Increasing Mental Health Literacy in the African American Community

Collaborations Between Mental Health Professionals and the Black Church

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Mental Illness

- Prevalent in the US
  - 61.5 million adult Americans affected
- Only half receive medical treatment
  - Discrepancy → racial communities
  - 9% of African Americans seek professional treatment

(Kim et al., 2017; Thompson, Bazile & Akbar, 2004)
What Causes This Discrepancy?

Forms of coping utilized

- **Traditional**
  - Psychiatry and Psychological Therapy
    - Multiple sessions
    - Prescribed medication
    - Most utilized by Caucasians

- **Non-Traditional**
  - Clerical/Pastoral Counseling
    - Individual meetings with pastor
    - Talk therapy with congregants
    - Most utilized by African Americans

(Conner et al., 2009; Hays, 2015)
Barriers

Cultural/Community-Level
- Stigma
- Socioeconomic Status

Individual/Psychological
- Trust
- Cultural Sensitivity
Cultural/Community-Level Barriers

Stigma
- Labeling
- Abandonment

Socioeconomic Status
- Affordability
- Accessibility

(Haynes et al., 2017; Thompson et al., 2004)
Individual/Psychological Barriers

Trust
- Tuskegee experiment 1932-1972

Cultural Sensitivity
- Stereotypes

(Buser, 2009; Hays, 2015)
What Do African Americans Utilize for Their Mental Distress?

- The Black Church
- Pillar of refuge and strength
- African Americans tend to identify as being religious individuals
- Place for religious, spiritual, communal and social needs
- Structure controlled by African Americans

(Bilkins, Allen, & Davey, 2016; Okunrounmu, Allen-Wilson, Davey & Davey, 2016; Plunkett, 2014)
Possible Solutions?

- Considering the role of both White and African American psychologists
- Recognizing the role of the Black Church, religiosity, and spirituality in African Americans
- Creating a collaboration between the Black Church and mental health professionals
Target 1: Assess Mental Health Professionals

**Educating Caucasian Psychologists**
- Consider the unique experiences of African Americans
- Self-examine cultural biases
- Capitalize on strengths

**Race-Pairing in Therapy**
- Preferred among African Americans
- Cultural commonalities
- Increased engagement and consistency

**Community Programming**
- Assess the needs of the community
- Implement culture-specific community engagement

(Danzer, Rieger, Schubmehl, & Cort, 2016; Dempsey, Butler, & Gaither, 2016; Goode-Cross, 2011)
Target 2: Assess the Black Church and Black Church Leaders

- How do levels of religiosity and spirituality influence the use of mental health services?
- Affects their utilization and referral
- Church leaders attendance & seeking mental health services
- More religious & seeking mental health services

(Okunrounmu, Allen-Wilson, Davey & Davey, 2016)
Target 3: The Collaboration

Will this work?

| Yes! It has been done before with physical health. | Churches have even developed nursing ministries and created community health days |

Mental Health Collaboration

| Mental health professionals should consider, evaluate, and be aware of the fear, guilt, and mistrust | They do not have to be well-versed in the religious teachings or biblical scripture | They do need to understand the important role of religion | They should feel comfortable consulting or referring to clergy members when appropriate |

(Dempsey, Butler, & Gaither, 2016; Plunkett, 2014).
References


