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## **Interventions to Modify Negative Perceptions of the Need for Behavioral Health Care for African American Patients**

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INTERVENTIONS TO MODIFY NEGATIVE PERCEPTIONS OF THE NEED FOR  
BEHAVIORAL HEALTH CARE FOR AFRICAN AMERICAN PATIENTS

BY

TIFFANY JONES

A doctoral project submitted to the faculty of the Medical University of South Carolina  
in partial fulfillment of the requirements for the degree  
Doctor of Health Administration  
in the College of Health Professions

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INTERVENTIONS TO MODIFY NEGATIVE PERCEPTIONS OF THE NEED FOR  
BEHAVIORAL HEALTH CARE FOR AFRICAN AMERICAN PATIENTS

BY

TIFFANY JONES

Approved by:

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Jillian Harvey, PhD, Committee  
Chair

Date

---

Elinor Borgert, PhD, Project  
Committee

Date

---

Derrick Mitchell, DHA, Project  
Committee

Date

### **Acknowledgments**

Dr. Harvey, Dr. Borgert, and Dr. Mitchell thank you for your countless hours, feedback, expertise, and patience throughout this process. I am honored to be a part of an amazing cohort. You are outstanding leaders. Thank you for all the reminders and encouragement throughout this process. Looking forward to what the future has in store for everyone. To my friends, thank you for your unwavering support and encouragement. To my beloved husband and children, thank you for supporting me through this process and believing in me when, at times, I did not believe in myself.

Abstract of Doctoral Project Presented to the  
Medical University of South Carolina  
In Partial Fulfillment of the Requirements for the  
Degree of Doctor of Health Administration

INTERVENTIONS TO MODIFY NEGATIVE PERCEPTIONS OF THE NEED FOR  
BEHAVIORAL HEALTH CARE FOR AFRICAN AMERICAN PATIENTS:

by

Tiffany Jones

Chairperson: Jillian Harvey, PhD  
Committee: Elinor Borgert, PhD  
Derrick Mitchell, DHA

**Background:** African Americans underutilized mental health care services, compared to other population groups, in the past decades. While African Americans have the same mental health needs and rates of mental health diagnosis as other races, for some groups, there are additional cultural or environmental factors that create additional barriers to utilizing care (Alang, 2019).

**Methods:** This project will be a cross-sectional study using an online survey of behavioral health practitioners.

**Results:** Respondents were predominantly females (69%) and African Americans (69%). Their work medical specialties included: licensed counseling social workers and clinical social workers, mental health therapists, and psychiatrists. The average work experience is 13 years, and most work within government facilities (54%).

**Conclusion:** This study was designed to establish initiatives to encourage black or African Americans to seek behavioral health care from the provider's point of view. Teaching the African American communities and behavioral providers was a shared effort by all respondents; via offering culturally sensitive education (DEI) training to the providers.

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## **CHAPTER I: INTRODUCTION**

### **1.1 Background and Need**

Approximately 46 million African Americans live in the United States, or 13% of the population. African Americans have worse health outcomes compared to other races due to a variety of factors, including lack of equitable healthcare access, delivery, and coverage, as well as racialized poverty, segregation, environmental degradation, and discrimination. Roughly seven million people, or 16% of the population, say they have dealt with a mental health issue in the previous year (Guerra, 2022).

African Americans underutilized mental health care services, compared to other population groups, in the past decades. While African Americans have the same mental health needs and rates of mental health diagnosis as other races, for some groups, there are additional cultural or environmental factors that create additional barriers to utilizing care (Alang, 2019). Some of their traumas and hesitancy to trust the healthcare system have been passed down from generation to generation, with the root of it traced back to slavery and unethical practices such as the Tuskegee study (Alsan & Wanamaker, 2018). Some beliefs and biases have hindered African Americans from wanting to seek care. According to a National Mental Health Association (NMHA) survey, 63% of African Americans think depression is a sign of weakness (Ward, 2013). Within some African American communities, it can be uncomfortable to seek care, and they can be discriminated against for having a mental health condition (NAMICA, 2020).



There has been some discussion about the lack of trust in the healthcare system due to high rates of misdiagnoses, which can lead to a barrier that will result in African Americans not seeking mental health care. African Americans are less likely to receive care consistently, and researchers are less likely to include them in research. Cuevas identified in his paper additional reasons why African Americans do not want to seek care, including cultural perceptions about mental health and well-being, the cultural differences in help-seeking behaviors, the potential for racism and discrimination within the mental healthcare system, insurance coverage, and language or communication barriers (Cuevas, 2013).

In African American communities, mental health requirements are usually exacerbated and largely unmet because of racism, classism, and health disparities. The experiences of violence and criminal injustice that are associated with economic instability worsen the inequities in mental health that exist within the African American community. According to Guerra (2022), the following are impacts that can increase African Americans' need for mental health:

1. African Americans are twice as likely to report severe psychological distress when living below the poverty level compared to white Americans
2. African American teenagers are more likely to attempt suicide compared to white teenagers (9.8% versus 6.1%)
3. African Americans are nearly twice as likely to be diagnosed with schizophrenia compared to white Americans
4. Approximately 25% of African American youth have been exposed to violence and racial trauma, which put them at higher risk for post-traumatic stress disorder (PTSD)
5. African American youth make up about 40% of the youth in the criminal justice system

6. 45% of children who are living in foster care are African Americans.

## **1.2 Problem Statement**

African Americans use mental and behavioral healthcare services at a lower rate compared to other populations (Alang, 2019). Studies have documented the social, cultural, and environmental barriers to care, as well as the fear of racism and discrimination that can deter patients from seeking care (Alang, 2019). Approximately 2% of the providers are African American. Provider shortages have created greater needs for culturally competent providers to meet their patients' cultural, social, and language-related needs. The absence of culturally competent healthcare professionals who can satisfy their patients' language, culture, and social interaction demands has increased due to a scarcity of providers. With over half of the population residing in areas where mental health workers are scarce, the United States is experiencing a severe shortage of mental health experts. Many people have trouble accessing mental health treatments, and the COVID-19 epidemic has made these vital services even more in demand (NIHCM, 2023).

There is also a lack of information about which type of interventions will overcome these barriers to better engage the African American patient population within the mental health systems. To address this problem, a multi-facilitated intervention may be required to tackle the overall cultural change in the African American community and healthcare system. Therefore, this study seeks to better understand the resources and best practices for engaging African Americans with mental health care and will recommend the next steps to transform care delivery.

### **1.3 Research Questions**

This project will examine the following questions using a mixed-methods survey approach:

1. What are the most effective methods for combating the beliefs and biases affecting African Americans' inclination to seek behavioral/mental health care?
2. What barriers to care do Behavioral health providers encounter when treating African American populations?

### **1.4 Population**

This research will include behavioral health providers who have worked with African American populations. This research can inform initiatives for developing trust between African Americans and behavioral providers and the opportunity for better access to care. This can help eliminate perceived discrimination, medical mistrust, race discordance, and the lack of communication and develop a safe space to receive care. This work seeks to help inform the establishment or creation of initiatives to encourage African Americans to seek care and demonstrate how it is effective with the African American community.

## **2 CHAPTER II: LITERATURE REVIEW**

This scoping review found research that was primarily focused on anxiety and depression for African Americans. According to the American Psychological Association, anxiety is “an emotion characterized by tension, worried thoughts, and physical changes like increased blood pressure.” (American Psychological Association, 2024a) According to the American Psychiatric Association, depression is “an illness that negatively affects how you feel, think, and act.” (American Psychiatric Association, 2024b) Sadness and a loss of interest in previous hobbies are symptoms of depression. It can impair your ability to perform at work and do things at home, leading to mental and physical issues. Depression symptoms can range from trouble sleeping to thoughts of death or suicide. The goal of this review is to dissect the bias and barriers resulting in African Americans not seeking mental health care for these conditions. The results can help create initiatives to encourage African Americans to seek mental health. A considerable amount of research has been conducted and reviewed on the biases. In this research, we have looked at various positive and negative aspects.

### **2.1 Utilization of Mental Health Care Services by African Americans**

Fewer African Americans choose to seek mental health care compared to other races. Only 25% of African Americans will seek mental health treatment compared to 40% of white Americans (Mass General, 2024). Between the ages of 18 and 25, African Americans had lower rates of mental health care usage and higher rates of mental health disorders (Mass General, 2024). When African Americans do seek treatment, they mainly choose the emergency room

route. Some of this can correlate to not having health insurance, but the stigma behind it also plays a significant factor. The stigmas in the African American communities hinder the utilization. A substantial percentage of African American patients believe that seeking behavioral health care is for the weak and choose to seek care in other places, such as religious groups (NAMI, 2024).

## **2.2 Barriers to Receiving Behavioral Health Care for African Americans**

Research that has been conducted by the National Alliance of Mental Illness (NAMI) has determined that socioeconomic disparities, stigmas, provider bias, and inequalities are barriers that disproportionately affect African Americans seeking mental health treatment. Similar to other groups of color, African Americans are more prone to encounter socioeconomic disparities, such as being shut out of social, educational, health, and financial resources. For example, “In 2020, 10.4% of African Americans did not have any form of health insurance.” (NAMI, 2024). When specifically looking at uninsured adults (ages 18-64), Hispanic populations have the highest rates (30.4%), followed by non-Hispanic black (14.6%), non-Hispanic White (9.7%), and non-Hispanic Asian (7.8%) (CDC, 2024). Poorer mental health outcomes might be a result of these inequities.

The article “Ethnic Identity and Mental Health Stigma among Black Adults in the United States” was published in 2022. This research was performed through a cross-sectional study, and the participants were recruited through community-based organizations to participate in a survey assessing the ethnic identity factors that influenced mental health behavior. Results showed that the stigma associated with mental illness prevents African American people from using mental

health care. This study evaluates the researchers' hypothesis that distinct ethnic identification factors affect stigmatizing behavior related to mental health. Authors noted that providers will be better equipped to eliminate mental illness stigma and maximize involvement in mental health care if they understand the overlapping traits that may enhance the risk of stigma (Pederson, 2022).

While some African Americans experience higher rates of anxiety and despair, compared to other racial groups, they use outpatient therapy less frequently. Dean et al. (2022) conducted a meta-analysis that describes how racial discrimination relates to poor treatment outcomes. Inadequate care has led African Americans to put off getting mental health therapy. Among Black adults, medical distrust is a particularly significant culturally driven concept that might affect attitudes toward seeking medical attention. Following Bronfenbrenner's (1992) multi-systems approach, Dean et al. (2022) suggest the Integrated Framework for Treatment Seeking Process (ITSP). “The ITSP is an extension of these existing models—a psychosociocultural model—of African American treatment seeking in the United States (US) and Canada.” (Dean et al., 2022) According to the ITSP model, racial or ethnic prejudice has an impact on the intensity of symptoms, which in turn influences judgments about seeking care.

Within the African American community, there are additional disparities across different population sub-groups. According to the article written by Watkins, Black men are more likely to have mental health challenges due to their exposure to trauma and “severe psychosocial stressors” (Watkins, 2019). Furthermore, while the disparities in mental healthcare utilization and outcomes are becoming a more frequent discussion, the disproportionate impact on young black men is always left out or is a nonexistent part of the conversation.

### **2.3 Best Practices for Reducing Barriers in Mental Health Care for African Americans**

A limited number of systematic reviews were conducted through Cochran on the interventions to help African Americans seek mental health care. Some research has been completed by using different design methods. A literature review was conducted using SCOPUS and PubMed databases for keywords using mental health, stigmas, and African Americans. The article “The Impact of Culturally Meaningful Storytelling Intervention About Stigma and Attitudes About Mental Health Treatment,” was published in 2023, discusses the importance of mental health and how it is vital to physical health, fitness, and satisfaction. This research concluded that scores on public stigma and perceived discrimination measures were significantly reduced after the storytelling intervention. This study demonstrates how addressing the stigma can help improve attitudes toward seeking mental health through the impact of storytelling. The analyses were conducted on all participants who completed the pre- and post-survey. According to Conner, this study supports a virtual narrative intervention's effects on lowering stigma, enhancing views of mental illness, and encouraging treatment seeking; it does not examine improvements in actual service use (Conner, 2023).

According to Scribner et al. (2020), Bridges to Recovery has established a program that helps church members receive mental health training. The purpose of this training was to improve the relationship between the medical staff, the African American community, and mental health providers by lowering the stigma associated with mental illness. Spirituality and belief are fundamental components of African American cultures. Bridges to Recovery employs three primary approaches to fulfill its mission of providing help for behavioral health

assessment: Behavioral Health Friendly, Connection to Behavioral Health, and Ongoing Community Collaboration (Scribner et al., 2020).

In 2014, a project called Young Black Men, Masculinities, and Mental Health (YBMen) was launched. This project was an intervention for young black men. It was a six-week program that can be accessed across Facebook. This was designed to reach the audience where they visited the most: social media. Using a quasi-experimental, convergent mixed methods research approach, the YBMen project team collaborates with community and school partners to customize the program's content for young black men to improve (Watkins, 2019).

According to the article, “Pilot Design and Implementation of an Innovative Mental Health and Wellness Clinic at a Historically Black College/University”, a mental health pilot program was implemented on a Historically Black College and University campus in Dallas, Texas. The main goal of this pilot program was to discuss the differences in mental health among African American students, their experiences, and the health disparities. Raising awareness and lowering the stigma associated with mental illness was the first step in preparing the students to engage in treatment. Through several student participation projects, this was achieved. There were panels and town halls that the students and the faculty both attended. The faculty also invited distinguished people from Dallas and the surrounding metropolitan area. As a result, the town hall highlighted that the faculty needs to acquire special training that will assist them in handling students with any behavioral health concerns (Moore et al., 2017).

This research aims to determine or identify the most effective methods for combating the beliefs and biases affecting African Americans' ability to seek behavioral/mental health care.



This can result in initiatives for developing trust between African Americans and behavioral providers and the opportunity for better access to care. Previous research projects have used a variety of study designs, such as a cross-sectional study, a semi-structured interview guide with focus groups, and a pre and post-test survey design. This research mentions that African Americans are roughly 20% more likely to have issues or concerns with mental health but lack the resources to get or receive help due to health care disparities, distrust for providers, and the lack of African American providers (roughly only 4% are black providers).

### **3 CHAPTER III: METHODOLOGY**

The primary objective of this study was to examine the following questions:

1. What are the most effective methods for combating the beliefs and biases affecting African Americans' inclination to seek behavioral/mental health care?
2. What barriers to care do Behavioral health providers encounter when treating African American populations?

This study aimed to understand the biases that African Americans experience and the incentives that providers use to encourage them to seek behavioral health care. Based on a survey examining the barriers and facilitators to implementing a program, this research will examine the current evidence for individual—and population-based interventions to change perceptions or stigmas related to behavioral healthcare. The goal was to select a type of intervention that emerges to have the most significant potential for effectiveness.

This project is a cross-sectional study using an online survey of behavioral health practitioners. Cross-sectional studies are observational research projects examining demographic data collected at one point. They are often employed to quantify the occurrence of health outcomes, comprehend health factors, and characterize the characteristics of a population (Wang et al., 2020). This study will observe and analyze the data on biases, initiatives, and ways that can encourage African Americans to seek behavioral health care. This will be designed to help combat the biases in positive ways that will benefit the provider and African American patient. Hopefully, this will increase the number of African Americans seeking the necessary behavioral care they need or desire.

#### **3.1 Sample Selection**

This research used a snowball survey method. The survey was sent to a purposefully

selected number of respondents and asked them to suggest other participants in this study; this helped the process move faster and more precisely. The sample population was based on behavioral health providers working with African Americans.

### **3.2 Data Collection**

A REDCap survey was sent to multiple behavioral health providers. To facilitate the snowball sample survey, the instructions will ask them to forward it to their colleagues. We fielded the survey for one week, and one reminder was sent on the third day of the week. The goal was to capture at least 15-30 participants. See Appendix A for the survey recruitment email.

### **3.3 Instrumentation**

The survey was developed by a multidisciplinary team of health services researchers and experts in behavioral health and health disparities based on key concepts identified in the literature (Greenberger, 2018; NAMI, 2020; Zamam, 2022). Survey questions were designed to identify barriers and facilitators to utilizing behavioral health programs by African American patients. The team tested Survey items for content, clarity, usefulness, and comprehension and piloted in REDCap (Featherall et al., 2018). The final instrument included 16 items, including a Likert scale and open-ended questions. The first survey question was the mandatory opt-out question, and if respondents selected “no”, they would be excluded from completing the rest of the survey items.

1. Have you provided behavioral health services within the last 24 months?
2. Has your patient population included African American patients?
  - a) If your answer is no to question 1, the survey ends here.

3. What do you consider to be the top three health system barriers to receiving behavioral healthcare for African American Patients? Please select the top three barriers.

- ☐ Lack of insurance coverage
- ☐ Lack of organizations providing services in the community
- ☐ Lack of provider training in cultural competence
- ☐ Language and other communication barriers
- ☐ Low reimbursement rates
- ☐ Provider shortages
- ☐ Other

4. What do you consider to be the top three patient-level or environmental barriers to receiving behavioral healthcare for African American Patients? Please select the top three barriers.

- ☐ Access to service
- ☐ Cultural perceptions about mental health and wellbeing
- ☐ Fear and mistrust of the healthcare system
- ☐ Healthcare out-of-pocket costs
- ☐ Lack of awareness of services offered
- ☐ Lack of time to attend appointments
- ☐ Privacy/confidentiality concerns
- ☐ Racism and discrimination
- ☐ Stigma

- Other
5. Are there any other barriers to care that are not mentioned above that we should consider? If yes, please list them here.
  6. Please rate the level of difficulty or ease that Black/African American patient's experience when accessing the providers in your community.
    - Clinical social workers (extremely difficult - not at all difficult)
    - Mental health therapist/clinician/counselor (extremely difficult – not at all difficult)
    - Psychologist (extremely difficult – not at all difficult)
    - Psychiatric (extremely difficult – not at all difficult)
    - Psychiatric or mental health nurse practitioners (extremely difficult – not at all difficult)
    - Primary care physicians (extremely difficult – not at all difficult)
  7. What best practices would you recommend for improving access to behavioral health treatment among Black or African Americans?
  8. What resources would be most useful in improving behavioral healthcare for Black or African Americans in your community?
  9. Are there any initiatives in your community to encourage Black or African Americans to seek mental health care? If yes, please describe.
  10. What initiatives do you feel are most impactful in motivating Black or African Americans to seek counseling?

11. How effective do you think telehealth has been in increasing the utilization of behavioral health services for African American patients? (extremely effective – not at all effective)

Demographics Questions

12. What is your gender identity:

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ A gender identity not listed here
- ☐ Prefer not to answer

13. What is your race/ethnicity? (Check all that apply)

- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian Native or Pacific Islander
- ☐ Hispanic, Latinx, or Spanish Origin
- ☐ White
- ☐ Other race, ethnicity, or origin

14. What is your medical specialty?

15. How many years have you been in practice?

16. What type of organization do you work for?

- ☐ For-profit
- ☐ Not-for-profit or Nonprofit
- ☐ Government

### **3.4 Analysis**

Quantitative and categorical responses were analyzed using descriptive statistics and data visualization techniques. Open-ended responses were analyzed using a thematic approach to capture the content and contextual factors.

### **3.5 Limitations**

There are several potential limitations to this project. First, a snowball sample could lead to unintentional bias due to sample selection and non-response bias. Furthermore, this is a small online survey of behavioral health providers, and the results may not be generalizable to other populations or communities.

## 4 CHAPTER IV: Results

### 4.1 Results and Finding

A snowball survey was conducted from March 6, 2024, through March 13, 2024, with behavioral health professionals as the respondents. There were 34 respondents, and 26 met the recommended inclusion criteria of providing behavioral healthcare services in the last 24 months. All responses were anonymous. Table 4.1 summarizes the respondent demographics. Respondents were predominantly females (69%) and African Americans (69%). Their work medical specialties included: licensed counseling social workers and clinical social workers, mental health therapists, and psychiatrists. The average work experience is 13 years, and most work within government facilities (54%).

**Table 4.1 Respondent Demographics**

<b>Gender Identity</b>	<b>N (%)</b>
Female	18 (69%)
Male	8 (31%)
<b>Race/Ethnicity</b>	
Asian	3 (12%)
African American/ Black	18 (69%)
Hawaiian Native or Pacific Islander	0%
Hispanic, Latinx, or Spanish Origin	2 (8%)
Native American or Alaskan Native	0%
White	7 (27%)
Other	1 (4%)
<b>Organization Type</b>	
For profit	9 (35%)
Not for profit or nonprofit	2 (8%)
Government	14 (54%)
<b>Medical Specialty</b>	
Clinical Social Work/LCSW	11 (42%)
Hospital Operator	1 (4%)
Licensed Professional Counselor	4 (15%)
Mental/Behavioral Health Provider/Therapist	6 (23%)
Psychiatric Mental Health Nurse Practitioner	1 (4%)
Psychiatry	1 (4%)
Psychologist	2 (8%)



The respondents were asked to select the top three barriers to receiving behavioral healthcare for black and African American patients. Table 4.2 below shows the barriers and their percentages. The most frequently mentioned barrier was provider shortages, with 22 (85%) of the respondents selecting that choice, followed by lack of insurance (54%), and lack of provider training in cultural humility (39%). When asked to comment on additional barriers, respondents noted that their communities are specifically lacking African American and Black Indigenous & People of Color (BIPOC) providers.

**Table 4.2**

<b>Barriers to receiving behavioral healthcare for Black or African American</b>	<b>n %</b>
Lack of insurance	14 (54%)
Lack of organizations providing services in the community	10 (39%)
Lack of provider training in cultural humility	11 (42%)
Language and other communications barriers	5 (19%)
Low reimbursement rates	6 (23%)
Provider shortages	22 (85%)
Other	2 (8%)

The respondents also identified their top three patient-leveled or environmental barriers to receiving behavioral healthcare for Blacks or African Americans. Table 4.3 below shows the barriers and their percentages. The most common response was related to cultural perceptions about mental health and well-being (73%). Seventeen respondents (65%) noted fear or mistrust of the healthcare system as a barrier. The third most frequent response was stigma (42%).

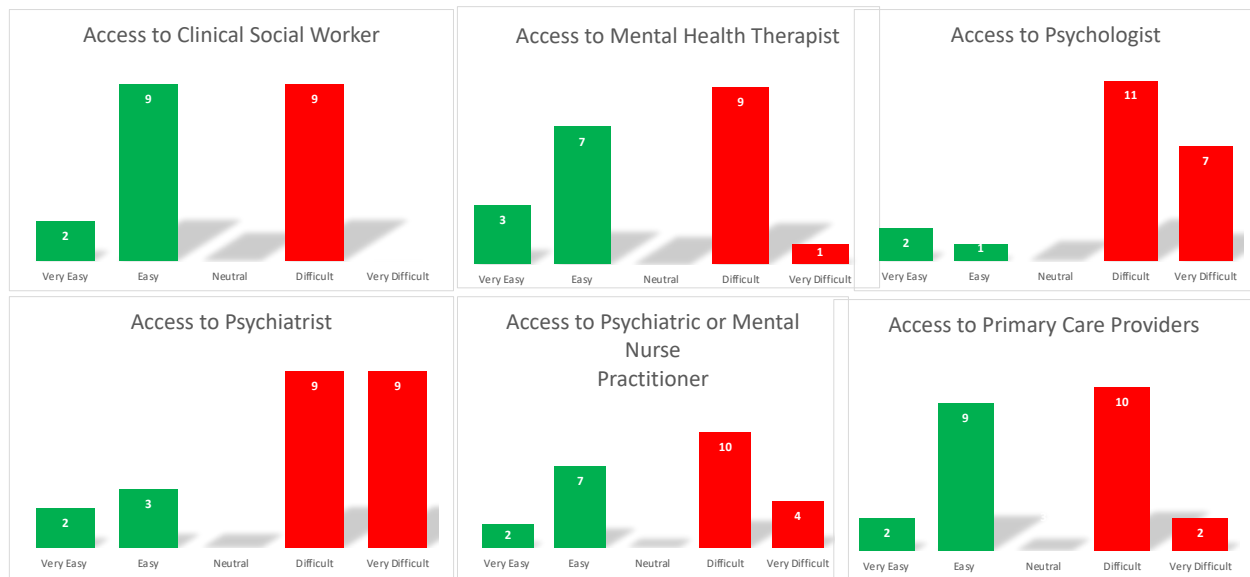
**Table 4.3**

<b>Patient-level or environmental barriers to receiving behavioral healthcare for Black or African Americans</b>	<b>n %</b>
Access to services	8 (31%)
Cultural perceptions about mental health and well-being	19 (73%)
Fear or mistrust of the healthcare system	17 (65%)
Healthcare out-of-pockets costs	3 (12%)
Lack of awareness of services offered	9 (35%)
Lack of time to attend appointments	1 (4%)
Privacy or confidentiality concerns	3 (12%)
Racism or discrimination	8 (31%)
Stigma	11 (42%)
Other	1 (4%)

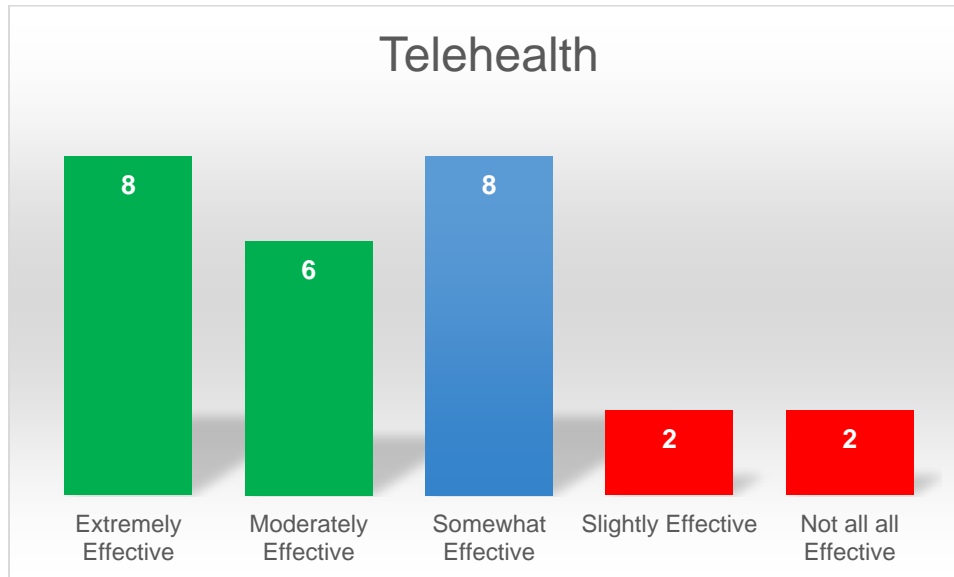
Access to behavioral health seems to be difficult. The respondents rated access to care for clinical social workers, mental health therapists/counselors, psychologists, psychiatrists, psychiatric or mental health nurse practitioners, and primary care providers on a very easy to very difficult scale. Across all categories, the difficulties of accessing care providers tied or outnumbered the number of respondents who perceived access as easy. The consensus was that seeing a clinical social worker was easier than seeing a psychologist. With 11 respondents noting that access to a social was “easy” or “very easy,” only five selected those options for psychiatry, and three noted that psychologists were easy to access. Figure 4.1 shows the perceived ease of seeing a healthcare provider for Black and African American patients on a 5-point scale from very easy to very difficult. They also agree that the use of telehealth can be very effective in increasing the utilization of behavioral health services for Black or African American patients. Figure 4.2 shows the respondents’ results, with 14 (54%) stating telehealth was extremely or moderately effective. Eight (31%) respondents stated telehealth was somewhat

effective at increasing utilization, two (8%) stated that it was slightly effective, and two (8%) stated: “not at all effective.”

**Figure 4.1 Ease of Accessing a Provider**



**Figure 4.2 Telehealth**



Respondents were asked to comment on best practices to improve access to care. The following suggestions were made:

1. Having the proper insurance coverage
2. Lowering the caseloads for the providers
3. Proper advertisement
4. Community awareness
5. Providing education on mental health to the African American community
6. Effective transportation
7. Funding for healthcare

For example, respondents noted that black communities need education and support from local black counselors, psychologists, and psychiatrists, and community awareness decreases the stigma associated with mental health services.

Another way to help improve access to care for mental health is by providing the African American community with some resources. The resources can assist with combating the beliefs and biases that cause resistance to seeking behavioral health. Respondents recommend the following resources that can benefit the providers and the African American community:

1. More diversity and inclusion within mental health providers;
2. Education and training on the causes of mental illness and the conditions;
3. Establish outreach initiatives and programs within the community;
4. Provide the providers with culturally sensitive training.
5. Telehealth.

It is noteworthy that 14 respondents (54%) either mentioned there were no programs in place in their areas to encourage Black or African American patients to seek mental healthcare or that they were unaware of any interventions. The following local interventions were identified:

1. Local Black Greek organizations offer free forums to educate black communities on the benefits of addressing mental health concerns and challenges
2. Black or African American counselors and psychiatrists
3. The D'Andre Seals Suicide Prevention Outreach Project
4. Black Girl Therapy.com encourages women to seek a Black therapist
5. Some organizations provided webinars addressing mental health for African American males
6. Education and training initiatives.

These initiatives that the respondents noted will be impactful in motivating Black or African Americans:

1. Create programs in neighborhoods where Blacks or African Americans are living

2. Building trust and rapport with the community so that African Americans or Blacks are open to care
3. Education on mental health services available and addressing stigma concerns
4. Telehealth
5. Proper insurance coverage
6. Cultural training enhances Diversity, Equity, and Inclusion (DEI) in academic settings.

## **5 CHAPTER V: Discussion**

### **5.1 Discussion**

The respondents' answers indicate that changes in the healthcare system are required and that barriers persist for Black and African American patients in behavioral healthcare. The respondents observed that Blacks and African Americans seeking mental health services are especially affected by provider shortages. They also argue that there should be more Black and African American psychologists and psychiatrists. It has also been mentioned that additional cultural training is needed for providers. This result coincides with the 2023 article from the NIHCM, which stated that with just 2% of the physicians being African Americans, there is a greater need for culturally competent clinicians to satisfy the language, social, and cultural needs of their patients due to a paucity of such professionals. Because there are fewer healthcare providers, there is a greater need for culturally competent healthcare workers who can meet their patients' language, cultural, and social interaction needs. The United States is suffering from a serious mental health expert shortage, with more than half of the population living in areas with a dearth of mental health workers. Accessing mental health therapies is a challenge for many individuals, and the COVID-19 pandemic has increased the demand for these essential services (NIHCM, 2023).

### **5.2 Future Research**

The data collected from this survey was received from the behavioral health providers' point of view. Data needs to be collected from the African American community to establish their perceptions of the behavioral health system. This combined research will help give a true

understanding of how we can get both parties working together to establish initiatives and combat the biases that prevent Black or African Americans from seeking care.

### **5.3 Limitations**

There were several potential limitations to this project. First, a snowball sample could lead to unintentional bias due to sample selection and non-response bias. In addition, the snowball sampling framework prevents us from calculating a response rate. Furthermore, this is a small online survey of behavioral health providers, and the results may not be generalizable to other populations or communities. Because African Americans comprise the bulk of the demographics, the survey's statistics may be deemed slightly skewed and may not represent the provider population.

### **5.4 Conclusion**

This study was designed to establish initiatives to encourage black or African Americans to seek behavioral health care from the provider's point of view. Teaching the African American communities and behavioral providers was a shared effort by all respondents; via offering culturally sensitive education (DEI) training to the providers. Moreover, educating the black and African American communities would provide them with knowledge of the many mental health issues and the means to seek treatment. Some of these changes will require policy changes within the organization. Expanding this research to the Black or African American communities so the data can establish how we can improve the initiatives to combat the biases and negative effects on African Americans seeking behavioral health care.



## References

- Alang, S (2019). Mental health care among blacks in America: Confronting racism and constructing solutions. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6407345/>
- Alsan, M., Wanamaker, M. (August 2018), Tuskegee and the Health of Black Men. <https://doi.org/10.1093/qje/qjx029>
- American Psychiatric Association (2024). What is Depression? <https://www.psychiatry.org/patients-families/depression/what-is-depression>
- American Psychological Association (2024). Anxiety. <https://www.apa.org/topics/anxiety>
- Conner, K., Kosyluk, K., Tran, J., Anderson, E., Davis-Cotton, D. & Hill, A. (2023). The Impact of a Culturally Meaningful Storytelling Intervention on Stigma and Attitudes About Mental Health Treatment. *The Journal of Nervous and Mental Disease*, 211 (6), 419-426. doi 10.1097/NMD.0000000000001640.
- Cuevas, A (2013). Exploring Four Barriers Experienced by African Americans in Healthcare: Perceived Discrimination, Medical Mistrust, Race Discordance, and Poor Communication. [https://pdxscholar.library.pdx.edu/open\\_access\\_etds/615/](https://pdxscholar.library.pdx.edu/open_access_etds/615/)
- Dean, K., Long, A., Trinh, N., McClendon, J., & Buckner, J. (2017). Treatment Seeking for Anxiety and Depression Among Black Adults: A Multilevel and Empirically Informed Psycho-Sociocultural Model. <https://www.sciencedirect.com/science/article/pii/S000578942200048X>
- Featherall, J., Lapin, B., Chaitoff, A., Havele, S. A., Thompson, N., & Katzan, I. (2018). Characterization of Patient Interest in Provider-Based Consumer Health Information Technology: Survey Study. *Journal of medical Internet research*, 20(4), e128. <https://doi.org/10.2196/jmir.7766>
- Gopalakrishnan, S., & Ganeshkumar, P. (2013). Systematic Reviews and Meta-analysis: Understanding the Best Evidence in Primary Healthcare. *Journal of family medicine and primary care*, 2(1), 9–14. <https://doi.org/10.4103/2249-4863.109934>
- Guerra, M. (2022), Black Mental Health: Black Americans' Behavioral Needs Outpace Access to Care. <https://healthcare.rti.org/insights/black-mental-health-and-behavioral-health-disparities>
- Black Mental Health: What you need to know. <https://www.mcleanhospital.org/essential/black-mentalhealth#:~:text=Black%20Americans%20Are%20Less%20Likely,major%20contributor%20to%20this%20disparity>
- Haynes, T. F., Cheney, A. M., Sullivan, J. G., Bryant, K., Curran, G. M., Olson, M., Cottoms, N., & Reaves, C. (2017). Addressing Mental Health Needs: Perspectives of African Americans

Living in the Rural South. *Psychiatric services (Washington, D.C.)*, 68(6), 573–578.  
<https://doi.org/10.1176/appi.ps.201600208>

Khan, K. S., Kunz, R., Kleijnen, J., & Antes, G. (2003). Five steps to conducting a systematic review. *Journal of the Royal Society of Medicine*, 96(3), 118–121.  
<https://doi.org/10.1177/014107680309600304>

Kong, A., Tussing-Humphreys, L. M., Odoms-Young, A. M., Stolley, M. R., & Fitzgibbon, M. L. (2014). A systematic review of behavioral interventions with culturally adapted strategies to improve diet and weight outcomes in African American women. *Obesity reviews: an official journal of the International Association for the Study of Obesity*, 15 Suppl 4(0 4), 62–92.  
<https://doi.org/10.1111/obr.12203>

Mental Health in Black Communities: Challenges, Resources, Community Voices.  
<https://namica.org/mental-health-challenges-in-african-american-communities/>

Moore, J., Pollio, D., Hong, B., Valencia, C., Sorrell, M., and North, C. (2017). Pilot Design and Implementation of an Innovative Mental Health and Wellness Clinic at a Historically Black College/University. <https://pubmed.ncbi.nlm.nih.gov/28940059/>

National Alliance on Mental Illness (2020). Black/African American.  
<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>

National Institute for Health Care Management Foundation (2023). The Behavioral Health Care Workforce. <https://nihcm.org/publications/the-behavioral-health-care-workforce-shortages-solutions>

Pederson, A.B, Hawkins, D., & Conteh, N. (2022). Ethnic Identity and mental health stigma among Black Adults in the United States. <https://doi.org/10.1016/j.jemep.2022.100774>

Wang, X., Cheng, Z.(2020), Cross-Sectional Studies: Strengths, Weaknesses, and Recommendations.  
<https://pubmed.ncbi.nlm.nih.gov/32658654/#:~:text=Cross%2Dsectional%20studies%20are%20observational,describe%20features%20of%20a%20population.>

Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing research*, 62(3), 185–194. <https://doi.org/10.1097/NNR.0b013e31827bf533>

Watkins, D. (2019), Improving the Living, Learning, and Thriving of Young Black Men: a Conceptual Framework for Reflection and Projection.  
<https://pubmed.ncbi.nlm.nih.gov/31013882/>

## Appendices

Hello,

Would you like to participate in this survey for my doctoral project, *Interventions to Modify Negative Perceptions of The Need For Behavioral Health Care For African Americans*? If you know anyone else who can also provide relevant feedback, please share the survey link below or their email address(es), as I am hoping for a good sample size. Please complete the survey by March 13, 2024.

**Link to Survey:** [link to be inserted here]

You have been identified as an expert and a provider in the behavioral health field. Your participation will help further our goal of improving access to behavioral care for African Americans by identifying:

- Biases that prevent Black or African American patients from seeking behavioral care
- Initiatives that encourage African Americans to seek behavioral health care.

This survey takes approximately 5 minutes to complete. While it collects some demographic information and your current role, responses will remain anonymous. We value your thoughts on combating the barriers to behavioral health care for African Americans. If you have any questions, please contact me at [jtiffany@musc.edu](mailto:jtiffany@musc.edu).

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