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Cultural Determinants of Help Seeking - Experiences of African American Mothers and Professional Mental Health Care

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Abstract

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MA, Walden University, 2015

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Dissertation Submitted in Partial Fulfillment

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Abstract

The likelihood of a diagnosis and the receipt of treatment amongst African American children are rigid due to limited access to care, stigma (self, family, friends, public), and diagnostic bias in which conduct and behavior problems may overshadow a child's mental illness The internal (generational and cultural) and external (environmental and financial) experiences of African American mothers which led mothers to seek professional mental health care for their young child(ren) were explored in this study. The cultural determinants of help seeking framework was applied to this qualitative phenomenological research through direct interviews with the six mothers. Nine themes were identified during this study to include mental and behavioral health, children, support and assistance, generational, cultural, environmental, financial, help seeking, and spiritual. Cultural determinants of help seeking, and phenomenology can provide a clearly expressed reality of what African American mothers experience internally and externally as they go through the process of seeking professional mental health care service from realization, acceptance, seeking, and receiving help. Seeking professional mental health care service(s) for children can establish a positive social change for these children to have the advantage of learning about mental wellness, self-care, along with emotional, mental, and social skills to have a more manageable and productive future as a teenager, young adult, and adult dealing with life's challenges.

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Chapter 1: Introduction to the Study

According to the National Institute of Mental Health (2018), depression, also referred to as major depressive disorder or clinical depression, is a mood disorder with severe symptoms that affects how a person thinks, feels, and handles daily activities. The etiology of depression may include biological or environmental factors or co-occur with substance use or another mental illness (National Research Council and Institute of Medicine Committee on Depression, Parenting Practices, and the Healthy Development of Children, 2009). Depressive disorders include but are not limited to persistent depressive disorder, bipolar disorder, seasonal affective disorder, premenstrual dysphoric disorder, psychotic depression, and postpartum depression. Disruptive mood dysregulation disorder is commonly diagnosed in children under the age of 10 and adolescents under the age of 18 as a depressive disorder in which children demonstrates irritability, anger, or frequent outbursts of temper (National Institute of Mental Health, 2017). In this study I investigated the help seeking behaviors of African American mothers who chose to seek professional mental health care for their young child(ren) irrespective of the focal point on a mental health diagnosis.

Background

Mental health disorders in children are oftentimes diagnosed as an attention-deficit/hyperactivity disorder (ADHD), anxiety, behavior disorder, or depression (Centers for Disease Control and Preventions, 2018). In many cases, children will have co-occurring conditions combining one or more diagnoses. With the increase of children feeling depressed at increasingly younger ages, the Center for Disease Control and

Preventions (2018) has taken notice. As of 2016, approximately 1.9 million children in the Unites States between the ages of 3 and 17 were diagnosed with depression (Centers for Disease Control and Preventions, 2018). Thus far, the reasons for clinically depressed disorders in young children have been attributed to several causes. Healthcare, family, community, or socioeconomic status are some of the attributing factors. As a prevention, the Centers for Disease Control and Preventions is taking action to negate the chance of children entering adolescence ill-equipped to handle their thoughts, emotions, and tendency to internalize their problems through continued research and support. There has been a relatively small rise of African American families taking preventive and interventive courses of action to help their children. The likelihood of a diagnosis and the receipt of treatment amongst African American children are rigid due to limited access to care, stigma (self, family, friends, public), and diagnostic bias in which conduct, and behavior problems may overshadow a child's mental illness (Ghandour, et al., 2019). Understanding the help seeking behavior of African American mothers and their viewpoints of mental, behavioral, or developmental disorders of children can aid in additional services and support for the African American community.

Problem Statement

According to the Centers for Disease Control and Preventions (Centers for Disease Control and Prevention, 2018), the National Survey of Children's Health of 2011–2012 reported one out of seven children between the ages of 2 to 8 in the United States has a diagnosed mental, behavioral, or developmental disorder (MBDD). As of 2011, very few interventions were available for the early onset of disorders, specifically

childhood depression of preschool-aged children (Luby et al., 2012). The

intergenerational impact of depression has increased the number of interventions for

depressed mothers and their children as young as 18-months through psychoeducation on

parental depression, parenting in adult depression treatment, the promotion of positive

parent-child interaction, and teaching coping skills to children (Boyd & Gillham, 2009).

MBDD continue to persist into adulthood with the lack of early identification and

treatment, especially for those living in poverty and who have minimal access to

healthcare (Cree et al., 2018). The minimal access to mental health care caused by a lack

of health insurance and financial barriers with African American and Hispanic

populations has contributed to the lack of identification of symptoms of mental illness

(Cook et al., 2016). African Americans are continuously underrepresented in general

health research due to an unwillingness to participate in research studies caused by a

history of distrust, medical injustices, lack of understanding of the importance of

research, economic challenges, and inadequate research recruitment efforts (Watson et

al., 2016). According to Muzik et al. (2014), in examining the sociodemographic, mental,

and physical health of African American mothers of children, 0 - 6 years old, attendance,

engagement, and retention in intervention programs lacked in all areas.

According to the Agency for Health Care Research and Quality (AHRQ), the

Annual National Health Care Disparities Report found evidence of an imbalance of the

preventing, diagnosing, and treating of illnesses in a health care system initially aimed at

improving the physical and mental well-being of all Americans (Holden et al., 2014).

Minorities consistently do not seek mental health care, causing a failure in treatment and

mental wholeness, especially in the case of severe mental illness (Hines et al., 2017). African American families have created a self-barrier in which a high number of children in need of medical and mental health care are without insurance (Flores et al., 2016). According to Murry et al. (2011), studies of the help seeking behaviors for mental health care services of African Americans in rural communities are insufficient. African Americans are found to seek help and support from their family or church. The stigma (self, public, family, or friends) linking mental health problems of African Americans has led African American mothers to avoid the preventive care and treatment of behavioral or mental health difficulties of their children (Dempster et al., 2015). The help seeking behavior of African American mothers determines if children receive proper care including the identification, evaluation, prevention, and managing of a behavioral or mental health disorder. According to Holden et al. (2014), African Americans do not seek mental health care treatment partially because a need has not been perceived, thus accounting for their low numbers for care and high numbers for difficulties with depression. The barrier of self in seeking help and the lack of building awareness about mental health illness continues to plague the African American community.

Although the research regarding the emergence of mental health disorders in children as young as 18-months old illustrates important findings, I found minimal research that has examined the help seeking behaviors of low-income African American mothers in preventive measures for their children's mental health well-being. Given such, further research is warranted that will explore the experiences of African American mothers' internal (generational and cultural) and external (environmental and financial)

considerations in accepting professional mental health care for their young child(ren) to address the documented increase of mental health disorders found in children between the age of 3 and 10 years old.

Purpose of the Study

The purpose of this qualitative research design was to provide an in-depth perspective from African American mothers and their reasoning behind why they sought professional mental health care for their young child(ren). Seeking professional mental health care is especially significant when there is a known generational mental health disorder within the family as genetics and environment have a strong correlation in the development of psychiatric behaviors (Fryers & Brugha, 2013). Early prevention of the onset or development of depression or a major depressive disorder in young children lags for African American families as opposed to non-Hispanic white families (Walton & Shepard Payne, 2016). To address this concern, I examined the motivators of African American mothers with the goal to overcome such barriers for other mothers. This process provided information for building a conceptual model and an intervention plan for acquiring professional services.

Research Question

What are the internal (generational and cultural) or external (environmental and financial) experiences of African American mothers which led them to seek mental health care for their young child(ren), given that it is atypical within the African American community?

Conceptual Framework of the Study

The conceptual framework providing the lens for this study is the cultural determinants of help seeking (CDHS) model. CDHS is comprised of a combination of fieldwork and qualitative interviewing to maximize wellness by ameliorating, mitigating, or eliminating distress (Arnault, 2018). The CDHS model explains the help seeking process by identifying experiences, expectations, and interpretations that influence behaviors and the promotion of mental health care (Churchill & Wertz, 2001). CDHS along with the phenomenological approach allowed for a biographical study of African American mothers by portraying their background and foundation for life-changing choices such as seeking mental health professional service(s) for their young child(ren). CDHS and phenomenology allowed me to call attention to matters addressing the understanding of a population's experience(s) and the connection of the experience(s) to the phenomenon.

Nature of the Study

The nature of this qualitative study is phenomenology. Phenomenology is best described as the thoughtful study of a lived experience of a phenomenon in which meaning is developed from human experience to form an understanding of consciousness, language, cognitive and noncognitive influences (Given, 2008). Researchers use the phenomenological approach to capture the naturalness of human behavior with intimate familiarity of the cultural perspective and understanding of their social world. The phenomenological approach aims to heighten the cultural experience through interviews, reviewing documents, or personal visits (Churchill & Wertz, 2001).

The analysis of personal and interpersonal experiences discerns patterns of culture

through field notes, interviews, and literature review. Phenomenology incorporates lived

experiences into an investigation of eidetic, empirical, and variable inquiry of a

phenomenon sufficiently grounded in research (Churchill & Wertz, 2001).

Definitions

African American: Refers to a person who identifies as African American based

on origin which may include Americans of African descent or Afro-Caribbean (U.S.

Census Bureau, 2011).

Children: Persons between the age of 1 years and 12 years of age are referred to

as children (U.S. Department of Health and Human Services, 2022).

Environmental: Involves life events or exposures that contribute to the

development of a condition (National Research Council and Institute of Medicine

Committee on Depression, Parenting Practices, and the Healthy Development of

Children, 2009).

Etiology: Causal factors of a condition (National Research Council and Institute

of Medicine Committee on Depression, Parenting Practices, and the Healthy

Development of Children, 2009).

Low income: A designation determined by the household income earning less

than 200% below the federal poverty level (Cree et al., 2018).

Depression: A serious mood disorder that may include persistent depressive

disorder, postpartum depression, psychotic depression, seasonal affective disorder,

bipolar disorder, disruptive mood dysregulation disorder, or premenstrual dysphoric

disorder (National Institute of Mental Health, 2018).

Phenomenology: A study that identifies lived experiences for research purposes

(Astroth & Chung, 2018).

Socioeconomic status: The social standing of an individual or group based on

income, occupation, and education (American Psychological Association, 2019).

Assumptions

Based on current research, it may be straightforward to assume that many African

Americans do not seek mental help care for themselves nor their children. Reasons may

include that it is not culturally accepted due to the presumed mistrust of the mental health

care system, or it is believed to not be financially feasible to invest in mental health care

services (Progovacet al., 2020). I assumed recruitment for this study would be difficult

due to the current stigma connected to African Americans and mental health care

services. I sought to acquire an adequate amount of volunteer participants who met the

requirements for this study to provide an acceptable representation of African American

mothers who have sought one or more forms of professional mental health care service

for their young child(ren).

Scope and Delimitations

Aspects of the Research Problem

The scope of this research study was focused on the help seeking attributes of

African American mothers and their reasoning for why they chose a professional mental

health care service for their young child(ren). Internal (generational and cultural) and

external (environmental and financial) were key areas to address within the focus. These areas of focus are important in understanding the motivations of African American mothers when professional mental health care service is frowned upon within the cultural community. The general purpose and goal will help other African American mothers make informed decisions when deciding on seeking a professional mental health care service for their young child(ren).

Boundaries of the Study

The boundaries of this study focused on the population of low-income African American mothers who have chosen to seek a professional mental health care service for their young child(ren), between the ages of 3 and 10. The intent of this focus is to highlight a population that is underrepresented in research studies. Studies on African Americans families have shown a high level of mistrust in the mental health system; therefore, services are avoided or terminated prematurely (Fraynt et al., 2014). By focusing on African American mothers who have sought a professional mental health care service despite cultural mistrust, this study can aid others in making an informed decision.

Potential Transferability

Transferability, also known as generalizability and external validity, is the discovery of a research that can be applied to other contexts or studies (Coghlan & Brydon-Miller, 2014). Potential transferability is encouraged for continued research on the subject matter. Transferability enhances the research study by the researcher being thorough and detailed throughout the research process (Haegele et al., 2018).

Transferability in this study may allow further research for other minority groups who are underrepresented within the mental health care system. The context of phenomenological research encourages an in-depth exploration of the participant's life and experience as a way of giving a voice and a face to their plights and circumstances.

Limitations

As in any study, limitations will arise. One methodological weakness in this study is the sample size. Phenomenological research typically works with a small sample size of 5 to 15 participants (Alase, 2017). The advantage of a small sample size is the ability to focus and concentrate on the intimate details of the lived experience of a phenomenon to provide a clear picture of the background and its effect by its exposure on a particular population. A second methodological weakness is the target population. Even though a target population is a weakness, this is also its strength by bringing attention to a specific subgroup that can otherwise become lost in the generalization of mental health care. Phenomenological research emphasizes the unique framework of the research through the human experience, analysis, and interpretation that is not readily available in the large scheme of a phenomenon (Aisbett, 2006).

Significance

Depression is one of the leading public concerns in adolescents and adults as the disorder is correlated to morbidity and mortality, causing it to be the third cause of disability around the world for females (Colvin et al., 2014). Addressing professional care and treatment through early prevention measures can lead to a decrease in mood disorders in adolescents and adults, primarily in depression or major depressive disorders

which can lead to a reduction in suicide or suicidal ideation (Luby et al., 2012). Life

episodes and triggers such as stress, anxiety, difficulties in a relationship, physical illness,

alcohol abuse, drug abuse, physical abuse, complications with a medication, as well as

circumstances such as biological differences, brain chemistry, hormones, and genes are

contributing factors that may act alone or comorbidity with other physical or mental

health conditions (National Research Council and Institute of Medicine Committee on

Depression, Parenting Practices, and the Healthy Development of Children, 2009).

Mental health, especially depression, is a disorder that impacts the individual, family,

friends, work, and all areas of a person's life (Sik, 2018). Depression and major

depressive disorders are debilitating mental health conditions in which African American

mothers typically do not seek treatment and in many cases has led to more severe and

disabling conditions according to the World Health Organization (Walton & Shepard

Payne, 2016). Such conditions can create physical, social, mental, and emotional

complications.

Summary

In this study, I analyzed the help seeking behaviors of African American mothers

who chose to seek professional mental health care for their young child(ren). The recent

developments of childhood depression over the last few decades have sparked the need

for continuous research on the etiology of depression for children under the age of 10.

Large organizations, such as CDC and the National Institute of Mental Health, as well as

countless researchers, are proactively analyzing the causes and best interventions for an

age population once considered unsusceptible to the disability of childhood mental health disorders (Centers for Disease Control and Prevention, 2022).

The following chapters will provide further insight of the phenomenology and help seeking behaviors of African American mothers who have sought professional mental health care for their young child(ren). Supporting literature will validate the advantage of the phenomenological reasoning through the lens of CDHS for an increased understanding of the internal and external experiences of African American mothers in their decision to seek mental health care for their young child(ren). Descriptive research will reinforce the purpose and benefit of this study for the African American community. Results from the study along with developed conclusions will highlight key points and the need for potential further research on African Americans and young children as it relates to mental health care.

Chapter 2: Literature Review

The emergence of mental health disorders in young children has incited a need to understand new findings. Thus far, I have found limited research that has examined the help seeking behaviors of low-income African American mothers and their preventive measures for their child(ren)'s mental health well-being. As a result, further research is validated in exploring the experiences of African American mothers' internal (generational and cultural) and external (environmental and financial) considerations in seeking professional mental health care for their young child(ren) to address the documented increase of mental health disorders found in children between the ages of 3and 10 years old. The purpose of this qualitative research study was to provide an in-depth perspective from African American mothers and their reasoning for seeking professional mental health care for their young child(ren), when it is atypical within the African American community.

The purpose of this literature review is to provide a concise synopsis of the current literature to validate the relevance of the research problem. The following sections will include the literature search strategy to identify databases, search engines, and key terms to provide the literary foundation to support the research. In this chapter I further dissect the conceptual framework as it relates to primary writings and previous research. To assist with a topic growing in momentum and understanding, I also describe the literature review research and rationale.

Literature Search Strategy

To better understand the phenomenon of the relationship or lack thereof between African Americans and mental health care services, a comprehensive research study was necessary. For this study I needed to identify why it is atypical within the African American community to seek mental health care services. In this literature review I investigate the phenomenon through history based on primary writings regarding research on African American mothers, mental health care services, young children, and/or seeking help.

Research begins with the literature. Several library databases and search engines were used to assist this research study:

- EbscoHost (2006)

- ProQuest Central (2018)

- Sage Publications (2001)

- SocINDEX (2006)

- Google Scholar (2019)

To exhaust the research, a focus on key search terms were implemented in the above-mentioned library databases and search engines to ensure an accomplished exploration of the study. Key search terms refined the research process to remain within the scope of the research question. The following search terms were used:

- *Adolescents/Kids/Children/Young Children/Pediatric*

- *African American/Black*

- *Mothers/Motherhood/Maternal*

- *Cultural Determinants of Help Seeking/CDHS*

- *Depression/Major Depression/Depressive Disorders/Major Depressive Disorders/MDD*

- *Framework*

- *Help/Help Seeking/Seeking Help/Sought*

- *Mental Health/Mental Illness/Mental Wellness*

- *Mental Health Care/Mental Health Care Service/Professional Mental Health Care/Professional Mental Health Care Service*

- *Phenomenology*

- *Qualitative Research/Research*

- *Socioeconomic*

To identify relevancy to the research, a process is necessary to highlight the problem and how it relates to a purpose that is impactful to society. The most used terms included *mothers, help seeking, mental health, and African American*. The most germane or relevant databases included EbscoHost and Sage Publications.

Conceptual Framework

The conceptual framework for this research study was the CDHS model. According to Arnault (2018), the CDHS model is comprised of a combination of fieldwork and qualitative interviewing. This study will exclusively focus on qualitative interviewing. The CDHS model explains the help seeking process by identifying experiences, expectations, and interpretations that influence behaviors and the promotion of mental health care (Churchill & Wertz, 2001). Using CDHS to formulate the nature of

the phenomenological approach will allow for a biographical study of African American mothers by portraying their background and foundation for life-changing choices such as seeking mental health professional care services for their young child(ren) when it is atypical within the African American community. CDHS and phenomenological research calls attention to matters addressing the understanding of a culture's experiences and the connection of the experiences to the phenomenon.

The CDHS framework is focused on addressing health disparities (Saint Arnault, 2009). Disparities may include race, age, gender, or economic status. To reduce or eliminate health disparities, an exploration of the CDHS is best to understand social processes, beliefs, values, rules on social behavior, and social practice with culture as the foundation for the seeking of help (Saint Arnault, 2009). The epitome of wellness or distress derives from a physical, emotional, or interpersonal sensation and experience to maximize wellness or eliminate stress (Saint Arnault, 2009). This exploration is further discussed later in this study.

Primary Writings

Primary writings on African Americans and the mental health care system are limited. Such writings highlighted themes surrounding the mistrust of the mental health care system. Themes include but are not limited to the lack of available care, mistreatment of patients (misdiagnoses, needless pharmaceuticals and/or surgeries), and imprisonment or institutionalization. Prior to the 1970s, education and training did not factor culture, ethnicity, nor social environment in the diagnosing and treatment of non-White patients and clients within the counseling and psychology fields (Hollar, 2001).

Thus, specialists of this time did not know how to properly manage the mental health needs of the African American community. During the early years, the field of psychiatry regarded African Americans as inferior in their abilities to achieve mental health care goals (Medlock et al., 2017). Slavery, racism, racial oppression, and violence have also created a negative perception of mental health wellness as well as care for African Americans.

Slavery and Mental Health

Delving further into history, one must understand the long-lasting impact of slavery on African Americans, then known as slaves. Slavery is the foundation of a crisis in which African Americans/slaves have suffered for generations. As early as the sixteenth century, African Americans/slaves were socially, biologically, and psychologically scarred from the devaluation and subjugation of slavery (Hollar, 2001). Slavery has been the force impeding the care of the mental health needs of African Americans/slaves since before the 1600s. During this time, psychologists and other mental health professions believed pseudoscience of the inferiority intellect of slaves as unanalyzable (Powell, 2018).

The mental illness of a slave was met with extreme harsh conditions (more severe than slaves without a mental illness) or incarceration (Green & Darity Jr., 2010). Such alternatives were not left upon the slave to decide, but the slave master. Thus, framing the mentality of the consequences of mental illness when handled by others. The 1800s was a century of increased hospitalizations into mental institutions, referred to asylums, sanitoriums, and hospitals segregated by race.

The movement to eradicate the disparities between African Americans and Whites dates to the signing of the Emancipation Proclamation, the passing of the 13th Amendment, and in most recent decades, the Civil Rights movement, and Black Lives Matter Movement. The mental composition of hundreds of years of slavery through dozens of generations has affected the emotions, attitudes, coping abilities, mental processing, low self-esteem, and authoritative conflicts of African Americans (Robertson-Hickling & Hickling, 2002). Today, the effects can be called posttraumatic slavery syndrome (PTSS) or posttraumatic slavery disorder. PTSS focuses on the trauma that was transferred across generations as it relates to the psychological effects of slavery and its contribution to self-defeating or maladaptive behaviors (Green & Darity Jr., 2010). To compound matters, continuous present-day racism, and socioeconomic disparities aids in the continued adverse health outcomes of African Americans; mentally, emotionally, socially, and physically. According to Halloran (2019), the effect of slavery is still active generations later. Halloran noted the cultural trauma bestowed upon African Americans through slavery or enslavement has created familial, communal, and societal effects passed on through generations demonstrated through poor physical health, anxiety, depression, and other psychological problems. Fast forward to the last decade in which developing new information, the re-evaluating of processes, procedures, and protocols, along with a better understanding of depression and depressive disorders amongst young children is opening a menagerie of pathways to further dissect the history and evolution of mental health care within the African American community. One study in which has identified depression or depressive disorders in multigeneration, including

evidence in children with the average age of 9.9 years old (van Dijk et al., 2021).

Understanding the history of mental wellness amongst African Americans as well as

family backgrounds of individuals can help the future generations (children). This is most

important for the caregivers of these children, the mothers who provide, who do not

understand, and who do not know what to do, who to talk to, nor where to go to seek

help.

Present Day and Mental Health

Presently, African Americans frequently struggle to seek a mental health care

service due to the lack of trust with the mental health care system as it pertains to

treatment, prejudice, misdiagnosis (under as well as over diagnoses), and racism

(Poussaint, 2006). As the mental health care system improved with new innovations,

advanced multicultural trainings and an increase of professionals with culturally diverse

backgrounds were encouraged. Yet, family and the church are still the primary resources

for support within the African American community (Murry, et al., 2011).

Studies estimate one in eight children have a significant emotional disorder, 60%

- 70% of juveniles within the justice system have a diagnosable mental health disorder

with a relative amount dealing with depression, anxiety, attention deficit disorder,

attention deficit hyperactive disorder, and other emotional or behavioral disorders at

times combined with substance use or abuse (Murry et al., 2011). According to the World

Health Organization (2022), there is a rift within the mental health care system in

providing a standard for the needs of all individuals suffering from a mental health

disorder.

According to Mullen (2018), up to 12% of affected youth demonstrate poor school performance, poor social functioning, along with an increase in suicidal ideation and attempts whereas in children, as young as 3 years old, verbal skills have limited diagnosis of pediatric depression while there is affirmation through signs of irritability, anxiety, and behavioral problems. The CDC (2021) has recorded an increase in the early onset of mental disorders cognitive, emotional, and social including disorders not limited to ADHD, behavioral or conduct problems, anxiety, depression, autism spectrum disorders, and Tourette syndrome in children as young as 3 years old with an increase in illicit drug use, alcohol abuse, cigarette dependence, and suicidal ideations or attempts as the child ages. In some circumstances, additional risk factors compounded the onset of such disorders.

In rural areas, mental health resources are minimal while barriers are high to seek care for African Americans (Murry et al., 2011). The stigma associated with a mental health condition, especially towards children has created a deterrent for mothers to seek help (Murry et al., 2011). Informal support, nonspecialty services, economic oppression, and the lack of community resources are additional factors that elevate the concerns of families dealing with a youth and mental health care (Murry et al., 2011). Economic disparities have made it especially difficult for African Americans to seek help compared to non-minorities within the areas of health insurance, having the ability to take time off from work (financially), and the reliance on public transportation (more challenging for those in rural areas) (Murry et al., 2011).

African Americans who are currently seeking help predominantly do so because of the referral from a primary care physician, school, or judicial system (Murry et al., 2011). Acquiring help based on self-knowledge is restrictive as several African American mothers believe their child's behavior is normal child-like behavior (therefore not serious enough for a concern nor professional evaluation), or due to genetics (therefore another sense of normalcy). Mothers may also lack the necessary education or experience to recognize a mental health concern. It is also common to have a fear of family business (abuse, unsafe, or unhealthy familial situation) being revealed which may disrupt the family dynamic and the mother is not ready to handle the possible changes that may ensue (Murry et al., 2011). In such cases, parenting classes and community resources are a must to help African American communities to not settle.

Previous Research

Research studies on the help seeking behavior of mental health care are at a minimal while studies of African Americans on this topic are limited (Murry, et al., 2011). CDHS is a theoretical model used to identify strategies to aid in lessening mental health disparities within the African American community. CDHS theory has increased in popularity as a theoretical model within the last 10 years. Initially, CDHS was focused on Asian immigrants, (primarily Chinese and Japanese), as it relates to access to and the use of health care services or physical medical care (Saint Arnault, 2009). Prior to the concept of CDHS, research focused on structural, social, and economic determinants. CDHS took research to another level by providing a multidimensional facet of various conceptual elements that highlights ideology, political economy, practice, body, along

with wellness, distress, and illness as cognitive guides for perception, emotion, and behavior (Saint Arnault, 2009). Anthropologists have determined that people seek help based on what suffering is define as within their culture. The concept of suffering is categorized as what is optimal or abnormal and important (Saint Arnault, 2009). Relief from the suffering of distress, despair, and seemingly immovable obstacles are found through help seeking which in turn promotes wellness.

This study benefits from the CDHS framework by establishing a series of perceptions, explanations, and options that have worked for African American mothers who have sought mental health care for their young child(ren). The phenomenon of help seeking, and its contributing behaviors, have led researchers to examine the disparities between a mental health illness and mental health care among African Americans. According to Murry et al., (2011), the use of health services through help seeking is portrayed through patterns related to a need (patient's clinical status), predisposing factors (family history of mental health and the use of service) and enabling factors (family beliefs regarding help seeking) based on the model on social ecological theory founded by Bronfenbrenner in 1979. Murry et al.'s (2011) study concentrated on African American mothers in rural states, their understanding of adolescents with mental health issues, and their viewpoint on seeking help for their children with emotional and behavioral problems. The study found barriers such as a stigma of community perception and response, minimal access to services in rural communities, cultural mistrust of White professionals being able to treat African American children, and a preference to seek family, pastors, and friends over a professional mental health care service (Murry et al.,

2011). The increase of multicultural competent mental health professionals or culturally related mental health professionals have encouraged more African Americans to seek help comfortably and confidently. The application of culturally sensitive therapy or treatment as well as an increase of African Americans in the field of professional mental health care has provided a greater perspective for African American clients to become more accepting of therapeutic approaches (Banks & Mainer, 2017).

<div align="center">**Literature Review Research and Rationale**</div>

Relatable Studies

There are a few relatable studies on the topic of interest. The focus of interest included accessibility of mental health care, barriers to overcoming the challenges of mental health care, influences of seeking help, and interpretations of mental health illnesses. Cultural determinants of mental health, approaching the problem, and CDHS are circumstances contributing to the facets of mental health care for the African American mother. I describe these studies, their relationship, and an analysis of their methodology.

The accessibility of mental health care for African Americans is lacking. This is especially true for families living in poverty and even more so for those living in rural areas of the United States. According to Murry et al. (2011), African American children living in poverty have a higher rate of mental health disorders. To ascertain the reason, a study was conducted to understand the mental health help seeking behavior of African American families with adolescents. Murry et al., (2011) conducted this research using a mixed method approach to assess the perception of the mental health care service system,

help seeking processes, and mental health care service experiences. Even though, most of the participants were aware of mental health care services offered within the community, the mothers favored support from family, church, and/or school. The main cause of this choice stems from the stigma perceived from the community. The thought process was that most families and/or children would be exposed to the community, parents would be blamed, and dirty laundry would be made known. This barrier of mistrust is detrimental to the health of any population or cultural group. Such barriers are damaging to a person's health while social, political, and economical factors influence care and access to mental health care services (Murry et al., 2011).

Overcoming barriers is still a challenge for many African Americans, particularly, single mothers living in poverty. From a grounded theory perspective, Graves (2017), recognized the barriers caregivers face in the underutilization of mental health treatment for their children and focused on African American single mothers living in poverty who were able to overcome barriers and access a mental health care service. Regardless of the barriers, the participants of the study were able to recognize a problem, decide on seeking a mental health care service, accept the mental health care service, and remain in treatment (Graves, 2017). In a multitude of other studies, barriers were present in the beginning of the process, throughout the process, as well as a reason to prematurely terminate mental health care or service.

Saint Arnault & Woo (2018) identified a need to further dissect the influence of help seeking through culturally specific idioms of distress, culturally based interpretations of an illness, social concerns or consequences, social contextual factors, a

perceived need, and help seeking behaviors. Within the African American community culturally specific idioms of distress may stem from physical, emotional, or interpersonal experiences (Saint Arnault, 2009). These stressors are not translated the same across different cultures and are distinct for the suffering of the specific culture. For this reason, different cultures will require different parameters to overcome these areas of concern.

The culturally based interpretation of a mental illness is determined by the perception of mental illness, motivation to seek help, current coping mechanisms, family and/or community support, initial contact with help (mental health specialist, primary care provider, church, or other), pathway to help, along with the process or success in treatment (Gopalkrishnan, 2018). The increase of multicultural diversity has enabled the opportunity for African Americans to receive timely and proper treatment, while the insight to this knowledge among lower income African American mothers have fallen short. Several African Americans deems social concerns or consequences as part of everyday life, whether dealing with racism, discrimination, poverty, or violence. Coupled with a mental health illness, social contextual factors are influential within the African American community. These social contextual factors of minorities may stem from chronic or acute stressors as it relates to daily life (living or working conditions) which in turn increase the risk for a mental health illness. According to Halloran (2019), these stressors are more likely to lead to a depressive symptom or disorder, especially if multiple factors were involved or the stressor occurred over an extended period.

Seeking help can be spiritually, mentally, emotionally, and physically challenging for an individual. On the other hand, not seeking help can lead to a physical or mental

illness or illnesses, depending on the severity of the condition(s). According to Graves (2017), help seeking can be determined by an influence or intervention that will meet the mental health need of the child with a focus on addressing barriers, a collaboration of stakeholders, and access. Yet, for an African American mother to seek help for her child(ren), a perceived need is necessary for action to take place. The type of help, process for seeking, and the level of involvement can vary. As a result, understanding the help seeking behaviors of African American mothers are essential to understanding the care as well as the process.

Saint Arnault & Woo (2018), were also able to examine the "how" for the cultural determinants. The "how" include symptom experience, beliefs and interpretations, and perceptions about the social environment on how they affect an individual's perceived need and help seeking (Saint Arnault & Woo, 2018). To perceive a need, then to act upon this while being matched with a health care professional who understands cultural, social, and economic determining factors will impact or influence the level of care received. Help seeking is a series of checks and balances that must be maintained throughout the process (perception, acceptance, seeking, treatment, and action). According to Saint Arnault & Woo (2018), mitigating barriers and obstacles will maintain an engaging treatment alliance, most importantly when there is an understanding of cultural significance to the therapeutic process.

Strengths and Weaknesses

It has been acknowledged that the underlying problem is rooted in limited research. Unconnected research on African Americans as it relates to mental health,

research on African American mothers, research on help seeking, research on children, and research in understanding the impacts of cultural beliefs and foundations effectively support the silo in which the problem originates. To understand the problem at hand, it is important to dissect the strengths and weaknesses of the approaches of previous researchers. Some strengths and weaknesses include the type of research methodology being used (qualitative, quantitative, versus mixed), mental health disparities, and culture within the United States.

Research methodologies include qualitative, quantitative, and mixed methods. Qualitative methods concentrate on understanding of a population's beliefs, experiences, interactions, behaviors, and attitudes (Pathak, Jena, & Kalra, 2013). When examining the why and how of a phenomenon, qualitative research can open a portal to the discovery of a foundational principle that provides an in-depth perspective of a particular population. Whereas quantitative research methods concentrate on variables and measurements (Watson, 2015). Such restrictions only focus on the who and what with minimal regard to the supporting factors. Quantitative research by itself does not encourage a change, thus restricts the growth and betterment of a population as it struggles with a phenomenon. Understandably, mixed methods are a combination of qualitative and quantitative methods.

Mental health disparities within the United States have been an ongoing struggle, especially true for African Americans. Unfortunately, help seeking for certain races and ethnicities have not been exhaustively examined within the mental health field (Chakawa & Shapiro, 2021) even though mental health circumstances among African Americans

are comparable to White Americans (Mental Health America, 2021). To address the insufficiency of help seeking is to fully grasp the contributing factors or history of mental health within the African American community. Mental health disparities among African Americans have been evident since slavery and it is only until most recent decades in which research has broached the subject. According to Sudak and Stewart (2021), 1969 launched the eradication of mental health disparities of people of color by Dr. Chester Pierce who demanded change at an American Psychological Association Board of Trustees meeting to remedy, reform, and rectify the problems of race and mental health. Almost sixty years later, underrepresentation of African Americans in mental health research is still an issue in which there is a continuous lack of understanding of the needs of a population grossly neglected. Too often, disorders, treatments, and preventive care of African Americans are understudied, thus sociocultural and socioeconomic factors are overlooked (Snowden & Snowden, 2021).

The United States of America is known for many things, including its diversity, but too often as it relates to mental health; diagnosis and care is uniformed across all cultures. Uniformed care or one size fit all in mental health care, does not work the same for each of the many cultures that make up the United States, especially as it relates to African Americans. According to Alegria et al., (2010), disorder and healing can present differently in different people, especially in differing cultures. These differences extend by how help seeking is handled and the associated behaviors that lead to a decision. Beliefs, stigma, and expectations dictates the way help is sought (Alegria et.al., 2010). Research has made it aware that African Americans will seek a mental health

professional that is relational, culturally aware, and follows a strength-based approach (Hackett, 2014). Research is still needing African American participants, especially children and adolescents to further understand needs as well as challenges in providing mental health care to an underserved population (Graves, 2018). As research continues to move forward and evolve, more can be done for those in need.

Rationale

The rationale for the selection of concepts within this literature review is to provide an overall picture of the history and foundation of the difficulties African Americans have experienced as it relates to mental health care. As stated earlier, history has dictated the present-day complications in which African Americans suffer through mental health and mental health care or services. To set right the wrongdoing of hundreds of years of mistreatment due to miseducation and generational affliction due to the fear of the repeat of past circumstances, a new outlook and expectation is needed. I proposed to produce the possibility of a better future based on the achievements of low-income African American mothers who have overcame the obstacles and barriers of those before them. Through the conceptual framework of phenomenological research, I will dive into the lived experiences of the research participants to address issues and concerns and how they were conquered.

Synthesis of Study

To synthesize this study is to understand key concepts. Prior to this study, the assumptions on children and depression were unrelated. According to Maughan et al., (2013), depression was not recognized and not understood in children and youth because

children did not demonstrate feelings of sadness. When children act out, demonstrate

constant irritableness, or academic problems, their referral or diagnosis were regularly

misdiagnosed or undertreated (Mullen, 2018). Within the last few decades, clinical

depression in preschoolers has been proven to be possible, but there has been little to no

treatment options available for the preschooler nor his or her family. The lack of data and

a multitude of trials and errors justifies the need to identify new methods of interventions

and treatments with the challenge of quickly and effectively educating parents and

primary care physicians of this new development. To compound this difficult task is the

risk of comorbidity with common early childhood behavioral disorders such as attention-

deficit/hyperactivity disorder and oppositional defiant disorder, disorders commonly

diagnosed among young children (Luby, 2009). To separate these common childhood

disorders from depressive disorders can be difficult as the evidence is still developing to

this day.

On a controversial level, much of the information presented has been well known

for decades, if not longer, yet this is an area in which a population (African Americans)

have been struggling with slow levels of improvement. Further qualitative studies are still

needed to expound to others the whys and how some low-income African American

mothers have been successful to pave the way for more individuals to also progress

forward in an area that has been holding them back for hundreds of years. Dissecting the

why will create relatable knowledge in which others can understand the value of going

through the process of attaining and retaining mental health care or service for a child in

need. The most significant of the two is how. To gain an understanding of how, will

assist others to know the paths to take and the way of the journey. For many, this will not be a straightforward task.

CDHS is a meaningful approach to this study because it provides a point of view into the phenomenon that allows for a better representation of African Americans and their needs as it relates to mental health care services, especially for their child(ren). To explore the structure of a help seeking model, culture is a factor that impacts the approach to mental health care services (Cauce et al., 2002). It is also important to note, that an additional focus is needed on the education of mental health care service providers, their skills development, as well as diversity training. All are vital to the process. Providers are most successful to the well-being of the client when special care is taken into consideration when identifying the problem and selection of treatment options that will not only best fit the cause for treatment, but also the client's cultural and socioeconomic needs. (Cauce, et. al., 2002). Seeking help is the most difficult step for the client while maintaining help is a true partnership between the client and the provider.

Summary and Conclusions

In conclusion, a few major themes were identified from the literature review. One prominent theme is the need to overcome inhibitors. In many ways individuals (mother and professionals) created their own inhibitor. African American mothers chose to not seek mental health care for themselves nor their child(ren). African Americans are known for being resilient (Office of the Surgeon General, Center for Mental Health Service, & National Institute of Mental Health, 2001). This resilience empowered African Americans to conquer many obstacles while building a wall preventing change to adapt

to potentially better circumstances (mental health care service). According to Office of the Surgeon General, Center for Mental Health Service, & National Institute of Mental Health (2001), throughout history, African Americans have notoriously been mistreated because of their race, therefore a mistrust has grown against various systems, including mental health care.

Providers can have difficulty in recognizing a need for a mental health care service for an African American individual in need and/or did not know how to properly address their mental health care condition. According to Hackett (2014), African Americans experience numerous obstacles from mental health professionals in which they have encountered inadequate mental health care service. The introduction of multiculturalism education and training requirements has expanded cultural competency to most practitioners within the mental health field enabling opportunities for a healthier therapeutic relationship (Shelton, 2020, Gopalkrishnan, 2018).

The research makes it well known that there are several barriers for African American to seek mental health care or mental health care services. The importance of this research is to help others, especially with early intervention. A major depressive disorder in early childhood cannot be treated the same as the onset beginning in adolescence or adulthood. In early childhood, parent-child interaction is vitally important (Luby et al., 2012) as well as psychotherapy, cognitive behavioral therapy, psychoeducation and in some cases, medication (National Institute of Mental Health, 2017).

An area that is not expanded within the research is why and how some African Americans have gone against the norm to seek help. In this study I will go a step further in gathering the perceptions, experiences, and forms of support of the African American mothers who have sought help or are currently seeking help for their young child(ren).

Based on this study, at least one gap within the literature was addressed by recognizing the establishing of minimal research on African American mothers seeking mental health or mental health care service for themselves and/or child(ren). This is momentous as more testimonies are needed to demonstrate the potential for African American low-income mothers to overcome challenges and obstacles by doing what is necessary for the well-being of their child(ren).

With the identification of the gap in the literature, it is most evident to understand the motivations of African American mothers to seek help for their young child(ren) suffering from a mental health illness with the use of phenomenology research and the CDHS model. The next chapter will further examine the intent and purpose for this study from the perspective of qualitative research and theory.

Chapter 3: Research Method

The purpose of the phenomenology approach was to gain a better understanding of the experiences of the population in which the phenomenon is impacting. Identifying the characteristics that aided African American mothers or hindered their goal in seeking a mental health care service for their young child(ren) can assist others in overcoming the obstacles or encourage the strength to combat the internal (generational and cultural) and external (environmental and financial) challenges they may face. In this chapter, I focus on the method of research I used to conduct this qualitative study. Research design and rationale, the role of the researcher, methodology, and issues of trustworthiness are also discussed.

Research Design and Rationale

For my study, I used a qualitative methodology with a phenomenological design to discover the experiences of African American mothers who sought mental health care for their child(ren), given that it is atypical within the African American community The research design of phenomenology examines the uniqueness of an individual's life in dealing with a phenomenon (Neubauer et al., 2019). In a qualitative setting, the research focuses on the in-depth characteristics of the phenomenon by exploring the experiences of a specific population, especially when minimal information is available for increased knowledge (Aisbett, 2006). Through phenomenology research, a systematic approach is important to capture the occurrence in a non-singular method to make sense of the world through the eyes of the research participants while identifying connections and themes rooted in the experience (Frey, 2018). Contrary to quantitative research, the ability to

examine experiences and its foundation provides a layer of distinction lost in statistics that only intensifies the phenomenon without magnifying the cause and effect that can deliver solutions.

<div align="center">**Role of the Researcher**</div>

The role of the researcher involves multiple facets to provide full disclosure of the strengths and weaknesses of the research study. One area of focus is to identify the foundation of the phenomenon and how it related to the time of discover on society (Neubauer et al., 2019). A second area of focus is familiarizing oneself with the research design and its role for the research study. Lastly, the researcher must respect and value the experiences, opinions, and feelings of the participants to deliver quality, ethical, and trustworthy work (Sutton & Austin, 2015.

Researcher Bias

It is critical for the researcher to strive for an untainted description of the phenomenon based on the testimony of research participants and their perspectives (Astroth & Chung, 2018). Intentional and unintentional bias is not acceptable in any form of research. Intentional bias is not only harmful to the research, but also the participants as their stories are not a true representation of the phenomenon nor the target population. Unintentional bias is manageable by the researcher being honest about his or her beliefs, values, social position, and background throughout the research process (Byrne, 2017). Objectivity and transparency aids in the avoidance of researcher bias. As the researcher, I aim to prevent research bias through accountability measures such as member checking.

Ethical Issues

Ethical issues are possible in qualitative research because of its design. According to Sanjari et al. (2014), qualitative research does not prove valid with statistical analysis, but with interpretation from the researcher's point of view. Such research is not easily convincing without an extensive approach documenting each stage of the study as well as maintaining anonymity, confidentiality, informed consent, and privacy of participants. The ethical challenge of the researcher-participant relationship can pose concerns and special care must be imposed to ensure the emotional, mental, and physical well-being of the participant is at the forefront. To remain ethical, I used participant statements in an anonymity manner by using quotes or summarizations to expound the data being explored.

<div align="center">

Methodology

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Methodology of qualitative research requires a combination of methods to fully understand the process of the study. The methodology of this research study is phenomenology. The use of phenomenology is like tools, building a paradigm through a critical approach. Phenomenology allowed for the capture of the perspective of the research participants by identifying the phenomenon (seeking mental health care for a young child as an African American mother under low income) from their internal (generational and cultural) and external (environmental and financial) experiences as well as a higher level of comprehension for their motivations overcoming internal and external barriers. One on one interviews were the primary process of examination and exploration.

Through this method, common nine themes emerged to further validate the difficulty of the phenomenon, which will be later examined.

Participation Selection Logic

Participation selection is critical in portraying an exhaustive saturation of a sample size appropriate for the purpose of the research study (Martinez-Mesa et al., 2016). Typically, for qualitative research the number of participants is not as important as attaining data saturation (Abela, 2021). Data saturation determines the completion of the study by no new themes or perspectives developing (Gugiu et al., 2020). Purposeful homogeneous sampling is an ideal strategy as it focuses on a target population. As an in-depth study, purposeful homogenous sampling provides a detailed extensive investigation and analysis of a sub-group in their relation to the phenomenon (Emmel, 2013). For this research study, I used purposeful homogenous sampling to select specific participants that share similar traits and characteristics. Traits and characteristics of ideal participants include identification as a mother (age 18 or older) (including but not limited to biological, foster, step, or adoptive), identification as being African American or Black, identification as having a low-income economic status based on receiving governmental assistance (including but not limited to food stamps, welfare, Temporary Assistance for Needy Families, Medicaid, or Children's Health Insurance Program), and has/had a child between the age of 3 and 10 years old who receives/received professional mental health care services.

Instrumentation

Instrumentation included a consent form and 24 questions for the interview (Appendix). The consent form worked as the introduction into the research study. Candidates were asked 4 questions to confirm they met the basic requirements for the study. Basic requirements included gender, ethnicity, age of child, economic status, and mental health care position (child is/was under the care of a mental health professional). I served as the primary instrument throughout the research study as I was the researcher, data collector, data analyzer, and reporter of findings. The instrumentation was facilitated through semi structured interviews with an allowance of an informal, conversational style to attain a depth range of circumstances that have contributed to decision making founded in cultural determinations.

Recruitment, Participation, and Data Collection Procedures

The procedures of the study included recruitment efforts to identify voluntary research participants. Efforts include with permission the allowance of sharing of a flyer with offices of professional mental health care providers (counselors, therapists, and psychologists) and educators in primary schools. Posting with permission via Facebook Parent Groups or Support Groups also allowed an avenue of maximizing the number of participants for the study to expand across the United States. Research participants were asked to directly communicate with me and complete a consent form to participant in the research voluntary (without compensation) as well as complete screenings to ensure the intended population of participants is being examined. Once each of the preliminary items are completed, semi structured interviews took place to explore the help seeking

measures of the African American mothers to better understand their process mentally,

emotionally, physically, and financially in choosing a professional mental health care

service for their young child(ren). Data collection events continued until the target

population saturation was met. Saturation was met upon the completion of interviewing

and analyzing the data of six volunteer participants including a one month waiting period

to ensure all who were interested had an opportunity to volunteer or ask questions. Final

communications were sent to the original sources of recruitment to state volunteer

research participants are still being accepted with an end date of closure. With the

consent of the voluntary participant, the semi structured interviews were recorded with a

digital voice recorder. Once the semi structured interviews were transcribed, I used

member checking to allow the participants to review their own transcript to ensure

validity of the recording at a debriefing/exit interview.

Data Analysis Plan

My use of the CDHS through the qualitative study of phenomenology included an

inductive approach of interpreting the data received via interviews in the examination of

choices African American mothers made in seeking professional mental health care for

their young child(ren). Through data analysis, I discovered nine themes from coding and

indexing to identify the support for recurrent concepts, patterns, or categories in

exploring the influences of African American mothers' decision making and process in

seeking mental health professional care for their young child(ren). To make meaning of

the qualitative data I analyzed the themes and concepts that emerged from a narrative

standpoint. The review process of the qualitative research is continuous, especially with

the goal of data saturation, in which I constantly thought on the objective while

continually gathering data to support or challenge the theory. A persistent analysis of the

information determined if further action is needed to complete the goal of the objective.

Issues of Trustworthiness

Trustworthiness can be a major issue in qualitative research. Unlike quantitative

research with statistical data to support the research, qualitative research can receive

more scrutiny. To evaluate the trustworthiness of qualitative data, the value of the

research is analyzed through credibility, transferability, dependability, confirmability, and

ethical procedures. Detailed descriptive analysis addressing the qualitative process,

challenges, biases, and objectivity can strengthen the level of trustworthiness in

qualitative research (Sinkovics et al., n.d.). Transparency in research is not only

necessary but sets the standard for future studies. Below is an in depth review of the

trustworthiness of this research study.

Credibility

According to Moore (2015), credibility in qualitative research is demonstrated

through reflexivity, a form of self-reflexive work in which the researcher's positionality

on personal beliefs, values, and biases are expressed through narrative work on

experiences and inquiry. The credibility of the researcher through the collection of data

(interviews), participant validation (member checking), and thick descriptions (thorough

and detailed) entails a comprehensive evaluation of morals, values, and ethics (Astroth &

Chung, 2018). In qualitative research, the trustworthiness of data is evaluated through

credibility, transferability, dependability, and confirmability (Astroth & Chung, 2018).

To maintain credibility in this research study member checking and thick descriptions are the defining factors to preserve the credibility of the recorded interviews.

Transferability

Transferability is the ability for the data or results to apply to other concepts or studies (Coghlan & Brydon-Miller, 2014). In quantitative research, the equivalent term is generalizability. To increase the transferability of a study, it is key to provide full disclosure of the context, research design, methodology, and participant selection process with anonymity, also known as a thick description (Given, 2008). Transferability does not ensure similar nor exact results for other studies. Transferability offers the opportunity for other researchers to use some or multiple aspects of the research study for a separate purpose. Purposeful Sampling is most suited for transferability. Transferability can also stand as a method of validating the research study. The information presented in this research study follows the framework of transferability for others to expand the focus on exploring the phenomenon or extend in similar matters that affect society on a cultural level.

Dependability

Dependability relates to the level of reliability of the data. Triangulation, audits, and coding are verifiable strategies to validate the data of the research (Forero et al., 2018). Triangulation and audits are in sync with each other as interview transcripts and journals are examined for an analytical review of the data collection to identify a construct or range of collaborated answers to cross-validate the data (Korstjens & Moser, 2018). The coding of transcripts creates a thematic categorization of meaning from the

data collected to further analyze and connect to the purpose of the study. I have

transcripts, coding, and categorizing available for auditing and cross validation purposes.

Confirmability

Confirmability is best described as a form of triangulation or auditing in which

the information from the research participants is verifiable through physical evidence of

their lived experience, a collaboration in which two or more similar experiences are

shared by two or more non-relating individuals, or reflective journaling from the

researcher providing transparency throughout the research process (Korstjens & Moser,

2018). According to Korstjens and Moser (2018), confirmability is the ability for the

research findings to be confirmed from other researchers as validation for the data. In

identifying themes for this research study confirmability was evident through the similar

lived experiences of multiple volunteer participants. These similarities also provided

confirmation to some early literatures of the phenomenon of lived experiences.

Ethical Procedures

Ethical procedures will include abiding by Walden's code of ethics in research as

regulated by the Institutional Review Board. The Institutional Review Board's

responsibility is to ensure university rules, state laws, as well as federal regulation

standards are followed for the safety and privacy of all participants in establishing a

liability-free partnership with a site, the recruitment of participants, obtaining and

documenting consent, minimizing the risks to participants, maintain data privacy,

avoiding conflict of interest, and the sharing of results (Walden University, 2017). I

worked with the Institutional Review Board in modifying areas of need to be in

compliant with rules, laws, and regulation standards to maintain personal and professional code of ethics.

Summary

In conclusion, I have provided within this chapter a detailed structure, support, and reasoning of the research plan and execution of the research study. The research method presented supplied a clear understanding of the methodology in processing the impact of the phenomenon on the target population. African American mothers and the mental health of their children is a phenomenon that not only impacts a culture, but a society. The purpose of this phenomenological approach was to aid others dealing with this phenomenon to have access to planning and processing with the goal to further expand on how society can minimize the effects or provide solutions for this phenomenon.

Chapter 4: Results

The purpose of this qualitative research design was to provide an in-depth

perspective from African American mothers and their reasoning behind why they sought

professional mental health care for their young child(ren). The following descriptive

results from the study highlight key points acquired through phenomenological research

on African American mothers as it relates to help seeking mental health care for their

young child(ren). In this chapter I provide the setting of the research study, demographics

of the participants, collection of data, data analysis, evidence of trustworthiness, and the

identified themes. The purpose of the research is to provide an in-depth understanding of

the experiences African American mothers underwent in seeking professional mental

health care services during a time in which seeking help was atypical within the African

American community using phenomenological analysis through one-on-one interviews.

The focus of this study is to answer the research question, "What are the internal

(generational and cultural) or external (environmental and financial) experiences of

African American mothers which led them to seek mental health care for their young

child(ren), given that it is atypical within the African American community?".

Setting

The setting of this research study was completed in-person with an audio recorder

within a private office, virtually via phone with an audio recorder, or via Zoom with the

interview recorded (audio only, camera of interviewer and interviewee were turned off).

Each interview was conducted on an individual basis and each participant chose their

preference on how they wanted to conduct the interview (in-person, by phone, or via

video). Prior to the interview, each participant granted permission for recording in writing (via email) after reviewing the consent form. An opportunity was provided to each participant after reviewing the consent form and before the interview took place to ask any questions. Each participant was reminded that the interview was on a voluntary basis without compensation, and they could stop the interview at any time as well as not answer interview questions (Appendix) without consequence. Participants were also advised to ask questions during the interview, especially if the interview question was not clear before answering. Participants were also reminded of the confidential nature of the study in which their names were not going to be used within the research paper and to refrain from using other peoples' names during the interview, instead participants were instructed to use proper nouns (mother, grandparent, etc.) and titles (teacher, doctor, etc.) when needed to answer the questions.

The interview consisted of 24 open and closed-ended questions. Closed-ended questions were followed by an open-ended question such as what, why, or how. The benefit of open-ended questions in qualitative research allows participants the ability to be able to express themselves freely (Albudaiwi, 2017). The freedom of expression is ideal in phenomenological studies, highlighting the uniqueness of individual experiences as well as make available the study for further explorations. Follow-up interviews were conducted to share with the individual participants their transcript as well as to clarify any information they felt a need to further elaborate.

Demographics

The demographics of this research study included six African American mothers who were at least 18 years of age or older, received government assistance at the time of seeking mental health care for their child(ren), including but not limited to food stamps, welfare, Temporary Assistance for Needy Families, Medicaid, Special Supplemental Nutrition Program for Women, Infants, and Children, and/or Children's Health Insurance Program. Participants also had a child or children who are/were between the age of 3 and 10 years old and is/were under the care of a mental health care professional. The average age of child at the onset of mental health care services was five. The average gender of the children of the mothers was female at a percentage of 75% with the average age being 5 at 38% (Table 1).

Table 1

Demographics of Children

Age	Gender
5	Female
3	Female
5	Male
3	Female
4	Male
7	Female
9	Female
5	Female

Data Collection

The minimum target goal of collecting participants was five, with 15being the maximum number. Flyers explaining the research purpose, goal, and ideal candidate were

distributed to professionals within education and mental health industries through email and Facebook. Candidates reached out directly to me via email to inquire about the research process. Twelve potential candidates reached out to the interviewer but six were disqualified for the following reasons. One potential candidate was the child and her mother had passed away. One potential candidate was not African American. One individual reached out on behalf of a friend, but the friend was not interested. One potential candidate did not qualify because of economic status (was not low income at the time of seeking help for her child). One potential candidate had a child who was older than the maximum criteria. One potential candidate did not follow-through after the initially inquiry. I resent communications to the education and mental health professionals directly through email and via Facebook to inform the selection process was still open. I waited 1 month after the last interview took place before closing the research study selection process to ensure all potential candidates had an opportunity to inquire and possibly be part of the research study.

Of the 12 potential candidates, the final interviews consisted of six African American mothers who sought mental health care services for their young child(ren). Participants resided in Texas, Louisiana, and North Carolina at the time of research collection. The collection of research was completed either in-person, on Zoom, or by phone. The interviews were completed in one sitting and recorded by Zoom or by an audio recorder with the participant's consent. All interviews were completed in 45 minutes or less. All participants are volunteers and were not compensated for their time nor their participation. Each participant was provided a copy of the consent form to

review, ask questions, and signed the consent form. Upon receiving a signed consent, the interview was scheduled using the platform of the participant's choosing (in-person, phone, or via Zoom).

Each interview was conducted on an individual basis and each participant was asked the same 23 questions. One question was different based on whether the participant or someone else noticed the need for mental health care for the child. Twenty-four questions were asked in total. During the interview, participants were free to stop the interview at any time as well as ask questions for a clear understanding before answering. At times, the interviewer felt a need to repeat or proactively explain some questions if it seemed the interviewee did not understand.

Data Analysis

Data analysis is an important part of the research process in which codes and themes are identified that represent the perspective of the participants (Sutton & Austin, 2015). Direct quotes from the interview transcripts are provided to emphasize important sections of the research study. Throughout the analysis of the data, codes were captured, and themes were identified based on key words, phrases or ideas shared amongst the participants (see Siak et al., 2022).

Evidence of Trustworthiness

Trustworthiness is vital in qualitative research studies. Evidence of trustworthiness include credibility, transferability, and dependability (Forero et al., 2018). In this qualitative research, trustworthiness was maintained by allowing participants to member check the transcript of the interview to ensure information was captured and

recorded correctly. In the Results section of this qualitative research paper, some of the answers of the participants are provided along with the identified theme for the research question to provide transparency to the reader, another form of trustworthiness.

Credibility

Credibility in qualitative research is identified by morals, values, and ethics of the researcher (Astroth & Chung, 2018). I was able to implement credibility into the research study by using quoted statements provided by the participants to reflect their experience in their own words. Credibility was maintained through audio recording and verbatim transcription, saturation of data, and member checking. The data was analyzed through coding, categorizing, and identifying themes to answer the research question.

Transferability

Transferability of this research study is available for further research to enable a more in-depth exploration of the life of those who have lived the same or a similar phenomenon. The potentiality of transferability to other cultures is evident by the generalizability of the research question as well as the interview questions (Appendix). Transferability enhances the research study by the researcher being thorough and detailed throughout the research process (Korstjens et al., 2018).

Dependability

Dependability is concerned with ensuring that future studies may be able to extend this research into other areas. Further analysis of the data collected can create an extended purpose of the research study for other researchers to expand. An audit trail is

necessary for others to confirm the transparency of the research study (Korstjens &

Moser, 2018).

Results

The following section addresses the research question including patterns or

themes as well as data to support each finding to include statements or summarizations

from the transcripts. The research question addressed internal (generational and cultural)

as well as external (environmental and financial) experiences of African American

mothers which led them to seek mental health care for their young child(ren), given that it

is atypical within the African American community. Each volunteer participant was a

mother. This included biological, foster, or adoptive mothers. Each volunteer participant

had a child or children between the ages of 3 and 10 years old at the time help was

sought.

The results from the phenomenological study identified nine themes. Within the

themes, answers were categorized based on similarities. Themes are listed in no order of

importance, but on development through the study. Categories found within the themes

are listed in the order of prominence within the theme. The identified themes are mental

and behavioral health, children, support and assistance, generational, cultural,

environmental, financial, help seeking, and spiritual.

Mental and Behavioral Health

Mental health is defined as the emotional, psychological, and social well-being of

an individual that impacts how they think, feel, and act (National Institute of Mental

Health, 2018). This in turn creates behavioral responses to how stress is handled, choices

are made, and individuals interact (Substance Abuse and Mental Health Services Administration (SAMHSA, 2023). Behavioral health is best described as physical symptoms of mental health and substance use disorders impacted by life stressors and crises that uses diagnosis, treatment, and prevention of these conditions (Botts, 2022). The top categories within mental and behavioral health from the research gathered are behavior and planning tied for the most common reason for help seeking followed by a diagnosis and a condition (Table 2).

Table 2

Results Under Mental and Behavioral

Category	Percentage
Behavior	28%
Plan	28%
Diagnosis	11%
Condition	8%

Most of the volunteer participants noticed something about their child's behavior that raised a concern to create a plan that may or may not have included a diagnosis to treat the condition. Behavioral concerns included but were not limited to behavioral issues (lying or disobedience, issues at school/daycare), abnormal behavior (not being their usual self), and tantrums (breakdown, outburst, acting out). Mothers sought a plan to instill in their child(ren) coping skills to reach long term benefits that fostered improved communications and emotional management. Common diagnoses included symptoms

from traumatic experiences (from abuse and/or neglect, especially for children from other foster homes or families), grief (loss of close family members, including one by suicide), and depression (feeling sad or down). Conditions for treatment were to focus on the mental health challenges, stressors, and triggers.

Children

Communication is the stem that develops cognition, affect, social interaction, behavioral and social development (Cejas & Quittner, 2019) while treatment engagement can be challenging (Davidson et al., 2019), even for young children. Most of the volunteer participants had difficulty in communicating with their child(ren) (tried but difficulty in reaching child for understanding, difficulty in redirecting) or the child(ren) had difficulty communicating with the mother (not being open/honest, didn't want to go to therapy, not caring). This lack of productive engagement (mother learning how to engage, mother understanding of impact of mental health concern from the view of the child, child not feeling loved or as if others cared) in being able to reach their child(ren) and the increased behavioral concerns (child screaming, child crying, child witnessing unhealthy behaviors from others) led most of the mothers to seek mental health care for their child(ren) (Table 3).

Table 3

Results Under Children

Category	Percentage
Communication	15%
Behavior	13.9%
Engagement	13.1%

Support and Assistance

Support and assistance can vary depending on the individual, their environment, and access. The top categories within support and assistance for the mothers were specialists, benefits, and family (Table 4). The identified specialists included but was not limited to a doctor or physician (typically initiated concern and/or provided a referral to a mental health specialist), mental health counselor/therapist, psychologist, psychiatrist, or Christian counselor. The main difference in the above-mentioned specialty care is the educational background which dictated the type of treatment provided or an additional referral source (see Pitkanen et al., 2022). The most common benefits provided to the volunteer participants were help (advocacy, guidance, transportation), support (resources, trust), and encouragement (being understood, being happy for mother/child). Grandmothers, immediate family members, and other grandparents, including great grandparents were the most common responses to the inquiry about active family members who provided support or assistance. Friends, school officials, and other

members of the community were only made known of the mental health care/service if it was viable to the mother and/or child.

Table 4

Results Under Support and Assistance

Category	Percentage
Specialists	34%
Benefits	20%
Family	11%

Generational

As stated above, family can be very influential in the seeking of mental health care for children. The generational impact of this influence highlights symptoms, diagnosis, environments, mental health, financial status, and communication as factors that attribute to seeking mental health care (Table 5). The most common symptom or response to difficulties for mothers were demonstrated feelings of being mad or frustrated either with the mental health concern or the process of seeking help. The most common diagnosis amongst family members was within the schizophrenia spectrum and other psychotic disorders, followed by trauma and stress related disorders (including grief and post-traumatic stress disorder), depression disorders (including postpartum), and bipolar and related disorder of the Diagnostic and Statistical Manual of Mental Disorders. Mothers also reported known hereditary/biological traits from child's father, but a specific diagnosis was not always confirmed. Despite known mental health concerns

within the family, in many cases, mental health nor care was discussed. Although, not the most prominent within this research study group, generational trauma is most common in Black, Latinx, Indigenous, and other marginalized communities (Feliz et al., 2022). One benefit of generational involvement is the environment in which the child is raised as providing a foundation to seek help early versus later (as will be explained later within the chapter). Families that did talk also provided a foundation for the value in help seeking. One of the biggest impacts of a mental health disorder was the loss of a family member to suicide, which also impacted the child. Employment has made help seeking attainable by having the finances or the insurance to pay for treatment and transportation to receive treatment (further discussed later in the chapter) whereas a difficulty was in having children while young (in college) and having financial hardships.

Table 5

Results Under Generational

Category	Percentage
Symptom	15%
Diagnosis	15%
Environmental	11%
Mental Health	11%
Financial	11%
Communication	8%

Cultural

The African American culture has a level of mistrust of health care providers because of historical and ongoing mistreatment, marginalization, oppression, misdiagnosing, and labeling by medical and academic systems (Bauer et al., 2023). This proved evidence in the results gathered by the volunteer participants who valued privacy to reduce being judged and not accepted within cultural norms (Table 6). Per volunteer participants, mental and behavioral health was not talked about nor a topic of discussion in most households. "Quiet is kept if you went" as one statement from a volunteer participant. Volunteer participants further explained mental health was not accepted in the 80s and 90s compared to today's time. Mental health was seen as an illness only for those who are crazy. This has created a bias and a barrier in which seeking help was frowned upon, therefore most others just managed with the condition without treatment. These volunteer research participants went outside of cultural norms to seek mental health care for their child(ren).

Table 6

Results Under Cultural

Category	Percentage
Private	36%
Judgment	21%
Unaccepted	15%

Environmental

Exposure to one's environment can present a trigger response to life's circumstances, starting at a young age (DeMatthews & Brown, 2019). The mothers interviewed for this research study wanted something different for their child(ren) than their surrounding physical environment (neighborhood or community) and because they had the ability to seek help, their focus was on the child(ren) being able to overcome the difficulties of negative environmental influences (Table 7). Volunteer participants reported they did not allow these factors to hold them back. Some volunteer participants identified their level of education was able to assist them in seeking help by attempting what they felt was the best choice for the child(ren) and their child(ren)'s future lifestyle.

Table 7

Results Under Environmental

Category	Percentage
Ability	16%
Physical Environment	11%
Education	11%
Difficulties	10%

Financial

Financial difficulties have been linked to the mental and physical health of African Americans, disproportionally than other race or ethnicities (Evans et al., 2020). As displayed below, insurance (most notably Medicaid) has played a major part in the

accessibility of mental health care, despite the sacrifices (working extra hours or multiple

job) or the expense (transportation, copays, coinsurance) that can be associated with

mental health care (Table 8). Volunteer participants discussed how they were able to

make mental health care for the child(ren) affordable through cost effective means such

as budgeting (including frequency of sessions to be more affordable), acquiring free

mental health care services (church), and the financial ease of not having to worry about

financial obligations through a variety of service options or financial assistance from

family (grandparents).

Table 8

Results Under Financial

Category	Percentage
Insurance	28%
Sacrifice	10%
Cost Effective	10%
Free	8%
Financial Ease	8%

Help Seeking

African Americans have had numerous barriers to prevent the help seeking

behaviors of mental health care to include but are not limited to child-related factors,

clinician and therapeutic factors, stigma, religion and spirituality, treatment affordability,

availability, accessibility, school system, and social networks, child mental health

concerns, caregivers' experiences, and supportive social networks (Planey, 2019).

Despite these known barriers, this study's research participants were aware of the need

for the purpose for care while recognizing the benefit (Table 9). The main purpose of the

volunteer participants' goals was to make things better, easier, and to enhance the quality

of life for their child(ren). To accomplish this goal, knowledge was necessary to figure

out the process of navigating the mental health care system. Per the volunteer

participants, mental health care services were seen as a need and not a want. This

perspective made it okay to seek help, not feel less of a parent, and be honest about the

signs/symptoms and embrace the known difficulty of the process, as reported by the

volunteer participants to the point in which all stated they would do it again, even if in

another manner.

Table 9

Results Under Help Seeking

Category	Percentage
Purpose	20%
Awareness	16%
Benefit	14%

Spiritual

Spirituality continues to play as a positive role in mental health care in which

African Americans use spirituality as a form of support to overcome illness and stress to

overcome negativity through singing, dancing, mourning, moaning, affirming,

worshiping, contemplating, reflecting, shouting, praying, preaching, testifying, and the lifting up of the Holy Spirit (Hamilton et al., 2020). As demonstrated in Table 10 below, most of the volunteer participants have a belief system that may or may not be religious with a focus on connecting to a higher being as part of their spirituality. Some volunteer research participants have found that seeking a spiritual or religious counselor for mental health treatment is possible and cheaper than licensed professionals.

Table 10

Results Under Spiritual

Category	Percentage
Belief system	57%
Religion	28%
Spirituality	7%
Financial	7%

Summary

In conclusion, in answering the research question "What are the internal (generational and cultural) or external (environmental and financial) experiences of African American mothers which led them to seek mental health care for their young child(ren), given that it is atypical within the African American community?", I was able to identify "For an African American mother to seek mental health care for her young child(ren), she must overcome internal inhibitors such as awareness and understanding of mental health, generational, cultural, and spiritual beliefs as well as the external barriers

such as financial, environmental, the child(ren), and the accessibility/availability of support and assistance".

To seek mental health care, an individual (in this case a mother) may need to find themselves in a position of not being able to help their child(ren) with a mental health concern. Mental health concerns include but are not limited to mental, emotional, and/or behavioral health needs. As a mother, it is believed that they are the primary source to provide for the needs for their child(ren). When the mother does not know how to help her child(ren), it is ideally necessary to seek assistance which can include a specialist in a specialized field. Typically, as based on this research, a mother can tell or notice that the need to seek help is evident based on the behavior of the child(ren). In many cases, the mother completed a self-examination as to why their child(ren) was behaving a certain way to realize a change was necessary. An individual's experience with mental health or mental health care, whether direct or indirect, can be a determining factor in one's ability or even comfortability to seek help. Whether or not to inform others of the need to seek mental health care for a child is on a need-to-know basis, especially to those who are able to provide additional support or assistance.

Generational experiences on seeking mental health care seems connected to the known family mental health history. This can be through identified symptoms, diagnosis, and/or communication of mental health concerns. Culturally, there does seem to be an impact on seeking mental health care, especially as it relates to the level of the severity of the mental health condition, the family system environment (ex: foster care), or the financial ability to pay for mental health care services. A mother's motivation,

inspiration, or goal in seeking mental health care for their child(ren) is geared by a pressing need and the mother requiring assistance.

Once a mother makes the decision to seek mental health care for their child(ren), the first obstacle is the availability of mental health care services (physical environment). In rural and low-income communities, mental health care services do not always present itself in abundance. This could mean that there is not many mental health care services within the community or the services are not obviously made known to the community members. Knowing that mental health care services can present itself in various ways (practitioner, mental health care specialist, church), this is unfamiliar territory for someone starting out.

Once a mental health care services has been identified, the next obstacle is financial. The economic status of a mother will make a difference on the mother moving forward in accessing the mental health care service. Some services are free such as at a church. While most mental health care services require a cost but knowing that insurance may cover the cost is not always the first understanding. When insurance comes to mind, there is an understanding that it is for physical medical health services. To know that insurance may also cover mental and/or behavioral health care services is not always evident and may need to be specifically asked for or included for complete coverage.

Another obstacle to consider is the physical environment of the mother and the child(ren). Determining factors within the physical environment may include the characteristic of the city (urban, suburban, and rural). Rural areas present to have less mental health care services than other areas. Other aspects to consider within the physical

environment includes employment and transportation means or the lack thereof for the mother. Employment can determine the mother's financial obligation to attain and maintain mental health care services while transportation can determine the mother's ability to access those services.

Professional mental health care services are available through many different options of specialists including and not limited to a licensed clinical social worker, licensed professional counselor, licensed psychologist, licensed psychiatrist, licensed marriage and family therapist, or certified Christian counselor. Some primary care physicians, nurse practitioners, and physician assistants who are trained in the field of mental health may be able to prescribe some psychiatric medications, especially if this is the only focus as it related to mental health care. It may be encouraged to also have one of the above-mentioned specialists on the treatment team to aid in the overall goal in mental health recovery (Mental Health American, n.d.) To know which option to choose is an individual preference on who the mother believes will provide the most benefit to the child(ren) or in some cases whoever is available because options are limited.

The journey in seeking mental health care services for a child or children is different for everyone. For most mothers, the journey was easy while others had more difficulties or obstacles. For most mothers there was a level of difficulty but considered minute when looking at the overall picture. To get through the journey, encouragement and not giving up seem to be the driving forces propelling mothers to seek mental health care for their child(ren). Looking back on the journey, one may feel as if they could always have done more in getting or maintaining the mental health care service. One of

the most important factors in seeking mental health care is when the child(ren) is good,

then the family is good. Research is fluid and evolving. Chapter 5 will provide an

interpretation of the findings from the research, limitations of the study,

recommendations for future research, and the research's impact on social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative, phenomenological study was to explore the help seeking behaviors of African American mothers who chose to seek professional mental health care for their young child(ren), especially since it is atypical within the African American community. The help seeking behaviors further explored the internal (generational and cultural) as well as the external (environmental and financial) experiences of these African American mothers. This qualitative, phenomenological study was completed to address the gap in the literature highlighting the cultural determinants of the help seeking model of a population with minimal representation.

Through this research nine themes were identified providing support of this qualitative, phenomenological study. The nine identified themes were mental and behavioral health, children, support, and assistance, generational, cultural, environmental, help seeking, and spiritual. These themes were identified as the foundational experiences of the six participants that was part of their help seeking journey in getting professional mental health care for their young child(ren) despite being an African American mother, economically disadvantaged, and having a young child or children experiencing a mental health concern that was diagnosed between the age of 3 and 10 years old. Such factors have made the help seeking mental health journey challenging for the participants in which determination, persistence, and committed to change led to progress.

Interpretation of Findings

This qualitative, phenomenological study can extend knowledge in the discipline. Through this qualitative, phenomenological study I confirmed that for an African

American mother to seek help, she had to overcome internal inhibitors such as awareness

and understanding of mental health, generational, cultural, and spiritual beliefs as well as

the external barriers such as economics, environment, the child(ren), and the

accessibility/availability of support and assistance. Early writings highlighted the mistrust

of the mental health care system, the lack of available care, mistreatment of patients

(misdiagnoses, needless pharmaceuticals and/or surgeries), imprisonment, or

institutionalization. Based on the research study, there are mixed perspectives on trust vs

mistrust considering that this was not a direct question asked to the volunteer participants.

The participants were asked if they would go through the journey again and they all said

yes. This leaves one to believe that there is evidence of some level of trust within the

mental health care system for the willingness of these mothers to experience the process

again. The availability of care also received mixed perspectives as for some there were no

barriers or obstacles and for others, knowledge and awareness was a hinderance as well

as location and timing of mental health care resources. I could not confirm nor disconfirm

mistreatment, imprisonment, or institutionalization of patients due to mental health care

concerns. I can confirm that none of the mothers reported mistreatment, imprisonment,

nor institutionalization of their child(ren). This qualitative, phenomenological study can

extend the knowledge within the discipline by providing experiences to encourage others

that it is possible to overcome internal and external factors to meet the needs of young

African American children as it relates to mental health care and services.

      The conceptual framework of this study was based on the CDHS model. This

qualitative, phenomenological study focused on the qualitative interviewing portion of

the model. Through using the model, the identification of experiences expectations, and influences highlighted the defining behaviors of help seeking from the perspective of African American mothers. According to Saint Arnault (2009), health disparities are needed to be reduced or eliminated through the identification of social processes, beliefs, values, rules, and social practices.

There is some evidence from the primary literature of mental health care that has identified an impact on present day African American communities. The evidence of the impact was derived from the themes of environmental and financial experiences. One previously identified theme from the literature was the lack of available care (see Murry et al., 2011. The lack of available care is categorized based on location and affordability. The availability of care through access was limited in which research participants identified transportation, having a car, and having to travel as contributing factors in being able to access mental health care. The affordability of accessing mental health care can be limited by financial resources and/or medical insurance that includes mental and/or behavioral health care. Finances were mentioned in at least 24 different ways by the research participants from not having to pay, having insurance which helped to offset the cost, working extra hours or multiple jobs to pay for sessions, and/or receiving financial assistance from other family members. Having Medicaid was the most common financial relief. One participant stated, "I just think that if she didn't have Medicaid, I probably wouldn't be able to actually give her the services she needed to determine if they could actually help her". Without access physically and financially, mental health care can be out of reach for African Americans.

A second previously identified theme from early writings was the mistreatment of patients by misdiagnosis and, prescribing needless pharmaceuticals and/or surgery (see Hollar, 2001). The research volunteer participants did not state anything related to mistreatment, misdiagnosing, nor surgery. On at least eight occasions medication was mentioned in which some were okay with giving their child(ren) while others were not. One research participant stated, "I did not want the medication, so we didn't go to the psychiatrist…A psychologist helped by changing her diet". This same participant also did not want her child to get addicted to the medication, which is another factor in her decision in seeking a specific type of mental health care treatment. This participant reported "knowing a lot of people doing it (seeking mental health care services that prescribed medication), so they could get a check…I wasn't interested in that". According to the Social Security Administration (2001), cash payments may be available to the caregiver of a child if the child is determined to be physically or mentally impaired as determined by a licensed professional.

A third previously identified theme from the literature was the imprisonment and/or institutionalization of patients (see Hollar, 2001). The closest identification of imprisonment and/or institutionalization of patients is through the involvement of Child Protective Services (CPS) as it relates to the foster care system. One participant remembered being removed from her primary caregiver's home as a young child and placed in foster homes. This led to feelings of "being alone, unloved, and surrounded by strangers". This experience stayed with the participant with the goal of making sure her child always had her "real family". The same participant also stated,

I was a child with CPS, and it affected how I feel and think because I wasn't

really with my real family…the other foster kids; some had mental health

problems and I had to be around that and see that, and it made me feel depressed

and sad.

CPS is part of the Child Welfare System in which institutional care (placement of

children with nonbiological families) is a form of institutionalization and has shown

deficits in cognitive and social-emotional development, externalization of problems,

higher stress, and mental health issues including but not limited to depression, anxiety,

social adjustment problems, and a higher criminal history record that their community

peer, thus creating traumatic experiences (Zhukova, 2020). Of the six participants, two

were foster mothers who became the adoptive mothers of their children.

The overarching theme of the mistrust of the mental health care system was

awareness, knowledge and understanding. All research participants had some level of

awareness, knowledge, or understanding of the need to seek help for their young

child(ren)'s mental health needs. Once this was identified, the help seeking process

began. Trust is a developmental process between the professional, child, and mother.

Without this trust, at least two research participants reported that they would not have

continued with mental health care services. Trust also enabled the tearing down of

cultural barriers to break cultural norms. Research participants reported negative

references, stereotypes, and biases to mental health based on their cultural upbringing in

which mental health was "looked down upon", "frowned upon", "shameful", seen as a

"weakness", or only for people who are "crazy". Culturally, mental health was rarely a

topic of discussion and only recently became more accepting, especially with an increase of "Black people in the field", according to one research participant. One research participant stated, "I knew my educational background helped me to make the best long-term decision for my kids…I believe education is a true factor and a true variable…in seeking mental health…especially minorities with a sink or swim mentality". According to Alang (2019), higher education is a connected factor to mental health symptoms needs being met. At least four out of the six research participants attended and/or completed higher education.

As compared to the literature, research participants used the church for reasons such as support and free Christian counseling treatment on at least eight references. According to Karadzhov and White (2020), faith-based organizations, namely Christianity, has grown in increasing frontline mental health worker, community mental health resources, and being gatekeepers to mental health and substance use services. One research participant was intentional in seeking a Christian counselor for her family with a "strong Christian background".

In confirmation with the literature, the volunteer participants were concerned about generational mental health circumstances from grandparent to mother/father to child(ren) and decided to seek help to make changes for their own children. Five of the six volunteer participants had experienced trauma directly or indirectly and was concerned of "traits being inherited" by the child(ren) or "internalizing" without knowing how to manage. Craigo-Snell (2020) identified the ability of intergenerational trauma being possible passed down physically and emotionally through cultural norms as a

trauma response, especially in African Americas, Jews, and American Indians, groups

that are known to have undergone historical trauma. Volunteer research participants

whose children experienced trauma or depression first or second hand were more apt to

seek help for their children to "know how to cope", "not be stagnant", and "get the

support and assistance" they needed, especially when the mother could not or did not

know how to help.

Present day mental health care services have gained a marked level of

improvement through multicultural training requirements and increased number of

African Americans in the mental health care system (Shelton, 2020). One volunteer

participant was surprised by the number of African Americans at a community mental

health fair available to provide services by stating "there was a whole bunch of Black

people in mental health". According to the U.S. Government Accountability Office

(2022) a SAMHSA-supported study estimated 1.2 million behavioral health providers in

2020 which includes 4% of psychologists (American Psychological Association, 2018),

2% of psychiatrists (American Psychiatric Association, 2021), 22% of social workers

(Institute for Health Workforce Equity, 2020), 7% of marriage and family counselors,

and 11% of professional counselors are reported being Black (Black Psychologists, n.d.).

This study originated in identifying cultural determinants to help seeking from the

viewpoint of accessibility, barriers, influences, interpretations of mental health, and

approaching the problem. Based on this research study, there is a confirmation of many

determinants as factors of help seeking for this study's volunteer research participants.

Accessibility was a factor as it relates to having to travel to appointments and/or getting

help to make it to appointments. Transportation or specifically a car was stated at least five times under the themes of support/assistance and financial. Barriers were identified twice as defined as social and internal struggles under the theme of mental/behavioral health. Four of the research participants stated their community was not an influential factor in seeking help. I can confirm that all research volunteer participants had enough first-hand knowledge on mental health to have the knowledge and awareness to seek professional mental health care for their child(ren). This knowledge was the foundation of being able to approach the problem through a professional standpoint versus other nontraditional means.

Limitations of the Study

As with any research study, limitations are evident. As stated earlier in Chapter 1, limitations include but are not limited to the methodology, sample size, and target population. These limitations are at an advantage to the research study to focus on the specific impacts of a specific phenomenon on a specific target population for explicit research. Despite these limitations, the scope of phenomenological research can extend to other target populations to enhance the literature (Hong, 2019). The target size of the population was on the lower end of the average expectation for a phenomenological study in which five is the minimum and this study was captured by six. Despite the study size being limited, I was able to capture a varied of participants to include but not limited to different levels of education (identified intellectually or developmentally disability, high school diploma, some college courses, and college graduates), biological and adoptive (previously foster) mothers, as well as participants from three different states (Texas,

Louisiana, and North Carolina) within the United States. The populations represented

provides various readers the perspective of one or more participants in which they can

relate to, thus adding to the enriching study on different levels.

Limitations can impact the trustworthiness of the study as identified in Chapter 4.

Phenomenological qualitative research is based on the interpretation of human experience

as it relates to a phenomenon. Cultural determinants of help seeking, takes

phenomenological research to the next level by focusing on the cultural aspects of help

seeking to uncover the underlining of a phenomenon. The limitation to this process is the

researcher bias, even when unintentional, of the interpretation of the identified cultural

findings. This aids in the importance of having checks and balances to keep the

researcher credible. In this study, I elicited the process of member checking to have the

participants confirm and validify the provided data while clarifying any misconceptions.

Recommendations

The purpose of this study was to identify the help seeking attributes of African

American mothers seeking professional mental health care for their young children.

Based on the findings of this research study and the goal to aid in the genre of literature,

it is recommended to continue the search on identifying CDHS of mental health care.

This study focused on six African American mothers who sought professional mental

health care for their young children. A gap still exists in the literature. With all six

participants located in the lower half of the United States, it would be of interest to

compare any similarities and/or differences for African American mothers residing in the

upper half of the United States who have also sought professional mental health care for

their young children. Topmiller, et.al., (2023), identified the disparities of access to mental health care services for black Americans geographically. A mixed study approach may also provide a heightened perspective of the numbers and along with the lived experience providing added value to the research.

This research study identified motivational factors to help African American mothers seek professional mental health care for their young children, despite being atypical within the African American community. Parker (2021) identified an elevated focus on school mental health care services that are culturally responsive for African American students, especially when they are less likely to receive and access mental health care compared to White students. Parker (2021) also identified a cultural mistrust as at least one reason African American families do not seek formal mental health support. Future research can also study the disparities within the school system as it relates to African American students and mental health care services.

Implications

Positive social change is important to attain in research. Social change can impact the individual, family, organizational, and societal levels of a culture. This study primarily focused on the individual (the mother) for the benefit of the family, namely the child(ren), and the society from a cultural standpoint. The evolution of African Americans, mental health, and positive social change as stated in Chapter 2 confirmed growth for a society that is increasing policies and procedures to address the deficiencies in the mental health system for the betterment of African Americans. According to Roy, et.al., (2019), critical consciousness is the key to positive social change in which engaged

action is critical for success. Critical consciousness is composed of critical reflection, political efficacy, and critical action (Roy, et. al., 2019). For a culture to elicit change an introspection takes place, ability is defined, and a plan is executed. The mothers of this research study went through this exact process on the individual and family level. With enough mothers, fathers, and caregivers of children with mental health concerns the organizational and societal level of positive social change can occur as an improvement to the current functionality of the system.

The positive social change of the methodological (qualitative, phenomenological research) and theoretical (cultural determinants of help seeking) implications of this research study provides insight into the cultural needs of African Americans which include but are not limited to greater access, greater support, and greater resources. Positive social change on the individual level can benefit the mother, child, and/or family unit. According to Salgado (2019), positive social change is organizable through public policies and programs such as universal mental health screening, readily available mental health literature, and support for the family to contribute to early help seeking opportunities that can provide early treatment to chronic mental health disorders that commonly manifest in childhood. Treatment in childhood can enable a higher functionality of improved mental health care as adults with managed mental health symptoms, increased societal involvement, and reduced stigma.

Conclusion

In conclusion, this research study identified nine internal (generational and cultural) and external (environmental and financial) motivators of African American

mothers which led them to seek mental health care for their young child(ren), given that it was atypical within the African American community. These nine identifiers are nine ways of hope for others to seek help for their young child in an effort for children to not struggle, not have difficulties, nor be afraid of help. For the mothers, they do not have to battle mental illness on their own, not be ashamed, and despite the journey this is an opportunity to improve not only the life of the child, but also of the family dynamic. The original identified problem was to identify help seeking behaviors of low-income African American mothers in their preventive measures for their children's mental health well-being by accepting professional mental health care for their young children to address the increase of documented major depressive disorders found in children between the age of 3 and 10 years old. Through the development of this study, I went beyond major depressive disorders to avoid the limitations of one mental health disorder as evident in this research study there was much more. As a result of this study, I aim to end the stigma of all mental health disorders. These families, namely these mothers have shown the power of perseverance, the love of motherhood, and the will of sacrifice to aid in the well-being of our future, the children. To go beyond the call of duty is to capture the intrinsic nature of a culture that has been severely over overlooked.

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APPENDIX: INTERVIEW QUESTIONS

Interview Questions

Research Question:
What are the internal (generational and cultural) or external (environmental and financial) experiences of African American mothers that led them to seek mental health care for their young child(ren), given that it is atypical within the African American community?

- General Questions:
  - How old was your child(ren) when he/she/they was first under the care of a mental health professional?
  - What was your initial understanding (beliefs/thoughts) about mental health?
  - What was your initial understanding (beliefs/thoughts) about mental health care?
  - Did you on your own notice that you needed to seek mental health care for your child(ren) (Direction A) OR did someone bring this need to your attention (Direction B)?
- Direction A (Mother noticed):
  - Can you describe the initial experience in which you noticed there was a need for mental health care for your child(ren)?
- Direction B (Someone else noticed):
  - Can you describe the initial experience in which someone brought to your attention the need to seek mental health care for your child(ren)?
- Internal Experience Questions:
  - How did this experience (mother noticed or someone else noticed) make you feel?
  - Growing up, what was your personal (direct/indirect) experience(s) did you have with mental health care (know someone with a mental health condition and/or a topic of discussion)?
  - Do you believe your previous or lack of experience(s) with mental health care made your journey easy or difficult? How?
  - What was your experience in making your journey known to your family (immediate and extended members)?
  - What was your experience in making your journey known to your friends, co-workers, child(ren)'s school, or any other community entity?
  - Do you believe that there was a generational (parent, grandparent, caregiver) impact that affected your process through the journey? If so, what?
  - Do you believe that there was a cultural impact that affected your process through the journey? If so, what?
  - What made you move forward (motivation, inspiration, goal) with your journey in seeking mental health care for your child(ren)?
- External Experience Questions:
  - What experience(s) have you had with mental health care as it relates to your community (growing up and/or as an adult)?
  - What type of support do/did you have as you went through the journey (family, friends, job, school, community)?
  - What was your financial experience(s) in making the journey possible for you and your child(ren)? How did this impact your decision to move forward in your journey?

- o Do you believe that there was an environmental impact that affected your process through the journey? Examples: physical environment (urban/rural/suburbia living, employment, transportation), and/or social environment (education, safety/abuse, resources). If so, what?
- Exit Questions:
  - o What type of mental health care service(s) did you choose? Why did you make that choice? What were the benefits and/or detriments of this decision?
  - o What was the easiest part of your journey?
  - o What was the most difficult part of your journey?
  - o What can you share with others who are going through a similar experience?
  - o Looking back on your journey, would you go through this again? Why or why not? What would you have done differently?
  - o Do you believe seeking mental health care for your child(ren) was a benefit to him/her/them? Why or why not?
  - o Do you believe seeking mental health care for your child(ren) was a benefit to the family? Why or why not?