Increasing Mental Health Literacy in the African American Community

Collaborations Between Mental Health Professionals and the Black Church

Brianna Simmons
Marymount University
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; Okunrrounmu, 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**

<table>
<thead>
<tr>
<th>Educating Caucasian Psychologists</th>
<th>Race-Pairing in Therapy</th>
<th>Community Programming</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consider the unique experiences of African Americans</td>
<td>• Preferred among African Americans</td>
<td>• Assess the needs of the community</td>
</tr>
<tr>
<td>• Self-examine cultural biases</td>
<td>• Cultural commonalities</td>
<td>• Implement culture-specific community engagement</td>
</tr>
<tr>
<td>• Capitalize on strengths</td>
<td>• Increased engagement and consistency</td>
<td></td>
</tr>
</tbody>
</table>

(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


