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Experiences of Low Income African American Grandparents Raising Their Grandchildren

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Walden University
2020

Abstract

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By

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MA, Argosy University, Atlanta, 2010

BS/A, University of Phoenix, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counseling and Social Change

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Abstract

Low-income African American grandparents raising their grandchildren are faced with multiple challenges psychologically, financially, and emotionally. Four out of five African American custodial grandparents live below the poverty line and with mental problems, such as bipolar disorder, anxiety, schizophrenia, and depression. The main research question focused on the experiences of low income African American custodial grandparents, living with diagnosed mental health issues while raising their grandchildren, and dealing with a restricted access to mental health counseling services. Bowen family system theory was adopted as the theoretical framework, and a phenomenological-hermeneutic methodology was used. A total of seven low income, custodial African American grandparents with a mental health diagnosis were recruited by using a snowball sampling technique. The data analysis included sorting out interview data and coding into categories. Four themes emerged from the analytical procedure; grandparents are experiencing substantial emotional challenges, struggling with mental health problems without proper care, difficulties accessing needed mental health services, and financial problems facing the caregivers' decisions regarding mental wellness services. This study's social implications suggest the need for increased understanding, empathy, and cultural sensitivity and decreased barriers to mental health services for custodial grandparents and a need to eliminate those barriers. The findings recommend that enough and suitable interventions for treating custodial African American grandparents with psychological, mental, and emotional problems need to come from community engagement and policy changes at all government levels..

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Dedication

First, I dedicate the success of this study to the Lord God Almighty, who has given me strength and wisdom to complete this dissertation journey. Without Christ on my side, I could not have gotten this far in this program. Many adversaries were fighting to hinder me from completing this study, but God gave me the triumph. I prayed and fasted many times because of the many obstacles that I must overcome, and God gave me the victory.

To my wife, Kehinde Abolarin, who always prayed with me and for me during difficult times, and my son, Joshua Abolarin, who encouraged me to continue despite many challenges. Besides, thanks to my sons, Caleb Abolarin, Ebenezer Abolarin, and my daughter Deborah Abolarin for all their support in every way possible. Finally, I am joyful to see the fruit of my labor.

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Chapter 1: Introduction to the Study

Introduction

According to the National Center for Health Statistics (NCHS, 2015), reported that 6.4% of children under the age of 18 are living with their grandparents, and 23% of African American grandparents (AAGs) are caregivers to at least one or more grandchildren. AAGs are custodians raising their grandchildren when the biological parents are not physically able to cater for them. In general, there have been disparities in terms of accessing mental health services for various ethnicities in the United States, between Whites and Blacks, Hispanics and Asians and others (Centers for Disease Control and Prevention [CDC], 2013; NCHS, 2015). However, custodial African American Grandparents (AAGs) make up only 12% of the population (40.1 million) of the United States (U.S.), while an estimated 18.7% (7.5 million) African Americans are affected by mental health problems (Bignall, Jacquez, & Vaughn, 2015; Blackwell, Lucas, & Clarke, 2014; Daniels, 2016). For the past ten years, a variety of factors, such as bitter divorce, homelessness, joblessness, and financial difficulties have been linked to an increasing number of 26.2% AAGs suffering from mental health risks about exacerbated role conflicts (Bignall et al., 2015; Cross, Crow, Powers, & Bradley, 2015). As of 2014, U.S. Census Bureau reported that the number of AAGs raising their grandchildren in abject poverty increases to over 26%, which exacerbated the challenges of mental of mental illness as documented in the report. The downward spiral of health care cost has made AAGs' access to mental health services and increased the longstanding impoverished health risk for Blacks in the United States (U. S. Census, 2014).

Furthermore, the population is more susceptible than other ethnicities in terms of difficulties in gaining access to mental health services and more likely to suffer disproportionately from mental health problems and social, mental, economic, and cultural barriers (CDC, 2013; NCHS, 2015). These may be compounded by physical health problems, such as AIDS/HIV, bipolar disorder, depressive disorders, high blood pressure, diabetes, and high cholesterol, for which mental health counseling services may prove beneficial (Blackwell et al., 2014). The social implications of AAGs not having the ability to access mental healthcare services will eventually lead to greater health risks, such as an escalation of chronic health issues, stressors, and negative impacts on their overall wellness (Blackwell et al., 2014; Noonan et al., 2016; World Health Organization [WHO], 2015). AAGs' deteriorating health problems are not due to chance, but rather a result of continuous crises over the years. The economic disadvantages confronting AAGs are forcing their health and wellness to be neglected in place of more important issues related to survival. Thus, most AAGs have learned some coping skills through social-cultural contexts to deal with adverse situations related to caregiving. There are relatively few studies that focus on the different factors contributing to AAGs' underuse of mental health services.

Moreover, mental health professionals need to understand the factors contributing to mental health problems in the AAG population in Atlanta, Georgia, before the problem of mental health problems can be resolved through therapeutic interventions. These factors include poverty, incarceration of young parents, joblessness, marital problems, and the absence of biological parents (June 2015; Noonan et al., 2016). The focus of this

inquiry will help mental health professionals to understand AAGs' experiences and possible ways to overcome long-standing barriers to accessing counseling services. This chapter introduces this qualitative phenomenological study that provides a general overview of the background, problem statement, purpose, research questions, framework, nature of the study, operational definitions, assumptions, delimitations, limitations, significance, and summary.

Background

One main issue is the underuse of mental health services by African American communities. AAGs have many barriers yet to be overcome, including fear of misdiagnosis, fear of being called crazy, and cultural misgivings regarding treatment for mental illness. Peter (2018) noted that AAGs in the United States to be more likely than the White counterparts to suffer from financial burden, while Williamson (2014) said that AAGs from low-income families are susceptible to negative emotions associated with their custodial duties. AAGs' mental health issues will only continue to get worse without adequate access to mental health services. AAGs who are financially troubled become stressed emotionally and cognitively, while some gradually decline mentally without money for therapy (Williamson, 2014). Lack of economic freedom has contributed to AAGs' mental, psychological, and emotional problems, and thus makes their custodial duties in terms of providing better care for themselves and their grandchildren difficult. Some AAGs can get government housing assistance, but even when they do, they are not better off because the assistance they receive is often too little compared to the needs of

the family (Peter, 2018). AAGs' mental health will only continue to get worse without adequate access to mental health services (Ward, Wiltshire, Detry, & Brown, 2013b).

Furthermore, AAGs raising their grandchildren are more prone to suffer from chronic diseases, such as high blood pressure, diabetes, bipolar disorder, auditory hallucinations, depression, and living with poor health status while taking care of grandchildren with inadequate access to mental health treatment (CDC, 2013; NCHS, 2015). AAGs who are caregivers are more likely to live with mental illnesses without adequate access to treatment when compared with other racial or ethnic groups (Peter, 2018). The CDC (2013) found that AAGs have a shorter lifespan when compared with non-Hispanic Whites. AAGs' reluctant attitudes towards receiving mental health services require professional mental health interventions to change the situation. Mental health services could provide AAGs with the ability to manage their mental health problems, which would provide a much-needed safety net for their grandchildren (Office of Minority Health [OMH], 2014; Ross, Clarke, & Kettles, 2014).

Morris (2014) found that diversities have increasingly affected healthcare services, which are more likely to receive inadequate treatment due to discrimination. The inequity health care services are also exacerbated by cultural values that categorize mental illness as taboo. It appears that AAGs who want to use psychotherapy in Atlanta, Georgia, are often faced with financial challenges between feeding their grandchildren and paying their mortgages and making hard choices to seek treatment for their mental problems.

No strategy is in place to increase the number of AAGs using mental health services. Mental health problems are on the rise, and stress-related disorders continue unabated, depression rate in Georgia is over 17%, while drug abuse continues in AAGs families (CDC, 2013; Noonan et al., 2016; WHO, 2015). According to five years ranking rates from 2014 to 2018, there has been an uptick of mental health problems from one state to the other by the people who have been diagnosed with depression. As stated by Noonan et al. (2015), the mental health problem is the second most significant reason for morbidity among the African American population in the United States. World Health Organization (2015) found that mental problems occurred in all ethnicities in the United States; however, the historical experiences of racism and economic disparities have contributed to AAG's mistrust of the healthcare system that negatively affects their adequate participation in the process.

Problem Statement

Historically, AAGs raising their grandchildren are considered the safety net for Black American families, especially when biological parents are physically unable to provide adequate care for their children. Most AAGs have given up their time, life savings, and retirement to care for their grandchildren despite their socioeconomic downturn. Many other challenges are facing AAGs, such as low socioeconomic status (SES), isolation, financial instability, loss of identity, and lack of societal appreciation for their contributions to their grandchildren's lives (Noonan et al., 2016; Ward, Wiltshire, Detry, & Brown, 2013). Furthermore, despite identifiable psychological, financial, and

emotional stressors found among AAGs, they are less likely than other ethnicities to make use of counseling services to enhance their quality of life (Blackwell et al., 2014).

Noonan et al. (2016) stated that therapists might work with AAGs to increase coping skills, find positive meaning, and build resiliency into AAGs raising their grandchildren. According to Noonan et al. (2016), there are not enough mental health professionals. Hence only 4% of African Americans are therapists serving in the United States. AAGs raising their grandchildren are culturally sensitive to where they seek to obtain treatment due to the historical racism (Noonan et al., 2016). Daniels (2016) said that having an understanding of the cultural perspective of African American clients might help to bridge the gap of inadequate health care services and AAG's mistrust of the whole system. The specific gap in the literature regarding AAGs' inadequate access to mental health services remains unaddressed. Therefore, the problem that needs to be addressed in this research is inadequate access to mental health services for AAGs raising their grandchildren, who are mentally, psychologically, and emotionally sick.

Purpose

In this research, I used a phenomenological model to understand the experiences of AAGs who are trying to overcome inadequate access to mental health services when compared to other ethnic groups. Over the years, researchers have reported underutilization of mental health care services among African Americans as a whole. Mental health professionals' lack of concern regarding ways to address AAGs' underuse of mental health services that can alleviate their mental health problems is still problematic (see Daniels, 2016; Suite, La Bril, Primm, & Harrison-Ross, 2007). This

phenomenological hermeneutic research will discuss problematic issues preventing AAGs from accessing mental health services that may be helpful to improve their mental health conditions. The objective of my study includes promoting ways that AAGs can gain better access to counseling services. Unless steps are taken to address this important health issue, AAGs will face the threat of a shorter lifespan, poor health status, depression, schizophrenia, bipolar disorder, hypertension, and diabetes while living with limited resources to seek mental health services.

AAGs' adequate access to mental health care services can prolong the lifespan of many custodians (Bailey, Letiecq, & Erickson, 2013; Hayslip & Smith, 2013; Kelley et al., 2013). Overcoming rising mental health phenomena among AAGs involves understanding and reducing barriers preventing them from accessing mental health services. I seek to understand the challenges that AAGs face in seeking mental health services. Using a phenomenological research framework may help explain issues causing disproportionate access to mental health services compared to other ethnicities in the United States.

AAGs raising their grandchildren share uncommon mental and psychological issues, as well as even greater stress due to racism, prejudice, and social stigma compared to other ethnic groups (Blackwell et al., 2014; CDC, 2013; Noonan et al., 2016). AAGs' inadequate access to mental health services should be perceived as risky for them and their grandchildren, who are depending on them for proper care. This research serves to inform future researchers about ways to reduce the lack of AAGs adequate inclusiveness in mental health services. This research might also increase understanding and expand

knowledge of how AAGs can find ways to overcome limitations, preventing them from seeking mental health treatment.

Research Question

RQ: What are the experiences of African American custodial grandparents living with diagnosed mental health issues when accessing mental health services?

Framework

Building on AAGs' attitudes towards mental health treatment and cultural stigmatization of mental health problems, I used the Bowen family system theory (BFST), which emphasizes human behavior within the family unit. This approach will also involve examining the use of systems thinking to understand AAG. This model would permit discussion regarding how African American grandparents raising their grandchildren can draw strength from their strong beliefs in family bonds. One way to better understand AAGs is to use the unique ability of Bowen's system theory to focus on the family's emotional bonds and experiences that demonstrate the dynamics of the family's emotional connection. When discussing family bonds, what affects one member of the unit will eventually affect others in the family (Bowen, 1978).

This theoretical foundation will help understand the extent of AAGs' involvement to become caregivers for their grandchildren when there is a looming crisis. This study could lead to better outcomes for improving the mental health of many AAGs raising their grandchildren, which will perceptibly benefit their grandchildren, family, and community. Using Bowen's family theory through the lens of the hermeneutical approach was considered useful to collect data from participating AAGs who are raising their

grandchildren. Another important aspect to evaluate is possible cultural factors involving problems with access. According to Morris (2014), understanding cultural beliefs may help researchers understand the experiences of AAGs with partial access to mental health services.

Using Bowen's family theory through the hermeneutic lens enabled me to understand and interpret AAGs. The hermeneutic lens helped me draw connections between experiences involving AAGs' custodian duties and cultural beliefs. AAGs are faced with myriad mental health problems and disproportionality in terms of receiving healthcare services. AAGs are facing huge disadvantages when it comes to receiving quality healthcare services (CDC, 2013; NCHS, 2015). Scholars need to understand phenomena that compel AAGs to be so involved in raising their grandchildren when the biological fathers and mothers no ability to perform their parental duties. AAGs having unrestricted access to mental wellness should be a concern to mental health professionals.

Nature of the Study

Using a qualitative hermeneutic phenomenological approach, this study will involve understanding the problems that AAGs face when trying to access mental health counseling in their respective communities. What makes this research relevant is the need for AAGs to gain equal access to mental health services like other ethnicities. The focus of this research is AAGs raising their grandchildren without necessarily focusing on gender analysis between males and females or ethnicities.

AAGs' recruitment will take place at Tanqu Inc Agency, where I engaged the participation of AAGs raising their grandchildren through face-to-face interviews. Tangu

Inc is a private agency that offers mental health counseling and intervention to addictive clients. I secured permission from owner Dr. Walter Brooks to conduct my research in this agency. The AAG clients did not know me. Participation in interviews was voluntary without coercion, and everything was done according to the ethical code. Flyers were also provided detailing information about the research for AAGs raising their grandchildren from low-income families. There were individual interviews for participants regarding their experiences and perceptions of mental health therapeutic processes and how to remove limitations to accessing mental health services. This research involved snowball sampling to nonrandomly select qualified AAGs candidates. Data collection took place during interviews of AAGs participants. All participants were between the ages of 40-70 with mental health problems who were custodians for their grandchildren.

Definitions

African American Grandparents (AAGs) refer to custodian grandparents who are raising their grandchildren.

African Americans (AAs) refer to African Americans in the black community living in the United States

Grandparent-headed families (GHFs): grandparents who are primary caregivers for their grandchildren.

Caregivers: Grandparents providing partial or total care for their grandchildren.

Custodians: Grandparents who have full custody of their grandchildren living with them.

Exacerbated Stressors: Stress related to caregiving duty.

Low income Those who are earning incomes below the poverty line.

Psychotherapy: Counseling, diagnoses, and therapeutic process to help alleviate suffering due to psychological, mental, and emotional problems.

Assumptions

It was assumed that the participants would answer the question honestly and truthfully. I believed that participants had experiences that were appropriate for this phenomenological study. Participants expressed a sincere interest in participating in this project. AAGs raising their grandchildren from low-income families are the focus of this research. AAGs can become psychologically, mentally, and emotionally stressed out due to challenges associating with custodial duties. I used these qualitative assumptions to understand the perceptions of AAGs raising their grandchildren with incomplete access to healthcare services to improve their mental wellness.

Delimitations

This qualitative phenomenological study involves difficulties facing AAGs raising their grandchildren, who are having restricted access to mental health services. This investigation includes low-income AAGs between the ages of 40 and 70 suffering from mental illnesses such as delusion and hearing voices who are reluctant to seek mental health counseling services. These problems, if left unaddressed, will lead to disproportionally high health-risks for AAGs and their grandchildren. This study involves low-income AAGs because most researchers are not willing to address AAG's mental issues. This study excluded AAGs with no known history of mental problems as well as

those who are financially stable because they can afford mental health services without financial strains.

Furthermore, AAGs who have not tried to access mental health counseling services were also not included, since they lack experiences that were needed to support this phenomenological investigation. Not all AAGs have psychological, mental, and emotional problems in association with raising their grandchildren. Thus, they would theoretically not feel the need for mental health services, even if resources were available. Another delimitation in this study involves geographic location.

Scope and Limitations

This study involves the investigation of AAGs in the state of Georgia alone, and thus may not apply to all AAGs raising their grandchildren in the U.S. AAGs with higher income do not face the same problems as those with lower incomes. This qualitative research is not statistically transferrable. Data collection was limited to 7 AAGs participants, which limit the scope of knowledge gained. Sensitivity biases of AAGs may lead to the temptation of giving only socially desirable answers. Knowledge generated by this study may be too abstract, missing out on some specificity or result in something that cannot be ascertained regarding others' common experiences.

Significance

The AAG population in Georgia is faced with potential limitations, such as financial difficulties, transportation, and scheduling appointment with public mental health doctors, though they are suffering from chronic health issues. This study examines the experiences of AAGs when they are trying to access mental health services, and there

is limited known literature focusing on this important issue. This study will try to bridge this gap by exploring potential limitations preventing AAGs from accessing mental health services. The findings in this study could contribute to social change by helping AAGs to find better access to the mental health care system. This may inform AAGs to change their cultural orientations about mental health treatment and lack of trust in mental health services. This researcher is concerned about the mental wellness for AAGs should stem from the fact that AAGs serve as primary caregivers for their grandchildren.

This process of protecting the family structure originated from both African traditions and enduring adverse outcomes of slavery. So far, AAGs who are raising their grandchildren are less enthusiastic, unlike Whites, Hispanics and others about receiving counseling services to improve their mental health. Counselors need to recognize the changing composition of families and mental health risks that these changes pose psychologically and emotionally. This study may serve to inform AAGs custodian specifically about mental health counseling benefits.

Also, the results of this study may help to increase AAGs' awareness that counseling services are warranted to enhance their overall quality of life. This research will benefit the whole community as well as GHFs in every community in terms of raising their grandchildren in healthy environments. AAGs' psychological wellness may lead to reductions in drug abuse, mental health issues, and behavioral problems in the Black community due to strong family cohesion and proper orientation towards good life. This research may lead to future research about experiences among counseling AAGs who are raising their grandchildren with psychological problems, emotional stressors, and

lack of counseling services. Moreover, AAGs who are hesitating in terms of seeking counseling services because of the fear of being misjudged by other peers in the African American community may be encouraged to enroll themselves in mental health counseling services.

Summary

AAGs raising their grandchildren have remarkable roles when it comes to preserving the family bond, relationship, and family structure. Due to AAGs' custodial roles involving nurturing their grandchildren, many grandchildren are poised for a better future, and they are furthermore safeguarded from being taken into foster care agencies. Despite the important contributions of AAGs in terms of socialization and stabilization of their grandchildren, many researchers have little priority and less focused on how to improve their mental health wellness. Instead, their focus has been on other factors, such as incarceration, substance abuse, and emotional stressors. In this investigation, it was discovered that AAGs suffering from mental health could not get regular appointments as need in the public health centers such as Grady hospital in Atlanta, Georgia due to lack of enough resources.

AAGs are still facing many challenges psychologically, mentally, and emotionally. The structural barriers to equity SES, affordable mental health care system to deal with the emotional stressor and mental problems remain a typical problem. Furthermore, AAGs' underuse of mental health services may be creating treatment disparities. Using Bowen's theory was appropriate to understand the potential barriers facing AAGs when accessing mental health services. These persistent barriers are

limiting AAGs from using counseling services to treat their psychological, mental, and emotional stressors.

Chapter 2: Literature Review

Introduction

This chapter is an overview of the lived experiences of AAGs who are raising their grandchildren and living with mental health problems with inadequate access to healthcare services. According to Woods (2016), there has been a steady rise of 7% from 2009 to 2016 in the number of AAGs raising their grandchildren in the U.S. 1 out 5 of these AAGs fall into a low-income status that fall below poverty line (U.S. Census Bureau, 2015). AAGs' daily lived experiences concerning using counseling services involve many obstacles that need to be fully understood in light of their underutilization of mental health services.

Over the years, a variety of factors such as hypertension, mental illness, drug abuse, diabetics, and emotional stressor have been discovered that show an increasing number of 13% of AAGs suffering from mental health risks and exacerbated role conflicts. With increased barriers of low-income status, loss of social-economic opportunities and limited access to health care and increased stress of familial responsibilities, many custodial parents are susceptible to living a decreased quality life and risk of early death. This qualitative phenomenological study will involve AAGs' daily experiences regarding overcoming barriers to mental health services and suggest ways to handle challenges.

Literature Search Process

I conducted this literature review using various sources from Walden University databases such as ProQuest, EBSCOHost, Academic Search, Google Search, and PsycINFO. Search terms used for this study were used in this study

Overview of AAGs Raising Their Grandchildren

The NCHS (2015) reported disparities in terms of cultural differences, racism, SES disadvantage, and unequal treatment of AAGs by the healthcare system against AAGs raising children under the age of 18 while living with their grandparents. Multigenerational households for AAGs older than 50 years of age have become common in AAG-headed families across America (Nguyen, Chatters, Taylor, & Roybal, 2016). The composition of multigenerational families often includes grandchildren, in-laws, and young adults returning from college to live with their grandparents (Nguyen et al., 2016).

There are two kinds of AAGs raising their grandchildren: three-generational and skipped generations (Musil, Warner, Zauszniewski, Wykle, & Standing, 2009; Peter, 2018). The skipped generation consists of grandparents raising their grandchildren in the absence of biological parents (Peter, 2018). The skipped generation differs from three-generational or multigenerational families that can consist of aunts, uncles, and sometimes in-laws as parts of households (Woods, 2016). Wood (2015) said 22% of Hispanics, 23% of AAGs, and 25% of Asians Americans are all significantly more likely than Caucasians (13%) to live in a multigenerational family household. Among African Americans, 48% are in a two-generation household, 40% are in a three-generation

household, and 13% (the highest share of any racial group for this category) are in a skipped-generation household. Compared to Asians, Hispanics, and European Americans, African Americans are 26% more likely to have skipped-generation households (Whitley, Kelley, & Campos, 2013; Taylor et al., 2010). Furthermore, three-generational family structures often emerge whenever there is a crisis in the family, and it becomes a priority for everyone to pool resources to deal with the problem (Kelley, Whitley, & Campos, 2013).

Challenges

AAGs face challenges raising their grandchildren while living with mental health problems and fighting legal battles. For example, grandchildren in the care of AAGs can be in custody battles between the family and the Division of Family and Children Services (DFCS) agencies. In such situations, the children's interests must be prioritized by the law in many states, and when for whatever reason that indicates that the biological parents can no longer care for their children, state child welfare services have the legal authority to remove children to be placed in traditional foster care. The U.S. Census Bureau (2015) said that there are many as 5.6% AA children under the age of 18 living with their grandparents without their biological parents' support. AAGs often pick up the burden for their grandchildren in the absence of the grandchildren's biological parents.

Family Bonds

Bowen Family Theory emphasized the concept of a strong family tie exhibited among African Americans during difficult times, such as solidarity, family bonds, and religious connectivity among family members (Bignall et al., 2015; Nguyen, Chatters,

Taylor, & Roybal, 2016). AAG-headed multigenerational households are more likely than other ethnic groups to form in response to difficult situations such as financial needs, divorce, adolescent pregnancy, illness, or simply the desire to support their children and grandchildren (Bertera & Crewe, 2013). Bertera and Crewe (2013); and Nguyen, Chatters, Taylor, & Roybal (2016) listed several reasons why grandchildren live with their grandparents, which include: (a) incarceration of the parents for various criminal offenses; (b) substance abuse; (c) divorce; (d) biological parents mental health-related problems; (e) sudden death of the biological parents; and (f) financial problems.

Thus, this researcher in this investigation would stretch on the need to understand each of these contributing factors that provide an in-depth understanding of how AAGs are affected by these challenges. According to Bloch, Rozmovits, Giambrone, Raphael, Bierman, Ahmad, Corbin (2011), AAGs are also known to provide extensively for their grandchildren, with money, transportation, clothing, emotional support, supervision of their school work, and several hours of caregiving as they live together with their grandchildren (see Hayslip & Smith, 2013; Nguyen et al., 2016; Woods, 2015). These problematic occurrences tend to make AAGs more susceptible to emotional stressors such as social stigma, family image problems, and financial instability and can present barriers to utilizing counseling services (Bertera & Crewe, 2013).

Circumstances Leading to AAGs Taking in Their Grandchildren

Incarceration

The incarceration of young parents is one of the major factors causing children to move in with their grandparents (Wildeman & Wang, 2017). The number of AAGs males

and females behind bars in America are on the rise with drug convictions and other minor violations (Wildeman & Wang, 2017). Mass incarceration continues to disproportionately affect AAGs mentally, psychologically, and emotionally (see Wildeman & Wang, 2017), of which young mothers between the ages of 35 to 39 are also affected. Children whose parents are incarcerated also face many challenges emotionally, educationally, and mentally without caring support from their grandparents (see Bertera & Crewe, 2013). Furthermore, older AAGs often have their health decline due to mental and psychological problems (see Peter, 2018; Kelley et al., 2013). The findings by Bertera and Crewe (2013); and Peter (2018) regarding AAGs‘ emotional stress, psychological problems, and the prevalence of mental illness among AAGs have demonstrated that AAGs need Mental health professionals’ help to overcome their predicaments.

AAGs Mental Health Problems

Mental wellness includes a stable mind, balanced emotions, unimpaired judgment, and sound reasoning without generalized anxiety and depression (Hamilton et al., 2014; Kelley et al., 2013). AAGs often inherit the family problems when the biological parents are incarcerated, and the children are left without their biological parents. The impact of incarceration presents a major concern for AAGs who often must take on the financial and time burdens raising their grandchildren in the absence of the biological parents (see Bertera & Crewe, 2013). Moreover, when one of the family members is incarcerated, the whole family structure is altered, which affects the roles and responsibilities of the AAGs. Wildeman and Wang (2017) examined the philosophy behind mass incarceration of African American men as another problem disrupting family structures, noting that

there are more African American men behind bars or on paper (on probation or parole) in the criminal justice system today than ever before. This controversial judicial situation is due in part to law enforcement associating drugs, violence, and other criminal activities with inner-city populations (Wildeman & Wang, 2017). There are various reasons for the incarceration of African American mothers and fathers, such as unaddressed mental health problems and substance abuse, which affect the overall wellness of AAGs (see Blackwell et al., 2014; Noonan et al., 2016; OMH, 2014).

Mental illness is defined by the American Psychological Association (APA) as disorders that interfere with an individual's ability to live a normal life; these can include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors (APA, 2009). Mental disorders are classified based on various assessments and diagnoses and codified in such publications as the International Classification of Diseases (ICD-10), which is recognized by the World Health Organization (WHO), and the Diagnostic and Statistical Manual of Mental Disorders (DMS-IV-TR), published by the American Psychiatric Association (APA) as universal standards.

Defining a mental health disorder, it is a mental illness that often involves a dramatic change in a person's thinking and feelings that impede an individual's outlook and perspective about life (see NCHS, 2015). Researchers have noted that AAGs tend to experience mental health problems more than the rest of the population due in part to their caregiving stressors (see Kelley et al., 2013). Whitley, Kelley, and Campos (2013), and Wildeman and Wang (2017) have also demonstrated that AAGs who are living below the poverty level are more likely to experience hopelessness, sadness, frustration,

anger, and worthlessness than other minority groups. The impact of living with diagnosed mental illness among older AAG's population, especially ages 50 and up, can lead to strained relationships, divorce, social dysfunction, isolation, loneliness, abandonment of significant others, inability to offer quality custodial services, suicide, and numerous other problems that make living difficult, if not impossible (Peter, 2018; Wildeman & Wang, 2017). It appears that the negative experiences exacerbating psychological and emotional stressors for AAGs raising their grandchildren might continue to worsen if left undiagnosed (see Noonan et al., 2016).

As a result, it is imperative to investigate the AAGs mental health to find ways to overcome the established barriers to addressing their mental health concerns. The psychological problems detailed in the literature entailed social stigma, anxiety, despondency, stress, substance abuse, and depression in AAGs, along with constant worries about their grandchildren's futures (Mccain, 2016). It appears that improving the mental health of AAGs would impact their grandchildren's health as well (Noonan et al., 2016).

So far, little research has been done that allows AAGs to verbalize the reasons for their mistrust of mental health treatment or why they are reluctant (Ward et al., 2013a). For AAGs to overcome mistrust, they need mental health professionals to act on their best interests by increasing the number of minorities in the mental health field. Perhaps, AAG's being unable to see more African Americans as their therapists might be discouraging them and limit their participation in mental health services (see Morris, 2014; Murphy et al., 2013). Daniels (2016) reported that there is a chronic

underutilization of mental health services among African American communities in general without providing an antidote to the problem of mistrust of institutions, fear of being misdiagnosed, and awareness of historical mistreatment by healthcare professionals (Ward, Wiltshire, Detry, & Brown, 2013).

Currently, this research study is yet to find any researcher that is willing to evaluate AAG's discussing their grievances, social stigmas, and stereotypes about the mental health field (Cross et al., 2015; Hamilton et al., 2014; Williamson, 2014). As a result, a gap in the research still exists regarding how to overcome barriers limiting AAGs from accessing mental health services. This gap exists because previous literature was not focusing on how to resolve the issues of cultural differences, AAGs unfair treatment, SES disadvantages that are translating into inequity in health care services for minorities. Ward, Wiltshire, Detry, and Brown (2013) highlighted how social stigmas affected African Americans but not how it is restraining AAGs from seeking psychotherapy. Nor does the research provide other means to attend to their mental wellness.

Furthermore, socioeconomic barriers that AAGs are facing when trying to access mental healthcare as needed is very challenging due to poverty, shame, and lack of means to obtain treatment (see Ingram, 2014). AAGs tend to receive poorer mental health care than their European American counterparts. Cultural insensitivity is still a problem to be addressed by many mental health professionals as race discussions are often perceived as an uncomfortable issue to deal with in therapeutic sessions (Morris, 2014; Noonan et al., 2016).

Teenage Pregnancy, Cohabitation, and Divorce Rates among AA Families

Kennedy and Ruggles (2013) had, for many years, begun to document an increase in divorce rates, separation, cohabitation, and out of wedlock births rates across America. According to Kennedy and Ruggles (2013), marriage ending up in divorce among African American households can disrupt the peace and stability in AAGs family structures. Statistically, the chances that the first marriage will end in divorce or separation are 48% within 20 years (June 2015; Kennedy & Ruggles, 2013). However, this researcher is not focusing on the marital status of AA families but highlighting the experience of AAGs accessing counseling services, and the reason to discuss the divorce rates is to establish a foundation that helps the readers understand how grandchildren arrive in their grandparents' care.

June (2015) emphasized how the use of cohabitation is so prevalent among young adults to test their relationship's experience. The rate of divorce increases among those who live together before marriage compared to those who wait until after marriage before living together (Kennedy & Ruggles, 2013). According to June (2015), divorce or separation is four times higher among AAG's couples who cohabitate before marriage than those couples who do not live before marriage.

Again, this study is not about marriage and divorce among AAGs, but it is an attempt to understand the complex problems facing the AA community. The increase in the number of grandchildren living with grandparents is associated with various factors, such as marital problems, monetary problems, and a host of other things that put the

strain on relationships. AAGs also often inherit the caregiving role from AA teenage pregnancy through cohabitation or children born out of wedlock.

The Absence of Fathers

Horn, Xu, Beam, Turkheimer, and Emery (2013) had, for some years, began to notice a significant trend in young adults not willing to be committed to a marital relationship. Besides, a college education is linked to a lower divorce rate among White women, but Black women in the marital relationship are not getting the same benefit due to low SES, unemployment, incarceration in the family, and others (Bertera & Crewe, 2013). In comparison to other ethnicities, three-quarters of African American children are more likely to be born out of wedlock than White children, as marriage has become less common in the African American community (Bertera & Crewe, 2013). There are two important things to note based on this finding. Not only were the divorce rates so high, but the number of children born out of wedlock was also high. Children born out of wedlock would undoubtedly lack authority figures, which may be due to the biological fathers being absent in the family for a long time (June 2015).

June (2015) demonstrated the impact of unhealthy marital relationships that may be harming the wellness of AAGs who are now faced with providing a nurturing environment for their grandchildren. Bertera and Crewe (2013); June (2015) demonstrated that marriage appears to enhance the wellbeing of the African American family, especially when it couples with the attainment of good income. The culture of grandmothers becoming the head of the household is viewed negatively by most in the AAs' cultural community because it is an unfair transfer of forced responsibility to the

matriarch (Peter, 2018). According to the National Center for Children in Poverty (2015), whenever there is divorce or separation, the best interest of the children should not be overlooked. Next of kin for the family, such as grandmothers or grandfathers, aunts, uncles, or significant others, will take over the family responsibility of providing care for the children as guaranteed by law (National Center for Children in Poverty, 2015).

Unexpected Death of Biological Parents

Unexpected or sudden death in this research is described as an abrupt death of a young parent, such as an accident, drug overdose, shooting, or heart attack in connection with smoking. According to the National Institutes of Health (2014), approximately 45,000 African American adults die of various causes, such as heart attack in association with smoking and heart diseases. According to the Centers for Disease Control and Prevention (CDC, 2013), high blood pressure, high cholesterol, and smoking are major risk factors in heart diseases that are killing the most people from different ethnicities, including 23.8% African Americans each year. CDC (2013) noted that currently, there is an estimated 1.6 million African Americans ages 18 and older alive today who will become habitual, active smokers, and of these numbers, it is hypothesized that 500,000 will die prematurely (CDC, 2013). Untimely, death in the family often changes the family structure and dynamics of living arrangements for the members of the family. There are various factors involving a sudden death in the family, such as automobile accidents, drug overdose, and shootings. Whenever an unexpected death occurs, underage-children, the next-of-kin (NOK), or AAGs, prepared or unprepared, bear the burden of raising the children. The alternative would be that the Division of Family and Children Services

(DFCS) agency will take custody of such children. Culturally, Kinship care and AAGs are acknowledged in the literature as critically important in family preservation during crises. Grandmothers are especially recognized as a reliable safety-net for family preservation, keeping the tradition of raising their grandchildren alive (June 2015). Understanding the impacts of sudden death or natural disasters such as floods, and hurricanes, like that of Katrina, AAGs are always ready to keep the surviving family members, including grandchildren, together before government agencies stepped in (June 2015).

Financial Difficulties with AAGs Caregivers

According to June (2015), most AAGs live in poverty with little or no education for a few of them. According to Bignall, Jacquez, and Vaughn (2015), mental illness exists in every racial group based on the focused group of a diverse ethnic background. Bignall et al. (2015) reported disparities in access to mental health services. AAGs received inadequate mental health services, and social justice should affect mental health treatment for the good of society (Wood, 2016). Also, it is reported that 1 in 3 AAGs who live in poverty tend to exhibit emotional stress about the future of their grandchildren (see Bignall et al., 2015; Woods, 2016). It is noted that many AAGs worried about their emotional wellbeing as the aging process continues to creep on them with little or no money saved up for their retirement (see Ingram, 2014; Nguyen et al., 2016; Woods, 2016). As a culture, most AAGs use church-based support groups to cope with their financial and emotional challenges (see Mccain, 2016; Nguyen et al., 2016). Regardless, AAGs can provide indispensable support for their families, emotionally, financially, and

in cultural education to inspire grandchildren to live a better life (see Bertera & Crewe, 2013). According to Bertera and Crewe (2013), the grandchildren see AAGs as an unreplaceable support lifeline and as a resource for their nurturing.

According to Mccain (2016), many AAGs who find solace through their clergymen's counseling and sermons. AAGs becoming parents again is not without financial challenges, even as many of them would almost empty their life-saving to care for their beloved grandchildren (Peter, 2018). Ingram (2014) contended that there are far fewer resources available for low-income AAGs who are raising their grandchildren than those in foster care placement. AAGs, in most cases, simply assume the responsibility of raising their grandchildren when something happens to their biological parents, and they can no longer be able to take care of their children (see Woods, 2015). Ingram (2014) described poverty as a chain that connects to other problems.

Sadly, the effect of poverty can be linked with grandchildren having low grades at school as well as poor living conditions, antisocial behaviors, and increased mental health problems among the AAGs population (Chan et al., 2018). Poverty is a major risk to the raising of grandchildren when AAGs are not capable of properly caring for themselves and their grandchildren, due to lack of nutritious food and adequate shelter (Noonan et al., 2016). The impact of economic vulnerability for many AAGs is that it contributes to caregiving stress through an increase in financial strain and causes functional limitations. AAGs families are resilient to challenges and difficulties through cultural dynamic and quick adaptation in performing their caregiving responsibilities regardless of financial difficulties (see Bailey et al., 2013). AAGs relying on their strengths and capabilities to

raise their grandchildren are based on traditions that are rooted in self-empowerment education and stories about the slavery era (see Dulin et al., 2018; Kelley et al., 2013). However, they are still limited by many factors from socioeconomic disadvantages.

Barriers to Available Mental Health Services for AAGs

Daniels (2016) discovered that the negative attitude of most African Americans towards mental health treatment is creating a disparity gap in how AAs seek help for mental health recovery. Although there are many mental health facilities available to AAs in general, including AAGs, their attitude toward the treatment of psychological problems remains the greatest obstacle to the use of mental health services (Daniels, 2015). Also, the AAGs population has not been specifically targeted in research investigations because it is hard to separate AAGs from African Americans in general due to their marginalization. AAG's being economically poor reflects on AAGs' economic status' that disadvantages them from receiving adequate mental health services (see Cross et al., 2015).

Noonan, Velasco-Mondragon, and Wagner (2016) discovered that African Americans have significantly reduced advantages when seeking psychotherapy if they are uncovered by Medicaid insurance (Noonan et al., 2016; Smith & Medalia, 2014). This researcher's findings indicated that AAs, in general, need mental health services but are reluctant to make use of healthcare services (Noonan et al., 2016). AAGs' lack of healthcare insurance, including Medicaid coverage, is one of the relevant factors preventing them from receiving quality health care services (Smith & Medalia, 2014). Smith and Medalia (2014) asserted that racial disparities and cultural perspectives are still

the factors for many AAGs who want to receive mental health treatment (see Bignall et al., 2015; Morris, 2014; Noonan et al., 2016).

Counseling Services for AAGs Raising Grandchildren

Researchers should be concerned about the risk of living with diagnosed mental health problems among African American communities and lack of advocacy for AAGs to get adequate mental health treatment. These researchers have found among Blacks, that unlike other ethnicities, only one out of three of those who are diagnosed with mental health disorders will seek professional help (Hamilton et al., 2014; Williamson, 2014; Ward et al., 2013a; Woods, 2016). Moreover, professional help-seeking behavior among AAGs has been subjected to serious debate among scholars for decades. Some scholars have claimed that African Americans are more likely to seek professional help only for severe mental health problems, such as schizophrenia, bipolar disorder, and personality disorder (see Bignall et al., 2015; Cross et al., 2015; Wildeman & Wang, 2017). However, racial disparities continue to widen the treatment gap between Whites and Blacks; Other scholars have disputed the claim of prejudice and cultural stigmatization of AAGs as one of the barriers (Bignall et al., 2015; Derose, Gresenz, & Ringel, 2011; Noonan et al., 2016; Wildeman & Wang, 2017).

Counseling for Older AAGs

As the level of stress increases for AAGs raising their grandchildren, so does their need to seek mental health counseling services. Seeking counseling to alleviate mental health suffers is the goal of this research. There some researchers who are concerns about the lack of insufficient efforts to engage AAGs who are living with mental health to seek

treatment (see Noonan et al., 2016; Ward et al., 2013). This current research is focusing on this issue that many researchers have overlooked for years. It is an undeniable fact that other literature findings reported that AAGs have unenthusiastic attitudes towards seeking mental health services. This researcher found that most who are willing to use mental health care services were waiting for their doctors' appointment once every six months or twice a year. Often time AAGs have to go to the emergency room at Grady Hospital where some might wait for hours without much success to refill they are prescriptions.

Historically, slavery, racism, and disturbing medical experiments performed on a group of African Americans without their consent still harm the black community until now (Brandt, 1978). For example, AAGs are known for not keeping mental health or therapy appointments because of cultural beliefs and mistrust Thus, getting AAGs to counseling is as hard as keeping them in treatment, and the gap created by these barriers have remained unresolved for years (see Morris, 2014; Noonan et al., 2016; Ward et al., 2013). Part of counselors' training is multicultural competence, and clinicians who are trained in multicultural counseling tend to be very sensitive in their communication style with AAG's clients. Therapists who are not multicultural competent must stay away from AAG's treatment because this population is still suspicious of the mental health care system and healthcare professionals (ACA, 2009; Morris, 2014).

Counseling African American Young Parents

Counseling African Americans, in general, poses a challenge for mental health counselors when compared to other ethnic groups in the United States (Morris, 2014).

There are many complex situations facing young African American parents that eventually make their grandparents become the primary custodians for their grandchildren. Although mental illness is present across different ethnicities, young African American parents exceeded other ethnicities due to the complexity of their family problems. Young parents battle with higher rates of mental health issues, HIV/AIDS, depression, mental illness, and other problems such as incarceration, joblessness, divorce, and psychological and emotional problems that need therapeutic interventions, but they cannot afford the services, just like their grandmothers (see Kelley et al., 2013; Kennedy & Ruggles, 2013; Mccain, 2016). Also, poverty runs across low-income African American families, and it is impacting their overall wellness. AAGs are not immune to their young children's problems, which is more likely to exacerbate their mental health problems. In a dire situation that affects the biological parents and children, as AAGs are sometimes forced to decide between taking their grandchildren to live with them or abandoning them to the child welfare services. These complex situations often contribute to depression, anxiety, drug abuse, and alcohol consumption. The challenging issue when dealing with AAGs' wellness is the interconnectedness of the situation in the AAG's family structure. This qualitative phenomenological research is geared towards exploring the AAG's phenomena only, but there are multifaceted factors associated with AAG's difficulty in trying to access mental health services.

Race Dynamics in Counseling

The issue of race can insert itself into ordinary discussions knowingly or unknowingly during a therapeutic session with a client that comes from a different

background, and it may be contributing to AAGs unwillingness to seek treatment (Morris, 2014; Peter, 2018; Ward et al., 2013a). Suite, La Bril, Primm, and Harrison-Ross (2007) researchers have pointed out that race can be a factor in a cross-cultural psychotherapy session with minority clients. For example, the Caucasian therapist may be too sensitive about racial issues and hold back what he/she wants to say for the fear of being mislabeled as prejudiced, while AA clients are often concerned about racism when approaching a Caucasian therapist. Understanding the cultural collectivity thinking that exists in the AA community is essential, but many Caucasian therapists are finding it difficult to comprehend this cultural concept when counseling AA clients (Morris, 2014). Morris (2014) emphasized how therapeutic interracial counseling is increasingly common due to the quickening pace of interracial growth in North America, but racial stress can adversely affect the outcome of psychotherapy for both Whites and Blacks entering interracial therapeutic relationships. The American Counseling Association (2014) prohibited any form of discrimination by therapists against clients, but despite multicultural training, each therapist still has his or her biased perception of a client from a different culture. Historically, AAs have found themselves in an uncomfortable environment with some insensitive and multicultural incompetent professionals, such as what happened in the Tuskegee experiment in 1932 regarding African Americans suffering from syphilis disease (Brandt, 1978). The Tuskegee study was set up by the U.S. Government Public Health Service to study the natural progression of untreated syphilis.

There are many impediments as discussed in this research investigation that surround AAGs' skepticism, negative attitudes, and wrong perceptions towards health care in general. Without much controversy, mental health professionals need to do more help to improve the AAGs' wellness. The shortcoming of mental providers to meet the standard set by the American Counseling Association regarding racial awareness and lack of professionalism may explain why AAGs are having the low rate participation of mental health utilization. An example is Williamson's (2014) finding of unenthusiastic AAGs and mistrust towards mental health services that appeared to stem from various barriers that prevent AAGs' participation in the process.

AAGs rehearsing their past experiences of inequities in mental health services with their offspring may continue to have a profound negative effect on how Blacks, in general, perceive mental health treatment. Today, disparities made mental health process unfair AAGs when compare to nonblack groups (see Bignall et al., 2015; Noonan et al., 2016). Alternatively, if the barriers against the effective utilization of mental health services were broken, professional counselors might help through appropriate intervention (Kelley, et al., 2013). AAGs who need counseling due to a depressive situation that often leads to addiction should be able to find help. Consequently, understanding how AAGs overcome barriers to building relationships with mental health professionals could provide some insights into how professionals could help increase AAGs participation in therapeutic processes.

AAGs Turning to Religious Leaders During Crises

The AAGs population or African Americans, in general, do find consolation in spirituality to solve their problems (see Mccain, 2016). Over the years, researchers investigating the help-seeking attitudes of African Americans, especially older AAGs, have found that they tend to confide in their religious church-based social groups and leaders to help during crises (Nguyen et al., 2016). Pastoral counseling has some guiding code of ethical principles for proper ways of counseling, and pastors are highly recognized for their professionalism in various religious organizations (American Association of Pastors, 2012). A professional pastors' organization is different from the ACA, which sets up the rules and regulations for mental health professional counselors across the nation. According to McCain (2016), spirituality is highly prioritized by AA culture when seeking help relating to mental health treatment. This concept of seeking spiritual guidance from a religious leader is because religious leaders are intermediaries between man and God. Interestingly, most AAGs tend to find solace in church worship because they have learned to express their faith to miracles by relying on higher power, prayer, and meditation to deal with their mental health challenges. This should not be perceived negatively or as if it is different when compared to mainstream believers in the United States. Religious leaders have a profound influence in AA cultural beliefs, and churches are considered sacred ground where supernatural manifestations do occur, free of social stigmatization or wrong diagnoses that can be documented for insurance purposes (see Mccain, 2016). This religious practice has been prevalent in the AA culture since the civil rights movement still becomes the common practice among AAGs to

promote spirituality or rely on faith-based mental health treatment to avoid stigmatization and financial problems (see Mccain, 2016; Nguyen et al., 2016)

However, AAGs seeking religious counseling as an alternative to mental health counseling may also be due to a cultural value rather than the mainstream view of Christianity. The strength and bonding of the AA community with other members of similar backgrounds may serve as a safe space with which they feel freer to discuss their mental health problems. Moreover, it is regrettable that researchers are not focusing on how to improve the representation of AAGs in mental health treatment, neither is there any emphasis on recruiting more African American psychologists, psychiatrists, and therapists in mental health care services to help AAGs overcome their under-participation in the system (see Beasley et al., 2015).

AAGs Resiliency to Difficulties

Since the beginning of slavery, Black culture has developed an ability to endure hardships by turning negative experiences into a positive strength (Smith & Hanni, 2019). AAGs resiliency means that older African American males and females have developed the potential to bounce back from difficulties by adapting well in the face of tragic situations (Smith & Hanni, 2019). According to researchers, AAGs cultural buffers demonstrated that whenever there is a crisis, every family member in the three-generational family environment would come together to pool their resources to make up the edge for one another as a sign of strength (Bailey et al., 2013; Dulin et al., 2018; Smith & Hanni, 2019).

AAG culture and tradition support a collaborative effort for survival and thereby compensate for the lack of resources (Dorsey Holliman, Monteith, Spitzer, & Brenner, 2018). AAGs also play a crucial role in passing on their values onto grandchildren to avoid risky behaviors, such as violence, gang participation, and other criminal offenses that may lead to legal problems for the family (Nguyen et al., 2016). For instance, keeping the grandchildren away from trouble and violent acts are often prioritized by many AAGs who are committed to positive caregiving (Ross et al., 2014).

Researchers also highlighted how some AAGs would mobilize their attributes such as a sense of humor, spiritual principles of love, care, faithfulness, management skills, and commitment to family values to overcome stressful custodial challenges (Kelley, et al., 2013; Hayslip & Smith, 2013; Smith & Hanni, 2019). Moreover, there are social support groups, geared towards helping AAGs to deal with all kinds of difficulties and caregiving challenges (see Bailey et al., 2013; Nguyen et al., 2016). There are programs such as housing vouchers, school vouchers, food vouchers, health insurance discounts from the state government, and financial support through faith-based organizations to help AAGs cope with their financial problems, but most of the time they are too little to make a difference (see Nguyen et al., 2016). Researchers have discovered that AAGs mitigate depression and suicide risk by drawing positive energy from their negative experiences to become happy about themselves and their custodial duties (Dorsey Holliman et al., 2018; Smith & Hanni, 2019). However, even with the AAGs ability to mitigate bad experiences as a protective mechanism, depression, high-risk

suicide due to racism, and other psychosocial factors could have to worsen their mental health problems (Assari et al., 2018; Dorsey Holliman et al., 2018).

Cultural Bias Affecting the Diagnoses of African Americans

Gara, Minsky, Silverstein, Miskimen, and Strakowski (2019); and NCHS. (2015) had found that doctors, psychologists, and therapists are also not immune to their implicit or personal unconscious biases that exist in health care services. There have been well documented racial biases in the treatment of African Americans who are suffering from mental health problems (see Gara et al., 2019; Williams, Clay, Ovalle, Atkinson, & Crowe, 2018). There is a significant difference between Whites and Blacks in getting adequate healthcare for mental health problems across America. Dehon, Weiss, Jones, Faulconer, Hinton, Elizabeth Sterling, and Sarah (2017) postulated that physicians still have a long way to go when it comes to overcoming their personal believes about how they make medical decisions to treat minority patients. For example, AAs are often incorrectly diagnosed with schizophrenia, improper treatment recommendations, improper prescriptions for pain, and lack of access to mental health services (Dehon et al., 2017; Gara et al., 2019; Hoffman, Trawalter, Axt, & Oliver, 2016).

Governmental Efforts to Rectify Healthcare Disparities

Over the years, policymakers have been working toward how to rectify the disparities in healthcare services. As a result, it is important to mention some efforts being made by the people in authority both at the local and federal levels, but the problem persists. Some lists of available mental health facilities can be accessed from one state to another for many AAGs, including family primary care doctors, public hospitals,

privately funded psychiatric facilities, community health centers, mental health counseling agencies, and local health departments. In addition to treatment centers, AAGs can also use a social support group as a strength-based organization to deal with isolation, anxiety, loneliness, depression, and other mental health issues. Although AAGs have access to public mental health treatment centers, private psychiatry clinics, and other mental health agencies, most AAGs rarely take advantage of the services (NCHS, 2015). As caregiving health disparities between Whites, Blacks, and other ethnic groups continued to be noticeable, the authorities at local, state, and federal levels and multilevel health agencies were being created to help address the issues of racial disadvantages in the health care system (Hoffman et al., 2016; Snowden, 2012). Many mental health agencies work in collaboration with federal health and state health departments to reduce higher mental health risks for AAGs and their families. Gara, Minsky, Silverstein, Miskimen, and Strakowski (2019), and Noonan, Velasco-Mondragon, and Wagner (2016) had echoed for social justice in health care delivery services. They reported that inequity existed towards AAGs who need equal access to mental care services and that efforts should be directed toward improving the overall wellness of all people, including AAGs across the nation.

The National Center for Health Statistics. (NCHS, 2015) is making efforts to provide more public mental health facilities across the nation to reduce health disparities, which may be beneficial for all mental health patients. For instance, the American Association of Retired Persons (AARP) has become a sort of interventional organization for many elderly people in the United States. This organization is set up to provide support and

resources to AAGs who are age 60 and above. In addition, women ages 65-74 who responded to a survey from the AARP said that they valued spending time with their grandchildren above all other things, compared to 19% of men ages 65-74 who said they valued spending time with their grandchildren (Fry & Passel, 2009). Moreover, the U.S. Department for Health and Human Services (2012) is a health-conscious organization that raises awareness about the health and wellness of all Americans, creating many services and wellness programs to promote health equity among AAGs population. Congress is a legislative body in the United States, endowed with the duty to enact laws that govern the American people. The Landmark legislation, which is called a Patient Protection and Affordable Care Act (PPACA), Affordable Care Act or ACA, but generally referred to as Obamacare, was passed by the 111th Congress and signed into law by President Barack Obama in March 2010. The Obamacare Affordable Law was written to promote new opportunities to reduce health disparities for minority groups that have been marginalized due to SES. According to Noonan et al. (2016), millions of people have not yet taken advantage of what seemed to be available to them under this law to secure balanced health care for AAGs, thus remaining economically deprived (Noonan et al., 2016). The health care gap is yet to be bridged, and the racial gaps in healthcare coverage and treatment are increasing due to many other socio-structural problems.

Furthermore, as of 2015, AAGs who want to find African American psychiatrists would find that they are underrepresented in the mental health field as counselors or as healthcare providers. According to Beasley, Miller, and Cokley (2015), 2% of

psychologists are African Americans in the United States. This report raises concerns about AA participation in the mental health care system in the United States in two ways. First, there is a decade of racial disparities in healthcare providers and Blacks are still underrepresented (Maina, Belton, Ginzberg, Singh, and Johnson, 2018). According to the U.S. Department of Health and Human Services (2012), there were only 3.7% of African Americans in 2012 who were members in the American Psychiatric Association, 4.3% psychologists were Blacks, and 4% social workers. These disparities continue to affect how AAGs view the mental health system that favors Whites, and Black clients feel constraint in seeking mental health services from psychiatrists and therapists that do not share their values (see Noonan et al., 2016).

Mental Health Ecosystems Policies

Besides, mental health ecosystems and policies seem to be based on the status of wealth rather than the inclusion of poor, uninsured, and underrepresented AAGs (Beasley et al., 2015; Dehon et al., 2017; Ward et al., 2013). Beasley, Miller, and Cokley (2015); and Dehon Weiss, Jones, Faulconer, Hinton, and Sterling (2017); and Ward, Wiltshire, Detry, and Brown (2013) noted the socioeconomic impact and the inequality gap that existed in mental health services between various ethnic groups in the United States. AAGs are not only being disadvantaged for lack of health insurance coverage alone, but also there is a lack of innovative programs to increase their participation in the health care system (Beasley et al., 2015).

The AA population is 20% more likely to have a serious psychological problem, and African American adults living below the poverty level are two-thirds more likely to

experience serious psychological distress than those living above the poverty-line (Blackwell et al., 2014). Historical hardships, such as slavery, racism, ethnicity-based stigmatization, social, and the economic trickledown of resources, seem to translate into the mental healthcare disparities experienced by African Americans (Nuru-Jeter et al., 2018). Peter (2018) stated that AAGs are more likely to be affected by socioeconomic deprivation and developing vulnerability to feelings of sadness, hopelessness, and worthlessness than Whites.

Theoretical Framework

There are various theoretical frameworks contingent on the research investigation that could be used to examine the impact of mental health on AAGs raising their grandchildren. The BFST model was used to scrutinize how mental health problems may affect the functions of grandparenting in the African American community. The nine concepts of Bowen family system theory were developed by Murray Bowen (1913-1990) to help families understand how different people manage stressful situations. Other studies have limited the construct of BFST to family attachment, individual self-differentiation, and emotional cutoff levels between family members (Handley, Bradshaw, Milstead, & Bean, 2018; Thompson, Wojciak, & Cooley, 2019). It is reported that most AAGs are suffering from psychological, mental, and emotional stress (see Bignall et al., 2015; Peter, 2018; Williams et al., 2018; Woods, 2015). This research study was geared towards understanding the phenomena of AAGs raising their grandchildren through the lens of a hermeneutic model that considers a methodological principle of interpretations to make it applicable to the AAG's custodial phenomena

(Agrey, 2014). Heidegger (1919-1930) developed a philosophy called the Science of Being. Heidegger's philosophy interconnecting hermeneutic, phenomenological, existential, and ontological (Heidegger & Van Buren, 2008). This interpretive design will permit me to highlight the challenges facing AAGs that are relegated regarding adequate access to mental health services in Atlanta, Georgia. To comprehend the experiences of AAGs, this researcher used a phenomenological hermeneutic approach to analyze the data collected from AAGs through interviews (Miles, Huberman, & Saldaña, 2014). This researcher used a phenomenology research study to answer questions as he engaged with the participants in the field to collect data (see Miles et al., 2014).

Considering the role of AAGs in raising their grandchildren, the BFST will guide the examination of the impact of lack of adequate access to mental health services. The challenges of AAGs financially, emotionally, mentally, and psychologically with cumulative disadvantages of raising grandchildren with mental health problems remain on the rise. While the BFST can be used to understand the AAGs' family attachment, a hermeneutic lens would provide interpretations of how cultural values, belief in the family unit, and historical resilience of custodial parenting inform the quality of care they offer to their grandchildren. AAGs living within the United States have suffered historically from racism, socioeconomic problems, poverty, diabetics, high blood pressure, obesity, and other forms of social and political injustice (see Assari et al., 2018; Noonan et al., 2016; Wildeman & Wang, 2017). The Economic Committee (2015) demonstrated a large gap economically between Whites and Blacks. The public health risk facing families with custodial AAGs today is linked to poverty and mental health

problems (see Noonan et al., 2016). Unless the economic deprivation is rectified, millions of Blacks, both old and young, will continue to suffer from poor health. The reality of how AAGs can overcome barriers to healthcare services is to bridge the gap of healthcare underrepresentation and economic disparities (Cajner, Radler, Ratner, & Vidangos, 2017; Noonan et al., 2016; Peter, 2018).

BFST introduces a clinical concept, which may serve as beneficial to alleviate mental health problems (Bowen, 1978), and its phenomenological approach through the hermeneutics brings illumination to AAGs' daily lived experiences. I will use this lens in the research to understand the AAGs' disproportionate use of mental health services (Noonan et al., 2016). The factors responsible for the underutilization of health care services can be thoroughly scrutinized through this approach hermeneutic approach (Agrey, 2014). AAGs living with mental health problems while raising their grandchildren demonstrate resiliency that should be noted (Bailey et al., 2013; Dorsey Holliman et al., 2018). I hypothesize in this research that this phenomenological approach could help the disregarded AAGs to overcome their barriers when trying to access mental health services across the United States. Although AAGs know how to use coping skills to deal with stressful situations, they still need mental health resources to help combat risks to their physical wellbeing (see Smith & Hanni, 2019; Ward et al., 2013). Depending on the level of involvement by AAGs, custodian duties can raise the level of stress for those already predisposed to mental health problems (Assari et al., 2018; Wildeman & Wang, 2017; OMH, 2014). The level of AAGs' involvement in AA communities also cannot be overlooked, such as becoming the only safety-net for holding

the family structure together. Over the years, many AAGs have become the head of their household due to many factors that are mentioned in this research investigation (see Woods, 2015).

To answer the research question posed by this researcher in this study, it is suitable to draw upon the family system theory that accentuates the bond within the family members of any given society. Hence, there is a need to use the hermeneutic interpretive approach to fully comprehend the experiences of AAGs within the context of their cultural beliefs about mental health problems (see Agrey, 2014; Bowen, 1978). BFST's theory elucidates a fitting concept concerning attachment behavior, relationship, and familial challenges that are prevalent in the family and which are relevant to the AA's community cultural values and beliefs concerning emotional bonds within the family cycle. According to Agrey (2014), understanding how to find a solution to a human's problems requires critical thinking about the cultural artifact that has a profound influence on their behaviors. Hermeneutics is simply an art of philosophy that provides a comprehensive understanding of human existence, daily lived experiences, cultural horizons, and interpretation of human actions based on their worldviews (see Agrey, 2014). BFST (1978) would help to understand the family unit across cultures as a system where individuals are part of the unit, of which everyone makes their contributions (Bowen, 1978). Bowen's theoretical perspectives presented eight appropriate ways to understand the issues in AA families, though the theory is not written specifically for AAGs families alone.

Moreover, by using hermeneutics model developed by Agrey (2014), it is possible to interpret how AAGs family experiences fit into Bowen's theoretical framework. The philosophical hermeneutics approach will also give a clear understanding of historical content and meaning to the everyday life of AAGs raising their grandchildren (see Heidegger & Van Buren, 2008). The philosophical hermeneutics approach will enhance the understanding of the readers of AAGs cultural interpretation of mental issues that can be traced back to their cultural values.

Hermeneutics permits translation of contents within the horizon of AAGs' cultural experiences. Its methodology guides critical steps for solving problems through objective discourse on the appropriateness of a clear interpretation of the origin of a problem (Agrey, 2014). The Hermeneutics phenomenological method can help guide for understanding AAGs problems through their cultural perspectives about their actions and daily lived experiences. Furthermore, the Hermeneutics deductive method will shed light on different experiences AAGs have with mental health problems, diagnoses, social stigmas, and cultural misgiving about those who seek psychotherapy to deal with psychological problems. The BFST's family systems theory provides a lens to see both sides of the issues in the family, whether they are positive or negative occurrences. Several difficulties are facing the dynamics in the family, especially AAG's families, who are investing their time to keep the family structure intact. Below are the lists of eight possible approaches that could help scholars to comprehend the AAs family structures by utilizing Bowen's family system theory (Bowen 1978). Using the hermeneutic approach to understand the phenomena about how AAGs feel about the

psychotherapeutic process might help scholars to grasp the truth about an AAGs world viewpoint.

AAGs' Family Emotional Dynamics

The concept of the family emotional system describes eight basic relationships that outline where problems could surface in the family (Bowen, 1978). Using the Hermeneutics perspectives to interpret a close relationship between AAGs, their children, and their grandchildren may be viewed as being overly concerned. An AAG's custodial caregiver is forced to play the parental role, grandparents raising their grandchildren and primary providers in the absence of real biological parents. Playing these major roles makes many AAGs susceptible to emotional stress (see Peter, 2018). Bowen's theory about the family is that, as the family faces increased levels of tension, emotions are generated, and each spouse begins to externalize his or her anxiety into the relationship (see Bowen, 1978). Bowen's theory sees unresolved tensions as a threat to the stability of a marital relationship (Bowen, 1978), which can cause people to distance themselves to reduce tension. Bowen's theory helps to understand why many marriages become unmanageable, and their problems spillover to those who are emotionally invested in the family, such as grandparents and in-laws who wish to have a better marital life for their children.

BFST, (1978) could be used to comprehend the source of AAGs concerns for their grandchildren. When problems emanate in the family, it usually demonstrates how an individual's actions contribute emotionally to the problem. Bowen's theory perceived the negative impact of risks (drinking, emotional stress, separation, and problematic

behaviors from children) to a harmonious relationship (see Bowen, 1978). Although Bowen's theory generally emphasized the family dynamics and relationships between parents-children, the perspective relates to how children facing a backlash in a nuclear family may often end up living either in foster care, or with relatives, or their grandparents (see Bowen, 1978). The subheadings below highlight lists of the family emotional dynamics, such as differentiation, multigenerational transmission process, family projection process, triangles, sibling position, emotional cutoff, and societal emotional processing (Bowen, 1978).

Differentiation

This study will help to understand the AAGs phenomena through BFST's research theory, using various degrees of fusion that are associated with all families' relationships (Bowen, 1978). Bowen's differentiation assertion is described as the capacity to function individually with autonomy by making self-directed choices within the family unit. Although this differentiation is real with the family cycle, members of each family remain emotionally connected, which tends to explain why the family suffers when one member of the family is in trouble (Bowen, 1978).

AAG families sometimes experience what Bowen's theory called: a lack of differentiation. According to Bowen, differentiation reveals how people think and feel while staying connected to other family members. Differentiation also demonstrates the maturity level concept of an individual and how to balance their emotions when interacting with other family members. The philosophical beliefs of BFST are that running away from the difficulties in the family only resort to further challenges (Bowen,

1978). Bowen's theory demonstrated how an individual member in the family often maintains his or her differentiation with responsibility, role, influence, and impact in the family structure. BFST's theory provided lenses to comprehend each person's capacity to balance his or her emotions with an attachment within the family system (Bowen, 1978).

A lack of differentiation is when an individual's interest is set aside to achieve harmony with the others in the family. AAGs often set their convenience aside when it comes to raising their grandchildren. It is the lack of differentiation that makes most AAGs go the extra mile to fight for the custody of their grandchildren. Backhouse (2009) stated that some AAGs would sell their house to pay legal fees instead of leaving their grandchildren to be taken away to foster care. The strength and cohesiveness of AA family values, even during challenging dynamics (sibling rivalry) make Bowen's theory a family system theory the best fit to understand the struggles and the challenges facing AAGs' families.

Multigenerational Transmission Process

According to Bowen's theory, the multigenerational transmission process draws upon how small differences in the differentiation between parents and offspring could continue for many generations. Bowen (1978) claimed that the information creating the differentiation is passed down from generation to generation through family relationships. Bowen asserted that the transmission of these differentiations occurs through unconscious teaching, learning, and unconscious emotional programming and behavior which might emanate rationally or genetically to shape an individual's self-differentiation in the family system (Bowen, 1978). The traits of these differentiations

can be more in one member of a family than another when it comes to marital status, educational accomplishments, reproduction, and health. Using the BFST theoretical lens would help us to understand AA multigenerational phenomena, and how this family differentiation and emotional bonds make family dynamics an interesting occurrence (Bowen, 1978). A family system theory can be used to understand the prevalent transmission of self-differentiation within AA family cycles, and the hermeneutic approach could interpret the logic behind this interconnectedness that exists in AAGs families.

Family Projection Process

The hermeneutics of family projection describes how parents can transmit their emotional problems on to their children (Bowen, 1978; Mootz, 2008). Hermeneutics started as written, interpretation of texts, and proposed finding deeper meaning into human actions, but it has since expanded into verbal and nonverbal communications (Mootz, 2008). Hermeneutics, in light of Bowen's theory, explicitly demonstrated how projection actions, whether verbal or non-verbal could impact one or more children in the family by increasing the child's clinical symptoms of vulnerability (Bowen, 1978). Bowen's theoretical concept explains why parents project their problems on to their children, confirming their fears and blaming themselves when their children manifest inappropriate behavioral problems (Bowen, 1978). The profound involvement of AAGs in their grandchildren's' lives demonstrates the feeling of being responsible for the problems in the family. Bowen's theory can best explain why AAGs would make great sacrifices to care for their grandchildren despite their challenges (Bowen, 1978). The

Hermeneutical approach to understanding the grandparent's actions is that AAGs sometimes project their issues onto the parents, potentially contributing to the reasons why their grandchildren ended up living with them.

Triangles

Bowen's triangular relationship system helps to understand how tensions can shift around three people in the family, such as tensions between grandparents, biological parents, and grandchildren (Bowen, 1978). These kinds of tension tend to appear as the reactions of an individual that has a strong emotional attachment towards another family member (see Woods, 2015). One can become so taken or overly charged up emotionally in this triangle. People's actions in the family, such as AAGs towards their grandchildren, or biological parents towards their children, or grandchildren towards their grandchildren or their parents, within this triangle will amount to a way to reassure their emotional attachments. Hermeneutics is a philosophy that helps understand the twists and turns in family relationships by interpreting meaningful human actions (Agrey, 2014). BFST can be used to explain the strong attachment one family member may have towards another family member when he or she is taking sides during a conflict episode. Tensions can rock the relationship in AAGs families, just like any other family (Bowen, 1978). Bowen's theory is that a triangle is more stable than a dyad unless a member outside the triangle is trusted. Bowen (1978) hypothesized that when one member of the family is being pushed out to an outsider position, it can lead to depression. Bowen's theoretical concepts can help a therapist to understand the impacts of a triangular relationship

system, and how to help alleviate a clinical problem that might surface as a result (Bowen, 1978).

Sibling Position

AAGs must demonstrate meaningful human actions, whether negative or positive. This researcher used a hermeneutic approach to understand the infighting between siblings seems relevant to Bowen's theory regarding assertiveness and fighting for power and control among grandchildren (see Agrey, 2014, Bowen, 1978). While some siblings who grow up in identical sibling positions, predictably have common characteristics, others may not, creating tension (Bowen, 1978). Hermeneutics philosophy can be broadly applied to find meaningful hierarchical order in AAGs families (Heidegger & Van Buren, 2008). For instance, Bowen (1978) believed that the oldest children tend to gravitate towards a leadership position. This ranked position often exhibits differentiations. If the oldest happens to become irresponsible, the younger sibling might decide to fill the void. Bowen's (1978) theory indicated that siblings fighting for control are not unusual in many families' hierarchical orders, and positional differentiations allow an individual to express self-differences.

Furthermore, AAG's families are not exempted from their grandchildren's behavioral or functional problems. Raising these grandchildren often places many of the responsibilities on AAGs. Some of these AAGs, as pointed out earlier in this paper, do become critical or feel guilt when their grandchildren manifest challenging antisocial behaviors as if it is their fault (Bowen, 1978). Grandparents are emotionally connected to their grandchildren's success, values, believes and family image.

Emotional Cutoff

Bowen (1978) emphasized emotional cutoff within the family members to illustrate how an individual's family member can be emotionally detached from another member of the family due to unresolved issues. Bowen's (1978) analysis of family problems goes beyond alcohol and drug abuse; rather, the theory deals with various issues that are creating separation, emotional stress, and unresolved resentment in the family. Unresolved issues can happen between grandparents and the grandchildren under their custodial care, and sometimes emotional cutoff or emotional withdrawal might throw the relationship into the adverse territory (Bowen, 1978). Using the theoretical perspective can help clinicians understand some of the sources of emotional problems for AAGs who are trying to raise their grandchildren in the absence of their biological fathers. Many issues are challenging the stability of the family structures that need to be understood for therapeutic reasons. Comprehending Bowen's approach to emotional cutoffs can help resolve unhealthy relationships in the family system (Bowen, 1978).

Societal Emotional Process

Bowen's (1978) theoretical perspectives speak of the impact of cultural forces in any given societal setup. Bowen (1978) explained that the parallel between familial and societal emotional functioning is based on how the system treats families with juvenile delinquents. It was during the 1960s that Bowen realized that courts were acting like juvenile parents, as many juvenile courts asserted that delinquent children were victims of bad parenting. The hermeneutics assumption is the best fit to understand why many AAGs believe that they are being victimized by governmental policies (see Dinwiddie,

Gaskin, Chan, Norrington, & McCleary, 2013). The philosophical assumption behind this line of thought can only be rationally understood by a hermeneutics interpretation to determine the truth or falsehood of this victim mentality (see Mootz, 2008).

AAGs are viewed as a safety net to protect African American children from unwanted intrusions from the foster care system. African American communities would rather prefer that their children whose parents are behind bars for drug abuse, AIDS victims, or economically incapable be raised by their AAGs or next-of-kin rather than the foster care system (Thompson et al., 2019; Welfare Information Gateway, 2015). The societal emotional process can help explain the dynamic interactions between the African American community and the foster care system. Perhaps, hermeneutics could help shed light on AAGs' negative perceptions that emanated from the slavery period until now. With a hermeneutic interpretation of the historical struggles of Blacks with imprisonment, racism, slavery, stereotyping, and cultural mistrust towards governmental policies, adverse sentiments to foster care might be considered a rational fear (see Wildeman & Wang, 2017; Meek, 2011).

There have been various conceptual and theoretical perspectives applied to research concerning AAGs raising their grandchildren that address their psychological, mental, and emotional stressors (see Fritz, Cutchin, & Cummins, 2018). Fritz, Cutchin, and Cummins (2018) showed that despite the AAGs familial ties or bonds to their grandchildren, the role of a caregiver for the grandchildren could be challenging (see Ward et al., 2013b) to an AAGs mental health risk, and their capacities to be resilient

when coping with a difficult situation associated with custodian duties (Bailey et al., 2013; Hayslip & Smith, 2013).

Conceptual Framework

This researcher's (myself) conceptualization of a conceptual framework is that of an investigative instrument that permits me to define my research goals. There have been various conceptual and theoretical perspectives about the AA populations' lack of enthusiasm towards mental health treatments but with no specific plan to help the suffering AAGs to make use of mental health services. AAGs who are raising their grandchildren are a subgroup among African American communities that need help to alleviate their psychological, mental, and emotional stressors (Woods, 2015). Researchers continue to demonstrate that AAGs daily struggles and experiences of raising their grandchildren in the absence of the children's biological parents can exacerbate chronic diseases, including high blood pressure, diabetes, and psychological distress (Williams et al., 2018). Peter (2018) reported that most AAGs are experiencing socioeconomic problems that increase the tendency of health-risk for them and their grandchildren. Moreover, AAGs raising their grandchildren must deal with social stigmas concerning their caregiving, parental incarceration, as well as their mental health issues (see Ward et al., 2013a).

Literature Review Related to Key Concepts

In the literature review, the perspectives taken by many researchers did not focus specifically on AAGs' experiences with partial access to counseling services but on recognizing mental health problems in AAGs in connection with their caregiving duties

(see Woods, 2016). The lack of research into AAGs with inadequate resources available to cope with their mental health problems while taking care of their grandchildren seems to demonstrate the longstanding neglect of this population's mental health treatment (Noonan et al., 2016; Ward et al., 2013). While a few articles, such as Bertera and Crewe (2013); Noonan, Velasco-Mondragon, and Wagner 2016) mentioned the underutilization of mental health services in the AAG's culture (Morris, 2014; Maina et al., 2018), there has been no solution to the problem. The existing gap yet to be filled in the literature is how to remove the restricted access barriers forestalling many AAGs raising their grandchildren from receiving healthcare services. This research is about hearing the voices of the AAG community to understand their experiences with the utilization of mental health services and to report on how AAGs have dealt with mental health issues. Furthermore, this research may help in providing possible ways to overcome barriers to mental health services used in this underserved community.

Until now, very little has been known by how social stigma affects AAGs and their decision to seek or not seek a therapeutic treatment (see Ward et al., 2013b). The study highlights both the AAGs difficulties to effectively access mental health treatment and the disparities between Whites and Blacks due to structural, cultural, and social stigmatization barriers. Unlike most of the current studies, this research highlights ways to understand how social stigma adversely impacts AAG's enthusiasm to seek mental health counseling. AAGs have the fear of being labeled as crazy by others in the AA community, and there is a culture of maintaining a silent code regarding psychotherapy (Dorsey Holliman et al., 2018). To be labeled by other peers in association with receiving

treatment is rooted in the community's cultural beliefs, and many AAGs are fearful of being misdiagnosed (Suite et al., 2007). Through this research, I seek to help promote understanding between therapists and AA clients by alleviating social stigmatization.

Summary

Despite the important contributions of AAGs in the socialization and stabilization of their grandchildren, many researchers have not focused on how to improve their mental health wellness, but rather the focus has been about other factors, such as incarceration, substance abuse, and the prevalence of emotional stressors among the AA community. Numerous studies, as pointed out in the literature review, have demonstrated that AAGs are still facing many challenges and structural barriers that are thwarting them from seeking treatment for their mental health issues (Morris, 2014). The underuse of mental health services by AAGs has created a treatment disparity that needs to be bridged. This qualitative research will help to understand numerous barriers to AAGs cultural perspective, social stigmatization, and cultural values that are standing as obstacles yet to conquer when seeking mental health counseling. The theoretical framework to be used is the family system theory. Bowen's theory seems to be the goodness-of-fit to examine the AAGs relationship with their grandchildren, family structure, bond, and differentiation or lack of differentiation in performing caregiving roles. The hermeneutic approach and BFST can help summarize the meaningful action taken by AAGs to become lifesavers for their family by being emotionally attached to their custodial grandchildren.

Chapter 3: Research Method

Introduction

I used this phenomenological hermeneutic research to investigate various factors limiting AAGs from accessing mental health services and seeking interventions that would improve their mental health conditions. The purpose of this research is to help AAGs to gain better access to mental health counseling services. AAGs raising their grandchildren with inadequate access to healthcare and bipolar disorder, depression, schizophrenia, hypertension, and diabetes are not only a risk to their children but community as well. AAGs who lack adequate resources to seek mental health services run the risk of a shorter life span (CDC, 2013; Hamilton et al., 2014). The purpose of this qualitative hermeneutics study was to enhance understanding of AAGs' experiences when trying to access mental health counseling services and limitations involving their underuse of mental health services. The number of AAGs raising their grandchildren has been steadily increasing above 30.22% since the late 1980s, and AAGs are also facing health risks relating to their custodian duties (CDC, 2013). Also, many AAGs who need mental health counseling services are faced with barriers in terms of accessing services. Fear, anxiety, frustration, anger, and ill health are not uncommon to AAGs who are raising their grandchildren despite most caregivers' mental health conditions.

Research Design and Rationale

RQ: What are AAGs' experiences in terms of trying to access mental health counseling services?

I used Heideggerian hermeneutics that was geared towards finding the meaning behind human phenomena. Heideggerian approaches can be used to analyze AAGs who are trying to access mental health services. This model is appropriate for the interpretation of AAG's phenomena when trying to access mental health services in their community. This phenomenological hermeneutical research about AAGs can help answer some questions about the history of trying to access mental health services and their limitations in accessing mental health treatment.

AAGs' fear of social stigmatization of mental health treatment includes fear of treatment, mental health diagnoses, and labeling by other peers (Morris, 2014). This current study will involve common shared experiences of AAGs in terms of their interactions with the healthcare system. The BFST can be useful in examining mental health issues, cultural misgiving, and AAGs' negative perception experiences. Heidegger's approach can also help enlighten the AAG population to understand their perceptions of the root causes of psychological, mental, and emotional difficulties. Thus, hermeneutics was the best fit to interpret underpinning assumptions involving AAGs' perceptions of problems in association with the stressors of raising their grandchildren. The hermeneutic approach could also provide insights into how to overcome psychological, mental, and emotional problems.

The central conceptual research design method was a qualitative phenomenology through the lens of hermeneutics. Additionally, in this chapter, I focused on using the hermeneutic phenomenological approach to understand perceptions involving experiences, thoughts, memories, psychology, emotions, and awareness of AAGs need

for healthcare usefulness to enhance their overall wellness. The hermeneutics methodology that this research study used will highlight the impact of cultural influences in terms of AAGs' experiences overcoming barriers associated with seeking therapeutic interventions to alleviate their mental health issues. Gaining understanding through the hermeneutic lens is critical to help to struggle AAGs who want to overcome multiple barriers limiting them from seeking help for mental health treatment, diagnoses, and counseling services.

Case Study

The case study method permits the exploration of past studies by selecting a few individual cases, whereas a holistic, in-depth investigation is required. A case study has three categories: exploratory, descriptive, and explanatory, as mentioned by (Yin 2013). Researchers can implement a single or multiple case study when investigating some specific studies (Yin, 2013).

Grounded Theory

There are similarities between grounded theory and the phenomenological approach, particularly the fact that both permit a researcher to understand real-life situations. Grounded theory and the phenomenological approach both involve seeking to collect and investigate data from participants' perspectives to make sure that findings are not based on personal biases. Grounded theory and phenomenological designs both involve understanding participants' experiences based on perceptions of the world they live in. However, the grounded theory was not the best fit for this type of investigation that deals with imperfect access to mental health services because it does not involve

emphasizing individual experiences like the phenomenological model. This current study involved using the phenomenological design through the lens of hermeneutics to collect data from AAG participants.

Narrative Research

The narrative study emerges from a story point of view, while phenomenology research focuses on exploring the participant's phenomena (Yin, 2013). While some narrative does incorporate some forms of data to complement storytelling, hermeneutic phenomenology would permit a wider scope of data into the analysis of AAGs daily lived experiences. To emphasize various forms of narrative inquiries, a researcher must understand an individual's autobiography and write about the participant's life, documenting the personal experiences of an individual participating in the study (see Yin, 2013; Maxwell et al., 2013). However, a narrative study was used for this current study because I considered it not adequate to analyze the daily lived AAGs experiences through their perspectives.

Qualitative hermeneutical phenomenology would bring to light the difficult life of many AAGs living below the poverty line while trying to cope with psychological, mental, and emotional stressors at the same time (see Agrey, 2014; Ward et al., 2013). Many professionals who are not sensitive to how the cultural stigmatization contributes to AAGs' reluctance in using the counseling services may be engaging in unfruitful therapeutic sessions with AAG clients (Williamson, 2014). Furthermore, this hermeneutic phenomenological methodology offered a toolbox regarding how AAGs can find ways to overcome barriers, limiting them from seeking mental health treatment. Hermeneutics'

interpretation of AAGs long tradition of the cultural disconnect of treatment to alleviate mental health problems can be overcome by shedding light on what is true about psychotherapy (see Mootz, 2008). This hermeneutic phenomenological investigation would help to conceptualize why negative attitudes persist among the AAGs population and provide insight into what can be done to change that perception. Other things to expect in this chapter include the role of the researcher, methodology, instrumentation, procedure for recruitment, participation, and data collection, data analysis and plan, issues relating to trustworthiness, credibility, transferability dependability, and confirmability, ethical issues, and summary.

Role of the Researcher

The researcher's role in this qualitative research is that of an interpretive and to be typically involved in inquiries to understand the participants' experiences (Reiners, 2012). As a qualitative hermeneutic researcher, transparency about finding the true meaning of the phenomena under study, and avoiding the injection of personal biases, values, and personal experiences was prioritized to prevent dilution of the research's integrity. As a researcher, I understood that the participants' information must be kept in line with the ethical codes and boundaries were set throughout the investigation (see Anyan, 2013. As a result, the informed consent was provided to protect the privacy of all the recruited AAGs by ACA codes (ACA, 2009), with the detailed explanations of benefits and risks associated with the study in line with the Institutional Review Board (IRB), and according to its rules and regulations and approval #10-10-19-0278590. This informed consent form includes the preservation of participants' rights and

confidentiality. I strictly abode by the ethical code that no mental health information of individual participants or vulnerable adults will be made available to the public. The information collected was stored with a password known to me alone. All transcribed data will be protected for at least three years.

Moreover, this qualitative hermeneutic phenomenological research involved interactions with the participants to comprehend the meaning of their daily lived experiences (see Heidegger & Van Buren, 2008). As a researcher, my role can be defined as being very involved. I acted as an interviewer, a note-taker, recording and documenting in the face-to-face sessions at any given site. I am a professional certified NCC, CPCS, and LPC in the State of Georgia. I have been working with mental illness, substance abuse, and addiction as a marital conflict counselor, career counselor, and psychoeducational teacher since 2013. As a teacher in the mental health agency called Tangu, I have come to understand the plights of AAGs at large. I am knowledgeable about ethical codes and boundary setting with all my mixed population clients. As a result, my role in this research study was transparent with no personal biases during the research study. My responsibility to avoid conflict of interest when I was involved with participants in this research was kept correctly.

A conflict of interest was avoided entirely, and ethical codes as a licensed clinical professional researcher were maintained. As a researcher, I understood how imperative it is for a qualitative researcher to declare any potential conflict of interest. Furthermore, a qualitative researcher must be sensitive to the kind of interactions that may occur over time during the investigation with interviewees (see Bowen, 2008; Creswell, 2009). As a

clinical teacher, I did not have authority over the clients, I must get permission to do whatever I need to do from my supervisor, and I do not owe the Tangu Agency.

The Heideggerian philosophical approach included an interpretive phenomenology by extending hermeneutics, moving the concept beyond the description of experiences to seek the meanings that can be embedded in everyday occurrences (Heidegger & Van Buren, 2008). As a qualitative researcher, being able to apply critical thinking through the lens of hermeneutical inquiries to document events as they unfold was very helpful in this research development. The compilation of multiple data from the research study was stored continuously to provide needed resources that enabled an in-depth understanding of the AAGs' phenomena (see Anyan, 2013; Miles et al., 2014). This research was thoroughly documented, carefully preserved, and stored to prevent data overload or data loss.

Methodology

Participants Selection Logic

This research study focuses on AAGs raising their grandchildren. For this study, this researcher is permitted to use a small sample size of six to ten (saturation) purposively selected participants to represent the population under study (O'Reilly & Parker, 2013). In this research, participants are sought after based on the research question. This study will collect data from AAGs daily lived experiences, raising their grandchildren while living with some diagnosed mental health problems and dealing with a restricted access to mental health counseling services. This qualitative hermeneutic phenomenological study will attempt to enhance understanding of the AAGs' inadequate

access to mental health services and their underutilization of counseling services. This researcher interviewed AAGs who are experienced and knowledgeable in the area being studied. The sampling strategy used was the snowball sampling or chain-referral sampling, which is suitable for hidden populations, such as drug users and AAGs suffering from mental illness (see Gentles et al., 2015). Snowball sampling relies on knowledgeable informants and referrals to engage the participants, and it is used when phenomena are relatively rare (Sedgwick, 2013). It is also known as a chain referral or non-probability sampling method. The AAGs population is known for concealment in seeking psychotherapy or counseling for mental health problems (Morris, 2014). The goal of this researcher was to conduct an in-depth interview with a small group of selected AAGs raising their grandchildren using a non-probability sampling method to understand AAGs that share a common characteristic (Sedgwick, 2013). The criterion for selecting participants is based on AAGs who are raising their grandchildren with mental health problems while having a difficult time accessing mental health services that could benefit them. This researcher explored the AAG's phenomena regarding their struggles to overcome barriers in accessing mental health services. AAGs daily struggle with social stigmatization regarding treatment for mental health problems prevents them from overcoming underutilization of mental health counseling services (see Ward et al., 2013). To determine the eligible participants, some screening questions were given to all participants to fill out.

A semi-structured face-to-face interview of six to ten participants was scheduled to meet at various community health centers. While semi-structured interviews have a set

of preselected questions to ask the participants, it is open to a new idea that might surface during the interview (Anyan, 2013). During the face-to-face interviews with the participants, this researcher listened to their responses and perceptions, and then documented the inquiries (see O'Reilly & Parker, 2013). The interview was conducted in agreement with the research question in one or two sessions during the interview. The focus of this researcher's interview was the AAGs' experiences in accessing counseling services for those suffering from mental health problems. All participants were asked to discuss issues relating to their access to health care services, counseling, intervention, and treatment. This researcher's investigations covered both positive and negative impacts associated with AAGs seeking to use mental health services in their localities.

Lakshmi used Heidegger's interpretive approach of a phenomenological hermeneutic study to investigate nursing (Heidegger & Van Buren, 2008; Rajeswaran, 2017). Lakshmi selected a group of nursing students at the University of Botswana to study their experiences in the program. He studied their feelings about their profession and career choice, the extensiveness of their program, and their overall sense of wellness. Heidegger's approach offers an example of how research can focus on the daily lived experiences of an individual (see Heidegger & Van Buren, 2008; Reiners, 2012). AAGs' experiences as grandparents raising their grandchildren, ages 40-70, were the criteria for qualified candidates. These participants were purposefully selected from those who are experiencing an elevated mental health problem in connection with their responsibilities as the primary caregivers (Agrey, 2014; Miles et al., 2014). As part of a recruiting process, AAGs participating in the interview were provided with flyers that detail what

the research subject was all about and making them aware of the focus of the research. The flyer described the criteria for AAGs who were participating in the investigations. AAG participants individually were recruited using snowball sampling. Participants were selected through a referral from those who shared common experiences regarding accessing mental health services. Qualifying AAGs were those who had inadequate access to mental health services and had experienced a mental health problem, substance abuse, psychological problems, and/or some mental illnesses. As a result, participants were able to refer others to me who were able to contribute their experiences to my findings in this study.

According to Maxwell, Bickman, and Rog (2013), qualitative phenomenological data collection permits flexibility, which allowed the researcher to collect data in multiple forms rather than sticking to a single data collection format, such as interviews and documentation. A set of prepared questions were helpful to both the researcher and participants to focus on the issue we discussed. The goal was to reach the saturation point, a point at which participants had no more useful information to contribute to the research inquiries. According to Glasser and Strauss (1967), the saturation point is reached when there is no new information to be added or no result in additional information.

Instrumentation

This researcher was a critical instrument that gathered data from multiple sources, such as interviews, and documentation, using the approach by Miles et al. (2014). I conducted face-to-face interviews with AAGs who are raising their grandchildren

regarding their experiences with mental health counseling services. The interview was recorded on my laptop, which was secured with passwords known to me alone, and the data was transcribed by me for better analysis. I used Saldana's (2015) approach of how to draw meaning from qualitative data through discussions with AAGs who are raising their grandchildren. The information collected was organized into submerging themes for better understanding and further linked together with experiences described by individual AAGs. Moreover, I highlighted some distinguishing concepts to help readers. If the AAGs talked about new phenomena that shed light on what appears to be a new experience that was not formally mentioned in my formal inquiries, that concept was differentiated by a different type of coding procedure and was uniquely identified with a colorful highlight. The data collection was based on the lived experiences of AAGs and conducted through face-to-face interviews, using a recorder and handwritten notes for the documentation (see Saldana, 2015).

Also, the exploratory of the qualitative phenomenological design was used in collecting and analyzing the data from AAGs who are raising their grandchildren to understand their experiences and challenges relating to their caregiving duties (see Whitley et al., 2013). Historically, AAGs would like to keep their mental health issues as private as possible, but face-to-face interactions with AAGs can lead to openness. My involvement permitted AAGs to share their experiences about mental health treatment, diagnoses, and their difficulties when trying to access mental health counseling services.

Saldana (2015) focused on specific methods of collecting qualitative data in an open-ended interview of the participants. This researcher presented six open-ended

interview questions for the participants during the face-to-face interview session. Below are open-ended questions that will guide the interview discussions.

1. How did your perceptions and experiences affect your attitudes towards mental health treatment as AAGs raising your grandchildren?
2. What were your experiences when trying to access mental health services in your community?
3. How has raising your grandchildren affected your daily struggles to make ends meet?
4. Can you share your experience of how you are trying to overcome some barriers, psychologically, mentally, and emotionally as a caregiver raising your grandchildren?
5. What was the impact of social stigma in your efforts to seek or not to seek mental health treatment?
6. What is the cultural implication for those who are diagnosed with mental illness and wanting to check-in into a treatment center?

These questions were used to investigate the impact that custodian activities had on their daily life and experiences psychologically, emotionally, and financially. Participants were asked to discuss their experiences with accessing mental health services and their anticipated utilities. AAGs worldviews could only be understood by exploring their phenomena. The above interview questions were selected to comprehend AAG s' perceptions of their daily experiences concerning raising their grandchildren.

Procedures for Recruitment, Participation, and Data Collection

The data were collected at various mental health community centers in Atlanta, Georgia. As a researcher, I conducted the interviews with AAGs raising their grandchildren in various locations of their choice and documented the interviewees' responses as data collected. I scheduled two separate interview sessions with my population for a duration of 25-30 minutes per session. The interview was tape-recorded for transcription and documented using notes. The recorded tape was transcribed by me within two weeks following each interview. The transcription was reviewed several times and compared with the audiotape to ensure accuracy. The collected data was validated by all participants when they reviewed the transcripts. Based on participants' validation of their verbatim statements, the collected data transparency and integrity was preserved. I planned for a follow-up session with participants should the initial requirement results were too few to meet the saturation point. For example, parts of my follow-up plan were to continue recruiting until I reach the saturation goal. Since I was recruiting from a specific population of interest, I relied on AAGs' referral as an appropriate means for this research goal to be meant.

However, making a phone call to rearrange any failed meetings was part of the considerations. The recruitment for participating in this research study was voluntary, which left the room for anyone who wanted to exit the study to do so without any problems. If any participant wanted to return or reschedule a follow-up interview, I was opened to accepting such an individual without a problem.

Data Analysis and Plan

The coding process involved sorting out and organizing the data, which was done in various ways, such as assigning numbers, words, and phrases to distinguish the coding categories. The coding process permitted this researcher to synthesize and summarize the collected data to fully understand the interpretation of the analysis of the data generated from the study (see Yin, 2013; Maxwell et al., 2013). The coding was performed manually, such as creating different levels of coding. For instance, the first level was cyclic coding (see Miles et al., 2014). Cyclic codes are linear codes or like block codes where the circular shift of codewords gives meaning to another codeword that belonging, such as error-correcting codes (see Miles et al., 2014). The circular coding was used in a range from a single word to a full sentence or entire page of text in length with details that broke down the collected data into categories, and subheadings (see Miles et al., 2014). The information collected was coded using excel and word for the analysis of the data, interview, notes, and audio transcription. Excel and Word were chosen because I could manually compose the qualitative data, organizing them, and store them for future usage, with option to be able to review the data or playback the audio for data transcription. The second level coding will focus on the organization and sorting of the data step by step to ensure the accuracy of the transcription of the interview data. The transcription of the data was reviewed and corrected to eliminate possible discrepancies that might have occurred.

Issues of Trustworthiness

Credibility

Although qualitative research is often criticized for lack of trustworthiness, credibility, and transparency, evaluating the quality of research finding demands that this researcher establishes some sort of confidence in his findings to make the result useful (see Maxwell et al., 2013). Finding a way to establish credibility in a qualitative study is very important. Hence it is the only way to gauge whether the research finding draws plausible information from the participants, such as correct data and original interpretation of participants' original views (see Gentles et al., 2015; Maxwell et al., 2013). As a researcher, made sure that the internal validity measures what the study was intended to measure are an important criterion for other researchers to be able to judge its credibility (see Miles et al., 2014; Yin, 2013). In qualitative research, there are both opportunities and dangers of gathering overwhelming data from various sources that cause a researcher to lose themselves lost in the process (see Baxter & Jack, 2008). In this research, I avoided making errors by using excel and word to organize the collected data. This researcher promotes confidence and trustworthiness through systematic documentation of the AAGs' phenomena in their own words.

Moreover, as a qualitative researcher, understanding the value of triangulation is very imperative. Triangulation has been described as a method used by qualitative researchers to check and establish validity in their findings (Saldana, 2009; Yin, 2013). Thus, this researcher's methodology in achieving a credible collected data was through the usage of triangulation. Triangulation entails the use of different strategies, such as

interviews, and theories that an investigator can use to cross-examine whether one piece of a theory is honest or less honest when comparing it to another to find similarities in characteristics or distortions (see Baxter & Jack, 2008).

Transferability

Transferability in qualitative studies means that the research study can be applied by another researcher, or the finding can be generalized or transferred to other frameworks (see Anyan, 2013; Gentles et al., 2015). Transferability enhances the dependability of any qualitative research to a degree and establishes the trustworthiness of all inquiries (see Yin, 2013). The knowledge acquired in one study can be reproduced in another research done by another researcher to establish a kind of generalizability by applying the study result to other contexts and settings (Yin, 2013). It is the responsibility of this researcher to do a thorough job by being transparent, accurately recording the findings, and giving a detailed description. Transferability cannot be confirmed unless there is a detailed description that other researchers can follow to reproduce the same result (Maxwell et al., 2013). Although generalization is often applied to certain quantitative studies, it can also be applied to a variety of research studies because it permits the readers to make a comparison between their experiences and other elements of the study (Anyan, 2013; Creswell, 2009).

Dependability

It is the responsibility of a qualitative researcher to gather data through careful examination of documentation, notes, and interviews of participants being studied (Janesick, 2011). There are several ways a qualitative researcher can establish

dependability during the research inquiry, such as utilizing triangulation that involves various methods or activities to examine interviewees that are the subject of the study (Maxwell et al., 2013). The prolonged engagement with participants will serve to enhance reliability, and peer review of the data collection or audit trails can help ensure dependability (Maxwell et al., 2013; Yin, 2013). Establishing dependability in a qualitative research study would require an in-depth report of documentation, interviews, and research methods that will enable future researchers to replicate the work to view the research design as a pattern model (see Maxwell, 2013). According to Saldana (2009), dependability should address issues relating to reliability and trustworthiness. A qualitative researcher should work diligently to ensure dependability, which can be achieved through an individual or group interview with detailed documentation that enables other researchers to understand the context of the research findings.

Confirmability

Qualitative researchers tend to expect that each researcher brings an exceptional perspective to the study (Miles et al., 2014; Yin, 2013). Confirmability refers to the extent to which the result of the finding could be collaborated and confirmed (Saldana, 2009). There are various ways to enhance the confirmability of a study. First is objectivity on the part of qualitative research that reports accurate information from participants, which is highly pivotal. There have been various arguments for and against judging the qualitative study, checking and rechecking the process, and documenting the process as a path to upgrade confirmability. Another researcher can take a different philosophical position or play devil's advocate about the result and conduct data editing

to check for my personal biases or distortion in the data compilation. Taking steps to affirm that potential data source originates from participants' experiences as opposed to my personal view and preference is critical to validate qualitative research. One way I ensured confirmability in this research was to be congruent in exposing any personal predisposition that may distort the outcome of the investigation.

Ethical Issues

In any research study, ethical issues posed challenges to all researchers, particularly between the rights and privacy of participants and this researcher. In this research, there are issues to be mindful of when conducting the research, such as protecting the rights of participants that are the sources of information that will generate the data (see Anyan, 2013). Avoiding harm and guiding against the misuse of information is very critical. Ethics is the moral mandate for a researcher who wants to do good things for people, but those things must be done concerning an individual's rights through confidentiality while guiding against misconduct (see Gentles et al., 2015). Conducting research investigations without participants' consent is a violation of human rights. Historically, African Americans had suffered injustice socially, politically, and more than 400 African American people in Tuskegee were medically violated from 1932-1972 (Brandt, 1978). The group of African Americans in the study had syphilis and were purposefully left untreated to study the impact of the illness without them knowing what was going on. Thus, it is now unethical not to protect the rights, privacies, and obtain the consent of human subjects participating in the research. All participants were given a pseudonym to protect their identities strictly. The informed consent form was given to

each participant to fill out, and no information regarding any participant was made available to others who are not part of the process. The information gathered was strictly coded with a password and saved to make it inaccessible to none other than me, as a researcher. The record of the research will be kept for a minimum of 3 years. In case any of the participants become psychologically distressed during the research investigation, a referral to the hospital or a mental health professional or a counselor was to be made. Ethically, the vulnerable population, such as the elderly and children (children are not part of this current research) must not be exploited or abused.

The Internal Review Board (IRB) is an independent agency that approves research work at Walden University. As a researcher, obtaining approval from this agency is critical before any research investigation can take place. I agreed to seek approval and compliance with IRB ethical guidelines before I began to collect the data. IRB wanted to make sure that respect for the privacy and confidentiality of all participants was guaranteed without coercion from me. Again, protecting the human subject is a priority to IRB, so this research complied with the ethical codes.

Moreover, IRB code states that participation in a research study should be based on (a) voluntary informed consent without any coercion; (b) human experiments should be designed and based upon prior animal experimentation; (c) expected scientific outcomes should justify the experiments; (d) the experiment should be conducted only by qualified scientists; (e) the experiment should be conducted in a way that avoids all unnecessary physical and mental suffering and injury; (f) there should be no expectation of death or disabling injury from the experiment.

Ethical Concerns

This was a qualitative research that did not involve an experiment. The data analyzed was collected through the phenomena of the participants' points of view, interviews, and the sharing of their daily lived experiences. This researcher listened to the participants attentively, wrote notes, and documented them. This researcher's interpretation of participants' phenomena is called the emic viewpoint. This researcher accepted the autonomy of participants to share information freely and willingly with the recognition of how the interview might affect participants in the process. There were interactions between participants and me during the process of data collections. The role of this researcher was to conduct himself ethically and focused on the outcome of the investigation.

For example, my recruitment of elderly AAG's participants was in compliance with ethical guidelines. As a researcher, I was mindful not to recruit those who cannot give consent or those who cannot share their daily lived experiences. Only the qualified individual was interviewed, and the data collected were password-secured and saved in my computer, away from public access. The guidelines for the research interview were discussed from the beginning, with no conflict of interest.

Summary

Qualitative research methodologies can generate in-depth information about AAGs' experiences in mental health treatment, such as information relating to reasons why this group is not enthusiastic about the mental health therapeutic process. This study sheds light on the AAGs' social disconnect to counseling options, except in severe cases

of mental illness due to cultural stigmatization and mistrust of the whole counseling process. This qualitative study revealed a critical insight to new information about how some AAGs have overcome their longstanding obstacles to health care services that stemmed from the AAGs' perspectives regarding mental health diagnosis. Understanding the root problems of AAGs' health-seeking behaviors, perception, and reluctance in consulting counselors might create a better way to address the shortcomings and help scholars to adopt and integrate effective approach methodologies and suitable interventions when treating AAGs population for psychological, mental, and emotional problems.

Chapter 4: Results

Introduction

This chapter contains findings from the qualitative phenomenological hermeneutic study regarding AAGs raising their grandchildren. AAGs usually become custodians of their grandchildren due to the inability of the children's biological parents to raise them as a result of joblessness, teenage pregnancy, drug abuse, and mental illness. Participants shared their daily struggles with mental health problems, emotional stressors, difficulties, and limited access to mental health services. The stories of AAGs involve struggles to overcome barriers regarding mental health problems while raising their grandchildren. This chapter will include the setting, demographics, data collection, transcription of data collected, data analysis, evidence of trustworthiness with considerable attention given to credibility, transferability, dependability, and

confirmability. I also report the results from the data collection presented in Chapter 3 of this proposal, as well as a summary.

Research Question and Interview Questions

The phenomenological hermeneutic approach was used to investigate AAGs raising their grandchildren. In this study, I examined low-income AAGs telling stories of how they faced difficulties when trying to access mental health services in their community in Atlanta, Georgia. The preparation to interview participants for this research challenged me to be sensitive about my approach, think of how to engage my participants collaboratively and prepared ahead of time to project myself a talented researcher.

Research Question

RQ: What are the experiences of low-income African American custodial grandparents living with diagnosed mental health issues while raising their grandchildren and dealing with a restricted mental health counseling services?

Setting

I recruited AAGs raising their grandchildren through face-to-face contact in mental health centers in Atlanta, Georgia. I also initiated phone calls through numbers provided by participants using the snowball method. As a qualitative researcher, I interacted with participants and observed them in their natural environments during interviews. This research did not involve experimental and control groups, and the focus of this investigation was mainly about understanding the experiences of grandparents

raising their grandchildren and difficulties when accessing mental health services in Atlanta, GA.

Demographics

A total of nine participants were recruited. Two out of nine dropped out for unspecified reasons. Two out of the seven remaining were married to each other and interviewed at the same time. Participants include a husband and wife, four who were single grandparents, and a married grandmother without her husband's involvement in the interview. The research participants' identities were protected by using pseudonyms. These participants have similarities and differences in their experiences and demographics, such as age, religion, gender, socioeconomic status, and family life cycles (see Table 1).

Pam is a 52-year-old single black grandmother raising three grandchildren, ages 12, 13, and 14. Pam expressed the challenges she was going through as difficult. She is a religious grandmother who loves God, prays continuously, and is very active in her church with her grandchildren. Pam did not complete her high school diploma. She works part-time, making minimum wage to support her grandchildren and lives with the children in a subsidized low-income housing in a poor neighborhood.

Pam said:

> I started with 12 grandchildren, but now, I am raising one little girl and two boys, grade levels 5th grade, seventh grade, and ninth grade. Two of them are suffering from ADHD and one with a severe learning disability. I have the responsibilities of cooking, helping my grandchildren to buy books and do their homework for

> them. My whole life is consumed about what they need as opposed to what I need. It is not just about me anymore but about them, and it is very consuming. When I am by myself, If I don't have to cook, I won't cook but with the caregiving of these children, I must go home and do the cooking for them.

Debby is a 65 years old grandmother married who is raising two grandkids who are 16 and 14. She a high school graduate and works at Tangu Inc. as a case manager in downtown Atlanta, GA. She makes $10 an hour and lives with her husband, who did not participate in the interview. Debby received her high school diploma and was taking mental health courses to become an addiction certified counselor. The couple lives in their own house, but the grandchildren are grown now. She believes in using discipline to train her grandchildren. Debby reported that whenever she resisted pressure from her grandchildren, it helped her to overcome anxiety and bring stability and peace to her family.

Debby said:

> I was challenged by the generation gap relationships between me and my grandchildren. Children are very manipulative, stubborn, and disrespectful. I am often being called by the school administrators when my grandchildren have an issue. At home, I am always firm with them [and made sure] not to lose my temper and yet bring the situation under control to prevent social worker's interventions.

Andrry is a 64-year-old grandmother who is still married to Allman**,** a 52-year-old man. Both are raising 12 grandchildren, including a 3-week old baby. Andrry works part-time

and makes minimum wage. She received assistance, such as food stamps or EBT, SNAP, and Supplemental Security Income (SSI) to pay for her housing in a low-income poor neighborhood. The State of Georgia has a Food Stamp Program (Supplemental Nutrition Assistance Program (SNAP), that is a federally funded program to help provides monthly benefits to low-income households to help pay for the cost of food. Andrry did not graduate from high school, but Allman was a high school graduate and does manual work whenever possible, earning $150-200/week. He is also receiving SSI to support his family.

Andrry said:

> I am raising these grandchildren on my own without their biological parents' help. I worry a lot about putting food on the table for them. We buy clothes, shoes, food and try to pay the bill with the little money we have. We always want to be there for our grandchildren even when things are tough.

Thera is a single 47-year old grandmother raising six grandchildren. She has been raising her grandchildren for five years. Thera did not complete her high school degree, and she is receiving governmental assistance such as Medicaid, EBT, and SSI. She claimed to be trusting the higher power and prays over her grandchildren. Thera said:

> My experiences [are] coupled with struggles and challenges with not much help to raise the kids. I experience continuous struggle financially as I cater to my grandchildren. I am often emotionally overwhelmed when I do not have money to buy things for my grandchildren.

Dorraty is a 56-year old single grandmother raising four grandchildren. Dorraty was unemployed but receiving Medicaid and SSI to support herself and grandchildren. She lived in a subsidized apartment in a low-income neighborhood. She did not graduate from high school. She said:

> My experience raising my grandchildren was very amazing. I love my grandchildren as myself. I take care of them as a single Black grandmother. I go to church very often and pray to higher power whenever I am in trouble.

Eugrace is a 52-year-old single grandmother raising six grandchildren. She is unemployed, but is receiving some assistance from the government, including EBT, SNAP, and SSI. She did not finish high school and lived in a subsidized apartment in a poor neighborhood with her grandchildren. She described herself as a spiritual grandparent. She said:

> I raise my grandchildren for eight years. I cook, birth, and clothed my grandchildren those that are young. I play with them and enjoy telling the Bible stories to them. I take them with me when I am going to church and teach them to love God and people.

Table 1. African American Grandparents Participant Information

Names	Age	# and ages of Grandchildren	Length of Caregiving
Pam1	52	Total:3 Ages: 12, 13, 14	7 years
Debby2	65	Total:2 Ages: 14, 16	5 years
Andrry3*	64	Total:12	10 years
Allman4*	52	Ages: 3 wks old (infant), 2, 2, 3, 3, 8, 10, 12, 14, 15, 17, 18	13 years
Thera5	47	Total:6 Ages: 1, 2, 3, 4, 5, 6	5 years
Dorraty6	56	Total:4 Ages: 10, 11, 15, 16	3 years
Eugrace7	52	Total: 6 Ages: 14, 12, 9, 7, 4, 1	8 years

*Married Couple

Table 2. Participant Education and Income			
Name	Marital Status	Educational Level	Yearly Income[#]
Pam1	Single	Did not finish high school	$19,200
Debby2	Married	High School Graduate	$25,000
Andrry3*	Married	Did not finish high school	GA
Allman4*	Married	High School Graduate	$15,000
Thera5	Single	Did not finish high school	GA
Dorraty6	Single	---	GA
Eugrace7	Single	Did not finish high school	GA
*Married Couple			
[#]Approximate amounts of personal income. GA = solely on government assistance			

Data Collection

I began the recruitment of AAGs living in Atlanta, Georgia, from various mental health centers and communities to participate in this study. The interview locations were arranged at different locations of their choice to rule out inconveniences. Two couples were participants, but only one couple was present in the interview, while the other couple's husband did not participate, and four were single grandparents. I started manual coding after three people were interviewed. At the stage of data collection, participants did not present any unusual circumstances that might influence their experiences or

trauma that would impact the outcome of the phenomena being studied. I used a semi-structured method with open-ended questions in the interview discussions (see Appendix A). I likewise used snowball sampling to recruit other grandparents through qualified candidates, individuals who met the requirements for this study (custodial AAGs). I also visited some mental health agencies to seek for qualified participants, including the Georgia Division of Family & Children Services (known as DFCS office). DFCS provided referrals for all of the participants of this study. Due to the limited availability and representation of AAGs and the rigid regulations of DFCS, I was only able to find a limited sampling of individuals for the study. Participants were notified through an invitation letter, which included a gift card $10 for their transportation and time.

Participants were provided with the consent form at the beginning of each interview with clear instructions about my research copies. The participants were supplied with six interview questions, which were used to guide the discussion. Most of the interviews were conducted face-to-face, while two were conducted on the telephone. I took notes of my observations during face-to-face interviews. The interview consisted of statements of the individual's phenomenon about their daily struggles. Depending on the experiences the participants were willing to share, the session ranged from 25 minutes to 35 minutes. The interviews were recorded using a digital voice recorder, and I also document some important reactions during the interview. Each recording was saved with a secured password, and fake names were used to protect the participant's privacy. The use of pseudonyms helps to conceal an individual from being identifiable. I did the transcription to preserve the documentation and use the summary for the study.

Regarding variation in data collection, I reviewed my notes for variations in data collection and changes in assumptions as I followed the methodology outlined in chapter 3.

Data Analysis

As a qualitative researcher, I used an inductive approach to condense a large amount of raw text data into a brief summary format. Then, I established a link with my research objective in order to develop a compact structure of interviewees' experiences. For analysis, I used the inductive approach to develop categories and coded for each participant's statements that answered my research and interview questions.

The first step I took in my data analysis was transcribing the entire interview data, reading over my notes, and summarizing to ensure compliance with my research and sub-interview questions. After transcription, each interviewee was consulted for a careful review of the interview discussion to validate the accuracy and a $10 gift card was provided to participants for their time. This was done to compensate them for their time and transportation. This incentive was included in the invitation letter that was given to all participants before the commencement of the interviews. The participants have informed about ten dollars compensation if they complete the process of the interviews. I also thanked each participant for contributing valuable insight to this research study. All the participants shared similarities with perseverance, mental health struggles, and financial struggles with little or no help to put food on the table for their grandchildren. I coded statements in four categories that highlighted my research inquiry: a) experiencing strong emotional challenges, b) struggling families with mental health problems, c)

limited access to mental health services/counseling, and d) facing financial difficulties with special needs grandchildren.

Experiencing Strong Emotional Challenges

Again, I concealed participants' identities by assigning them fake names to protect their identities with a coded number for each grandparent. One of the questions asked was, "*How has your experience affected your attitudes towards mental health treatment as AAGs raising your grandchildren?" D*uring this research, I found that many of the participants often share a sense of positive emotion when things are less stressful for them mentally, financially, and psychologically. Inversely, these grandparents raising their grandchildren, in most cases, also share a sense of negative reaction, such as stress and anxiety, when they are overwhelmed with a lack of socioeconomic support due to joblessness of biological parents. The most common phenomenon that was discovered during the investigation was when things are emotionally too difficult; most of the participants stated that they would lean on the higher power to get them through an awkward situation. Sometimes, they reach out for assistance from spiritual leaders in their church, especially when they do not have a steady income to feed their grandchildren.

Pam described the emotional challenge of suddenly becoming the primary caregiver for her grandchildren as difficult. She noted that she struggled with reformation to her lifestyle of becoming a custodian mother. She stated that it was a different phenomenon for her. She felt like starting all over to raise grandchildren was too involving for her as a 52-year-old grandmother.

Pam**:**

> *My experiences in raising my grandchildren is very challenging as I was suffering from a clinically diagnosed depression, drug abuse. I must make some adjustments to the way I used to live to accommodate my grandchildren. I felt like I literally stopped my own life to become a good caregiver for my grandchildren because everything was more about them. I [am] not ashamed of speak out regarding my mental health challenges whenever I needed help.*

However, this researcher noticed some similarities between Debby and Pam**. B**oth noted that they experienced a generational gap because these grandchildren cultures and values were different from how they were raised. Also, they both experienced some difficulties in getting access to critically needed treatment that was challenging to these grandparents as well. Pam, Debby**,** and Andrry struggled to make adjustments to accommodate the challenges of balancing their lives with their custodian parenting. Below is a direct quote from Debby and Andrry during the interview.

Debby:

> *notes she could not stand the new generation of grandchildren that seemed to show flagrant disrespect for grandparents in not following their guidance. She must learn ways to keep herself cool under pressure because spanking the grandchildren means a recipe for trouble with the authorities. I was able to deal with every stressful situation by being firm*

with grandchildren before things get overwhelming for me, and this stance is a coping mechanism for me to control anxiety.

Andrry spoke of struggles with emotionally balancing responsibility for her grandchildren.

I stressed a lot mentally because I am fully responsible for these grandchildren. I have no help from the kids' biological parents. The behaviors of my two grandchildren are getting me frustrated. I reached out to the state but nothing much. The difficult situation is affecting me emotionally and mentally as well.

Dorraty and Eugrace confessed to finding their families' support system very helpful in alleviating their stressor. The findings from the investigation noticed that participants who were not stigmatized by their family members have a positive view about dealing with their mental health than an individual that suffer stigmatization. They did not feel isolated by their family members in any family functions, unlike Thera that was branded and called crazy by family members. The researcher noticed that the phenomena of finding family support helped to relieve some emotional anxieties from participants that found strength in the family unit

*Dorraty***:**

I found joy and blessing in raising my grandchildren and the experience has affected me positively, mentally, emotionally, and psychologically. I enjoyed my family support every time because they believe in me that I will be restored to my originality.

Eugrace stated that her experiences of raising six grandchildren were very tough, but she said that her family was very supportive. She was happy taking the grandchildren out with their biological parents on vacation when she could afford it. Eugrace seems content with her family lifecycle but not with financial difficulties.

Eugrace noted:

> *family cohesiveness provided a sense of emotional support for me. Although raising them has been associated with many challenges, yet I am blessed raising them. I am glad to be part of my grandchildren's lives and seen them growing up gives me a reflection of a good family. I [also] love my own children (…their biological parents), and they love me too. There is a strong family bond between us as we go out together, play, and do many activities together.*

Participants' Struggling with Mental Health Illness

The researcher listened to AAGs' self-reported stories about their struggle with mental health illness, such as drug abuse, major depressive disorder, anxieties, bipolar, and schizophrenia. All participants admitted that taking care of their mental health problems is a primary concern for their lives. They also realized that government agencies that protect children from abuse and neglect are watching them closely. All participants are doing their best to be fit for their caregiving duties and make sure that they take medications regularly to combat their mental illness.

Pam noted:

I am suffering from bipolar and schizophrenia… It is not difficult to see how these things were impacting my own mental health problems… It is a continuous struggle for me as I am trying to be there for my grandchildren and support them in life. When there is no money, taking care of grandchildren and myself can be overwhelming emotionally. It is not difficult to see how these things were impacting my own mental health problems.

Pam was very outspoken about her mental health condition. She believes that speaking out has helped her to find help and support group and family support. Pam stated that help is always out there for those who are suffering from mental health if they speak out when they are in need but hiding it will make the matter worse.

Pam:

"*I was not ashamed of speaking out regarding my mental health challenges whenever I needed help".*

Furthermore, participants confessed that that is a connection between their mental health illness and stressor they are experiencing. All participants realized that they cannot allow their mental health problems to get out of order. Each one of them stated that once they experienced the health challenges, they want to see their doctors but sometimes scheduling the appointment can be difficult for them. Pam said:

I am suffering from depression, stressed often though I can manage myself. I am also suffering from bipolar… I try not to be anxious, but the situation

is too overwhelming for me. I stress a lot even though I may not show it. Once I use my medication regularly, I have no problem. I am stressing now even [though] I don't show it. I don't know what will happen to my grandson who is heading on the wrong direction. You know how the system works when someone falls into a wrong crowd.

Andrry, also noted mental health problems with her husband are contributing to the challenges in the family.

Andrry stated:

My husband [also] is having a serious mental health problem that needs immediate attention". Allman (her husband) says *I joined hands with my wife in raising the grandchildren, but I am having some mental health problems and on probation. I cannot quit smoking that I am addicted to, even though I keep trying.*

Andry noted: "it was emotionally consuming when someone you care about is locked up for being with the wrong crowd. Thera stated that managing her emotion helps her to be calm instead of talking to herself because she said things could get difficult when she is experiencing the symptoms of bipolar and schizophrenia. She noted that she could not hurt herself or other people when she can calm her emotions with her prescribed medications.

Thera:

I live with my mental health problem trying to cope with the situation as I raise my grandchildren. If I could not get my medications on time, I may act strangely around people. Naturally, I am a caring and people loving

> *person, but it is not bad for me when I am not overwhelmed with many problems. Most of my peers love me and understand my struggles, except family support is lacking because they seem not to understand my situations.*

Dorraty said that she was mentally drained and unhappy, preferring to die than life. According to her mental suicide, ideation was at the highest pick when she lost her twins-babies. She was in an emotional wreck as life became totally meaningless to her at that point.

Thera:

> *I was chronically depressed when I lost my baby. I wanted to kill myself and isolated myself from other people... I lost trust in people*. She said she became dependent on drugs and alcohol dependent, just trying to forget her misery. *I was a drunkard at that time as well… I [felt] frustrated and hopeless and started using drugs to deal with my stressful situation.* She also states how her treatment has improved her life. *My mental illnesses are bipolar, depression, and anxiety, but now I go for treatment. I go to the treatment center and [church to pray], thanking [God] always, said by Thera. The treatment of my addiction is what restored my life to sanity. How I am coping today, I saw that I started reliving myself again… I prayed and prayed. Because I love my life. It is a beautiful world, a little God's creation. I love the tree, the sky, and I love me because God has created me in His own image. So, I look at my life a different way.*

Everything else, when I wake up, I thank God for waking up and I am still alive. I thank God for His mercy and understanding that He has gave me. And how He teaches me to be patient. He teaches me how to talk to people. He teaches me how to care about myself. How to live right, the way I am living now. I am a speaker; I speak to motivate people. Anybody in my present, I want them to be happy. I see homeless people; I give them a huge and go to restaurant and give them something to eat. I still give them respect as human beings as God's creatures as they are, and that is what making my world stronger.

Limited Access to Mental Health Services

All participants in this study complained about their inadequate access to mental health services in their communities. These participants live in different counties in Georgia but unanimously expressed their disappointment with mental health services. Participants noted during their interview, without ever met one another, indicated that their main concern to overcoming barriers regarding health care services remains unresolved. The common findings of seeking treatment regularly are not due to social stigma and shame among peers, but they noted that they could not afford to pay mental health charges. Besides, lack of health insurance as a result of joblessness is also the contributing factor why most participants are struggling with the phenomenon of limited access to health care services. These grandparents openly shared they are common experiences with how difficult it is to live with mental health illness without adequate care.

Pam**:**

> *I face difficulties in gaining regular access to treatment for her mental health challenges. I go to public health service to see a psychiatrist, but I don't have one now. I am trying to get one, but not [being] financially able makes it very difficult. Instead Pam notes that she uses other support services in order to overcome her mental health struggles. I called my pastor about situations. I called my sponsor to advise me because of the overwhelming challenges that I was confronted with.*

Debby said:

> *Accessing mental health is always a problem for me and grandchildren unless the children are really acting out at school. I was finding it difficult to access mental health for my grandchildren without the social works' approval. As far as mental health, you can't just say to yourself that a child has a mental health issue most of the time that's where the school nurse will come in or the school counselor will come in or social work.*

Andrry, who is overweight and her husband (Allman), shared their sense of frustration to see the doctor and therapist. They do go to public hospitals or public health center when they are able to secure an appointment. The challenge is they must wait for their turn as many Black families are known to either go to the emergency room when things are critical or go to the public hospital. The issue for participants in this study is about uneasy accessibility.

Anddry and Allman:

you cannot just walk-in to see the doctor in the public treatment center immediately when you need treatment. It is by appointment which could take four to six months. Waiting until six months can be difficult for us see the psychiatrist, since we need to get medications regularly or when one has serious mental health problems that must be addressed. Every six months appointment seems very long, but we have no money for private one-on-one counselor. They both said they would love to talk to a professional on regular bases.

Thera:

also said*, I have mental illness, but it is always a struggle to see a doctor or a psychiatry at Grady Hospital. I do not have a private counselor because my financial position. I stayed prayerful a lot to find help, but government only help me a little bit, When I go to the hospital with the kids, it is hard on me. I just wait for hours to see the doctor for my medications. I cannot be functional without using my medications to relax my anxiety. I would prefer that I have unlimited access to mental health care. Six months appointment is too long but financially I cannot afford to see a private mental health professional. Again, I must use my medications to keep things under control. I will say, it is not that bad when I get my medications when I needed them refill. I get along with people when I use my medications. I cannot hurt myself or anybody because my medications are working well.*

Conversely, Dorraty:

believes she can find access to mental health by speaking out and asking for help from the authority. *I went to fire department to inform them that something is going on with me and I don't know what it was. I went to the hospital and told them something is going on with me and I don't like it because I have mental illness. I am still going to class right now as we are speaking to address my mental illness. Currently, a therapist comes to my house once a week and I go the treatment center, Tuesday, Wednesday, and Thursday to receive care. That is where my doctor, nurse, and care are. They teach me the new way to live. Without their help, with my mental illness, I might end up in jail. They teach me how to think before I react.*

Eugrace:

states *I do go to the public health center for my treatment since I could not afford paying for private services out of pocket. I could not afford paying for private services out of pocket. I have no health insurance to cover my cost but whatever Medicaid could cover. I am scared to face charges that I cannot afford. This often makes me to rethink the cost or what I need to do when I need treatment.*

Facing Financial Difficulties with Special Needs Grandchildren

The results of my finding indicate that African American grandparents raising their grandchildren are hard hit economically due to their distressingly low-income status. The findings suggest that coping with the everyday needs of special needs grandchildren and grandparents' own personal needs is very difficult and time consuming for them. The

challenge to live a stress-free life while taking care of ADHD grandchildren with financial difficulties remains elusive for these African American grandparents.

Pam **…**

> *My experience was I must go through the school. The social workers at their schools to reach out get assistance with them because neither one of my grandsons was on medication for their ADHD. These children with ADHD were not on medication because their Medicaid was terminated, and their health care services were terminated as well. They are acting out in school. I was getting phone calls every day. They were getting school suspensions, every day they were getting into troubles and in and out of school suspensions. So, I reached out to the principle, as well as the counselor and the social worker at the school and told them that I need some assistance with getting connected with needed services outside of the school's services. I found myself in great difficulties when I was being called upon every time to their schools for behavioral problems. I was compelled to reach out to their case managers, their schools, and the DFCS Office to get them reinstated on Medicaid since their healthcare services were also cutoff.*

Likewise, Debby was facing financial stresses while raising her grandson and granddaughter. She explained how deeply involving it was for her to attend to the educational needs of these children. According to her, supervising them to make sure they do their schoolwork is a challenge to her. However, Debby stated that the investment she made her grandchildren was a just cost for the future of her grandchildren. Debby

shared with the other six participants in my findings, her lack of regret about her challenges of being a grandmother to her grandchildren. Like others, she would also act promptly to protect her grandchildren at school and home from social workers.

Debby:

> *if the children were acting out at school, the DFCS can intervene to help educate me about the children's behavioral problems. It is not easy for the doctor to take my word about my children acting out until he has run the diagnostic test. Being responsible for these grandchildren increase my financial burdens and DFCS sometimes denied my request for SNAP when the social workers think I am making some income.*

Thera:

> said *I provide daily needed care for my grandchildren. I will say that it is not easy for me to take care of them because I often short of money… Right now, two of my grandchildren's Medicaid was terminated. I have been going back and forth to the DFCS office for the last three or four days, trying to reinstate their Medicaid, because my grandson needs to receive healthcare services. One of my children is suffering from ADHD and a behavioral problem that needs prayer. He has a caseworker and a therapist that comes to his school as well as comes to the house to talk to him and to help him with coping skills. However, by his Medicaid being terminated, the mental health service providers are not able to provide the services that he needs. So, I've been going back and forth trying to get them to reinstate it, because he does not need to have a lapse. He needs to receive regular*

services for his disabilities and for his ADHD. I pray for him without taking them to church because some religious leaders are dishonest, so I would rather pray for my children at home. I struggle financially to support my family and sometimes affect my health mentally. Right now, I am going through the DFCS to get food Stamp (EBT). I don't even know how to put it. I use self-empowerment to get me through something when I perceived it is getting hard for me. I mean that this is tough for me financially, psychologically and emotionally. I must constantly struggle for my grandchildren to meet there needs. There is not much assistance for me in raising them and this put me under a lot of pressure."

Researcher's question:

How has raising your grandchildren affected your daily personal struggles to make ends meet?"

The consensus answer from these seven grandparents could be summarized as a lot of struggles. Two of them say the best way to handle the struggle was to pray a lot. The other participants said all they could do is to put my trust in the higher power to see them through. The investigations discovered that these grandparents are faced with challenges to provide for themselves and grandchildren. They shared common desires to give their grandchildren a better future, though they have limited resources. The investigations revealed that family bond is very strong among African American grandparents who are willing to sacrifice their time and money to invest in their grandchildren.

Andrry,

said *financially, there is no help from their biological parents. I raised them on my own without help from their biological fathers because they are doing drugs. I always try my best for my grandchildren to work and earn some money. I raise them on my own as grandmother who is responsible for all their needs. Emotionally is disturbing because of what I am going through challenges that seem overwhelming.*

Eugrace said she is not able to work with her caregiving duty, but she is getting a little governmental assistance, such as Food Stamp, Medicare and Medicaid to help take care of her grandchildren. She added that sometimes, the father and mother do help a little financially when they get some money. However, Eugrace said that 85% of time,

she picks up the tab for the grandchildren's care, schools, and expenses. "*I made difficult choices concerning the management of the little I have for me and my grandchildren"*.

Researcher:

"*Have experienced mental health problems in the process of raising these grandchildren*?

Dorratty:

I was still having children of my own while raising grandchildren and doing drugs. I was full of anxieties because I have lost my baby and life became meaningless, when one babies died on my arms, and second baby died before I got to the hospital. At that point, I wanted to drug myself to death. I kept doing drugs that made me sick, and my life was upside down due to my dependency on

drugs and alcohol. I was an alcoholic that gotten drunk to forget my pains. I lost my twins babies, frustrated and hopeless and started using drugs to deal with my stressful situation. All I wanted to do was to kill myself. I did not want to be around people because I have lost trust in people. My mental illness continued until I had my third baby. As I said, I pray to God to take all that away. And I have a guilt for my grandkids and that is when I got clean and change my life.

Eugrace:

who is suffering from diagnosed depression and anxiety said, *I found strength to deal with my mental illness because I love my grandchildren... usually, once I use my medications, I am mentally capable of thinking clearly and to do my duties.. I looked after their wellness because these grandchildren mean a lot to me in this world. I prioritize the interest of these six grandchildren because they are part of my life. These grandchildren also love me very much and we bond together. I love their parents also because we are all part of a large family.*

Evidence of Trustworthiness

Trustworthiness of a qualitative research study should include four criteria, which are credibility, transferability, confirmability, and dependability (Guba 1981). The issue of credibility is very vital to qualitative research finding that no researcher should fail to establish during the research inquiries. Credibility on the part of this researcher to document accurately what participants reported that generates the data composition. Once credibility is validated, internal validity, external validity, trustworthiness, and

dependability would lead to transparency that makes it possible to confirm the objectivity of the findings (see Anyan, 2013; Miles et al., 2014).

This research project prioritizes trustworthiness and transparency in my encounters with AAGs participants. The interview was conducted face-to-face and one on the phone with the consent of the interviewees. All the interviews were digitally recorded verbatim without diluting the words of participants. The transcription of participants' words without injecting my presumption or interpretation to deteriorate the true meaning. In short, their words generate the data for this research project. None of the participants was coerced to participate throughout the inquiry. Summary of their interviews and answers were transcribed exactly with open-ended questions that were asked by this researcher, and participants' answers to interview research questions were included above in this proposal.

Credibility

I took some steps to ensure credibility, such as making sure that my findings accurately reflect the participant's phenomenology. I also designed my interview based on guidance provided by experts (Creswell, 2009; Miles et al., 2014). As an external validation, my paper was reviewed by Walden University professionals. The proposal was considered typically inline with chapter 3. My approach to this research relied on the experts for me to gain an understanding of the qualitative design (see Dulin et al., 2018; Kelley et al., 2013; Miles et al., 2014). Participants were invited to share their custodian daily lived experiences which provide insight and understanding for this research study. First, I called two individuals grandmothers to review the transcription and also met face-

to-face with five participants in their homes to review the validation the translation and findings with them. Additionally, by profession, I was familiar with the culture of AAGs raising their grandchildren as a therapist since year 2012.

Transferability

Transferability in qualitative phenomenological study is synonymous with generalizability or validity of the research findings (Miles et al., 2014). The transferability of this research study can be applied by the evidence of research findings provided to readers who might want to replicate similar studies following similar content, situation, and population. My job as a researcher is to provide the data of my research findings to make the transferable judgment possible and applicable evidence to aid the potentials appliers. This research has thick contextual descriptions and varieties of AAG's participation to increase transferability. Agrey (2014) recommended a thick description of the phenomenon to increase transferability in a qualitative research finding.

Dependability

The issue of dependability was addressed in this research through the documentation of research findings (Creswell, 2009). Knowing that dependability is paramount to trustworthiness, I made sure that the data collection and documentation were not sloppy as the technique currently being used in Walden university, such as the research committees, is to employ external audits to verify the research process. The process for approving a proposal inquiry at Walden University involves having the Research Center and dissertation committee's approval of this proposal. In order to ascertain dependability, I detailed the method of my research investigation, data

collection, and data analysis for readers to evaluate the accuracy and reliability of the research procedure.

Confirmability

Confirmability refers to the degree of trustworthiness that this researcher established with the confidence that the research findings were based on participants' words rather than my personal biases (Patton, 2002). Ensuring the trustworthiness and genuineness of qualitative research to avoid plagiarism was noted by Anney and Mosha (2015). To address confirmability, the issue of objectivity must be resolved. I have established a detailed trail of my data collection to enhance the level of confidence in this research study. The research is based on AAGs; phenomena rather than my personal biases. I have provided the audit trail of data collection, data analysis, and interpretation to foster the confirmability. I adopt the reflective journal approach in data collection to demonstrate how it influences my research findings. The details that I provided could provide valuable insight to readers to comprehend how the themes emerged from the data collection and analysis.

Results

RQ: What are AAGs' experiences in terms of accessing mental health services?

All participants in this investigation reported providing full care for their grandchildren, ranging from two to twelve grandchildren in one household. Participants stated to be financially responsible for their grandchildren because their biological parents were unable to care for the children. The findings are consistent with other studies about African Americans raising their grandchildren while facing complex

challenges, such as financial difficulties, joblessness, parental drug abuse, incarceration, and mental illness (see Economic Committee, 2015; Ingram, 2014; Noonan et al., 2016). The investigation uncovered that drug abuse, financial difficulties, incarceration, and joblessness were the main factors why AAGs become the primary custodians for their grandchildren (see Noonan et al., 2016; Wildeman & Wang, 2017). The research findings were supported by previous researchers that noted that AAGs are raising their grandchildren while living in poverty (see Noonan et al., 2016; Peter, 2018). Kelch-Oliver (2011) stated that AAGs are at risk as they cater to poor grandchildren who are more likely to be susceptible to longtime health risks and disabilities. Consequently, AAGs are faced with a challenging situation that they felt obligated to act as a safety net to prevent DFCS from taking over the custody of their grandchildren.

Subsequent Interview Questions

1. *How has your experience affected your attitudes towards mental health treatment as AAGs raising your grandchildren*?

Participants reported both negative and positive experiences in raising their grandchildren. The phenomenological meaning of this is supported in the previous literature. Most AAGs have learned to cope and endure the caregiving hassles. However, this research confirmed that most AAGs are feeling very positive about their custodian duties because of their love for their grandchildren. Participants said they were blessed to be able to be there for their grandchildren regardless of many challenges. During face-to-face meetings, I could see participants expressing positive feelings overall in association with their caregiving duties. Many of these AAGs reported that their attitudes of

compassion, courage, and positivity rather than pessimism sometimes alleviate the level of caregiving stressor in custodian duties. There is limited research, if any at all, on the outcome of attitudes regarding overall wellness of AAGs' custodial grandparenting.

2. *What are your experiences when trying to access mental health services in your community*?

Participants reported facing challenges when accessing mental care services due to financial difficulties. Participants stated that they could not afford to check in to private mental health agencies to pay counselors out of pocket. Two participants who get Medicare and Medicaid assistance were able to hire the private therapists that come to visit them at home. Although AAGs are facing mental health issues relating to their caregiving duties, the research investigation found that money is the main factor in seeking or not seeking mental health treatment among AAGs communities. While all participants could have access to the public health center, appointments to see the doctor often take a long time, and financial difficulties further limit participation.

3. *How has raising your grandchildren affected your daily personal struggles to make ends meet*?

The low-income families are facing some financial difficulties that are forcing them to choose between feeding the family and paying for mental health services. In order words, the situation sometimes forces them to prioritize feeding their while they are at risk physically for not getting mental health treatment (see Noonan et al., 2016). The results of this study are consistent with scholars' findings cited in the literature related to AAGs low-income status that struggles with financial challenges (see Assari et al., 2018;

Blackwell et al., 2014). AAGs reported joblessness of biological parents that put a heavy burden on their caregiving duties. AAGs complain of being responsible for food, clothing, and schooling of their grandchildren. The investigations found that single AAGs who wanted to work full-time are finding it difficult because of their custodian duties.

4. *How have been your experiences in overcoming some barriers as a caregiver raising your grandchildren*?

Previous literature indicated that AAGs are underutilizing mental health services (Daniels, 2016; Williamson, 2014). I discovered that AAGs are facing some difficulties in obtaining adequate mental health services. Participants indicated that they are struggling with their own mental health problems while trying to find a balance to care for their grandchildren. All participants said it is not an easy task for them, but they have no option if they want to keep their families together and out of trouble. Participants reported that they are obligated to protect their families from DFCS and social workers or legal troubles that may follow. AAGs prioritize their families' safety and interests about their conveniences and willing to pay sacrifices for their grandchildren. The findings confirm that African American communities are still experiencing health care disparities when compared to Whites counterparts. Despites that President Obama signed into law the Patient Protection and Affordable Care Acts (ACA) in March 2010, the result of these findings suggest that many AAGs are still struggling to get unlimited access to mental health services.

5. *How did social stigma impact your efforts to seek or not to seek mental treatment*?

AAGs who participated in this research are finding ways around social stigma. For instance, Participants like Dorratty and Pam have learned to speak out about their mental illness. They reported that help is available when they speak out unashamedly about their mental diseases. In the context of the research findings, some AAGs are conceptualizing mental health taboos as a hindrance to overcome the challenges associated with mental health problems. Consequently, others with lower-educational status asked me what social stigma means? I told them that social stigma is related to a strong disproval of someone based on culture, religion, and mental health condition. I always took the time to break the word down to strong disapproval or a rejection due to mental illness. AAGs have experienced social stigma in relation to mental illness (see Alvidrez, Snowden, & Kaiser, 2008) This finding proves that only a fraction of AAGs living with mental health is currently experiencing social stigma within their family but not from their peers as previously reported by some literature (Baker, 2012; Corrigan & Rao, 2012; Ward, Wiltshire, Detry, & Brown, 2013). Notwithstanding, a significant minority of people reported facing disapproval among their peers and families in the past. The result of this research findings confirms that the issue of social stigma cannot be generalized among AAGs community today. For example, five of the participants said that they were not ashamed to speak out about their mental health problems and that speaking out has helped in finding acceptance from other people.

6. Based on your experiences, how is access to a treatment center for those who been diagnosed with mental illness?

All participants reported using a public health center in their areas. Two grandparents are getting additional treatment by having social workers or therapists coming into their homes. These participants are getting coverage through Medicare and Medicaid. Five participants testified that they would love to accept more financial assistance from the government. Quite a few of the participants have not been able to get their application for disability approval or Supplemental Security Income (SSI). President Obama believed that everyone should get their fair share not only in the economy but in health care services also. He signed into law Affordable Health Care Act in 2013, and the uninsured rate among non-elderly African Americans went down by more than 50%. However, AAGs are still receiving unfavorable medical treatment from mental health professionals due to longstanding discrimination that permeates the health care system in the United States (Nuru-Jeter et al., 2018). Previous studies also confirmed that AAGs are disproportionally affected by the inadequate health care services, SES, lack of health care insurance to cover the cost of mental health treatment for many custodians in the United States (Assari et al., 2018; Blackwell et al., 2014; Woods, 2015).

Discussion

In this research was confirmed that are factors preventing AAGs from accessing mental health, such as financial difficulty causing limited access to mental health usage, experiencing difficulty in overcoming barriers associated with mental health services in their different communities, and impact of mental health illness as AAGs are performing their custodian duties (see Peter, 2018; Ward et al., 2013). A few of the grandparents reported the effect of a social stigma during this investigation. For example, Thera

reported being called crazy by her family members and faced a strong rejection in any family gathering. She prefers to isolate herself from them due to name-calling and disapproval. On the other hand, the experiences of Pam was different from Thera because of Pam's ability to be outspoken about her mental health diagnoses. Pam said help is there for her because she was not ashamed of her mental health problems. Historically, According to Brandt (1978), the fear of being misdiagnosed among the African American community is associated with the deep mistrust between them and mental health professionals; those are perceived as working for the government, taking advantage of their slave history all over again. These are some of the hidden factors demotivating AAGs from enthusiastically seeking mental counseling that could alleviate their mental illness. During my literature review, I found that the Tuskegee study was set up by the U.S. Government Public Health Service to study the natural progression of untreated syphilis 1930s (Brandt, 1978). African American bodies were used for syphilis testing without their knowledge in the experiment, which has created a negative attitude in the Black community (see Green, Maisiak, Wang, Britt, & Ebeling, 1997). Furthermore, slavery, racism, redlining, and other factors have also contributed to a general mistrust of socioeconomic services like healthcare in the Black community. Thera said: "I have lost *trust in the system where they say one thing and do another thing. People are very sneaky and deceitful in their practices"*. This investigation reveals that many African American grandparents are still experiencing negatively impacted health care inequity treatment.

This researcher was conducted using the main which focused on African American custodial grandparents living with diagnosed mental health issues and their

experiences when accessing mental health services. *What are the experiences of African American grandparents raising their grandchildren when trying to access mental health services*? A series of face-to-face interviews were conducted with an individual participant who is African American raising grandchildren. I discovered some varieties of obstacles that may limit or prevent AAGs from raising their grandchildren from seeking treatment for their mental illness.

Thera spoke about her family members excluded her from family all functions. I discovered during my research interviews that cultural misgivings have to do with being labelled as crazy by family members rather than their peers. Culturally, mistrust of the medical system is still alive and prominent in the daily experiences of some AAGs. The adverse effect racial prejudice made Andrry conclude that you cannot always trust the system where the authority says one thing to you and do another thing. Thera, and Eugrace, reported difficulties in getting the DFCS personnel to reinstate coverage for their grandchildren during the discussions, though these participants never knew each other nor live in the same county in Atlanta, Georgia. They were interviewed separately at different times and dates. Debby said culture define what she does and how she raises her grandchildren. She spoke about the differences in the older and younger generation of her grandchildren. The older generation tends to be obedient to instruction, while the younger generation tends to query everything; she instructs them to do. They want to know why they should comply with such guidance or instruction. I discovered during the interview that cultural beliefs affect the way they perceived mental health treatment.

Among African American communities, concealment of mental health problems is still a major barrier in obtaining adequate treatment on time.

Furthermore, this study discovered that AAGs who are in need of mental health counseling often resort is going to clergy for advice and prayer rather than seeking professional treatment for their mental illness. Culturally, religious leaders have been recognized for their source of inspiration and solace since the time of slavery. AAGs' families believe strongly that they can find answers to their mental health problems by praying to God or higher power.

Moreover, cultural influences permeate the way of life for grandparents and their grandchildren. Culture has a strong influence on the way AAGs train and raises their grandchildren. Grandchildren living under the same roof with their grandparents are expected to live by certain principles, values, and disciplines. Most AAGs told me what was expected and permitted behaviors in their grandparents-grandchildren relationships. For example, **Debby** would not take nonsense from her grandchildren because of her strong personality and firm control over what goes on in the family dynamic. **Andrry** and **Allman** would discipline any grandchild who is disobedient to their authorities. **Thera** was dedicated to instilling values into her grandchildren because she wants them to grow up responsibly in this chaotic world.

AAGs desiring more access to treatment centers. During this investigation, most participants told me able they are willing to seek treatment at the slightest opportunity if they have adequate coverage to pay the doctor. For example, **Andrry** and **Allman**, both suffering from high blood pressure and diabetes complaints not able to see

the doctor on a regular checkup. She and her husband (Allman) were always scheduled to come back every four to six months because she uses the public hospital at Grady. **Andrry** confessed that her access to Medicare is often hampered by many difficulties. The consequences of lack of regular assistance from the government are hurting their chances of obtaining regular treatments. **Thera**, who is suffering from bipolar and schizophrenia, needs to secure access to mental health services, but getting what she desires has not been easy, she said during the interview. This research investigation discovered that African American grandchildren with special needs facing multiples challenges regarding health care services for themselves and their special needs grandchildren.

The Characteristic of AAGs Raising Special Need Grandchildren

There are families with special needs grandchildren that were part of the interview; they reported suffering if their kids Medicaid is terminated (see Table 3). Participants stated that there are procedures to follow to get these children with ADHD disabilities reestablished, which might sometimes take of filing the paper works. These grandparents described their struggles with tough financial situations.

Table 3. AAGs with Special Needs Grandchildren			
Names	Caregiver's Health Issues	Grandchildren Health Issues	Access to Medicare/Medicaid
Pam1	Depression Anxiety	ADHD (2 child)	Medicaid
Deb2	Anxiety	--	Medicare
Andrry3	Bipolar Disorder Depression Anxiety	ADHD (1 child)	Medicaid
Allman4	Cardiovascular Issues Smoker		Medicaid
Thera5	Bipolar Disorder Schizophrenia Depression	ADHD (1 child)	Medicaid
Dorratty6	Bipolar Disorder Depression		Medicaid
Eugrace7	Depression Anxiety		Medicaid
All participants were receiving Supplemental Nutrition Assistance			

Pam, *you know how hard it is to cater for special need children that are suffering from ADHAD, as well as behavioral problem and learning disabilities. My grandsons who are in grade 6th and 7th grade, reading on the kindergarten level. I bought basic reading books for them and sat down to read with them for hours on a daily bases, which is getting me irritated because they could not understand the basic word pronunciations. He could remember what we read in a few hours, and I will be frustrated. It is so challenging that I sought counseling about this from my therapist to better understand how I can deal with this depressing situation. I am still learning the skills to help me understand how to handle ADHD learning disability problems*.

Andrry, *I need government assistance, and my grandson, who is suffering from ADHD, also needs counseling, but we need financial help to go through all these. It is a continuous struggle to see him suffer from disability. Although, I always try to be supportive of my grandson when money is tight is a problem. When there is no money, taking care of grandchildren and myself can be overwhelming emotionally and stressful for the entire family. I do take him to public health service to see a psychiatrist because of his mental health issues. Imagining going all day waiting for help. I need to work because raising them with minimum wage is tough*.

Thera said: *My experiences vary with special needs grandchild, apart from cooking for them, I spent more time with the ADHD child doing his homework with him. I also live with my mental health problem while trying to cope with the situation of raising these grandchildren. Imagining going out looking for help all the time can be challenging most of the time. I find it very difficult to get through the system. Once he gets his medication and uses the medication, he will be calm. Being to get focused with lesser distractions does help to get him stable and get some works done. Like I said before, I am getting very small assistant from the government but not enough.*

Summary

This study found that many African American grandparents raising their grandchildren are doing so passionately irrespective of their own mental health problems. For example, 2018 Grandparents Today National Surveys discovered that 89% of AAGs are more likely to reap the emotional and physical benefits of raising their grandchildren. They reported that their relationships with their grandchildren make them feel good

mentally, while 75% of AAGs believe that their grandchildren make them sociable (Phillips, 2019). There are four main themes that emerge from these investigations which are: a) AAGs experiencing strong emotional challenges, b) AAGs struggling to cope with mental health problems, c) AAGs experiencing limited access to mental health services; d) AAGs raising special needs grandchildren are facing financial difficulties**.**

AAGs Experiencing Strong Emotional Challenges

In this research, I discovered that AAGs would do everything possible to safeguard their grandchildren, even if it means sacrificing their mental wellbeing to raise their grandchildren. The AAGs' logic for performing their caregiving duties for their children is that of nobility and pride, and they are emotionally invested in protecting their family structure. During the investigation, AAGs reported that these grandchildren are the extension of their lives and families. As a researcher, I could only explain these unwavering supports through the African American cultural lens. As noted previously in this research, there is a strong African American tradition that perceives grandparents as a safety-net for family preservation. The emotional attachment remains strong in AAGs as family members stay together during a crisis.

AAGs Struggling to Cope with Mental Health Problems

The fact is, mental health problems come with many challenges for the sufferers. This study confirms that raising grandchildren with mental health problems is not easy for AAGs. Participants confessed that they must rely on using their medication regularly for them to enjoy the functionality and to carry out their custodian duties. AAGs reported experiencing multiple stressors associating with their mental health problems, financial

difficulties, and finding their ways to overcome challenges related to obtaining prescriptions for their mental health problems. I discovered that transitioning from being a mere grandparent to play a day-to-day active role in their grandchildren's lives requires AAGs to sacrifice their lives to care for their grandchildren in many ways. Given the stressful circumstances surrounding their custodial parenting, the result of these findings helps to discover how significant AAGs are for the Black American communities.

AAGs Experiencing Limited Access to Mental Health Services

AAGs would like to have their private mental health counselor or therapist, but financial difficulties are preventing most of them. This study discovered that AAGs are in agony of getting adequate care for their mental health regularly because they must rely on a public health center that schedules them to see the doctor every other six months. Managing mental health problems, such as substance abuse, anxiety, stress, depression, anxiety, bipolar, and other mental illnesses, can be too difficult without adequate access to see mental health professionals. This study discovered the need to promote access to mental health services for AAGs that have no health insurance as more and more African Americans are at higher risk of developing mental health problems due to poverty.

AAGs Raising Special Needs Grandchildren are Facing Financial Difficulties

The outcome of this study noted how the AAGs living with mental health problems and raising special needs grandchildren carriages a significant risk for their already fragile health-risk. However, the risk to mental, physical, and emotional wellbeing may vary according to AAGs diagnoses, economic status, and age. What is consistent with the result of this investigation is the heavy caregiving burden associated

with low-income status and special needs grandchildren that many of AAGs assume as custodians. Furthermore, this may take a dangerous toll on the health and wellness of these custodians. Future research could further develop the line of study to examine the risk impact of AAGs' physiological and mental functioning. Chapter 5 will provide a precise summary of the purpose of the study, nature, and interpretation of the findings.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this research was to examine the phenomena of AAGs raising their grandchildren when trying to access mental health services. A phenomenological hermeneutical approach was chosen to understand the experiences of AAGs when dealing with mental health problems who need mental health treatment. This type of study permits AAGs to relate their experiences and struggles when accessing mental health services. The results of my investigation provide a framework to understand better that there is a need to provide mental health services for AAGs raising their grandchildren. Although more research is warranted to fully explore the barriers that are preventing AAGs from full access to mental health services, this research explains how AAGs are struggling financially, economically, and mentally with complex problems. AAGs who are reluctant to access mental health services have other problems also mentioned in this investigation. From this study, four coded themes emerged.

Theme 1: Experiencing Strong Emotional Challenges

The first theme, experiencing strong emotional challenges, is a common phenomenon among AAGs raising their grandchildren. Mental health wellness comprises a stable mind, composed emotions, sound judgment, and balanced reasoning without generalized anxiety and depression. Pam, Andrry, and Eugrace revealed that they consider their grandchildren as parts of their lives, which speaks to why caretakers are so bonded with the children. AAGs' emotional connections with their grandchildren are an indication of their closeness. This confirms the BFST regarding family units. AAGs are reported to be emotionally invested in their grandchildren's education. Participants stated during interviews that their grandchildren sometimes get into trouble at school. In my findings, three AAG participants told me that their grandchildren were living with ADHD exhibit behavioral problems that may lead to emotional swings, especially when grandchildren are earning poor grades and becoming involved in delinquent behavior. These behaviors create uncomfortable feelings with negative impacts for AAGs who hate to see their children in a bad situation and would like to avoid police or DFCS involvement. As a result, many grandparents told stories involving responding quickly to their children's school administrators whenever they were called in order to prevent the possibility of losing their guardianship.

Theme 2: Struggling Families with Mental Health Problems

The second theme was struggling with families with mental health problems. Many AAGs are struggling with mental health while trying to raise their grandchildren in a stable environment. Challenges facing AAGs tend to exacerbate their emotional

stressors and mental health problems, as reported by participants during interviews. All participants reported using medications to manage their own mental health issues. According to these participants, using medications regularly helped them remain functional every day. Only one 1out of 7 participants reported being called crazy by family members. Most grandparents declared that they were assertive about their mental health problems. They believed that anyone could find help when they speak out about the seriousness of mental health problems. AAGs who are of low-income status, has limited options to choose their own private treatment. Beasley et al. (2015) discovered that AAGs who wanted to find AA psychiatrists were surprised that minority professionals were underrepresented in the mental health field or as healthcare providers.

According to Beasley et al. (2015), only 2% of AA are psychologists in the United States. AAGs raising their grandchildren expressed disappointment in terms of not been able to find mental health professionals of their choice. The National Alliance for Mental Illness (2009) said that AAGs are more susceptible to mental problems due to unmet needs in their families. I discovered that all participants in this study reported mental health illness issues, such as bipolar disorder, schizophrenia, depression, anxiety, emotional stress, and health problems such as obesity, high blood pressure, and diabetes.

Theme 3: Access to Mental Health Services

Participants described experiences involving limited access to mental health services, which is caused by many factors such as financial problems, lack of transportation, joblessness, lack of adequate health insurance coverage, and problems with scheduling appointments because they could not afford a private doctor for mental

health treatment. In this phenomenological study, I investigated AAGs who were reluctant to seek mental health counseling to alleviate their mental problems. The results of my findings did support AAGs' unwillingness to seek mental health treatment. Also, I discovered that economic problems, joblessness, and lack of health insurance coverage are factors limiting the ability of AAGs to seek treatment from private mental health professionals. AAGs who participated in the study experienced inadequate mental health treatment and a lack of health insurance coverage. AAGs are disproportionally not covered by health insurance due to many barriers surrounding AAGs, such as joblessness and financial difficulties that can lead to the inability to pay out of pocket, which highlights reasons for the AAGs' disproportionate use of psychiatric emergency services across the United States.

Theme 4: AAGs Raising Special Needs Grandchildren with Financial Difficulties

The fourth theme was financial difficulties. Participants reported that they were of low-income status, and it was always problematic when biological parents were not capable financially, emotionally, or psychologically to raise their children. Participants with special needs children reported spending time taking care of their disabilities and helping them to do their schoolwork and cooking as well as exercising patience in dealing with difficult situations. Some participants struggled with financial needs while trying to raise their disabled grandchildren. Participants also complained about the difficulties they faced in getting Medicaid and Medicare approval, not able to see their doctors regularly for mental health treatment. AAGs experienced limited resources to properly care for their special needs children, which makes them more susceptible to emotional stressors.

My investigation provided an in-depth understanding of how socioeconomic disadvantages can affect AAGs who are primary caregivers for households.

Interpretation of the Findings

The theoretical framework for this research study was the BFST model. The nine concepts of BFST were developed by Bowen to help understand how different people manage stressful situations in the family. My findings are in line with Heidegger's philosophy of interconnecting hermeneutic, phenomenological, existential, and ontological of how AAG's family responds to challenges, such as anxiety, stressor, financial difficulties, emotional and psychological problems. This model of interpretation was designed as a tool that was used to interpret challenges facing AAGs when accessing mental health services to improve their mental wellness. Moreover, the BFST theory provided comprehensive insight into the daily lived experiences of AAGs, and I used a phenomenological hermeneutic approach to analyze data collected from AAGs through my interviews regarding their experiences when trying to access mental health services in Atlanta Georgia.

The findings of this qualitative phenomenological hermeneutic inquiry confirmed how AAGs are the safety-net that holds many African American families together. The results support the previous findings in the literature of how AAGs raising their grandchildren assumed financial responsibility as caregivers for their grandchildren. The results validated various peer-reviewed researchers' discoveries for years by showing how AAG families are often impeded by a lack of resources to receive appropriate mental healthcare services. The research findings confirmed that there are concrete barriers yet

to be overcome for AAGs to participate in mental health services effectively, such as financial difficulty, joblessness, lack of equal economic opportunity, and private health insurance (CDC, 2013; Ingram, 2014; NCHS., 2015; Noonan et al., 2016).

My findings discovered that these grandparents genuinely love their grandchildren and do whatever it takes to give them a better future, even at their expense of spending whatever they have in their saving accounts to put food on the table and a roof on the children's heads (see Bertera & Crewe, 2013). The findings indicate that the biological parents, in most cases, cannot take care of their children, putting them at the risk of being taking away by the DFCS agency. The AAGs' population needs an advocate to plead their case for better health services to be able to do their custodian duties with emotional wellness. AAGs should be recognized for the caregiving job that is overwhelming, but they persevere to give their grandchildren the support within their limited resources and abilities. I was touched by their resiliency. I am hoping that state governments and politicians will create policies that make mental health accessibility easier in AAGs' communities. Most of these AAGs put their retirement on hold and spend the little savings they have on their young grandchildren, believing that investing in them is more of a priority. Some of the AAGs I interviewed in their subsidized apartment seemed to be doing their best to keep their lives in order. They have put addiction to illegal substances behind them to regain control of their lives in order to live a drug-free life for themselves and their grandchildren.

Moreover, the data analysis for this research involved manual coding in chapter 4 that demonstrated how my findings are tied to my research inquires. In the coding

process, I assigned four categories with phrases to summarize the relevant information about the data collected from the participants being studied. The strategy is consistent with data reduction without losing the relevant information that I gathered from the interviewees. The result of this research is applicable to mental health risks facing AAGs raising their grandchildren by relying on support groups and praying to God. As stated by Mccain (2016), there are many AAGs who find solace through their clergymen's counseling and sermons. In conclusion, this research study lends insight into AAGs' experiences when endeavoring to access mental health services. AAGs stories of their mental and financial struggles and limitations prevent them from actively participating in mental health treatment as they would like.

A gap exists because previous literature was not focusing on how to resolve the issues of cultural differences, AAGs unfair treatment, SES disadvantages that are translating into inequity in health care services for African American minorities. Also, the result of these findings indicates that more research needs to be done to fully comprehend how to increase AAGs participation in mental health services. The findings demonstrate that bridging the health care inequitable gap between Whites and AAGs would require a clear understanding of the deterrent factors that are preventing AAGs to underutilize mental health services and continued research to understand how low-income status, poverty, and financial difficulties could affect mental wellness.

Peer Review

The findings of this study confirmed the overview of the lived experiences of AAGs who are raising their grandchildren and living with mental health problems with

inadequate access to health care services (see Kelley et al., 2013; Nguyen et al., 2016). The investigation provided insight into the AAG's daily lived experiences in regard to their access to mental health utilization that sometimes faced with many obstacles that were detailed in grandparents' stories (see Noonan et al., 2016; Williamson, 2014; Woods, 2016). The results of this study found that all participants are suffering from mental health illness and other health problems.

The definition of mental illness is well-defined by the American Psychological Association (APA) as disorders that interfere with an individual's ability to function effectively on a daily bases. These disorders can include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors (APA, 2009). All participants in this study reported using various medications to manage their mental health issues and other health problems, such as high blood pressure, diabetes, and emotional stress. Over the years, researchers have discovered that an increasing number of AAGs are suffering from mental health-risks (see Kelley et al., 2013; Nguyen et al., 2016). This study found that six out of seven AAGs' participants that were interviewed are using spirituality and prayer as therapeutic self-empowerment to deal with their phenomena (Nguyen et al., 2016).

More and more AAGs want to use mental health services but cannot afford to pay out of pocket to see private mental health counselors. The reports from my investigation found that AAGs' disinclination to use counseling services was not due to unwillingness or fear of social stigmas, but rather financial difficulty most of the time. One participant reported being called crazy and often disdained by family members because of her mental illness.

All participants suffering from mental health reported finding solace in their support groups.

The findings of this research study indicated that AAGs are still lagging in receiving desired mental healthcare regularly. The experiences shared during the interview discussions demonstrated that AAGs custodial parents are susceptible to emotional stressors due to the nature of their caregiving responsibilities.

The result of this investigation demonstrated that the impact of diagnosed mental illness among the older AAG's population, especially ages 47 and up, often lead to strained relationships, social dysfunction, isolation, loneliness, abandonment of significant others. Two participants reported their inabilities to function and offered quality custodial services and feeling suicidal if they failed to use their medication regularly (see Peter, 2018; Wildeman & Wang, 2017). This confirmed that there are negative experiences associated with the diagnosed mental health problems, such as, exacerbating psychological and emotional stressors for AAGs raising their grandchildren and might continue to worsen if left unproperly treated (Noonan et al., 2016).

Pam reported that gaining access to mental health services had saved her life. She confessed to learning how to live and rediscovering herself through mental health counseling and discussions in the support groups. The results of this investigation discovered that there are social implications for AAGs not having the ability to access mental health care services, especially those that have limited governmental assistance (Blackwell et al., 2014; Noonan et al., 2016; WHO, 2015). During the interview, two participants were furious for not able to get their medications refilled on time and about

their inability to see their psychiatrists until another six months. According to this researcher's findings, AAGs declining health problems are not due to chance but a continuous crisis (see Noonan et al., 2016). The results found economic disadvantages confronting AAGs are forcing them to delay when they could seek treatment that can impact their wellness as many struggles with issues relating to survival, such as putting food on the table for their grandchildren.

Moreover, the encounter from this research study reveals the prevalence of various familial structures for some AAGs. For instance, four out of seven have two generational gap family compositions, the young adults and the very young children, ages one to 17 years of age. Among African American grandparents that were interviewed, five out of seven are single grandmothers and are raising two-generational families. Results show that AAGs face challenges in raising their grandchildren (see Cross, Crow, Powers, & Bradley, 2015). For example, grandchildren in the care of AAGs can be taken away forcefully by the DFCS agency. As a result, five out of seven are reported how they quickly respond to their grandchildren's needs or if they are called for any reason to come to school because of their children's misbehaviors. All participants in this research study prioritized their children's interests. Research shows that more than 2.6% of children under the age of 18 in the US live in their grandparents' homes, who are the householders (U.S. Census Bureau., 2015).

Limitations

One limitation in this study is in its generalizability, as the matters and occurrences were limited to the investigation of seven AAGs in the State of Georgia

alone, and it may not be applicable to all AAGs raising their grandchildren in the United States of America. Critics may condemn the use of small sampling grandparents, which may not be applicable to the general population of AAGs. However, the qualitative phenomenological experts recommended that between six and ten participants is a good sampling for this study (see Creswell, 2009, Maxwell et al., 2013; Miles et al., 2014). I was only able to interview seven grandparents, partly because no more new information was generated, but this small sampling seems appropriate for this study.

This investigation uses qualitative phenomenology through the lens of hermeneutics (see Bailey et al., 2013; Heidegger & Van Buren, 2008) to interpret the phenomena of AAGs rather than using other models, such as narrative and grounded theory. The strategy behind using hermeneutic phenomenology to investigate these grandparents' phenomena permit me to present their daily struggles in relation to their caregiving duties. The philosophical hermeneutics offers the inescapable interpretive approach to understand how AAGs cultural orientation plays into using or not using mental health services (see Agrey, 2014; Bailey et al., 2013; Heidegger & Van Buren, 2008; National Urban League., 2008). I also used a Bowen Family System Theory in this research because of the family attachment prototype that exists among AAGs' households (see Bowen, 1978). Another limitation is that this study focuses on low-income families who are struggling with the hardships of life. Critics may see the results as biased since it excludes higher income (higher socioeconomic status) within African American grandparents by assuming that the AAGs with higher income do not face the same problems.

AAGs economic advantages vary between the middle-class and low-income families. This study targeted experiences that are unique to low-income families raising their grandchildren and struggling to make two ends meet. This unique experience reflects on a gloomy perspective of their economic survival in relation to their economic status and behavior within the society. This experience separates the low-income experience from those that are financially capable of doing things without much struggle. Thus, by excluding the wealthy African American grandparents, there is a possibility of missing the phenomena of African Americans raising their grandchildren who are excluded from this study, which could be categorized as a "confirmation bias" (Maxwell et al., 2013). This study excluded wealthy AAGs because they have resources to take care of themselves and their grandchildren. As a result, the knowledge generated by this research study may be too abstract because the findings may be missing out on some specificity or something that cannot be determined regarding others' everyday experiences (see Anyan, 2013; Miles et al., 2014).

Recommendations

As this research study has shown, more research is needed to uncover further the factors behind the underutilization of mental health services in the AAGs community and alternative ways to increase availability. Other researchers have noted how poverty can have a direct impact on human wellbeing, but future investigations need to include the efficacy of mental health intervention on custodian parenting. The findings from this research demonstrate that the low participation of AAGs in mental health services continue to hurt most African American family's health-wise. Furthermore, first, future

research should address specific strategies that will eliminate hurdles in healthcare treatment for AAGs by preventing new hurdles from developing. Secondly, a study that promotes affordability for low-income families and equity in the mental healthcare system. Thirdly, future studies should consider how to eliminate potential health care discrimination against the poor minority who are raising their grandchildren with very little resources. Thus, a strategy to increase AAGs' participation in mental health counseling may serve to bridge the longstanding gaps between AAGs and Caucasians in the United States.

The findings of this study confirm that economic deprivation often limits access to better healthcare. Further research needs to focus on the implication of poverty on mental illness among African American grandparents raising their grandchildren. Also, I recommend further study to explore the health benefits for African American caregivers who obtain a private therapist/counselor versus relying on public health centers.

Implication for Social Change

The major implication of this study is that the mental health issues of AAGs often have negative consequences on the wellness of their grandchildren. The findings of this research demonstrate that grandchildren with custodial grandparents tend to exhibit problematic behaviors at school (i.e. poor grades). Therefore, improving mental health services to AAGs would greatly improve the quality of life not only for them but their grandchildren also. If the government and policymakers in the federal, state and local principalities are willing to embark on providing standardized mental health counseling services for this disproportionate community, the whole society will witness a reduction

in mental health risks and a prolonged lifespan. This study finds that most AAGs worry more about food and shelter for their grandchildren than seeking mental health services to improve the quality of their lives.

Moreover, the findings of this study suggest that an effective way to improve the quality of life for these low-income sufferers of mental health problems is to offer them adequate, up-to-date mental health services. As pointed out in this study, most AAGs have no health insurance coverage, and paying out of pocket is nearly impossible for these custodian grandparents. Furthermore, greater availability of accessible health insurance would likely increase AAGs' participation in mental health counseling services. In order to help the de-franchised AAGs community, government red tape in qualifying for Medicaid and Medicare need to be reduced. The current healthcare system needs to be restructured to be more inclusive to serve the interest of AAGs who are raising the next generation that would, in turn, contribute to societal wellness in the future.

The results of this study have the potential to promote a positive attitude towards mental health in the AAGs' communities. Multiple researchers have addressed the issues of mental health among the African American population (Maxwell et al., 2013; Miles et al., 2014; Yin, 2013). The results could lead to advocacy and help for grandparents raising their grandchildren who desire to have their own family therapists but cannot afford to pay for the service out of pocket (see Blackwell et al., 2014; Bloch et al., 2011). This study focuses on AAGs raising their grandchildren while struggling with mental health problems and lack of access to consistent treatment options. The implication of

this study was in the panorama of profound social change that this research might offer, particularly in how African American grandparents become aware of their mental health treatment. The significance of this study could be useful in showing people in authority the impact of mental health among AAGs who are raising their grandchildren and in creating more favorable policies that would help access to mental health treatment. The findings of this research study highlighted some factors that can be helpful for mental professionals to understand the struggles facing AAGs living with mental health problems when counseling this population. The results shed light on barriers affecting AAGs in seeking mental health services and why financial difficulty might be the most aggravating factor impacting grandparent's negative strong emotions.

As a therapist, I have served in African American communities for many years. The passion demonstrated by grandparents to hold their family together in term of crisis actively support my findings in this study. In my findings, I observed AAGs attitudes as being more forgiving, tolerating, and accepting of primary custodial roles when the parents are not capable due to incarceration, financial hardships, and mental health problems. Some of the participants were frustrated with a lack of responsibility from the kids' parents, but they did not let that interfere with the bond they have with their grandchildren. The results show that they accept daily stresses that go with their caregiving duties while trying to invest in their grandchildren's future.

This has transformed me to be an advocate for their course because their stories connected me with them. This study, when it is published, will enhance the knowledge of the academic community and trigger the feeling of concern for AAGs. Consequently, a

partnership for social change begins to form when one person is transformed who can transform another person until a whole family or community is transformed.

Conclusions

During my investigation, I found that African American grandparents raising their grandchildren are yet to overcome some challenges that can facilitate their mental wellness. Another handful of literature noted the challenges facing AAGs, but no literature focuses on how AAGs can overcome their challenges. This research investigation discovered that many AAGs are struggling with some challenges, such as racism, economic deprivation, inadequate access to mental health treatment, with little ideas of how they can overcome these factors. Future research should focus on the steps AAGs can take to overcome the limitations facing their mental health wellness. In reality, financial resources to live a healthy life are not always available at various ecological levels which may sometimes heighten the reasons for AAG's worries, stresses, and anxieties, while raising their grandchildren. Increased social support and governmental programs to promote mental health services for low-income families are needed to moderate challenges facing African American grandparents raising their grandchildren. Most African American grandparents tend to find solace in spirituality, go to church, and to consult with their clergymen during crises, but prayer alone cannot solve economic problems. My findings confirmed that AAGs are willing to use mental health services if there are enough resources, such as being able to see the doctor that will not require them to pay out of pockets. Thus AAGs willingness to take care of their mental illness and to check-in for mental health treatment largely depends on affordability and availability of

resources. Mental health professionals can also reach out with pro-bono services therapeutic works to help alleviate mental health problems in the African American grandparents raising their grandchildren.

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