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How Black Americans Accessed and Used Mental Health Services During the COVID-19 Pandemic

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Abstract

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Abstract

The COVID-19 pandemic created barriers to accessing mental health services for the general population, but for Black Americans, it exacerbated systemic barriers that have historically influenced help-seeking behaviors. Drawing from the concept of obstructed use, this qualitative study explored those barriers and, using a narrative approach, explored how Black Americans described their experiences of accessing mental health services during the COVID-19 pandemic The participants included six men and two women who identified as U.S.-born Black American adults who sought mental health services during the COVID-19 pandemic. Narrative data were analyzed through thematic analysis, identifying themes and subthemes of the participants' personal stories. These stories produced common narratives about the desire for a therapist who understood the participants' history, with some believing that the therapist had to be Black. Participants described challenges under the current social and political climate and their feelings of stigma and cultural mistrust. Although there have been great strides in understanding the help-seeking behaviors of Black Americans, this population is still gravely at risk for targeted policy, police brutality, and systemic racism that continues to affect mental health and help-seeking behavior. These findings will help to bring to the surface the unique challenges that continue to create barriers for Black Americans who seek mental health services and has the potential to bring about positive social change.

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Chapter 1: Introduction to the Study

The present study aimed to delve into the narratives of Black Americans who sought mental health services during the outbreak of the novel coronavirus (COVID-19) in 2019. Existing research suggests that in comparison to other racial groups, Black Americans are more prone to untreated mental health concerns (Cook et al., 2014; Dempsey et al., 2016). However, it remained unclear how the COVID-19 stay-at-home policy affected their access to social support systems such as family, friends, and community, and how this exacerbated the feelings of isolation caused by historical trauma, police violence, and the disproportionate fatalities resulting from COVID-19. Numerous Black Americans had personal connections to individuals who had suffered violence, regularly witnessed the killings of Black individuals, endured losses due to COVID-19, and faced police brutality (Myers et al., 2015). There was much-needed attention for Black Americans when it came to social determinants of health, economic stability, education, and community services, and COVID-19 exacerbated these issues (Waite & Nardi, 2021). The Black community's sources of strength and resilience had been primarily made unavailable throughout the COVID-19 pandemic with social distancing policies in place. This social isolation prompted the question of how this population accessed mental health care during the pandemic, addressing the history of mental health help-seeking among Black Americans, the impact of COVID-19 on mental health help-seeking among Black Americans, and how the key concepts of obstructed use exacerbated the disparities in help-seeking among Black Americans during the COVID-19 pandemic. The Black community's sources of strength and resilience were essentially

made unavailable throughout the COVID-19 pandemic with social distancing policies in place. Additionally, communities of color were affected disproportionately, with infection and mortality rates higher than in White communities (Moore et al., 2020).

This chapter includes the background of the study, problem statement, purpose of the study, research question, conceptual framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and finally, significance of the study.

Background

There was a well-documented need to further explore the understanding of Black Americans' mental health-seeking behaviors. Burkett (2017) identified four constructs of obstructed use of mental health services among Black Americans: historical trauma, environmental toxicity, culturally bound economic insecurity, and cultural mistrust. Burkett found evidence that the intergenerational association with trauma had been passed down both biologically and through storytelling, creating a sense of solidarity among U.S.-born Black Americans whose ancestors came to the United States through slavery. Gaston et al. (2016) found that perceived racism and discrimination significantly influenced help-seeking behaviors in Black Americans. Gaston et al. noted a lack of literature exploring perceptions of mental health services among African or Caribbean Blacks and recommended additional research to explore the perceptions of racism, discrimination, and mental health services among African and Caribbean Blacks living in the United States from culturally diverse backgrounds.

The Black church historically provided social services to underresourced Black communities and was thought to be an excellent gateway for reaching African Americans

seeking to engage in mental health services (Hankerson et al., 2018); however, social distancing policies due to the COVID-19 pandemic created barriers in accessing this resource. Black Americans held perceptions about mental help, influenced by culture. Christie-Mizell et al. (2017) found several themes addressing mental health for Black Americans: the belief that depression was not experienced by Black people; if they prayed, the depression would go away; and a lack of trust in doctors and treatments. Culture significantly influenced the beliefs about mental health among Black Americans (Christie-Mizel et al., 2017). Christie-Mizell et al. (2017) recommendationed future research include exploring the meaning of depression and its influence on self-identity as a Black man or woman. Historical disparities in negative mental health consequences resulting from national disasters and public health crises raised concern for the disproportionate consequences of COVID-19 in the Black American population. Novacek et al. (2020) emphasized that both researchers and mental health providers should prioritize addressing Black Americans' mental health needs during the COVID-19 pandemic.

Historically, Black Americans experienced more depressive and increased posttraumatic stress disorder symptomology after major disasters such as Hurricane Andrew (Perilla et al., 2002) and Hurricane Ike (Davidson et al., 2013), and acute psychological distress was found among Black American Hurricane Katrina survivors (Lee et al., 2009). The research presented by Perilla et al. (2002), Davidson et al. (2013), and Lee et al. (2009) noted the susceptibility to negative psychological consequences that Black Americans faced during large-scale national crises. According to Kawaii-Bogue et

al. (2017), barriers such as stigma, cost, and cultural insensitivity have often prevented Black Americans from accessing mental health treatment, even during a national crisis such as the 9/11 disaster. Burkett (2017) also supported Kawaii-Bogue et al.'s research and indicated that barriers such as stigma added to the challenges in navigating around obstacles to access mental health care. Burkett's recommendations for future research agendas included examination of underutilization of mental health services by ethnic/racial groups through the lens of obstructed use. Based on Novecek et al.'s (2020) and Burkett's (2017) recommendations, this study filled a gap in the research by focusing specifically on how Black Americans accessed mental health services during the COVID-19 pandemic. This study was needed to understand the barriers faced by Black Americans during periods of national crisis and explored how known barriers were exacerbated by the pandemic.

Problem Statement

Many Black Americans turn to alternative supports for their mental health and well-being, relying on family, friends, and community, such as the Black church (Hankerson et al., 2018). Historically, Black Americans have suffered disproportionate mental health consequences resulting from disasters and public health crises such as the COVID-19 pandemic (Purtle 2020). According to Purtle (2020), racial and ethnic disparities in post disastermental health were a problem for Black Americans accessing mental health services. Furthermore, Purtle's research revealed that there is ongoing mental health inequity for minorities and Blacks, who had a higher mortality rate than non-Hispanic Whites in the United States during COVID-19. Also, Purtle) indicated that

mortality disparities, such as those connected with chronic conditions like diabetes and cardiovascular disease, that came before the pandemic could be translated into psychological disparities that preceded the COVID-19 pandemic. . It is, however, those disparities (Purtle, 2012) and mental health inequity (Purtle, 2020) that continued to influence poorer mental health outcomes for minorities associated with national disasters (Purtle, 2012) and public health crisis (Purtle, 2020).

This research filled a gap in understanding and focused on how Black Americans accessed mental health services during the pandemic. This study addressed an understudied area regarding how Black Americans accessed mental health care during the COVID-19 pandemic and what this means to Black Americans who need initial or continuing mental health care. This study's results provide much-needed insights regarding the Black American experience of the mental health care system and may aid mental health providers in understanding how to render mental health care to the Black American.

Purpose of this Study

The purpose of this qualitative study was to explore the narratives of Black Americans' experiences in accessing mental health services during the COVID-19 pandemic. Because the COVID-19 pandemic was relatively new when I began this study, there was a scarcity of research available that focused on Black Americans' access to mental health care during this pandemic (Novacek et al., 2020). Novacek et al. (2020) expressed an urgent need for researchers to address the increased needs of Black Americans in the wake of this pandemic. To address this gap, the study approach used a

narrative inquiry. Because of the disparities and inequity of accessing mental health care (Novacek et al., 2020), this study is unique because it addressed this understudied area in gathering firsthand stories of Black Americans who sought to access mental health care during the COVID-19 pandemic and the challenges that they encountered.

Research Question

RQ—Qualitative: How did Black Americans describe their experiences accessing and using mental health services during the COVID-19 pandemic?

Conceptual Framework

Burkett's (2017) construct of obstructed use was used to understand and explore the barriers faced by Black Americans who sought mental health services and how those barriers were exacerbated during the COVID-19 pandemic. Burkett's four theoretical concepts are as follows:

- historical and cultural trauma
- environmental toxicity
- culturally bound economic insecurity
- cultural mistrust.

Obstructed use involves a collective interplay among the aforementioned four components. These components have created barriers to mental health help-seeking in the Black American population (Burkett, 2017). These concepts were explicitly applied to Black Americans and understanding how they accessed mental health services during the COVID-19 pandemic.

Historical trauma manifests itself in the form of longstanding stressors and psychological injuries that have inflicted damage upon a particular culture or community over multiple generations and lifetimes (Burkett, 2017). In the case of Black Americans, this encompasses the intergenerational harms caused by the cruel practices of enforced slavery, segregation, and systemic racism (Burkett, 2017).

Environmental toxicity pertains to the presence of detrimental substances discovered in disadvantaged urban communities. The toxic waste that arises due to their close proximity to industrial hubs, deteriorated residences and structures, and high crime rates collectively exacerbate the exposure of Black Americans to environmental toxicity (Burkett, 2017).

Black Americans have encountered systematic obstacles that hinder fair and equal accumulation of wealth, particularly in areas such as homeownership and generational prosperity (Burkett, 2017). Disparities ingrained within societal systems, including limited access to education, discriminatory employment practices, and biased housing policies, have engendered economic insecurity specifically within the Black American community (Burkett, 2017).

Ultimately, a profound cultural suspicion was intertwined with the well-being of Black Americans, encompassing both their physical and mental health (Burkett, 2017). Throughout history, the Black American community has endured detrimental and distressing experiences with medical and mental health practitioners, leading to a sense of distrust. Burkett (2017) highlighted various unethical medical experiments that occurred at different times in history. One such instance is the Tuskegee syphilis experiment,

which spanned over 40 years until the 1970s. Another instance involved the injection of live cancer cells during the 1960s. Additionally, there were cases of sterilization being forced upon young daughters of welfare recipients in the 1970s and 1980s. Lastly, in the 1990s, there was an experiment known as the fenfluramine (Fen-phen) study, which targeted Black and Latino children. The everyday interactions experienced in a society that is structurally biased against certain races greatly impact the therapeutic connection when individuals seek care from White American practitioners. This further compounds an existing cultural mistrust (Burkett, 2017).

Black Americans encounter numerous obstacles entrenched in systematic, institutional, and structural disparities when endeavoring to access mental health services (Burkett, 2017). According to a study conducted by Purtle (2020), individuals belonging to racial and ethnic minorities tend to bear a greater burden when it comes to experiencing the health impacts arising from natural disasters and pandemics. Moreover, as per the findings of Purtle , it has been observed that natural disasters and pandemics have not only unveiled existing social disparities, but also intensified them. Purtle specifically highlighted the lack of research on the mental well-being of racial and ethnic minority communities in the aftermath of such calamities. These key elements are further explored in Chapter 2.

For this study, I used the concepts identified in Burkett's (2017) obstructed use construct (e.g., historical/cultural trauma, environmental toxicity, culturally bound economic insecurity, and cultural mistrust) to formulate the interview questions and the thematic analysis of interview responses. Obstructed use can best be understood through

the analysis of the reflection and storytelling of those who have experienced these conceptual barriers to help-seeking.

Nature of the Study

The nature of this study involved exploring the experiences of Black Americans who sought and used mental health services during the COVID-19 pandemic, using a qualitative, narrative approach. The fundamental process of qualitative methodology involves listening and interpreting from the participants' perspective and being able to understand from outside of one's own perspective (Jackson et al., 2012). Narrative is defined as a process through which an individual makes meaning of their personal experience through reflection and storytelling. As Clandinin and Connelly (2000) noted, narrative inquiry focuses on the individual's experience in the context of the social, cultural, and institutional narratives from which an individual's experiences are influenced. In narrative inquiries, stories are interpreted as experiences, rather than simply the content that is spoken of (Riessman, 2012). The narrative process requires the storyteller to make sense of themselves, their history, and their social situation (Riessman, 2012). A narrative approach was consistent in exploring how Black Americans accessed mental health services during the COVID-19 pandemic, as they gave their experiences as a narrated story.

I collected data from Black Americans who sought mental health services during the COVID-19 pandemic. I used semidirected questions in a semistructured interview. Each participant was interviewed via telephone, with interviews lasting about an hour. The data collected were recorded and transcribed verbatim, assuring an accurate

accounting of the participant's story. Using Riessman's (2012) thematic approach, thedata were analyzed to identify themes common across participants.

Definitions

The terms used for this narrative study were defined in this section to assist the reader in their interpretation of the words as intended in this paper.

Black American or *African American*: The heterogeneous population of those Americans of African descent. The terms *African American* and *Black American* are used interchangeably and refer to the same concept or phenomenon in this study (Hogan-Garcia, 1997).

Help-seeking behavior: Help-seeking behavior was defined as behavior directed toward seeking treatment or counseling for any problem with emotions, nerves, or mental health in any inpatient, outpatient, or residential setting, or the use of medication for the treatment of any mental or emotional condition (Parcesepe & Cabassa, 2013).

Assumptions

The data collected in this study were based on the help-seeking experiences of Black Americans during the COVID-19 pandemic. The primary assumption was that these individuals gave accurate accounts of their mental health help-seeking experiences during the pandemic. My assumption was that the data collected were accurate and that the experiences of the participants were accurately recounted. These assumptions were necessary for the context of the study due to the subjective nature of reality. The narrative approach was value laden and biased and must be interpreted through the lens of the storyteller, whose values are personally relative.

Scope and Delimitations

The participants for this study were limited to Black Americans who sought mental health services during the COVID-19 pandemic. Because of the historical and cultural concepts in the framework of the study, this study only included Black Americans born in the United States and did not include Black immigrants. This study is not transferable to other contexts or settings with other respondents.

Limitations

Interview-based studies intended to understand and inquire about the experiences and perceptions of their participants have limitations that may include the likelihood of falsification, dramatization, or misrepresentation of stories by the researcher or participants. As such, there was no way to verify that the information shared by the participants is true and accurate. To mitigate this, I interviewed participants via phone, to encourage openness and honesty in a comfortable setting of their choice where participants could reveal answers as they deemed appropriate (Hanna, 2012). The study only included Black Americans who sought mental health services during the COVID-19 pandemic and therefore is not generalizable to people of other ethnicities.

Another potential limitation was that each storyteller's recollection was not portraying an entirely consistent narrative of the experiences faced by all Black Americans seeking mental health services during the COVID-19 pandemic. Therefore, the success of this research depended on a wealth of information gathered from the personal narratives of participants while rigorously following the narrative

methodologists' guidelines for establishing the credibility of the coded narrative data (Syed & Nelson, 2015).

Significance

There was a significant amount of research suggesting that Black Americans accessed mental health services less than White Americans. There were a variety of explanations including stigma, attitude toward mental health services, a lack of Black therapists, and so on. This research filled a gap in understanding the focus on how Black Americans accessed mental health services during the pandemic and how a system of inequity influenced access to mental health help-seeking and use. This study addressed an understudied area regarding how Black Americans accessed mental health care during the COVID-19 pandemic and what this meant to Black Americans who need initial or continuing mental health care. The results of this study explain the challenges faced by Black Americans seeking mental health services during COVID-19 as the pandemic exacerbated the already-present system of systematic oppression, institutional inequalities, and structural disparities. This study provides much-needed insights into the Black American experience of the mental health care system and may aid mental health providers in understanding the barriers faced by Black Americans during a pandemic.

Summary

This chapter introduced this study by providing background information related to the study, including the introduction, background of the study, problem statement, purpose of the study, research question, definitions of key terms, assumptions, scope and limitations, and delimitations of the study. The primary objective of this qualitative

inquiry was to address the research question: How do Black Americans describe their experiences of accessing mental health services during the COVID-19 pandemic?

A review of the literature follows in Chapter 2 that supported the study in the current research and identified a gap. . This study was unique because it addressed this understudied area in gathering firsthand stories of Black Americans seeking to access mental health care during the COVID-19 pandemic and the challenges that they might have encountered.

Chapter 2: Literature Review

Introduction

Historically, Black Americans have suffered disproportionate mental health consequences resulting from disasters (Purtle, 2012) and public health crises such as the COVID-19 pandemic (Purtle, 2020). The purpose of this study using a narrative approach was to explore the mental health help-seeking behaviors of Black Americans during the COVID-19 pandemic. Black Americans have experienced barriers to seeking mental health services. . Generational trauma and mistrust, environmental injustices, and financial barriers influence the help-seeking behaviors of many in this population (Burkett, 2017). As a result, many Black Americans have turned to alternative resources for their mental health and well-being, such as the Black Church, family members, and the Black barber (Dempsey et al., 2016).

The Black community's sources of strength and resilience were primarily made unavailable throughout the COVID-19 pandemic with social distancing policies in place. Additionally, communities of color were affected disproportionately, with infection and mortality rates higher than those of White communities (Moore et al., 2020). This social isolation prompted the question of how this population accessed mental health care during the pandemic.

In Chapter 2, I address the history of mental health help-seeking among Black Americans, the impact of COVID-19 on mental health help-seeking among Black Americans, and how the key concepts of obstructed use may have exacerbated the disparities in help-seeking among Black Americans during the COVID-19 pandemic. I

discuss the literature search strategy, the narrative approach, and the philosophy of the research method; review the current literature; and provide an overall summary.

Literature Search Strategy

A search of peer-reviewed articles was completed to understand what literature was available on how African Americans accessed mental health services during the COVID-19 pandemic. An extensive search of databases was conducted, including the following: APA PsycINFO, Academic Search Complete, ProQuest Central, Taylor and Francis Online, SAGE Journals, Science Direct, APA PsycARTICLES, Google Scholar, and SocINDEX. These databases were accessed using both Walden University's library search engine and Google Scholar. I searched for articles using keywords that directly related to my topic, such as *help-seeking*, *environmental toxicity*, *African American*, *Black*, *COVID-19*, *mistrust*, *inequity*, *trauma*, *mental health*, *disparities*, *Black church*, *built environment*, *stigma*, *racial and ethnic disparities*, *COVID-19 pandemic mental health services*, *obstructed use*, *cultural drama*, *economic insecurities*, *cultural mistrust*, *ethnic minorities*, *racial socialization*, *racial identity*, *economic hardship*, *racial disparities*, *help-seeking attitudes*, *mental health treatment and services*, *stress*, *racial*, and *ethnic discrimination*. This search was restricted to articles published from 2003 to 2021.

Conceptual Framework: Obstructed Use (Burkett, 2017)

The conceptual framework used for this research was obstructed use by Burkett (2017). . This study focused on the four conceptional constructs of obstructed use: historical trauma, environmental toxicity, culturally bound economic insecurity, and

cultural mistrust. Burkett recommended that mental health professionals be mindful of these systemic barriers when considering Black Americans' mental health help-seeking behaviors.

Historical and Cultural Trauma

The historical and cultural trauma experienced by Black Americans can be used to explain the construct of obstructed use. Rather than being an individual experience, historical and cultural trauma is shared generationally by a group of people. As such, group members may not have experienced the traumatizing event(s), but they are affected by trauma-related symptoms (Mohatt et al., 2014). Beginning with their ancestors' forced enslavement, Black Americans have endured racial, cultural, psychological, and intergenerational transgressions such as "Jim Crow" laws that have been sustained by institutionalized or systemic racism (Burkett, 2017). .

Environmental Toxicity

Another conceptual component of obstructed use is environmental toxicity. Environmental toxicity has been described as the unnatural physical and unseen hazards that pollute the water, land, and air in communities (Liu & Lewis, 2014). Communities of color are disproportionately affected by environmental toxicity (Clayton et al., 2019) and measures that had previously been put in place that protected these communities were scaled back with changes made by the Trump Administration (Clayton et al., 2019). . The physical effects of toxins can begin in utero with toxins affecting the brain development of the unborn child (Liu & Lewis, 2014), including the developing nervous system. The cardiovascular system is affected by air pollution coming from living near factories and

other hazardous structures and environments, including garbage, trash, and unsanitary conditions that Black Americans find themselves living in (Liu & Lewis, 2014). Additionally, such conditions create rat infestations, which, according to German and Latkin (2015), can lead to chronic stress.

In an interview, Robert Bullard (2020), author of *Dumping in Dixie*, recalled the environmental injustices that led to his many years of research focused on environmental injustice and race. He noted that there was a phenomenon surrounding toxic waste dumps in Black communities in which Jim Crow segregation and racism created "the perfect storm," placing African American and poor communities at the forefront of environmental toxicity (Bullard, 2020.).

Culturally Bound Economic Insecurity

Burkett (2017) identified culturally bound economic insecurity differently than poverty in that the concept of economic insecurity encapsulates the emotions of financial instability and the anxiety and stress that accompany impoverishment. According to Herring and Henderson (2016), there is a wealth gap between African Americans and their White counterparts. African Americans have significantly less economic returns on their investments, including stock and business ownership and income, which accounted for much of this gap (Herring & Henderson, 2016). African Americans have historically been excluded from opportunities to build wealth, with racial wealth inequality having been built into the fabric of American society, resulting in culturally bound economic insecurities (Burkett, 2017; Herring & Henderson, 2016).

Economic inequality can be explained based on earned income and wealth accumulation (Nwafor & Ho-Hing, 2019). Between 1980 and 2017, the gap in earned income between Black Americans and White Americans remained constant; however, the gap in wealth accumulation widened (Nwafor & Ho-Hing, 2019).

According to the 2019 Survey of Consumer Finances, racial disparities in wealth accumulation remain constant. The accumulated wealth of the average White American family is approximately 8 times more than that of the average Black American family (Bhutta et al., 2020). Bhutta et al. (2020) noted that White Americans have disproportionate access to employer-sponsored retirement plans, a factor that contributes to wealth accumulation through investment returns and employer contributions.

Burkett (2017) noted that the high cost of mental health services can become a barrier to those facing economic insecurity, and many African American families must decide between providing food and shelter or paying for mental health services for a loved one. Hence, culturally bound economic insecurity becomes a barrier to mental health help-seeking.

Cultural Mistrust

Racial identity has been linked with mistrust of healthcare institutions for Black Americans based on experience, attitudes, and stigma (Cuevas & O'Brien, 2019; Gaston et al., 2016; Kawaii et al., 2017). Notedly, Black Americans have less trust in healthcare institutions and mental health services than White Americans (Adebayo, 2020; Connell et al., 2019; Cuevas & O'Brien, 2019) and are less likely to seek mental health services than White Americans (Nguyen et al., 2020). The more strongly Black Americans identify

with their race, the more they feel discriminated against and the more mistrust they have in institutions. Racial identity plays a part in Black Americans recognizing discrimination when it does take place in mental health and healthcare institutions, which can create a lack of trust (Cuevas & O'Brien, 2019).

Fripp and Carlson (2017) found that factors such as mistrust and disparities have prevented Black Americans from utilizing mental health services. Attitude, influenced by stigma, is one predictor in the decision to seek mental health services. Mistrust between provider and patient may occur for several reasons, including ageism, racism, or prior experiences with poor patient–provider communication (Friedman et al., 2019). Research shows that Black Americans have had an ongoing mistrust that affects help-seeking and engagement in mental health services due to the stigma of working with mental health therapists who are White, and the feeling of bias and microaggression by White therapists (Friedman et al., 2019). White therapists lacking adequate cross-cultural competency when working with clients of color, consciously or unconsciously, have racial biases (Friedman et al., 2019). Even after seeking treatment, Black Americans are more likely than Whites to be misdiagnosed with more serious psychiatric illnesses and psychiatrically hospitalized (Friedman et al., 2019).

According to a study conducted by Dempsey et al. in 2016, the Black American community has a long history of experiencing mental health disorders without proper treatment compared to any other recognized racial group. Black Americans have relied on family members, particularly their elders and extended family, as well as churches, which have become the alternative for receiving mental health services and emotional

support (Dempsey et al., 2016). There is a longstanding history of why Black Americans have a poor attitude/stigma towards mental health services due to mistrust and concern of being misunderstood and misdiagnosed or being labeled "crazy" (Adkison et al., 2005; Cuevas et al., 2016; Dempsey et al., 2016).

According to Fripp et al. (2016), there is a strong history of mistrust stemming from past abuses, including the infamous Tuskegee syphilis experiments. Prior experiences with discrimination may help to explain some of the mistrust in the health care system (Armstrong et al., 2013); however, current research continues to show that Black American patients report that they are less valued by health care providers, that providers consider their illnesses as less deserving of treatment, and that a lower standard of services is seen as more appropriate for them than for White Americans (Fripp et al., 2016).

The National Institute of Mental Health (n.d.) reported that some Black Americans, although likely to forego counseling, live with significant mental health symptoms (e.g., major depressive disorder), thus making participation in clinical care advantageous. However, additional factors, such as discrimination and limited access to mental health facilities, contribute to their absence in treatment (Sutter & Perrin, 2016; Wallace, 2012). Although the need for services is apparent, help-seeking behavior from people of color remains low. Black American men, especially during adolescence, are more likely to decline seeking mental health treatment for reasons including mistrust of service providers, shame, and mental health stigma (Alang, 2015; Latalova, 2015; Samuel, 2015).

In the United States, there has been a concerted effort over the last 40 years to tackle health disparities through numerous public health and research endeavors (U.S. Department of Health and Human Services, 2020). Even with the introduction of various public health measures and policy interventions, health inequalities persist among racial minority groups. People from ethnic and racial minorities consistently experience a higher burden of diseases, disabilities, and mortality than other groups, as indicated by multiple health indicators (DeSantis et al., 2016). This emphasizes the necessity to broaden and enhance comprehension of the factors contributing to these health discrepancies. Disparities in health among different racial and ethnic groups are influenced by a complex interaction of multiple factors that operate at various levels, including structural, systemic, and healthcare provider factors (Braveman & Gottlieb, 2014; Lee et al., 2013). Effective communication is consistently recognized as a crucial element in healthcare interactions, as it significantly affects health disparities by shaping patients' experiences and fostering their relationships with healthcare providers. The impact of communication on the dynamics between patients and healthcare providers is evident in numerous studies, indicating that individuals identifying as Black often encounter unfavorable incidents and discriminatory behaviors while seeking health care services in the United States. Consequently, this leads to a higher probability of experiencing inferior health outcomes in the long run (Hashim, 2017).Communication is an integral part of the clinician–patient relationship. In healthcare interactions, efficient communication between healthcare providers and patients is highly beneficial when it encompasses bidirectional exchange, places the patient at the center, and incorporates

active listening to actively involve patients and gain insight into their viewpoints (Hashim, 2017). Research has revealed that the way patients perceive and engage in communication significantly impacts various facets of their health. These include overall health outcomes, adherence to healthcare providers' guidance, and trust in the healthcare system (Ferrera et al., 2015). The Black community in the United States faces several significant obstacles when it comes to accessing healthcare services, which has notably affected their overall experiences. These challenges include issues such as a lack of effective interpersonal communication, insufficient sharing of crucial information about illnesses, and difficulties caused by language barriers (Cuevas et al., 2016). Numerous research studies have primarily concentrated on addressing the healthcare obstacles encountered by African Americans, often overlooking the diverse Black subgroups within the United States. Although individuals from these subgroups may share similar skin color, their unique healthcare challenges are encountered distinctively (Cuevas et al., 2016).

Literature Review Related to Key Variables and/or Concepts

History of Mental Health Help-Seeking Among Black Americans

The history of Blacks in America began in the early 1700s, when Africans (Blacks) were removed from their native lands and transported to America in slave ships (Dempsey et al., 2016). The mistreatment of Blacks in the slave ships was overwhelming and cruel. The shipmates treated the Blacks worse than animals and found humor and pleasure in the mistreatment of Blacks in these slave ships (Fett, 2010).

Enslaved Blacks were allowed the opportunity to gather at night and worship after working the fields for 12 to 14 hours a day. Black slaves could gain biblical understanding while being under the control and supervision of the White slave owner. This was the only opportunity Black slaves had to gather and express themselves spiritually and recreate their cultural rituals in building the foundation for Black churches (Scott, 2011).

Throughout history, African Americans have exhibited a sense of skepticism towards conventional psychiatric and mental health establishments. As a result, they have often sought consultation and psychological guidance from Black churches. This reliance on the Black church for support has significantly influenced the treatment of their psychological disorders (Friedman et al., 2019). Black American communities have actively pursued various social services through the Black church to address their needs, such as seeking assistance with individual and family counseling, accessing resources like support for basic necessities such as food and rent, and participating in peer support programs. Black churches have been a trusted space that Black Americans have come to depend on, not just for spiritual assistance, but also for seeking various services like mental health counseling and financial assistance and counsel. The Black church has played a pivotal role in the lives of Black Americans throughout the course of history, providing a sanctuary that offers solace and equitable services. Unlike traditional mental health service providers, who have often failed to engender the same level of trust among Black Americans, the Black church has consistently been a trusted source of support (Hankerson et al., 2018). According to Dempsey et al. (2016), a considerable portion of

African American individuals view the church as their primary means of addressing psychological struggles. As a result, they have never sought support or guidance from mental health professionals. The Black Church holds a special place of significance as a sanctuary for Black Americans who encounter difficult circumstances or require counsel. It comes as no surprise that Black individuals are drawn to the Black Church when they encounter struggles related to their mental well-being, emotional state, or behavior (Hankerson et al., 2018; Mattis et al., 2007; Taylor & Kou, 2019). In the Black American community, there is a deep emphasis on fostering robust family connections that offer tangible, emotional, and spiritual support. Instead of seeking professional mental health services, individuals often rely on their families, extended families, and churches for assistance. They prioritize nurturing bonds within their families and communities, relying on these connections as effective ways to cope with stress, fear, and anxiety (Anderson et al., 2019; Stamps et al., 2021). In the United States, Black Americans have a longstanding history of barriers when it comes to accessing mental health services. Over time, they have encountered instances of discrimination within the healthcare system, leading to a deep-seated mistrust of mental health services. This has resulted in significant difficulties in establishing trusting relationships with providers, particularly with non-Black, often White, professionals. The history of these barriers has posed considerable challenges for Black Americans seeking support for their mental well-being. The persistent mistreatment and prejudice faced by Black communities throughout history amplifies the existing gap between the treatments currently accessible and the treatments that are truly needed (Progovac et al., 2020). Black Americans have

experienced many challenges in receiving mental health treatment, such as finding a mental health provider who looks like them, accepts their insurance, and is accepting new clients. Black Americans and other people of color often encounter extended waiting lists that cause significant delays in receiving medical care, occasionally spanning several months (Campbell et al., 2020; Wang, 2005). There are effective treatments available for a wide range of mental health disorders. However, it is disconcerting to note that fewer than half of Black Americans who exhibit symptoms of mental health issues actually seek or receive any form of treatment (Campbell et al., 2020; Wang, 2005). As noted above, instead of seeking assistance from professional sources for mental health concerns, Black Americans facing mental health issues tend to seek help from a range of informal sources. Considering the significant influence of religion in the lives of Black Americans, it is crucial to understand the impact of religious engagement on their tendency to seek help (Cook et al., 2014; Dempsey et al., 2016).

Extensive research has provided substantial evidence that Black Americans experience a significantly higher incidence of untreated mental health problems compared to other racial groups. Additionally, they are less likely to actively pursue professional assistance for mental health counseling when needed (Ayalon & Young, 2005; Cook et al., 2014; Dempsey et al., 2016). Rather, Black Americans often turn to their spiritual leaders and churches to address their psychosocial needs (Adkison-Bradley, et al., 2009; Allen et al., 2010; Avent et al., 2015; Jackson, 2015; Molock et al., 2008, as cited in Hankerson, et al., 2015; Veroff et al., 1981). Upon examining the potential factors behind this occurrence, it becomes apparent that Black Americans frequently

encounter numerous obstacles. These obstacles include the lack of insurance coverage for mental health services and limited access to traditional counseling services. In addition, there exists a shortage of diverse clinicians, along with a pervasive stigma within the Black American community surrounding mental health issues. Furthermore, historical and present-day abuses have fostered cultural mistrust of White society, compounding the already existing challenges (Allen et al., 2010; Avent et al., 2015; Dempsey et al., 2016; Hays, 2015; Sue & Sue, 2013).

Elderly individuals of African American and Afro-Caribbean descent may encounter added obstacles, including financial hardships and challenges in transportation (Wuthrich & Frei, 2015). Additionally, the physical health concerns faced by older Black Americans lead them to rely more on familial support and family physicians rather than seeking assistance from healthcare establishments. Ultimately, a significant number of individuals within these communities lack faith in mental health systems and healthcare institutions (Kang et al., 2015; Nguyen et al., 2020). In their study, Turner et al. (2019) explored the tendency of Black adults to seek mental healthcare, aiming to understand the impact of their religious and spiritual beliefs. They found that Black Americans and Caribbean Blacks with stronger religious and spiritual convictions were more likely to seek mental health care.

Challenges for Black American Mental Health Help-Seeking During COVID-19

Historically, Black Americans have been more impacted by disasters and public health crises (Davidson et al., 2013; Perilla et al., 2002; Purtle, 2012), and COVID-19 is no exception. According to the Centers for Disease Control and Prevention (CDC), the

initial data suggests that the COVID-19 pandemic has had a disproportionate impact on Black Americans (CDC, 2020). Extensive evidence has consistently highlighted the disparity between Black and White Americans in terms of COVID-19 hospitalization and mortality rates, as indicated by reputable sources such as the CDC and DiMaggio et al. (2020).Despite making up only 13.4% of the total population in the United States, Black Americans have experienced significantly higher mortality rates due to the coronavirus compared to Asians, Latinos, and White Americans. To put this into perspective, Black Americans have a mortality rate that is more than double that of Asians and Latinos, as well as 2.6 times higher than that of White Americans. These findings were reported by the APM Research Lab Staff on May 12, 2020. Moore and colleagues (2020) discovered findings that align with prior research regarding the unequal occurrence of COVID-19 in specific regions of the United States. Their analysis revealed that communities of color, particularly Black Americans, are disproportionately affected by higher rates of COVID-19 cases, hospitalizations, and fatalities in the United States. These challenges are further exacerbated by racial inequalities, a lack of confidence in the healthcare system, a lack of trust and confidence that Black Americans have towards law enforcement authorities, and the evident racial injustice prevalent in America. This includes the prominent instances of Black Americans being tragically killed by police officers. Inequitable distribution of beneficial opportunities and resources to Black Americans and other individuals belonging to marginalized communities, commonly referred to as structural or institutional racism, has led to their mistreatment and a lack of adequate protection. Black Americans have been subjected to substandard living conditions including inadequate

housing and environmental standards, limited access to proper healthcare, and employment opportunities that offer low wages. These unfavorable circumstances have resulted in detrimental health consequences and a diminished sense of trust within the Black community (Cooper & Crews, 2020). Black Americans experience numerous challenges and setbacks that can be attributed to disparities, long-standing traumas, limited access to healthcare, and escalating mental health concerns within their communities (Cooper & Crews, 2020; Loeb et al., 2018; Yancy, 2020).

Given that Black Americans face greater challenges related to mental health and access to healthcare when compared to other racial and ethnic groups (Himle et al., 2009), it becomes imperative for mental health professionals and researchers to promptly acknowledge and prepare for the amplified mental health requirements of Black Americans in the post-COVID-19 era (Novacek et al., 2020).

Alternative Supports for Black American Mental Health Help-Seeking During COVID-19

Many Black Americans seek solace and assistance from alternate avenues regarding their mental health and overall wellness. They place their trust in sources such as family, friends, and their community, particularly in significant institutions like the Black church (Hankerson et al., 2018). Throughout history, Black Americans in the United States have faced a disproportionate burden of mental health consequences stemming from both disasters (Purtle, 2012) and public health emergencies like the ongoing COVID-19 pandemic (Purtle, 2020). . Purtle found that racial and ethnic disparities in post-disaster mental health were a problem for Black Americans accessing

mental health services. Moreover, Purtle uncovered persistent disparities in mental health among minority populations, highlighting the fact that during the COVID-19 pandemic, Black Americans face a disproportionately higher mortality rate compared to non-Hispanic Whites in the United States. Purtle suggested that the mortality inequalities prevalent prior to the outbreak of COVID-19, such as those related to chronic ailments like diabetes and cardiovascular diseases, may also manifest as psychological disparities in the wake of the pandemic. Nonetheless, it is the existence of these discrepancies and the inequity in mental health that perpetuates adverse mental health consequences among marginalized communities in the wake of national disasters and public health emergencies (Purtle, 2012; Purtle, 2020).

According to the Centers for Disease Control and Prevention (CDC) in 2011, Black Americans have consistently faced a heightened vulnerability to untreated mental health conditions. This increased risk can be attributed to a combination of factors including systemic oppression, economic disadvantages leading to poverty, and limited access to essential resources necessary for adequate mental healthcare. Black individuals often face distrust, institutional racism, and systematic oppression when attempting to access mental health services provided by White professionals (Gomez, 2015). Policy in response to COVID-19 has profoundly affected the availability of social networks for individuals. People have experienced limitations in accessing crucial social support systems like friends and family due to various restrictions imposed by this policy. For instance, social gatherings have been restricted, making it difficult for individuals to connect with others in person. Moreover, attending religious services, such as going to

church, has also been restricted. Additionally, individuals have faced challenges in accessing mental health services and virtual platforms/study tools, which have been vital in maintaining their well-being and seeking support during this time. This isolation is compounded by historical trauma, killings by the police, and the disproportionate deaths due to COVID-19. Many Black Americans have friends or relatives who have been victims of violence, continue to experience and witness murders of Black individuals, police killings, or experience losses due to COVID-19 (Myers et al., 2015).

Social Determinants for Black American Mental Health Help-Seeking During COVID-19

Black Americans are currently in dire need of significant consideration when it comes to various aspects affecting their well-being such as social determinants of health, economic stability, education, community services, and the impact of COVID-19. Unfortunately, these issues have been further exacerbated by the ongoing pandemic (Waite & Nardi, 2021). Black Americans are more prone to reside in densely populated, multifamily residences as opposed to their White counterparts. This particular living situation poses increased difficulties in practicing social distancing and subsequently exposes these residents to a heightened risk of contracting COVID-19. According to Williams and Cooper (2020), there is a disparity between Black Americans and White Americans in terms of the availability of functional space within common areas such as mailboxes and laundry room facilities. This inequality contributes to an elevated risk of COVID infections for Black Americans.

Black Americans experience higher mortality rates from COVID-19 compared to their White counterparts, and they face a greater burden from reduced social connections and financial stressors resulting from the pandemic (Bambra et al., 2020). Additionally, many Black Americans are at the forefront in various job sectors such as food services, customer service, sales, among others. Sadly, they have faced a disproportionately higher job loss compared to their White counterparts (Bambra et al., 2020).

The disparity in healthcare provisions arises from deep-rooted cultural and societal ideologies influenced by racism and discriminatory practices prevalent in the United States, particularly in the midst of the COVID-19 pandemic (Waite & Nardi, 2021). In spite of the considerable progress made in our healthcare system in the United States to combat pandemics, COVID-19 has had a disproportionately harsh impact on Black Americans and other communities of color. Similar to previous pandemics, the COVID-19 outbreak has had a significant social and economic impact on Black Americans. This has resulted in disparities and hindered their ability to have equal access to crucial aspects of life, such as education, employment, housing, and healthcare opportunities, especially when compared to White Americans. It remains evident that a higher percentage of Black Americans still lack proper insurance coverage, in comparison to their White counterparts (Artiga et al., 2020).

In terms of occupation, Black Americans are still disproportionately represented in low-paying service and domestic jobs, including roles such as public transportation drivers (taxi drivers/chauffeurs). Furthermore, they are often found on the frontlines of work as maids, house cleaners, and food servers, which poses a significant challenge for

social distancing amidst the ongoing COVID-19 pandemic. (McClure et al., 2020). The COVID-19 pandemic led to a significant loss of front-line employment opportunities for numerous Black Americans. As a consequence, they faced financial hardships and struggled to meet their various financial obligations, including rent and bill payments. Lopez et al. (2020), suggested that the financial impact of the pandemic has disproportionately affected over half of Black American employees compared to their White American counterparts.

Historical and Cultural Trauma

The historical trauma of Black Americans can be defined as "the collective spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day" (Hampton et al., 2010, p. 32) The Black American community has been profoundly affected by historical trauma, leading to the decline of social connections, compromised psychological growth, and adverse effects on mental health. Additionally, the comprehension of complex traumas experienced by Black Americans has been marginalized by society (Bullard, 2005; Phelps et al., 2001; Randall, 1995; and Suite et al., 2007).

Distrust in the healthcare system refers to the level of confidence that patients have in the quality and authenticity of the care provided by their healthcare provider, as well as their clinical competence. Patients should have confidence in the health care providers and believe they have their best interest in mind, but from the perspective of Black Ameriicans, there is a lack of trust among individuals towards both the healthcare

system and healthcare providers (Cuuevas et al.,2016; Durant et al., 2011). Studies show that many Blacks, feel that providers are disingenuous and their mistrust is based more on their authenticity rather than lacking trust in the clinical competency or abilities, In particular, prior research has highlighted that Black Americans have expressed feelings of being subjected to experimentation and treated as mere test subjects by healthcare professionals (Durant et al., 2011; Ferrera et al., 2015; Mays et al., 2007). The fear of harm and deception stemming from past incidents, like the Tuskegee syphilis study, has resulted in relatively lower levels of participation in health research among Black Americans compared to other racial groups. As a result, there is a notable underrepresentation of Black Americans in research studies as they harbor fears about potential harm inflicted by researchers (Ferrera et al., 2015; Lang et al., 2013). Some Black Americans have also expressed concern about the lack of clear instruction when being subscribed medication, with vagueness being perceived as deception and experimentation (Durant et al., 2011; Ferrera et al., 2015; Mays et al., 2007). Additionally, Black Americans have expressed concerns that their fears and complaints about exposure to toxic environments and medications have gone unheard because they are Black (Ferrera et al., 2015). The concerns stem from long-standing structural disparities that have had significant effects on the overall health and quality of life for individuals in the Black American community (Ferrera et al., 2015; Lang et al., 2013). In contrast, there has been little research on the mistrust experienced by Black immigrants. Although there have been studies on how this population perceives their acceptance in the United States based on their language, dress, and skin color, little research addressed

their experience of mistrust (Johnson et al., 2004). These experiences of discrimination inevitably spill over into the healthcare system, potentially leading to distrust towards providers (Quach et al., 2012). Allthough limited, there are studies that suggest Black immigrants have limited understanding of historical context of racism and discrimination within the US healthcare system. However, over time, the comprehension of prejudice and racial bias among African immigrants, along with the consequences of those realities, closely resemble those experienced by Black American counterparts (Olukotun et al., 2019).

Environmental Toxicity and COVID-19

According to Waite and Nardi (2021), due to the crowded living environments many Black Americans live in, they are more likely to catch and spread COVID-19. When it comes to social determinants of health, Black Americans are disproportionately more affected than White Americans. COVID-19 exacerbates inequities in economic stability, education, and community service. There is a significant disparity between the mortality rates of Black Americans and White Americans in the context of COVID-19. Black Americans face a higher risk of death from the virus compared to their White counterparts. Additionally, they encounter greater challenges in maintaining social connections, which are crucial for overall well-being, and the financial impact of COVID-19 created greater stressors on Black Americans. According to the Centers for Disease Control and Prevention (CDC), COVID -19 has particularly impacted Black Americans in the United States who are disproportionately affected by the COVID-19 pandemic (CDC, 2020a). Black Americans face higher rates of hospitalizations and

deaths due to COVID-19 (CDC, 2020b). The adverse effects experienced by Black Americans are a result of enduring systemic disparities, historical traumas, exclusion from equitable healthcare access, and escalating risks to mental well-being within Black communities (Loeb et al., 2018; Yancy, 2020). DiMaggio et al. (2020), found that the proportion of Black American individuals residing in a community serves as the most influential predictor of higher rates of positive testing within that community, irrespective of other variables. Environmental factors such as population and housing density contribute to a significant increase in the risk of contracting COVID-19.

According to Burkett (2017), it is suggested that the "barriers" mentioned in various studies are essentially contemporary representations of longstanding problems, which significantly impact the availability of mental health services. These “barriers” persist due to various factors at work in the micro- and macro-systems. The concept of obstructed use offers a more precise and culturally infused portrayal of the challenges that Black Americans encounter when trying to access mental health support in neighborhoods that lack resources and are environmentally hazardous.

Living in a community that feels safe and walkable can be mistaken as having better access to doctors and hospitals even feel but the concept of walkability has been associated with indicators that suggest an elevated presence of symptoms related to deprivation (American Journal of Preventative Medicine, 2017). In as much as urban areas may provide greater social opportunities and convenience, factors that contribute to social stress such as noise and air pollution, are intensified. Levels of anxiety and/or depression are intensified by these factors. Burkett’s (2017) Obstructed use is comprised

of four basic components; historical trauma, environmental toxicity, culturally bound economic insecurity, and cultural mistrust. Despite the fact that these various aspects highlight separate obstacles, they converge and impact the lives of numerous Black Americans.

Culturally Bound Economic Insecurities

The COVID-19 pandemic has brought to the forefront numerous economic disparities experienced by Black American households. Access to reliable internet was lacking in some communities, while many families lack computers and libraries. Places that widely offer free WIFI were closed due to social l distancing policies. As a result, numerous individuals were facing significant challenges in terms of connectivity. Moreover, countless frontline workers lost their jobs, leading to a scarcity of finances, making it difficult for them to meet their financial obligations such as rent and bills. When it came to financial hardships, Black American workers were disproportionately affected compared to their White American counterparts (Lopez et al., 2020). A higher number of COVID-19 infections, hospitalizations, and fatalities are observed among Black Americans. This disparity is exacerbated by pre-existing health conditions, and susceptibilities to psychosocial, environmental, and sociocultural factors, (Akintobi et al., 2020).

The COVID-19 pandemic has raised significant concerns regarding the disproportionate impact it has on individuals belonging to specific ethnic and socio-economic minority groups. In particular, people of Black Americans appear to be disproportionately affected by the virus, leading to a significant disparity in infection

rates. Poverty, educational attainment, availability of healthcare services, residential segregation, and the efficacy of treatment approaches are factors that contribute to the existence of this disparity. These factors failed to provide a complete explanation for the higher occurrence of infections and fatalities within the Black American population. The findings validate the notion that understanding the destinations where individuals commute to, instead of solely focusing on their residential areas, holds considerably greater significance when it comes to managing and restraining the transmission of contagious diseases (Bassolas et al., 2021).

The Center for Economic Development (CFED) and the Institute for Policy Studies (2016), conducted an analysis to explore the increasing wealth within Black and Latino households in contrast to that of White families. They found that greater growth in wealth was found at the top, exacerbating the wealth gap divide. This study revealed that between the years 1983 and 2013, the average prosperity of Caucasian households witnessed an increase of 84%. This growth rate surpasses that of Latino families by 1.2 times, and is three times greater than that experienced by Black families. It was determined that if the rate at which the average wealth of Black families grew remained unchanged, it would require over two centuries for Black families to accumulate an equivalent amount of wealth as White families.

Cultural Mistrust

Black Americans use churches, elders, barbers instead of professional mental health services and these are all closed during COVID-19. Black Americans are more

impacted by mental health issues than White Americans before and even more during the pandemic, due to dealing with significantly more losses, etc. (Hankerson et al., 2018).

The COVID-19 pandemic has further strengthened the reasons and evidence behind the prevailing distrust among Black Americans towards healthcare systems. Accounts from several individuals infected by COVID-19, along with their families, healthcare experts, and community representatives, indicate that racial and ethnic minority groups are facing obstacles when it comes to COVID-19 testing and treatment. Additionally, many have experienced mistreatment at the hands of healthcare providers. Preliminary research and individual accounts suggest that Black Americans have a higher likelihood, compared to non-Hispanic Whites, of being discharged from medical facilities without undergoing COVID-19 testing, even when they exhibit symptoms of infection. Furthermore, many predominantly Black communities lack the essential personal protective equipment, including testing resources, needed for conducting COVID-19 tests. Due to the limited availability of COVID-19 tests and the significantly higher rates of COVID-19-related illness and death experienced by Black Americans, the unequal allocation of COVID-19 testing resources represents a disregard for public health ethics and reinforces a lack of trustworthiness (Yancy, 2020).The mistrust observed in the healthcare system can be attributed, to some extent, to individuals' previous encounters and personal history of discrimination (Armstrong et al., 2013). Despite these circumstances, ongoing research consistently demonstrates that Black American patients frequently express feeling underserved and undervalued by healthcare professionals, in contrast to their White counterparts (LaVeist et al., 2000). The implications arising from

this lack of trust significantly impact the willingness of Black Americans to accept healthcare services, and it originates from their firsthand experiences with healthcare practices.

Summary and Conclusion

Friedman et al. (2019) noted Black Americans' longstanding lack of confidence in conventional psychiatric and mental health establishments. Instead, they rely heavily on Black churches to seek assistance regarding consultations, psychological support, and mental health guidance. According to Hankerson et al., (2018), the Black church has served as a sanctuary for Black Americans, offering them a feeling of trust and fair services. This stands in contrast to the historically lacking level of trust that Black Americans have experienced with traditional providers in the field of mental health. Viewed as their primary resource, Black Americans turn to the church to address mental health symptoms, never having sought professional mental health services (Dempsey et al.,2016).

When examining the literature on the mental health of Black Americans and their help-seeking behaviors, it is evident that compared to other racial groups, they face a disproportionately high burden of untreated mental health issues. However, they are less inclined to seek professional assistance and instead tend to turn to informal supports such as family, friends, churches, and spiritual leaders for support (Adkison-Bradley et al., 2009; Allen et al., 2010; Avent et al., 2015; Ayalon & Young, 2005; Cook et al., 2014; Dempsey et al., 2016; Hankerson, et al., 2015; Jackson, 2015; Taylor et al., 2000; Taylor and Kuo, 2019; Veroff et al., 1981). What is not known is how access to social supports,

such as family, friends, and community, has been impacted by the policy put in place due to COVID-19, and how this isolation is compounded by historical trauma, killings by the police, and the disproportionate deaths due to COVID-19. Many Black Americans have close relationships with friends or family members who have suffered from acts of violence. They also frequently encounter instances of Black individuals being murdered, face personal losses due to the impact of COVID-19, and witness incidents of police killings repeatedly replayed on the news and in media (Myers et al., 2015).Much attention is needed to address the social influences that shape the health and disparities in economic security, education, and community resources for Black Americans, all of which have been intensified by the impacts of the COVID-19 pandemic (Waite & Nardi, 2021). The COVID-19 pandemic has severely limited access to significant sources of strength and resilience within the Black community due to the implementation of social distancing policies. Moreover, communities of color have faced a greater impact in terms of infection and mortality rates than predominantly White communities (Moore et al., 2020). Social isolation and the lack of social resources resulting from policies put in place due to COVID-19 have prompted the question of how this population accesses mental health care during the pandemic.

This study addresses a notable gap within the existing body of research, shedding light on the connection between inequality in healthcare services and the cultural as well as social norms stemming from racism and racial practices in the United States, and how this connection has been magnified during the challenging period of the COVID-19 pandemic (Waite & Nardi, 2021). Despite the significant gains and advances in our

United States health practices in providing people ways to withstand pandemics, Black Americans and other people of color have been disproportionately affected by COVID-19. Similar to previous pandemics, COVID-19 has had profound effects on the social and economic well-being of Black Americans. It has posed significant barriers for them to attain equitable opportunities in education, employment, housing, and healthcare, especially in comparison to White Americans (Artiga et al., 2020). This study explores how Black Americans access mental health services despite the inequities and social isolation faced due to the COVID-19 pandemic.

This chapter focused on a review of the literature, including what is known about the barriers to Black Americans seeking mental health services. Using Burkett's (2017) concept of obstructed use, I focused on economic insecurities, cultural mistrust, culturally bound economic insecurity, and environmental toxicity, and how these barriers are exacerbated by the COVID-19 pandemic. Additionally, I provided a review of what is known about alternative mental health support such as the Black Church. The following chapter looked at an overview of the methods for studying the topic of interest, Black Americans seeking mental health services during the COVID-19 pandemic. A review of the research design and the method to be used in the study is also discussed.

Chapter 3: Research Method

Introduction

The purpose of this study was to collect and examine the narratives of Black Americans' experiences in seeking and accessing mental health services during the COVID-19 pandemic. Novacek et al. (2020) expressed an urgent need for researchers to address the increased needs of Black Americans in the wake of this pandemic. Using the conceptual framework of obstructed use (Burkett, 2017), this study explored the barriers that have historically influenced mental health help-seeking in the Black American population to provide a deeper understanding of how COVID-19 exacerbates these barriers.

The research design and rationale for using a qualitative approach are discussed, along with my role as the researcher, an overview of the qualitative methodology, procedures for a pilot study, procedures for recruitment, participants and data collection, the qualitative data analysis plan, issues of trustworthiness, and ethical procedures.

Research Design and Rationale

This narrative analysis focused on the following research question to explore the Black Americans' experiences in seeking and accessing mental health services during the COVID-19 pandemic:

Central research question: How do Black Americans describe their experiences of accessing mental health services during the COVID-19 pandemic?

Subquestion 1: How do Black Americans describe their experiences of historical and cultural trauma when accessing mental health services during the COVID-19 pandemic?

Subquestion 2: How do Black Americans describe their experiences of environmental toxicity when accessing mental health services during the COVID-19 pandemic?

Subquestion 3: How do Black Americans describe their experiences of culturally bound economic insecurity when accessing mental health services during the COVID-19 pandemic?

Subquestion 4: How do Black Americans describe their experiences of cultural mistrust when accessing mental health services during the COVID-19 pandemic?

The central concept of the study was the current and historical barriers faced by many Black Americans when seeking mental health services. These barriers—economic insecurities, cultural mistrust, culturally bound economic insecurity, and environmental toxicity—have become more prominent because of the COVID-19 pandemic. I used a narrative research approach to gain a meaningful account, or story, of the lived and told experience(s) of the participant. According to Jackson et al. (2012), when researching Black communities, it is wise to consider theoretical perspectives that are sensitive to the unique perspectives and lived experiences of the population.

The aim of this narrative inquiry was to provide knowledge of the experiences of Black Americans seeking mental health care during the pandemic so that the readers,

inquirer, and participants could begin to understand and interpret those experiences (Yang, 2011). According to Williams and Elliot (2010), it is essential to think qualitatively when studying inequities in care, to understand the constructs and impacts of social structure. As a method for researching the stories of these life experiences, narrative inquiry served my research purposes. I drew upon the research and methods of Clandinin and Connellly (2000), who defined narrative inquiry as "stories lived and told." Narrative inquiry explores the voice of those who are often cloaked in a "culture of silence "and, by giving space for the narrator to tell their story, allows them to critically examine their personal and social reality (Clandinin & Huber, 2010; Creswell & Poth, 2018; Yang, 2011). Narrative inquiry gives analytic attention to how facts were assembled, from whom the story was constructed, how it was made, and for what purpose (Riessman, 2012).

Role of the Researcher

In my role as an observer, I was responsible for recording key events and experiences as they were revealed by the storyteller. I took an active part in organizing and analyzing the stories of the participants. In my role as a participant, I engaged in active conversation, interjected clarifying questions, and validated the participants' interpretation of their stories, without unnaturally altering the flow of social interaction (Bonner & Tallhurst, 2002; Unluer, 2012).

I am considered an "insider" (Bonner & Tolhurst, 2002; Russo, 2016). As a Black male therapist, I had worked in the mental health and addiction field for over 30 years, the past 2 years in private practice, with a large percentage of my caseload being Black

Americans seeking therapy during the pandemic. This enabled a deeper understanding through direct personal experience with and engagement in my research (Patton 2015). . Insider researchers often understand the social structures, politics, and hierarchy from firsthand experience, having had a knowledge of "how it really works" that takes others significant time to acquire (Bonner & Tolhurst, 2002; Russo, 2016; Unluer, 2012). Bonner and Tolhurst (2002) identified the advantages of being an "insider" as follows:

- having working knowledge of the population being studied,
- having the ability to allow a natural flow of social interaction, and
- having an established familiarity between the researcher and participants that promotes both the telling and the judging of truth.

Conversely, as an insider, I was aware of my narrative history and the potential for bias or conflict between that and the narrative research that I had undertaken (Clandinin & Connelly, 2000). It is important to understand how the experience that I brought to the inquiry influenced what I heard and learned, and my subsequent analysis (Patton, 2015). To reduce bias, I kept a journal to document my internal responses to the narratives of participants, allowing me to be self-aware and reflect on potential tensions (Clandinin & Connelly, 2000). Additionally, I did not know any of the participants in the study; therefore, there were no relationships in which I held a position of power.

Methodology

Participant Selection Logic

According to Mishler (1986), how interview questions are asked and the responses that a participant receives can shape the researcher–participant relationship and

the way the participant will respond to the questions. Additionally, the time and place where the interview is held can affect how the participant will respond to the questions, as can the conditions under which the interview takes place and the degree of formality established (Anderson & Jack, 1991).

Each participant chosen for this study was provided an informed consent form that outlined the purpose of the study, the nature of the research, the benefits and risks of the research, a list of requirements for participation, and contact information if the participant needed additional information. The information and data collected were kept in strict confidence, and each participant was informed of the confidentiality and anonymity of their participation. Participants were each given an alphanumeric identifier to assure that their identities was kept confidential. Participants had the right to withdraw from the study at any time during the process.

Population and Sampling

The target population for research was Black Americans who sought mental health services during the COVID-19 pandemic. This population can be considered a "hidden population" (Mack et al., 2005) that is difficult to find, and as such I used purposeful sampling. Snowball sampling allowed me to recruit participants through other contacts, by interviewing potential participants and asking each of them for suggestions about people who had a similar or different experience (Patton, 2015). .

Inclusion and exclusion criteria were used to limit the sampling pool and are outlined below. All inclusion criteria were confirmed in the initial phone interview and recorded in the informed consent and transcript.

Inclusion and Exclusion Criteria

The inclusion criteria for the participants specified that they needed to be U.S.-born Black American adults who

- sought mental health services during the COVID-19 pandemic,
- had education equivalent to the fifth grade,
- were stable and nonsymptomatic if they had a mental health diagnosis, and
- had access to the internet or other means of communication, as needed.

The exclusion criteria for the participants were as follows:

- individuals with whom I had a personal or professional relationship,
- individuals with whom there was a conflict of interest, or
- individuals with whom there was a power differential.

Identification, Contact, and Recruitment of Participants

I created a recruitment flyer that included a dedicated phone number, social media page link, and email address specific to the study for potential participants to contact me. These flyers were distributed throughout the Black community—for example, at barbershops, Black churches, and coffee shops, as well as posted to social media mental health support groups. I reached out to my existing professional network of mental health professionals, asking if they were willing to distribute the flyer or knew of individuals who fit the criteria for my study and who might be willing to participate. . Additionally, I posted to the Walden participant pool briefly describing my study and recruiting through peers.

Through snowball sampling, I generated a chain of interviewees based on people who knew people who would be good sources given the focus of inquiry (Patton, 2015). I reached out to each individual who responded to my flyer directly, through telephone contact, social media, or email, to verify that the individual met inclusion criteria and was willing to participate in the study. I recruited eight participants, selecting individuals who were "information-rich" and offered useful experiences significant to this study (Patton, 2015). .

Relationship Between Saturation and Sample Size

Typically, the sample size is small in qualitative research; therefore, samples must be adequate, and participants must be appropriate (Morse, 2015). Patton (2015) recommended eight to 10 participants. Sample size refers to the number of participants or observations included in a study. . Saturation refers to the point in data collection when no additional issues or insights are identified and data begin to repeat so that further data collection is redundant (Dworkin, 2012; Morse, 2015). According to Morse (2015), in a narrative approach, adequate sample size and saturation are reached when the categories of inquiry become more evident and consistent. The stories, although different, become more cohesive (Morse, 2015).

Semistructured Interview

According to Patton (2015), the use of a semistructured interview to collect study data can also be called the use of a protocol, which has to do with setting up questions to gather the information necessary for a study. For data collection purposes, I started with an introduction at the start of the interview, as I explained the amount of time and the

process of the interview and asked permission to record and dictate the responses to my questions (Patton, 2015).

I created a semidirected, semistructured interview containing 10 interview questions. This interview style allowed me to understand the stories of Black Americans who sought mental health services during the COVID-19 pandemic, including their experiences of cultural mistrust, environmental toxicity, culturally bound economic insecurity, and historical trauma that were exacerbated by COVID-19. Direct questions were not asked, but the narratives were explored to see if any of the obstructed use concepts emerged. The semi structured interview allowed a conversational interview that flowed naturally between the interviewer and the participant but maintained a structure that established reliability and credibility. Mack et al. (2005) noted that the semi structured interview is ideal for collecting data where sensitive information is explored.

Open-ended questions allowed me to join the participant through meaningful questions and probing. I used active listening to explore the participants' own words to further delve into their experiences. My interviews were guided by a list of questions that I asked each participant, and further probing was based on their perception of their experience and not my point of view (Ravitch & Carl, 2016).

Ravitch and Carl (2016) recommended that the researcher be mindful of the following characteristics and considerations when structuring research interviews.

1. Rationale: How well did I describe the research to the participant as far as the process, terms, and goal of the study, and how it would be used? Also, I

showed my follow through with doing what I said and developed a trusting relationship.

2. Contextual and contextualized: I created questions that covered the micro and macro of the study and made sure that it was relevant to the participant, did not make assumptions about the participant, and was as transparent as I could be so that the participant would feel comfortable to do the same.
3. Nonevaluative: I needed to be mindful of not being biased about the participants' responses and be aware of transference and countertransference feelings that might come up for me. I also needed to pay attention to the participants' tone of voice to see if there was a pattern or change of mood when asking questions, and if so, address the drastic mood swing or personality changes and check on how the participant was feeling.
4. Person-centered: I made sure that I was mindful in giving the participant adequate time to respond to the questions and in demonstrating patience, respect, and using active listening skills so that the participant felt heard.
5. Temporal: I asked the right question to know whether there was a temporal quality to some of the participants' responses. I needed to make sure that I was clear with the questions asked and take into account participants' age, life experiences, and mental development as I met the participants where they were.

6. Partial: I assessed the depth of my design, questioned if my study fit into a larger design, and questioned whether or how my study could be better or what pieces might or might not be missing.
7. Subjective: I made sure that my study design was subjective and considered how to bring both my study design and the participants' perspective subjectively together. I developed a way to measure this.
8. Nonneutral: I paid attention to my position of power in asking the questions finding ways to neutralize the interaction, and I was aware of coming into the interview with my own biases and needing to not let them get in the way of the process (Patton, 2015).

As the researcher in this qualitative study, I collected data and interacted with the participants as the primary instrument of the study, which directly impacted and affected the data that I collected.data were generated and co-constructed rather than simply collected (Ravitch & Carl, 2016). Ravitch and Carl (2016) noted that researcher interviews can be useful at times, as they can help give the researcher the interviewer's perspective on what it is like being interviewed and get insight and reflection on the study being administered, the experience of being interviewed, and the vulnerability of being interviewed. During data collection, I approached the process with the understanding that the participants were the experts on their own experiences (Ravitch & Carl, 2016). In understanding the potential for biases and what to be aware of, I designed my interview questions in a way that reduced the potential of participant and researcher bias. For example, interview questions were open-ended, the wording was varied, and I maintained

neutrality in my interviewing style. To reduce researcher bias, I continually re-evaluated responses and impressions, ordered questions from general to specific, and did not ask leading questions.

Procedures for Pilot Study

To improve my interviewing style and identify any ambiguities in the interview questions, a pilot study of the interview process was conducted (Creswell, 2014; Marshall & Rossman, 2016). Majid et al. (2017) warned of the difficulty that inexperienced researchers may face when interviewing participants, and the importance of gathering the rich and detailed information that qualitative interviews offer. Additionally, the pilot study refined my research design, methods, and questions (Creswell, 2014). Riessman (1993) noted the importance of knowing when to start and stop the narrative, and how to bring the storyteller back into the present. These are skills that I refined through pilot study.

First, I vetted my interview by sharing and asking knowledgeable individuals to critically examine and provide feedback on the technical and critical aspects of my interview, for example, wording, sequence, and potential blind spots Next, I rehearsed my interview with a friend or colleague, similar to a mock interview, to test the flow and sequence as well as my ability to probe and ask follow-up questions to gain a deeper understanding. Finally, I piloted my interview with an individual who meets the inclusion criteria for the study, including audiotape, transcription, and analyzing the data. Throughout the pilot study I documented my approach, feedback received, and a critical review of any changes made to my interview (Ravitch & Carl, 2016).

Procedures for Recruitment, Participants, and Data Collection

Participants for this study were recruited through my existing professional network of mental health professionals, word of mouth, and stakeholders in the Black community, such as barbershops and Black churches. Flyers were distributed throughout the Black community, and I posted them to the Walden website to request participants. As stated above, I used snowball sampling to identify potential participants. If recruitment results in too few participants, I would have expanded my recruitment efforts into social media.

I contacted interested people by phone or email to screen the participants, assuring that they meet inclusion criteria. I provided a thorough explanation of the purpose of my study, including how thedata were collected, stored, and transcribed. I sent an informed consent letter, either through mail or email, and those participants who return the signed consent were contacted and scheduled for an initial interview appointment which was done either by telephone.

After agreeing on a time to hold the initial interview, I scheduled the interview to allow approximately two hours. The time agreed upon will be approximate, and I was flexible, allowing me to address any needs the participant may have (restroom breaks, fatigue, stress, personal needs, etc.). If the participant needed to stop the interview for any reason, I was prepared to schedule a time to continue the interview. . I gave the participant the option to meet face to face or by phone and they were informed that I will record the conversation using an audio recorder either on my phone or computer and take notes in a journal, which will allow me to formulate follow-up questions to probe deeper

in areas of interest as well as allowing the participant to elaborate on their answers. After individual interviews are complete and transcribed, I send each participant a transcript of their interview for their review to assure that the information provided is correct and allow them to make corrections or clarifications. When I completed individual interviews and reviews of the transcriptions, participants were given a $25 gift card as a thank you, and I verified the participant's contact information to share the study results when complete.

Qualitative Data Analysis Plan

In developing step by step data analysis plan, I did a thematic analysis and focused on the participants' experiences of their story related to how Black Americans (participants), describe their experiences of accessing mental health services during the COVID-19 pandemic. My key reasons in choosing to conduct qualitative interview questions as part of my study design are to

- develop a full, detailed, and contextualized understanding of the experiences and perspectives of the participant;
- understand multiple individuals' experiences and perspectives;
- be able to understand and describe the individuals' experiences, reality, and perspectives; and
- understand how participants interpret their events and experiences.

Braun and Clarke (2006) recommend thematic analysis as a fundamental method of data analysis in qualitative research. They outline six phases of thematic analysis: familiarizing yourself with your data, generating initial codes, searching for themes,

reviewing the themes, defining, and naming the themes, and producing the report. Riessman (1993) suggested that the process of transcription is an important part of familiarizing oneself with narrative data and is an initial step in the analysis.

Therefore,

- In the first phase, I immersed myself in the data by first transcribing the data, then reading and re-reading the narratives, actively searching for meaning, patterns, and a deeper understanding of its content. In the first phase, I began taking notes and marking ideas for coding by writing notes on the texts and analyzed and used highlighters, colored pens, or 'post-it' notes to identify segments of data.
- In the second phase, I generated initial codes by creating meaningful groups of data consisting of words, phrases, or small segments of the narrative that are interesting and can be applied to the phenomenon. I created a Word data analysis table where I organized, managed, and analyzed the codes.
- The third phase begins once all the data has been coded and grouped. In this phase, I developed potential themes by using the Word data analysis table to sort the coded data into overarching themes and Fsubthemes.
- I reviewed and revised the possible themes in the fourth stage, looking for themes that do not have enough support and those that may need to be split into two themes. This phase involves two levels. Level one includes a review of the coded data within a theme to ascertain whether there is a coherent pattern. If not, I re-worked my theme by either moving coded data to other

themes, creating a new theme, or discarding those coded data from the analysis. At this point, level two reviews the validity of each theme and whether they accurately reflect the meaning of the data as a whole. I re-read the entire data set to assure that I had not missed or left out data during my initial phases. I created a thematic map of the data which I used in the next phase.

- In the fifth phase, I defined and named the themes, creating a thematic map. Braun and Clarke (2006) consider this phase the defining and refining of each theme. I analyzed each theme and wrote a detailed analysis, looking for potential subthemes and considering how each theme fits into the overall 'story' being told in relation to my research question.
- Finally, I produced the report in the sixth phase of my thematic analysis. I provided evidence of each theme and included particularly clear data extracts that demonstrated the essence of the point I am making within each theme.

According to Willig (2014), all researchers make conscious (and unconscious) decisions about the roles of the researcher, participants, data, and theory. In other words, every story has its assumptions about the type of information it seeks to gather, the type of questions to fit with the data collected. Every study needs to be clear on what you want the status, its attributes, and what one wants the data to tell the researcher. In this sense, every qualitative study, irrespective of which specific method is used, interprets its data because the data never speaks for itself.

Riessman (2008) further described the "fully formed" narrative as one which includes six elements; an abstract or "point' of the story; "orientation", including the time, place, characters, situation: complicating action or plot, a "crisis or turning point"; evaluation-where narrator comments on the meaning and communicates emotion: (Riessman refers to this action as the "soul" of the narrative): resolution or outcome of the plot: and a coda- the end of the story and coming back to the present time. Considering these elements allows the narrator to compare the accounts of each case. Riessman also noted that case comparisons may show additional findings and reveal the points that each participant must make.

Issues of Trustworthiness

Trustworthiness

Trustworthiness and validity of qualitative research depend on an accurate reflection of what the researcher saw and heard. The establishment of validity is a core strength of qualitative research and is based on discerning whether the findings are accurate from the perception of the researcher, participant, or the readers of the account (Creswell, 2014). Credibility is the most important aspect of establishing trustworthiness.

Credibility

To establish credibility, I contacted each participant for at least an hour to an hour and a half (90 mins), to establish familiarity and trust. To promote credibility, I focused on two primary levels: the story told by the research participant and the story I tell because of the interview (Creswell, 2014). I already possess a 'familiarity with the culture' of the participants, as I am also a Black American (Bonner & Tolhurst, 2002;

Crewsell, 2014; Russo, 2016; Unluer, 2012). I used this tool of familiarity to establish a relationship of trust with the participants, building a rapport with the participants and urging them to be frank and honest with their responses. Iterative questioning methods, such as rephrasing questions, can clarify a possible discrepancy in the participants' answers (Creswell, 2014). Active listening will allow the participant to feel heard. I sent a summary of the interview to the participants for them to consider if my summary is consistent with the intent and descriptions from the interview. I examined previous research findings and assessed how my findings compare to past findings. After the interview, I shared with the participants similarities that I have also experienced with this research paper.

Transferability

To establish transferability, there must be evidence that the findings of this case study can be transferred to other contexts. This can be achieved by having a depth of descriptive data that allows the reader to use the information provided to make comparisons to other contexts (Ravitch & Carl, 2016).

Dependability

The dependability of the results balances on the dependability of the data collection process. I strived to implement the protocols developed to invite, select and interview consistently. Shenton (2004) reminded researchers that dependability is present if similar results would be obtained if the study were repeated using the same methods and procedures. In striving for credibility, I was more assured of having dependability (Lincoln & Guba, 1985). One of the primary goals of this research is for

the reader to have a thorough understanding of the procedures and the effectiveness of the study. A solid research design is a key to dependability (Ravitch & Carl, 2016).

Confirmability

According to Shenton (2004), confirmability is defined as the qualitative investigator's comparable concern to objectivity. I took steps to ensure that the findings of the study represent the experiences and ideas of the participants and not my preferences.

Intra- and Intercoder Reliability

I had a peer reviewer, another Walden University Ph.D. graduate or doctoral candidate, review of my interpretation of the data to validate my findings and interpretations. Acting as a second coder, my peer reviewer will crosscheck my coding and interpretation of data. When he has completed the review, we will discuss the research study either via a conference call or face-to-face meeting. I took notes from that meeting and made revisions based on feedback. These notes were stored and kept securely with the research data collected.

Ethical Procedures

Treatment of Human Participants

The participants chosen for this study was provided with an informed consent form outlining the purpose of the study, procedures for data collection of the study, benefits and risks of the research, the protection of participant confidentiality, the voluntary nature of the study, and contact information if the participants need additional information (Creswell & Poth, 2018). The participants were informed of the

confidentiality and anonymity of their participation and given alphanumeric so that their identity is kept confidential. Finally, participants will be told that at any time during the process they have the right to withdraw from the study (Creswell & Poth, 2018).

Treatment of Data

Information and data collection must be kept in strict confidence, data collected and analyzed, including audio transcripts, was stored in a secure location, locked in a file cabinet. Confidentiality is of paramount importance and as such, all data were stored for seven years, after which time will be destroyed according to APA standards.

Threats to Validity

Threats to validity were minimized by piloting the interview questions to ensure that they align with the research questions. This additionally improved my interviewing skills. My interview instrument was reviewed by the dissertation committee members, confirmed that the interview questions and research questions are in alignment and the clarity of the interview questions.

Summary

The narrative study includes participants who identify as Black Americans born in the United States and who have sought mental health services during the COVID-19 pandemic. Chapter 3 outlined the purpose of the study, research design, and rationale, the methodology used in the study, the instrument used, data collection method and analysis, and the issues of trustworthiness. Chapter 4 included a presentation of the findings of the study with the results of the study. Implications for future research was presented in Chapter 5.

Chapter 4: Results

Introduction

The purpose of this study was to collect and examine the narratives of Black Americans' experiences in seeking and accessing mental health services during the COVID-19 pandemic. Novacek et al. (2020) expressed an urgent need for researchers to address the increased needs of Black Americans in the wake of this pandemic. Using the conceptual framework of obstructed use (Burkett, 2017), this study explored the barriers that have historically influenced mental health help-seeking in the Black American population and provided a deeper understanding of how COVID-19 exacerbated these barriers.

This narrative analysis focused on the following research question to explore the Black Americans' experiences in seeking and accessing mental health services during the COVID-19 pandemic:

Central research question: How do Black Americans describe their experiences of accessing mental health services during the COVID-19 pandemic?

Subquestion 1: How do Black Americans describe their experiences of historical and cultural trauma when accessing mental health services during the COVID-19 pandemic?

Subquestion 2: How do Black Americans describe their experiences of environmental toxicity when accessing mental health services during the COVID-19 pandemic?

Subquestion 3: How do Black Americans describe their experiences of culturally bound economic insecurity when accessing mental health services during the COVID-19 pandemic?

Subquestion 4: How do Black Americans describe their experiences of cultural mistrust when accessing mental health services during the COVID-19 pandemic?

The central concept of the study was the current and historical barriers faced by many Black Americans when seeking mental health services. These barriers—economic insecurities, cultural mistrust, culturally bound economic insecurity, and environmental toxicity—have become more prominent because of the COVID-19 pandemic. I used a narrative research approach to gain a meaningful account, or story, of the lived and told experience(s) of the participant.

In this chapter, I review the procedures of the pilot study, including the incorporation of feedback. I address the setting of the interviews and the level of comfort the participants felt in their own environment, which encouraged open and honest answers to my questions. I identify the participants' demographics and the process of snowball sampling to identify participants for the study. I review the procedure that was used for data analysis, including the process of identifying codes, categories, and themes. I discuss evidence of trustworthiness, including my strategies for improved credibility, transferability, dependability, and confirmability. . Finally, the detailed results of the study are presented, including the participants' narratives, data analysis tables, and a summary of results.

Pilot Study

To improve my interviewing style and identify any ambiguities in the interview questions, a pilot study of the interview process was conducted (Creswell, 2014; Marshall & Rossman, 2016). Majid et al. (2017) warned of the difficulty that inexperienced researchers may face when interviewing participants and the importance of gathering the rich and detailed information that qualitative interviews offer. This pilot study refined my research design, methods, and questions (Creswell, 2014). Riessman (1993) noted the importance of knowing when to start and stop the narrative, and how to bring the storyteller back into the present. These are skills that I refined through the pilot study.

First, I vetted my interview by sharing and asking knowledgeable individuals to critically examine and provide feedback on the technical and critical aspects of my interview—for example, wording, sequence, and potential blind spots (Ravitch & Carl, 2016). Next, I rehearsed my interview with a colleague, similar to a mock interview, to test the flow and sequence as well as my ability to probe and ask follow-up questions to gain a deeper understanding (Ravitch & Carl, 2016). Finally, I piloted my interview with an individual who met the inclusion criteria for the study, including audiotaping, transcription, and analyzing the data (Ravitch & Carl, 2016). Throughout the pilot study, I documented my approach and the feedback received. I did not make changes to the instrumentation based on the results of the pilot study.

Setting

The research study was conducted in Portland, Oregon, and interviews were conducted over the phone and were recorded using an audio recorder. Participants were

given the opportunity to select a date and time that was convenient for them, when there would be no distractions and they could speak comfortably and confidentially. There were no obvious distractions, and all participants were in their homes when the interview took place. Several participants identified the political and social climate resulting from current events such as the death of George Floyd and the Black Lives Matter movement as contributing to their feelings about seeking mental health care.

Demographics

The participants included six men and two women who identified as U.S.-born Black American adults who sought mental health services during the COVID-19 pandemic. No other demographic information was solicited during the interview, although most participants volunteered information such as their age, profession, and employment status. This information was included in the thematic analysis and will be discussed in further detail in the results section of this chapter.

Data Collection

The Walden University Institutional Review Board (IRB) approved this study, IRB approval #10-11-22-0091428. I used snowball sampling to identify potential participants who met inclusion criteria. I posted flyers in several locations, including a popular Black barbershop and salon. I was contacted within several days by three participants who referred others to contact me. The interviews were conducted between January 5, 2023, and March 9, 2023.

The study included a total of eight participants living in the Portland, Oregon metropolitan area, including sections of southwest Washington. These participants self-

reported meeting inclusion criteria of being a U.S.-born Black American who sought mental health services during the COVID-19 pandemic. To assure confidentiality, each participant was given an alphanumeric identification (i.e., P1, P2, etc.), which is how the data will be reported in this study.

I gave the participants the option to meet face to face or by phone, and each participant chose to be interviewed by phone. I created a semidirected, semistructured interview containing three interview questions and 12 follow-up questions. Each interview lasted between 60 minutes and 90 minutes, during which I recorded the conversation using an audio recorder and took notes in a journal, which allowed me to formulate follow-up questions. The recording was then transcribed into a Microsoft Word thematic analysis document. I followed the original data collection procedures described in Chapter 3. I used active listening to explore the participants' own words to further delve into their experiences. My interviews were guided by a list of questions that I asked each participant, and further probing was based on their perception of their experience (Ravitch & Carl, 2016) and not my point of view (Brieke & Green, 2007). I was surprised at the depth that some participants provided during the interview and their willingness to share their life experiences.

Data Analysis

- In the first phase, I immersed myself in the data by first transcribing the data verbatim into a Word document, then reading and re-reading the narratives, actively searching for meaning, patterns, and a deeper understanding of its content. In this first phase, I began taking notes and marking ideas for coding

by writing notes on the texts I analyzed, and using highlighters and colored pens, I identified initial codes and segments of the narrative that would be used for quotations.

- In the second phase, I created a Word data analysis table titled *Step One Data Analysis Table* to organize the initial codes, then sorted codes by alphabetical order to identify the recurring codes that were emerging.
- In the third phase, I organized, managed, and analyzed the codes by moving the transcribed data into Delve data analysis software, where I again hand-coded the narratives by highlighting and assigning codes to meaningful groups of data consisting of words, phrases, or small segments of the narrative that were interesting and could be applied to the phenomenon. Once all the data had been coded and grouped, I began to develop potential categories and themes by creating a second Word data analysis table titled *Step 3 Codes to Categories* in which I sorted the coded data into categories and identified overarching themes and subthemes.
- I reviewed and revised the possible themes in the fourth stage, looking for themes that did not pertain to the interview questions and those that needed to be split into subthemes. This phase involved two levels. Level 1 included a review of the coded data within a theme to ascertain whether there was a coherent pattern. If not, I reworked my theme by either moving coded data to other themes, creating a new theme, or discarding those coded data from the analysis. At that point, Level 2 involved reviewing the validity of each theme

and whether it accurately reflected the meaning of the data. I then reread the entire data set to assure that I had not missed or left out data during my initial phases. I then created a thematic map of the data, which I used in the next phase.

- In the fifth phase, I defined and named the themes, creating a thematic map. I analyzed each theme and wrote a detailed analysis, looked for potential subthemes, and considered how each theme fit into the overall "story" being told in relation to my research question.
- In the sixth phase, the final themes and subthemes were decided on. I produced the report and provided evidence of each theme and included particularly clear data extracts that demonstrated the essence of the point I was making within each theme.

Evidence of Trustworthiness

I used the strategies outlined in Chapter 3 to assure improved credibility, transferability, dependability, and confirmability. To improve credibility, I conducted a pilot study in which I could determine if my interview questions would address the research question. I spent approximately 90 minutes with each participant, building rapport and allowing them to feel comfortable in sharing their lived experience with me in detail. I used active listening and prompted for clarification when needed. When the narratives were completely transcribed, I used member checking and asked each participant to review their transcripts to assure accuracy and their intent.

To improve transferability of this study, I gathered deep, descriptive narrative from each participant, which allows readers to draw from the experiences in the narrative to draw comparisons to other contexts. This study was designed to understand how Black Americans navigated mental health help seeking in the context of obstructed use (Burkett, 2017), and I designed interview questions related to this topic and asked redirecting questions to guide the participants and avoid tangential topics.

Dependability was increased through careful adherence to the data collection process outlined in Chapter 3, as well as the data analysis outlined in this chapter. These procedures were approved by the Walden University IRB. Each participant was read the informed consent, and I described how their data would be used, including the use of an alphanumeric identifier to assure confidentiality.

To improve trustworthiness, I read and reread the narratives, seeking to thoroughly understand the meaning behind the participants' experiences and accurately reflect those experiences. Each category, theme, and subtheme were analyzed to assure that the themes were representative of the data and had sufficient narrative to support the themes. Only then were they included in the results below.

Results

The final data analysis revealed five themes and 11 subthemes that captured the underlying experiences of the eight participants in seeking and accessing mental health services during the pandemic. Using a narrative inquiry approach enabled the discovery of rich and overarching insights about the research question in the context of obstructed use (Burkett, 2017)—economic insecurities, cultural mistrust, culturally bound economic

insecurity, and environmental toxicity. Many of the themes shared meaning across multiple interview questions. In the following section, I will review each of the themes and subsequent subthemes and include narratives of the stories that capture the essence of the meanings and support the themes. Themes and subthemes are highlighted in Table 1.

Table **1**

Themes and Subthemes Related to Related to the Research Question: How Do Black Americans Describe Their Experiences of Accessing and using Mental Health Services During the COVID-19 Pandemic?

Themes	Subthemes (if applicable)
1. I thought therapy was for other people, not me, but what I needed was a therapist who I identified with.	1a. Therapy is for other people, not me. 1b. I need a therapist who understands and identifies with my culture.
2. Black communities have been displaced, leaving little affordable cultural resources while the disenfranchised areas are faced with police brutality and harassment.	2a. Gentrification created cultural isolation. 2b. Injustices in disenfranchised area.
3. No social/cultural connection and feeling displaced and isolated.	3a. COVID-19 shut down social and cultural resources. 3b. Who am I in the context of a White society?
4. COVID changed how we think about giving and receiving support.	4a. COVID-19 changed the way we support people. 4b. COVID-19 exposed the deficits in social supports.
5. Cultural mistrust	5a. Misinformation 5b. I didn't want to be judged or labeled 5c. Stigma

Theme 1: I Thought Therapy Was for Other People, Not Me, But What I Needed Was a Therapist Who I Identified With

This theme contained the most commonly occurring code and theme throughout the data analysis. Each of the eight participants described, in depth, their thoughts, feelings, and experiences around seeking mental health therapy; their struggle; and ultimately their decision to look for a therapist.

Subtheme 1a: Therapy Is for Other People, Not Me

Seven of the participants felt that therapy was for other people, not them. Many of the participants felt that men do not go to therapy, while others felt that Black people do not go to therapy, or therapy is for White people. When asked about her thoughts about seeking mental health therapy, P5 stated,

> Well, I was always told that people go to counseling, but I know that they always just said that Black people don't go to counseling. This person goes to counseling and that person goes to counseling, but you know, Black people don't really go to counseling like that. You know? I never really understood it, but I knew people that was really stressed out and stuff but really going through problems and they never seeked help.

P5 continued by saying, "I just didn't know really where to start because in my community there's not a lot of people that can talk about how it feels having counselors and stuff like that and so I didn't know where to start."

Another participant, P7, spoke about the stories he had heard regarding men and mental health:

> You know, from what I've heard it was just like men ain't supposed to do that stuff I guess we supposed to be these hard tough guys all the time and then, so you know it's more like, "I'm gonna deal with this shit. I'm gonna move on" type of thing.

P1 described being conflicted in his decision to seek mental health care:

> As a Black male "everything is going to be alright, just keep moving, keep moving" but as you get older I can't move as fast as I used to mentally, yeah so yes the barriers did kind of start to, I thought I was OK 'you don't really need it, you need it, you really don't need it', you don't feel like talking. You don't wanna talk to no one, but when it came to - God put in my head you need a Black male and I was all - that was all.

P1 spoke about the stories he had been told about mental health therapy. When you hear about mental health therapy, you're always hearing it about White people or hearing the extremes. P2 stated, "I was that one person that used to sit there and stereotype thinking, "counseling is just for White people".

Subtheme 1b: I Need a Therapist Who Understands and Identifies With My Culture

P1 Male offered a metaphor about growing seeds to describe the importance of having a therapist who understood him through his life experience.

> My only concern was making sure I got the right fit and got what I wanted instead of wasting time and money with someone that I that would just sit there and not know my, not, not, not be able to give me nothing, that, that - not planting any seeds, or you know, know the dirt I'm from. So that was probably it, you know, it

> was just making sure I got what I, I wanted because anything else it was going to be a waste of time.

P5 described her concerns about finding the right fit for a therapist. She expressed concerns that she needed someone who understood her upbringing:

> It took me about four months to six months of finding, you know, actually finding somebody. For one, because it was hard to find, you know, I was looking for something specific, somebody that kinda, to relate to me on certain, you know, being Black, and you know, I was looking for something particular to being able to poke at me to be able to relate to things like how I've been raised and you know stuff like that. And, I think it was a little harder for me because I wasn't looking for the average person that showed up on a bus stop, I was looking for somebody that I could connect with.

P7 explained his hesitancy toward seeking mental health therapy due to the scarcity of Black therapists and his desire to be understood:

> I was hesitant because I didn't feel like any of my people was in that field so I kind of didn't feel comfortable talking to someone who couldn't relate to my demographic, you know, as far as like my background how we weathered I mean, I don't, I know every person don't grow up in the ghetto, but it's like you still go through this thing we all still go through the same things and being a Black man in America.

Theme 2: Black Communities Have Been Displaced, Leaving Little Affordable Cultural Resources, While the Disenfranchised Areas Are Faced With Police Brutality and Harassment

Participants identified several factors that led to Theme 2, including gentrification, disenfranchisement, displacement of Black communities, injustice and an increase in access to drugs and alcohol that coincided with a decrease in culturally specific resources. P3, a former police officer, described the resulting "self-medication" as follows:

> That's kind of where I feel, where, you know, we fail, the place that we fail as Black people with this pandemic and shutdown. Especially when it comes to mental health and trying to get real help because what we're doing is we're falling into that self-help, we're falling to that self-medicate. And I mean I, do you know how many daggom alcohol delivery apps got developed during the pandemic?". Like, come on. And if they aint get enough liquor stores on every corner in those disenfranchised areas, you want to bring it out to their step now.
>
> And when discussing the societal shift during the pandemic, P3 stated:
>
> They stopped arresting people for any kind of small possession. People are out there doing dope like it's 1999 at a party and they're out there doing meth right in front of you and saying, "Hey what's going on officer? What can I do for you?" So, he back there with his stuff and you know I've even watched officers have to literally hand them cocaine or hand amphetamines back to their users because it was just small just an individual. It is insane out there right now. It is insane,

> yeah, they don’t arrest on civil possession they don’t have the personnel to deal with it they don’t have the, you know, they just don’t it. So many connected pieces that’s creating this entire decline and it barely, they barely know where to start when it comes to that work now.

Subtheme 2a: Gentrification Created Cultural Isolation

When asked about whether community barriers influenced mental health help seeking, P1 responded with the following:

> I think Portland has become gentrified, huge, before you could go to North Portland and see Black people, now you don’t know where Black people are. It's hugely affecting even seeking mental health because you can find therapy places all over the place, but you don't know if they're Blacks. You know there's, or, only one may be there. They’re overloaded, but yes, the community has disbursed it has been hard. It’s been hard to find African American therapist.

One participant talked about her previous experience accessing services at a culturally specific agency. When asked how the pandemic affected her formal and informal supports, P4 stated the following:

> The negative part of COVID-19 is the fact that I did need mental health services, and it took a long time. Like I did need the help and it took a long time to get it and I know that COVID-19 is the reason because if COVID-19, one, didn't happen then I would have been able to walk into a clinic or walk into like Avril Gordly and be like ‘hey, I need a therapist again’ you know like or but COVID-19 stopped everything.

P5 expressed frustration over being forced to seek a therapist using the internet, stating:

> Everything was closed, you couldn't really meet nobody in person, you had to go online, you know to read about a person to make a decision if this is going to be the person that you are going to like for however long you are going to need them.

Subtheme 2b: Injustices in Disenfranchised Area

P3 spoke about the injustices that he had witnessed as a result of the changes in social climate. "With the changes in our society and the climate it's just being so much you know toxic settings out there the environment is just so toxic":

> Every day. Every single day. Every day I sat for hours and hours watching Police in Gresham attack and harass and strategically disenfranchise. They are going through neighborhoods like the angel of death went through Egypt and took all the firstborn that didn't paint the top of the door with lambs' blood. That's what it looked like to me every day. It looked like the angel of death was driving through Gresham taking up lives. Taking up first borns for nothing. For nothing. It's rough but you can't do nothing about it cause there's too many of us, there's too many of us lost.

Theme 3: No Social/Cultural Connection and Feeling Displaced and Isolated

Many of the participants spoke about their feelings of disconnect, feeling displaced and socially isolated. Two participants explained that they had no experience being around Black people, which led to them feeling like an outsider and questioning their identity.

Subtheme 3a: COVID-19 Shut Down Social and Cultural Resources

P5 expressed frustration over the shift to an on-line environment. She was able to get connected to therapy through a mutual acquaintance, and felt that if it weren't for that she wouldn't have found a therapist who she could trust.

> Everything was closed, you couldn't really meet nobody in person, you had to go online, you know to read about a person to make a decision if this is going to be the person you are going to like for however long you are going to need them. (P5)

P4 expressed frustration over not having the culturally specific support (Avel Gordly Center for Healing, Portland, Oregon) that she needed due to the shut-down:

> I did need mental health services, and it took a long time. I know that COVID-19 is the reason because if COVID-19 one, didn't happen then I would have been able to walk into a clinic or walk into like Avel Gordly and be like 'hey, I need a therapist again' you know like, or, but COVID-19 stopped everything.

Subtheme 3b: Who Am I in the Context of a White Society?

P1 described feeling alone, isolated, and fearful of being discovered for who he was. He spoke about his experiences working "around a whole bunch of wolves" and his quest to discover who he was:

> I always felt like a sheep around a whole bunch of wolves, but I was able to be a sheep, and they didn't know I was a sheep and so as things started to unfold, I started to see the world in a different angle, and I've always been one to stick and move stick and move and that kept me going. I never slowed down, so with the

> election and the COVID coming, the wolves started to disappear and go into different corners, and you know I started to find out that I was just a sheep now and look at things slow down, you know, I started to look at myself and say OK you've been ducking and diving around these wolves so long, you know, who are you?

P4 described her experiences of not having Black friends and assimilating into the White culture, even when seeking mental health services:

> So, um, in the Black world, I don't have many Black friends I don't have many Black people that I'm around. Even the act of seeking mental health like there's a stigma that Black people face, and you know like I grew up around a whole bunch of White people and so like I recognize that it's a problem, but I also recognize how I can be and how I can act around a White society because I've been around it all my life.

Theme 4: COVID Changed How We Think About Giving and Receiving Support

Several participants described their experiences with their support systems during the COVID-19 pandemic. Some described the fragile nature of life and spoke about how the pandemic strengthened their social support system. Others saw that lack of support in their lives and identified the need to change.

Subtheme 4a: COVID-19 Changed the Way We Support People

P6 spoke about how it changed the way his social support system communicated. He said that they have deeper and more meaningful conversation now:

> I think based on what the pandemic revealed to all of us and how, you know, how short life could be or how life can change extremely quick I think that time definitely made a lot of us, um, change how we support people or how often we reach out to people so I think that, I think I would say, yeah, I mean from years past I think the conversation have becomes a lot different like it's not as much small talk it's like actually we talk to people that you care about, you know, how are you doing and more so are you good and so I think you have the support there because it's allowed us to open up more and be more.

P7 felt that the pandemic brought him closer to his loved ones. He made the decision to change jobs to be closer to the family, finding a local job:

> If anything I would say it helped me because you know, when you see people dying from this, you know, from this - I would call it a plague - a bunch of people dying behind a virus, it kinda brought, it kinda brought people together. It brought me closer to people, you know? I actually turned a, I actually like quit the job that I had quit because when it happened I was like, I need to, was doing cross country stuff and so when that happened I was like I wanted to be closer to my kids, I'm like the protector of the family so I've got to be closer, so that's what prompted me to change to find local work here at home, so now I can still do what I want to do, make decent money and still be able to see my kids every day.

Subtheme 4b: COVID-19 Exposed the Deficits in Social Support

P1 said that COVID-19 showed him that he did not have a support system and he began the process of developing one. He stated, "I didn't have a support system. I, I

realized I didn't have a support system, right, so COVID helped me with getting it to make the, locating or trying to figure out how to, build a support system."

Theme 5: Cultural Mistrust

Several participants described their feelings of mistrust, including polarizing news broadcasts and misinformation. Others shared their own challenges of trusting in a therapist's ability to identify and connect with them. P1 discussed the elections and the polarization in the news in addition to his need for a Black male therapist who would understand how he felt:

> I started looking for mental health stuff, probably when we had the elections coming up and COVID coming and I think when all that started to…with all the election stuff and the COVID. I wanted an African American male, and I wasn't gonna settle for anything different from that because of the polarizing stuff in the news and COVID – 19."

P3 described his most significant life challenge when he decided to reach out for mental health services. He stated, "…adjusting to the shift in the social climate you know, and then we all were dealing with social shift, such as Black Lives Matter movement."

Subtheme 5a: Misinformation

P3 described the confusion that misinformation created citing the information disseminated on TikTok about the pandemic:

> I just feel like, you know, with the lockdown we drew in. We drew in. We drew into ourselves we drew in to each other and we kind of got stuck in our own

> realities, you know, because we were all indoors and you're kind of limited to the kind of information that you get on those devices, and you get to kind of conger your own ideologies about what's going on around you. And that's so toxic because people are getting sick and dying and TikTok is telling you otherwise and your uncle dies next to you and you still watching TikTok.

Subtheme 5b: I Didn't Want to Be Judged or Labeled

P5 explained that she had been taught not to talk about her problems for fear of being judged. She believed that there was a negative implication around seeking mental health services:

> I always was grew up to say, you know, you can't really let people get in your business or you , you know, you can't say the wrong thing to somebody without them judging you. I think it's the reason why I didn't seek mental health services sooner I don't think it had anything to do with actually seeking it but I think that the negative connotation around needing to get help is always a bad thing and "I don't want anybody in my business and they gonna be judging me" and those kind of things and you never really know like "dang, should I go?" and "what are they going to do to me?" It's gonna be "what kind of conversation is this going to be?"

Subtheme 6c: Fear of Being Labeled

P4 described her fear of being labeled and how it affected her seeking of mental health services:

> I think my thoughts was more like that would mean that I'm like going crazy or I'm in a bad place because I feel like I need to talk to somebody. I was nervous and scared because I didn't want people to thinking that, or labeling me as, oh 'she's a Black girl that has ADHD or she has a binge eating disorder.' I just don't wanna be labeled so, I was scared to even seek mental health.

Subtheme 5c: Stigma

This final theme contained the second most common code found throughout the analysis, perceived stigma. Second only to the desire for a therapist, many participants believed that there is a social stigma associated with Black individuals seeking mental health therapy. P3 felt that stigma was a concern, stating it is "the stigma behind it because you know as a Black guy, Black man, you know?"

When asked "What stories have you been told that influenced your seeking of mental health services?" P1 replied:

> You know if you're going to therapy or something like that you're crazy you know you have a, you have uh disorder. You need medication and that's not what, what it is, it's for Black people like for most Black males it's just they need to talk to other Black males.

P3 shared the stories about being "connected' to mental health services that he had heard as a military veteran:

> When I left the military, it's always said that, oh, don't leave connected, man, because you might not get a job. They might think you crazy. They might think,

> you know you bat shit or something or, you know, they might think you got a peg leg and they won't hire you.

P4 felt that overcoming the stigma of seeking mental health services was one of the most significant challenges at that time stating, "even the act of seeking mental health like there's a stigma that Black people face."

Several of the male participants described how others did not talk about seeing a therapist, and believed that had they known it would have been easier for them to seek out services.

P6 explained his feelings:

> I found out just kind of recently found out my dad had a therapist at some point I didn't even know he sought out mental health, and I think if he could have - I don't know if he was ashamed, or he just wanted to not express it - but if he would have said, 'hey, I sought out mental health' I wouldn't have, it wouldn't have been a stigma, like or something so taboo to seek out.

Summary

In this chapter, I reviewed the results related to the research question, which was informed by Burkett's (2017) obstructed use. The first theme "Therapy is for other people, not me, and I need a therapist who identifies with me" There were two distinct subthemes under this theme: (1a) therapy is for other people, not me, and (1b) I need a therapist who understands and identifies with my culture.

The second theme that arose was the feeling that Black communities have been displaced, leaving little affordable cultural resources while the disenfranchised areas are

faced with police brutality and harassment. Within this theme, I identified three subthemes: (2a) gentrification created cultural isolation, and (2c) injustices in disenfranchised area.

The third theme identified the loss of social/cultural connection and feeling displaced and isolated. Within this theme I identified two subthemes: (3a) COVID-19 shut down social and cultural resources, and (3b) who am I in the context of a White society?

The fourth theme described how COVID changed the way we think about giving and receiving support. I identified the following subthemes: (4a) COVID-19 changed the way we support people, and (4b) COVID-19 exposed the deficits in social supports.

The fifth theme described the participants' feelings of cultural mistrust. There were three subthemes under this theme: (5a) misinformation, and (5b) I didn't want to be judged or labeled, and (5c) Stigma. Misinformation (5a) included frustration over social media such as TikTok and the polarization of the news, while (5b) and (5c) were specific to the participants' feelings of trust based on culture and race.

In Chapter 5, I will review the purpose and approach of the study. The themes that emerged in this analysis will be compared to the literature reviewed in Chapter 2, and I will explore the findings to discover how the existing research related to these topics are supported, extended, confirmed, or disconfirmed. I will review the limitations to this study, recommendations for additional research, and implications for positive social change to which these findings might contribute.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

An important part of narrative inquiry is gaining an understanding of the intimate experiences of individuals through hearing their stories. I selected narrative inquiry to learn the personal stories of how Black Americans accessed and used mental health services during the COVID-19 pandemic. I conducted this study to gain a better understanding of this population's experiences that can improve mental health help seeking and access to supportive mental health care during natural disasters such as the COVID-19 pandemic.

The key findings consisted of six themes: (a) I thought therapy was for other people, not me, but what I needed was a therapist who I identified with; (b) Black communities have been displaced, leaving little affordable cultural resources, while the disenfranchised areas are faced with police brutality and harassment; (c) no social/cultural connection and feeling displaced and isolated; (d) COVID changed how we think about giving and receiving support; (e) mistrust; and finally, (f) I didn't want to be judged or labeled.

Interpretation of Findings

The literature review in Chapter 2 revealed the complicated intersectionality of barriers affecting Black communities. I sought to expand on those findings and gain an in-depth knowledge of how these barriers affected the experiences of Black Americans seeking and accessing mental health services during the COVID-19 pandemic. Using the framework of obstructed use (Burkett, 2017) helped me to explore the complexities of

barriers faced by Black Americans during the pandemic. Narrative analysis allowed me to gain an in-depth understanding of the participants' experiences, answering the research question: How did Black Americans describe their experiences accessing and using mental health services during the COVID-19 pandemic? The participants in this study endorsed three of the four concepts of obstructed use: cultural mistrust, historical and cultural trauma, and environmental toxicity. This study's findings support and confirm many of the previously reviewed studies and extend the knowledge how Black Americans accessed and used mental health services during the COVID-19 pandemic.

Theme 1: I Thought Therapy Was for Other People, Not Me, but What I Needed Was a Therapist Who I Identified With

Beginning with the first theme—I thought therapy was for other people, not me, but what I needed was a therapist who I identified with—findings were consistent with previous research. I grouped these sections of narratives into two subthemes: 1(a) therapy is for other people, not me, and 1(b) I need a therapist who understands and identifies with my culture.

These findings were in accordance with Campbell (2017), who found that Black Americans experience a complex process of help-seeking beginning with the cultural norm that values the strength of being able to "deal with anything," then accepting their mental health needs, and eventually help-seeking.

Subtheme 1a: Therapy Is for Other People, Not Me

Most participants spoke of their feelings that therapy was for other people, not them. Avent et al. (2015) simply stated, "As a people, we have just not reached a point of

understanding the importance of professional mental health" (p. 42). Taylor and Kuo (2019), rather than consider mental health needs as a health issue, found that mental health needs were seen as a weakness among Black men. This was consistent with my findings and was expressed by many of the male participants in my study. P1 and P7 were taught that men do not go to therapy, while others, P3, P4 and P5, felt that Black people do not go to therapy, or therapy is for White people. This is consistent with findings from Taylor and Kuo (2019), who found many Black Americans believe that "mental illness does not affect Black people" and it is a "White man's issue."

Previously reviewed literature indicated that the cultural view of masculinity was not congruent with health care seeking among Black men (Connell et al., 2019). When P1 spoke of his feelings about seeking care "as a Black male," he stated, "everything is going to be alright, just keep moving, keep moving.". P3 stated, "I just pushed through it," similar to the Connell et al. (2019) study, where participants described "working through" their mental health needs without seeking care. P1 described how his role as a Black male created barriers to seeking services—"protect, provide, you know, you just don't say anything"—which was consistent with literature that found that being a provider for the family was valued and presented a barrier until they felt there was no longer a choice (Connell et al., 2019). Finally, Ayalon and Young (2005) found that Black Americans are less likely to use mental health services than White Americans. .

Subtheme 1b: I Need a Therapist Who Understands and Identifies With My Culture

Historical and cultural trauma was identified by Burkett (2017) as one of the barriers faced by Black Americans when seeking mental health services. Burkett defined

historical and cultural trauma as the systemic stressors and psychological damages that caused harm to a culture or group of people over generations and lifetimes. Several of the participants identified the political and social climate that was current during the COVID-19 pandemic. The following powerful narratives illustrate the struggle of finding the right fit in a therapist: “I was looking for something specific. Somebody that, kind to relate to me on certain, you know, being Black.” This participant went on to say, “you never really know, like dang, should I go? And what are they going to do with me? It’s gonna be, ‘What kind of conversation is this going to be?’” (P1). This was consistent with research by Progovac et al. (2020), who found that unequal power dynamics between the client and provider created significant uncertainty. Treatment options and possible outcomes were met with a large degree of uncertainty when considering treatment and outcomes. Taylor and Kuo (2020) discussed the scarcity of Black psychotherapists, validating the feeling of P7:

> I was hesitant because I didn’t feel like any of my people was in that field so I kind of didn’t feel comfortable talking to someone who couldn't relate to my demographic, you know, as far as like my background how we weathered I mean, I don't, I know every person don’t grow up in the ghetto, but it's like you still go through this thing we all still go through the same things and being a Black man in America.

Avent and Cashwell (2015) stressed the importance of counselors educating themselves on current events and problems facing many in the Black American population. Adebayo et al. (2020) noted that individuals who felt understood were more

likely to disclose personal information. P1 further explained, “I wouldn’t trust the information that I received because I don’t feel they would understand the background of why I feel certain ways.” This was consistent with finding from Avent et al. (2015) that counseling Black Americans requires an understanding of the history and mindset of their particular population.

> P4 spoke about the barriers that she faced when seeking mental health services: As far as mental health, hmm, the barriers that I had and the fact that I’m African American, the fact that COVID-19 happened, the fact that insurance—I had problems with insurance—and then I became my own barrier of thinking about the stigma of mental health and being Black. Not being able to find a mental therapist that looks like me um and the struggles of being African American in this society, especially in Portland, Oregon. I went through the internet trying to find Black therapists. Yeah, it was, it was really hard.

P5 recalled,

> It took me about 4 months to 6 months of finding, you know, actually finding somebody for one because it was hard to find you know I was looking for something specific somebody that kinda to relate to me on certain, you know, being Black and you know I was looking for something particular to being able to poke at me to be able to relate to things like how I’ve been raised and you know stuff like that and I think it was a little harder for me because I wasn’t looking for the average person that showed up on a bus stop I was looking for somebody that I could connect with.

P6 explained,

> It was hard to find the right person for you, and so that was the big thing because I had a therapist, and he wasn't a bad person he provided some good information but he just had a background and who we were didn't relate and so I actually stopped.

P1 stated, "I wanted an African American male, and I wasn't gonna settle for anything different from that because of the polarizing stuff in the news and COVID-19." This was consistent with findings by Progovac et al. (2020), who found that participants were often overwhelmed with the challenge of finding a therapist they could trust due to being targets of discrimination on multiple levels, and underscores the importance of a trusting therapeutic relationship. P3 explained this as "compounded interest, in just so many things, that—before I really had a break I had to need to figure out who I could professionally talk to—get some help, you know?" Finally, and perhaps the most illustrative of narratives:

> My only concern was making sure I got the right fit. Not someone that I that would just sit there and not know my, not, not, not be able to give me nothing that, that—not planting any seeds or, you know, know the dirt I'm from. (P1)

Theme 2: Black Communities Have Been Displaced, Leaving Little Affordable Cultural Resources, While the Disenfranchised Areas Are Faced With Police Brutality and Harassment

Several participants shared their experiences of gentrification, police brutality, disenfranchisement, and displacement in their communities. I grouped these sections of

the narrative into two subthemes: 2(a) gentrification created social isolation and 2(c) injustices in disenfranchised areas.

Subtheme 2a: Gentrification Created Cultural Isolation

One finding that was not previously found in the literature was the added isolation of recent gentrification and displacement in Black communities concurrent with the social distancing policies of the COVID-19 pandemic. P1 shared his thoughts about displacement in Portland, Oregon:

> I think Portland has become gentrified, huge, before you could go to North Portland and see Black people, now you don't know where Black people are. It's hugely affecting even seeking mental health because you can find therapy places all over the place, but you don't know if they're Blacks you know there's or only one may be there. They're overloaded but yes, the community has dispersed it has been hard. It's been hard to find African American therapist.

The historically Black communities of Portland, Oregon have been gentrified, with communities and resources displaced. The social distancing policies and subsequent shutdowns resulting from COVID-19 compounded by gentrification and displacement impacted mental health help seeking for many of the participants in this study.

Subtheme 2b: Injustices in Disenfranchised Area

This research expanded on previous research by bringing to light the painful narratives of participants as they described their experiences of being Black in Portland, Oregon during the COVID-19 pandemic. Obstructed use (Burkett, 2017), the conceptual framework for this research, posited that environmental toxicity presented a barrier to

mental health help seeking for Black Americans. What was not expected at the onset of this research was the extent of polarization, overt racism, and political divisiveness that occurred in conjunction with the COVID-19 pandemic. Although previous research was consistent with my findings about social isolation among the Black American population, (Purtle, 2012), it could not have foreseen the extent to which the Black community would be affected by the racial crisis that occurred as a result of civil unrest brought on at the hands of police in the George Floyd and other high-profile killings. Clayton et al. (2019) referred to this as a "pivotal social justice crisis." P3 spoke about the injustices that he had witnessed as a result of the changes in social climate. He likened the police to the "angel of death" as they "attack and harass and strategically disenfranchise" Black communities. He stated, "With the changes in our society and the climate it's just being so much you know toxic settings out there the environment is just so toxic … it's unbearable at this point you know?" This was consistent with the Stamps et al.'s (2021) study that found that Black communities experienced increased stress and trauma during the COVID-19 pandemic due to incidents of civil unrest, and law enforcement and vigilante-style killings of Black individuals. Similar studies found that police activities in Black communities triggered fear, anxiety, and emotional instability among the participants (Cooper & Crews, 2020; Samuel, 2015). .

Cooper and Crews (2020) found that structural racism has subjected communities and people of color to harm and has failed to protect them. P1 remarked,

> As an African American male it just takes one little mistake and the whole chess board is gone. Everything you worked for is gone, and lot of things started

> bubbling up, and I felt I had to deal with the foundation of everything so that I can keep going.

P3 talked about the lack of real help and support in disenfranchised communities:

> The place that we fail as Black people with this pandemic and shutdown, especially when it comes to mental health and trying to get real help because, real help, because what we're doing is we're falling into that self-help, we're falling to that self-medicate. And, I mean I—do you know how many daggom alcohol delivery apps got developed during the pandemic? Like, come on. And if they ain't got enough liquor stores on every corner in those disenfranchised areas, you want to bring it out to their step now.

This is consistent with findings by Progovac et al. (2020), who found that Black communities experience both historic and ongoing discrimination that exacerbates the disparity between what is available and what are desired treatments.

Theme 3: No Social/Cultural Connection and Feeling Displaced and Isolated

Several participants questioned their place in society, sharing that this brought them to seek mental health services. This theme was grouped into two subthemes: 3(a) COVID-19 shut down social and cultural resources and 3(b) Who am I in the context of a White society?

Subtheme 3a: COVID-19 Shut Down Social and Cultural Resources

Several participants in this study identified social distancing policies and responses to the COVID-19 pandemic as barriers to receiving mental health services. One

woman shared how her relationship with her hairdresser was how she got connected to mental health services:

> I think that it was very complicated. Nothing was open, I mean, you had to read a lot of stuff online. I mean, I was really looking for somebody. It took me a—if I would have never talked to my hairstylist about it I feel that it would have been impossible. (P5)

Previous research validates the importance of social and cultural resources and the tendency for Black individuals to access support through these resources. (Dempsey et al., 2016). This is consistent with findings from Purtle (2020) demonstrating the lack of social support available during the COVID-19 pandemic. P1 expressed his struggle to talk to someone who he identified with, stating, "for Black people like for most Black males it's just they need to talk to other Black males."

> Everything was closed, you couldn't really meet nobody in person, you had to go online, you know to read about a person to make a decision if this is going to be the person that you are going to like for however long you are going to need them. (P5)

P4 expressed frustration over not having the culturally specific support (Avel Gordly Center for Healing, Portland, Oregon) that she needed due to the shutdown:

> I did need mental health services, and it took a long time. I know that COVID-19 is the reason because if COVID-19 one, didn't happen then I would have been able to walk into a clinic or walk into like Avel Gordly and be like "hey, I need a therapist again" you know like, or, but COVID-19 stopped everything. .

Subtheme 3b: Who Am I in the Context of a White Society?

Bramba et al. (2020) found that African Americans were impacted more by social distancing policies and social isolation when compared to White Americans. However, there were no relevant studies that identified the issue of identity resulting from those policies. Two participants in this study explained their lack of connection to the Black community and how this caused them to question their own identity when social distancing policies were enforced due to the COVID-19 pandemic. P1 described feeling alone, isolated, and fearful of being discovered for who he was. He spoke about his experiences working "around a whole bunch of wolves" and his quest to discover who he was.

> I got enough money, I got my own house, you know I don't need anybody, but I don't know who I am. I always felt like a sheep around a whole bunch of wolves, but I was able to be a sheep, and they didn't know I was a sheep and so as things started to unfold, I started to see the world in a different angle, and I've always been one to stick and move stick and move and that kept me going. I never slowed down, so with the election and the COVID coming, the wolves started to disappear and go into different corners, and you know I started to find out that I was just a sheep now and look at things slow down, you know, I started to look at myself and say OK you've been ducking and diving around these wolves so long, you know, who are you?

P4 described her experiences of not having Black friends and assimilating into the White culture, even when seeking mental health services:

> So, um, in the Black world, I don't have many Black friends I don't have many Black people that I'm around. Even the act of seeking mental health like there's a stigma that Black people face, and you know like I grew up around a whole bunch of White people and so like I recognize that it's a problem, but I also recognize how I can be and how I can act around a White society because I've been around it all my life.

Theme 4: COVID Changed the Way We Think About Giving and Receiving Support

Several participants spoke about their support systems during the COVID-19 pandemic. This theme was grouped into two subthemes: 4(a) COVID-19 changed the way we support people, and 4(b) COVID-19 exposed the deficits in social supports.

Subtheme 4a: COVID-19 Changed the Way We Support People

Stamps et al. (2021) found that individuals were more intentional about supporting one another during the pandemic and subsequent lock down. This was consistent with the narratives that follow:

> I think based on what the pandemic revealed to all of us and how, you know, how short life could be or how life can change extremely quick I think that time definitely made a lot of us, um, change how we support people or how often we reach out to people so I think that, I think I would say, Yeah I mean from years past I think the conversation have becomes a lot different like it's not as much small talk it's like actually we talk to people that you care about, you know, how

> are you doing and more so are you good and so I think you have the support there because it's allowed us to open up more and be more vulnerable. (P6)
>
> If anything I would say it helped me because you know, when you see people dying from this, you know from this. - I would call it a plague - a bunch of people dying behind a virus, it kinda brought, it kinda brought people together. It brought me closer to people, you know?" (P7)

P7, a former long-haul truck driver stated, "I wanted to be closer to my kids, I'm like the protector of the family so I've got to be closer, so that's what prompted me to change to find local work here at home, and be able to see my kids every day." The need for racial socialization and coping socialization of Black youth by their parents was identified in the Anderson et al. (2019) study, that demonstrated the importance of racial and coping socialization on overall youth coping during times of conflicted social climates and exposure to racial discrimination targeting Black youth. Black communities prioritize their relationships with family and community, and use these supports to mitigate stress, anxiety and fear (Anderson et al., 2019; Stamps et al., 2021). P2 reflected this in stating, "Family support and everything I mean once you got that family support obviously if you're a relationship that that support going that way and you got everybody. Once you got that you can't ask for nothing more."

Subtheme 4b: COVID-19 Exposed the Deficits in Social Supports

P1 "I didn't have a support system. I realized I didn't have a support system, right, so COVID helped me with getting it. To make the, locating or trying to figure out how to build a support system." This was consistent with previous findings that Black Americans

were more negatively impacted from a lack social connection and support due to COVID-19 when compared to White Americans (Bambra et al., 2020). .

Theme 5: Cultural Mistrust

Cultural mistrust is one of the four concepts of obstructed use (Burkett, 2017) and was endorsed by several of the participants in this study. The findings of this study were consistent with previous research findings regarding cultural mistrust. Cuevas and O'Brien (2019) found that an individual's racial identity plays a roll in Black Americans recognizing discrimination when it does take place in mental health and healthcare institutions, which can create a lack of trust. This was consistent with my findings and was apparent in the desire for a Black therapist expressed by many of the participants in this study. Participants identified misinformation and cultural mistrust as reasons for seeking a Black therapist. This was grouped into three subthemes: 5(a) Misinformation, 5(b) I didn't want to be judged or labeled, and 5(c) Stigma. Based on similar findings, Friedman and Paradis (2019) noted that clinicians that understood and were open to talking about the beliefs and experiences of their Black American clients will build and enhance the therapeutic relationship.

Subtheme 5a: Misinformation

P3 spoke about the lack of trustworthy information that was available during the COVID-19 pandemic. .

> "You could question everything you know and I'm not talking about questioning the things that should be questioned. I'm talking about that white wall in front of you is in fact not white. And stand by it, You know? We kind of got stuck in our

> own realities, you know, because we were all indoors and you're kind of limited to the kind of information that you get on those devices, and you get to kind of conger your own ideologies about what's going on around you. And that's so toxic because people are getting sick and dying and TicToc is telling you otherwise and your uncle dies next to you. And you still watching tick Tock.

This was in accordance with finding from Loeb et al. (2020) who found that misinformation during the COVID-19 pandemic led to potentially devastating disregard for the social distancing and vaccination recommendations.

> I feel like now a days we all got to research when it comes down to anything. If we sign our name on a piece of paper it's serious and if we don't do our research, if we don't ask how are we gonna know. We gotta ask. (P2)

Subtheme 5b: I Didn't Want to Be Judged or Labeled

"I think that's why I was so particular also on who I wanted it to pick that he was the person that I was able to share some of my weaknesses to." (P5)

These findings were consistent with previous research that found that Black Americans have a poor attitude/stigma towards mental health services due to mistrust and concern of being misunderstood and misdiagnosed or being labeled "crazy" (Atkison-Bradley et al., 2009; Cuevas et al., 2016; Dempsey et al., 2016; Harris et al., 2020).

In a review of the literature, Atkison-Bradley (2009) found that many participants from one study stated they felt that seeking counseling would cause them to be labeled "crazy" or "nuts", which is consistent with my findings. P4 felt that seeking services "would mean that I'm like going crazy or I'm in a bad place because I feel like I need to

talk to somebody." P5 grew up believing "…you can't say the wrong thing to somebody without them judging you. I wanted help but I didn't want to be judged because I feel like I need help." P1 "You know if you're going to therapy or something like that you're crazy you know you have a you have uh disorder, you need medication and that's not what, what it is, it's for Black people like for most Black males it's just they need to talk to other Black males."

P4 stated, "I was nervous and scared because I didn't want people to thinking that, or labeling me as, oh 'she's a Black girl that has ADHD or she has a binge eating disorder. I just don't wanna be labeled so, I was scared to even seek mental health."

Subtheme 5c: Stigma

Stigma has been identified as a barrier to mental health help-seeking (Kawaii-Bogue et al., 2017; Latalova, 2014). Fripp and Carlson (2017) found that one predictor in the decision to seek mental health services was attitude, influenced by stigma. Avent et al. (2015) found that stigma was often associated with mental health care help-seeking behavior. Most participants in this study identified stigma as a barrier to seeking services. P6 spoke of the lack of generational modeling.

> I found out just kind of recently found out my dad had a therapist at some point. I didn't even know he sought out mental health, and I think if he could have - I don't know if he was ashamed, or he just wanted to not express it - but if he would have said, 'hey, I sought out mental health' I wouldn't have, it wouldn't have been a stigma, like, or something so taboo to seek out.

Fripp and Carlson (2017) found that Black Americans may find mental health services to be highly stigmatizing, therefor avoiding help-seeking.

P5 said, “I think it’s the reason why I didn’t seek mental health services sooner. I don’t think it had anything to do with actually seeking it, but I think that the negative connotation around needing to get help is always a bad thing. I always grew up to say, you know, you can’t really let people get in your business.” This is consistent with Latalova et al. (2014) who found that African Americans expressed had higher levels of self-stigmatization and less positive attitudes toward seeking mental health care when compared to Caucasians.

Limitations of the Study

There were three main limitations present in this study. First, the data collection procedures were based on self-report on the part of the participant. With self-report, there is a risk that participants may not have been completely forthcoming and honest in their responses. (O’Grady, 2016; Rubin & Rubin, 2012; Shenton, 2004). I used active listening, prompting and follow-up questions to elicit deeper responses and clarification when needed.

Secondly, there was a risk of unintentional researcher bias. As a Black male and a licensed clinical social worker working with Black men created the potential of subjective interpretation and internal bias throughout the data collection, analysis, and reporting processes. I used empathic neutrality to maintain research versus clinical boundaries (Patton, 2015). Clandinin and Connelly (2000) stated that the influence of the researcher is expected and built into the narrative inquiry approach, therefore I used

reflective journaling notes to reduce the risk of bias that may have altered the meaning of data.

Finally, this study's participants lived in the Portland, Oregon metropolitan area which has had consistently low racial diversity over time (U.S. Census Bureau, 2010). Due of the low proportion of African Americans in this geographic area, the reported experiences may differ in unknowable ways from experiences of African Americans in other geographic regions with greater diversity. This study's participants were far more likely to have found barriers to receiving race-concordant care.

Recommendations

This study brought to light the difficulty that some Black Americans still experience when seeking mental health care. Although Purtle (2012) identified the unique needs and disparities faced by Black Americans after natural disasters and cautioned providers of the potential inequities in mental health resulting from COVID-19 (Purtle, 2020), what could not have been foreseen was the unrelated political and societal shift that occurred simultaneously with the onset of the COVID-19 pandemic, and the divisiveness that followed. Incidents such as the killings of Ahmaud Arbery (February 23, 2020), Breonna Taylor (March 13, 2020), and George Floyd (May 31, 2020) among others, the subsequent civil unrest, and the continuous and often polarizing media coverage of racial injustices caused the re-traumatization of many Black Americans. Portland, Oregon was the epicenter of many political protests, looting and police brutality, and these events were relived repeatedly over the national news and targeted by the Trump administration. This unrest was occurring in the city where this study's

participants live and work. Friedman et al. (2019) noted the importance of cross-cultural competency and the cultural mistrust still affecting mental health help seeking among Black Americans. Political turmoil and a lack of trust in the systems that the participants in this study depended on created a new level of cultural mistrust which was not reflected in previous literature. Participants reflected on the polarization of the news and their inability to trust or believe what they were being told. This was a recurring theme in the participants reasons for seeking therapy, including their desire for racial congruence in a therapist; someone who understood the lived experiences of being Black.

Recommendations include further research of the complex interrelationship of historical and current trauma, and the mental health implications of continued discrimination and ongoing racism. Mental health therapists must be aware of the need to rebuild what trust was gained within the Black community and as indicated by Freidman et al. (2019), educate themselves on the unique historical, cultural and current trauma that continues to perpetuate distress and mistrust.

Implications

This study explored a well-research topic, mental health help-seeking behaviors among Black Americans, but with the intent to expand on what has been studied in the past by understanding how those behaviors were affected by the COVID-19 pandemic. Many of the well-researched effects of obstructed use (Burkett, 2017) were confirmed with this study's results. The stories told by the participants of this study extended my understanding in personal and richly detailed ways that if heard and considered, will bring about positive social change in areas of mental health engagement and treatment.

Key findings included the need for continued awareness of the barriers that Black Americans still face when seeking mental health care, including a desire for racial congruency when looking for the “right fit”.

Conclusion

Over the past several decades, extensive literature has demonstrated the barriers faced by Black communities and the complexity of how these factors affect the mental health seeking experiences of Black Americans. Despite the awareness of the continued disparities in mental health help seeking, many of the participants in this study expressed their experience with barriers when seeking mental health services. What I found encouraging, was that in spite of the barriers that many participants expressed, the Black Americans that participated in this study did seek mental health services and did not let these barriers of seeking mental health services discourage them. In conclusion, I am hopeful that there is change coming.

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Appendix A: Interview Questions

Research Questions	Interview Guide Question
How does the narrative begin?	**IQ1**: When did you first consider that you needed help with your mental health? Follow-up question: 1a. What was your most significant life challenge at that time? 1b. What were your initial thoughts about seeking mental health services? 1b. How soon after did you seek help?
	IQ2: Tell me about the circumstances surrounding your decision to seek mental health services? Follow-up question: 2a. To whom or where did you turn for help? 2b. Did you have any concerns about receiving services? 2c. Did anyone or anything influence your decision?
What are the barriers faced by Black Americans seeking mental health services during the pandemic? How do the themes of Burkett's Obstructed use illuminate the experience of Black Americans seeking mental health services during COVID-19?	**IQ3**: What does the word "barrier" mean to you? Follow-up question: 3a. What stories have you been told that influenced your seeking of mental health services? 3b. Did barriers due to your community influence your seeking of mental health services? How so? 3c. Did barriers due to money influence your seeking of mental health services? How so? 3d. Did barriers due to mistrust influence your seeking of mental health services? How so? 3e. How has the pandemic affected your formal and informal supports?

3f. Please describe your experience with accessing support during the pandemic.