

2022

## **Educating Nursing Staff Regarding African Immigrants and Mental Health Stigma**

Kelly Ngege  
*Walden University*

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# Walden University

College of Nursing

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Kelly Amike Ngenge

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Walden University  
2022

Abstract

Educating Nursing Staff Regarding African Immigrants and Mental Health Stigma

by

Kelly Amike Ngenge

MS, Walden University, 2020

BS, University of Texas at Austin, 2015

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

May 2022

## Abstract

Mental health stigma exists across multiple minority populations, especially among African immigrants in the United States. The purpose of this project was to increase staff knowledge at an outpatient mental health clinic by educating them on mental health stigma among African immigrants in the United States. The practice-focused question guiding this study was: Does nursing staff education on mental health stigmas among African immigrants increase knowledge? Two theories served as the theoretical framework for this doctoral project: social stigma theory and modified labeling theory. Seventeen staff members voluntarily participated in a 60-minute nursing staff education project based on the analysis, design, development, implementation, and evaluation model. The participants completed a 10-question pretest and posttest with the same questions before and after the education program. Using Microsoft Excel software, a paired sample *t*-test was performed to analyze the data. In this participant sample, the mean pretest average was 52.9%. The pretest scores showed that staff had some knowledge and skills about mental health stigma among African immigrants, but that knowledge was limited. Posttest scores after the staff education improved to 92.3%, demonstrating an increase in staff knowledge about mental health stigma among African immigrants. This project could have implications for positive social change by providing staff with a better understanding of the negative beliefs of mental illness in African communities, which could improve the quality of care offered to these patients by the healthcare organization.

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## Dedication

I dedicate this work to my mother, Natalia Nteboh: You are a gem. Thank you immensely for your words of encouragement and your selfless support; words cannot describe how much you are loved and valued.

## Acknowledgments

I thank the Almighty God for divine guidance, strength, knowledge, and resilience and for providing me the opportunity to embark and complete this journey. To Dr Ann Hubbard, my committee chair, I express my sincere gratitude for your patience, support, and expert advice throughout this project. I could not have accomplished this journey without you. To my mentors and preceptors who have guided me through this process, you are very much appreciated, and I thank you for your ongoing support. To my siblings, my family, and my friends, I express my profound gratitude. You all have played a fundamental role in my success and supported me in various aspects of my academic journey. May God bless each of you immensely.

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## Section 1: Nature of the Project

### **Introduction**

Mental health stigma among African immigrants in the United States is a prevalent issue that can lead to poor outcomes for patients suffering with mental illness. Research has shown that educating nursing staff on mental health stigma among African immigrants in the United States can lead to better health outcomes and decrease possibilities of low quality of life, significant mental concerns, financial burdens, and ongoing generational distress (Mannarini & Rossi, 2019). In this project, I aimed to increase staff knowledge at an outpatient mental health clinic in north central Maryland, by educating them on mental health stigma among African immigrants in the United States. The overall goal was to improve the quality of patient care for these patients as provided by this facility. This project could have implications for positive social change by impacting African immigrants in this community by delivering knowledge to the facility about the mental health stigma among this population. Also, provide staff members a better understanding about the negative beliefs of mental illness in African communities could improve the services offered to these patients.

### **Problem Statement**

The nursing profession was founded to protect, promote, and improve health for all ages, including through holistic care responsibilities (American Nurses Association, 2021). Therefore, a lack of nursing staff knowledge about mental health stigma among African immigrants in an outpatient mental health clinic in north central Maryland could be negatively affecting patient care. Therefore, the focus of this doctoral project was to

educate staff and offer a better understanding of mental health stigma among African immigrants. The knowledge increase could allow nursing staff to provide better-informed treatment to these patients as a significant aspect of their nursing practice.

Mental health stigma exists across multiple minority populations, especially among African immigrants in the United States. In most parts of Africa, mental illness is subjected to beliefs in mystical origins and solutions, which results in frequent stigmatization of people with mental illness (Gureje & Alem, 2000). Although studies have been conducted to appraise mental health stigma among minority groups in the United States, there have not been sufficient efforts to address mental health stigma among African immigrants. Often, the mental health stigma among African immigrants in the United States is classified under Black or African American studies, even though this population has unique challenges (Omenka et al., 2020). Consequently, there is not enough readily available information about mental health stigma in this population to make appropriate medical decisions that address this population's unique psychiatric needs (Omenka et al., 2020).

This project has the potential to impact social change in nursing practice because reducing stigmas can improve patient outcomes. Nyblade et al. (2019) explained that reducing stigma can potentially improve the quality of care provided by staff and the clinical outcomes of individuals living with stigmatized health conditions. Decreasing stigma can enhance empathy and support for individuals with mental illness, translating into a better quality of care offered to these patients. Most individuals in African countries do not have access to mental health treatment, and on average, most African

governments devote less than 1% of funds to mental health services (Gberie, 2017). Consequences of mental health stigma include discrimination, treatment avoidance, ostracism, violence, and suicide (Shrivastava et al., 2012). Thus, by reducing mental health stigma via staff education, these individuals could suffer fewer consequences and feel more at ease in seeking and committing to care. Adherence to mental health treatment could improve patients' functional status, maintain patient safety, and improve patients' home, work, and social lives. This project can positively impact the care provided to this population through an increase in knowledge from the staff education on mental stigma among African immigrants.

### **Purpose Statement**

Although researchers have examined the impact of nursing staff education on knowledge of mental health stigma in minority immigrant communities, there is little research supporting the influence of staff education on mental health stigma among African immigrants and the knowledge that influences their care practices. The gap I sought to fill with this project was the lack of nursing staff knowledge regarding mental health stigmas among African immigrants in an outpatient mental health clinic in north-central Maryland. I aimed to provide staff a greater understanding of mental health stigmas among African immigrants. Having a greater understanding of this phenomenon could allow nursing staff to offer a more nuanced and informed treatment paradigm specifically tailored to this population.

This project's practice-focused question was: Does nursing staff education of mental health stigmas among African immigrants increase knowledge? There is a great

need for nursing staff to be aware of mental health stigma and understand its underlying sources to better address patients' mental health needs (Omenka et al., 2020). Education has been shown to be a valid intervention to reduce stigma and promote patient acceptance and adherence to treatment (Committee on the Science of Changing Behavioral Health Social Norms et al., 2016).

### **Nature of the Doctoral Project**

I conducted a literature review to guide the project. I used the gold box in the nursing research toolbar, which searches many databases at once, including Cumulated Index to Nursing and Allied Health Literature, MEDLINE with Full Text/PubMed, PsycInfo, SocIndex, ScienceDirect, Academic Search Complete, Gale Academic, and numerous others. Keywords for the search included *mental illness, mental health, African immigrants, refugees, stigma, prejudice, discrimination, education, and teaching*. Using the search bar, I inputted the above keywords and set the options criteria to be peer-reviewed and published within the past 5 years. I obtained facility approval by presenting the proposal to the clinic administrator and enduring that I adhered to the facility's requirements. I also made the partner organization unidentifiable by generalizing its location and I obtained approval from Walden University's Institutional Review Board.

The approach for the project was to use the analysis, design, development, implementation, and evaluation (ADDIE) model to develop the curriculum. The curriculum encompassed meaningful understanding of mental health stigma among African immigrants and highlighting the unique issues related to stigma in obtaining mental health care. African cultures prize spiritualism, viewing mental illness as handed

down from a god, which might shield the person in grace, protecting them from stigma (Corrigan et al., 2014). A common spiritual explanation for mental illness among African immigrants is possession by an evil spirit, such as demons, idols, extraterrestrials, or aliens (Edem-Enang, 2021). Thus, mental illness is often cited as the most stigmatized disease among African immigrants (Corrigan et al., 2014; Derr et al., 2016; Edem-Enang, 2021). The curriculum explained the relationship between African immigrant culture and its impact on mental health stigma in this population. The literature highlights that despite access to Western developed mental illness treatments, African immigrants may prefer to seek help from immediate family members, traditional medicine practitioners, faith and spiritual healers, and fortune tellers to cure the manifesting mental illness symptoms, and spiritual healing is the most cited (Lindinger-Sternart 2015; Renner & Salem, 2014). The curriculum also focused on educating nursing staff regarding the importance of identifying apprehensions for care-seeking behaviors in this population based on the sources of stigma and experiences of members of this population.

I planned, implemented, and evaluated the project's curriculum and results with input from experts. The planning included ensuring clearance and meeting all requirements to execute this project at the organization site and developing content and strategy for educating staff. The time limit for staff education was 60 minutes, and the education was completed in person. The implementation phase involved verifying content information, recruiting staff, and presenting the staff education. The third step was evaluating the data obtained via statistical analysis to determine if there was an improvement in knowledge as a result of the education. Data were obtained through a

pre, and post validated questionnaire based on the educational content researched and presented to the staff. I obtained staff demographic data and used descriptive statistics to analyze the data obtained from the staff education questionnaire. The evidence from the analysis (knowledge increase) supported the need for ongoing nursing staff education concerning the stigma of mental illness among African immigrants in the United States.

### **Significance**

The identified stakeholders included the organization and its staff participants and the population of African immigrants with mental illness in the local region. This project supported nurses' impact in addressing gaps in practice and elevating the nursing profession by educating staff on mental health stigmas among African immigrants. The project contributed to nursing practice by highlighting the value of staff education in combating mental health stigma for patients in this population. Also, the evidence derived from this project could be used to support the use of education to address mental illness stigma in other practice areas or among other populations.

Transferability is the level to which research findings can be allocated to meaningful contexts and individuals (Shenton, 2004). The stigma of mental illness is universal. Similarly, mental health stigma among African immigrants is present in various healthcare disciplines outside mental health facilities. The results of this project could be transferred into primary care settings, social work, and case management. Also, Omenka et al. (2020) highlighted the implication of culturally situated stigma in the healthcare experiences of African immigrants in the United States, which affects care provided for other diseases, such as cancer and human immunodeficiency virus (HIV).



Thus, the results of this project could be used in other healthcare specialties to address culturally based stigma and improve overall patient care in these domains.

The project could impact African immigrants in this community on a social change level by providing a facility wherein staff are knowledgeable about mental health stigma among their population. This knowledge could increase acceptance of mental health, increase chances of more informed quality care, and decrease social burden associated with stigma. Also, the project could provide staff a better understanding of the negative beliefs of mental illness among African immigrant communities, which could improve the quality of care offered to these patients by the healthcare organization.

### **Summary**

Substantial evidence shows the global health burden of mental health disorders and its increasing levels among African countries and their immigrant populations (Okasha, 2002). Suggestions from preceding studies emphasize the importance of educating mental health clinicians on African immigrants' multicultural sensitivity and mental health perspectives including stigma (Edem-Enang, 2021; Mechammil, 2019). The gap for this project was identified as a lack of nursing staff knowledge regarding the mental health stigma among African immigrants in an outpatient mental health clinic in north-central Maryland.

The purpose of this project was to increase staff knowledge at an outpatient mental health clinic in north-central Maryland by educating them on mental health stigmas among African immigrants in the United States. The overarching goal was to improve the quality of patient care for these patients provided by this facility through an

analytical process with expert guidance. In addition, the project could enhance knowledge in nursing practice and impact social change by reducing stigma related outcomes and improving patient outcomes. The project is significant to nursing practice by increasing the value of education and there is potential for transferability of the project to other practices. In Section 2, I explore the following topics: (a) concepts, models, and theories; (b) relevance to nursing practice; (c) background and context of the project; (d) role of the doctor of nursing practice (DNP) student; and (e) role of the project team.

## Section 2: Background and Context

### **Introduction**

Mental health stigma exists across multiple minority populations, especially among African immigrants in the United States. The project's practice problem was a lack of nursing staff knowledge regarding mental health stigma among African immigrants in an outpatient mental health clinic in north-central Maryland. The project's practice-focused question was: Does nursing staff education of mental health stigmas among African immigrants increase knowledge? The purpose of this project was to increase staff knowledge at an outpatient mental health clinic in north-central Maryland by educating them on the mental health stigma among African immigrants in the United States. The overarching goal was to improve the quality of patient care for these patients provided by this facility. In Section 2, I explore the following topics: (a) concepts, models, and theories; (b) relevance to nursing practice; (c) background and context of the project; (d) role of the DNP student; and (e) role of the project team.

### **Concepts, Models, and Theories**

Two theories proposed as theoretical frameworks to inform this doctoral project were social stigma theory (SST) and modified labeling theory (MLT). SST is prevalent in research regarding the stigma of mental health among various populations. SST stipulates that stigmatized attitudes and beliefs toward individuals with mental illness are often in the form of social stigma, which is structural within the general public (Ahmedani, 2011). Social stigma is structural in society, indicating that stigma is a principle held by the majority such that people with stigmatized conditions are viewed as inferior or less than

the larger group (Ahmedani, 2011; Goffman, 1963). SST also stems from the concept of social identity. Social identity is a notion first examined by Goffman (1963), who discussed how stigmatized individuals form a social identity in which they are undervalued in the eyes of society and become exiled.

MLT stems from the idea that cultural beliefs influence individuals' views of mental illness. This theory stipulates that people with mental disorders are undervalued and shunned as learned socially by members of a specific culture (Phelan et al., 2014). MLT emphasizes that shared cultural beliefs against a stigmatized group will affect interactions between members of society. Thus, stigmatized individuals will approach daily interactions with the expectation of being rejected. Similarly, the nonstigmatized group will interact with the expectation that they have higher status, and they can distance themselves from the stigmatized group (Goffman, 1963; Phelan et al., 2014).

These theories related to this doctoral project geared toward improving knowledge on cultural beliefs concerning mental health stigma among African immigrants. Social components including culture and ethnicity sway social stigma. Cultural norms and perceptions regulate social indicators of mental illness, impacting stigma cues in a specific population (Corrigan et al., 2014a). Individuals with mental illness in this population have a limited ability to interact socially, as they are marginalized and viewed as crazy and dangerous. Moreover, people of African descent are inclined by collectivism, kinship, and group identity, which leads them to estrange themselves from people with mental disorders as a means to protect the honor of their kin (Abdullah & Brown, 2011; Tyler et al., 2008).

### **Relevance to Nursing Practice**

The broader problem of the doctoral project in nursing practice is the care provided to African immigrants in the United States. The relevant and valuable mental health care services for African immigrants are variable and likely inadequate (Ross-Sheriff & Moss-Knight, 2013). Thus, the lack of culturally competent care remains a challenge for patients in this population with a mental illness. Mental health stigma barriers are an obstacle for providers, and there is a need for more culturally linguistic and appropriate mental health for patients in this population (Morris et al., 2009). The lack of understanding among nursing staff about the stigma of mental illness among African immigrants creates a potential disconnect between African immigrant patients and healthcare providers. The lack of culturally appropriate resources, including education, makes it problematic for mental health providers to develop and offer satisfactory mental health services to this population of patients (Leong & Kalibatseva, 2011; Ngo, 2008). The broader issue in practice is the suboptimal care for these patients, difficulty in treating untreated and chronic mental illness, and increased risk for poor patient outcomes for this population.

The current state of nursing practice in caring for African immigrants with mental illness highlights the need to address the stigma in this population. Mental health services currently offered to African immigrant mental health patients are culturally inappropriate, and these services lack cultural awareness staff training (Wamwayi et al., 2019). Studies have confirmed that negative nursing attitudes toward mental illness have a significant impact on the delivery of care because nurses tend to stereotype patients with mental

illness and care for them differently (McDonald et al., 2003; Corrigan et al., 2014b). To improve practice, nursing cultural competence needs to improve by increasing knowledge and skills to provide culturally appropriate mental health care to African inpatients (Wamwayi et al., 2019). The surgeon general's report on mental health (2001), among other recommendations, called for the need to overcome the stigma of mental illness, tailoring mental health treatment to specific populations, races, and cultures.

Previous researchers have identified various methods to target mental health stigma among African immigrants. Mandated continuous learning programs such as symposiums and guest speakers provide ongoing opportunities for practitioners to continue to learn about existing and growing research in this gap in practice. Contact-based education has decreased negative beliefs and increased social acceptance of people with a mental illness in various populations, including African immigrants (Smith & Applegate, 2018; Stuart, 2016). Similarly, the literature highlights that intensive social communication, which allows health providers to meet at multiple time points with a person with lived experience of a mental illness has effectively improved attitudes and behavioral intentions toward individuals with mental illness in various populations (Knaak et al., 2017; Smith & Applegate, 2018; Stuart, 2016). Another method of addressing this gap in practice is providing information that consists of teaching participants about the condition itself or about stigma, its manifestations, and its effect on health (Nyblade et al., 2019; Sassa et al., 2021).

This doctoral project advances nursing practice and fills at least one gap in practice by providing direct, scholarly information via education to staff. This education

was focused on mental health stigma among African immigrants, the root of that stigma, and how that stigma potentially impacts participation in treatment services and solicitation of mental health care. The education reflected how cultural, social and spiritual based stigma influences individuals and families with mental illness in this population. The African immigrant population is rising in the United States. In 2000, roughly 560,000 African-born immigrants lived in the United States, but by 2019, that number was over 1.9 million (Felton, 2022). Also, from 2010 to 2019, 43% of African-born Black immigrants came into the United States (Tamir, 2022). The largest numbers of African immigrants are found in Texas, New York, California, New Jersey, Washington, DC, Maryland, and Virginia (Anderson, 2017). Nursing professionals in these geographic regions must learn and understand how this vital issue affects the patient population.

### **Local Background and Context**

Addressing mental health stigma in this population through staff education is important because of the risk of poor outcomes for not doing so. Stigma related to mental illness is often the most cited reason African immigrants do not seek mental health treatment (Derr et al., 2016). Stigma derails individuals in this population from seeking professional help, and they instead seek help from nonmedical sources, which are not always beneficial. Previous qualitative research has demonstrated through interviews and observations that ethnic minorities often experience barriers such as stigma that prevent them from seeking or accessing treatment; thus, they turn toward more cultural methods of care that may not be as effective (Lindinger-Sternart, 2015; Padayachee & Laher,

2014; Renner & Salem, 2014). Therefore, there is the need to address this issue by educating nursing staff to provide an effective avenue to help people suffering from mental illness in this population.

Furthermore, mental health stigma is a contributing factor to why African immigrants seek assistance from nontraditional medicine personnel and spiritual healers who perform rituals, exorcisms, propitiation, supernatural counterattacks, spiritual healing, and magical practices (Aina & Morakinyo, 2011; Omenka et al., 2020; Vaughn & Holloway, 2009; Ventevogel et al., 2013). Seeking care from these traditional healers has been shown to delay accessing mental health (Burns & Tomita, 2015). Delay in seeking mental health treatment or lack of appropriate mental health treatment can worsen patient conditions, increase financial burdens, and increase suicide risk. Stigma also creates challenges that make it difficult for clinicians to provide quality mental health care to this population. The lack of culturally appropriate resources as a result of stigma can make it difficult for mental health clinicians to develop and offer adequate mental health services (Leong & Kalibatseva, 2011; Ngo, 2008). Therefore, addressing the stigma of mental health in this population through increasing staff knowledge can decrease stigma and promote better outcomes for these patients.

The institution where this education took place was an outpatient mental health clinic in north-central Maryland. The facility is a community setting that provides mental health services, care, and support, including psychotherapy, medication management, walk-in assistance, systems navigations, and telephone reassurance programs. The demographic served includes children, adults, and families from different cultures,



genders, and various racial and ethnic backgrounds, including African immigrants. The institution's mission is to build a solid foundation of emotional wellness for the whole community. A vision component is a future in which people can seek help for emotional and family issues without shame. These values correlate with the issue of mental health stigma that exists among African immigrants and further supports the goal of this project.

Operational Definitions of and key aspects of the doctoral project are identified as follows:

*African immigrants:* People who voluntarily migrated from their native African countries to permanently live in the United States. African immigrants have distinct cultural opinions (Omenka et al., 2020).

*Culture:* An expression of an individual's way of life demonstrated by behaviors, traditions, customs, and attitudes (Omenka et al., 2020; Parcesepe & Cabassa, 2013).

*Mental health stigma:* A set of unfavorable attitudes and beliefs that persuade individuals to fear, reject, avoid, and discriminate against people with mental illness (Parcesepe & Cabassa, 2013).

Maryland's Behavioral Risk Factor Surveillance System (BRFSS) highlights the underutilization of mental health services by minority populations, including African immigrants. Statistics show that in Maryland, non-Hispanic Whites are about twice as likely as non-Hispanic Blacks or African Americans to report ever seeing a professional for a mental health problem even though non-Hispanic Blacks or African Americans have similar or worse poor mental health days (Maryland Department of Health and Mental Hygiene, 2013). This information supports the need to address the sources for

underutilization of mental health services: mental health stigma among African immigrants. Also, there is a call for increased education on the state level to address stigma in both the general public and the mental health treatment community (McMillan, 2016). Within Maryland state, this project is applicable in addressing mental health stigma in this population by educating staff.

### **Role of the DNP Student**

My professional experience is in mental health services as a psychiatric mental health nurse practitioner. My daily practice allows me to connect with individuals and families across the life span and from various ethnic and cultural backgrounds. It is essential that I understand the stigma associated with health care among different cultures and how these contribute to disparities in mental health care. Unaddressed mental health stigma can increase the risk for worsening mental and physical health symptoms, financial burdens, substance abuse, and suicide risk. As a mental health provider, my roles and responsibilities are to effectively understand the sources of stigma among various populations to provide culturally competent care for these patients, including African immigrants. My role in the project was to compose the teaching content, provide teaching, evaluate the knowledge increase and adhere to all the ethical requirements of a Walden's staff education project. This DNP project provided an opportunity for me to investigate and synthesize current evidence related to mental health stigma among African immigrants in the United States. Educating nursing staff on mental health stigma could increase knowledge to support culturally competent and improved care for patients in this population. There was not an identified bias.

### **Role of the Project Team**

The role of the project team was to assist me in formulating, maneuvering, and achieving the projects' goals. There were 17 participants from the outpatient clinic who were educated and evaluated on the mental health stigma among African immigrants in the United States. The practice administrator and medical director ensured that I adhered to the practice's rules regarding staff education. These individuals also ensured relevance within the facility structure and under organizational policies. Other significant team project members included my chair, advisor, and supervising faculty to guide, provide critique and ensure compliance for the project. The team assisted in developing content for the curriculum as well as pretest and post test questions.

### **Summary**

Section 2 covered the supporting concepts and theoretical frameworks, relevance to nursing practice, local background and context, the definition of terms, the role of DNP student, and the role of the project team. The SST and MLT aligned with the concepts of this DNP project by supporting the need for increased knowledge on cultural beliefs concerning mental health stigma among African immigrants. The relevance of this project in nursing practice is the umbrella of health care provided to African immigrants in the United States. The local background and context highlighted the need for completing this project. My DNP student and professional roles were explained concerning the DNP project as well as the role of the project team. In section 3, I will explore the following topics: (a) practice focused question; (b) sources of evidence; and (c) analysis and synthesis.

### Section 3: Collection and Analysis of Evidence

#### **Introduction**

This project's practice problem was a lack of nursing staff knowledge regarding mental health stigma among African immigrants in an outpatient mental health clinic in north-central Maryland. The purpose of this project was to attempt to answer: Does nursing staff education on mental health stigmas among African immigrants increase knowledge? The project could impact social change in nursing practice by reducing stigma and improving and improving patient outcomes. The local background and context revealed that stigma against mental health among African immigrants leads them to seek care from ineffective sources, such as traditional healers. Culturally, the stigma solidifies the shame and negative connotation of having a mental illness, which derails interest in seeking professional help. Also, the stigma creates challenges that lead to culturally inappropriate care for mental health patients in this population. In Section 3, I explore the following topics: (a) practice focused question; (b) sources of evidence, and (c) analysis and synthesis.

#### **Practice-Focused Question**

The gap for this project was identified as a lack of nursing staff knowledge regarding mental health stigma among African immigrants in an outpatient mental health clinic in north-central Maryland. This project's local problem was a lack of nursing staff knowledge of mental health stigma among African immigrants in an outpatient mental health clinic in north-central Maryland. This project's practice-focused question was: Does nursing staff education of mental health stigmas among African immigrants

increase knowledge? The purpose of this project was to increase staff knowledge at an outpatient mental health clinic in north-central Maryland by educating them on mental health stigma among African immigrants in the United States.

Studies have shown that education on mental health has resulted in statistically significant improvements in knowledge about treatments, improved helping behaviors, greater confidence in providing help to others, and decreased social distance related to mental health stigma (Kitchener & Jorm, 2006). The practice question in this study guided in identifying is a knowledge increase occurred through the staff education, and this aligns with the purpose of the project which was to increase staff knowledge. The purpose of this project was to increase staff knowledge at an outpatient mental health clinic in north-central Maryland by providing an hour-long education program on mental health stigma among African immigrants in the United States. The overarching goal was to improve the quality of care offered to these patients by this organization by providing staff a better understanding of the negative beliefs of mental illness in African immigrant communities.

### **Sources of Evidence**

Evidence from the literature highlights the negative impact of mental health stigma among African immigrants on patient outcomes. I used multiple searches to identify sources of evidence. Mental health stigma among African immigrants leads to negative views of mental health. Mental health stigma decreases the use of adequate healthcare services in the United States, leading to significant personal, family, social, community, and economic burdens (Blanas et al., 2015; Mannarini & Rossi, 2019).

Similarly, cultural emphasis on a good reputation contributes to the mental health stigma among this population, which deters these individuals from identifying their health status, trusting the care provided, or continuing care. (Kaplan et al., 2015; Omenka et al., 2020; Parcesepe & Cabassa, 2013). Families of individuals with mental illness suffer public embarrassment because these individuals are believed to be suffering from a hereditary condition with no cure (Kaplan et al., 2015; Omenka et al., 2020). Socially, stigma related to mental illness among African immigrants leads to limited access to education, affordable housing, and employment. Individuals with mental illness in this population have a limited ability to interact socially, as they are marginalized and seen as crazy and dangerous; they are subjected to physical, emotional, and verbal violence and bullying and harassment from the public (Edem-Enang, 2021).

Evidence emphasizes the need to combat the mental health stigma in this population through teaching and or education. Previous researchers stressed the significance of educating mental health clinicians on African immigrants' multicultural sensitivity and mental health perspectives (Edem-Enang, 2021; Leong & Kalibatseva, 2011; Ngo, 2008; Mechammil, 2019). African immigrants in the United States are often categorized under other Black minority groups, such as African Americans or groups with comparable phenotypes; although these groups have similarities, the health outcome differences vary those among African immigrants.

The purpose of this project was identifying the negative impact of mental health stigma among individuals who have a mental illness in this population. Also, the evidence explains the sources of this stigma and potential adverse outcomes. Finally,

evidence highlights the importance of education in improving knowledge and challenging this stigma. In a randomized controlled trial by Millin et al. (2016), the authors identified that a mental health curriculum had a significant change in knowledge scores over time, increasing from pre to post education. Also, a meaningful relationship was found where an increase in knowledge significantly predicted increases in positive attitudes toward mental illness (Millin et al., 2016). Knowledge increase and education negatively correlate with prejudicial attitudes in mental health and reduce stigma among health care professionals (Mino et al., 2001; Stubbs 2014). Thus, the evidence supports the need for staff education on mental health stigma among African immigrants in the United States to increase staff knowledge and attain an overarching goal of improving patient outcomes.

Analysis of the evidence supports the appropriate strategy for addressing the practice focused question through a pre and post validated questionnaire based on the educational content researched and presented to the staff. I used a paired *t* test to analyze the scores obtained from the staff using a questionnaire before and after the education program. The evidence from the analysis provides a means to address the practice focused question: Does nursing staff education on mental health stigmas among African immigrants increase knowledge?

### **Evidence Generated for the Doctoral Project**

#### **Participants**

The participants for this study were recruited via voluntary participation and the demographic data were collected via an anonymous survey, including gender, age, ethnicity, and highest degree. The participating nursing staff were required to be tasked

with providing direct patient care to patients with mental illness at the outpatient clinic. Direct patient care nursing staff encompasses staff who contact the patient in person, virtually, or via telephone to offer one or more of the mental health services within the outpatient facility. There were 17 participants in the project. These participants work with African immigrant patients and or families as the facility serves various ethnicities and races throughout the community. These participants represent a valid healthcare population to provide education to increase knowledge on mental health stigmas among African immigrants.

### **Procedures**

I developed the education program based on a synthesis of the literature about mental health stigma among African immigrants and with assistance from the project team experts to ensure accuracy and relevance. Also, I presented the pre and post test questions with the evaluation to the project team to ensure usability and appropriateness. I administered the 1-hour education in the form of a PowerPoint presentation. The pre and posttest questionnaires assessed participants' knowledge on mental health stigmas among African immigrants before and immediately after the education. Both questionnaires had the same content. The data were transferred from paper to an Excel spreadsheet and reviewed by the committee and practice coordinator for accuracy. A paired *t* test was used to analyze statistically significant differences in the pretest and posttest mean scores. The degree of knowledge gained as a result of the education posttest is supported by Kirkpatrick Level 2 training analysis, which is the degree of knowledge acquisition (Kirkpatrick & Kirkpatrick, 2007).



## **Protections**

The project protected human subjects by ensuring anonymous collection of data in the demographic page, pre and post tests. I excluded the name of the partner organization to make it unidentifiable and only described its general location. The project did not involve interaction with patients, although, the goal of the project was to positively impact the patients through staff education. Staff participation was voluntary as I worked with the facility administrator in the recruitment process. The staff provided verbal consent to participate in the education and participants were made aware before the presentation of permission to withdraw at any point during the 60 minutes allotted time. All paperwork were shredded after electronically uploading the results. Walden University's institutional review board oversaw the activities of the staff education project and ensured that the project met ethical considerations.

## **Analysis and Synthesis**

### **Data Collection Tool**

A 10 question pre and post test was used to collect data. The pre and post test questions were developed from the information about mental health stigma among African immigrants in the literature review. Also, I collaborated with the practice administrator and my chair to develop the questions that effectively addressed the study's purpose. All questions were multiple choice with an option to choose the correct answer.

Staff completed the pre and post test on paper. The pre and post test data were then recorded electronically in an Excel spreadsheet. Using Microsoft Excel software, I perform a paired  $t$  test to analyze statistically significant differences in the pretest and

posttest mean scores. The statistically significant difference in the mean scores was based on the computed p-value less than 0.05. The paired *t* test results determined the effect of the staff education program in increasing knowledge on the mental health stigma among African immigrants in the United States. I recruited the practice administrator and experts at the facility to review the transmission of the data from paper to electronic record. There were no missing variables or outliers.

### **Summary**

Section 3 covered an explanation of the practice-focused question, sources of evidence, evidence generated for the project, and proposed analysis and synthesis. The practice-focused question was: Does nursing staff education on mental health stigmas among African immigrants increase knowledge? The evidence supported the negative impact of mental health stigma, the cultural sources of stigma, and the need for education/training programs to combat this stigma and create culturally competent care that can improve patient outcomes. The process for recruiting participants, the proposed tools, and methods for participant protection were explained. The proposed analysis and synthesis methods were also explained. In Section 4, I explore the following topics: (a) findings and implications; (b) recommendations; (c) contributions of the doctoral project team; and (d) strengths and limitations of the project.

## Section 4: Findings and Recommendations

### **Introduction**

The local problem addressed in this doctoral project was nursing staff knowledge inadequacy about mental health stigma among African immigrants in an outpatient mental health clinic in north-central Maryland. This project addressed the identified gap in practice by providing an evidence-based staff education program that increased nursing staff knowledge of mental health stigma among African immigrants. The project was devised to improve staff knowledge through staff education and training with the overarching goal of improving the quality of care for these patients provided by this facility. The practice-focused question for this project was: Does nursing staff education on mental health stigmas among African immigrants increase knowledge? This project aimed to increase staff knowledge at an outpatient mental health clinic by educating them on the mental health stigma among African immigrants. Contact-based education has decreased negative beliefs and increased social acceptance of people with a mental illness in various populations, including African immigrants (Smith & Applegate, 2018; Stuart, 2016). In Section 4, I explore the following topics: (a) findings and implications; (b) recommendations; (c) contributions of the doctoral project team; and (d) strengths and limitations of the project.

### **Findings and Implications**

There were 17 staff members who voluntarily participated in the 60-minute nursing staff education program. The program included the teaching presentation and the data collection. An anonymous paper-based survey captured demographic information

about the participants. Most of them were female and held at least a master's degree.

Detailed demographic data can be located in Table 1.

**Table 1**

*Demographics of Study Participants*

Characteristics	<i>n</i>
Direct patient care provider	
Yes	16
No	1
Years of experience in your role	
Less than 1 year	4
1 to 2 years	8
3 to 4 years	2
5 to 10 years	2
10+ years	1
Gender	
Male	2
Female	14
Gender variant/nonconforming	1

*Note.*  $N = 17$

The 17 participants completed the 10-question pretest and posttest with the same questions. Using Microsoft Excel, I performed a paired sample *t* test to analyze the data and identify if there was any difference between the pre-education test scores and the post-education test scores. Further analysis of specific test questions showed significant improvement on all 10 questions. The participants' scores were converted to percentages, and the scores showed improvement across the board from the pretest to the posttest (Table 2). In this participant sample ( $N = 17$ ), the mean pretest average was 52.9%. The pretest scores showed that staff had some knowledge and skills about mental health stigma among African immigrants, but that knowledge was limited. The posttest scores after the staff education improved to 92.3%, demonstrating a significant increase in staff

knowledge about mental health stigmas among African immigrants. There were no noted unanticipated outcomes.

**Table 2**

*Pretest and Posttest Scores*

Participant	Pretest score	Posttest score
1	60%	100%
2	40%	90%
3	50%	100%
4	60%	100%
5	50%	90%
6	40%	100%
7	40%	80%
8	50%	90%
9	40%	80%
10	70%	90%
11	70%	100%
12	50%	90%
13	80%	90%
14	60%	100%
15	40%	80%
16	40%	90%
17	60%	100%
Mean Score	52.91%	92.3%

A paired sample *t* test was used to compare the means of the pretest and posttest from the same staff participants. The null hypothesis  $H_0$  was that there would be no difference between the means of the pretest and post test scores. The alternative hypothesis  $H_1$  was that there would be a difference (increase) between the means of the pretest and posttest scores. The p value ranging from 0 to 1 was obtained from the *t* test. The p-value of 0.05 is the probability of the observed data given that the null hypothesis is true; the smaller the p-value, the greater the discrepancy (Tanha et al., 2017). The statistical analysis (Table 3) revealed that the educational intervention significantly

improved test scores of the staff knowledge ( $t = 1.74588367627625$ ,  $df = 16$ ,  $p = 0.000000000173$ ). The  $p$  value of  $.000000000173$  was less than  $0.05$ , which allowed a rejection of the null hypothesis and implied the data results did not occur by chance.

These results provide sufficient evidence to conclude that the education was effective in improving staff knowledge of mental health stigma among African immigrants.

**Table 3**

*Paired Two Sample for Means, t-Test*

	Variable 1 pretest	Variable 2 posttest
Mean	52.9	92.3
Variance	159.558824	56.6176471
Pre/posttest questions	17	17
Pearson correlation	0.44869658	
Hypothesized mean difference	0	
Df	16	
t stat	14.203972	
P(T<=t) one-tail	8.6297E-11	
t Critical one-tail	1.74588368	
P(T<=t) two-tail	1.7259E-10	
t Critical two-tail	2.1199053	

### Definition of Terms

The following words and phrases from the DNP project are outlined to support the project outcomes.

*Mean:* The average or the most common value in a collection of numbers.

*P-value:* A measure of the probability that an observed difference could have occurred just by random chance (Tanha et al., 2017). The lower the  $p$ -value, the greater the statistical significance of the observed difference. If a  $p$ -value is under  $.01$ , results are

considered statistically significant and if it's below .005 they are considered highly statistically significant (Nahm, 2017).

*Paired sample t-test:* a type of inferential statistics used to determine if there is a significant difference between the means of two groups and to see if the differences (measured in means) could have happened by chance (Liang et al., 2019).

The findings from this project provided beneficial implications for staff, outpatient communities, and health care institutions. Staff education and trainings improve mental healthcare nurses' knowledge to provide culturally competent care for African immigrant patients with a stigma against mental illness. Most participants expressed their appreciation for the education and reported how useful this education applies to their patients and families of African descent. Knowledge increase and education negatively correlate with prejudicial attitudes toward mental health among health care professionals (Mino et al., 2001; Stubbs 2014). Some of the undesirable impacts of lack of knowledge of mental health stigma among African immigrants are inadequate care practices, risks for overdiagnoses, increased mistrust of western providers, and increased reliability on traditional forms of mental health treatment which may not always be effective. Overall, findings suggest that improving staff knowledge in can enhance examination of personal bias, promote sensitive intake and treatment processes for culturally unique populations, even outside African immigrants. The positive implications for this doctoral educational project also provide potential implications for social change in nursing practice, because understanding stigmas could improve patient outcomes.

### **Recommendations**

The education program successfully increased staff knowledge of mental health stigmas among African immigrants. The staff and clinical team identified the teaching as beneficial and needed in their care for African immigrant patients and families. The practice administrator, expert and team proposed incorporating the education program for new staff in training sessions. The education material would be modified to educate other members of the organization in larger staff meetings. This project could inform and generate treatment plan protocols geared toward African immigrant patients and families.

### **Contribution of the Doctoral Project Team**

The doctoral project team was involved and essential in developing and implementing the education program. As the project leader, I was responsible for developing the curriculum, with input from the practice clinical team and practice administrator. These individuals specialize in mental health disorders and acted as content experts to ensure the content was evidence-based and relevant. The project team also helped develop the pre and post test questions. They ensured that the education program was accurate and relevant. Furthermore, with the support of leadership at the practice, staff members were more willing to participate, engage in discussion surrounding the project and provide feedback. The literature highlights that, adults need to be enthusiastically involved in their learning since they are self-directed learners (Knowles et al., 2015).



### **Strengths and Limitations of the Project**

The project's strength was attaining the educational objective by increasing staff knowledge about the mental health stigmas among African immigrants. With the pre and post test design for this project, I determined the difference between the pre-education and post-education scores. The change between the pretest and the posttest emphasizes the effective impact of the project's design (Polit & Beck, 2017). Another strength was that this project and the educational process used could be used to identify and address mental health stigmas among other unique populations served by the organization.

One of the limitations of this project was the relatively small sample size, which can limit generalizing the project's findings in a larger population. It is recommended that this project is conducted using a larger sample of staff working with African immigrant patients and families in an outpatient mental health clinic. Additionally, most of the participants were female and identified themselves as African American. Another limitation was that this project does not include all African cultures and all African immigrants in the United States with various stigmas. It is recommended that future projects will address specific stigmas related to different countries of African immigrants.

## Section 5: Dissemination Plan

The results of this DNP project highlight that staff education can increase knowledge of mental health stigma among African immigrants. Dissemination of the knowledge gained during this project is essential to drive change. Dissemination occurs at various levels, beginning at the site of implementation. The first step is to share the outcomes of the doctoral project with the practice administrator and clinical leader who expressed interest in sharing this education with other organization members. White et al. (2016) explained that showcasing milestones and attaining goals to stakeholders can help improve dissemination strategies. The presentation could be shown to incoming staff and for formal instruction and education purposes. Upon formal adoption of the project, the next step would be to extend the findings outside the facility. Given the nature of the project, the audience most suitable for the dissemination of the project outcomes on a larger scale would be healthcare workers at other mental health outpatient facilities. One can accomplish this dissemination plan by presenting project findings at local chapter meetings of organizations like the Maryland Nurses Association. The project will also be submitted to ProQuest for publication after approval from Walden University's chief academic officer.

### **Analysis of Self**

Being a psychiatric mental health nurse practitioner who delivers mental health care to patients from various unique populations, I have gained knowledge and experience to assist these patients and families in recovery. This doctoral project provided an exceptional opportunity to implement the knowledge acquired throughout the

DNP program to improve the quality of patient care in my specialty. As noted by Sherrod and Goda (2016), a characteristic of a scholar is the ability to identify gaps in practice and apply information sought through vigorous research to solve clinical problems. This DNP project helped me identify a practice problem and guided me in identifying steps to address the issue that resulted in positive organizational and social change.

Also, being a project leader allowed me to be more aware of how I can use my role as a nurse leader to identify areas for improvement. This opportunity further allowed me to appreciate the value of communication, collaboration, educating others, and influencing them to adopt new practices. Based on the project's outcomes, I am encouraged that appropriate staff education and training about mental health stigma among African immigrants can increase staff knowledge, improving care quality and outcomes not only for the identified population but for other unique patient groups. As I continue in my professional journey as a lifelong learner, I plan on using the skills I have acquired during this process to promote change and improve clinical nursing practice.

### **Summary**

Mental health stigma among African immigrants in the United States is a prevalent issue that can lead to poor outcomes for patients suffering from mental illnesses. Research has shown that educating nursing staff on mental health stigma among African immigrants can lead to better health outcomes for these patients and can decrease the possibilities of low quality of life, significant mental concerns, financial burdens, and ongoing generational distress (Mannarini & Rossi, 2019). This DNP project aimed to examine the effectiveness of a staff education program in increasing staff knowledge

about mental health stigma among African immigrants. The project results reflected improved knowledge and supported the idea that education is an effective tool to increase staff knowledge, consistent with previous research studies.

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## Appendix A: Pre and Posttest Questions

Participant # \_\_\_\_\_

1. From 2010 to 2019, what was the percentage of African-born Black immigrants into the US?
  - a. 35%
  - b. 43%**
  - c. 20%
  - d. 56%
  
2. Which state is NOT among the top 5 states for African immigrants to likely settle upon arrival into the United States?
  - a. Pennsylvania
  - b. New jersey
  - c. Virginia**
  - d. Texas
  
3. Which of the following is the MOST cited reason for African immigrants not seeking mental health treatment
  - a. Traditional Indigenous factors
  - b. Stigma related to mental illness**
  - c. Structural barriers (finances, lack of resources, long wait times)
  - d. Lack of knowledge about mental health services
  
4. Which of the following is the most social significance regarding mental health stigma amongst African immigrants
  - a. Individuals with a mental illness suffer consequences from limited access to education, affordable housing, and employment.
  - b. Families of individuals with mental illness suffer public embarrassment since these individuals are believed to be suffering from a hereditary condition with no cure**
  - c. Individuals with mental illness have a limited ability to interact socially, as they are marginalized and are claimed to be crazy and dangerous
  - d. People with mental illness are subject to physical/emotional/verbal violence, bullying and harassment from the public
  
5. What is the common spiritual explanation for mental illness among African immigrants
  - a. Its one's predetermined destiny
  - b. Bad luck following the individual
  - c. A curse upon the individual or their family
  - d. An Evil spirit has possessed the individual**

6. What is the most frequently cited treatment strategy for mental illness among African immigrants?
- Assistance and care from close family members
  - Herbal Remedies
  - Spiritual healing**
  - Fortune Tellers
7. Which of the following is a priority for a clinician providing care to an African immigrant or family with a stigma against mental illness
- Identifying and addressing unconscious personal bias**
  - Providing culturally sensitive care
  - Implementing person-centered interventions
  - Asking a colleague or supervisor for assistance
8. On average, how much do most African governments devote to mental health services in their Countries
- 2%
  - 5%
  - less than 1 %**
  - 10%
9. Why do African immigrants have an increased stigma against mental illness when dealing with Western care providers
- African immigrants are confronted with racial prejudice and discriminated against by western mental health clinicians.
  - The belief that western mental health clinicians lack awareness of sociocultural concepts concerning immigrants
  - African immigrants are more likely to be given established diagnoses and are over-represented in inpatient facilities
  - A & B
  - all the above**
10. Which of the following is the most stigmatized illness/disease among African immigrants
- HIV/AIDS
  - Mental illness**
  - Skin deformities
  - Venereal diseases

Score \_\_\_\_\_