PASTORAL PERCEPTIONS OF FORMAL MENTAL HEALTH TRAINING IN THE BLACK CHURCH

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2024

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Abstract

This purpose of this phenomenological study is to broadly explore the role of the Black Church in providing mental health support by facilitating linkages to professional mental health services by exploring pastoral perceptions of mental health through examination of their experiences with church members. Ten African American pastors of Black Churches in North and South Carolina completed semi-structured, qualitative interviews describing their backgrounds, attitudes, and their mental health experiences within the church. Many of the respondents reported having members of their congregation disclose challenges or difficulties with their mental health. Most of the pastors reported that they understood the need for a combination approach of pastoral and professional mental health counseling. Most of the respondents also expressed that they understood the impact that being trained by professionals to respond to mental health crises could have on their company. The findings from this study showed that the leadership in the Black Church could potentially be ready for collaborations. Data shows us that Black Americans are not less likely to seek professional mental health services. The Black Church is often described as "the pulse" of the Black Community, and Senior Pastors have a unique opportunity to facilitate collaboration with traditional, professional mental health services.

Keywords: Black Church, Professional Mental Health Counseling, Mental Health Training, Mental Health, Pastoral Experiences

Dedication

This dissertation is dedicated to the memory of my mother, Mary "Cookie" Bethea. Although she supported and encouraged me to pursue my doctoral degree, she will not be able to witness me graduate. She was a persistent advocate for education even though she only had a high school diploma from a segregated high school in rural, South Carolina. She inspired 3 children and 6 grandchildren to graduate college. This is for her!

Acknowledgements

This dissertation is a reflection of the unwavering support and boundless love that I received from my family and friends during this academic pursuit. I owe an immense debt of gratitude to my late mother, Mary, and daughter, Keneisha, who inspired my educational pursuits throughout my entire life. I also owe an immeasurable amount of gratitude to my advisor, Dr. Krystal Clemons for the endless support throughout this dissertation process. I must also express my gratitude to Dr. Christopher Wheelus for his assistance as well. Finally, I send my deepest appreciation to the Senior Pastors who participated in this study. I am forever grateful for their participation and dedication to their ministry.

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Chapter One: Introduction

Overview

The Black Church has played a significant role in the lives of African Americans throughout its history. It has been described as the "the pulse of the African American community, attending to the social, psychological, and religious needs of African Americans" (Adksion-Bradley et al., 2005, p. 147). It has often served as a place of informal social support for black individuals. The Black Church is known as a place where individuals can receive various forms of support including religious and spiritual, physical and mental health, and community (Chatters et al., 2002). Pastors of the Black Church have a significant influence on their members and the Black community (Rowland & Isaac-Savage, 2013). Collaborations with professional mental health services have the potential to be highly beneficial to the Black Community. It is important that professional mental health providers understand lived experiences of black pastors to develop collaborations with predominantly black churches (Dempsey et al., 2016). The purpose, therefore, of this qualitative study is to explore pastoral perceptions of mental health through examination of their experiences with church members. In regard to experiences, the researcher will examine encounters between pastors and their members. The information found could potentially highlight common practices, possible problematic practices, and guidance for professional mental health services implementation within the church.

Background

The Black Church has historically been the focal point of the Black Community (Williams et al., 1999). It has served as the backbone of the black community since it was founded in the late 1800s. The Black Church has served as a source of hope and inspiration for a group that has faced

obstacles such as slavery, segregation, discrimination, and disproportionate outcome of socioeconomic factors (Warnock, 2014).

> “Since its inception, the Black Church has been a place of refuge and healing for the oppressed and marginalized and remains a gateway to reach and mobilize African Americans for meaningful change and reform. A strong sense of kinship and social connectedness is evident among its parishioners, and the Black Church has epitomized resilience, as it has engaged in capacity building and survived in the face of adversity, scarcity of resources, and historical threats” (Brewer & Williams, 2019, P. 385).

Health agencies have a longstanding history of collaborating with predominantly black institutions such as barbershops, beauty salons, and black churches. The Black Church is an established, trusted, and well-respected entity in the Black community. Pichon and Powell (2015) conducted a review of HIV testing efforts in historically black churches. The researchers found that from 1991 and 2015, there were over 24 projects done to implement HIV testing in various black churches to promote testing among African Americans. The researchers concluded that programs promoted by clergy and senior pastors are more likely to be accepted by members of the Black Church; however, additional research needed to be conducted (Pichon and Powell, 2015). The primary focus in this study will be mental health collaboration; however, findings about clergy and pastoral support could potentially support finding in this study. Historically, African American underutilize traditional mental health services (Avent et al., 2015). African Americans are one of the most religious groups in America (Masci et al. 2018). African Americans are also more likely to seek support and coping from their faith (Mohamed, 2021). There are several issues such as mistrust, stigma, and other barriers that might have an impact on an African American’s decision to seek professional mental health services (National Alliance on Mental Illness, 2021).

Problem Statement

Several studies (Hankerson et al., 2013, Hankerson & Weissman, 2012, & Williams et al., 2014) recommend that additional research be conducted to further study the impact of the collaborations between the Black Church and professional mental health services. Studies show that African Americans responded positively to mental health programs that collaborated with their faith-based institution (Hankerson et al., 2013). The researchers found that when compared to white Americans, African Americans underutilize professional mental health services. However, African Americans are one of the most religious ethnic groups in the United States (Mohamed et al., 2021). African Americans also rely heavily on the Black Church as a source of support whether it is mental, physical or socially.

A review of church-based health programs found that these studies have been successful in addressing physical health issues; however, programs targeted specifically towards mental health have been limited (Hankerson & Weissman, 2012). Researchers also found that these programs were effective in addressing the racial disparities that often exist in traditional mental health systems (Hankerson & Weissman, 2012). Williams et al. (2014) conducted a study that assessed the implementation of a mental health program in a faith-based organization. The researchers found that there were several programs that studied collaboration of physical health services and faith-based organizations, but the data for programs that focused on mental health was limited. One of the key findings from this study was that forming a partnership with the lead pastor was significant for program success (Williams et al., 2014). Further research is needed on this topic to develop effective, multidisciplinary interventions that meet the mental health needs of the black church (Williams et al., 2014).

The positive impact of the Black Church on the lives of Black Americans have been shown in several studies (Diamant, 2021; Adksion-Bradley et al., 2005; Rowland & Isaac-Savage, 2013). As the leaders of the Black Church, Black pastors have a highly influential role within the community (Rowland & Isaac-Savage, 2013). Collaborations between the Black Church and underutilized professional mental health services have the potential to improve the health of Black Americans. In this study, the researcher will examine pastoral perceptions and experiences concerning mental health in the Black Church.

Purpose Statement

This study will broadly explore the role of the Black Church in providing mental health support by facilitating linkages to professional mental health services. Specifically, the purpose of this study is to explore pastoral perceptions of mental health through examination of their experiences with church members. The researcher will conduct qualitative interviews with 10 pastors from black churches in South Carolina to identify mental health perceptions and experiences within the Black Church.

Significance of the Study

This study is significant because African Americans face significant disparities in mental health diagnosis and treatment (McGuire & Miranda, 2008). Research shows that collaboration with the black church has the potential to assist in reducing those disparities by providing a trusted, culturally conducive space for these services. The goal of this study is to identify pastoral perceptions of mental health, and potentially identify better methods for collaboration between the Black Church and professional mental health services. Black pastors play a significant role in the Black Church and understanding their experiences can improve how mental health services are delivered in the black community.

Research Questions

1. How do pastors perceive their role in the mental health delivery system?
2. What are pastors' experiences with receiving formal mental health training?
3. What are pastoral attitudes, concerns, and experience with providing mental health counseling to their congregation?
4. What are Black Church pastors' experiences with collaborating with mental health clinicians and traditional mental health services?

Definitions

1. Black Church. Lincoln and Mamiya (1990) defined the "Black Church" as being made up the following seven major Protestant denominations:
    1. African American Episcopal (AME)
    2. African Methodist Episcopal Zion (AMEZ)
    3. Christian Methodist Episcopal (CME)
    4. The National Baptist Convention USA, Inc. (NBC)
    5. The National Baptist Convention of America, Unincorporated (NBCA)
    6. The Progressive national Baptist Convention (PNBC)
    7. The Church of God in Christ (COGIC)

    This definition is one of the key factors used to define the Black Church for this study.
2. Black Pastors. In this study, the term black pastor is defined as the primary leader of a black church.
3. Clergy. The term clergy refers to pastors, and other ordain ministers with leadership roles and responsibilities in their churches (Young et al., 2003). This definition will be applied to clergy throughout this article.

4. Mental Health Services. The Baylor College of Medicine (2005) defines mental health services as “"assessment, diagnosis, treatment, or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions, or disorders.”
   - Formal. In this study, the term formal mental health services will be used to describe mental health services provided by an individual with professional mental health education and training (Lauzier-Jobin & Houle, 2021). Formal mental health services are often delivered in day centers, rehabilitation services, hospitals, inpatient treatment facilities, and outpatient treatment facilities (WHO, 2007).
   - Informal. In this study, the term informal mental health services is used to describe mental health support provided within a community, and not a component of the formal health and welfare system (WHO, 2007). These services are offered in churches, schools, neighborhoods, and homes.

Summary

The Black Church has historically been known as “the pulse of the African American community” (Adksion-Bradley et al., 2005, p. 147). It is a place of social, psychological, and religious support for Black Americans. African American pastors have a significant role in facilitating that support that goes beyond delivering sermons (Rowland & Isaac-Savage, 2013). African Americans are less likely to seek mental health treatment than their white counterparts, but they are one of most of the religious groups of people. The collaboration between professional mental health providers and the Black Church has significant potential. The purpose of this study is to explore pastoral perceptions of mental health through examination of their experiences with church members.

Chapter Two: Literature Review

Overview

According to the American Psychological Association (2021) African Americans have limited access to mental and behavioral services. The United States Department of Health and Human Services Office of Minority Health found that African Americans are less likely to seek mental health services than their white counterparts (2020). The literature also suggests that African Americans are less likely to seek traditional mental health services than other ethnic groups (Armstrong, 2019). Black individuals are more likely to be misdiagnosed or underdiagnosed than other races (Suite et al., 2007). This particular group also faces significant health disparities including lack of culturally competent health services (Holden et al., 2012).

The Office of the Surgeon General, Center for Mental Health Services, and National Institute of Mental Health (2001) conducted a joint study that highlighted factors that impact the mental health of Black Americans. Some of the major factors include the impact of slavery, geographical distribution, family structure, education, and income. The study found that people from impoverished backgrounds were more likely to experience mental health issues than those who were from wealthier backgrounds.

Conceptual Framework

The Black Church has historically been seen as more than a place of worship. It has been a place that has served as the foundation for key political and social movements in the Black American history (Diamant, 2021). It is often the place where Black people find their strength, organize movements, and find support for causes often overlook by mainstream America. In the United States, there has been a steady decline of Christianity; however, Black Americans remain one of the most religious groups especially those in the South (Diamant & Mohamed, 2021). The

review of literature shows that African Americans rely heavily on their church or similar faith-based institutions for support in life (Mohamed, 2021; Avent & Cashwell, 2015).

Prior research has examined the relationships with African Americans and professional mental health services (Holden et al., 2012; Mohamed, 2021; Avent & Cashwell, 2015). Historically, African Americans are less likely than their white counterpart to seek mental health counseling, treatment or other services from trained mental health providers (Armstrong, 2019; Lukachko et al., 2015; Avent et al., 2015). There are several factors that influence the decision to seek professional mental health services among African Americans (Hankerson et al., 2015; Holt et al., 2017). Some of those barriers include stigma, mistrust, lack of access, and attitudes surrounding mental illness (Ward et al. (2013; Latalova et al., 2014; Gaston et al., 2016).

The impact of the Black Church in the African American community is extremely significant (Allen et al., 2010). African Americans rely on the Black Church for a number of social, political, and health-related resources (Mohamed, 2021; Avent & Cashwell, 2015; Diamant, 2021). Collaborations between the Black Church and professional mental health services could potentially have a significant impact on the community (Tagai et al. (2018; Campbell & Littleton, 2017; Avent & Cashwell, 2015.)

Mental Health Disparities/Cultural Incompetence

Briggs et al. (2011) conducted a study to assess the cultural incompetence in mental health systems. In this study, the research questions were designed to highlight the barriers and disparities that contribute to the underutilization of mental health services by African Americans. The researchers also questioned the levels of cultural competency and culturally relevant treatment modalities implemented in current treatment plans. African American culture is unique, and it dictates the way African American live and function. This study found that the mental health

system has several institutional inequalities and cultural insensitivities. This contributes to African Americans underutilizing the mental health care system. This study also found that African Americans encounter barriers such as lack of competent care among mental health systems. There are also issues and barriers in mental health diagnoses, treatment options, and research. The researchers recommended adjusting the current systems in order to implement culturally sensitive mental health services for African Americans (Briggs et al, 2011).

At the conclusion of the study, Briggs et al. (2011) provided a list of recommendations for improving mental health services that are provided to African Americans. The researchers recommended that mental health services providers modify and enhance their programs to ensure that African Americans are receiving culturally sensitive mental health services. Further research should be conducted to test these recommendations within this community. For example, one of the recommendations was collaborations with African American providers to promote mental health awareness and education.

Jones et al. (2018) found that the exact cause of health disparities is unknown; however, cultural competence plays a significant role in the issue. Health disparities are multilayer, and the exact cause cannot be limited to just one easily fixable factor. Jones et al. (2018) conducted a study to highlight the factors that play a role in the treatment disparities among minorities. First, the researchers questioned the effects of treatment across ethnic groups. Then the researchers analyzed the recommended strategies for treating African American clients.

In this study, the researchers examined the effects of psychotherapy on African Americans. The researchers assessed various variables. First, Jones et al. (2018) studied treatment affects across ethnic groups by analyzing treatment outcomes for each group. The results showed that psychotherapy was less effective for African Americans. “In summary, the results of treatment

outcome studies generally support ethnic invariance in psychotherapy outcomes with three noteworthy limitations. First, there still exist areas for which positive psychotherapy effects with African Americans have not been sufficiently documented (e.g., OCD). Second, many studies lacked large enough samples of African American clients to adequately test whether treatment was as effective for African Americans specifically, and instead compared treatment effects between European Americans and ethnically mixed samples (i.e., treatment outcomes for all ethnic minority participants were combined into one comparison group). Third, the reviewed literature mostly involves clinical "efficacy studies" as opposed to "effectiveness studies" (Jones et al., 2018, P. 560).

In this study, the researchers found that several studies had developed programs that were tailored for a specific culture. Current evidence from previously conducted studies suggest that they were effective; however, the researcher was unable to find the effectiveness of these interventions when isolated. "To reduce disparities and improve treatment outcomes with African Americans, we suggest that researchers continue to rigorously evaluate culturally adapted interventions, with emphasis on whether specific cultural tailoring improves treatment utilization and engagement, the area where disparities are most consistently observed" (Jones et al., 2018, P. 568). One of the main interventions used in this study included culturally competent, tailored treatment. The researchers recommended that this area be isolated and studied more.

The evidence showed that there was a lack of cultural competence throughout the mental health systems. African Americans have higher health disparities because professionals lack training to deal with minority groups. It is recommended that mental health facilities implement interventions to improve cultural competence.

Austin and Harris (2011) found that the overall health outcome of Black Americans was worse than their white counterparts. The researchers found that a lack of cultural competency in service delivery had a major impact on health disparities. The authors found that the Black Church is the key to promoting health in the black community and reducing health disparities.

"The Black Church promotes an ethos that affirms its members and contributes to improved self-worth and shared beliefs (Taylor & Chatters, 1988). Members obtain support and the ability to experience a sense of individual mastery over issues that concern them (Taylor & Chatters, 1988)" (Austin & Harris, 2011, P. 124).

Lukachko et al. (2015) conducted a study to examine a possible correlation between religious beliefs and mental health service utilization in the African American community. As previously stated, African Americans are less likely than their white counterparts to seek professional mental health services (Suite et al., 2007; Holden et al., 2012; Lukachko et al., 2015; Armstrong, 2019). "Contributors to racial disparities include financial constraints (Sareen et al., 2007), high attrition rates (Warden et al., 2009), distrust of providers (Nicolaidis et al., 2010), and stigma (Ayalon & Alvidrez, 2007; Menke & Flynn, 2009; Mojtabai et al., 2011)" (Lukachko et al., 2015, P. 2).

The evidence-based factors play a significant role in the development of programs that address the factors that contribute to African American underutilization of mental health services. Because mental illness can be debilitating, mental health treatment for this population can be viewed as a major public health concern. The national Comorbidity Survey (NCS) highlighted the sources of mental health coping among Black Americans. The study found that African Americans were most likely to seek help from clergy with less than one-fourth seeking help from trained mental health professionals or medical doctors (Wang, Berglund. & Kessler, 2003).

Lukachko et al. (2015) examined religiosity using Chatters et al. (1992) model for religious involvement. The model presents religiosity in three dimensions: organizational, non-organizational, and subjective. “Organizational religiosity refers to formal, institutional activities such as church attendance and participation in church-related activities. Non-organizational religiosity includes behaviors that are private or informal, such as prayer and engaging in religious media. Subjective religiosity describes the importance or significance of religion in an individual’s life (Chatters et al., 1992)” (Lukachko et al., 2015, P. 2).

The data for this study was taken from National Survey of American Life (NSAL). The researchers analyzed the responses of 3,570 African Americans. In this study, the dependent variable was professional mental health services utilizations. The study found that less than 10 percent of respondents had utilized professional mental health services in the past 12 months” (Lukachko et al., 2015). The researchers found that African Americans who attended church were less likely to seek out professional mental health services. Respondents were more likely to utilize informal mental health care resources when religion was important to them (Lukachko et al., 2015). The study suggested that individuals who were highly involved in organized religion could potentially experience an increased amount of social support that led to a better overall well-being.

There were several limitations identified in this study. First, the data collection tool, the National Survey of American Life (NSAL) presented some reliability issues with the variables. The researcher also found that this study did not directly address racial or cultural disparities that might cause individuals to rely on the church rather than professional mental health services.

Factors that Affect Access to Care

There are several factors that hinder African American utilization of professional mental health services. According to the National Alliance on Mental Illness (2020) about 25 percent of

African Americans seek treatment compared to 40 percent of their white counterparts." As previously stated, the

Hankerson et al. (2015) conducted a study to assess the treatment of depression in African American men. The researchers explored the socio-cultural factors that impacted treatment rates. Hankerson et al. (2015) also posed strategies to increase the likelihood of African American men engaging in traditional mental health services. Some of the major issues include racism and discrimination, cultural mistrust of health care workers, and misdiagnosis and clinician bias. The researchers found that the use of informal areas and support is critical to the treatment of black mental health. The researchers analyzed (1) racism and discrimination, (2) cultural mistrust of health care providers, (3) misdiagnosis and clinician bias, and (4) use of informal support networks. Hankerson et al. (2015) posed research questions about African American male experiences in each of those areas.

Hankerson et al. (2015) found the following implications for clinical practice: (1) build trust through a collaborative clinical partnership, (2) mobilize kinship and social networks, (3) discuss treatment options with a holistic approach, and (4) provider exploration of racial bias. These factors need to be explored further in future studies through implementation to assess their impact on the black male experience with traditional mental health services. "Community-based participatory research (CBPR) is a promising approach by which to pursue this research agenda. Community-based participatory research is a collaborative process between academic researchers and community members that is designed to improve community health and reduce health disparities" (Hankerson et al., 2015, P. 7). This type of recommendation is the basis for the current study. The researcher will partner with the Door of Hope Christian church to implement some of the finding of Hankerson et al. (2015).

Holt et al. (2017) conducted a qualitative examination of health ministries in African American churches. The researchers focused on facilitators, barriers, and technological use. This article focuses on various areas of health including mental, physical, and emotional health. The researchers examined how faith-based organizations implement evidence-based research to reduce health disparities among African Americans. “This study explored 1) factors that facilitate or impede health ministry activities, including the adoption of EBIs, and 2) opportunities to use technology to support/enhance the capacity of FBOs to sustain health-related activities” (Holt et al., 2017, P. 1).

The researchers recruited participants from various denominations and church sizes. They also analyzed about 18 interviews with participants who were pastors and other ministry leaders. Participants also included congregants who participated in focus group style interviews. The researchers found that capacity was often limited by structure and organization. First, participants needed to be motivated to engage in the faith-based organization’s programs. There also needs to be structured staffing and organization to eliminate burnout and lack of participation. Holt et al. (2017) also found that churches needed to expand their social media outreach and use of technology. Lack of internet was a consistent barrier that was identified in the interviews. Older congregants also struggled to use technology and were less likely to participate in activities that required technology (Holt et al., 2017)

The researchers concluded that health ministry should identify common barriers with black faith-based organizations especially those within their area to reduce disparities (Holt et al., 2017). The researchers found that future collaborations that implement technological interventions are designed to make it as simple as possible. The goal of this method is to ensure that everyone can access the intervention regardless of educational or technology experience level. The researchers

concluded that additional research between faith-based organizations and traditional providers should be conducted to further test the impact of technology on health promotion, planning and implementation (Holt et al., 2017).

Ward et al. (2013) conducted a study to assess attitudes towards mental health among African American women and men. The researchers examined beliefs about mental health, perceptions of mental health stigma, and coping behaviors that are employed by this target population. The researchers found that depression is one of the most common mental illnesses in the United States (Ward et al., 2013). Studies suggest that African American represent a significant portion of individuals diagnosed with depression (Williams et al., 2007).

The study found that African American women, individuals with low income, and individuals with lower education levels are more likely to be diagnosed with depression (Ward et al., 2013). Previous studies that examined how race, gender, education level, income, etc. impact mental health perceptions have produced mixed results. “Several studies, including the seminal report Mental Health: Culture, Race and Ethnicity, have shown that African Americans view mental illness as highly stigmatizing, resulting in low treatment-seeking (Gary, 2005; National Mental Health Association, 1998; Thompson-Sanders, Bazile, & Akbar, 2004; DHHS, 2001). Similarly, a recent qualitative study of attitudes and beliefs about mental health among older African American adults revealed that participants viewed mental illness, particularly depression, as a weakness (Conner, Copeland, Grote, Koeske, et al., 2010)” (Ward et al., 2013, P. 3).

Ward et al. (2013) created a survey that assessed basic demographic questions, representations of mental illness, attitudes toward mental health, and types of coping that were employed by participants. Most of the participants in this study were middle class, males with at least a high school diploma. The average income was less than $40,000 per year, and most of them

had health insurance. The objective of this study was to highlight the belief of African American women and men about mental illness including attitudes about utilization of professional mental health services, coping mechanisms, and the variations of these based on gender and age (Ward et al., 2013).

The results showed that the women and men had a basic understanding of mental illness; however, they did not have a great understanding of their own experiences (Ward et al., 2013). The most common reported mental illness was depression. Both genders believed that mental illness can be caused by stress, trauma, substance abuse, work stress and family problems (Ward et al., 2013). In addition, women believed that work problems can contribute mental illness.

Overall, most participants exhibited stigma towards professional mental health services. The data also suggests that women were more open to seeking help than men (Ward et al., 2013). There were also some significant findings in the preferred coping methods. First, women were more likely than men to seek religious or professional services for coping. Younger men and women were also more likely to seek professional, informal, or religious coping compared to their older counterparts (Ward et al., 2013).

Stigma is essential to understanding the African American perception of the mental health system. Latalova et al. (2014) conducted a study to examine the perceived stigma and self-stigmatization of male adults with depression.

> "There are two principal types of stigma in mental illness, ie, "public stigma" and "self-stigma". Public stigma is the perception held by others that the mentally ill individual is socially undesirable. Stigmatized persons may internalize perceived prejudices and develop negative feelings about themselves. The result of this process is "self-stigma" (Latalova et al., 2014, P. 1399).

For some cultural groups, stigma is a major barrier to individual's voluntarily seeking professional mental health treatment. Self-stigma occurs when an individual minimizes his or her struggles with depression while public stigma occurs when the public minimizes the significance of the individual's mental status (Latalova et al., 2014). In this study, the researchers conduct an article search for articles that contained the following keywords: depression, stigma, self-stigma, and gender. These articles were used to assess perceived stigma, self-stigma, the two concepts in regard to depression, race, and gender (Latalova et al., 2014).

The researchers found that participants in this study exhibited a lot of self-stigma. Rather than trying to change their attitudes, the researchers suggest that focusing on their help-seeking attitude will be more successful than trying to change their overall attitude (Latalova et al., 2014). The study also suggested that men needed further education about depression and other mental illnesses to remove some of the self-blame for their diagnosis. Minority men were more likely to find issues within themselves to explain their diagnosis rather than exploring clinical explanations for the conditions. Participants in this study who received cognitive-behavioral therapy exhibited a decreased amount of personal stigma (Latalova et al., 2014).

Overall, the study found that self-stigma presents the biggest barrier to treating mental illnesses in African American men (Latalova et al., 2014). Self-stigma directly impacts the individual's ability to seek professional mental health services on his own. It also impacts an individual's decision to be open to education and other resources. The study concluded that education and awareness for patients and their families could potentially reduce self-stigma (Latalova et al., 2014). This approach could also potentially impact public stigma indirectly.

Gaston et al. (2016) also conducted a study to assess the perception of mental health services among individuals who are classified as Black Americans. This study is significant

because it acknowledges the diversity in the Black Community. While anyone with brown skin or African descent has been somewhat lumped into the Black Community by society, there are several cultural differences that present themselves within the community.

Gaston et al. (2016) examined the differences of perceptions in the Black Community by highlighted the difference sub-cultures that can be identified within the entire population. The researchers chose African Americans, Africans, and Caribbean Black descendants to study. Gaston et al. (2016) chose 30 studies to analyze the perceptions of each of the previously mentioned ethnic groups. Due to various limitations including the inability to separate some cultures, the researchers were unable to identify any significant themes. However, common themes of stigma, discrimination, and racism were identified for African Americans.

The findings provided insight to several limitations that might impact an individual's ability to seek professional mental health services. First, there are cultural differences that exist within the Black Community. The research available suggest that the Black Community is already inadequately served. Gaston et al. (2016) found that the sub-cultures are likely not receiving culturally competent services either. Future researcher should address the key differences within the Black Community, and interventions should be developed to ensure that the culture needs of those subgroups are addressed.

African American women are another subsection of the Black Community that are impacted by stereotypes and stigma. The "Strong Black Woman" stereotype has created self-stigma and public stigma for some African American women. Watson and Hunter (2015) found that the "Strong Black Woman (SBW) race-gender schema" forces Black women to employ self-reliance and self-silence as coping mechanisms to their stressors. The SBW could potentially trigger mental illnesses such as anxiety and depression. Watson and Hunter (2015) conducted a

study to assess whether the Strong Black Woman race-gender schema contributed to mental illness such as anxiety and depression in Black Women. The researchers studied the impact of the Strong Black Woman race-gender schema on the willingness of Black women to seek professional mental health services.

The study found that the Strong Black Woman race-gender schema did increase anxiety and depression. Women reported feeling like they had to be self-reliant and not complain about their struggles. They also reported having to be the strong one for their families. Watson and Hunter (2015) did not identify any positive correlations of the Strong Black Woman race-gender schema with their willingness to seek professional mental health services. “Endorsement of the SBW race–gender schema was inversely and significantly associated with 2 facets of help-seeking attitudes: (a) psychological openness and (b) help-seeking propensity” (Hunter & Watson, 2015, P. 9). That finding was significant for the study and should be implemented in future interventions for this population.

Rostain et al. (2015) conducted a study that assessed cultural background and barriers to mental health care for African Americans. The general theme of socioeconomic status was prevalent throughout this study. Disparities in income and lack of health insurance was one of the most significant barriers to African Americans seeking treatment (Rostain et al., 2015). Research shows that almost twice the number of African Americans are uninsured compared to their white counterparts (Rostain et al., 2015). The study also found that about 14 percent of white children sought treatment for mental health services compared to about 6 percent of black children. This information is significant in the development of ways to address mental health services utilization in African Americans.

The study also found that attitudes surrounding addiction, external resources, and mistrust of the health care system also play a role in African American utilization of services (Rostain et al., 2015). The researchers argue that a lack of understanding of mental health disorders causes individuals to misplace causation. For example, some African Americans contribute hyperactivity in children to lack of school resources or cultural incompetence. Mistrust in the health care system also causes a significant number of African Americans to believe inaccuracies about medication addiction and misdiagnoses (Rostain et al., 2015).

There are also factors in the health care system that affect an individual's access to health care. African Americans are greatly impacted by the availability and location of mental health providers (Rostain et al., 2015). The researchers found that in a 4-year period, about 57 percent of African American adults received mental health treatment compared to 70 percent of their white counterparts (Rostain et al., 2015).

The study listed the following five factors as the most significant factors that affect mental health services utilization among African Americans: (1) lack of insurance, (2) stigma, fear, mistrust, (3) limited access to specialists, (4) lack of culturally competent providers and (5) providers' bias (Rostain et al., 2015). The researchers also provided recommendations to address these factors. First, Rostain et al. (2015) recommended providing individuals with affordable, high-quality access to health insurance. To address stigma and mistrust, the researchers recommended providing education and evidence-based information to the African American community. To address the lack of access to services and culturally competent providers, the researchers recommend using technology and telehealth with professionals who can respect beliefs of the patients. Finally, mental health providers need to be able to identify and manage their own biases when dealing with this community.

Role of the Black Church

Allen et al. (2010) analyzed the impact of African Americans church leadership on mental health in the church. It is well understood that African Americans rely on the church for a significant amount of social, emotional, and mental health services. Using an integrative framework created by Davey and Watson (2008), the researchers examined the roles that black leaders in the church play as gatekeepers of mental health. The researcher questions were designed to gather data about the impact of pastors in their churches, and their members to receive mental health care.

"The primary aim of this cross-sectional survey study was to describe the attitudes, beliefs, and values about seeking mental health care services outside of the church within the structure of church leadership across three out of four levels (e.g., associate pastors/ ministers, deacons/deaconesses, and congregational caregivers/deacon aides) of a Black Baptist mega-church that currently has more than 11,000 parishioners. A mega-church is defined as having (1) two-thousand or more congregants participating on Sunday and Saturday worship services that (2) also provides a wide variety of additional services to members of the church and the community throughout the week (Thumma 1996; Tucker-Worgs 2001)" (Allen et al., 2010, P. 118).

The integrative model shows that the Black Church and leaders within the church have a "salient" role in the collaboration of black people with mental health services. Black individuals who decide to seek mental health services often find the church as their initial point of coping. The Black Church serves as the most significant gatekeeper in the black community. The results show that therapists need to understand the cultural significance of the Black Church in influencing the attitudes and trends of its members. Understanding the role of the Black Church is critical in all collaborative efforts.

The Black Church is arguably the most important gatekeeper for the black community. The Black Church provides support, guidance, and direction for the culture. The researchers found that traditional black church rituals like alter call, prayer and music are significant components of Black Church culture. These are often coping mechanisms for mental health. Allen et al. (2010) found that there is limited research that measures the impact that black church culture has on African Americans. The researchers concluded that there needs to be additional studies that explore the types of mental health care services offered within the church and their community. Additional research should also include collaborations with these churches to examine the congregations needs. Finally, the researchers feel that future research should include the development of more comprehensive models of treatment that combines religion with traditional mental health principles.

This study highlighted several collaborations between traditional health services and black churches such as “Healthy Eating.” The United States Department of Agriculture, also known as USDA, created an initiative such as “Healthy Eating.” The initiative was designed to get more Americans eating healthy. It was introduced to members of the black community through the health ministry at various churches. Austin and Harris (2011) concluded that churches with ministries such as the health ministry or individuals who are trained to address health issues are important in the quest to improve collaboration.

Tagai et al. (2018) conducted a study to assess the capacity of faith-based organizations to promote health activities. Faith-based organizations play a significant role in the overall health and well-being of Black people. The capacity of the church to provide these services are often dependent on the size of the organization. For example, a mega-church might have a health ministry with a full staff to provide services. Some churches or faith-based organizations have

small health ministries that depend on members who are trained professionals to provide health services. Tagai et al. (2018) created an assessment to determine organizational capacity for faith-based organizations.

The Faith-Based Organization Capacity Inventory (FBO-CI) analyzed the organization based on staffing and space, health promotion experience and external collaboration. The initial sample includes 34 black churches. The results showed that several of the churches had an established health ministry. The researchers concluded that the Faith-Based Organization Capacity Inventory (FBO-CI) is effective for measuring capacity. Churches with established health ministries should use collaborations and trainings with traditional mental health providers to improve the quality of care. Future work should include a larger sample of churches to repeat the methods of this study, and further validate the findings. The researchers found that their study produced key findings that could be used in research conducted among faith-based organizations in the future.

Campbell and Littleton (2017) conducted a study to analyze the relationship between the Black Church and its members in regard to mental health. The researchers conducted four detailed interviews with members of the mental health ministry at a church in the Midwest. These interviews were designed to explore services and programs offered by the church. The interviews were also designed to receive feedback about a proposed counseling center within the church. The pastor wanted to open a counseling center that provided full mental health services to members and the community. The results were mixed but the interviewees typically supported the idea of the counseling center. Campbell and Littleton (2017) concluded that the Black Church has a significant role in facilitating and promoting mental health services in the black community. The

church can use the trust that members have within the institution to promote positive health behaviors.

For years, African Americans have relied heavily on their faith and spirituality to address the various challenges they face in the world (Avent & Cashwell, 2015). "Given these life stressors, perhaps spirituality and religion offer some explanation as to why African Americans are better adjusted and more psychologically well than some experts expect and predict (Bell-Tolliver & Wilkerson, 2011)" (Avent & Cashwell, 2015, P. 81). As mentioned in the previous section, statistics show that African Americans are more religious than any other cultural group. About 80 percent identified religion as an important concept compared about half of other Americans (Avent & Cashwell, 2015).

African Americans reported replying heavily on church services, religious social support and God as the foundation of their coping and functioning during life transitions (Avent & Cashwell, 2015). This is significant in the development of programs that address mental health in African Americans. "Additionally, African Americans assert that attending worship services and Bible study, being involved in their churches, having devotion time, and listen to religious sermons and gospel music allow them to conceptualize their struggles within the larger struggle between good and evil, or God and the devil (Whitley, 2012)" (Avent & Cashwell, 2015, P. 82). It is important that mental health providers are able to understand the significance of religion and spirituality when trying to implement mental health services.

Historically, the Black Church has been a source of support for African Americans. From slavery to the historical elections, the Black Church has been at the forefront of movements related to these events. During slavery, slaves were not allowed to gather to worship formally; however, they would gather informally to have worship services in secret locations (Avent & Cashwell,

2015). These gatherings became more prominent as slaves used it as a way to provide social support, education, and fellowship. This was the start of the "Black Church" (Avent & Cashwell, 2015). As white slave owners and their families started to welcome slaves into their worship services, the church became less of a safe haven and more of another place of mistreatment. That mistreatment causes slaves to further advance the concept of the Black Church (Avent & Cashwell, 2015). For example, the African American Methodist Episcopal Church was created in response to mistreatment and unfairness in white churches such as not being allowed to pray at the alter (Barga, 2012). One of the founders of the African American Methodist Episcopal Church felt that black people should be able to worship and pray as their white counterparts.

Since the days of slavery, church services and other religious gatherings have been used as therapy for slaves and Black Americans (Avent & Cashwell, 2015). Black Americans used spirituality and promises from God as a way to overcome oppression and challenges presented in life. Researchers believe that the reliance on God to take an entire group of people out of slavery could potentially explain why religion or spirituality is the main source of support rather than professional mental health services (Avent & Cashwell, 2015).

In the 21st Century, the issues in the Black Community have expanded beyond civil rights (Avent & Cashwell, 2015). The Black Church of the 21st Century has been at the forefront of social, health and political issues. Counselors must become culturally competent by immersing themselves in Black Culture especially the Black Church. This will arguably reduce stigma, build trust, and combat issues that hinder African American utilization of professional mental health services (Avent & Cashwell, 2015).

Theology varies among Black Churches. There is a common misconception that all churches within the Black Church is the same; however, that is not the case (Avent & Cashwell,

2015). While God is the focus of most Black Churches, the theology, beliefs, and practices vary among the denominations. “The theological positions can serve as overarching guiding principles and influences for parishioners’ individual lives and their choices, including decisions about seeking help from professional counselors” (Avent & Cashwell, 2015, P. 84). This is significant in the facilitation of services for members of the Black Church especially if those services will be rooted in religion. Professional mental health providers should respect that theology can influence the way a person lives their lives including making decisions about whether or not to seek mental health counseling.

Therapists need to be immersed in Liberation Theology, Alternate Society Theology, and Other-Worldly and This-Worldly Theology. James Cone’s liberation theology looks at how the follower views God and their interactions with others (Avent & Cashwell, 2015). Alternate Society Theology shares some of the principles of Liberation Theology while concluding that Black Americans should operate as a sovereign society where they would have the freedom to exist exclusively (Frazier, 1963). Other-Worldly and This-Worldly Theology believes that their reward comes after death (Avent & Cashwell, 2015).

It is essential that counselors that counselors respect and appreciate the worldviews of their clients especially in regard to their religion (Avent & Cashwell, 2015). “Specifically, for religious African American clients, this process involves examining the intersection of at least two social identities (i.e., what it means to the client to be religious and what it means to be African American; Roccas & Brewer, 2002). One essential aspect of many African Americans’ identity is the Black Church and the expression of its various theological perspectives” (Avent & Cashwell, 2015, P. 86). Therefore, it is essential that professional mental health staff understand the impact of the Black Church, religion and spirituality in the lives of the African Americans.

Additionally, Avent and Cashwell (2015) recommend that professional mental health counselors make the first step in initiating mental health services within the Black Community. Professional mental health counselors can build relationships with leadership in the Black Church to establish trust and serve as a resource when needed (Avent & Cashwell, 2015). These counselors can also serve as informal trainers for Black Pastors and other clergy who might be responsible for providing counseling to members of the Black Church. This requires the professional mental health counselor to understand the culture and theology so that he or she providers services that are effective for their target population (Avent & Cashwell, 2015).

Pastoral Training in Mental Health

Aten et al. (2011) conducted a study to assess collaboration with African American clergy members to address the mental health needs of Hurricane Katrina victims. The study focuses on individual who were severely affected by the hurricane in rural Mississippi. Participants included 41 African American clergymen. The clergy members conducted interviews to assess the needs and capacity of mental health services for the congregation. The research questions were designed to determine how mental health professionals can collaborate with churches and faith-based institutions to improve mental health disparities among minorities.

The researchers created a 3-tier training model to guide African American church leadership in their response to mental health crises. The results found that the training delivery format was essential. Black pastors and leadership are significant in facilitating trust. The leadership of the Black Church has the ability to positively influence their congregants' opinions about mental health services. This study shows that a collaboration between the Black Church and traditional mental health providers can be significant in increasing the willingness of African

Americans to seek services. Further research on this topic can assess the effectiveness of the training curriculum, and its success within black faith-based organizations.

Anthony et al. (2015) found that about 40 percent of African Americans rely on their pastors or a clergyman to address depression. Studies show that less than half of clergy who identify as black are trained in professional mental health counseling (Anthony et al., 2015; Jackson, 2015). The argument can be made that there is a need for professional mental health training in the Black Church. The researchers recruited sixty-five clergy to take the Personal Profile Questionnaire and a Mental Health Counseling Survey to assess the ability recognized depression (Anthony et al., 2015). Participants were also examined to see what additional tools he or she would need to successfully address depression among members of their church.

Anthony et al. (2015) found that when clergy actively participate in the process of addressing mental health issues the likelihood of reducing stigma increases. The researchers also found that pastoral leadership in establishing relationships with professional mental health providers is also beneficial in reducing stigma. The findings of this study are significant for the knowledge that is currently known about the Black Church. The Black Church relies heavily on clergy and other pastoral level leadership to address the mental health needs of their members. Research shows that it is beneficial for clergy to be trained by counselors, and willing to collaborate with professional mental health providers.

Several studies encourage pastoral encouragement or acceptance of professional mental health services within the Black church (Anthony et al., 2015; Armstrong, 2016; Young et al., 2003). However, the collaboration of churches and professional mental health services must be an equal collaboration. Jackson (2015) conducted a phenomenological study to assess the perceptions of pastoral counseling from licensed professional counselors. The study was conducted in the

Southeastern region of the United States. The Southern region of the United States is known for its religious practices, and it is even referred to as the "Bible Belt" by some people (Diamant, 2021).

This study is significant because professional mental health providers and clergy in the Black Church need to understand their roles and their potential impact. The researchers examined the licensed professional counselors' perceptions by conducting face-to-face interviews Jackson (2015). The interviews highlighted critical issues that need to be addressed to form cohesive partnerships. One of the major issues was lack of counseling training for pastors in the church (Jackson, 2015). The professional mental health counselors felt that pastors needed more training on counseling, communication, and professionalism. These results provide insight into the issues that collaboration between the two entities could potentially cause.

Avent et al. (2015) conducted a study to assess the role of African American pastors on mental health, coping, and help seeking. The researchers found that African Americans are significantly impacted by various social and health issues. "However, one of the challenges researchers face in determining accurate mental health prevalence data for African Americans is the disparity in the rates of formal help-seeking behaviors that exist between African Americans and other racial and ethnic groups (Buser, 2009)" (Avent et al., 2015). African Americans are least likely to seek mental health services from professionally, trained mental health providers; however, the Black Church has always been a source of support (Armstrong, 2019; Suite et al., 2007; Holden et al., 2012; Lukachko et al., 2015). According to Avent et al. (2015) unmet needs by African Americans can impact their overall well-being.

Religion and spirituality have a longstanding as a source of coping and motivation in the Black Community (Avent et al., 2015). Pastors and other clergy are known to be the pillar of the

Black Church, and their leadership can have a significant impact on the community. The researchers believed that additional information is needed to further understand the beliefs and attitudes surrounding help-seeking behavior in the Black Church; therefore, they conducted this study to investigate pastoral responses to mental health issues.

Avent et al. (2015) asked research questions that focused on parishioners' disclosures of mental health issues with pastors and pastoral responses. The researchers also examined what factors influence pastors to make referrals to professional mental health services, and the types of coping behaviors he or she recommends. The researchers used a consensual qualitative study methodology. They survey eight pastors from churches that fit the Black Church definition.

The results lead to six domains being developed (Avent et al., 2015) including frequency and type of mental health issues, causes of mental health issues, coping with mental health issues, perspectives on mental health services, African American experiences, and being a pastor. All the participants reported interactions with parishioners who were experiencing some type of mental health issue. Five of the eight participants reported encountering specific illnesses such as autism and schizophrenia (Avent et al., 2015). In regard to the theme of causes of mental health issues, the respondents focused on spiritual and social factors attributing to mental health, and one pastor mentioned biological causes. The third domain was coping with mental health issues, and the respondents listed spiritual, psychological, and social forms of coping (Avent et al., 2015).

In regard to being a pastor, the respondents acknowledged that their congregation has a lot of expectations for them (Avent et al., 2015). Some of those expectations are realistic while some may require more qualifications than they actually hold. Participants also acknowledged that they will often fill the roles of their parishioners that are beyond their job duties; however, they recognized that there is a greater need in the African American community (Avent et al., 2015).

The pastors also recognized the need for outside resources to assist with the needs of the African American community (Avent et al., 2015). Majority felt that God should be the first resort with a mixture of assistance from other services.

Professional mental health services providers have experience caring for people from various backgrounds; however, African Americans are less likely to seek these services. The information from this study provides insight into collaborations with the Black Church and professional mental health providers (Avent et al., 2015). Additional studies should be conducted to further learn how to implement religion and spirituality with mental health.

Bledsoe et al. (2013) found that pastors are often called on by members of their congregation when they experience distress. A large majority of pastors in the Black Church lack training; however, they are more trusted than professional mental health professionals. Because of the pastoral dynamics in the Black Church, it is important for pastors to be trained in mental health related matters (Bledsoe et al., 2013).

Bledsoe et al. (2013) conducted a study to explore "(a) the demands on clergy in Southern California to provide mental health services to their parishioners, (b) the level of stress created by specific needs, (c) congregational resources available to meet these needs, and (d) referral preferences in clergy collaboration with mental health and social work professionals" (Bledsoe et al., 2013, P. 24). Church leaders are regarded in a high esteem in the Black Church. Their position makes them the prime candidates to bridge the gap between African Americans and mental health treatment. However, there is a significant need for training and education (Bledsoe et al., 2013). Attitudes and cultural beliefs can impact how pastors perceive professional mental health services.

This study found that clergy mostly felt fulfilled with their duties at work including counseling (Bledsoe et al., 2013). However, the demands of the job often causes conflicts with

availability, inadequate training to respond to certain situations and lack of boundaries. Collaboration with professional mental health professionals has the potential to impact some of these issues (Bledsoe et al., 2013). Collaborations between the Black Church and professional mental health professionals are not easy to form. There are underlying issues and historical events that cause African Americans to not trust the healthcare system in the United States (Bledsoe et al., 2013).

> “Historically, the relationship between traditional religious leaders and mental health practitioners has included elements of mistrust (Bland, 2005). In a study conducted by Polson and Rogers (2007) that involved 213 churches of five denominations, it was found that clergy rarely made referrals to mental health professionals and preferred to provide their own counseling to congregants with emotional problems. This sense of skepticism may also affect laypersons’ views of therapy” (Bledsoe et al., 2013, P. 27).

Bledsoe et al. (2013) found that the stress of dealing with the problems of their parishioners could often cause mental health issues for clergy. Collaboration between mental health professionals and pastors offer an opportunity for mental wellness, training, and education that will impact the entire congregation. The researchers concluded that pastors or other clergy are the first response for African Americans (Bledsoe et al., 2013). The competency level varies among the pastors.

Bledsoe et al. (2013) used an adapted version of Openshaw and Harr (2009) survey. The adaptation had 14 questions that focused on demographics, mental health training, perceived knowledge, perceived stress, etc. This qualitative study found that clergy members in smaller churches experienced the highest levels of stress. Clergy also reported feeling overwhelmed or unable to meet all the demands of their congregation (Bledsoe et al., 2013). The researchers also

found that clergy reported feeling the need for additional education and training to deal with some of their parishioner's issues.

Bledsoe et al. (2013) found that pastors with lower levels of education were more likely to report higher levels of stress when providing counseling to their parishioners. That includes pastors who did not attend seminary or any type of religious education. Over 70 percent of participants supported the idea of referring congregants to professional mental health services.

Summary

The review of the literature showed the importance of the Black Church in the lives of African Americans. It highlighted the issues that could potentially impact a black individual's life and decision to seek mental health treatment. However, there is still a lack of research that determines the capacity of black churches and faith-based organizations to implement mental health services. The literature supports collaborations between traditional mental health services and predominantly black faith-based institutions. The goal of my study is to determine the capacity of the Black Church to implement professional mental health services within the organization, and the willingness of members to seek mental health services from their church.

Chapter Three: Methods

Overview

This exploratory study was designed to analyze the role of the Black Church in African American mental health. Studies show that African Americans are less likely to seek traditional mental health services, and that they are more likely to rely on support from their connections with faith-based institutions. In this current study, the researcher explored African American experiences with mental health in the Black Church, perceived stigma, and recommendations for collaboration between the Black Church and professional mental health services. The researcher also analyzed the impact that the Black Church or faith-based institutions could potentially have on the mental health of its congregants. The researcher also examined the capacity of the Black Church to provide mental health services and support by analyzing the experiences of its congregants.

Design

The researcher conducted a qualitative, phenomenological research study. Qualitative research method is highly effective for understanding people's beliefs, experiences, attitudes, behavior, and interactions (Pathak et al., 2013). Qualitative research was chosen for this study because it allowed the researcher to explore beliefs, experiences, attitudes, etc. of the pastors who are chosen to participate. This study also used a phenomenological research design. The goal was to identify commonalities of a lived experience among the participants (Creswell, 2013). The researcher's goal was to explore the role of the Black Church in facilitating linkages to professional mental health services by exploring pastoral perceptions of their role in that process.

Research Questions

1. How do pastors perceive their role in the mental health delivery system?

2. What are pastors' experiences with receiving formal mental health training?
3. What are pastoral attitudes, concerns, and experience with providing mental health to their congregation?
4. What are Black Church pastors' experiences with collaborating with mental health clinicians and traditional mental health services?

Participants and Setting

The researcher used the list of organizations from the Black Church definition to obtain a list of churches within each organization in North and South Carolina. The researcher recruited 10 pastors to participate in the study. Groenewald (2004) recommends a minimum of ten participants for phenomenological research design. Participants will be chosen using a purposive sampling method. "Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest" (Palinkas et al., 2015). This type of sampling was chosen to ensure that the participants can meet the needs of the study. Participants had to be (1) black, (2) a lead pastor, and (3) employed by a black church. There are no gender or age restrictions.

The researcher conducted face-to-face interviews with participants in a location of their choice. The researcher selected participants from churches in North Carolina and South Carolina. Black adults in the southern region of the United States are more likely to be members of a church than black adults in any other region (Diamant & Mohamed, 2021). The researcher chose North Carolina and South Carolina because of their black populations (Kelly, 2015). To be included in this study, the churches had to meet the following criteria: (1) be predominantly black, (2) have a black lead pastor, and (3) be located within North Carolina or South Carolina.

Instrumentation

The researcher conducted interviews with participants individually using the Black Church Pastoral Semi-Structure Interview Questions (Appendix A). The average interview took 25 minutes to complete. Interviews were recorded and transcribed using the Otter App. The interviews were semi-structured interviews. The researcher used a question guide to follow; however, participants were allowed to share experiences beyond the questions. The questions for semi-structure interview were developed to address the research questions and adapted from studies that assessed the impact of the Black Church on mental health training (Avent & Cashwell, 2015; Bilkins et al., 2015).

Procedures

The researcher submitted the study to the Liberty University's Internal Review Board for approval. After the Internal Review Board granted approval, the researcher used a purposeful sampling method to recruit pastors from Black Churches in South and North Carolina. The participants were asked to commit one hour of time for an initial interview.

The researcher chose multiple times within a two-week span for participants to select to participate in the study. The interviews were conducted face-to-face. The researcher traveled to the pastors and allowed them to participate in the interview in their own space.

The researcher sat down with participants face-to-face with participants and conducted a semi-structured interview individually. According to Hays and Singh (2012), semi-structured interviews have the potential to cause unexpected themes to occur in phenomenological studies. The researcher recorded all responses using the Otter App and took notes by hand. The purpose of the recorder was to ensure that no details were missed, and to allow the researcher the ability to be more engaged with participants.

The researcher examined all the interviews after the final interview was conducted. Common themes, phenomena, and findings were documented as they related to the research questions. The researcher conducted follow-up interviews virtually to conduct member checking. Member checking allows the researcher to share the findings with participants to validate her findings and conclusions. (Birt et al., 2016). Results are documented in the discussion section.

The Researcher's Role

My role, as the researcher, was to remain neutral, conduct the interviews with participants, and present an ethical study. There were no known relationships to any participants, or facilities that were used in this study. There were a few assumptions that I had prior to beginning the study. First, I believe that pastors have a significant influence on their congregants. I also believe that pastors are a major form of informal mental health support for African Americans.

I chose to conduct this study because I am an African American, Christian woman. I have also witnessed the impact of untreated or unaddressed mental illness in the Black Community. I operate on the assumption that collaborations between the professional mental health community and the Black Church have the potential to be beneficial for the Black community. While I have clear biases derived from my lived experiences, this study is rooted in evidence-based theories and factual findings.

Data Analysis

According to (Vicary et al., 2019), there are six basic steps that must be followed in a phenomenological study. After data collection, the first step was transcription of the qualitative interviews. The next step was organizing the data. This was be done through carefully analyzing the transcripts to develop a story line. This was done by coding the dataset with the bigger picture in mind. In step three, the researcher coded the data to systematically organize and understand the

data (Tracey, 2013). The researcher used manual coding to highlight and identify themes throughout the data.

The fourth step of data analysis was deducing categories. Once the researcher identified the manual codes, then they were placed into categories (Saldana, 2013). The researcher grouped data together that were alike or share a common theme. For example, pastors' feelings about collaboration for mental health services were categorized into one group to form a theme. In the next phase, the researcher identified common patterns or themes that allowed the development of a story that supports the overall purpose of the study (Saldana, 2013). Finally, the researcher maintained a reflective journal throughout the process of conducting the study. It will allow the researcher to address biases and address credibility and transferability (Vicary et al., 2019).

Trustworthiness

Credibility

The researcher implemented triangulation to establish credibility. There are multiple types of triangulations; however, triangulation of sources was used in this study. Patton (1999) found that triangulation uses various data sources in order to form a comprehensive understanding of the phenomena or focus of the study. In this study, the researcher examined the experiences and perceptions of multiple pastors. This provided various experiences from different sources, and their interviews were conducted at different times. This method allowed the researcher to test the consistency of data found in the study through cross verification from multiple sources.

Dependability and Confirmability

I implemented dependability and confirmability of my study by working with two advisors who gave me opinions and feedback during the development of this study. Feedback for the study including data selection and interpretation. Member checking was also used to make sure that the

researcher's interpretations of the findings are consistent with the data that was collected (Merriam 2009; Birt et al., 2016).

Transferability

Transferability allowed the researcher to draw parallels between the research and themselves (Leung, 2015). It is the ability of the reader of the study to apply or transfer the findings beyond the study. The information found in this study has the potential to be used in various religious settings in the Black Community especially faith-based areas. The pastoral perceptions and experiences can transform the way the Black Church and professional mental health services interact. The data can also influence how pastors choose to engage with mental professional mental health training. The data could potentially give us insight into the thoughts and ideas of Black pastors who serve as the head gatekeepers of African American spiritual and social life.

Ethical Considerations

The researcher requested that participants choose a location that is private. The researcher also encouraged the pastor to respect the member's confidentiality and privacy by not sharing specific names or details when sharing his or her experiences. The digital recorder that is used during the interviews was password encrypted. In order to protect the confidentiality of participants and their congregants, the researcher used unique identifiers for participants.

Chapter Four: Findings

Overview

The purpose of this qualitative study was to explore pastoral perceptions of mental health through examination of their experiences with church members. The researcher was interested in exploring the impact of leadership in the Black Church on mental health in the Black Community. The researcher used the qualitative study design by interviewing participants to gain a better understanding of their experiences with mental health in their church and professional mental health services. The researcher also used this phenomenological study to gain a better understanding of the pastors' experiences through shared stories (Merriam & Tisdale, 2016). The researcher interview 10 pastors who met the study criteria to achieve the study's goals. The data for the study was collected using one-on-one, semi-structured interviews. The following research questions were used as the foundation for this study:

1. How do pastors perceive their role in the mental health delivery system?
2. What are pastors' experiences with receiving formal mental health training?
3. What are pastoral attitudes, concerns, and experience with providing mental health to their congregation?
4. What are Black Church pastors' experiences with collaborating with mental health clinicians and traditional mental health services?

The findings from these interviews were transcribed and organized to develop themes. "Themes are at the heart of any qualitative research approach. Themes cannot be observed as they are perceptions, experiences, feelings, values, and emotions residing in the minds of participants/respondents of research" (Mishra & Dey, 2022, P. 2).

Data Collection

The established interview protocol was followed throughout this entire study. The researcher identified eight churches that fit the studies criteria. Then the researcher sent ten Senior Pastors at those eight Black Churches with recruitment letters (Appendix A). After they agreed to participate, the researcher set up interviews that were conducted during the month of July. Participants were recruited using a purposeful sampling method. The researcher chose to method to ensure that all participants met the study criteria. The researcher notified participants that they were required to sign an informed consent form to participate in this study (Appendix B). The researcher explained the purpose of the form, discussed confidentiality, and reviewed the rights of participants as it related to the study with each participant.

The pastors were interviewed in a location of their choice. Most chose their office at the church or their home office. The researcher asked participants to commit at least one hour to complete the semi-structured, qualitative interview (Appendix C). The interviews range from 10 minutes to 30 minutes with an average time being 20 minutes. The interviews were recording and transcribed using the Otter App. All data was stored in a password protected iPad Air. Immediately after interviews were complete, the researcher assigned the participant a pseudonym and saved the interview under that name. The list of pseudonyms and real names were not kept on the same password, protected device.

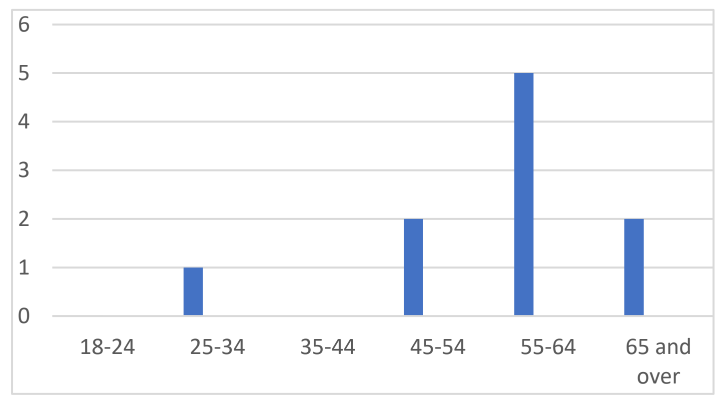
Description of Participants

The study consisted of ten African American pastors of Black Churches in North and South Carolina. Each of the Senior Pastors had various ages, years in ministry, and educational backgrounds. There were seven African American men and three African American women. They were all senior pastors at their respective churches. The pastors ranged from ages 30 to 69 years

of age. (Figure 1). Their years in ministry ranged from 11 to 47 (Figure 2). There educational backgrounds range from high school diplomas to doctoral degrees (Figure 3).

Figure 1

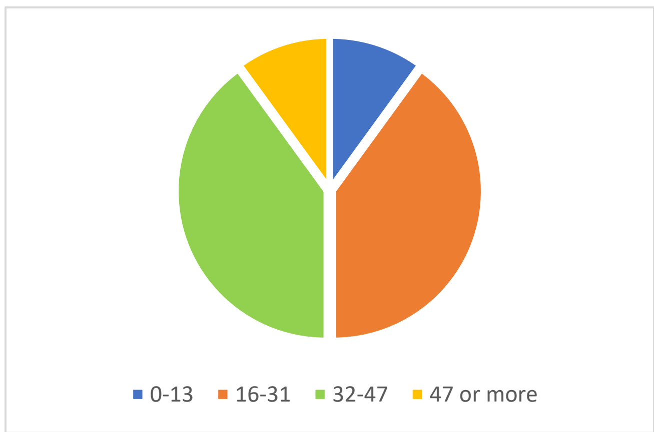
Ages of Participants



Note. This chart shows the age groups of participants.

Figure 2

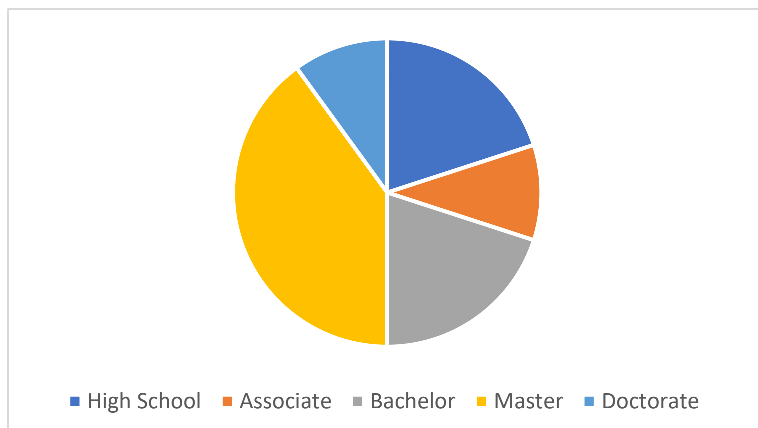
Years in Ministry



Note. Participants experience in ministry by years.

Figure 3

Education



Note. Participants education level in groups.

Participant 1

John is a 30-year-old African American man. His title is Bishop-elect, and he is the Senior Pastor of a Non-Denominational, predominantly black church in South Carolina. His church has an estimated 200 members. He has been an ordained minister for about 18 years. His professional experiences include social work and education, and his highest level of education is a Master of Theology Degree.

Participant 2

Paul is a 47-year-old African American man. His title is Elder, and he is the Senior Pastor of a Non-Denominational, predominantly black church in South Carolina. His church has about 150 members. He has been a pastor for about 17 years. His highest level of education is a bachelor's degree. He professional experiences were in ministry, education, and transportation.

Participant 3

Mark is a 51-year-old African American man. His title is Elder, and he is the Senior Pastor of a small, Baptist church in North Carolina. He has been an ordained minister for about 11 years. He has a graduate degree in Engineering. He is a military veteran and has worked as an Engineer for most of his life.

Participant 4

Silas is a 60-year-old African American man. His title is Elder, and he is the Senior Pastor at an African Methodist Episcopal Church in South Carolina. He has been an ordained minister for over 20 years. He has a Master of Theology Degree, and his professional experiences involve working with children and ministries.

Participant 5

Mary is a 57-year-old African American female. Her title is Executive Pastor. She is a Senior Pastor at a non-denominational church in South Carolina. She has been in the ministry for about 29 years. She has a Master of Divinity. Her professional experiences include motivational speaking and ministry.

Participant 6

Joseph is a 62-year-old African American man. His title is District Elder. He is the Senior Pastor at a non-denominational church in South Carolina. He has a graduate level degree. His professional background includes ministry, being business owner and corporate America.

Participant 7

Saul is a 59-year-old African American man. His title is Bishop, and he is the Head Pastor at a non-denominational church in South Carolina. He has a Bachelor of Arts Degree in

English. His church has a couple thousand members. His professional background is in education and ministry.

Participant 8

Ruth is 59-year-old African American women. Her title is Senior Pastor. Her non-denominational church has a couple thousand members. She has an associate degree. Her professional background is law and ministry.

Participant 9

Ezekiel is a 69-year-old African American man. His title is Bishop. He is the Senior Pastor at a non-denominational church in South Carolina that has a few hundred members. His professional background includes military service and ministry.

Participant 10

Esther is 69-year-old African American women. Her title is Pastor. She is a Senior Pastor at a non-denominational church in South Carolina that has a few hundred members. He professional background includes working with children and ministry.

Data Analysis

The findings from these interviews were transcribed and organized to develop themes. The researcher explained the purpose of each question, and the expected outcome from the information that was gathered. Themes that emerged from the collective responses are listed under the question that it originated from. Some of the themes started to connect questions and appear more than once. In the Discussion section, the researcher will identify major themes and subthemes that were identified during data analysis.

Interview Question 1

Please introduce yourself to me, as if we just met one another?

This question served as a means to gain information about the respondents. The purpose of this question was to learn the age range of participants, their education level, and their years in ministry. All participants shared this information with the researcher. Most of the participants were males in the 55-64 age range. In the education category, there were 20 percent with high school diplomas, 10 percent with an associate' degree, 20 percent with a bachelor's degree, 40 percent with a master's degree, and 10 percent had a doctorate degree. The researcher aimed to recruit participants of various ages, educational backgrounds, and years of experience.

Interview Question 2

How often do you (as a pastor) have congregation members disclose mental health issues?

The purpose of this question was to … to find out the senior pastors' experiences with members disclosing their mental health issues or concerns. The researcher hoped to learn about the level of comfort that pastors have with receiving members who want to disclose. The researcher also wanted to see if pastors created an environment where members felt free to disclose to them, or if the topic of mental illness was taboo in their church. Many of the Senior Pastors did have members who frequently disclosed their mental health challenges. Several themes emerged from this question including…

Safe Haven

The phrases "safe space" and "safe haven" were mentioned several times during the interviews. Several of the pastors discussed their knowledge in understanding their role in the lives of their members. Several pastors also explained that they understand their impact and influence on how their members respond to their mental health issues. For example, John stated,

> “The pastor is a safe haven for them to disclose and work through issues. People believe that the pastor has wisdom from God. Some people will see you as if you are God, but you are not. It’s important for you to be that listening ear.”

In the Black Community, the Black church has historically been viewed as a safe haven so it is understandable that the leader of a flock would be the first stop when a member is experiencing a crisis. Ezekiel added,

> “Sometimes people just want someone to listen to them. People are lost and hurting. They want answers and help. Sometimes they feel like the Pastor is their connection to God. The pastor can provide answers and help renew their faith. I let them know that I don’t have all the answers, but I let them know that we can go to God together.”

Mary is the only female, Senior Pastor at her church. She reported that females in the church as well feel comfortable disclosing to her. Mary stated,

> “Well, not just within the congregation, but within the other spaces that I'm in. I just dealt with this last week with a good friend of mine who's going through some depression. I often talk with women or have women reveal issues to me because of my role in ministry and my ability to relate as a woman. I think it’s a safe space for them.”

Impact of Stereotypes and Stigma

The researcher identified stereotypes and stigma as a theme due to multiple pastors listing it as a factor in the lack of mental health discussions. Despite an increased awareness of mental health, many of the pastors reported that there is still hesitancy for members to share their challenges.

Mark reported that he noticed the impact of stereotypes and stigma on members of his church as well as the entire Black Community. Mark stated,

> “In our community, the Negro, Black, African American community, it is taboo in our society. I think it's a taboo because we don't want people knowing our business. So, we don't want to share what's going on internally with someone that's going to go and share it with someone else. So, there are a lot of challenges that we have from a mental health perspective. Also, people don't always want to recognize what's really going on and then sharing what's really going on with someone is a definite no.”

Paul shared similar sentiments when discussing the climate of his church. Paul said,

> “I rarely have individuals that come to me and say, I am struggling, or I am having mental health issues. They usually come to me about family issues, financial issues, and their feelings. Those are all issues that can cause mental distress; however, it is still a topic that we hide from as a community. We don’t share our troubles or our struggles in public or with anyone outside of the family. Even if it is the pastor. What happens in our house, stays in our house.”

Ezekiel also shared experiences where members of his church were diagnosed but refused to seek any type of counseling because of stigma. Ezekiel stated,

> “We’ve had members of this church who refused to talk to me or a professional about their condition. They didn’t take their medication. It is like they believe that if they do not acknowledge their diagnoses, then they can escape it. However, I understand the fear. For so long, the Black Community did not address mental health like we could. We didn’t welcome help. I personally, did not realize the importance of addressing mental illness until it became personal.”

Members Displaying Signs and Symptoms

Majority of the Senior Pastors have individuals who have shared with them that they have diagnosed mental health issues. There is an established relationship between the Senior Pastor and the Congregant, and they feel comfortable enough to turn to them during a crisis. Nine out of ten participants reported weekly encounters with congregants who wanted to discuss mental health issues. However, many of the pastors mentioned members who did not report a diagnosed mental health condition but requested their counsel for an issue that was mental health related. Essentially, some of the pastors reported individuals who sought their counsel for sadness or overthinking when it appeared to them as depression or anxiety.

John mentioned discussions with members who had not been diagnosed with a mental health condition, but who displayed signs and symptoms of conditions like anxiety. John stated,

> "Sometimes they don't understand that they're disclosing that they have mental health issues. Like they are displaying signs and symptoms, and I know it. However, I can't tell them abruptly that you have mental health issues. So, I have to deal with it in a manner where they don't feel threatened to run away. I have to interact in a way where I can engage them to tell them to explore professional services."

Interview Question 3

How do you respond (behaviorally) to congregation members who seek your counsel on issues?

This question served as a way to examine how the Senior Pastors respond to members who seek their assistance with mental health issues. The researcher wanted to gain better insight on the pastors' perceptions about their role in addressing mental health related concerns of their members. All of the participants listed prayer as an immediate response.

Pastoral Counseling

All of the participants discussed their role in providing mental health support when a member of their church requests it. Prayer and spiritual counseling were the immediate response for all of the Senior Pastors. For example, John said,

> "Oh, I will say the greatest thing is to listen. I know in the scripture it says you know that we should be ready to give an answer, but Paul said, be slow to speak quick to hear and slow the anger and so you know, when we listen, we invite the person in and say that I'm interested in everything you're saying. Then from my background, also, I was going to school for social work, which you know, you got the psychology in that as well. That you got to create a non-threatening a nonjudgmental environment. We pray, we talk, and we figure out a plan for improving their mental health."

Joseph's approach was prayer and assessment. He believed that every member's issue was different and that his approach should be too. Joseph stated,

> "Well, depends on what the issue is because sometimes they need scripture, sometimes they need structure, and then sometimes they need assistance outside the church, A pastor is not a one and done and that's why I believe that it is important to have people like you on our staff who to help the people. We start with prayer. Everything begins with prayer. However, the needs have to addressed and assessed on a case-by-case basis."

Saul has been taking the same route for over 30 years because he has found that prayer and conversation are the best part. Saul said,

> "Well, I let them know that what I'm going to give them is prayer and pastoral counseling. I let them know that my role is to provide spiritual guidance and counsel. I will refer and direct, but I stay out of the clinical side."

Esther found that female congregants are more likely to come to her and she provides them with prayer and discussion. Esther stated,

> "Prayer is essential and pastoral counseling is the starting part for anyone who comes to me for assistance. Then, there is usually a conversation about the issue."

Mary also had a similar response. Mary stated,

> "So number one, you know, the response is always going to be prayer. You know, you pray with that individual to try to just settle them down and to get them to have a sense of comfort and peace in knowing that God hears them. God is a God that is touched by all of the infirmities that we deal with. I'm always going to take them to their faith. Then I may ask them, have you consider speaking to someone such as a counselor or psychologist, to help you navigate through what you're going through."

Referring to Trusted and Qualified Professionals

The Senior Pastors all reported referring to a third party. Some of the pastors mentioned referring to other pastors while some were professional mental health providers. There was also a lot of referring to individuals who worked in the mental health field, and who were members of the church as well.

Paul was one of the first Senior Pastors who stated that he does referrals to other pastors that he trusts. Paul stated,

> "I usually refer individuals to a fellow pastor that I trust, and I feel has more experience to address these issues. I have not referred anyone to a professional mental health provider."

There were several pastors who did refer their members to professional mental health services including public and private providers. Mary stated,

> "Praying is the beginning. Praying is how we start, but the counselor and licensed mental health individuals are the ones that can peel back the onion and help them navigate things where they can get through on their own.

Ezekiel also discussed referrals for members to people that he feels are qualified, professionally, and spiritually. Ezekiel said,

> "Because of my recent experiences with an individual who was going through a mental health crisis, I have a different perspective on the entire subject. I want to make sure that my members are receiving the best care possible. I want them to know that there is spiritual healing, and God is the ultimate healer. However, there is nothing wrong with seeking a qualified, mental health professional. I try to send them to people that I know are grounded in the Lord and trained in their profession. I need someone who understands both the power of the Lord and clinical services."

Interview Question 4

What factors influence your decision to refer members of their church to seek mental health services outside of the church?

This question was designed to build on responses from the third interview question. The purpose of this question was to determine if pastors had experiences with professional mental health services. The researcher also wanted to assess the pastors' collaborations with professional mental health services or openness to establish new partnerships.

Severity of Issue

Most of the Senior Pastors admitted that they understood the importance of recruiting mental health professionals when the mental health issues were too severe for them to handle.

Many of the pastors mentioned their credentials and understanding their level of knowledge about the topic. Mark said,

> “I tend to refer to the therapeutic or psychotherapeutic services, for the most part, because a lot of times we do have things going on in our head and in our heart. We don't always want to recognize what's going on. Sometimes it is some trauma related situation that occurred in our past that we have suppressed, and won't necessarily, in our conscious mind, remember it but internally, we remember. So, I rely on the people I know and trust to give me recommendations such as my wife, or some of the colleagues that she works with.”

Saul had a similar sentiment as he discussed his educational background. Saul said,

> “When it becomes evident that this is this chronic. Also, if I am in fact aware that there are resources that a could help their situation, if someone was talking to me about suicidal tendencies, etc. I will try to cover them with the Scripture and all of that, but I will also help them access formal resources. Official resources who are systematically qualified to deal with their situation and who can follow them up longitudinally.”

John had a similar response in regard to referring people who have chronic and cyclical issues. John stated,

> “Having that social work background has equipped me to realize the benefits of psychological services. If someone had chronic back aches, then we will pray and provide spiritual support to get them through. However, we are also going to send them to a doctor. Pastors need that same response to mental health services. If a member is struggling, we pray and we counsel. When it is chronic and continuous, then we have to refer to the professionals for backup.”

Silas discussed the duty of the pastor to encourage members to be mentally healthy even if it means seeking services outside of the church. Silas stated,

> "We also have a responsibility as pastors to, to report certain things. You know, when it comes to issues, personal issues, let's say child abuse or you know, things of that nature. It's difficult to tell sometimes unless they just come out and tell you. Sometimes it's difficult to tell if someone's really suffering to the point where they are mentally collapsing because people do a good job of covering up things these days. We all want to look good. Many times after someone commits suicide, the people around them did not even know they were struggling. I don't force myself or my beliefs on anyone. However, when they come to me with something that serious, then I recommend seeking professional help."

Ruth had not done much referring, but she spoke on her church's protocol. Ruth said,

> "None of our Senior Pastors have degrees that would allow them to address the psychological aspects of a mental health crisis. I offer Pastoral Counseling and prayer. I can help them sort through some of their issues, but we do not cross over into the clinical side."

Holistic Healing

Several of the pastors mentioned holistic healing or total health in their interviews. They discussed the needs for collaborations with clinical mental health services. John said,

> "I'm pro mental health counseling. I also think that there is a spiritual aspect that sometimes the professionals who don't understand that aspect too can oftentimes overlook. They can teach them how to manage, but not teach them how to be delivered. If you take these pills or if you count to 10, that's managing it. I don't know if it's helping to be completely delivered. I think that is when the spiritual aspect comes in. I believe that those two are

equally important. That is why I think pastors or leaders in the church should have a mental health or social work training to address these issues from a spiritual perspective."

Reginald also spoke about the need for a holistic healing. Reginald said,

"The need for health to be holistic is serious. The mind, the body, and the spirit are all interconnected. Back in July, I actually spent five hours in a psychiatrist's class. I feel like there are some things we can do spiritually, and we can pray. Often times, there is another level that has to be peeled back. And sometimes you need someone who is a trained, professional in that particular area to assist that person. God is good, and he can heal all things. However, sometimes it beyond just giving them prayer and speaking in tongues."

Esther shared an experience with a congregant that actually made her realize that sometimes it has to go beyond prayer. Esther said,

"I had a member who was having suicidal thoughts. We prayed for the member and provided continuous counseling. However, it was not getting better. That individual seemed to get worse rather than better. Finally, we referred the member to a Clinician that counseled the member. I am not sure of the full process, but we learned that the member had been sexually assaulted. The member was able to tackle that trauma at the root through psychotherapy. We continued to pray and provide spiritual guidance, and the member is no longer suicidal. SO, I believe that spiritual and the clinical have to work together."

Interview Question 5

Do you refer your members to any services? If so, what type?

This question was designed to serve as an extension of the fourth question. After the pastors explained what influences their decision to make referrals, the researcher wanted to further explore specific services and facilities. The purpose of this question was to analyze the pastors' willingness

to collaborate with outside entities such as private and professional mental health providers. The theme of fourth question, holistic health, also came up in this question to create a new theme, collaboration and training.

Collaboration and Training are Needed

Ruth explained that she does not have a psychology background; therefore, she does not try to diagnose or treat the mind. Ruth said,

> “We understand our limitation. There are different types of services that we refer them to. We refer them to the, you know, the medical field, when they're struggling with medical issues, to see, you know, what medical advances there are to help their physical issues. So, we constantly refer our members when they come to us with complaints of issues and conditions. We try to refer them to qualified health services so that they can receive the proper treatment. We are also going to cover them here with prayer and scripture. It’s a group effort.”

John discussed partnerships with mental health providers that he trusts to provide assistance to his flock. John stated,

> “I have referred members to Professional Mental Health Services, Marriage and Family Therapy and even to other individual who I know and trust that are qualified to address the issues. I realize that newly formed marriages, marriages going through changes, children giving their parents a hard time, and other behavioral challenges require change. Yes, we are going to pray, but we are also going to bring in someone who has been trained to help your family address those issues.

Esther also talked about recruiting mental health professionals to give speeches and seminars at the church. Esther said,

> “We brought in a therapist to speak about conflict during a marriage conference. She was a Christian, and she had an educational background in psychology. It was really interested to see how she intertwines the two. We have brought her in for several conferences.

Interview Question 6

How do you perceive mental health service delivery in your community?

This question was designed to examine the pastors’ perception of professional mental health services in the community. It is also extension of the fourth and fifth interview questions. This question was included so that the researcher could examine the pastors’ perceptions of the impact of the professional mental health community in their communities. It also gave the researcher insight into how pastors feel about receiving training and other services from these providers.

Outreach Needs Improvement

Several of the pastors believed that the Professional Mental Health Community in their areas could do better reaching out to members of the Black Community. They acknowledged the positive trends and discussions happening in the Black Community as a whole; however, they noticed a lack of outreach in their own communities.

Paul discussed the lack of advertisement or community involvement from the public mental health facilities in his area. Paul stated,

> “As far as the community, I can’t say that there is any delivery. I noticed services here and other services there. I'm just wondering if people in the community really know how to get access to those services. Some people may go to the hospitals and get referrals, but that still is not the services reaching out first. For someone that's having issues and that need mental health care, outside of emergency, I don’t know if there are any services available for them. I know

that they are available. You know that they are available because of your role. However, I don't think the average person knows that there are services that are public, affordable, and right in their own city."

Mark discussed the lack of outreach from the Black Community and the Professional Mental Health Community. Mark said,

"So, my perception in our community overall is the delivery methods are there, but in the community, actually seeking out the services is a challenge. Certainly, the providers of these services could do a better job recruiting. However, a lot of our people are private. They believe that what goes on in my h my house stays in my house. Then we have individuals with the perception that if you go and receive psychotherapeutic services, that you are crazy. So, the instruments are there for us, but we are struggling to actually go present ourselves for these services. It is a major hurdle for our people to overcome."

Mary had a response similar to Mark. She believes that the Black Community could do better with welcoming services; however, the providers delivering these services could do better with welcoming the Black Community. Mary stated,

"Number one, it is not welcome. It is not welcomed because people are ignorant to the fact of what it really is. A lot of times in the African American community, we only go to the spiritual. We been taught that faith is enough. Pray and fast to get better. However, there are times when that is not enough. My goal is to help them move past the ignorance and fear to accept things that can contribute to their healing such as psychotherapeutic services."

Esther mentioned after an earlier question that she did not have much experience referring but the church has a protocol. Esther believes that the professionals need to come reach out more. Esther said,

> "I know that we have made it clear that referrals are acceptable in our church, but I don't know if I would know immediately who to call. I don't see a lot of advertising or people trying to connect. We get calls from community programs such as the Domestic Violence Coalition to collaborate, but never from any psychologists."

Interview Question 7

Have you ever received any type of training regarding mental health?

The purpose of this question was to determine if the pastors had any type of mental health training. The question was designed to solicit a wide variety of responses.

Trainings Improve Pastoral Perceptions

Silas "I haven't gone through any training as a pastor, but I have some experience working with children who have issues. That required me to go through some very basic mental health training. I do see the need for training and education because our people are hurting. I recognize my role in promoting healthy minds. We have to put our pride to the side and collaborate with the professionals for the good of our members. Accepting help doesn't make you any less competent in your role as pastor, you know?"

John believes that his background and education has opened his mind to promoting mental health counseling in his church. John stated,

> "Like I said, my initial degree was supposed to be in Social Work. Also, I worked in the school system as a Career Counselor which means you're talking about careers, and you've got to know how to handle people emotionally, psychologically, and all that. I work part

time as a Chaplain, and we have to kind of know how to help people psychologically as well, you know. Not just from the spiritual aspect either. I would say it is more so psychological. So, I think it is important for pastors to be trained or to have a trained professional that they can call."

Mary also shared information that was like John's response. She believed that her education and mental health training have improve her response as a pastor. Mary stated,

"You know, I had a course in my Master of Divinity Program. We talked about counseling and mental health. That's probably the extent of my personal training or formal training. I have gone to a few trainings that I found to be very beneficial to my ministry and my personal life."

Joseph had the most formal mental health training of all participants. He was intentional in choosing courses that would help him respond better to his members.

"Yes, I have about five certificates. I don't remember what they are about, but I know they covered topics like triggers, identifying, and how to support. I looked at what my people were going through. I feel like they helped me, and I am a proponent of pastors or religious leaders receiving mental health training."

Interview Question 8

Is there anything you'd like to add?

The purpose of this question was to allow participants to give additional feedback. This question was designed to allow participants to speak freely. The researcher aimed to give participants a section of the interview where they could share information that they wanted the research to know.

Importance of Mental Health Training in the Black Church

Silas final message encouraged the researcher, other believers, and pastors to seek training and education so that they could be used in the Black Church. Silas said,

> Silas "I would like to commend you for what you are doing. This is an important topic. Our people are suffering, and we need qualified believers to help us.

Joseph final message was a plea for professional mental health services and the Black Community to try to understand each other. He believes that education and training can bridge that gap. Joseph stated,

> "When you have been oppressed, all you know is survival. Most people that are my age came from people who survive segregation, and all of that. All they knew was how to do with survive, and they taught us how to survive. We don't know how to plant and live life abundantly. We survive, but surviving isn't enough. We have to learn how to plant not only for us, but for the next three to five generations. We have to understand each other reason, and that comes from education."

Saul's final message discussed the urgency in addressing mental health holistically and educating the Black Church to reach the Black Community. Saul said,

> "I think this is stating the obvious, but there's no better time to address mental health. It is a premier object of concern. I think that the stigma that is often associated with it is unfortunate, but it's also understandable because nobody wants to be thought of as defective or deficient, mentally, or emotionally. Mental is just one aspect of holistic health. You want to be whole; you want to be healthy, and you are a mental being. You are a physical being, and you are all those different areas. It is imperative that we have leadership in the Black Church that understands how essential education and awareness is to our lives."

Ezekiel also encouraged the Black Community especially leaders in the Black Church to become education so that they can spread awareness and become healed. Ezekiel stated,

> "I think this is long overdue. I think we are long overdue for training and education to spread awareness of it for the communities in which we live and pastor in. I think that this is something that churches need to become more aware of and just more open to learning and growing."

Summary

The participants all had various perspectives on mental health in their communities; however, they all provided information that can be beneficial to the Black Community. Several themes emerged such as the church is a safe haven, pastoral counseling as a response, referrals as a result of the severity of the condition, holistic healing, etc. They all shared their thoughts, beliefs, feelings, and attitudes toward mental health as it relates to the Black Community especially their churches. Some pastors shared their personal experiences where they were directly impacted by mental health. The researcher used the themes founds within the question to create four major themes and seven subthemes. Overall, there was desire for more collaboration with professional mental health providers. They also wanted to do their part in reducing stigma and fear of seeking out help beyond prayer and Biblical Counseling. They all seemed to see the benefits of leaders in the Black Church receiving formal training.

Chapter 5: Conclusion

Overview

The purpose of Chapter Five is to provide a summary of the research study. This research study was a qualitative study that consisted of ten African American Senior Pastors who discussed their experiences with mental health in their congregation, professional mental health services and formal mental health training. Specifically, this phenomenological study was designed to assist the researcher in learning about the pastors' experiences and perceptions of mental health. This section discusses the findings, implications, and limitations of the study.

Discussion

The goal of this study was to broadly explore the role of the Black Church in providing mental health support by facilitating linkages to professional mental health services. Specifically, the purpose of this study was to explore pastoral perceptions of mental health through examination of their experiences with church members. The researcher wanted to analyze the impact that the pastors' perceptions of mental health services and training had on their members perceptions about mental health.

The researcher identified four major themes and seven subthemes as a result of the interviews. The four major themes were Factors, Role, Training and Collaboration. Several of the themes that emerged were consistent with information the researcher found in the literature review. In the literature review, there were three categories that aligned with the themes. Those categories were factors that affect access to care, the role of the Black Church, and pastoral training in mental health. Themes that emerged during the data analysis process that were supported by the literature included the Black Church being a safe haven, stereotypes and stigma impacting access to care,

pastoral counseling as a response to mental health issues, holistic healing, and collaboration and training needed.

Theme 1: Factors

Subtheme 1: Stereotypes/stigma

Subtheme 2: Cultural Competence

Anthony et al. (2015) found that when clergy actively participate in the process of addressing mental health issues the likelihood of reducing stigma increases. In previously discussed themes, the importance of the pastors and their roles in mental health was discussed. Tagai et al. (2018) conducted a study to assess the capacity of faith-based organizations to promote health activities. This is significant when we look at how the church responds to mental health. The themes “Referring to Trusted and Qualified Professionals,” Severity of the Issue,” and “Collaboration and Trainings are Needed” emerged when participants were asked about their response to congregants who are seeking guidance for mental health struggles. All of the participants mentioned that the process starts with prayer. One pastor mentioned that he starts with prayer for guidance and relief; however, he understands that the mental health provider can help peel back the layers of the issue. The researchers argue that church leadership can be a facilitator of collaboration between professional mental health providers and the Black Church. However, pastoral buy-in is a key part in making that partnership happen.

The theory that spiritual guidance and professional mental health services can work together to treat mental illness for members of the Black Church assisted with the identification of the theme “Holistic Healing” that emerged during the collaboration discussions. Several studies have discussed the importance of finding balance and equal stakes in partnerships between Black Churches and professional mental health providers (Jackson, 2015; Anthony et al., 2015; &

Armstrong, 2016). Everyone involved in collaboration and formal mental health training needs to feel like equal partners and see the benefits of being involved.

The researcher also asked, “What are pastoral attitudes, concerns, and experience with providing mental health counseling to their congregation” to gain insight into pastoral beliefs and practices regarding mental health. The theme “stereotyping and stigma” also emerged. Several of the pastors attributed stereotypes and stigma to the lack of mental health discussions being held in the church. One of the pastors described to mental health as “taboo.” Another pastor discussed how people rarely disclose directly. The pastor reported that people usually disclose their mental health struggles by mentioning other areas they are struggling with such as grief, constant sadness or even financial struggles. This discussion also was also significant in another theme that emerged which was “Members Displaying Signs and Symptoms.” Ward et al. (2013) found that African Americans in that study had a great understanding of mental illness; however, they didn’t have the best understanding of their own experiences with mental illness. This is significant because the lack of understanding can further add to the stigma. It could also cause individuals to ignore the signs and symptoms of mental illness. It could also be one of the reasons individuals indirectly disclose to the pastors. For example, the individual who went to her pastor with feelings of sadness might be experiencing depression. However, she does not realize it.

Latalova et al. (2014) reported that self-stigma presents the biggest barrier to treating mental illness. It is important that we assess the factors that influence an individual’s decision to seek mental health services. Gaston et al. (2016) found that cultural differences have to be studied and addressed. For example, black women have to deal with the “Strong Black Woman” stereotype. Those types of cultural expectations could cause women to ignore key signs and

symptoms of mental illness. A few of the pastor shared that they believe discussions and information sessions about mental illness could be beneficial to the Black Community.

Theme 2: Role

Subtheme 1: Safe haven

The researcher asked, "How do pastors perceive their role in the mental health delivery system" to gain insight into pastoral perceptions about their role in the mental health system. Overall, the pastors believed that they had a duty to ensure that their congregants were well mentally. The first theme that emerged was "safe heaven." Several of the pastors acknowledged the significance of their position, the Black Church, and mental health in the Black Community. In a review of similar literature, Taylor and Chatters (1998) found that the Black Church offers a culturally competent place where African Americans can go to safely manage their mental health. Lukachko et al. (2015) found that African Americans were more likely to seek religious based mental health support than traditional, professional mental health services.

There are several factors that influence that trend; however, the historical role of the Black Church is critical to understanding the dynamics of the relationship. Known as the pulse of the Black Community, the Black Church has always been a resource for the people. The participants in this study further supported this safe haven theme by sharing experiences where congregants relied on the church for mental support. Many of the pastors mentioned that congregants feel safe disclosing to them because they think their pastor has a stronger connection to God, and their pastor is more likely to have shared experiences. Black pastors have assumed the role as Shepherd as they lead their flocks. Some congregants and members of the community look to Black Pastors for social, emotional, spiritual, and even financial support. Their role and impact in mental health is undeniable even if they cannot see it.

Davey and Watson (2008) studied how leaders in the Black Church could act as gatekeepers of mental health. The researchers found that people who seek mental health services often start their initial coping at church. Several of the pastors in this study mentioned that God is often the first for their congregants. Multiple pastors acknowledge that their response is critical to their congregants' wellbeing. It is important that pastors understand their impact and their ability to influence their members decisions about their mental health. Many of the pastors in this study recognize that they have the ability and maybe even the duty to refer members to professional mental health services.

The theme "Pastoral Counseling" emerged as the pastors shared their role in their congregants' mental health journey. Many of the pastors stated that they start the counseling process with prayer. Their processes varied, but overall, each of the pastors seemed to assess the severity of the issue before proceeding. Some of the pastors continued with prayer and pastoral counseling, and some of the pastors immediately refer to professional mental health services.

Theme 3: Training

Subtheme 1: Response

Subtheme 2: Additional training

Campbell and Littleton (2017), Avent and Cashwell (2015) and Aten et al. (2011) all discussed the significance of the Black Church in the Black Community. Leadership in the Black Church is extremely influential in the Black Community. Leadership can be advantageous or limiting. It is important that leaders in the Black Church have trainings and experiences that encourage them to promote professional mental health services. Majority of the pastors in the study understood the critical need for collaboration or referrals to professional mental health services.

The researcher asked" What are pastors' experiences with receiving formal mental health training" to assess the pastors' backgrounds with the topic and willingness to expand their knowledge base. While acknowledging the need for education around mental illness, several of the pastors discussed the need for their own education. During the interviews, the researcher noted that many of the pastors did not have formal mental health training. Overall, the pastors understood the need for education, and they acknowledged that they could do benefit from training. This is significant because it opens the door for discussions about implementing trainings and collaborations with professional mental health providers. This also supports another theme that was identified which was "Trainings Improve Pastoral Perceptions" and the "Importance of Mental Health Training in the Black Church." In several questions, the significant of training and education about mental health in the Black Community showed up several times in the pastor's responses. One pastor mentioned that they did not have all the answers. Another pastor mentioned that church leadership has to put their pride to the side and seek professional assistant. This was a critical finding in the research because it showed that there is a potential desire for collaboration and partnership.

Theme 4: Collaboration

Subtheme 1: Holistic

Subtheme 2: Referrals

Understanding the pastors' perceptions of mental health trainings and willingness to expand their approach to mental health was significant in determining their openness to collaboration. The researcher asked, "What are Black Church pastors' experiences with collaborating with mental health clinicians and traditional mental health services" to gain insight into past collaborations and to gauge feelings for potential collaborations. Majority of the pastors

responded positively to the idea of collaborating with mental health providers. One pastor mentioned that he wished professional providers would reach out more.

In the highlighted areas, “Outreach Needs Improvement” and “Importance of Mental Health Training in the Black Church,” the need for buy-in from both parties is further supported. Gaston et al. (21016) discussed how the Black Community was traditionally underserved by professional mental health services. Bledsoe et al. (2013) researched the factors that contribute to low utilization of professional mental health services by African Americans. Issues such as stigma, lack of trust and lack of resources impact the individual’s decision to seek care. However, with a trusting and collaborative partnership between the church and professional mental health services that could change. Based on the findings from this research, professional mental health services providers should reach out to the churches to form partnerships, and the churches have to be receptive to receiving that training and education.

This research questions also revisits themes that have been tied to the second research question which are “Referring to Trusted and Qualified Professionals,” Severity of the Issue,” and “Collaboration and Trainings are Needed.” Those are significant because they all impact the pastors’ decision to partner with professional providers. When clergy actively participates in the process of addressing mental health issues, the likelihood of reducing stigma increases (Anthony et al., 2015). Collaboration for training is essential to addressing mental health in the Black Community. Freeman (2015) suggested that mental health providers such as school counselors should reach out to churches to reach the Black Community to establish relationships. In the theme, “Referring to Trusted and Qualified Professionals,” the researcher determined that spiritual differences must be acknowledged and handled. “MS mentioned that sometimes students may have spiritual issues in addition to academic issues, and the counselor should not address those issues

without being a spiritual person. Instead, the counselor should refer to a faith leader to aid in those areas" (Freeman, 2015, P. 64). That thought process could be applied to this study too. In a mutual and collaborative agreement, both parties would focus on their area of expertise and respect each other. The research shows that the leaders in the Black Church leadership can be a facilitator of collaboration between professional mental health providers and the Black Church. However, pastoral buy-in is a key part in making that partnership happen and establishing effective collaborations.

Implications

The results from the study supported the researcher's belief that this information could be beneficial for the Black Community and professional mental health providers. The researchers suggests that leaders in the Black Church are open to receiving professional mental health training. Senior Pastors in the Black Church also responded positively about collaborations with mental health providers. The findings from the study could be used to bridge gaps within the two communities. This research could also be the foundation for a series of studies that explore the development of relationships with these pastors and mental health providers in their area.

Findings from this study are important for developing curriculum that aims to reach pastors and leadership in the Black Church. The literature review suggests that the pastor is the gatekeeper for the Black Church. Members rely on the pastor for guidance. Mental health providers have the ability to collaborate with the pastors to provide education, awareness and treatment to their congregations. Several of the pastors in this study wanted to receive mental health training. This study presents an opportunity for mental health providers to take the initiative and recruit those pastors to gain community buy-in.

Limitations

Any research study is subject to limitations that can hinder the study from being generalized. A few limitations were identified in this study. This study was a qualitative research study. The limitations of a qualitative research study are that they are complicated to conduct, less open to interpretation, and less likely to generalize to the population as a whole" (Killian & Boyd, 2023). The second limitation of this research study was the sample size. Because it was a qualitative study, the researcher chose 10 people to make up the sample. That presented limitations because it was too small to be representative of whole population of African American pastors in Black Churches.

The third limitation was the chosen sampling method. This research study used a purposeful sampling method to ensure that pastors were recruited to meet the study's criteria. Purposeful selection did not allow for randomization of the sample. The fourth limitation was the method of interviewing participants. The researcher chose to do in-person interviews with the pastors. It was difficult trying to get on their schedules for the initial interview and to conduct member checking. There was also a lot of fear and uncertainty surrounding increasing COVID-19 and Flu cases. Some pastors inquired about virtual options.

Recommendations for Future Research

The results of this study provided important information that can be used to improve current systems and build new ones. It has also laid the groundwork for further research on this topic. The researcher has two recommendations for future research. The first recommendation is to use a large sample size. While ten was sufficient for qualitative research, a large sample size would have provided more data. It could have also increase diversity in the sample. It gives the

researcher the opportunity to speak to more diverse age groups, people from multiple geographic locations and experiences in ministry.

The second recommendation is to give the participants the opportunity to conduct interviews via videoconferencing. It was difficult aligning schedules with 10 people within the timeframe set aside to conduct interviews. Video conferences might have made it easier for individuals to join when they were free rather than having to block off time to meet me at a location at a specific time. The final recommendation is to have more questions. Additional questions can help the researcher gather more information. It can also help the researcher further understand the participant's perspective. The researcher also recommends conducting this study from other viewpoints by changing the race or conducting interviews with the clinicians to get their thoughts on this topic.

Conclusion

The data shows us that Black Americans are not less likely to seek mental health services from a professional mental health provider. The Black Church plays a significant role in the lives of African Americans. It has been described as "the pulse" of the Black Community (Adksion-Bradley et al., 2005, P. 147). The findings from this study showed that the leadership in the Black Church could potentially be ready for collaborations. Mental health professionals should take advantage of the impact that the Black Church has on the Black Community. The researcher believes that this study has highlighted the mutual benefits of partnerships between mental health providers and the Black Church. Professional mental health providers have the knowledge and resources to address mental health issues. Pastors of the Black Church have the cultural competence to address their members. Both entities can provide training to the other. This study contributes to the mental health field by providing knowledge and education that can assist with

the implementation of education and training programs for a group that is traditionally underserved.

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APPENDICES

Appendix A. Recruitment Letter

Dear Potential Participant,

As a student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for the Doctorate in Community Care and Counseling degree. The purpose of my research is to broadly explore the role of the Black Church in providing mental health support by facilitating linkages to professional mental health services. Specifically, the purpose of this study is to explore pastoral perceptions of formal mental health training through examination of their experiences with church members. I am writing to invite you to join my study.

Participants must be 18 or older, Black or African American, a Senior level pastor, and employed by a Black Church. Participants will be asked to take part in one-on-one interviews. It should take approximately 1 hour to complete the procedure listed. Participants may also be asked to complete a follow up interview to review themes that emerged from the initial interview. It should take approximately 1 hour. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate, please contact me at [redacted] to schedule an interview. If you meet my participant criteria, I will work with you to schedule a time for an interview. A consent document will be emailed to you if you meet the study criteria one week before the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

Monique Bethea-Covington, MA

Doctoral Candidate

Appendix B. Informed Consent

Title of the Project: PASTORAL PERCEPTIONS OF FORMAL MENTAL HEALTH TRAINING IN THE BLACK CHURCH

Principal Investigator: Monique Bethea-Covington, MA, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be black, a lead pastor, and employed by a black church. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to broadly explore the role of the Black Church in providing mental health support by facilitating linkages to professional mental health services. Specifically, the purpose of this study is to explore pastoral perceptions of mental health through examination of their experiences with church members.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an in-person, audio-recorded interview that will take no more than 1 hour.
2. Possibly, participate in a follow-up in-person, audio-recorded interview that will take no more than 1 hour. The purpose of the follow-up is to conduct member checking by exploring the validity of themes found in the research.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be used in future research studies and/or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-locked computer. After seven years, all electronic records will be deleted and/or all hardcopy records will be shredded.
- Recordings will be stored on a password locked computer/etc. for seven years and then deleted/erased. The researcher and members of her doctoral committee will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Monique Bethea-Covington. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] [redacted]. You may also contact the researcher's faculty sponsor, Krystal Clemons, at [redacted].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

____

Printed Subject Name

____

Signature & Date

Appendix C. Interview Questions

PASTORAL PERCEPTIONS OF FORMAL MENTAL HEALTH TRAINING IN THE BLACK CHURCH

Black Church Pastoral Semi-Structure Interview Questions

1. Please introduce yourself to me, as if we just met one another.
2. How often do you (as a pastor) have congregation members disclose mental health issues?
3. How do you respond (behaviorally) to congregation members who seek your counsel on issues?
4. What factors influence your decision to refer members of their church to seek mental health services outside of the church?
5. Do you refer your members to any services? If so, what type?
6. How do you perceive mental health service delivery in their community?
7. Have you ever received any type of training regarding mental health?
8. Is there anything you'd like to add?