

2021

The Social Work Perspective Regarding the Underutilization of Mental Health Services Among African American Families

Carissma Tempest Hughes
Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Carissma Tempest Hughes

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
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Abstract

The Social Work Perspective Regarding the Underutilization of Mental Health Services
Among African American Families

by

Carissma Tempest Hughes

MS, Johnson & Wales University, 2017

MSW, Texas State University, 2015

BS, Bowling Green State University, 2013

Proposal Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

May 2021

Abstract

The underutilization of mental health services amongst African American families has been a long-standing concern in the African American community within large metropolitan cities in Texas. The metropolitan cities are Austin, Dallas/Fort Worth, Houston, San Antonio and McAllen. There remain experiences that impede families' ability to engage in mental health services. These experiences involve the conflict between prayer and therapy, stigma, lack of awareness of local mental health services, and cultural competency. The purpose of this qualitative research study was to explore experiences of African American families and how those experiences affect mental health engagement, as well as how practicing social workers address the issue. Crisis theory, ecological systems theory, and sociocultural theory were used to explore this study and provide insight into the methods and practices social workers use to combat the problem. An interview protocol was developed via social media to interested social work practitioners, interns, and students who actively work with African American families in a mental health setting. Qualitative coding was the best method for data analysis of this study. This method allowed for the identification of patterns within the data collected by study participants. Regarding social change, the findings of this study may contribute to resolving experiences faced by African American families and lived experiences of social workers. Recommendations include bridging the gap between mental health organizations and the African American church, creation of new continuing education and training, and involving the African American community in promoting mental health wellness.

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Dedication

This is dedicated to the Black and brown persons striving to make the world a better place for themselves and the people around them. #BlackLivesMatter

This is dedicated to the little boys and girls living in The Bronx, NY dreaming bigger than the statistics forced upon them.

This is dedicated to those who have lost their lives in the battle for racial justice.

This is dedicated to all the Black and brown social workers counseling on racial injustices, while enduring the same fate.

This is dedicated to the island of Antigua.

Acknowledgements

“Twant me, ’twas the Lord. I always told him, “I trust to you. I don’t know where to go or what to do, but I expect you to lead me,” and he always did.” - Harriet Tubman

I would like to first acknowledge God, as he has blessed me with mercy and placed patience on my heart. He did not abandon me on this journey.

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Section 1: Foundation of the Study and Literature Review

Introduction

Among persons seeking and participating in mental health services in the United States, approximately 25% of African American families seek mental health treatment, compared to 40% of European American families (National Alliance on Mental Illness [NAMI], 2018). The African American family is susceptible to risks such as chronic stress, low socioeconomic status, discrimination due to racial/ethnic identity, traumatic events, generational poverty, and familial issues (Anderson et al., 2018; Chin et al., 2015). It is imperative to be aware that underutilization of mental health services is not an issue just affecting African American families of lower socioeconomic statuses but also African American families of various socioeconomic and cultural backgrounds. Though there has been a gradual increase in the number of African American families who seek and participate in mental health services, a high underutilization rate remains for this population (Cabera-Nguyen & Williams, 2016).

Numerous consequences can present when families in need of mental health services do not actively engage in community-based resources. These consequences may include emotional withdrawal from family members, marital discord, and heightened negative effects of daily stressors and risk factors. According to Hays (2015), African Americans are twice as likely as European Americans to experience poor mental health and undergo a mental health diagnosis. This disparity is directly related to racial bias. Exposure to acute or chronic stress can considerably increase an individual's risk for a

diagnosis of an adult psychiatric disorder and is harmful to the developing brain of children and adolescents (Moore et al., 2019).

Mental health professionals find it difficult to engage African American family clients, as socioeconomic factors impede their ability to obtain services. Some experiences may affect overall engagement between social work professionals and the target client base. A lack of cultural understanding and representation amongst social work professionals can deter clients from engaging with their practitioners (Casstevens & Hayes, 2017). With little financial funding to community-based mental health resources and potential clients inability to identify a platform to explain mental health service benefits, potential clients decline to participate in services (Pura, 2019). Minimal engagement between social work professionals and African American families can widen the gap in mental health services, particularly in terms of diagnosis (Goggin et al., 2016).

Social work practitioners are often at the forefront of addressing underutilization of services. They may find they are competing with environmental, social, and risk factors, along with desire to seek spiritual or religious-based services over mental health services (NAMI, 2018). However, social workers have the ethical responsibility to allow clients their right to self-determination, including when it comes to whether they choose to participate in mental health services (National Association of Social Workers, 2018). African American community leaders are actively educating community members on mental health to bring awareness to the African American communities in large metropolitan cities in Texas. However, factors such as stigma, preference for religious guidance, lack of knowledge of community-based mental health services, and concern for

culturally competent practitioners reduce the number of African American families receiving and seeking assistance from social workers (Memon et al., 2016).

The African American Church: Prayer vs. Therapy

Active engagement in spiritual and religious practices is imperative to the African American family, as spiritual beliefs are imbedded into the African American culture (Hays, 2015). Historically, individuals within the African American community identify the church as a primary source for mental health support and readily solicit advice and guidance from members of their church congregation or clergy when experiencing personal issues, including mental health symptoms (Allen-Wilson et al., 2016; Hays, 2015). In this study, the African American church refers to churches with predominately African American congregation and pastoral staff. The African American church and church leaders provide socioeconomic support to members of the church and communities. By providing socioeconomic support and encouraging wellness and churchgoers' mental well-being, church leaders are ensuring some of the basic needs of community members are met. Though church members' and leaders' involvement is beneficial and considered a staple for African American families, some families seek formal mental health services but are unable to partake in those resources due to identified risk factors. These risk factors include chronic stress, low socioeconomic status, discrimination due to racial and ethnic identity, experience of traumatic events, generational poverty, and familial issues (Evans-Lacko et al., 2013; Hardy, 2014; Myers et al., 2015).

Though leaders of the African American church are held in high esteem, and the church continues to be an outlet for communities, there is controversy within the African American community regarding whether participating in mental health services is as beneficial as praying for emotional solace (Hays, 2015). Many African American churches try to provide spiritual and mental health guidance to their members. However, there is little evidence regarding whether services offered by churches, specifically those without mental health professionals on staff, are as effective as services provided in informal mental health settings. This concern also involves whether the church can help persons diagnosed with severe mental health disorders such as psychotic, personality, and mood disorders. Many persons diagnosed with severe mental health disorders need consistent mental health services or proactive community-based case management and therapy, which may not be available through a local church (Hankerson & Weissman, 2012). There is a lack of evidence regarding whether efforts made by leaders of African American churches provide appropriate mental health resources to their communities.

Stigma

Stigma is a leading cause of the underutilization of mental health services amongst individuals and families within the African American communities in large metropolitan cities in Texas (Mental Health America, 2019). Kondrat et al. (2018) said stigma and concern for discrimination could affect one's willingness to seek formal mental health services, heightening experienced mental health symptoms, increasing social isolation, and decreasing social supports. Concern for stigma and discrimination can infringe on parents' willingness to address symptoms and deter African American

youth from discussing severe issues such as suicidal ideation, anxiety, depression, bullying, or past and present traumatic experiences (Anderson et al., 2018). African American parents fear labeling their children and being labeled as crazy (Hirsch et al., 2019). Due to the stigma associated with actively seeking mental health services, there continues to be a high rate of suicide amongst African American youth. Suicide is the third leading cause of death for African American adolescent youth between the ages of 15 and 24 (Joe et al., 2018). As open expression of sadness, depression, and emotional trauma continues to be seen as taboo and sinful in certain communities, African American youth struggle to find healthy outlets to address their mental health, and in turn, lack mental health literacy and awareness (Connor & Yeh, 2018).

When seeking mental health services, families may feel discomfort when meeting with a practitioner for the first time. However, for families of color, cultural representation and competency are also primary concerns. African American families tend to view mental health professionals with mistrust due to the expectation that these practitioners lack cultural competence or are unaware of the importance of representation amongst practitioners (Cheng & Robinson, 2013). This creates a barrier between families and practitioners and negatively affects the therapeutic process. Though there is an increase in the number of practitioners of color, African American families fear not having practitioners of similar identity. These identities include racial identity, gender, sexual orientation, religious belief, and socioeconomic status. When addressing stigma in mental health, it is imperative to observe other ways in which African American families experience shame when seeking services. African American families who may not

possess medical insurance may find it challenging to identify appropriate mental health services.

Knowledge of Community Mental Health Services

When addressing barriers to care, it is imperative to consider macro-level issues and discuss efforts community-based organizations have made to bridge gaps in care amongst African American family populations. Planely et al. (2019) said urban communities have the highest number of mental health services available to community members. Researchers identified despite having access to various mental health services in inner/urban communities, African American families are likely to neglect partaking in these public services and are less likely, than their European counterparts to acknowledge their mental health symptoms (Cook et al., 2017). Without the appropriate knowledge of the benefits of mental health services or of the services available to the community, African American families are not prepared to address the ever-growing concern of mental health in their communities (Codjoe et al., 2019).

African American communities with mental health resources often experience gaps in communication between mental health providers and the city's needs, leading to inequality of services (Codjoe et al., 2019). Lack of communication between mental health organizations and African American communities stem from lack of necessary referrals to mental health professionals and an increase in inappropriate criminal justice involvement (Moulholland, 2017). Often, persons seeking mental health services face long wait times for initial assessments or lack mental health literacy and struggle to navigate local resources (Memon et al., 2016). Micro and macro-based social workers

attempt to resolve issues that arise when community members strive to access mental health services.

Cultural Competency

Another factor affecting access to mental health services is the concern for culturally competent mental health practitioners (Brinson & Kottler, 2015). Social work practitioners have the ethical responsibility to ensure acceptable practices (NASW, 2017). Many mental health consumers seek practitioners who understand their communities, local churches, issues specific to their neighborhoods, as well as experiences due to socioeconomic status.

To combat the presenting social work issue, social work practitioners need to delve into practices allowing them to build rapport with their target population, such as asking clients questions about their cultures and identities, using translators, and engaging in continuing education. To increase the use of mental health services, social work practitioners need to improve individual cultural competence, multiculturalism, intersectionality, and cultural humility.

Social Change Implications

The increase in awareness regarding the underutilization of mental health services among African American families has significant implications in terms of social change. Social work practitioners could foster new policies that will directly increase access African American families have to mental health services. This research could call attention to the presenting issue, as the problem is overlooked and under researched. Social work practitioners can communicate directly to families to educate them regarding

the benefits of engaging in mental health services. This study does not solely affect participants of this study, but also practitioners working with this population and African American families who may be suspicious of mental health practitioners and the benefits of services.

Problem Statement

The social problem identified in this research study is the underutilization of mental health services among African American families. This presenting issue is not exclusive to low-income African American families. The underutilization of mental health services affects African American families of various socioeconomic statuses, ethnic identities and religions, and generations (Breux et al., 2016). The social work practice problem addressed in this study is the underutilization of mental health services among African American families in large metropolitan cities in Texas. The metropolitan cities are Austin, Dallas/Fort Worth, Houston, McAllen, and San Antonio.

The term underutilization is not using something or service frequently (Smith, 2009). African American families are susceptible to social and environmental factors that warrant frequent use of mental health services and active participation in these services. Though there is extensive literature identifying possible causes regarding underutilization of mental health services by African American families, there is a gap in research in terms of lived experiences social workers face when attempting to provide services to the target population.

Low socioeconomic status and financial instability contribute to the increase of stress symptoms experienced by African American families (Allen-Handy et al., 2018).

Researchers assume low socioeconomic status within the African American family is a major contributing factor in the underutilization of mental health services amongst African American families (Nadeem et al., 2005). This study focused solely on African American families, and did not include data from Afro-Caribbean or Native African families, as their experiences may differ from those of African Americans. It is imperative to acknowledge the specific struggles of diverse cultural groups.

25% of African American Americans seek mental health treatment in comparison to 40% of European American families (NAMI, 2018). Due to this, there continues to be concerns regarding how to provide services to African American families effectively. I wanted to understand social workers' lived experiences when attempting to find methods to address the underutilization of mental health services for this target population.

Purpose of the Study

Helping professionals, specifically practicing social workers, frequently find it challenging to identify methods to address the underutilization of mental health services among the target population. This qualitative research study aims to bring awareness to the underutilization of mental health services from a social work perspective. To accomplish this, I proposed to identify specific methods social workers engage in to combat identified barriers affecting utilization rates of mental health services amongst the target population. Using the findings of this study, I aimed to provide practicing social workers with insights regarding how to bridge gaps between mental health services and African American families.

When working with African American families, social workers address experiences involving stigma, preference for religious guidance, lack of knowledge of community-based mental health services, and concern for culturally competent practitioners. This qualitative research study aims to inform social work practice and ensure this topic remains a priority as the profession continues to grow as well as bridge the gap in literature related to this specific population.

Key Terms and Concepts

It was imperative to identify and define the key terms and concepts of this study.

African American Church: A church of any denomination with a predominately African American congregation and pastoral staff (Adedoyin et al., 2018).

Crisis Intervention Theory: Interventions which involve how individuals cope with life crises by using short-term methods to address immediate issues as well as the concept of stress (Denny et al., 2015; MacDonald, 2016).

Cultural Competence: The ability of mental health practitioners to be aware of how culture may affect one's worldview, daily living, and role in society. Cultural competence involves practitioners' ability to be mindful of how their own culture may affect therapeutic processes.

Cultural Humility: Cultural humility involves professionals to engage in constant self-awareness of their culture and their role in learning about their target population's cultures. Participating in cultural humility is a lifelong process of self-reflection (Hurley et al., 2019).

Ecological Systems Theory: examine individuals' relationships within communities and the wider society (Bronfenbrenner, 1979).

Intersectionality: Individuals have various identities which overlap and play a role in how they move and develop within society. Perception can influence oppression, discrimination, bias, and racism (Almeida et al., 2019).

Mental Illness Stigma: Stereotypes and negative perceptions of persons with mental illness (Abdullah & Brown, 2019).

Microaggression: Prejudiced and discriminatory terminology and assumptions toward persons who are part of marginalized communities (Merriam-Webster, 2019).

Multiculturalism: Many different cultures living amongst one another (Padilla et al., 2019).

Qualitative Coding: Coding is a method utilized in qualitative data to document patterns and themes. This method allows for the labeling of various variables (Russell, 2014).

Validity: focuses on the alignment of the research question, the selected methodology, and whether the results and conclusion of the study are appropriate for the context (Lueng, 2015).

Research Question

The research question is:

RQ: What are the lived experiences social workers face when finding methods to address the underutilization of mental health services among African American families in large metropolitan cities in Texas?

Nature of the Study

For this study, the phenomenological qualitative research design was used to explore the lived experiences social workers face when finding methods to address the underutilization of mental health services among African American families in large metropolitan cities in Texas. Phenomenological qualitative research was optimal for this study as evidence-based data collection methods allowed study participants to express their perspectives regarding the issue.

I used phenomenological qualitative research to explore social workers' lived experiences when addressing the underutilization of mental health services amongst African American families. Phenomenological qualitative research was the optimal selection for this study as the evidence-based, and commonly used data collection methods allowed study participants to express their point of view on the presenting issue. I appropriately analyzed gathered data to connect the participants' experiences to the presenting problem, with hopes of bringing awareness to the topic and informing on the presenting issue.

Researchers reported a drastic increase in the number of reputable qualitative studies published and dedicated to bridging research gaps not addressed by quantitative studies (Crooke & Olswang, 2015). A qualitative methodology allows for creativity and flexibility when discussing sensitive topics and informing on the challenges faced by vulnerable and historically underrepresented populations (Graham et al., 2018). Scholars infer qualitative research aids in exploring social phenomena by utilizing participants from the targeted community (Issacs, 2014). The use of qualitative research directly

aligns with social work ethics and values and promotion of social change in support of study participants (NASW, 2017). This methodology helped explore the various lived experiences social workers face when addressing mental health services' underutilization rates amongst African American families.

Before delving into the selected research methodology, it is imperative to focus on the paradigm guiding the selection of the method and aided in the development of the research question (Gunbayi, & Sorm, 2018). The use of an interpretive paradigm for this qualitative study allowed for the focus on the various lived experiences of participating social workers. Researchers informed there are multiple realities, and no one value system is right or wrong. Researchers identified the concept of multiple realities as the interpretive paradigm (Dean, 2018). This concept allowed for participating social workers to provide details of their own lived experiences as it relates to the overall study topic, without bias or belief that their skills do not meet the standard of the institutional concept of reality and truth (Gunbayi & Sorm, 2018). With the use of phenomenology, developed by Edmond Husserl, I requested participants to discuss their lived/direct experiences when tackling the identified issue.

For this study, I proposed to develop an interview guide for data collection. An interview guide linked the research question, the research problem and promoted consistency throughout the study and interview process (Pedersen et al., 2016). With the interview guide, I gathered information from participating social workers and identified the methods used to overcome the experiences faced when working with the target population.

I created an interview protocol and distributed it through various social media platforms. The interview protocol consisted of 10 questions and took between 8 and 10 minutes to complete. Participants received interview questions via SurveyMonkey, where they were able to access the consent form and interview questions. Participants did not enter any identifying information. Each participant was referred to by a number pseudonym to ensure confidentiality, monitor the number of participant responses, and maintain organization during the data collection process. I ceased data collection once saturation was apparent. Saturation occurs when no new themes or patterns emerge during data collection, and content or experiences are repeated (Russell, 2014).

I communicated with social media-based organizations with social work focused media pages. I posted digital flyers which included the SurveyMonkey link to the interview protocol. I explained the basis of the research project. Interested persons then clicked the SurveyMonkey link and gained access to the protocol. All participants completed the informed consent form.

Significance of the Study

Social work practitioners may focus on connecting with identified target populations but may feel they are behind when trying to communicate with African American communities. From this research, social workers may gain insight regarding what may deter the target population from accessing mental health services and how to remedy this issue.

Regarding social work research, there are currently few studies explicitly targeting underutilization of mental health services among African American families or

discussing lived experiences of social work professionals when addressing this issue. Experiences shared by study participants may add to the advancement of social work practice and research. This study highlighted the experiences many African Americans face when seeking mental health services, such as language barriers, stereotypes, lack of cultural competence, and misunderstanding of faith and religion in the family.

The positive social change implications include large scale community involvement in terms of addressing immediate mental health issues and stressors faced by African American families. This would potentially include church leaders who can provide access to social work practitioners within their churches as there is currently insufficient research regarding the cost-effectiveness or expense of increasing mental health access for African American communities, this study could encourage widespread discussions regarding how to address the issue in a cost-effective manner. African American communities could increase local employment by opening mental health clinics or developing transportation services that would take families from local pickup locations to mental health clinics.

Limitations and Challenges

Many potential limitations and challenges present when conducting this study. One inherent weakness is the inability to apply the study findings to the general public or other ethnic cultures, as this hindered the study's duplication with varying populations. The use of the coding method was a limitation as there is no standard for category development, and categories may vary if researchers duplicate the study. Lastly, study

participants' accounts and lived experiences were limiting, as there was no way to verify information provided by participants.

Theoretical or Conceptual Framework

I used an integrative approach to guide this research study. The theoretical frameworks I used were the crisis theory, ecological systems theory, and sociocultural theory. The crisis theory involves how individuals cope with life crises by using short-term methods to address immediate issues (Lindemann, 1944). This theoretical framework was used to inform social work practitioners regarding the stressors that affect African American families, as well as stressors social work practitioners should address during the therapeutic process.

The creator of ecological systems theory highlighted the concept that an individual's environment can affect one's ability to cope with daily stressors, access resources, and manage familial problems, and seek services within one's environment (Chivers et al., 2019). The developer of ecological systems theory suggested one's environment and family structure can significantly affect the way one behaves (Bronfenbrenner, 1979). Researchers inform that Ecological systems theory highlights the concept one's environment can affect one's ability to cope with daily stressors, access resources, and manage familial problems, or seek services within one's environment. Bronfenbrenner (1979) thought it appropriate to explore how a situation affects a growing child, as all backgrounds, particularly those of early childhood, have a significant effect on how an individual's ability to cope with life stressors (See Appendix) (Psychology Notes HQ, 2019).

Vygotsky (1934) developed the sociocultural theory. The Vygotsky's states that a child further develops his or her mental ability by interacting within society (Demirbaga, 2018). This theory is beneficial in terms of addressing the issue of the underutilization of mental health services amongst African American families. Vygotsky (1979) said though individuals may have essential cultural intellect from birth and learned intellect from societal interactions, education and appropriate teaching can alter perspectives, behaviors, and concepts of one's identity. By providing African American families and communities with education regarding mental health wellness and local resources, social work practitioners could potentially reduce the stigma associated with seeking mental health treatment, and in turn, increase the number of African American families seeking and engaging in necessary treatment. With the use of ecological systems, sociocultural, and crisis theories, I informed social work practitioners regarding experiences effecting African American families.

Value and Ethics

When delving into research and tackling issues that may be underrepresented in the field of research, social work practitioners must be mindful of the role of addressing the issues and the values and ethics they must consider when practicing social work. Though there are many social work values and ethics directly align with this research study, there are four values/ethics specifically address the issues presented in the study. These four values/ethics include competence, referral for service, consultation, and cultural awareness and diversity (NASW, 2018).

The NASW's code of ethics provides detailed guidelines regarding how practicing social workers should conduct themselves as professionals. Social workers abide by the code of ethics intending to uphold the overall mission of ensuring the wellbeing of the persons served by the social work profession. The identified ethics require social work practitioners to remain educated on culture and diversity as it relates to the target population. The ethics ensure each family receives appropriate referrals if the social worker is unable to provide services and requires social work practitioners to seek consultation when faced with a severe case.

Review of the Professional and Academic Literature

The literature on the underutilization of mental health services has grown significantly. In this section, I review literature directly related to the experiences of African American families, insufficient research on the lived experiences faced by social workers, the impact on the church, interventions/approaches and theories used to address the issues, and the selected methodology. I received the literature from various academic journals, using the Walden University library database. I identified reputable websites focused on mental health and theoretical perspectives. The provided scholarly articles support the need to delve deeper into the underlying issue of the underutilization of mental health services amongst African American families, and the lived experiences faced by social workers practitioners addressing the issue.

In recent years, academic scholars, field professionals, and mental health activists show concern regarding the underutilization of mental health services amongst African American families. Though this issue has gained the necessary notice, researchers have

shown factors are impeding one's ability or desire to participate in mental health services. Researchers imply that those factors affect social work professionals' ability to bridge the gap between the African American community and local mental health services.

Mental Health and the Church

Campbell and Littleton (2018) said members of the African American community tend to seek spiritual guidance and counseling rather than seeking mental health treatment through a formal community mental health service. Researchers have established the role of the church, in the Black community, as a staple of hope, the foundation of a collectivist culture, and a place to ensure advocacy and social justice is a priority (Brewer & Williams, 2019). With the long-time belief that the local African American church is the best place to discuss mental health issues, many African American families stray away from traditional mental health services (Campbell & Littleton, 2018; Adedoyin, 2018) out of fear their needs cannot and will not be addressed by persons who do not live in their communities, or who may not share the same cultural identities (Hays, 2015).

Campbell and Littleton (2018) suggested that a partnership between the African American church and formal community mental health services could increase the number of African American community members seeking and actively engaging in mental health services (Brewer & Williams, 2019). Black church leaders often are the primary referral source for mental health services and tend to have a significant influence on their congregations' views on mental health (Allen-Wilson et al., 2016). The lack of partnership between formal mental health services and the African American church is

not the only challenge social workers face when addressing the underutilization of mental health services.

Though there is much desire to increase the utilization of formal mental health services amongst African American families, it is imperative to consider church leaders and the church as the best resources for increasing accessibility to mental health services within the African American community. Researchers find that older African Americans seek guidance from trusted and seasoned pastoral staff when dealing with mental health symptoms (Bullock et al., 2018). Researchers infer when mental health professionals collaborate with church staff, and have a presence in a Black church, African Americans are more likely to consider treatment as they may view mental health services as acceptable by God (Banjo et al., 2018; Chatters, Hope, Nguyen & Taylor, 2018).

Elders as the Community Backbone

African American families tend to seek the advice from church elders who provide guidance based on life experiences and religious beliefs (Butler et al., 2016; Brewer & Williams, 2019). In many African American communities, elders are considered wise and knowledgeable about resolving issues families experience, provide mentorship and guidance, as well as traditional remedies for physical and mental health (Caldwell et al., 2017). Researchers infer that elders are considered great interpreters of the Bible, which is frequently used by African Americans when seeking answers to difficult issues (Bruno et al., 2016).

Families tend to seek guidance from elders in a discreet manner and encourage family members to keep meetings, regarding mental health, a secret. By engaging with

community elders, families greatly reduce the possibilities of being judged for their issues, experiencing micro-aggressions, involvement of child protective services, and being misdiagnosed (Gopalan et al., 2015; Moore et al., 2019). Researchers inform that African American families are at a higher risk of child protective service involvement (Dalton et al., 2017). Mental health practitioners have a duty to report any suspicion of child abuse, neglect or maltreatment, and as suspicions are subjective, African American families fear the loss of their children to the foster care system (Dalton et al., 2017; Kokaliari et al., 2019). Social work practitioners may find a collaboration with community elders as a positive method to gaining the trust of African American families in need of mental health services.

Health Insurance Disparities

Researchers infer that members of the African American community are often less equipped to engage in mental health services due to the lack of health insurance (Graaf & Snowden, 2019). African Americans have less access to the coverage expansion of the Affordable care act and often reside in states, where state officials reject the expansion of Medicaid (Hays et al., 2017; Graaf & Snowden, 2019). African American families seeking mental health services may also find that the insurances accessible to them are not often accepted at their chosen mental health clinic and fewer practitioners providing free services (Hays et al., 2017). Social work practitioners who engage in policy reform can assist with addressing the racial disparities in access to health insurance. Similarly, clinical practitioners can increase utilization by providing low-cost sessions, or forming a free mental health clinic (Alford et al., 2018).

Violence, Profiling, and Discrimination

Galovski et al. (2016) said there is a great need for mental health services within communities subjected to police violence, racial profiling, and discrimination (Motley et al., 2017; Davis et al., 2019). African American communities are not only at risk for experiencing environmental factors affecting the mental health of the African American family. Researchers find other factors heavily contributing to the frequent experience of stress, crises and emotional struggles such as drug use, financial instability and battling against negative stereotypes which create obstacles for professional opportunities (Butler et al., 2016; Gillum, 2019). Researchers inform that many African American families are deterred away from formal mental health services due to health insurance requirements for service payment, and the lack of proper insurance or financial means to afford the services (Butler et al., 2016).

Galvoski et al. (2016) said constant viewing of violence can increase severe mental health symptoms in members of the African American community, as well as how common it is for African American families subjected to community violence, poverty, and police brutality (DeVylder, 2020). The symptoms triggered by those experiences and diagnoses could include anger, mistrust, paranoia, post-traumatic stress disorder (PTSD), depression, and anxiety (Galovski et al., 2016). However, due to stigma, and the lack of cultural representation in the mental health field, members of the African American community shy away from formal mental health services.

Microaggressions and Racism

Some researchers suggest factors deterring African American families from formal mental health services, may stem from systematic oppression and other factors out of the control of the African American family (Kuo & Taylor, 2019; Hayslett et al., 2018). Researchers postulate systematic oppression widely occurs throughout the United States and effects school systems, jobs, federal, state and local financial assistance, mental health treatment, education, and housing opportunities for the African American community (Erazo et al., 2019; Orelus, 2020). African American families, seeking mental health services, may experience racial microaggressions from European American practitioners in the form of denying color or not acknowledging the importance of racial and cultural differences between client and practitioner (Kuo & Taylor, 2019).

Microaggression is defined as verbiage with a prejudice and/or discriminatory attitude toward persons of marginalized communities (Merriam-Webster, 2019). The presence of microaggressions can negatively affect the therapeutic relationship and increase mistrust between African American clientele and European American practitioners.

Researchers inform African Americans experience psychological and physiological distress after enduring microaggressions and racism (Casstevens & Hayes, 2017; Collins et al., 2018). African Americans are often subjected to overt racism, which is racism that is unconcealed, as well as covert racism, which is racism that is subtle and often passive (Bell, 2019; Marom, 2019). The concept of racial battle fatigue was developed by William A. Smith. Researchers utilize the idea, racial battle fatigue, to further explain the symptoms African Americans experience when enduring

microaggressions, racism, discrimination and prejudice on a daily basis (Casstevens & Hayes, 2017; Chancellor, 2019). These symptoms include increased anxiety, invalidation, headaches, focus issues, high blood pressure, rapidly changing moods, feelings of invisibility and often social isolation (Chancellor, 2019; Hernandez & Villodas, 2019). Many African Americans are forced to decide between addressing microaggressions and racism, or ignoring it in order to avoid confrontation, harassment, or violence (Casstevens & Hayes, 2017; Caughy et al., 2020). It is imperative for practitioners to be mindful that their African American clients experience stress brought on by societal structure and day-to-day stressors.

The Therapeutic Process

Dautovich et al. (2017) said many African American families are concerned and fearful of receiving or engaging in any therapeutic processes due to fear of being over-diagnosed, under-diagnosed, involuntarily admitted to a psychiatric hospital, or over medicated with psychotropic medications (Moore et al., 2019). Aalsma et al. (2018) found African Americans are often seen as angry and are met with suspicion, which is one deterrent from seeking mental health services in a formal setting. African American families fear being diagnosed with a mental illness due to the high possibility of familial or societal rejection. To avoid rejection, many African American persons elude much-needed treatment (Aalsma et al., 2018; Banjo et al., 2018).

When addressing the therapeutic process, it is imperative to discuss how race impacts African American clients' mental health assessment process. Often, African Americans, experiencing symptoms of psychosis, mania, or severe depressive symptoms,

are perceived as aggressive and violent rather than in need of adequate mental health treatment (Fernando & Stare, 2019). Researchers and practitioners believe that the United States has transitioned into a post-racial country. However, African Americans around the country, particularly those seeking mental health services, are at risk for incarceration rather than treatment or are subjected to diminished and left untreated (Hayes, 2018; Fernando & Stare, 2019).

One commonly utilized therapeutic technique is cognitive behavioral therapy (CBT as evidence-based practice. The basis of CBT is to teach clients to be aware of their thought processes and behaviors and change their thought processes and practices (Mello, 2017; Harley, 2018). Though many social work practitioners find CBT to be a leading therapeutic technique, some practitioners find the technique problematic, as there is an assumption that negative thought processes and behaviors can be replaced with positive thought processes and practices for almost all presenting issues (Mello, 2017).

However, there is a concern as to whether CBT and other commonly utilized therapeutic concepts and ideologies are appropriately used with the African American community (Brown & Ward, 2015). Researchers indicated that African Americans are less likely to engage in treatment, remain consistent with therapeutic techniques once starting a treatment or may struggle with the concept of changing thought processes as there is a comparison to changed thought processing of their ancestors, who were subjected to slavery, systematic oppression, and societal violence (Brown & Ward, 2015; Abebe et al., 2017).

Practitioners who utilize therapeutic techniques, without incorporating cultural or racial modifications, find providing therapy to African Americans rather difficult (Alessi, Jemal & Windsor, 2015). CBT was primarily developed by and for persons of European ancestry, which creates a gap when the intervention is used with African American persons (Alessi et al., 2015) Researchers inform the importance of adjusting to the cultural, racial and language needs of African Americans to ensure relation to the technique and continued engagement in services (Alessi et al., 2015; Jones et al., 2016). European American practitioners must be mindful that even with a culturally modified CBT technique, African Americans may prefer to receive services from an African American social work practitioner or seek guidance from church leaders.

Perception of Crazy

Within the African American community, the term crazy is often assigned to persons experiencing mental health symptoms and those who may desire to seek formal mental health services. Researchers find African Americans struggle with the open acknowledgment of mental health and mental illness due to the fear of losing control over one's mind (Harper & Jackson, 2018). Harper & Jackson (2018) postulate African Americans connect the loss of one's mind, due to mental illness, to the loss of control during slavery. Researchers infer African Americans fear losing the right to exist independently can be lost when engaging in formal mental health services (Adullah & Brown, 2020). Though there appears to be a consistent fear of presenting as crazy, researchers find that not every mental disorder is stigmatized or frowned upon. Substance

use such as alcoholism is normalized, while significant depression and schizophrenia will earn an individual the title of crazy (Gielen et al., 2016).

Persons who are deemed crazy within the African American community are often left to their own devices, experience food and housing insecurity, are kept a secret by their family members or are shamed into leaving the comfort of their community (Alolayan et al., 2019). To cope with being isolated, persons experiencing mental health tend to utilize substances to self-medicate and self-soothe. It is not uncommon for those persons to also experience other mental health symptoms due to being outcasted from family and their community (Williams, 2018).

Gaps in Literature

Numerous researchers inform on the environmental factors affecting the mental health of the African American community. However, there is insufficient research regarding the specific lived experiences faced by social work practitioners, who aim to bridge the gap between mental health services and the African American family. While conducting a search for viable peer-edited resources on the topic of the specific lived experiences faced by social work practitioners who aim to bridge the gap between mental health services and the African American family, there were a total of two articles on the topic. The two articles are dated within the past 15 years. I find that there is little research on the methods that many African Americans utilize when aiming to resolve mental health issues.

I conducted a general web search to identify websites or non-peer-reviewed works, which assisted with the research and were unsuccessful in identifying new

resources. Though I used multiple research-based search engines, there were no resources about this specific topic as it relates to the social work profession. There is a significant gap in research regarding this particular topic. I also conducted a search regarding possible increases in mental health usage amongst African Americans to provide a counterargument to this study.

To address this issue, I focused on articles identifying the risk factors experienced by the target population, interventions that aid in resolving issues, as well as techniques other mental health professionals apply when addressing the issue. I aimed to bridge the gap between research, practice and provided social workers and other mental health professionals with the tools to tackle the presenting problem.

Addressing the Problem

Before addressing the issue, it is imperative to acknowledge some of the known experiences by social work professionals and the target population. African American families have a strained relationship with mental health services (Lwembe et al., 2017). Researchers postulated African Americans tend to underutilize mental health services at a higher rate than European Americans and often terminate mental health services at a higher rate (Banks, 2018). After ending formal mental health services, African American families tend to seek guidance from religious leaders and continue to stray away from mental health services, as they are unable to identify the benefits of speaking with practitioners who are unable to relate to them in culture, or circumstances (Adkison-Bradley et al., 2005; Avent & Cashwell, 2015).

Social work professionals, along with other mental health professionals, have made attempts to bridge the gap between offered mental health services and the African American community (Jupp, 2019). These efforts include community-focused outreach, partnerships with local churches, and attempts to increase cultural competency training (Cohen et al., 2019). Many researchers focused on bringing awareness to African American persons' experiences, such as their experiences with court orders, psychiatric placement, and excessive diagnosis of schizophrenia (Cohen et al., 2019; Burkett, 2019). The weaknesses identified include the lack of research on the specific experiences faced by social workers. Another identified vulnerability is the lack of research on African American families' positive experiences who engage in mental health. This type of analysis would help identify techniques used with families who have successfully navigated the realms of mental health.

Though social workers may attempt to bridge the gap in services utilized by the African American community, professional stereotypes hinder the trust of social work practitioners as mental health professionals. Though the social work profession has grown significantly, with an increase in diverse job titles, roles, fields, and expertise, many persons in society are only exposed to social workers as child protective service workers (Kaszyński et al., 2019). Social workers being perceived as child welfare workers is an obstacle that social work professionals will endure as they attempt to engage the African American community in free mental health services. Social workers should be sure to be knowledgeable about evidence-based practices in mental health and specific issues affecting the African American family (Clossey et al., 2018).

Addressing the Problem: Counterarguments

When addressing a problem, it is imperative to consider the counterargument of the identified issue. Though many researchers have concluded African Americans tend to stray from formal mental health services, some researchers may disagree and find African Americans increasing mental health service usage. Researchers postulate an increase in mental health use, among African Americans, with an increase in Black/African American psychotherapist and find that there has been a general increase in the number of licensed practitioners, who identified as Black/African American (Kuo & Taylor, 2019). Researchers also inform due to the general mistrust of European-Americans, African Americans are reluctant to engage in mental health services or will participate in an involuntary status as they tend to see European American psychotherapists rather than psychotherapists of color. However, African Americans are more likely to engage in formal mental health services if their service provider is Black/African American (Kuo & Taylor, 2019).

Role of the Social Worker and Black Lives Matter Movement

Social workers in practice are at the forefront of addressing the underutilization of mental health services among African American families. However, the social worker's role may often be overwhelming, stretched thin, misinterpreted, or even stressful to the practitioner (Pura, 2017; Tranca, 2020). Social workers of all races and colors may struggle with providing therapeutic services to members of the African American community due to symptoms triggered by current events (Mbilishaka, 2018). With social media being so readily available, members of the African American community are often

subjected to brutal murders, racially charged harassment, abuse, profiling, and torture of their African American community members (Duvall & Heckemeyer, 2019). Researchers have deemed this issue a very prominent item in the African American community (Mingo, 2018). Though an African American person may not accurately know the person who was publicly killed, injured or harassed, the collectivist culture allows for the African American community to stand together and protest injustice, as well as collectively feel the pain from the loss of life and experience of trauma from viewing videos of the events.

It is also imperative to consider the effects of current events on African American social workers. Though an African American social work practitioner may strongly advocate for the use of therapeutic services amongst the African American community, that practitioner cannot ignore how current events affect his or her mental health, and ability to effectively provide therapeutic services to the target population (Bennerr-Swanson, 2017). Some African American members may be wary of seeking out mental health services from European American practitioners when symptoms experienced are directly related to their experiences as an African American person in the United States.

Selection of Concepts

When selecting the concepts for this particular study, it was essential to consider how the African American community perceives the mental health industry and how the mental health industry has been portrayed. Historically, the mental health field has been dominated by White mental health professionals. Many of the theories and concepts developed during the early years of mental health were not designed with people of color

in mind. Due to this, researchers have coined the idea of cultural paranoia, whereas persons of color default to mistrusting White mental health professionals and equate mental health as services for the European American community (May 2018).

Researchers have found that many African American families are hyper-vigilant when it comes to engaging in mental health relationships with persons who are not of their racial or ethnic identity (May 2018). Kuo and Taylor (2019) said that it is beneficial and urgent for mental health professionals to ensure that persons of color receive psychiatric health care that is culturally competent and supportive.

I selected social work professionals based on their frequent interaction with the target population and focused on all factors that affect an individual's or family's life. Researchers found that by increasing culturally specific training for social work professionals, mental health service utilization would increase for the African American population.

Targeting the underutilization of mental health services amongst African American families is considered taboo or controversial. Researchers found many African American families and persons within the African American community do not seek mental health services due to stigma, active involvement in African American churches, and the belief therapeutic services reserved for White persons (Aalsma et al., 2018). Though there is limited research regarding social workers' lived experiences as they relate to mental health services amongst African American families, research on the perceptions African American families and individuals have of mental health remained consistent.

Data Types and Sources of Information

For this study, I developed an interview guide for data collection. An interview guide was used to link the research question and problem as well as promote consistency throughout the study and interview process. I used the interview guide to gather information from participating social workers and identified the methods used to overcome the lived experiences faced when working with the target population.

I developed an interview protocol and distributed the contract through various social media mediums. The interview protocol consisted of 10 questions and completed in around 8-10 minutes to complete. Participants received the interview questions in the form of an online SurveyMonkey link, which allowed the respondents to type out their responses to the questions and submit protocol online. Participants were not asked to enter any identifying information and will each be given a number for identification purposes. I collected data until saturation was reached. I posted an introductory social media message to potential participants, which explained the research project's basis, as well as prompted interested persons to click the interview protocol link. I followed protocol and obtain informed consent from each participant.

For data analysis, I highly considered the philosophy of hermeneutics. Hermeneutics regarding qualitative research involves the interpretation of a text or data from a multi-perspective vantage point.

Summary

The underutilization of mental health services amongst African American families is an essential topic. It is imperative to address the lived experiences of social

work practitioners as they relate to the presenting issue. Current efforts to bridge the gap between social work practice and African American families have not allowed for desired growth and increase in use of mental health services. Current literature proves insufficient insight into how social work practitioners should resolve the presenting issue.

In Section 1, I provided a detailed overview of the presenting issue, risk factors affecting African American families, and lived experiences of social work practitioners. Theoretical frameworks, crisis intervention theory, ecological systems theory and sociocultural theory, assisted with addressing the problem and data collection and analysis. In Section 2, I discuss the methodology, data collection, data analysis, role of the researcher, and how participants were selected for the study.

Section 2: Research Design and Data Collection

In this research study, I addressed the underutilization of mental health services among African American families in large metropolitan cities in the state of Texas. Section 1 included the identified problem and risk factors experienced by African American families such as racial tension and discrimination, familial issues, and stigma associated with seeking mental health services. In Section 1, I provided insights regarding the lived experiences of social workers involving lack of training, competition with African American community churches to provide mental health services, and lack of sufficient research, which could aid in resolving the presenting issue. Section 1 included a brief introduction of the methodology that was used in the research as well as theories used to address the problem.

In Section 2, I provide an in-depth explanation of the research design, methodology, including methods used to gather data, concepts, and constructs, how participants were selected, and instrumentation used to gather data from participants. Section 2 also includes the process of data analysis and ethical procedures.

Research Design

Social Work Problem and Research Question

The identified social work practice problem is the underutilization of mental health services among African American families in large metropolitan cities in the state of Texas.

The research question is:

RQ: What are the lived experiences social workers face when finding methods to address the underutilization of mental health services among African American families in large metropolitan cities in the state of Texas?

Nature of the Study

The qualitative research design is the best method for gathering data from participating social work practitioners and allowing participants the opportunity to provide details about their personal experiences. Qualitative research is an evidence-based methodology. For this study, the interpretive paradigm guided the focus and tone of data analysis.

Study Alignment

When developing research, it is imperative to consider the alignment between the selected methodology and the purpose of the research study. The purpose of this research is to bring awareness to the issue of the underutilization of mental health services amongst African American families in metropolitan cities in the state of Texas. This study was intended to identify the lived experiences of social workers when finding methods to address the underutilization of mental health services among African American families. The phenomenological qualitative study design it was used to create a platform for research participants to provide their experiences. The use of a phenomenological qualitative research design allows for research subjectivity as well as insights regarding the lived experiences of study participants, which is valuable during the data analysis process.

Researchers have expressed concerns about the replicability of qualitative studies; however, they find that the results from qualitative studies address the limitations of quantitative studies (Gupta & Mukhopadhyay, 2014). Within this study, the focus was on the entire target population, and not just on the individual families mentioned by participating social workers. The focus on the entire population may have aided in ensuring that the research is applied to African American families in the United States.

Methodology

For data collection, I developed an interview protocol to distribute to interested study participants. Due to limited access to active social workers who work with the identified target population, participants were reached via social media. Distribution of interview protocol via the Internet took the place of face-to-face interviews. There were several identified mental health-focused social workgroups on social media such as Facebook. The interview protocol consisted of 10 questions. The protocol was developed using SurveyMonkey. This platform allowed for easy distribution with links. The platform also allowed for participants to complete their questions without inputting identifying information. SurveyMonkey was used to monitor the number of persons who returned the protocol.

An interview protocol was selected as no previously developed instrumentation was specific to this study regarding lived experiences faced by social work practitioners and risk factors affecting African American families. Developed interview protocol questions involved efforts participants made to engage African American families,

number of families that return to their services, participants' levels of education and licensure, and types of mental health settings where they are currently employed.

Social work professionals, targeted for this study, were current social work students at the bachelor's or graduate level, as well as actively licensed social workers with any license. Data were collected until saturation was reached. In order to determine saturation, I reviewed responses of study participants as well as risk factors.

Participants

The process for data collection and identifying qualifying study participants was meticulous. Persons targeted to participate in this research were social work practitioners. Participants included interning bachelor's level students and licensed practitioners, master's level interning students and licensed professionals, clinically licensed persons, and doctorate level social workers working with African American families in mental health settings. Persons targeted for this study were not discriminated based on race, gender, religion, age, or sex. I identified four social media group pages as having many social work students and licensed practitioners. These four groups consisted of a combined approximate total of 41,000 mental health practitioners. One group, specific to social work students and practitioners, had a total of 7,000 members.

By contrast, another group, specific to mental health practitioners of all disciplines, had a total of 21,000 group members. The last two groups were mental health-specific but were not exclusive to only mental health professionals. However, the number of group members identified as social work practitioners on the three social media pages is unknown.

I developed a partnership with the identified social media groups as an essential step, as the two groups are pages run by functioning community organizations. After the development of a partnership, the interview protocol was distributed via a link. It was shared several times on each social media page, which increased the possible number of practitioners who completed and submitted the interview protocol. This study's sampling method is a purposeful or selective sampling. The identified sampling method aligns with the research design and the research purpose. By using purposeful sampling, I was able to identify participants based on pre-selected criteria and rule out persons who were interested but did not meet the criteria.

Data Analysis

The data analysis objective was to identify the struggles social workers face when trying to find methods to address the underutilization of mental health services among African American families in large metropolitan cities in the state of Texas. The large metropolitan cities are Austin, Dallas/Fort Worth, Houston, McAllen, and San Antonio. Before delving into data analysis, it is imperative to address any known biases toward the study participants' role and African American families. Throughout the entirety of the research process, self-reflection is exceptionally beneficial as I was able to address any stressors, triggers, biases, or prejudices that may negatively affect my interpretation of the collected data. Researchers find that the active involvement of study participants in the data analysis process could significantly reduce the possibility of misinterpretation of the collected data. They provided the study participants a greater responsibility in ensuring that their lived experiences are portrayed appropriately (Frost et al., 2018).

Engaging the study participants in the data analysis process could have been valuable. It would have been quite challenging to retrieve data analysis suggestions while keeping the participants unknown to me and those who may read the study. To ensure the integrity of the stories and experiences shared by study participants and to ensure appropriate interpretations of each experience, I used a thematic coding method. Before delving into thematic coding of the collected data, each question, listed on the interview protocol, was organized along with each study participant's responses. Managing the questions and the responses ensured consistency throughout the coding process. I organized data using a chart, making it easier to identify variations in concepts.

Though coding can be tricky with large sample sizes, I ruled out purchasing professional coding software due to funding insufficiency. I ruled out coding by hand as it can be meticulous. Instead, I used a free trial of professional coding software and complete coding within a 14-day time frame. The coding software that I used is MAXQDA, which offered a free trial. In analyzing the various participant responses, I was aware of reoccurring themes, patterns, and concepts that may link participant experiences together. The language was an essential factor to consider when completing data analysis, as each participant utilized words that are culture, region, or state specific. I wrote down words that appeared to be unique to one participant. The entire response containing the identified word/phrase was analyzed individually to ensure proper response interpretation.

During the analysis process, the categories selected were based on the research question. They created a chart that had a column for the interview question to be listed, a

column for the responses, and a column for first-level coding, and a column for second-level coding. This organization-level allowed for better visualization of the common themes related to the lived experiences faced by social workers when attempting to address the underutilization of mental health services amongst African American families.

The next stage in the data analysis process was to ensure the research study's validity, credibility, and reliability. In qualitative research, validity applies to the appropriate use of the research processes, trustworthiness, data, and instrumentation (Leung, 2015). Validity focuses on the alignment of the research question, the selected methodology, and whether the study's results and conclusion are appropriate for the context. To ensure the study's validity, I addressed any biases in sampling, engage in on-going reflection, and ensure meticulous record-keeping of all completed interview protocols. In qualitative research, reliability homes in on whether the research processes and results can be replicated (Leung, 2015). To enhance the research's reliability, researchers should remain consistent and use frequent data comparisons (Lueng, 2015).

Ethical Procedures

I followed ethical procedures as required explicitly by Walden University's Institutional Review Board (IRB) and the ethical values and principles developed by the NASW. My ethical responsibility is to ensure that no harm, physical or mental, came to the participants who agreed to engage in the study. Informed consent has a detailed description of the research study's mission and goals and ensured each participant has a good and thorough understanding of their role in the research study. The informed

consent form provided detailed information regarding participants' rights to privacy and confidentiality. No participant information, such as names or other identifying information, was used in the study. The interview protocol allowed potential participants to decide whether they would like to participate in the study and explained the potential risks involved with participating in the study.

Once the IRB application was approved, I started communicating with administrators of each social media page to develop a partnership and obtain approval to request the study participants. Once social media page members have expressed interest, I posted a link with the consent page. Potential participants were able to complete the consent. Participants used the SurveyMonkey link posted on social media.

To protect each study participant's identities and experiences, identifying information provided by participants, including names of families, agency/organization names, names of co-workers, phone numbers, employers, and their names, were excluded. A number was assigned to each participant when submitting their interview protocol. There was no communication with participants post-completion and submission of interview responses. SurveyMonkey will house the collected data. Information is password-protected, and no other persons have access to collected data outside of me, committee members, and the IRB upon request.

Summary

In this section, I discussed the research methodology and provided insight into the research study's direction. Using a basic qualitative study and the use of an interview protocol, I gathered data from the target population. In the data analysis section, I

discussed the use of coding to analyze and interpret the responses of each study participant. I used MAXQDA, which offers a free trial to code data. Lastly, I took all steps necessary to ensure the protection of all participants' identities by utilizing assigned numbers instead of names, using password protection for SurveyMonkey, and destroying any identifying information post submission of interview protocols. Interview protocols will be kept for approximately 5 years and then be destroyed. During the 5-year timespan, interviews remain on SurveyMonkey with password protection.

Section 3: Presentation of the Findings

Introduction

The purpose of this qualitative research study is to show the lived experiences social workers face when finding methods to address the underutilization of mental health services among African American families in large metropolitan cities in the state of Texas.

Research Question

The research question is:

RQ: What are the lived experiences social workers face when finding methods to address the underutilization of mental health services among African American families in large metropolitan cities in Texas?

I collected data for this study through an online interview protocol. I distributed the protocol via a SurveyMonkey link on social media platforms. I posted the online interview protocol to social media groups geared toward social work professionals and other mental health professionals. Social media posts provided potential participants with

a brief description of the study qualifications for study participation as well as the time frame for completion. I directed potential participants to the consent form. I disqualified potential participants who did not sign the consent form. Participants who signed the consent form, were redirected to the interview protocol.

In Section 3, I provide an in-depth explanation of data analysis techniques, in which I focused on a description of the analysis procedures

and validation of the methods utilized during data analysis; study findings, in which I provided reports of the results, and a summary providing details of section 4.

Data Analysis

I received IRB approval on October 30, 2020 (#10-30-20-0724595). Upon receipt of approval, I updated the consent form to include the IRB approval number and expiration date. Social media posts were made immediately following update of the consent form. As I was not a member of any social media groups, I contacted group administrators to access these groups to request study participation. Data collection continued until November 2, 2020, by which I gathered data from 24 persons for the study. Out of 24 participants, 20 completed the interview protocol, while four did not move forward due to not signing the consent form. Recruitment efforts ceased due to saturation. By using SurveyMonkey, I was able to monitor responses to determine saturation.

MAXQDA was the software used for data analysis. MAXQDA is software designed explicitly to assist researchers with the study of qualitative research in coding.

Before using MAXQDA, I familiarized myself with the software to increase efficiency during the analysis process.

When completing data analysis, it is imperative to ensure the validity of the research. A researcher assesses validity to ensure the data collection method is used to appropriately measure what was initially intended. For this study, I used an interview protocol. To ensure an interview protocol's validity, the researcher must ensure alignment between the research study and the interview questions (Hamzah et al., 2018). To ensure the interview protocol's validity, I was sure to focus on aligning the study's purpose with the research question I was also sure to ask straightforward and concise questions which were not loaded with multiple parts, which could have caused confusion or deterred participants from answering these questions.

When collecting data, I did not experience any technical difficulties or issues. I found some participants did not make it past the consent form and were immediately sent to the end of the interview protocol, which resulted in disqualification from the study. The consent form consisted of 10 sections; I asked each participant to select two options: "very clear" or "not very clear." It is possible that this created some confusion for participants. The use of the terms "agree" or "disagree" could have reduced the number of incomplete protocols returned.

An identified limitation involved the method of recruitment. Participants were recruited via social media and encouraged to participate in the study. However, this method of recruitment did not allow for a wide range of participation. One social media group was specific to social workers in San Antonio, which resulted in a higher rate of

involvement from San Antonio-based social workers. There was no participation from McAllen-based social workers, and few responses from Dallas and Houston social workers. The recruitment method and social media group selection could have been a limitation of the study. Another limitation is the inability to speak with study participants regarding response clarification, as participant identities were kept anonymous. Due to this issue during data collection, I had difficulty categorizing some responses while coding.

Findings

All research participants claimed to be social work students, interns, or licensed/unlicensed professionals. I did not request gender identities from participants, nor was there any other identifying information. I asked each participant to identify all significant metropolitan cities, within Texas, they have previously or currently work in. There were 24 participants, with only 20 participants fully completing the consent form and interview questions (see Appendix C). I used questions to gather data about which metropolitan city each participant may have worked in the past as well as currently. Out of 20 participants, 5 participants worked in Austin, 3 participants worked in Dallas/Fort Worth, 3 participants worked in Houston, 0 participants worked in McAllen, and 13 participants worked in San Antonio.

I requested participants to provide information regarding the number of African American families in their caseload during a single year. Eight participants reported having between 10-20 African American families in one year. Two participants had 40-50 African American families, five participants said three to -eight African American

families, two participants reported 21-25 African American families, and three participants reported serving 70-80 African American families in one year.

I used open-ended questions to gather data regarding the credentials of each participant. Regarding participant social work credentials, 10 participants reported being licensed master social workers, four participants reported being licensed clinical social workers, five participants reported being social work students, and one participant was a master's level intern.

For the remaining seven open-ended protocol questions, I organized findings by themes and subthemes to identify social workers' lived experiences when providing services to African American families in Texas' metropolitan cities. After reviewing the data, a total of five themes and sixteen subthemes emerged. The primary themes are: (a) personal effort to increase use, (b) obstacles to care, (c) the role of the church, (d) interventions used, and (e) trainings. The subthemes are: (a) continuing education, (b) marketing, (c) no efforts made, (d) stigma (e) cultural/racial representation, (f) service accessibility, (g) community education, (h) continuity of care, (i) beneficial, (j) not beneficial, (k) indifference, (l) mental health, (m) case management, (n) religion/spirituality, (o) attended, and (p) not attended.

To gather primary themes, I identified common terms and phrases used in participant responses by highlighting common words. Once I identified common terms and phrases, I selected four themes with the highest reoccurrence, and remaining eight themes were identified as subthemes. Four primary themes were chosen. The four

primary themes each presented between 15 and 21 times, while the eight subthemes each presented between 5 and 8 times.

Table 1 depicts the hierarchical order of the themes and subthemes used during analysis.

Study Results Primary Themes and Subthemes

Primary themes- first level	Subthemes-Second Level
Personal Effort to increase utilization	Continuing Education Community Education Continuity of Care Marketing No Efforts made
Obstacles to Care	Stigma Cultural/Racial Representation Service Accessibility
The Role of the Church	Beneficial Not Beneficial Indifference
Interventions Used	Mental Health Case Management Religion/Spirituality
Trainings	Attended Not Attended

Theme 1: Personal Effort to Increase Use

The question asked during the interview protocol was: Have you taken any steps to increase utilization of mental health services among African American families? The theme that emerged from this question and participant responses is personal effort to increase utilization. The subthemes that emerged from this question include continuing Education, community Education, continuity of care, marketing, and no efforts made.

I asked participants to provide insight into their personal experiences with increasing mental health services among African American families. This theme directly connects with the research question, as participants could share their efforts to address the presenting issue. Some participants acknowledged that they had no knowledge of the presenting problem and did not believe it was their role as a social work student or intern to bring the topic to the internship supervisors' awareness. Some participants focused on education, whether continuing education for themselves and co-workers or educating their client's on community mental health resources specific to African Americans. Continuing education is defined as further professional education for the advancement of the practitioner (Hunter, Teclé & Thi Ha, 2017). Below are some of the protocol responses to the identified interview question.

P1: Subtheme- Community Education "I am a White clinician, and I am very conscious of the fact that my outer shell may increase insecurity with African- American clients in seeking mental health care. I am a private clinician, and so I make sure to have upfront discussions about myths of mental health diagnoses, treatments, etc. I also encourage open conversation regarding their comfort level in working with someone

outside of their culture. I do my best to educate my clients on the different resources in their communities, specific resources with African American providers".

P2: "De-stigmatization for the need of mental health services."

P3: Subtheme- Marketing "Sending newsletters to all members of the community to increase awareness of the mental health and case management services offered in the program."

P4: Subtheme- No efforts made "As an MSW intern, I did not feel I had a role in increasing utilization."

P5: Subtheme- Continuity of care "In the attempt to increase the utilization of mental health services in African American families, I have helped them gain access to a provider for medication management. I have helped them locate other services there are, such as outpatient services".

Theme 2: Obstacles to care

The interview protocol question was: what are some of your professional experiences with attempting to increase utilization of mental health services among African American families? What are some issues experienced? The theme that emerged from this protocol question was obstacles to care. The three subthemes that emerged from this interview protocol question are stigma, cultural/racial representation, and service accessibility. I asked participants to identify issues they may have faced when attempting to increase mental health service utilization among African American families. Based on the responses from each participant, it is evident that multiple participants share the belief

that stigma, representation, and service accessibility can overwhelmingly contribute to the underutilization of mental health services.

Researchers find that many African Americans believe persons who experience mental health issues or mental illness are dangerous and crazy (Gaiha et al., 2020). Per participant responses, four participants mentioned discussing stigma with their client. Researchers find that cultural/racial representation is beneficial to combat the underutilization of mental health services among African American persons (Brown, Cox, Gustafsson & Mills-Koonce, 2017). There was a total of five participants who mentioned representation when answering the question regarding experienced issues when attempting to address the underutilization of mental health services among the target population. The subtheme, service accessibility, presented the least number of times out of all of the three subthemes, with only 2 participants mentioning accessibility to mental health services as an issue when attempting to combat the underutilization of mental health services.

P1: Subtheme- Stigma "...however, I encountered resistance at times with mention of mental illness for fears of stigma".

P2: Subtheme- Cultural/Racial Representation "An issue typically includes connecting as I am not African American."

P3: Subtheme- Service Accessibility "Push back from the family, not enough money or time. No transportation".

Theme 3: Role of the Church

The interview protocol question asked was: What understanding do you have of the role of the African American church in the African American community regarding mental health? The theme that emerged from this question was the role of the church. The three subthemes that emerged are beneficial, indifference, and not beneficial. Three study participants found the role of the church beneficial when working with African American persons. Eight participants did not find the role of the church beneficial in combating the underutilization of mental health services. Many respondents utilized a frustrated tone in their written responses when discussing the role of the church and the mental health of African American persons. The frustrated tone was identified by the use of phrases such as, "The church does nothing but..." and "sometimes toxic." Many participants found the church to be ill-equipped to handle severe mental health. Seven participants provided responses that appeared to be indifferent about the role of the church with mention of the advantages and disadvantages of the involvement of the church in handling mental health issues in the African American community.

P1: Subtheme- Beneficial "I have found the church home of many of my African-American clients to be an integral part of their mental health support and process. Often, we discuss combining the counseling and spiritual support to a comfortable level for the client".

P2: Subtheme- Beneficial "Often churches refer to mental health problems in Biblical terms, as something they could be healed from if they just have enough faith. Church is huge in this community. Brings a sense of belonging and hope".

P3: Subtheme- Indifference "The church has a major role in the African American community. Many African- American people won't go to therapy or engage in any formal mental health services because they have been taught that prayer will release mental health issues. The church has been a place of worship, family building, emotional support, and marital guidance; however, many churches are unable to manage severe mental health issues".

P4: Subtheme-Indifference "Depends on the church and how they view mental health. Most will state rely on God and your spiritual walk. However, the Bible states that God has given us discernment, and we must understand that it's ok to go to mental health and receive help".

P5: Subtheme-Not Beneficial "The church does nothing but try and convince people that they are broken because they don't attend church or pay tithes. They don't do anything to help people with severe mental health issues. They want to convince people they can pray schizophrenia away".

Theme 4: Interventions Used

The interview protocol question asked was: What interventions have you used when working with African American families? I requested participants provide insight into the interventions utilized when working with African American families and increase mental health services among the African American community. The purpose of targeting the interventions utilized by study participants was to identify whether there were any similarities in techniques used to engage the target population. While analyzing participant responses, it was evident that LCSW used more evidence-based therapeutic

interventions to engage their African American clients than participants who were not clinically licensed. These interventions include CBT, solution-focused therapy, reminiscence therapy, and narrative therapy. There was a total of four participants who identified as LCSW's. Though some researchers find CBT to be controversial when working with African American persons, many practicing clinicians continue to utilize CBT integrated with other evidence-based interventions when working with the target population (Beck, 2019).

LMSWs, students, and interns selected interventions such as case management, motivational interviewing, education on positive coping skills, as well as referring clients to a therapist as beneficial interventions. After analyzing participant responses, three subthemes emerged. The identified subthemes are (a) mental health and (b) case management, and (c) religion/spirituality. These subthemes were selected based on the responses given by each participant and the frequency of the responses.

P1: Subtheme- Mental Health Provided them with referral to an African American counselor or discussed seeing a counselor in the church but separate from the main pastor".

P2: Subtheme- Mental Health "Historically, I've been in Positions that need short, brief therapy. I've found person-centered is effective. Motivational interviewing, especially during initial sessions, is key. CBT and DBT are often effective and helpful as well, can often be related back to the church if that is important".

P3: Subtheme- Case Management "Case management, substance use education, medication education, increase access to community resources.

P4: Subtheme- Case Management "Provide resources for continuity of care, if they were deemed high risk of not returning to services."

P5: Subtheme- Religion/Spirituality "The interventions I've used with African American families typically involve the extended family or church family if they are religious. I tend to encourage clients to reach out to their pastors or minister. Sometimes I will talk to my clients about their faith in order to develop coping skills. I help teach mental health and self-care strategies that also emphasizes how their wellness can improve family wellness since culturally, African American families are more collectivistic rather than individualistic".

Theme 5: Training

The interview question was: Have you attended any trainings/continuing education specific to working with African American families? The theme that emerged from this interview question was training. The two subthemes that emerged were (a) attended and (b) not attended. In response to this question, many participants simply responded yes or no to having received training specific to working with the African American population. Twenty-one participants responded to the question. Out of 21 participants, 14 participants stated "No" or said No they had not received training with further explanation. The seven remaining participants responded that they had attended a training; however, they did not provide insight to whether they sought the training of their own will or if the training was offered/suggested by a school or an employer.

The purpose of this protocol question was to identify whether persons working with the target population had engaged in training to equip themselves better to combat

the underutilization of mental health services among African American families.

Researchers find that training and development is a steppingstone to ensuring mental health professionals are prepared to engage in systematic change (Vito, 2018). After analyzing the participant responses, it appears that less than half of the participants had been involved in some form of training to prepare them to address the presenting issue.

P1: Subtheme- Not attended "NO trainings/ continue education specific to working with AA families. There was some education in my master's program, but I felt that my school only focused on the issues faced by the AA community rather than steps social workers could take to increase interaction between AA families and mental health professionals".

P2: Subtheme- Attended "Yes, I attended through the National Association of Black Social Workers".

Unexpected Findings

Though the majority of the participant responses mirrored one another, some participant responses were unexpected. When asked if participants had attended any training/continuing education specific to working with African American families, approximately 75% of respondents stated their employers had not allowed engaging in training specific to the African American population. Pignotti and Thyer (2016) said continuing education is essential to the social work profession's growth and new and advanced social workers' expertise. Without proper training and education regarding African American families' mental health needs, social work students, interns, and

licensed/unlicensed professionals are ill-equipped to provide appropriate and often necessary services to the target population (Pignotti & Thyer 2016).

Summary

The underutilization of mental health services amongst African American families is an essential topic in the African American community. After analyzing the collected data, I found many social work practitioners, students, and interns, who have participated in this study, have made some effort to increase mental health services among African American families. However, they may have encountered some issues such as cultural/racial representation, families not returning or continuing services, and the overall African American family preference to defer to the African American church to address mental health issues. I also found that many employers have not taken the necessary steps to address the underutilization of mental health services among the African American families they serve within their agencies. Section 4 includes applications for professional ethics in social work practice, recommendations for social work practice, and implications for change.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this qualitative research study is to show the lived experiences social workers face when finding methods to address the underutilization of mental health services among African American families in large metropolitan cities in the state of Texas. The phenomenological qualitative research method was used to explore social workers' lived experiences involving mental health underutilization among this population. This method allowed study participants to express their perspectives regarding the issue. I decided to conduct a qualitative phenomenological survey. Study participants were able to provide unique insights regarding their experiences.

During data analysis, I identified several findings. Some of these findings involve intentional efforts study participants engaged in to personally address mental health service underutilization among African American families. These efforts include addressing providers' racial representation within their agencies, actively marketing within African American communities, and building relationships with pastoral staff in African American churches. For social workers to be effective within the African American communities, social work students, interns, and practitioners must have insights regarding efforts they may need to make to bridge gaps between mental health providers and African American communities within the state of Texas.

When conducting social work-focused research, it is imperative to ensure the study's findings extend knowledge in the field of social work. This specific study involves social work professionals' lived experiences in terms of methods to increase

utilization of mental health services. There is not one known study that focuses on the role of social workers working with the target population. This study included necessary perspectives of social work practitioners and may be beneficial in terms of education for social work students entering the field.

Recommendations for Social Work Practice

Based on study findings, I recommend mental health agencies implement mandatory training or continuing education precisely focused on addressing African American families' mental health and social needs. Also, there is a need to connect African American families with providers of color intentionally. When analyzing collected data, I found that some participants did not feel they had the right to express viewpoints regarding the presenting issue. Mental health agencies, clinics, and independent providers should ensure that all social work students, interns, and field professionals have the opportunity to address issues they may have noticed and provide possible solutions.

Application for Professional Ethics in Social Work Practice

There are two principles from the NASW of code ethics related to how social workers understand their roles in bridging the gap between mental health providers and the African American family. The importance of racial/ethnic representation among mental health providers and the importance of engaging in continuing education and cultural training. One ethical principal mental health social workers must adhere to is cultural and diversity awareness. In mental health social work, practitioners must educate themselves regarding various cultures and populations they serve. It is also imperative for

social work practitioners to understand how culture may impact their target populations. They can achieve this by intentionally engaging in training which is specific in terms of addressing African American families' psychosocial needs in metropolitan cities within Texas.

The second ethical principle social workers must adhere to is a referral to resources. The NASW mandates social work practitioners with the responsibility to ensure continuity of care and that each client receives appropriate treatment from a specialized practitioner. Social work practitioners must ensure they take the proper steps to connect clients to services that may benefit them, as well as services expressly requested by the client. Many African American individuals may seek counseling specifically focused on their religion of choice. Some African American individuals may request treatment from African American practitioners only. Some African Americans may be wary of seeking mental health services from European American practitioners when symptoms experienced are directly related to their experiences as African Americans in the United States.

Findings from this study might have a significant influence on social work practice. Social workers may gain insight into Texas social work practitioners and students' current experiences and awareness of the presenting problem. With increases in awareness, Texas social workers might have the opportunity to advocate for enriched cultural and diversity training offered by employers, better marketing strategies and connections to the African American church, as well as understand the stigma connected to receiving mental health services for African Americans.

Recommendations for Social Work Practice

Based on study findings, I recommend two action steps for clinical social work practitioners who work with African American families in metropolitan cities in Texas. The first action step for clinical social work practitioners who work within this area of focus area is to expand research on this presenting issue. It is a social worker's ethical duty to further research in the field of social work to expand knowledge on topics that may be unexplored or have minimal research. When completing the literature review, I found few studies focused on the issue and could not locate studies focused on social workers providing mental health services to Texas' metropolitan cities.

There are several areas which social work researchers can expand on in this study. One area is CBT as an intervention with the target population. The intervention is evidence-based and has proven beneficial in practice. To advance the field of social work, social work researchers must build upon this topic and continue to bring awareness to the issue to address mental health service providers for African American communities.

The second action step for clinical social workers is to increase the number of available training and continuing education opportunities for practitioners. Per the NASW (2017), each social worker's ethical duty is to engage in continuing education. Social work students and practitioners may benefit from further knowledge of African American families' experiences when addressing their families' mental health issues and the disparities in treatment. Researchers infer that members of the African American community are often less equipped to engage in mental health services due to the lack of

health insurance (Graaf & Snowden, 2019). Social workers should be versed on community resources that may benefit persons without insurance or financial means to pay out of pocket costs. Social work practitioners should also engage in continuing education focused on racism and microaggressions. Some researchers suggest factors deterring African American families from formal mental health services may stem from systematic oppression and other factors out of the African American family (Kuo & Taylor, 2019; Hayslett, Park & Pitcan, 2018). These are the best theoretical interventions to utilize with the target population. Providers must tailor interventions and techniques to the target population's cultural and racial needs and address the lack of representation within many traditional mental health agencies.

As an advanced clinical social worker, I believe this study's findings may aid in my engagement with African American families and identify methods to increase communication with leaders within the African American churches in the city of San Antonio, TX. I will intentionally build a referral list of African American mental health practitioners and community leaders to ensure the continuity of care for families and individuals who may not be available to service. When working with African American families, I will utilize therapeutic interventions that are better suited for the target population rather than selecting popular evidence-based interventions.

Transferability and Usefulness

There is much transferability of the findings from this study to the field of clinical social work practice. Transferability is the generalization of study findings to similar situations (Strydom & Schiller, 2019). Social work practitioners can try or consider

applying this study's results to their target population. The study findings illuminate the importance of cultural/racial representation, marketing within various communities, engaging with community leaders, addressing mental health stigma within those communities, and engaging in training specific to the serviced target population. Therefore, this study is useful to the broader field of social work practice.

Limitations of the Study

There were possible limitations to this study. One limitation includes the selected method of recruiting study participants. For this study, I utilized purposeful sampling. Researchers use purposeful sampling to identify participants who can provide information and experiences specific to the study topic (Benoot, Hannes & Bilsen, 2016). Though purposeful sampling proved to be beneficial for this specific study, there was a potential for restriction on study findings, as the sample size for this study was small and the number of active social work students, interns, and field professionals, in the state of Texas, is quite large. This sampling method could have influenced selection bias. Selection bias is when the researcher decides who will be studied when participant selection is not entirely randomized, or potential participants elect to engage in the study (Hoskins, Morash & Northcutt Bohmert, 2019).

A limitation specific to this study included the limited access to potential participants who may not utilize social media for personal or professional use and persons without computer access. Another limitation includes sampling social work students, interns, and field professionals in Texas's metropolitan cities, rather than allowing social workers in smaller towns and countryside to contribute and inform their

lived experiences in rural parts of the state. An additional limitation includes the lack of one-on-one interaction with the study participants, as participants were kept anonymous and provided written responses to study questions. Due to utilizing an online interview protocol, I was unable to reach out to participants, during the data analysis process, for response clarification, nor could I gauge the tone and body language of participants when giving their responses to study questions. Researchers find the lack of in-person interaction can diminish the participant's voice (Latendresse, Ozawa-Kirk & Parameswaran, 2020).

Recommendations for Further Research

This study explored social workers' lived experiences while working to address the underutilization of mental health services among African Americans in Texas's metropolitan cities. Additionally, this study looked at how social workers' lived experiences influenced social work practice on the micro-, mezzo-, and macro levels of practice. Future research should include larger sample size and not restrict study participation by service areas within the state. This recruitment change might ensure social workers in smaller towns and rural areas have the opportunity to provide insight into the methods they may utilize to address the presenting problem.

Another recommendation for furthering research would be to include the experiences of the African American families who actively engage in mental health services or have made efforts to engage and felt services were not what they wanted or needed at the time of the attempt. The inclusion of the target population could help future

social workers learn more about deterrents to services and how the target population would like the issues to be resolved.

Dissemination of Information

There are two ways to disseminate the information and findings produced by this research project. One method would be to prepare a two to a three-page summary report shared with the social media groups in which I recruited study participants. Members of the social media groups would be encouraged to share the information within and outside social work-based social media groups. The data could be shared at local and national social work-focused conventions and conferences. Another method of dissemination is to have the study published in a social work-specific journal article.

Implications for Change

There is much potential impact for positive change at the micro-, mezzo-, and macro-levels of practice, research, and policy. On the micro-level of practice, social work practitioners can include effective interventions when working with African American families and be more mindful of the importance of addressing race and culture. Cultural and racial discussions between practitioners and clients would allow the clients to inform whether they are comfortable working with a practitioner who is not of the same cultural or racial identity. On a mezzo-level of practice, individual practitioners, clinical agencies, and social work schools can build collaborative relationships with African American community leaders and church leaders.

On a macro-level of practice, the improvement could include developing local and statewide policies geared toward funding mental health clinics in predominately African

American communities and funding bridge programs to assist local African American churches with housing a mental health professional within the church. These improvements can directly influence social change on all social work practice levels and address mental health services' underutilization among African American families.

Summary

In the United States, African Americans are considered a marginalized and historically vulnerable population (Chatters et al., 2020). Therefore, African Americans experience a higher rate of social stressors than many other racial and cultural populations (Chatters et al., 2020). This study explored social workers' experiences when finding methods to address mental health services' underutilization among African American families in large metropolitan cities in Texas. I applied a phenomenological qualitative design using an interview protocol to identify each study participant's experiences when working with the target population. This study identified the need for a bridge between the mental health community and the African American community. The need for an increase in continuing education opportunities to educate social work practitioners on African American families; the role of the church within the African American community, and the importance of acknowledging the efforts social workers make to meet the people's needs they serve.

The study findings provided insight into the improvements on a micro, mezzo, and macro-level. Study participants were allowed to positively contribute to the social work profession's expansion and growth and highlighted Texas's metropolitan cities'

clinical needs. Lastly, the study findings informed advanced clinical social work practice and encouraged social change by increasing awareness of the presenting problem.

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Appendix A: Bronfenbrenner's Ecological Systems Theory

