlier and that will give some insight into how they view the use of technology when it comes to mental health help-seeking. Sense participants will fulfill a specific eligibility criterion, the sampling method that will be used is a nonprobability sampling method.

Data Collection and Instruments

This was a qualitative study and the data collection technique that was utilized was a self-selection sampling method, snowball sampling method, and

one-on-one interviews with the participant, all done virtually through the zoom platform. There were audio recordings of the one-on-one interviews to preserve the integrity of the data. The verbal responses from the audio recordings of the participants during the interview research process were collected and transcribed verbatim into a written format, including any non-verbal cues observed during the interview. An interview guide was also established for the participants of the research study, with no variations in questions between the men and the women. The interviews were conducted between December 2023 and January 2024, with the length of completion for each interview taking between 30 to 45 minutes for the participants.

The demographic questions that were collected for data use included age, education level, yearly financial earning, race, sexual orientation, and city of residents. The next set of questions covered topics that include but were not limited to, their feelings on mental health help-seeking, the types of cultural barriers that they face when it comes to mental health issues and mental health help-seeking, the types of structural barriers that they face when it comes to mental health issues and mental health help-seeking, the types of racial determinants that they face when it came to mental health issues and mental health help-seeking, their feelings on mental health help-seeking, and their feelings on the use of technology such as apps and media platforms when it comes to mental health help-seeking.

A limitation when it comes to these instruments is that in the face of African Americans using technology such as apps social media platforms, and chat sites, will be that they are relatively new and have been rarely seen or used in previous research studies.

Procedures

A flyer was circulated on Instagram and Facebook's social media platform to solicit participants for this study. The flyer and social media posts included a description of the purpose and goals of the study and a criterion that needs to be that in order to participate in the study. For those who participated in the interview, they were met on zoom to maintain social distancing. Participants were made aware that while their participation was appreciated, there was no compensation involved. Participants were also made aware that their personal information would not be used during the data collection and instead they would be given a letter as an identifier that will only be known to the researcher in order to protect their confidentiality. Participants were also made aware that their participation was completely voluntary and that they were able to skip any questions that they find too evasive or too uncomfortable without any repercussions for doing so. The timetable for data collection took two months, from December 2023 to January 2024, with each interview taking 30-45 minutes to complete.

Protection of Human Subjects

The personal information of the participants was kept confidential and was not revealed within the study's findings. Emails and phone numbers that were used to reach the participants were stored on the researcher's password-protected laptop and were only accessible to the researcher. Upon the completion of interviews and debriefs, the participants' contact information was deleted. During the research and data collection, while there were audio recordings of the interviews, there were no identifying markers attached to the recordings that could be used to link to any specific person. These recordings were downloaded after the interview, onto a secure and password protected laptop that was only accessible to the researcher. Additionally, before the initial interview questions, the researcher went over informed consent for each participant and provided informed consent documents to the participants.

Data Analysis

A thematic analysis technique was employed during the course of this study. Each individual interview was audio recorded through the use of Zoom, then transcribed verbatim by the researcher. The researcher then read the transcript of each interview, noting prominent experiences, themes, and variations in topics discussed. Next, the researcher went over the collected data to identify any agreement and divergence in opinions or experiences among the participants. Each statement from the participant was assigned a code that was used to summarize information given to the researcher. Lastly, the statements

from the participants were divided into five separate categories dependent on the associated prevalent themes.

Summary

This study explored the relationship between African Americans and mental health help-seeking attitudes, as well as the use of technology as a way to circumvent some of the cultural and social barriers that prevent them from accessing mental health services. The focus of the study was to explore the experiences of African Americans in Southern California, to explore how prevalent those barriers still are, and how having access to technology has changed their attitudes towards mental health help-seeking or if technology has reaffirmed those attitudes. This qualitative exploratory study will help social workers gain more information on the trend of how African Americans view mental health help-seeking and more insight into the different ways that quality mental health services can be provided to the African American population through other means, such as technology.

CHAPTER FOUR:

RESULTS

Introduction

The overall research method that was used in this research study was a qualitative design with self-selection sampling and snowball sampling to collect data through interviews, which has compiled the subjects' perspectives on the various barriers involved in seeking mental help-seeking and the use of technology. The questions this study addressed were: 1) Which cultural, racial, and structural barriers deter the African American community from mental help-seeking? and 2) How might technology impact mental help-seeking and circumvent these barriers within the community?

Sample

Through self-selection sampling and snowball sampling, the researcher was able to interview a total of 17 individuals from the San Bernardino area. All of the participants were interviewed in the months of December 2023 and January 2024. All participants were asked to provide demographic information: ethnicity, age, gender, employment status, highest level of education, and total household income. All participants have had either personal experience with barriers to mental health services or have been witnessed to close friends and family members who have experienced barriers in receiving mental health services.

The ages of those who volunteered to be interviewed ranged from 18 years of age to 35 years of age. All participants identified as African American, with 12 participants identifying as female and five participants identifying as male. All interviewed participants graduated high school with 9 of the participants completing a bachelor's degree. The majority of the participants (88%) reported working full time hours (40 hours a week), with 11% reporting working part-time hours (20-32 hours a week). Of the participants, 52% reported earning an income of $60,000 to $70,000 a year, while 41% reported making $40,000 to $50,000 a year. All participants Reported residing in the Inland Empire area.

Themes

The social, structural, cultural, and racial barriers were identified and categorized into five separate themes including: stigmatization of mental illnesses, lack of representation among health care providers stigmatization of those with mental illnesses, lack of representation among health care providers, disparities in treatment, lack of financial means, and societal change towards inclusivity.

Stigmatization of Mental Illness

Generally, participants viewed stigmatization as a major barrier when it came to African Americans engaging in mental health help-seeking. Participants expressed personal experiences and which they have been stigmatized or have witnessed the stigmatization are they loved one in regard to seeking mental health services. These experiences have largely been viewed as having a

negative impact on their willingness to publicly express the need to engage in

mental health help-seeking. Participant 12 stated,

> I feel like sometimes people have not experienced what it's like
>
> living in a low-income community where not everyone has the same
>
> privileges. So many African Americans don't seek help because they're
>
> not in a position in which it's deemed acceptable but instead, they're
>
> charged and criticized simply for trying to get help.

Participant 3 stated that it's important to recognize the different

stigmatizations that are associated with mental health help-seeking. The

participant stated that in understanding the associated stigmatizations, both

those within the African American community as well as health care providers

can better recognize how stigma can be such a significant barrier in

circumventing those within the African American community from accessing or

pursuing quality mental health services. Several participants expressed the

importance of inwardly addressing cultural attitudes when it came to mental

health. Participant 14 stated:

> Mental health isn't spoken about enough within our community and
>
> it's often seen as something that should be swept under the rug or not
>
> even mentioned. So many times, when it comes to people dealing with
>
> mental health issues, you'll have others calling them crazy or saying that
>
> there's something wrong with that person and of course when they are

hearing that all the time, it's no wonder that so many people hide or deny

that they have mental health issues.

Participants also expressed a level of shame in either those seeking

mental health services, families of those suffering from mental health issues, or

both. Participants expressed how some people in need of mental health services

might feel shame for needing help in the first place while other participants

expressed how families might experience feelings of shame and not being able

to provide their loved one with the help they need, and sometimes feeling as if

they had done something to cause their loved one to suffer from mental health

issues.

However, a few participants reported not having personally experienced

stigmatization when it came to seeking mental health services. The participants

speculated that it was due to their strong support system that they were able to

seek mental health services without any perceived attachment of stigma or

shame.

Participants were also asked how these stigmas affect their daily life.

Participants described how these various stigmas have changed their view on

mental health help-seeking. The participants emphasized how the various

stigmatization have negatively impacted the African American community and

has led to a large amount of diagnosed or under diagnosed individuals, forced to

function at the same capacity as those without mental health issues. Participant

12 stated, "Mental health has affected a lot of people within my community and seeing that makes me, not only sad but angry as well that more isn't being done."

<u>Lack of Representation</u>

Participants reported that the lack of representation when it comes to health care providers, has been a significant barrier in preventing African Americans from seeking mental health services. Participant 5 stated, "It's hard to trust providers who don't look like me because I know that they haven't had the same experiences that I went through. They won't understand what it's like to have to fight against bias just a good basic medical care."

Several other participants reported feeling that the lack of representation in the medical field when it comes to African Americans, has led to the perpetuation of harmful stereotypes and racial bias that has emphasized the disparities in quality-of-care African Americans receive from white providers. Participant 1 stated:

There have been so many times in which I have went to get something checked out at a hospital and no matter how much pain I'm in, I'm dismissed are told to calm down. It makes me feel like I'm overreacting, but I just need help.

Other participants expressed concerns about how the lack of representation can negatively affect the type of treatments that they receive when it comes to medical providers. These concerns included the fear that having a provider of a different race could result in culturally insensitive treatment

of the patient, the patient's concern is not being heard, medical issues not being taken seriously, and medical providers ascribing to special internally biased teachings based on racial ideology of how African Americans are not in need of certain treatments. Participant 2 stated:

>When I was in nursing school, I legitimately had an argument with a fellow nursing student who happened to be white, and this argument consisted of how she was under the belief that black people didn't feel as much pain as white people. It was not only shocking and surreal that this person who's going into the medical profession is still holding on to these outdated ideas, but also that these ideas are still being taught because the teacher did not at any point correct her, the other students had to correct her, and I still don't think she believed us.

Only one participant, participant 4, stated that she has had positive experiences when seeking both traditional mental health services as well as utilizing local emergency rooms in order to get treatment for mental health issues. "For me personally I haven't had too many issues when it came to having doctors of different races treating me for my mental health issues. For the most part I've been treated with respect, and I've never felt that my race limited me and the types of treatments that they gave me. But I do know that that's not the case for everyone, I just happen to be pretty fortunate in that respect."

Overall, there were no significant variations in how the majority of participants felt when it came to the lack of representation among medical

providers. The majority of participants felt that mental health services would better benefit with the inclusion of more black providers or at least with the inclusion of more cultural sensitivity training among present providers in order to better assess and assist the African American community.

<u>Disparities in Treatment</u>

Several participants had reported that the disparities in treatment by health care providers when it comes to African Americans in comparison to their Caucasian counterparts, has been a point of contention and a source of mistrust in medical institutions. Participant 15 stated "Our black people are never given the proper care like white people. We're more liable to be thrown into a mental institution with horrible workers and no hopes of getting out, instead of actually getting the proper care we need".

Along with participant 15 stating how those with the African American Community are not given the equivalent care of those within the Caucasian community, Participants 7 added on how these disparities are played out further towards the African Americans. Participants 7 stated that,

No one, at least no one I know, wants to go to the hospital when they're made to feel that they are concerns and their health isn't taken seriously. A lot of these doctors will just kind of half listen to you and they'll either give you too much medication to kind of shut you up, or completely kind of like, disregard you and not even give you the right type of medicine

that you need because they feel that you're, I don't know maybe

exaggerating what's going on with you, and it happens so much.

Other participants expressed how they felt that these disparities in treatment are due to the majority of mental health providers being white, as well as a majority of teaching and techniques used to help those with mental health issues, being white centered. An example of this is Participant 4 stating, "Most of the therapists are white and I honestly don't feel like they fully understand where I, as a black woman, is coming from when I come to them needing help." Several participants also expressed feeling that the lack of cultural competency when it comes to providing adequate mental health services for those within the black community, has been detrimental to already fragile individuals.

Participants felt that if more healthcare providers were trained on how to be culturally competent in treating minorities, particularly those within the black community, then a lot of the social issues that we see arise within the black community, such as substance abuse and homelessness, would decrease as people would turn away from recreational drug use in order to deal with mental health issues outside of attending traditional mental health services. Participant 14 in particular expressed the importance of educating the children of the African American community early on to the importance of mental health within the African American community. Expressing how doing so could be a means to motivate the younger generation to pursue future careers within the field of

behavioral Health, as a way to help lesson those instances of disparities in treatment.

Lack of Financial Means

The result of the study shows that a lack of financial means among those who are willing to seek mental health services have often proven an effective barrier to those engaging in mental help-seeking. Of the 17 participants that were interviewed, only eight expressed having the financial means to take time off in order to seek mental health services and comfortably afford paying out of pocket for therapeutic services, along with other behavioral health services if needed.

The idea of having to take time off and the possible loss of wages was a concern for half of the participants, with them expressing that due to the financial strain receiving mental health services would put on them, they felt it was more of a hassle to receive services, which prompted those individuals to either decline services or postpone receiving services for as long as they could. Some participants expressed the difficulty in having to work a "regular day job" and trying to schedule an appointment for mental health services. Participant 6 stated,

> I work pretty long hours and like, I do a lot of overtime because I need the money. So, I don't always have time to set up appointments, especially when like, it's in the middle of the day cuz that's when I'm working. It just sucks because a lot of the services are sometimes mostly

closed on the weekend and if I want to see someone, I'd gotta take time

off or somethin, so just don't go.

The fear of out-of-pocket costs was also expressed by several of

the participants. Several participants communicated that because of their low

incomes, with two in particular being uninsured, finding affordable mental health

services has proven difficult. Participant 9 stated, "I don't really make enough to

get healthcare cuz I work a part-time job right now, so you know things like

Mental Health Care isn't really high on the priority cuz I can't even afford it."

Using Technologies Inclusion

Use of technology has increased particularly during the Covid-19

pandemic. The use of telehealth and social media websites have allowed a new

avenue for inclusion in mental health services that social, cultural, structural, and

racial barriers which have proven detrimental for those within the African

American community. Participant 10 stated, "I think a lot of black people are open

to using apps and stuff because it's just easier since people are always on their

phone anyway."

Of the participants, 10 out of the 17 felt that having access to online

alternative could prove beneficial in curbing some of the social and cultural

stigma attached to mental help-seeking. The general idea being online services

add more privacy and anonymity, allowing for those seeking services to feel

more secure about getting help. Participant 17 stated,

Even though I knew that I needed help, I didn't want anyone else to know and be up in my business. Being able to see my therapist over zoom helps with that because there's less chance that I'll run into someone I know. You know how San Bernardino is such a small community. Plus, when I'm really tired, I don't have to go anywhere, just my couch. That's so helpful to people like me who have super busy lives.

Participants also expressed how using technology-based interventions and social media platforms as a means of accessing mental health services has proven beneficial in other areas. Participant 8 in particular expressed how it has helped her feel more comfortable in seeking services, stating, "I was able to find help from someone who looked like me. I mean, like, I know that just because we're both black doesn't guarantee they'll treat me well, but they'll know more about where I'm coming from."

There were a few areas of concern that were raised in regard to using online platforms as a source for mental health help-seeking. Participant 10 raised the concern of information security, stating, "We always hear about some internet breach somewhere. The same could happen to our mental health files and stuff." A valid concern for those who turn to online platforms for anonymity. Participant 3 stated concerns about accessibility, stating, "Sometimes technology fails. I can't remember how many times during my zoom classes that my screen froze, or my teachers screen froze."

Summary

Overall, the participants perceived seeking mental health services as beneficial for not only the individual but also for the community. Participants reported that despite the presented barriers to both traditional and online mental health services, they would still try to utilize these services if they felt that they were in need of professional help. However, participants did stress the importance of continuing to advocate for changes within the current healthcare system. Participants reported the increased need for healthcare professionals to have culturally competent training in order to help our diverse population, as well as education among the African American community to help fight against the cultural stigmas associated with mental health issues.

CHAPTER FIVE:

DISCUSSION

Introduction

Chapter five discusses the findings from this study and compares those findings to the literature on mental health help seeking among African Americans. The study's limitations and recommendations for social work practice and policy are explored.

Discussion

The first noted theme among participant answers was the shared experience of being subjected to various forms of stigmatization. Participants described individual experiences of feeling as though they were lacking in some way as a person, by needing to seek professional help. Participants also describe feeling as if they are feeling their families and their culture by not being able to deal with their mental health issues on your own, thus creating a sense of shame within themselves. This aligns with the earlier study conducted by (Besson and Ward, 2012) which found that African Americans are more likely to utilize emergency services for both their psychical and mental health issues due to the negative views held about seeking therapeutic services.

Participants in this study identified several barriers to accessing mental health services that coincided with previous literature. The disparity in treatment

has presented an underlining fear among those within the African American community and a shared concern among participants. This fear and concern are due to the lack of black representation among healthcare professionals and how these professionals will treat African Americans due to preconceived and prejudicial ideas. This fear is similar to those expressed in previous studies, (Bailey, Bassett, and Feldman, 2021) in which participants cited feeling as if their medical concerns were not properly listened to, or they were not given the same care equivalent to their white counterparts. As with participants in a previous study from (Yearby, 2018), this studies participant expressed the fear of suffering adversely from professional neglect that would lead to medical complications, such as being overprescribed medications, having a mental health misdiagnosis that could potentially affect future employment, or not being properly diagnosed and having their mental health issues being attributed to their culture due to preconceived ideas. This highlights the need for better informed and culturally competent acre training among healthcare professionals in order to treat the diverse needs of their communities.

Another identified barrier to treatment that participants had reported was the lack of representation among health care professionals, particularly those within the behavioral and mental health fields. Similar to previous literature (Moore, Planey, Smith, & Walker, 2019), participants in this study pinpointed the lack of African Americans among these professional fields and expressed their wish for more practitioners who looked like them. Participants expressed a

difficulty in trusting their mental and emotional needs to those who would not be able to empathize because of a lack of shared cultural identity and experience. The findings demonstrate the need for a more diverse staff in the healthcare systems so as to build trust and change previous perceptions of those seeking services.

Additionally, the lack of financial means among those within the African American community has proven a difficult barrier to overcome when it comes to accessing mental health services for a verity of reasons. Consistent with previous literature (Fante-Coleman, and Jackson-Best, 2020), African Americans face financial hardships due issues of insurance and low wage earnings. This is supported by several participants who communicated the difficulty in finding affordable mental health services that will meet their specific needs. Furthermore, in accordance to previous literature (Summers et al., 2021), participants expressed the difficulty in obtaining the necessary time off needed to care for their mental health needs that would not adversely affect their financial situation. This has highlighted the need for affordable and convenient avenues for mental health services.

Lastly, previous literature (Williams, Wijaya, Stamatis, Abbott, & Lattie, 2022) found that because covid-19 restrictions, more African Americans started utilizing technology-based interventions such as telehealth and social media platforms in order to seek help for mental health issues. This study's participants, despite the very present stigmas attached to mental help-seeking behavior,

overwhelmingly held a positive view of help-seeking behavior. Participants expressed how the benefit of anonymity, the convenience of easy access, and the ability to choose from a wider range of providers outside of their current network, allows for a sense of security in seeking mental health services. This feedback can help providers in understanding the personal needs of those searching for mental health services from both traditional settings and from online services.

Limitations

The first noted limitation for this research study was the relatively small sample size of participants. The majority of participants identified as female; a sample with even numbers of male and female participants may produce different findings. Another noted limitation was that the majority of participants experienced negative interactions with medical staff and healthcare institutions. The third limitation was in the geographical location of the sample size, as the researcher was unable to gather participants beyond the city of San Bernardino and the surrounding cities within 30 minutes of San Bernardino. Thus, the researcher's recommendations for future research relating to this specific topic is that there needs to be a broader range in geographical location of participants, a broader range in personal interactions that will encompass positive exchanges between participants and the healthcare setting, to better compare and contrast.

Implications for Social Work Policy and Practice

It is crucial for mental health professionals and health care agencies to investigate their policies in treatment and examine how providers are treating those within African American community, in order to develop affective interventions and quality mental health services. Doing so would help to mend the mistrust among the African American community towards healthcare professionals as well as to help heal some of the underlining issues that are perpetuating the mental health issues among this population. It is highly recommended that healthcare professional and medical institutions restructure their care policy towards minorities, to build a sustainable partnership with the African American community.

The research from this study can be used in social work practice as a way to better understand how African Americans are affected by the social, cultural, structural, and racial barriers winning caging and mental health help seeking activity. Also, this research can be used to better understand how African Americans view using technology-based interventions as a means to procure mental health services. It is essential that the social work practice continues to improve community relations and address circumstances of disparities in treatment among the African American community. A way that the social work practice can improve those community relation is making the recruitment of African American a priority within the mental health profession.

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Conclusion

Overall, this study was able to provide insight into how these different barriers are able to influence how African Americans view mental health help-seeking, how they viewed medical institutions as a whole, as well as how they viewed the use of technology-based interventions as an alternative to the traditional mental health resources. Throughout the interview, participants presented their unique experiences in dealing with mental health professionals as well as a community that's still predominantly stigmatizes those seeking mental health services. In addition, this study demonstrates the overall need of providing those within the African American community with education on mental health services and the effects of mental health illnesses on individuals and families. Additionally, this study highlights the importance of the social work practice's need and recruiting African Americans into mental and behavioral health professions. Future research would benefit from the expansion of the participation base, in order to better understand how the implications of seeking mental health services affect African Americans on a more generalized level.

APPENDIX A:

INFORMED CONSENT

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the social, structural, and racial barriers among African Americans in regard to mental help-seeking and how technology-based interventions can circumvent those barriers, among college age students in Southern CA . The study is being conducted by Charneka Edwards, a graduate student, under the supervision of Dr. Deirdre Lanesskog, Associate 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 examine the social, structural, and racial barriers among African Americans in regard to mental help-seeking and how technology can circumvent those barriers.

DESCRIPTION: Participants will be interviewed and asked a few questions on these barriers, how prevalent they are, and how technology-based interventions such as telehealth, social media platforms, forums, and apps, might help to navigate/circumvent those barriers and increase the likelihood for mental health help-seeking.

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 30 minutes to 1 hour to complete the 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. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Deirdre Lanesskog at (909) 537-7222.

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 July 2024.
****
****
I agree to have this interview 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.

_____   _____
Place an X mark here   Date

APPENDIX B:

RESEARCH QUESTIONS.

Created by: Charneka Latrice Edwards.

Interview Guide
For Mental Health

1. What are your views on Mental health issues among the African American Community?

A. In what ways can mental health issue impact the African American community?

B. How does the African American community influence your views on mental health?

2. Why is adequate mental health service important among the African American community?

A. What are some ways in which mental health care can be improved?

B. How do you feel the African American community can advocate for better mental health care?

3. Do you believe that African Americans underutilize mental health services?

A. In what ways have you seen African American's underutilize service?

B. Have there been examples of health systems underproviding services to the African American community?

4. How do you feel about some of the stigmatization associated with mental health help-seeking among African Americans?

A. What has been your personal experience with these stigmas, if any?

B. How have these stigmas affected your daily life?

5. What types of cultural and structural barriers do you believe hindered African American's in the past (let's say, 30 years ago) from seeking mental health services?

A. Do you believe that racism played a part in those barriers? How so?

B. How do you believe those barriers affected the way African Americans view mental-help-seeking?

6. Do you feel that these cultural and structural barriers are still prevalent?

A. Do you believe that society in making changing to help fight these barriers?

B. Do you feel that these barriers so ingrained that they may never go away?

7. How do you handle the stress when presented with cultural, racial, and or structural barriers in regard to mental help-seeking?
A. How does that stress manifest in your life?
B. Are there people that you go to when feeling stressed by these barriers?

8. What are some ways in which mental health services and society can counteract some of these barriers among African Americans?
A. How long do you believe it will take for those counteractive measures to work?
B. How receptive do you feel African Americans will be to more accessible mental health service?

9. How do you feel technology-based interventions can help to circumvent some of those barriers in your mental help-seeking?
A. What are some benefits that you feel technology-based interventions could bring to the African American Community?
B. How receptive do you feel the African American community would be to technology-based interventions?

10. Are therapies delivered via technology-based interventions as effective as those delivered in traditional mental health settings face-to-face? Why or why not?

11. Do you believe that using technology-based interventions can present new barriers when it comes to mental health services? Why or why not?

APPENDIX C:

IRB APPROVAL

Charneka Edwards <003590456@coyote.csusb.edu>

IRB-FY2024-65 - Initial: IRB Admin./Exempt Review Determination Letter

3 messages

do-not-reply@cayuse.com <do-not-reply@cayuse.com>   Mon, Dec 18, 2023 at 8:32 AM
To: charneka.edwards0456@coyote.csusb.edu, Deirdre.Lanesskog@csusb.edu

December 18, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2024-65

Deirdre Lanesskog Charneka Edwards
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Deirdre Lanesskog Charneka Edwards:

Your application to use human subjects, titled "Mental Help-Seeking: Barriers Among Young Adult African Americans and How Technology Can Circumvent Those Barriers." has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

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. You can find the modification, renewal, unanticipated/adverse event, study closure forms in the Cayuse IRB System. Some instructions are provided on the IRB Online Submission webpage toward the bottom of the page.. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **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-FY2024-65 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,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

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