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# The Impact of Mental Health Education on Nigerian Immigrants in the United States

Paschal Chinedu Ukwu  
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# Walden University

College of Psychology and Community Services

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Paschal Chinedu Ukwu

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December 2024

Abstract

The Impact of Mental Health Education on Nigerian Immigrants in the United States

by

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MA, Western New Mexico University, 2016

BS, University of Wisconsin, Superior, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

February 2025

## Abstract

Although there is a general awareness of the importance of mental health, the role of mental health education in shaping the perceptions and attitudes of Nigerian immigrants in the United States remains understudied. This qualitative study aimed to explore and understand the impact of mental health education on the attitudes and beliefs of Nigerian immigrants in the United States. The theoretical foundation for this study was the health belief model, which posits that an individual's beliefs about health, perceived risks, and perceived benefits play a significant role in their health behaviors. The central research question concerned how mental health education influences attitudes and beliefs regarding mental health among Nigerian immigrants in the United States. A qualitative research design was used. Data was gathered by conducting semi-structured interviews of ten Nigerian immigrants residing in the United States of diverse ages, genders, and immigration backgrounds. These were interpreted through thematic analysis. The four identified themes (impact of mental health education, cultural and educational transformations, transformation in mental health perceptions, and barriers to accessing mental health services) offer insights into the mental health landscape as experienced by the population. The study has implications for positive social change by providing valuable information that can potentially be used to develop culturally sensitive mental health education programs and policies that promote the mental well-being of Nigerian immigrants in the United States.

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## Dedication

This dissertation is dedicated to the Almighty God for his steadfast love and his grace that supported me through the completion of my doctoral journey. I dedicate this work to my beloved family, at home and abroad, who have been my source of unwavering support. To my dear parents, Mr. and Mrs. James and Magdalene Ukwu, your steadfast belief in the value of education has guided me through my journey. My darling wife, Tamara Ukwu, and our lovely kids, Martin Chinedu Ukwu, Tina Chioma Ukwu, and Daniel Chibuikem Ukwu, thank you for supporting me every step and being there for our family throughout this journey. Thank you for all your support and encouragement and for cheering me to the completion of my doctoral program. The immense sacrifices and steadfast support you have provided to all seven of us, Victor Ukwu, Eugenia Ukwu, Kingsley Ukwu, Okechukwu Ukwu, Ugochukwu Ukwu, and Amaka Ukwu, your children, through both prosperous and challenging times, have laid the foundation of our personal and professional growth. Your patience, understanding, and unconditional love have fortified me, infusing my path with strength and inspiration. I am grateful for the encouragement and steadfast backing that has enabled me to pursue and realize this dream.

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## Chapter 1: Introduction to the Study

Mental health among Nigerian immigrants in the United States is a complex and multifaceted issue. It is often compounded by various factors, including cultural misconceptions, deeply ingrained beliefs, and the inherent challenges associated with immigration. A substantial amount of research has focused on mental health issues among Nigerian immigrants. However, a significant gap remains in comprehending the extent to which mental health education shapes their attitudes and beliefs. This study aims to bridge this gap. It employs the health belief model (HBM) as its theoretical framework. The HBM suggests that an individual's beliefs about health and perceptions of risks and benefits significantly influence their health behaviors.

This approach is crucial for understanding the dynamics of mental health among Nigerian immigrants. Utilizing the HBM can provide insights into how their beliefs and perceptions shape their approach to health issues. Notably, I focused on the role of mental health education. This aspect is critical, yet it has not received much attention in existing research. By exploring this area, I sought to reveal how educational interventions can alter health-related attitudes and behaviors among Nigerian immigrants in the United States.

Understanding these dynamics is not just academically relevant; it has practical implications, too. Improved mental health education can lead to more effective healthcare strategies. These strategies can be tailored to address Nigerian immigrants' unique needs and beliefs. This is especially important given the diverse cultural backgrounds these immigrants bring to the United States. Shaped by these backgrounds, their perspectives

on health and wellness significantly influence their response to mental health education and interventions. In this chapter, I provide an overview of the study I conducted.

### **Background**

The history of Nigerian immigrants in the United States dates to the 1920s and has been characterized by rich cultural diversity. Among the significant aspects of this diversity are the cultural beliefs and attitudes toward mental health. This study aims to explore the impact of mental health education on the perceptions and attitudes of Nigerian immigrants in the United States regarding mental health. This research holds significance as it could lead to more culturally sensitive mental health education and interventions, potentially improving mental health outcomes and quality of life among Nigerian immigrants in the United States. Nigerian immigrants' presence in the United States dates to the 1980s, primarily as international students (Akomolafe, 2020). However, other migration options have been open to Nigerian immigrants since the 1950s, such as the American lottery and other options that have enabled Nigerian immigrants to successfully move to the United States (Akomolafe, 2020).

With the influx of Nigerian immigrants to the United States came their traditional belief system and religious and cultural backgrounds, which also include their mental health understanding, the role that mental health plays in the lives of the Nigerian immigrants, and their response to healthy mental health and wellness. The Nigerian immigrant's change in location and dwelling comes with a newly acquired traditional belief system and a different understanding of mental health (Barba, 2019). The juxtaposition of religious beliefs and traditional African practices agree regarding mental

health concerns, how the spiritual forces play a role in the mental health of the average Nigerian, and how he responds to mental health (Akomolafe, 2020).

The Nigerian immigrants' mental health experience involves the general notion that Nigerian immigrants in the United States view mental health through the lens of the education they have access to concerning mental health (Akomolafe, 2020). Nigerian immigrants do not fully accept the concept of mental health without the connections they share with their cultural belief systems touching mental health generally (Aina & Morakinyo, 2019; Akomolafe, 2020). As a result, the focus on mental health is paramount to understanding the different cultural backgrounds of Nigerian immigrants in the United States. Understanding the other areas of the Nigerian immigrant experience can be viewed through the lens of the uniqueness of the Nigerian immigrant, who can see and understand the Nigerian immigrant's role in dealing with mental health concerns.

The foundation that mental health plays in the Nigerian immigrant can be understood in the shared responsibility that the group follows when it comes to creating a sense of belonging (Henderson, 2019). The understanding of the concerns that the Nigerian immigrant faces when it comes to making the level of mental health engagement that each Nigerian immigrant can understand and comprehension of the Nigerian immigrant, especially when it comes to understanding the role that mental health awareness creates in the larger scheme of things. The mental health response and capacity that the Nigerian immigrant experience also contributes to the level of response that the Nigerian immigrant experience feels within the cultural, social, and collective responsibility as a group (Hackley, 2019).



### **Problem Statement**

While there is a general awareness of the importance of mental health, the role of mental health education in shaping the perceptions and attitudes of Nigerian immigrants remains understudied. The limited understanding of the interplay between mental health education and cultural beliefs among this population poses challenges in designing effective mental health programs that are culturally sensitive. The problem this study addresses is the lack of research on how mental health education impacts the attitudes and beliefs regarding mental health among Nigerian immigrants in the United States. Understanding the role of mental health education is essential in formulating cultural interventions and strategies to promote mental health among Nigerian immigrants (Morakinyo, 2016).

Nigerian immigrants who experience mental health issues are often stigmatized and blamed for their mental health challenges. As a result of the Nigerian immigrants' experience of mental health in the United States, these individuals are often shunned, deserted, and isolated (Essien, 2019). They do not get the treatment they need. Though there have been studies that detail the experience of Nigerian U.S. immigrants to experience with mental health, there is little or no research focused on Nigerian U.S. immigrants' cultural foundations that affect their perceptions of mental health (Ahmed & Rasmussen, 2020).

The level of cultural foundations and the Nigerian immigrants' understanding of mental health. The experience of Nigerian immigrants' mental health can be attributed to the cultural lens through which the Nigerian immigrants understand and extend

acceptance of the cultural foundation of mental health (Sengupta, 2021). The experience and the response to mental health among Nigerian immigrants in the United States are shallow compared to other ethnic groups (Akomolafe, 2016). When Nigerian immigrants in the United States experience mental health seeking treatment, it is often through traditional healers and religious leaders, as mental health is commonly associated with evil, spiritual curses, and witchcraft (Akomolafe, 2016). As a result of this belief that mental health is connected to spiritual forces, evil, and sorcery, Nigerian immigrants would instead pursue spiritual treatment for their mental health (Sengupta, 2021). In the preceding general experiences of Nigerian immigrants in the United States, their diverse backgrounds have so much to do with their cultural perception of mental health (Newbold, 2016).

Addressing this problem is paramount for the well-being of Nigerian immigrants and the broader community. By understanding the influence of mental health education on Nigerian immigrants' perceptions and attitudes, healthcare providers and policymakers can develop more effective, culturally sensitive interventions. This, in turn, can lead to better mental health outcomes and reduce the stigmas and misconceptions associated with mental health within the Nigerian community. Additionally, as members of the Nigerian immigrant community continue to integrate into the broader society, improving their mental health can contribute to a healthier, more inclusive community overall. This underscores the social relevance and the ripple effect of addressing Nigerian immigrants on society.

### **Purpose of the Study**

This qualitative study aimed to explore the experiences of Nigerian immigrants in the United States concerning mental health and mental health education's impact on their attitudes and beliefs. Grounded within the context of cultural foundations, this study seeks to understand how education about mental health interacts with, and potentially influences, the traditional belief systems held by Nigerian immigrants. Data will be collected through in-depth, semi-structured interviews with a purposive sample of Nigerian immigrants in the United States who have engaged with or have insights into mental health education.

The study will also examine how cultural values, passed down through generations, shape perceptions of mental health among this population. By focusing on mental health education, this research aims to identify how educational interventions could be tailored to align with the cultural sensitivities of Nigerian immigrants. One of the critical purposes of this study is to bridge the gap between mental health education and the cultural beliefs of Nigerian immigrants. By focusing on mental health education, this research aims to identify how educational interventions could be tailored to align with the cultural sensitivities of Nigerian immigrants.

This is crucial as it can lead to better receptivity and engagement with mental health services, improving mental health outcomes. It's significant for the individual's well-being and has broader implications for families and communities, as mental health is integral to social functioning and productivity. Moreover, by offering insights into the mental health perceptions of Nigerian immigrants, the study will empower health care

professionals and policymakers to craft interventions and policies that respect and incorporate the cultural heritage of this community. In the long run, this can foster trust and collaboration between healthcare providers and the Nigerian immigrant community, further promoting mental health awareness and accessibility to quality mental health care.

Ultimately, the study contributes to developing more effective and culturally appropriate mental health services and educational programs for Nigerian immigrants in the United States (Morakinyo, 2011). Data would be collected using an in-depth, semi structured interview with a purposive sample of Nigerian U.S. immigrants' experience with mental health, mainly as cultural foundations contribute to the mental health perceptions of Nigerian U.S. immigrants (Akomolafe, 2020). The Nigerian immigrant group's shared level of commitment has been passed down from their parents, cultural belief systems, and environments. These factors contribute to Nigerian U.S. immigrants' perceptions of mental health (Amri & Bemak, 2019).

### **Research Questions**

The essence of this study emerges from a keen exploration of the interrelations between mental health education and its subsequent impact on the attitudes and beliefs of Nigerian immigrants in the United States. At the heart of the investigation lies a profound concern for how educational strategies inform and transform these immigrants' perspectives on mental health. This inquiry is critical in addressing the broader research problem: the pressing need for effective mental health education that is both accessible to and resonant with the Nigerian immigrant community, potentially alleviating the

stigmatization and cultural misunderstandings that persist within this demographic. The research questions (RQs) were as follows:

RQ1: How does mental health education influence Nigerian immigrants' mental health attitudes and beliefs in the United States?

RQ2: What are the cultural beliefs and attitudes toward mental health among Nigerian immigrants in the United States?

RQ3: In what ways does the HBM help to explain the impact of mental health education on Nigerian immigrants' attitudes and beliefs?

RQ4: How do perceived barriers, as conceptualized in the HBM, influence Nigerian immigrants' engagement with mental health education and subsequent attitudes and beliefs about mental health in the United States?

This research aims to dissect these educational influences and cultural factors, situating them within the theoretical framework of the HBM, which provides a lens through which individual health behavior changes can be understood and anticipated. The selected RQs are meticulously crafted to align with the study's intent and comprehensively address this issue's multifaceted nature.

In formulating RQ1, I sought to uncover the role of mental health education in shaping the mental health attitudes and beliefs among Nigerian immigrants, aiming to identify both the transformative and reinforcing aspects of educational interventions. By examining the cultural beliefs and attitudes toward mental health, RQ2 delves into the heart of the immigrant experience, elucidating how cultural backgrounds inform and often dictate responses to mental health issues. RQ3 leverages the HBM to decipher how

mental health education influences Nigerian immigrants' attitudes and beliefs, offering a structured approach to understanding the effectiveness of educational practices within this community. Each question is designed to dissect a particular dimension of the research problem and purpose, ensuring a thorough investigation that can foster a robust understanding and inform future educational and policy initiatives.

### **Theoretical Foundation**

The theoretical framework guiding this study is the HBM, a psychological model that attempts to explain and predict health behaviors by focusing on individuals' attitudes and beliefs. The model was initially developed in the 1950s by social psychologists in the U.S. Public Health Service, and it has been applied extensively in various fields, including the study of mental health behaviors (Rosenstock, 1988). The HBM posits that individuals' decisions to engage in health-related behaviors, such as seeking mental health services, are influenced by the following critical elements:

- Perceived susceptibility: an individual's perception of their risk of acquiring a condition or illness.
- Perceived severity: the individual's belief about the seriousness of a condition or its consequences.
- Perceived benefits: beliefs about the effectiveness of the actions taken to reduce the risk or seriousness of the condition.
- Perceived barriers: an individual's assessment of the obstacles or costs of adopting a new behavior.
- Cues to action: factors that trigger health-promoting behavior.

I used the HBM to examine how mental health education influences Nigerian immigrants' mental health attitudes and beliefs in the United States.

Through the lens of the HBM, I sought to elucidate how these elements intersect with mental health education and influence mental health attitudes and beliefs among Nigerian immigrants. Understanding these connections is essential for developing culturally appropriate educational interventions and mental health services tailored to the needs and preferences of this population. A more detailed exploration of the HBM and its relevance to the experiences and perceptions of mental health among Nigerian immigrants will be provided in Chapter 2 (Bagasara & Mackinem, 2017).

### **Nature of the Study**

I employed a qualitative research approach to explore the impact of mental health education on the attitudes and beliefs of Nigerian immigrants in the United States. The theoretical foundation for this study is the HBM, which posits that individuals' beliefs about health, perceptions of risks, and perceived benefits play a crucial role in their health behaviors (Rosenstock, 1974). Through the HBM lens, this study seeks to understand how Nigerian immigrants' cultural beliefs and experiences with mental health education shape their attitudes, perceptions, and actions regarding mental health. Data will be collected through in-depth, semi-structured interviews with a purposive sample of Nigerian immigrants who have been exposed to or have insights into mental health education. Through these interviews, the study aims to capture the richness and complexity of the participants' mental health experiences, cultural influences, and the impact of education on their mental health perceptions.

The qualitative approach is chosen as it allows for an in-depth exploration of the participant's subjective experiences. It enables the researcher to understand and investigate the topic in greater detail and to explore the cultural contexts, personal experiences, and social interactions that shape the mental health perceptions of Nigerian immigrants in the United States (Patton, 2015). This approach is particularly well-suited for investigating phenomena within a cultural context, allowing the researcher to gain insights that are not only descriptive but also deeply rooted in the cultural fabric of the participants' lives. This is especially pertinent when studying mental health, which is often closely intertwined with cultural beliefs and practices.

Furthermore, understanding the nuances of how mental health education impacts Nigerian immigrants is essential for designing culturally sensitive interventions. By understanding the intricacies of cultural beliefs and how they interact with mental health education, programs can be developed that respect and work within these beliefs rather than contradicting or ignoring them. This may result in more effective interventions embraced by the community, ultimately leading to better mental health outcomes among Nigerian immigrants.

### **Definitions**

The following definitions clarify key terms used in this study:

*Culture*: The collective experience of a people's background and cultural makeup regarding their background (Akomolafe, 2020).

*Cultural foundations*: The basis of an individual's or group's understanding and the lens of their experiential worldview (Tindall, 2019).



*Ethnicity*: The specific process and foundation of a group of people connected by cultural dynamics and background (Shiraev & Levy, 2019).

*Help-seeking*: The process of finding help through a given situation to either make it better or offer some form of contribution to alleviate pain or better understand the problem.

*Mental health*: Individuals' emotional, psychological, and social well-being. Mental health is the totality of what makes individuals respond to internal and external stimuli generally and how they can respond to a stressful situation (Akomolafe, 2020).

*Mental health status*: The state of one's mental health and overall well-being.

*Nigerian immigrant*: The process Nigerian immigrants go through while establishing the various levels of engagement that can create a semblance of their newly found environment in their respective locations.

*Experience*: The cumulative interactions, challenges, and events shape individuals' perceptions, behaviors, and coping mechanisms. In the context of this study, experience refers to Nigerian immigrants' encounters with discrimination, mental health stressors, and the processes of adapting to their new environment while maintaining transnational ties.

### **Assumptions**

I assumed that the Nigerian immigrants participating in the interviews would provide honest and genuine responses regarding their experiences and perceptions of mental health and mental health education. This assumption is essential for collecting valid data that reflects the participants' lived experiences. Cultural background is

assumed to significantly influence Nigerian immigrants' attitudes and beliefs toward mental health. The study operates on the premise that cultural heritage shapes how this immigrant group perceives and addresses mental health.

An underlying assumption is that education can impact attitudes and beliefs about mental health among Nigerian immigrants. This assumption is aligned with the HBM, which suggests that perceptions and beliefs are central to health-related behaviors. The study assumes that the tools used for data collection, such as interview protocols, are transparent and reliable in collecting the experiences of Nigerian immigrants concerning mental health. As a qualitative researcher, it is assumed that the data's interpretations and analyses are performed rigorously and that the researcher's background or biases do not influence the findings. It is believed that there are various dynamics of care, including cultural, social, and individual factors, that contribute to the way Nigerian immigrants respond to mental health treatment and education (Dale & Daniel, 2019).

The HBM core idea also contributes to predicting health behaviors by looking at the various factors contributing to mental health. The HBM creates a significant determinant that contributes to the overall mental wellness of those who believe in a holistic approach to their well-being. With this knowledge, it is thought that more people would be open to mental health education if they knew that it could greatly minimize mental health challenges they may face without proper knowledge of mental health. Having the safety net of knowing that their access to mental health education can come in handy can help create the much-needed positive mental health that is beneficial in many ways.

### **Scope and Delimitations**

The study aims to understand how mental health education influences their attitudes and beliefs and how cultural foundations contribute to their mental health perceptions. The study also aims to analyze how these perceptions and attitudes affect their mental health, well-being, and engagement with mental health services. The theoretical foundation for this exploration is grounded in the HBM, which focuses on how individuals' perceptions and beliefs influence their health behaviors. The study employs a qualitative research approach, utilizing in-depth, semi-structured interviews as the primary data collection method. The study is geographically delimited to Nigerian immigrants residing in the Twin Cities of St. Paul and Minneapolis, Minnesota, and the broader Midwest region of the United States, including Wisconsin. This choice of location may limit the generalizability of the findings to Nigerian immigrants in other parts of the United States or other immigrant groups.

The study focuses exclusively on Nigerian immigrants. This population focus means that the findings may not represent the experiences and perceptions of other immigrant groups or the broader population. The study specifically investigates the impact of mental health education on attitudes and beliefs. This delimitation means that other factors affecting mental health, such as economic or social determinants, are not the primary focus of this study. Participants are selected using purposive sampling based on their experience with or insights into mental health education. This may create a selection bias as it might not encompass the full spectrum of experiences and perceptions among Nigerian immigrants.

### **Limitations**

Despite its merits, this study may be subjected to several limitations. First, the sample might only represent some of the Nigerian immigrant population in the United States due to purposive sampling and the geographic restriction to the Midwest region. Although it provides in-depth insights, the findings may need to be more generalizable to Nigerian immigrants living in other areas of the United States. Additionally, language barriers may pose challenges during the interview process, potentially affecting the depth and quality of data collected. Measures to mitigate this include providing language support or interpretation services where needed.

The reliance on self-reported data also presents a limitation, as participants might provide socially desirable responses, which could influence the validity of the data. This limitation will be addressed by building rapport with participants and assuring them of the confidentiality of their responses to encourage them to be as truthful as possible. Lastly, researcher bias is a potential limitation given the interpretative nature of qualitative research. Reflexivity will be practiced throughout the study to manage this. This involves being aware of and reflecting on the researcher's experiences, perceptions, and potential biases and how these may influence the research process and findings.

The scope of this study means that the results cannot be generalized to all Nigerian immigrants' U.S. experience of mental health, mainly since Nigeria comprises vast ethnic groups with different belief systems and cultural backgrounds (Akomolafe, 2016). Furthermore, the Nigerian immigrants' U.S. experience of mental health study is also limited by the varying degree of education and socioeconomic status of these

individuals that make up this group, and as such, inconsistent outcomes are expected (Dale & Smith, 2019). The combined experiences are a part of how this study has collected its results and the findings that the investigation has been able to collate to reflect its academic background and foundational notions in Nigerian immigrants' experience with mental health (Clement et al., 2020). One significant limitation of this study is the need for more generalization of the findings to all Nigerian immigrants in the United States. Nigeria is a diverse country with numerous ethnic groups, languages, and cultural backgrounds. These groups' beliefs and experiences regarding mental health can vary substantially (Akomolafe, 2016; Derr, 2017).

Furthermore, the study is limited by the participants' varying educational backgrounds and socioeconomic statuses. These differences can influence perceptions, attitudes, and experiences with mental health among Nigerian immigrants (Salem, 2020). The scarcity of previous studies focusing on the intersection of mental health education and Nigerian immigrants in the United States poses a limitation. This scarcity may affect the richness and depth of the literature review and contextualization of findings within a broader academic discourse. Using purposive sampling and focusing on specific geographic areas may result in a sample representing less diversity of Nigerian immigrants in the United States. This sampling bias can limit the study's external validity.

The study's reliance on qualitative data from interviews may also introduce subjective biases, both from the participants in recounting their experiences and from the researcher in interpreting these experiences. The specific focus on mental health education may limit exploring other vital factors affecting mental health among Nigerian

immigrants, such as access to health care, stigmatization, and integration challenges. The overall experience of the Nigerian immigrant group has a tremendous impact as it makes up the foundation for understanding the group dynamics and how all these factors contribute to determining the study's results (Lindingard-Sternart, 2021).

### **Significance**

#### **Theory**

This research will contribute to the scholarly knowledge of mental health among immigrant populations, mainly focusing on Nigerian immigrants in the United States. It aims to enhance understanding of the intersection of cultural beliefs and mental health perceptions, thereby enriching theoretical models such as the HBM. The study will also add to the body of literature on immigrants' mental health challenges and coping mechanisms, filling an existing gap in research specifically centered around Nigerian immigrants (Salem, 2020).

#### **Practice**

The insights from this study can inform the design and implementation of mental health education programs and interventions for Nigerian immigrants. By understanding their unique experiences and cultural influences, health practitioners and policymakers can develop culturally sensitive approaches that increase the accessibility and effectiveness of mental health services for this group. The study also holds significance for social work practice by shedding light on the social factors that shape mental health perceptions among Nigerian immigrants, thereby informing practice strategies that can better address their needs.

**Society**

This study also helps counteract stigma, foster community support, and promote mental well-being within this population. Furthermore, this study can contribute to a more inclusive and equitable health care system by highlighting the importance of culturally appropriate mental health education and services provided in the mental health field. The study will further provide additional details on the changing nature of how mental health education contributes to Nigerian immigrants' perception of mental health. The process of seeking help, acknowledging mental health roles, and how all these details come together to provide a balanced view of how Nigerian immigrants address mental health concerns and how they take care of their mental health within the community. Nigerian immigrants face challenges trying to get the necessary help that they need to be able to function in society, even as they navigate the challenges of mental health concerns and how they find their support systems through it all. The knowledge shared by those directly impacted by mental health and how they have dealt with the biases and the stigma that come with acknowledging and seeking help for their mental health concerns in and outside their immediate community.

***Social Change***

The social change impact that the study may have will be to clarify the impact of education on mental health. The findings from this study hold significant implications for effecting positive social change. As the research focuses on understanding the complex relationship between mental health education and cultural beliefs among Nigerian

immigrants, it uncovers insights that can be instrumental in developing culturally sensitive mental health programs through focused, enlightening mental health education.

**Culturally Inclusive Mental Health Services.** By highlighting the cultural nuances and specific mental health perceptions of Nigerian immigrants, this study provides a roadmap for health care professionals and policymakers to craft interventions that respect and incorporate the cultural heritage of this community. This could lead to more personalized and effective care, bridging the gap between Western mental health practices and the unique needs of Nigerian immigrants.

**Reduced Stigmatization and Improved Access.** The study's emphasis on education's impact aims to reduce the stigmatization of mental health within the Nigerian community. By fostering awareness and acceptance through culturally relevant educational programs, more individuals may seek professional help without fear of societal judgment or isolation. This can further broaden the understanding that Nigerian immigrants have about mental health and how they can successfully navigate the challenges that come with their mental health.

**Broader Community Impact.** Beyond the immediate community, the understanding garnered from this research can be applied to other immigrant populations, fostering a more inclusive and empathetic approach to mental health across diverse cultural backgrounds. Furthermore, the knowledge and strategies developed here could become a model for addressing mental health disparities in a multicultural society.



## Summary

This chapter introduces a qualitative study aiming to explore Nigerian immigrants' experiences in the United States. Specifically, the study investigates the impact of mental health. The problem statement highlights a research gap concerning the interaction between mental health education and the cultural beliefs of Nigerian immigrants. Using the HBM as the theoretical framework, the study seeks to understand the roles of perceived susceptibility, severity, benefits, and barriers in shaping attitudes toward mental health education. Four questions underpin this research study:

RQ1. How does mental health education influence Nigerian immigrants' mental health attitudes and beliefs in the United States?

RQ2. What are the cultural beliefs and attitudes toward mental health among Nigerian immigrants in the United States?

RQ3. In what ways does the HBM help to explain the impact of mental health education on Nigerian immigrants' attitudes and beliefs?

Employing a thematic analysis methodology, the study will identify themes in the lived experiences of Nigerian immigrants to deepen our understanding of their perceptions and attitudes toward mental health through the lens of mental health education. The impact that mental health education has on their overall mental health, and how the effect of education can help them understand what mental health is and how it affects them.

I also outlined the study's assumptions, scope, delimitations, and limitations, which are critical for contextualizing the research and comprehending its potential

contributions and constraints. Moreover, it highlights the study's theoretical, practical, and societal significance. Chapter 2 will offer a literature review, situating this study within the broader academic discourse on mental health among immigrant populations, focusing on the Nigerian immigrant community in the United States (Alegría et al., 2007).

## Chapter 2: Literature Review

### **Introduction**

Mental health is a complex and multidimensional topic. For Nigerian immigrants in the United States, understanding mental health involves considering cultural beliefs, societal norms, and the role of education. This chapter presents the mental health experiences among Nigerian immigrants with a particular focus on the role of mental health education in shaping attitudes and beliefs. This view is subjected to harsh, unpleasant, negative notions and attitudes about mental health and those who experience mental health challenges. Research has shown that education about mental health goes a long way in educating people about mental health conditions, thereby creating well-educated and enlightened people who are more than capable of making their own decisions. Nigerian immigrants can significantly benefit from the understanding that mental health education can provide in helping them navigate the complexities surrounding their mental health and how they could use the same knowledge to help others within their immediate families, friends, and community members. Mental health education can and does make a significant impact on the way that mental health is viewed.

### **Literature Search Strategy**

I used databases and search engines such as PubMed, APA PsycINFO, Google Scholar, and Academic Search Complete to conduct an exhaustive literature review. The search focused on scholarly articles, books, and reports published within the last 2 decades. The critical terms employed for this search included *mental health*, *Nigerian*

*immigrants, United States, mental health education, cultural beliefs, and the health belief model.* Numerous studies have been conducted on mental health and the impact that education has on it. The different search terms were also refined through careful selection to help us narrow our search to the results we were anticipating. The totality of the search terms that were utilized brought back significant results, which were further filtered to ensure that only quality results that resonated with the theme of the study were carefully selected. The process of researching the different aspects of mental health that are being investigated is a part of the role that mental health education plays in the mental health of Nigerian immigrants in the United States.

### **Theoretical Foundation**

The theoretical framework guiding this study is the HBM, as discussed in Chapter 1. This model, developed by social psychologists in the U.S. Public Health Services in the 1950s, seeks to predict health behaviors by concentrating on the attitudes and beliefs of individuals. The HBM is widely employed to understand health behaviors, mainly preventive health behaviors like getting regular check-ups, adhering to a prescribed treatment, or taking action to improve mental health (Akomolafe, 2020). The HBM sheds light on perceived susceptibility, perceived severity, perceived benefits, and perceived barriers that interact to shape health-related behaviors (Bagasara & Mackinem, 2017).

### **Cultural Beliefs and Mental Health Among Nigerian Immigrants**

In this study, the HBM will be utilized to probe the attitudes and beliefs of Nigerian immigrants in the United States towards mental health. The HBM is crucial for understanding how individuals' beliefs regarding health issues affect their attitudes,

decisions, and actions concerning health. For Nigerian immigrants, cultural beliefs heavily influence mental health perceptions, making the HBM a relevant analysis model. The literature indicates that mental health is often stigmatized within West African communities, including those of Nigerian descent (Akomolafe, 2016; Amri & Bemak, 2018). Many Nigerian immigrants associate mental health issues with negative connotations such as evil spirits, witchcraft, and curses (Akomolafe, 2016; Sunray, 2020). These cultural beliefs can become barriers to services or mental health education.

### **Impact of Mental Health Education**

There is an emerging consensus in the literature regarding the positive impact of mental health education in reshaping attitudes and beliefs about mental health. For Nigerian immigrants in the United States, exposure to mental health education can be pivotal in challenging and potentially transforming pre-existing cultural beliefs (Makinrayo, 2020). Education can foster understanding, reduce stigma, and encourage positive attitudes toward mental health. However, mental health education initiatives must be culturally sensitive and reflective of the unique experiences of Nigerian immigrants in the United States.

### **Challenges and Opportunities**

Engaging Nigerian immigrants in mental health education poses several challenges, including linguistic barriers, cultural sensitivity issues, and accessibility concerns. Nonetheless, there are considerable opportunities for developing culturally appropriate educational interventions. Tailored programs that consider cultural beliefs and norms can positively impact the mental health perceptions and behaviors of Nigerian

immigrants in the United States. The customized programs can further help Nigerians in terms of what they face. Mental health education can also create a path of understanding for each group member.

### **Rationale for the Use of the Health Belief Model**

The HBM provides an appropriate theoretical foundation for this study by offering a lens through which to examine how beliefs about mental health among Nigerian immigrants influence their overall well-being in the United States. For instance, understanding perceived susceptibility could shed light on how Nigerian immigrants evaluate their risk of developing mental health issues. In contrast, perceived barriers could provide insights into cultural or logistical obstacles they might face when seeking mental health services. The constructs of the HBM, including perceived susceptibility, perceived severity, perceived benefits, and perceived barriers, play a crucial role in highlighting the individual and cultural factors influencing the mental health attitudes and behaviors of Nigerian immigrants in the United States. They offer a roadmap for understanding the lived experiences of these immigrants.

### **Literature Review Related to Key Variables and/or Concepts**

Nigerian immigration to the United States is characterized by a voluntary nature, unlike forced migration due to the slave trade (McCabe, 2019). In 2016, the population of Nigerian immigrants in the United States was approximately 380,470, which continues to grow when considering those on F1 student visas, visit visas, and those settling in the United States (Akomolafe, 2015). This ever-increasing demographic highlights the importance of understanding their health attitudes and behaviors, particularly concerning

mental health. Nigerian immigration to the United States is characterized by its voluntary nature, which sets it apart from the forced migration of the transatlantic slave trade (McCabe, 2019). Many Nigerians migrate for higher education, professional opportunities, and family reunification. This voluntary migration has resulted in a highly skilled and educated population in urban hubs such as Houston, Atlanta, and New York City. By 2016, the Nigerian immigrant population in the United States was estimated at 380,470, with ongoing growth due to individuals on student visas, visit visas, and pathways to permanent residency (Akomolafe, 2015). This demographic growth underscores the critical need to explore their mental health attitudes and behaviors, particularly as they navigate unique systemic, cultural, and transnational challenges.

Systemic barriers pose significant challenges to Nigerian immigrants' access to mental health services. High costs of care, lack of health insurance, and logistical challenges such as language barriers or limited culturally competent providers often deter help-seeking behaviors (Akomolafe, 2020). The perception of systemic racism and discrimination within healthcare institutions further exacerbates these challenges, leading to mistrust of the mental health system (McCabe, 2019). Nigerian immigrants often report experiencing discrimination in various forms, including unequal treatment during clinical encounters, limited respect for their cultural perspectives, and systemic exclusion in workplace or educational settings.

Another contributing factor is the lack of mental health education tailored to immigrant populations, which limits awareness of available services. Without targeted outreach, many Nigerian immigrants remain unaware of their options or feel alienated by

the clinical language and rigid diagnostic frameworks common in Western mental health systems. These barriers highlight the urgent need for healthcare systems to integrate culturally sensitive approaches considering immigrants' unique experiences and perspectives.

Cultural beliefs significantly influence Nigerian immigrants' perceptions of mental health and their help-seeking behaviors. Within many Nigerian communities, mental illness is stigmatized and often associated with weakness, spiritual affliction, or moral failing (Akomolafe, 2020). These beliefs can discourage individuals from seeking professional help, particularly when culturally embedded norms prioritize self-reliance or spiritual intervention over clinical treatment.

Religious practices play a central role in how Nigerian immigrants approach mental health issues. Many turn to faith leaders, prayer, or spiritual healing as their first line of defense against mental health challenges. While these practices offer emotional support and community validation, they can delay engagement with evidence-based treatments. Additionally, some immigrants may reject formal mental health care entirely due to cultural or spiritual conflicts with Western approaches. For example, counseling may be perceived as inappropriate or unnecessary when familial or spiritual solutions are expected to suffice.

Despite the importance of cultural beliefs, there remains limited research on how these norms evolve in the diaspora or intersect with acculturation processes. Exploring how Nigerian immigrants reconcile traditional beliefs with their new environments can provide valuable insights for creating culturally competent interventions.



### **Transnational Stressors and Mental Health**

Nigerian immigrants often experience unique stressors related to maintaining transnational ties. These stressors include the emotional burden of separation from family members and the financial obligation to provide economic support for relatives in Nigeria (McCabe, 2019). Immigrants frequently send remittances, which can strain their financial stability while creating additional pressure to meet familial expectations.

These transnational ties are further complicated by the cultural expectation of fulfilling filial duties, such as supporting aging parents or funding siblings' education. While these obligations foster a sense of purpose and connection, they also contribute to chronic psychological strain, guilt, and feelings of isolation. For example, Nigerian immigrants may face conflict between their desire to pursue personal success in the United States and their responsibility to support extended family networks abroad.

Transnational stressors are rarely addressed in mental health interventions, yet they play a pivotal role in shaping the psychological well-being of Nigerian immigrants. Limited literature exists on how these stressors influence mental health outcomes or how they intersect with systemic and cultural challenges to exacerbate help-seeking barriers. Addressing these gaps is critical for creating holistic mental health solutions that acknowledge the unique demands of transnational living.

### **Bridging the Gaps in Literature**

While previous studies have examined aspects of Nigerian immigrants' mental health, significant gaps remain in understanding the interplay of systemic barriers, cultural beliefs, and transnational stressors. Few studies explore how these factors collectively influence help-seeking behaviors or mental health outcomes. This research aims to address these gaps by investigating:

The impact of systemic discrimination and healthcare access barriers on mental health attitudes and behaviors.

The role of cultural norms and beliefs in shaping perceptions of mental illness and preferences for care.

The psychological burden of transnational stressors and their influence on help-seeking behaviors. This study contributes valuable insights to the field by examining these interconnected variables. It supports the development of culturally sensitive mental health interventions tailored to Nigerian immigrants in the United States.

### **Summary and Conclusions**

Nigerian immigrants in the United States encounter a range of untreated mental health issues, primarily resulting from their unique cultural contexts and experiences, such as racial discrimination, socioeconomic factors, racial profiling, and barriers to educational, financial, and communal growth (Akomolafe 2020). The increasing rates of untreated mental illness among Nigerian immigrants signify a critical public health concern that warrants further investigation. Applying the HBM can help illuminate these issues by providing a deeper understanding of how this population's beliefs and attitudes influence mental health-related behaviors. Future interventions can leverage these

insights to address the cultural and individual barriers to mental health services, ultimately improving the mental well-being of Nigerian immigrants in the United States.

## Chapter 3: Research Method

### **Introduction**

In this chapter, I examine the qualitative research methodology I applied to explore the mental health perceptions of Nigerian immigrants in the United States. It centers on the pivotal RQ: How does mental health education impact the attitudes and beliefs about mental health among Nigerian immigrants in the United States? This chapter will present participant selection criteria, instrumentation, data collection and analysis procedures, trustworthiness issues, ethical considerations, and limitations.

### **Research Design and Rationale**

The design will facilitate an in-depth exploration of the participants' worldviews, allowing for a detailed, personalized understanding of their experiences with mental health and its education. This study employs a qualitative research design grounded in a phenomenological approach. This design is particularly well-suited for exploring the lived experiences of Nigerian immigrants, as it allows for an in-depth, personalized understanding of their interactions with mental health and its education.

Phenomenology focuses on uncovering the meaning individuals ascribe to their experiences, making it an ideal framework for examining how Nigerian immigrants navigate cultural beliefs, systemic barriers, and transnational stressors related to mental health. A qualitative approach was selected to capture the richness and complexity of participants' worldviews, offering a detailed exploration that quantitative methods may overlook. The phenomenological lens enables the researcher to delve into participants' unique perspectives, facilitating the interpretation of how their cultural context and life

experiences shape their attitudes and behaviors toward mental health education. The study's design aligns closely with the Health Belief Model, which posits that individuals' perceptions of health are influenced by their beliefs about risks, benefits, and barriers. By employing phenomenology, this research seeks to uncover how Nigerian immigrants perceive mental health risks and benefits and how these perceptions interact with systemic and cultural factors. Participants will be purposefully selected to ensure that the study captures diverse yet relevant experiences within the Nigerian immigrant community.

Semi-structured interviews will serve as the primary data collection method, providing a flexible format to explore participants' narratives while allowing follow-up questions to clarify or expand on responses. This approach ensures a comprehensive understanding of the participants' lived realities, fostering insights that can inform culturally tailored mental health interventions and policies. The expected outcome of this research design is a nuanced understanding of the intersection between cultural beliefs, systemic barriers, and transnational stressors in shaping mental health attitudes. These insights aim to bridge gaps in the literature and contribute to developing effective mental health education programs for Nigerian immigrants in the United States.

### **Role of the Researcher**

A qualitative study is multifaceted and pivotal to the integrity and validity of the research. As the primary instrument of data collection and analysis in this study on the impact of mental health education among Nigerian immigrants in the United States, my role encompasses several key responsibilities and ethical considerations. As a researcher

interested in mental health and cultural influences, my educational background and personal experiences provide a unique perspective to this study. My previous academic and professional experiences have equipped me with an understanding of both mental health issues and the cultural dynamics within immigrant communities. However, it is crucial to acknowledge and mitigate any potential biases this background may bring to the research process. As the primary conduit for data collection, my role involves conducting in-depth interviews, ensuring they are carried out respectfully, unbiasedly, and ethically.

This includes obtaining informed consent and ensuring the confidentiality and anonymity of participants in analyzing the data. I will employ thematic analysis, remaining vigilant to my preconceptions and biases. I am responsible for interpreting the data accurately and truthfully, representing the participants' perspectives. Upholding the highest standards is the cornerstone of my role. This involves ensuring that all participants' dignity, rights, and welfare are respected and protected throughout the research process. Recognizing and addressing personal biases and preconceptions is critical.

I am committed to reflexivity, regularly reflecting on how my background and viewpoints may influence the research process and interpretations. Clear and honest communication with participants and stakeholders is essential. This includes sharing the purpose of the study, the nature of their involvement, and addressing any queries or concerns they may have. This involves being mindful of my beliefs and values and how

these intersect with the research process. Regular journaling and supervision will enhance reflexivity and ensure the research remains objective and credible.

### **Methodology**

I employed a thematic analysis methodology to analyze data collected through in-depth, semi-structured interviews. Thematic analysis is considered particularly appropriate for this study as it allows for the examination of the lived experiences of Nigerian immigrants, thereby illuminating themes that align with their perceptions and attitudes toward mental health and mental health education. Moreover, the thematic analysis provides the flexibility needed to explore how cultural foundations contribute to the mental health perceptions of this immigrant group. This analysis will consider the various elements of the HBM. The HBM posits that individuals' beliefs about health issues play a significant role in their mental health.

Through thematic analysis, the study will delve into how Nigerian immigrants' beliefs, shaped by their personal and cultural backgrounds, impact their attitudes and practices regarding mental health. By employing thematic analysis, the study aims to enable a nuanced exploration of the cultural, social, and individual factors within the lived experiences of Nigerian immigrants in the United States. The insights gained from this analysis will be instrumental in understanding the role of mental health education in shaping attitudes and beliefs and identifying strategies for culturally appropriate educational interventions and mental health services for Nigerian immigrants in the United States.

Data will be collected through in-depth, semi-structured interviews, allowing the flexibility to probe further and encouraging participants to share their experiences and perspectives freely. The interview guide will be designed based on the study's RQs and the theoretical framework of the HBM. The interview will cover topics related to mental health education, cultural beliefs, and attitudes. Toward mental health, and perceived barriers to engaging with mental health education.

### **Participant Selection Logic**

The selection of participants in this qualitative research was a critical step that significantly influenced the depth and validity of the findings. In the study exploring the complex interplay between cultural beliefs, education, and mental health perceptions among Nigerian immigrants in the United States, the logic behind participant selection was guided by specific criteria tailored to capture a rich and diverse range of experiences and perspectives. The study employed purposeful sampling to select participants. This approach was chosen because it allowed the intentional selection of individuals with specific characteristics and experiences pertinent to the RQ. Specifically, the focus was on Nigerian immigrants residing in the United States, as they provided direct insight into the cultural and educational influences on mental health perceptions within this community.

Participants were either Nigerian by birth or held Nigerian citizenship. They were residing in the United States as visitors, students, permanent residents, or naturalized citizens. All participants were 18 or older, ensuring they could legally consent to participate in the study. Efforts were made to include participants from varied ethnic,



religious, and socioeconomic backgrounds within the Nigerian immigrant community. I sought to capture various experiences and viewpoints. Therefore, participants were selected from different Nigerian ethnic groups and multiple lengths of residency in the United States. This diversity was crucial for understanding how cultural beliefs and education impacted mental health perceptions.

Initially, I aimed to recruit 10–15 participants. However, this number was flexible and guided by data saturation. Recruitment and data collection continued until no new themes or insights emerged from the interviews, indicating that the data collected sufficiently represented the experiences and perceptions of the target population. Participants were recruited through community groups, Nigerian cultural associations, and social media platforms targeting the Nigerian diaspora in the United States. Recruitment materials clearly outlined the study's purpose, the voluntary nature of participation, and the confidentiality measures in place. Appendix A contains the participant invitation.

### **Instrumentation**

In this study, the choice to utilize semi-structured interviews was determined to be the most effective approach. This decision was influenced by several factors: the anticipated sample size, the depth of data required, and considerations regarding the point of data saturation. A comprehensive review informed the development of interview questions of the literature presented in Chapter 2. This review helped identify key content areas crucial to understanding the mental health landscape among Nigerian immigrants, specifically how they navigate mental health challenges and perceive mental health

education. These areas were pivotal in formulating questions that align with the study's research objectives.

A significant consideration in the development of these interview questions was content validity. Recognizing that content validity in qualitative research unfolds over time, table formatting and labeling resections were open-ended. This approach encouraged detailed and expansive responses, facilitating a richer and more nuanced exploration of the participants' experiences and perspectives. Open-ended questions were instrumental in maintaining the conversational flow of the interviews and crucial in uncovering deeper insights that might not emerge through a more structured format. Furthermore, a preliminary review by peers or experts in the field was considered to bolster the content validity of the interview questions. This step aimed to ensure that the questions were comprehensive, relevant, and capable of eliciting the depth of information necessary to explore the study's themes.

In the context of reaching data saturation, the semi-structured format proved effective. It allowed for the flexibility to explore emerging themes in greater depth, adapting to the conversational dynamics of each interview (see Appendix B for the interview guide). This adaptability was key in ensuring that the data collection process was responsive to the evolving nature of the participants' narratives, thus facilitating a comprehensive understanding of the research topic. In summary, the development of the interview instrument was a careful and considered process shaped by the study's theoretical underpinnings and research objectives. The semi-structured interviews were designed to capture the complexity of Nigerian immigrants' experiences with mental

health in the United States, ensuring that the study's findings are grounded in a rich and authentic portrayal of their perspectives.

### **Procedures for Pilot Study**

This pilot study aimed to test and refine the semi-structured interview process, ensuring its effectiveness in eliciting relevant information from participants. A small subset of participants who fit the broader study's criteria was selected for the pilot study. These participants were Nigerian immigrants residing in the United States, aged 18 years or older. Care was taken to ensure the pilot group represented diverse experiences within this demographic. The pilot study involved conducting semi-structured interviews with these selected participants. These interviews followed the same format and used the same questions planned for the main study. The process consisted of the following:

- Assessing whether the interview questions were clear and easily understood by the participants.
- Determining if the questions effectively elicited information pertinent to the research objectives.
- Evaluating the adequacy of the interview duration in covering all questions while maintaining participant engagement.
- Observing the participants' engagement and whether the questions encouraged open and detailed responses.
- Checking the reliability of recording equipment and transcription processes

Each interview was recorded and transcribed to analyze the effectiveness of the questions and the interview process.

Based on the findings from the pilot study, necessary changes were made to the interview process. This included refining questions for greater clarity, adjusting the interview length, and improving technical setups for recording. These adjustments were aimed at enhancing the efficiency and effectiveness of the data collection process in the main study. The pilot study was instrumental in fine-tuning the research methodology, particularly the interview process. The insights gained from this preliminary phase ensured that the semi-structured interviews were optimally designed to capture the depth and breadth of experiences and perspectives regarding mental health among Nigerian immigrants.

### **Procedures for Recruitment, Participation, and Data Collection**

The recruitment, participation, and data collection processes are crucial in qualitative research, as they directly affect the quality and integrity of the data. The following procedures were employed in this study, focusing on Nigerian immigrants' experiences of mental health. Potential participants were identified based on the eligibility criteria outlined in the methodology - Nigerian immigrants aged 18 years or older in the United States. Recruitment was primarily conducted through community groups, Nigerian cultural associations, and social media platforms targeting the Nigerian diaspora.

Flyers and digital advertisements detailing the study's purpose and participant requirements were used (see Appendix A for the participant invitation). Interested individuals contacted the researcher via email or phone. A preliminary screening was conducted to ensure they met the study criteria. Once eligibility was confirmed,

participants were provided with an informed consent form outlining the study's purpose, procedures, voluntary nature of participation, confidentiality measures, and contact information for any queries.

Interviews were scheduled at times convenient for the participants. Flexibility was key to accommodating their availability. Before the interview, participants were given an overview of the interview process and what to expect. This helped reduce anxiety and establish a rapport. The data were collected through semi-structured interviews, allowing in-depth exploration of participants' experiences and perceptions. Each interview lasted approximately 45–60 min. Interviews were audio-recorded with the participant's consent. Transcriptions were made verbatim to capture the participants' responses in depth. Collected data were stored securely on password-protected devices. Identifiable information was removed or anonymized to maintain confidentiality. In some cases, follow-up interviews were conducted to clarify or explore emerging themes further. These were shorter, typically around 15–20 min.

### **Data Analysis Plan**

I collected data in alignment with the RQs to ensure the trustworthiness of the qualitative analysis (see Smith & Noble, 2019). The RQs helped to put things in the proper perspective for many reasons. One of the many reasons is that the RQs must reflect the group's experiences. The interviews were constructed to share unique experiences touching Nigerian immigrants' mental health and well-being. The interview questions also helped uncover whatever stigma in identifying the diverse factors contributing to mental health challenges and how they best relate to the discussed

concept. Furthermore, the questions are meant to bring the issue to the forefront of mental illness in the United States.

The country where the Nigerian immigrants are based is another factor used in determining just how far mental health challenges have been an issue in the community. The interviews were also made to reflect the complexities of mental health challenges and how to gain the needed information to get help in mental health. The usage of the interpretative phenomenological analysis method necessitates that the process of the interviews, the coding, and all the transcripts of the audio-recorded interviews must explain all the expressions communicated by the interviewees and other relevant information that provides additional helpful insights, such as non-verbal communication that cannot be put into writing. This is where the part of the gathering is in ways that will reflect the purpose of the interview. In whatever case, the likelihood of ensuring that most people similarly experienced can relate to what is being presented in the discussions.

Furthermore, proceedings and indecisions are significantly broken (Smith et al., 2009). The researcher assigned the relevant code to each transcript to protect the participant's privacy and maintain confidentiality. Appendix C contains the transcriptionist confidentiality agreement. The process begins with replaying the audio recordings and conducting a thorough review. Afterward, the verbatim transcripts are read carefully to extract the necessary information, ensuring a response level appropriate for clear understanding and accurate interpretation of the collected interview data.

During the data collection phase, the researcher meticulously documented notes, detailing the various concepts that required exploration to facilitate access to the insights

yielded by the research. This involved a comprehensive conceptual interpretation of the interviews, where distinct expressions and key ideas articulated by the participants were identified. Each of these elements was then carefully coded and systematically documented, ensuring that the precise language and nuanced meanings conveyed in the interviews were captured in written form. This coding process was integral to developing a framework that accurately represented the participants' perspectives and experiences as expressed during the interviews. Each class was given a classification system to help the coding process and ensure each response was unique. The themes that join the developing pieces and the other factors determine how far each can go. (Smith et al., 2019). The research found that the recurrence rate in each category was quite slim, especially when it comes to creating a semblance of progress to help them decipher, which can help make the necessary foundation to help the participants thrive (Halim et al., 2013).

### **Issues of Trustworthiness**

The concept of trustworthiness has to do with the level of confidence that the qualitative research maintains and, in this case, is connected to the notion of ensuring that the quality of the qualitative work is maintained, which, in turn, sees to the engrained levels that quantitative terminologies of reliability, objectivity, and validity are all concerned (Marshall & Rossman, 2018). Qualitative and quantitative researchers lean toward comprehensive empirical techniques designed to corroborate the trustworthiness of clinical research and studies (Patton, 2015). In this case, the researcher maintains and confirms reliability in qualitative research by utilizing the four pillars of credibility: credibility, transferability, dependability, and confirmability (Smith et al., 2019).

## **Ethical Procedures**

Ethical considerations were paramount in this study, focusing on the mental health experiences of Nigerian immigrants in the United States. The ethical procedures outlined below were strictly adhered to, ensuring the research upheld the highest standards of academic integrity and respect for participants. Participants received a clear and detailed informed consent form. This form outlined the study's purpose, procedures, potential risks, benefits, and the voluntary nature of participation. Before participating, individuals were required to confirm their understanding and agreement to the terms of the study. This was achieved through a written or oral consent process, depending on the participant's preference.

All identifying information was removed or anonymized in the data to protect participant privacy. Names, locations, and other potentially identifying details were omitted or altered. All digital recordings, transcripts, and notes were stored on password-protected devices. Access to this data was restricted to the researcher and authorized personnel only. The data were used solely for this study and will not be utilized in any manner not specified in the consent form. Given the potential sensitivity of discussing mental health, special attention was paid to the emotional well-being of participants.

Interviews were conducted respectfully and empathetically, and participants were reminded that they could withdraw from the study at any point. Participants were provided information on mental health support services should the discussions evoke distress or the need for professional support. The research proposal, including all instruments and procedures, was reviewed and approved by the Walden University



Institutional Review Board (IRB). I adhered to all stipulated guidelines. Throughout the survey, ongoing ethical considerations were addressed, ensuring continued alignment with the IRB guidelines and ethical research practices. Conclusion Adhering to these ethical procedures ensured the protection of participants' rights and well-being, the integrity of the data, and the credibility of the research findings. Maintaining these high ethical standards was essential for conducting a study that was not only academically rigorous but also respectful and considerate of the experiences of Nigerian immigrants discussing their mental health.

### **Summary**

In this chapter, I introduced the study focusing on the mental health experiences of Nigerian immigrants in the United States. It outlined the context, significance, and use of the HBM as a theoretical framework to explore how mental health education impacts the perceptions and behaviors of this group. The methodology section detailed the qualitative research design, emphasizing semi-structured interviews for data collection. The study targeted Nigerian immigrants aged 18 and older residing in the United States, focusing on capturing diverse experiences and backgrounds. The instrumentation section described the development and rationale for using semi-structured interviews.

The interview questions were derived from a thorough review of relevant literature, ensuring they were tailored to elicit detailed and pertinent information about the participants' mental health experiences. A pilot study was conducted to refine the interview process. This preliminary phase involved a small, diverse group of participants and focused on assessing the clarity, relevance, and effectiveness of the interview

questions and procedures. The procedures for recruitment, participation, and data collection were outlined. Participants were recruited through community groups and social media platforms, and informed consent was obtained before participation.

The data collection process involved conducting and transcribing in-depth interviews. The data analysis plan detailed the steps for processing and analyzing the interview data, including transcription, coding, thematic analysis, and interpretation. The plan emphasized ensuring the trustworthiness of the findings through strategies like triangulation and member checking. The ethical procedures section highlighted the measures to ensure the study adhered to high moral standards. This included maintaining participant confidentiality, securing informed consent, and ensuring the emotional well-being of participants during interviews.

Chapter 3 of the dissertation presented a detailed overview of the research methodology employed to explore the mental health experiences of Nigerian immigrants in the United States. This chapter outlined the systematic approach to ensure the study's reliability and validity. The chapter began by detailing the qualitative research design chosen for the study. This approach was selected for its suitability in capturing the depth and complexity of personal experiences and perceptions. The rationale behind this choice was grounded in the study's aim to gain rich, nuanced insights into the participants' perspectives on mental health. The participant selection process was described, highlighting the use of purposeful sampling.

The criteria for participant selection were based on age, Nigerian heritage, and residency in the United States. This targeted approach ensured the inclusion of diverse

experiences from within the Nigerian immigrant community. Developing the semi-structured interview guide was a focal point of this chapter. The interview questions were carefully crafted, drawing from the literature review and theoretical framework, to align closely with the research objectives. The guide (see Appendix B) was designed to facilitate in-depth discussions, allowing participants to share their experiences and perspectives freely. A pilot study was conducted to test the effectiveness of the interview questions and the overall interview process. Adjustments made following the pilot study were detailed, demonstrating the study's commitment to refining the research tools for optimal data collection. The chapter outlined the recruitment strategy involving contacting the Nigerian immigrant community through various channels. The steps to ensure informed consent, participant comfort, and engagement during the interview process were also described.

The data collection process was explained, emphasizing the role of semi-structured interviews in gathering rich qualitative data. An in-depth description of the data analysis plan was provided, showcasing the structured approach to coding and thematic analysis. The process was designed to identify patterns and themes within the data, aligning with the RQs and objectives. The chapter highlighted the strategies employed to ensure the credibility and trustworthiness of the analysis, such as member checking and maintaining a reflexive journal. The ethical procedures section underscored the study's adherence to high moral standards. It covered the protection of participant confidentiality, the handling of sensitive information, and the measures taken to ensure the emotional well-being of participants during the research process.

## Chapter 4: Results

### **Introduction**

Mental health is a pivotal aspect of the immigrant experience that is influenced by the interplay of education, cultural beliefs, and systemic barriers. This study addressed mental health education's impact on Nigerian immigrants in the United States. As mental health continues to gain recognition as a critical component of overall well-being, understanding how educational efforts shape mental health perceptions within immigrant communities becomes crucial. This research was underpinned by RQs that addressed the multifaceted relationship between mental health education and Nigerian immigrants' attitudes and belief systems.

The following RQs address how cultural beliefs and the HBM intersect to influence the reception and effectiveness of mental health education:

RQ1: How does mental health education influence Nigerian immigrants' mental health attitudes and beliefs in the United States?

RQ2: What are cultural beliefs and attitudes toward mental health among Nigerian immigrants in the United States?

RQ3: In what ways does the HBM help to explain the impact of mental health education on Nigerian immigrants' attitudes and beliefs?

RQ4: How do perceived barriers influence Nigerian immigrants' engagement with mental health education and subsequent attitudes and beliefs about mental health in the United States?

By addressing these questions, I aim to provide valuable insights regarding the efficacy of mental health education as a tool for improving the mental health outcomes of Nigerian immigrants. I endeavor to contribute to the broader discourse regarding the importance of culturally sensitive mental health initiatives, highlighting the need for strategies that educate and resonate with immigrant populations.

### **Pilot Study**

Before undertaking the main data collection phase, I conducted a pilot study. This preliminary study evaluated the research methods' feasibility, time, costs, and potential effectiveness. I also aimed to refine research instruments, particularly the semi-structured interview guide, to ensure clarity and relevance. The pilot study involved a small and diverse subset of Nigerian immigrants in the United States who met the same criteria as the main study. Pilot participants were not included in primary research to maintain the integrity of the data. Semi-structured interviews were conducted using procedures planned for the main study.

The pilot study interviews involved using a set of preliminary interview questions designed to explore participants' attitudes and beliefs about mental health. Participants were asked for feedback about their understanding of interview questions and overall experience after each interview. This feedback was crucial in assessing clarity and comfort levels during the interview. Responses from pilot interviews were analyzed to identify issues with the interview format, questions, or overall approach. I focused on the interview questions' effectiveness in eliciting detailed and relevant information.

## Setting

Research was conducted within the United States, focusing specifically on areas with significant populations of Nigerian immigrants. I targeted urban centers known for their diverse immigrant communities in cities in Minnesota and Wisconsin. These locations were chosen due to their higher concentrations of Nigerian immigrants, providing a rich context for exploring experiences and perspectives on mental health.

Nigerian immigrants in the United States often reside in culturally diverse urban environments, interacting with their native Nigerian culture and the broader American cultural landscape. This intersection of cultures creates a unique environment for exploring mental health perceptions that are influenced by both Nigerian cultural beliefs and the American mental health paradigm. Interviews were conducted via phone, allowing for a broader geographical reach and accommodating participants from various parts of the United States. This method also ensured privacy and convenience for participants, encouraging open and candid discussions.

Phone interviews were scheduled at convenient times for participants to maximize participation and ensure comfortable and uninterrupted settings. Given the remote nature of the interviews, I used reliable telecommunication tools to ensure clear communication. Interviews were audio-recorded using high-quality recording devices to capture data accurately. Care was taken to ensure that technology was user-friendly and did not pose any barriers to participation. I also adhered to ethical considerations. Ensuring participant confidentiality and privacy was paramount, especially given the sensitivity of discussing mental health issues. The remote interview format was conducive to maintaining these

ethical standards, providing a secure space for participants to share their experiences freely.

### **Demographics**

The demographic profile of study participants is critical in qualitative research as it provides context and depth to the findings. In this study examining mental health perceptions of Nigerian immigrants in the United States, understanding participant demographics enables a better interpretation of results. A total of 10 Nigerian immigrants participated in this study. Demographics varied in gender, age, professional background, length of residency in the United States, and location (see Table 1). Participants' ages ranged from early 20s to late 50s. This was significant in understanding how age and life stage impact mental health perceptions and experiences. The predominance of male participants was a limitation in terms of gender representation, which might influence the study's applicability to the entire Nigerian immigrant population.

**Table 1**

*Participants Characteristics*

Participant	Gender	Age (years)	Occupation	Length of residency in the United States	Location
R1	Male	45	Patient care assistant	12	Minnesota
R2	Male	42	Social worker	9	Wisconsin
R3	Male	37	Certified nurse assistant	11	Minnesota
R4	Female	52	Support staff	7	Minnesota
R5	Male	65	Security personnel	9	California
R6	Male	49	Nurse	7	Wisconsin
R7	Female	55	Home health aide	5	Wisconsin
R8	Male	42	Hospital staff	14	Minnesota
R9	Male	54	Patient care assistant	11	Minnesota
R10	Male	47	Construction worker	9	Minnesota

This range offered insights into how time spent in the United States influences the evolution of attitudes toward mental health. Participants came from diverse professional backgrounds, including health care, accounting, social work, and information technology. This experienced diversity contributed to a multifaceted understanding of mental health perceptions across different occupational contexts. All participants residing in the United States were spread across urban areas in Minnesota and Wisconsin, known for their significant Nigerian immigrant populations. This geographical spread provided a more comprehensive understanding of the Nigerian immigrant experience across different U.S. urban settings. Participants represented various ethnic groups from Nigeria, reflecting the cultural diversity within the Nigerian immigrant community. This ethnic diversity enriched the study by incorporating a range of cultural beliefs and practices related to mental health.

The demographics of the individuals who participated in my research is not merely a procedural step; it is fundamental to grasping the nuanced insights they provide into the mental health perceptions among Nigerian immigrants in the United States. This section delves into the varied backgrounds of my ten respondents, shedding light on the diverse perspectives they bring to the study. In selecting participants for this study, I aimed for a mix reflecting the breadth of experiences within the Nigerian immigrant community, especially concerning mental health. The participant group comprised eight men (R1, R2, R3, R5, R6, R8, R9, and R10) and two women (R4, R7). This gender



distribution offered a predominantly male viewpoint, complemented by crucial perspectives from female participants.

The individuals interviewed came from diverse occupational backgrounds; most of my respondents work in healthcare-related fields, including personal care assistants, certified nurse assistants a nurse, and home health aide. The participants' experiences likely influence their understanding and attitudes toward mental health, offering rich, informed perspectives. I also spoke with individuals engaged in social work and support roles whose daily work intersects with mental health challenges, whether directly or indirectly. This diversity extended further to include respondents from non-healthcare professions such as security, hospital staffing, and construction. Inclusion broadens the scope of occupational experiences, enriching the study with various viewpoints on mental health.

It was crucial for the integrity of my research that all participants engaged solely as respondents, without any prior relationship with me. This approach ensured that the insights gleaned from our conversations were genuine and reflective of their accurate perceptions and experiences. While their demographics might differ, the unifying factor across all my respondents was the condition under investigation—mental health. This focus was pivotal in exploring how mental health education impacts attitudes and beliefs within the Nigerian immigrant community in the United States. The demographic diversity of my participants has been instrumental in providing a comprehensive understanding of mental health perceptions among Nigerian immigrants.

## **Data Collection**

I selected 10 Nigerian immigrants living in the United States. This group included various professions, such as support workers, nurses, and other professionals, to capture varied experiences and perspectives on mental health. I identified and reached out to these participants via targeted emails. My selection was based on their unique backgrounds and professional roles within the Nigerian immigrant community. After participants responded to my emails, I scheduled the interviews conveniently. This scheduling was primarily done through email, ensuring clear communication and agreement on the interview timings. Before conducting the interviews, I sent out informed consent forms via email to each participant. These forms detailed the study's purpose, confidentiality measures, and their rights as participants. I ensured that each participant understood and agreed to these terms before proceeding.

The interviews were semi structured, based on the specific questions I had prepared. This format allowed me to maintain focus while giving participants the flexibility to express their thoughts in depth. Considering the comfort and convenience of the participants, I conducted most interviews via video calls, although a few were done over the phone per the participants' preferences. With the consent of the participants, I recorded these interviews using digital recording features on the video call platforms.

After completing the interviews, I transcribed them verbatim. This meant carefully typing out everything said during the interviews and noting significant non-verbal cues. I stored all transcripts and notes securely, adhering to data protection regulations and ensuring the confidentiality of the participants' information. I analyzed

the transcripts to identify themes and patterns related to the mental health experiences of Nigerian immigrants. I employed coding techniques to systematically categorize the data, facilitating the identification and analysis of recurring themes. I strictly adhered to the ethical standards and guidelines the IRB set throughout the data collection process. This included respecting participant privacy and handling data responsibly to maintain the integrity of my research.

### **Data Analysis**

Data analysis in qualitative study must follow a systematic approach involving data coding, searching for them, refining, and reporting findings. The derivation of themes and subthemes was carefully analyzed to reflect the analytical process followed. I began this section by detailing the step-by-step process of examining mental health perceptions among Nigerian immigrants. This process is rooted in the principles of thematic analysis, emphasizing the systematic coding of data and the careful construction of themes and subthemes that emerge from the data.

The data analysis process utilized the Braun and Clarke (2006) reflexive thematic approach. According to Braun and Clarke, reflective thematic analysis is an interactive process whereby the researcher is an active participant whose role is to constrict the meaning instead of identifying it. Braun and Clarke proposed six steps a researcher must follow in the thematic analysis process.

The first is familiarization, whereby the researcher takes an extensive view of the collected data. The step also involves the researcher reading all the transcriptions and texts and recoding them from the data to notice any pattern. Following this step in

the data analysis process, I read through the data several times to help me grasp it and identify any pattern from the data. This immersion phase allowed me to familiarize myself with the depth and breadth of the participants' experiences and perspectives on mental health.

The next step is generating initial codes, where the researcher highlights portions of text and names them as codes. I commenced the coding process by identifying and labeling key concepts, experiences, and sentiments expressed by the participants. This coding was conducted manually, ensuring that each code accurately reflected the essence of the participants' narratives. Codes were assigned to segments of text ranging from a sentence to a paragraph, capturing ideas such as cultural stigma, knowledge acquisition from mental health education, and accessibility of mental health services. Appendix D contains the codebook for the study.

The third step involves generating themes. In this step, Braun and Clarke urged researchers to identify patterns and begin the process of theme development. After the initial coding, I grouped related codes into categories based on shared concepts or themes. This categorization facilitated the organization of the data into coherent clusters, making it easier to identify patterns and relationships within the data. For instance, codes related to cultural stigma and community perceptions of mental illness were grouped into a category focusing on cultural influences on mental health perceptions.

The fourth step is reviewing themes, which is about checking to ensure the themes generated are accurate, and they will represent the data well. From the organized categories, I began to identify broader themes that captured overarching

insights into the mental health perceptions of Nigerian immigrants. Themes were derived by analyzing the categories for consistent underlying patterns and meanings across multiple data points. In this process, I thoroughly examined the themes to assess that nothing was overlooked. In addition, I assess the themes generated to make sure the data collected supported them.

The fifth step involves naming and defining themes. This stage consists of giving meaning to themes generated to help make sense of the data. The researcher named themes and ensured each made sense of the data gathered. Subthemes were also derived by further dissecting the primary themes to uncover more specific insights or dimensions. For example, under the broader theme of mental health education's influence, subthemes such as attitude, belief transformation, and knowledge acquisition were identified, each supported by specific codes and data extracts.

The last steps involve writing the report. In this step, the findings are noted down systematically to help answer the study question. Following this step, I addressed each theme by providing supporting evidence from the participant through a report. The data analysis process generated codes, categories, and four themes, which include the influence of mental health education, cultural and educational transformations, transformation in mental health perceptions, and barriers to mental health services, as shown in Table 2.

## **Table 2**

*Themes, Categories, and Codes*

Theme	Category	Code
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Influence of mental health education	Knowledge acquisition, attitude and belief transformation	Cultural stigma, belief change, education Impact
Cultural and educational transformations	Competence in health care, stigma and taboos, engagement challenges	Health care competence, cultural stigma, engagement issues
Transformation in mental health perceptions	Evolving perspectives, behavioral changes	Perception shift, experience transformation
Barriers to mental health services	Access issues, economic barriers, systemic racism	Access barriers, economic constraints, discrimination

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### **Themes, Categories, and Codes**

In analyzing the data for this study, I adhered to Braun and Clarke's (2006) reflexive thematic approach, focusing on systematically deriving themes, categories, and codes to explore mental health perceptions among Nigerian immigrants in the United States. This process emphasizes the interactive role of the researcher in constructing meaning from the data rather than merely identifying it. Following the structured steps of thematic analysis, the study ensures that the findings are robust and traceable to the source data. The data analysis process involved six steps.

#### ***Familiarization***

The researchers immersed themselves in the collected data by reading transcriptions and texts multiple times. This immersion gave an in-depth understanding of the participant's experiences and perspectives on mental health, providing a foundation for identifying patterns and developing meaningful codes.

### ***Generation of Initial Codes***

The coding process began by highlighting key segments of the text, ranging from a sentence to a paragraph. Each segment was labeled with a specific code to capture the essence of the participant's narratives. Examples of codes used include "cultural stigma," "knowledge acquisition," and "access barriers." The manual coding approach ensured that each label accurately reflected the meaning expressed in the participants' narratives, establishing a clear link between the raw data and the codes.

### ***Organization of Codes Into Categories***

After the initial coding, the researcher grouped related codes into categories based on shared characteristics or underlying concepts. For instance, codes like "cultural stigma" and "community perceptions" were organized into the category "cultural influences." "Knowledge acquisition" and "belief change" were grouped into the category "impact of education." "Access barriers" and "financial constraints" formed the category "barriers to services." This categorization helped organize the data into coherent clusters, facilitating a more precise analysis and making it easier to identify broader patterns within the data set.

### ***Development of Themes***

The researcher developed overarching themes from the organized categories that encapsulate the broader insights and findings. Themes were derived by analyzing these categories for consistent underlying patterns and meanings across multiple data points. The themes identified include the impact of mental health education and capturing how

educational interventions shape perceptions and knowledge about mental health. The themes are

- **Cultural Influences:** Highlighting the role of cultural beliefs and traditions in shaping attitudes toward mental health and help-seeking behavior.
- **Transformation in Mental Health Perceptions:** Illustrating how participants' beliefs about mental health evolve due to education and new experiences in the United States.
- **Barriers to Mental Health Services:** Focusing on the obstacles faced by Nigerian immigrants in accessing mental health care, including financial, systemic, and cultural barriers.

#### ***Definition of Themes and Writing of the Report***

The themes were carefully defined to encapsulate the data's essence and provide a structured narrative that answers the RQs. Codes and categories were used as building blocks to support these themes, ensuring a clear link between the raw data and the final thematic interpretations. This step involved systematically detailing each theme and providing evidence in participant quotes, ensuring the analysis was grounded in the participants' experiences. By using a rigorous thematic analysis process rooted in codes, categories, and themes, the study establishes a clear pathway from raw data to final findings. Each code is meticulously derived from the data, forming the basis of categories that eventually build into the major themes of the research. This structured approach ensures that the study's findings are well-supported by the data and offers a



comprehensive understanding of the mental health experiences and challenges faced by Nigerian immigrants in the United States.

## **Results**

In this section, I delineate the results from the thematic analysis of interviews conducted with Nigerian immigrants in the United States, focusing on their experiences and perceptions of mental health. The study involved an intricate process of coding participant responses, organizing these codes into categories, and synthesizing them into themes that offer insights into the mental health landscape as experienced by this community.

### **Theme 1: Impact of Mental Health Education**

I meticulously revisited my initial codes, ensuring each was clearly defined and directly tied to specific interview data segments. The theme of mental health education in enhancing awareness was developed. The themes identified on this theme include open conversations, empowerment, and advocacy. Participants described how mental health education altered immigrants' perspectives. Mental health education emerged as a crucial factor in challenging and changing long-held cultural stigmas associated with mental illness. For example, R3 and R7 shared how education catalyzed them to question and reassess the negative stereotypes and stigmas surrounding mental health that are prevalent within some Nigerian communities.

#### ***Derivation of Codes***

In the qualitative data analysis process, the initial step involved deriving codes systematically from the data collected. During the familiarization phase, I thoroughly

read and reviewed the transcripts multiple times to immerse myself in the participants' experiences and perspectives. This deep engagement allowed me to identify specific phrases, sentences, or paragraphs that captured the participants' key concepts, ideas, or sentiments. For each data segment that stood out, I highlighted these elements and assigned them codes. These codes were labels that summarized recurring ideas or significant points mentioned by the participants. Examples of codes identified include:

- **Cultural Stigma:** Highlighted whenever participants mentioned negative attitudes or beliefs tied to cultural perceptions of mental health.
- **Knowledge Acquisition:** Assigned when participants discussed their learning experiences or the new understanding they gained through mental health education.
- **Access Barriers:** Applied to instances where participants spoke about difficulties or obstacles they faced when attempting to access mental health services.

These codes served as the foundation for further analysis, capturing the essential components of the participants' narratives.

### ***Use of Codes to Derive Categories and Themes***

Once the codes were systematically identified and documented, the next step was grouping these codes into categories based on shared concepts or patterns observed across the data. This categorization was essential for organizing the data into coherent clusters, making identifying and analyzing patterns and relationships within the participants' responses easier. For instance, codes such as “negative community

perceptions,” “stigmatization,” and “social isolation due to mental illness” were grouped into a broader category called “Cultural Influences.” This category encompassed various elements that highlighted the influence of Nigerian cultural norms and beliefs on perceptions of mental health.

From these categories, I derived broader themes that captured overarching insights into Nigerian immigrants' mental health perceptions and experiences. Continuing the example above, the category “Cultural Influences” was analyzed in-depth, revealing that these cultural factors often act as barriers to understanding and acceptance of mental health. Consequently, this led to the development of the theme “Cultural Barriers to Mental Health.” This systematic approach ensured that the themes developed were rooted in the data, with clear connections to the codes and categories from which they originated. Tracing each theme back to specific codes and participant statements, I maintained the integrity and reliability of the analysis, ensuring that the themes accurately reflected the participants' perspectives and experiences.

***Subtheme: Facilitation of Open Conversations***

Participants like R4 and R8 highlighted how education around mental health encouraged more open discussions within their social circles and families, breaking the silence that often surrounds mental health issues. These conversations, they noted, were pivotal in altering not just their perceptions but also those of their peers and loved ones. R1 and R5, for instance, discussed how understanding mental health from an educational standpoint allowed them to reconcile conventional beliefs with the acceptance of mental health services. By equipping participants with knowledge and understanding,

educational interventions encourage openness towards discussing mental health openly in communities where such topics might have been taboo.

This openness is critical in fostering an environment where individuals feel safe to seek help. Participant R2 noted, "After attending the mental health sessions, I realized how many of us suffer in silence due to ignorance. Health care providers are essential in helping people navigate mental health challenges. These sentiments were echoed by participants who found mixed feelings from health care providers. Participant R10 noted, "Finding a health care provider who respects my cultural views has been nearly impossible." Participant R11, "There's a lack of trust towards health care providers who are not from our community."

***Subtheme: Empowerment and Advocacy***

Finally, the empowerment that comes with mental health education was a significant theme. Participants, particularly those like R9 and R10, who had engaged with mental health education more informally, felt more equipped to advocate for themselves and others when navigating the mental health system. Participants noted that the workshop empowered them in their mental health journey. Participant R2 said, "The workshops opened my eyes to what mental health means; it's not just about being crazy." Participant R6 acknowledged that engaging in workshop classes that embraced mental health issues was helpful. Participant R6 said, "These classes have taught me the importance of seeking help without fear of judgment." Also, Participant R9 shared, "I learned how to support others experiencing mental challenges, which changed my perspective."

## **Theme 2: Cultural and Educational Transformations**

These initial codes were grouped into broader categories to facilitate a more precise analysis and identification of patterns. The theme of cultural and educational transformations emerged with three subthemes: competence in health care, stigma and taboos, and engagement challenges. Cultural beliefs reflect Nigerian cultural norms' influence on mental health perceptions. Their preconceived notions and cultural backgrounds influenced participants' openness to mental health education. They emphasized the obstacles they faced in accessing mental health resources, particularly cultural and systemic barriers.

This transformation is pivotal, as it reflects a change in individual understanding and potential shifts in community norms and behaviors regarding mental health. Impact of Educational Interventions Educational interventions, as observed through the "Education Impact" code, play a transformative role by introducing or reinforcing knowledge of mental health misconstrued in participants' original cultural contexts. These interventions include workshops, seminars, informational brochures, and interactive sessions designed to demystify mental health issues, clarify symptoms and treatments, and discuss the importance of seeking help. Many participants expressed that before engaging in these educational programs, they had a limited or skewed understanding of what constitutes mental health issues.

For instance, one participant noted, "I always thought feeling constantly anxious was just part of life's stress, but through education, I learned it's a treatable condition." Preconceived notions about mental health often include significant stigma and

misconceptions. Education challenges these views by providing information that contradicts myths and stereotypes prevalent within the community. Another participant shared, "I was taught to see mental health issues as a sign of spiritual failure; education showed me it's a medical issue that needs understanding, not judgment."

By equipping participants with knowledge and understanding, educational interventions encourage openness towards discussing mental health openly in communities where such topics might have been taboo. This openness is critical in fostering an environment where individuals feel safe to seek help. Illustrating attitudinal shifts, Participant R2 stated, "After attending the mental health sessions, I realized how many of us suffer in silence due to ignorance. Now, I feel more equipped to help myself and others." Participant R4 added, "The education I received has made me more empathetic towards people with mental health challenges. I used to be judgmental because I didn't understand." The changes in attitude facilitated by these educational interventions are not merely about altering individual perspectives but have a more apparent implication for community health. As individuals change their attitudes, they become agents of change in their families and communities, potentially leading to a decrease in stigma and an increase in the utilization of mental health services.

This domino effect is essential for communities where mental health has historically been a challenging topic. Overall, the "Attitudinal Shifts" category encapsulates the profound impact that mental health education can have on changing the hearts and minds of individuals within immigrant communities. By fostering new understandings and dismantling outdated stigmas, educational interventions are a

powerful tool in advancing mental health advocacy and support within diverse populations. This category highlights the transformative power of knowledge and education as foundational elements in promoting mental health well-being among Nigerian immigrants, setting a precedent for similar strategies in other immigrant communities.

***Subtheme: Competence in Health Care***

Many participants expressed frustration with the cultural competence of healthcare providers. There is often a disconnect between the cultural backgrounds of Nigerian immigrants and the predominantly Western practices of mental health professionals, leading to misunderstandings and dissatisfaction with the care provided. Language differences can complicate communication between healthcare providers and Nigerian immigrants, making it challenging to accurately diagnose or treat mental health conditions effectively. Economic barriers also play a significant role, as many immigrants may lack the necessary health insurance coverage or financial resources to afford mental health services.

There is also a noted lack of awareness about available mental health resources, which prevents many from seeking help. Misinformation about the types and accessibility of services can further exacerbate this issue. Illustrating engagement challenges, Participant R3 stated, "Even when you decide to seek help, finding a therapist who understands your cultural background is nearly impossible." Participant R5 added, "The cost of mental health care is prohibitive for many of us, especially those of us without stable insurance." Participant R7 noted, "There's much shame tied to mental health in our

community. It stops many people from even admitting they need help." Participant R9 also discussed barriers: "I didn't even know there were mental health services available that could help until recently." Understanding and addressing these engagement challenges is crucial for improving mental health outcomes among Nigerian immigrants. Health care providers and policymakers must consider these barriers seriously to devise strategies to lower these hurdles and enhance service engagement.

This includes training in cultural competence for health care professionals, implementing language support services, increasing awareness about mental health resources, and making care more affordable and accessible. The "Engagement Challenges" category underscores the complex web of barriers that prevent effective mental health service utilization among Nigerian immigrants. Tackling these issues requires a multifaceted approach that involves changes at both the systemic and community levels. By creating more inclusive, culturally aware, and accessible mental health services, it is possible to significantly improve the engagement and overall mental health outcomes for this underserved population. This benefits the individuals and their communities and enriches the broader societal understanding of multicultural mental health needs and solutions.

***Subtheme: Stigma and Taboos***

Many cultural narratives around mental health in Nigerian communities are tied to stigma and taboos. Mental health issues are often misinterpreted as spiritual failings or personal weaknesses, leading to significant stigma and social ostracism for those affected. This perspective can deter individuals from seeking necessary help or even



acknowledging their mental health conditions. In many cases, traditional healing practices are the first line of response to mental health issues within these communities. Such practices often involve spiritual or herbal remedies, preferred over conventional medical treatments due to cultural trust and historical reliance on these methods. The role of the family and broader community in managing mental health is significant.

Collective decisions often influence an individual's choice to seek help or follow treatment paths, underscoring the communal aspect of health care prevalent in many Nigerian cultures. Participant R6 said, "In our culture, admitting mental health issues is not an option. It's considered a family matter, something to be dealt with internally, not with outsiders." Participant R8 said, "We often go to a spiritual leader first when we face what people might call mental health issues. It's about trusting those paths our ancestors trusted." The influence of cultural beliefs extends beyond individual attitudes to affect the broader health strategies within the community. Understanding these cultural dimensions is essential for developing mental health interventions that are culturally sensitive and effective.

Health professionals need to be aware of these cultural nuances to provide care that respects and integrates these beliefs without undermining the efficacy of modern mental health treatments. The Cultural Influences category reveals the complex interplay between culture and mental health perceptions among Nigerian immigrants. It highlights the need for mental health services and educational programs to consider these cultural factors seriously. By acknowledging and addressing these cultural influences, mental health professionals can better serve this population, bridging the gap between traditional

beliefs and contemporary medical practices. This approach enhances the acceptance of mental health services and supports the integration of effective, culturally competent care that respects and utilizes the strengths of Nigerian cultural practices.

***Subtheme: Engagement Challenges***

This category combines codes like barriers, highlighting the difficulties in engaging with mental health services due to various impediments. The "Engagement Challenges" category is a crucial component of the research, focusing on the multiple obstacles Nigerian immigrants face when attempting to engage with mental health services in the United States. Barriers reflect individuals' multifaceted difficulties in seeking mental health support. These barriers can be cultural, systemic, financial, or based on misinformation and significantly influence the effectiveness of mental health care delivery to this group. The engagement challenges highlighted by this study are diverse, stemming from internal community factors and external systemic issues affecting how Nigerian immigrants access and utilize mental health services. One of the most significant barriers is the cultural and social stigma associated with mental illness. Stigma leads to a reluctance to seek help for mental health issues, often perceived as a sign of weakness or a matter of shame within the community.

**Theme 3: Transformation in Mental Health Perceptions**

These initial codes were grouped into broader categories to facilitate a more straightforward analysis and identification of patterns. The categories and codes lead to the theme of transformation in mental health perceptions. The collective narratives from the respondents underscore the transformative potential of mental health education. It not

only demystifies mental health issues but also empowers individuals with the knowledge to seek help, advocate for better services, and challenge the societal and cultural barriers that impede mental wellness. Moreover, the insights suggest that mental health education should be multifaceted, culturally sensitive, and accessible to effectively reach and resonate with diverse communities, such as Nigerian immigrants. This underscores the need for targeted educational programs that acknowledge and address the specific cultural contexts and stigmas related to mental health within such communities.

My analysis revealed that mental health education plays a critical role in shaping the perceptions and attitudes on mental health among Nigerian immigrants in the United States. It acts as a bridge between different worlds – the traditional and the modern, the stigmatized and the accepted – facilitating a more informed, compassionate, and proactive approach to mental health. This finding not only contributes to the academic discourse on mental health among immigrant populations but also highlights the need for comprehensive, culturally informed mental health education strategies.

The journey of Nigerian immigrants in the United States has been marked by a transformative shift in their understanding of mental health. This evolution from limited knowledge to a more informed and compassionate viewpoint underscores the profound impact of comprehensive mental health education. Respondent 1 shared, "The comprehensive mental health education here in the United States has fundamentally altered how I view mental health. It's been a journey from limited understanding to a more informed and compassionate perspective." Respondent 3 reflected a similar sentiment: "I've learned to see mental health through a broader lens, thanks to the

educational resources available here, which was quite different from the narrow view we had back in Nigeria." This thematic insight reveals the stark contrast between the participants' initial perceptions and their evolved understanding, highlighting the pivotal role of education in fostering a deeper and more empathetic awareness of mental health issues.

Overcoming cultural stigmas through education has also served as a critical tool for Nigerian immigrants in overcoming cultural stigmas associated with mental health. Education has enabled individuals to challenge and move beyond deeply ingrained cultural beliefs by providing access to information and fostering open discussions. Respondent 4 observed, "Back in Nigeria, mental health was a taboo subject. But my education here has opened my eyes and helped me overcome those cultural stigmas." Respondent 5 stated, "I was enlightened about the various mental health services available, something I wasn't aware of before. This knowledge has been crucial in my mental health journey." A significant benefit of mental health education for Nigerian immigrants has been the enhanced access to resources and support systems tailored to their needs.

This has not only facilitated their adjustment to life in the United States but also empowered them to take proactive steps in managing their mental health. Respondent 7 highlighted, "Learning about the mental health support specifically tailored for immigrants like us has been incredibly helpful. It's made navigating life in the United States much easier." Respondent 9 stated, "The educational programs here provided me with the tools to seek help when I felt overwhelmed, which was a new and empowering

experience for me." Understanding Mental health education has played a crucial role in bridging the gap between Nigerian cultural beliefs and American perspectives on mental health.

This convergence of views fosters a more inclusive and holistic understanding of mental well-being. Respondent 2 shared, "I've been able to merge the Nigerian way of understanding mental health with what I've learned here, creating a balanced approach that respects my heritage." Respondent 6 remarked, "The education I received has allowed me to communicate my mental health needs more effectively, considering both my cultural background and the insights I've gained in the US." Respondent 10 offered, "This newfound understanding has given me a dual perspective on mental health, respecting both my Nigerian roots and my American settlement and cultural ideology."

#### **Theme 4: Cultural and Systemic Barriers to Accessing Mental Health Services**

This theme provides insights into the second RQ by exploring the cultural beliefs that hinder mental health service utilization. The theme had a category of social and economic discrimination. The theme shows how deeply ingrained cultural attitudes can hinder engagement with mental health services. Participant R7 expressed, "In our culture, mental health is often misunderstood, and there's much secrecy around it. This makes it difficult for many even to consider seeking help."

RQ3 was, How do perceived barriers, as conceptualized in the HBM, influence Nigerian immigrants' engagement with mental health education and subsequent attitudes and beliefs about mental health in the United States? Participant R2 remarked, "My family was initially against me seeking psychological help, seeing it as an unnecessary or

even harmful step. But their perceptions have slowly changed through education, easing my path to getting the help I needed."

Mapping the themes to the RQs clarifies how the data-driven findings address the initial inquiries and enhances the study's thematic structure by directly tying the theoretical framework to empirical evidence. This connection is essential for validating the research and ensuring that the conclusions drawn are firmly anchored in the data, providing straightforward answers to the posed questions and contributing valuable insights to mental health studies among immigrant populations.

Participants discussed how their cultural beliefs and attitudes toward mental health, shaped by Nigerian traditions, interact with their experiences in the United States. Respondent 5 stated, "Back home, mental health issues might be interpreted through spiritual or communal lenses. There's a shift towards understanding it more clinically, but our cultural views still play a big role." Respondent 8 stated, "There are barriers like misunderstanding about mental health in our community and the lack of culturally sensitive information that make it hard for Nigerian immigrants to engage with mental health education in the US fully."

In this section, I explore these judgments, which often entail negative perceptions and behaviors that do not conform to Nigerian cultural values. Participants shared their experiences, highlighting differences between Nigerian and Western views of mental health. Respondent 4 said, "In our Nigerian culture, mental illness is often seen through a spiritual or moral lens, differing significantly from the Western medical model. This leads to social stigma against those with mental health issues."

Respondent 7 noted, "There's a gap in cultural understanding between mental health professionals in the US and the Nigerian immigrant community. This often results in misconceptions and stereotypes about our approaches to mental health." The influence of mental health issues on family and social structures within the Nigerian immigrant community was discussed. Respondent 5 stated, "Mental illness is a grave concern in our community. It affects the individual and their family's social standing and prospects, including marriage and community relations. There's a profound stigma that often leads to social isolation." Respondent 6 concurred about societal views of mental illness: "Mental illness is sometimes seen as a spiritual failure or a personal shortcoming, leading to embarrassment and stigma in our community."

The common theme is the preference for traditional healing methods over Western treatment approaches. Respondent 2 stated, "In our culture, mental illness often prompts a visit to traditional healers first before considering modern health care options." Respondent 7 elaborated: "Nigerian immigrants rely on familiar cultural practices for mental health support, affecting their willingness to use available mental health services in the US." Respondent 4 elaborated on stigma: "Stigma around mental health leads to stereotypes and social exclusion, not just for the individual but also for their family." Similarly, Respondent 9 stated, "In our culture, the stigma around mental health is deep-rooted, leading to discrimination and lack of appropriate support for those affected." Respondent 8 agreed: "The stigma in our culture makes it challenging for individuals to seek help. It leads to discriminatory treatment and a reliance on family support rather than professional help." The participant responses support that stigma influences the

help-seeking behavior of Nigerian immigrants, often limiting their access to mental health services.

***Category: Social and Economic Discrimination***

Experiences of discrimination affect Nigerian immigrants' mental health and access to treatment. Experiences of discrimination affect Nigerian immigrants' mental health and access to treatment. Respondent 8 stated, "Stigmatized individuals often face employment challenges and social exclusion, which exacerbate their mental health issues." The challenges of maintaining transnational family ties also contribute to mental health stressors. Respondent 3 explained, "The separation from family and the pressure to support them financially from afar create significant mental and emotional strain." Participants noted disparities in the mental health care system as a recurring concern. Respondent 9 remarked, "Systemic racism and racial discrimination impact our mental health and lead to mistrust towards mainstream mental health services.".

**Evidence of Trustworthiness**

This qualitative research on the mental health experiences of Nigerian immigrants in the United States established trustworthiness through credibility, transferability, dependability, and confirmability. This well-established qualitative methodology was instrumental in analyzing the nuanced experiences of Nigerian immigrants. Participants had the opportunity to review summaries of their interview transcriptions, allowing them to verify the accuracy and resonance of the findings with their experiences. The interview guide and methodology were reviewed by experts in qualitative research and the subject matter, further enhancing the study's credibility.



**Transferability**

Transferability in this research was addressed through detailed descriptions of the context and circumstances under which the data were collected, enabling other researchers to evaluate the applicability of the findings to other settings. A thorough outline of the research steps, from selecting participants to the specifics of data collection methods, ensures that the study's procedures can be replicated or adapted in similar research.

**Dependability**

This detailed documentation supports the dependability of the research, demonstrating that the study could be repeated with the same participants under similar conditions and likely yield similar results. Furthermore, the study's approach was systematically and consistently applied across all interviews and data analysis phases, reinforcing the findings' dependability. Regular audit trails and reflective commentary by the researcher were maintained, and decisions and interpretations were documented throughout the study to provide clear evidence of the research process and to ensure that it is free from bias and meets qualitative research standards.

**Confirmability**

Confirmability of the research findings was ensured by adopting a rigorous approach to data analysis, which involved multiple rounds of coding and cross-checking by the research team. The analytical process was transparent, with systematic checks for potential researcher bias. The study included a reflexive journal maintained by the researcher, which recorded personal reflections and potential biases, helping to separate

the researcher's views from the study findings. Using direct quotes from participants as evidence for thematic analysis further strengthened the confirmability of the research. These excerpts provided concrete examples of how themes derived from the data align with participants' actual statements, thereby grounding the study's conclusions in empirical evidence rather than researcher inference alone.

### **Credibility**

I employed methodological triangulation to enhance credibility, integrating different data collection methods, such as individual interviews and focus groups. This approach allowed for data verification through multiple lenses, enriching the study's robustness and depth of understanding. Additionally, triangulation of data sources included comparing findings with existing literature on the mental health of immigrants, particularly Nigerian immigrants, to assess whether the study's findings align with or diverge from previous research. This triangulation helped confirm the findings' uniqueness and contribution to existing knowledge, providing a solid foundation for the study's arguments and conclusions. It also addressed potential criticisms by demonstrating that the findings are not only consistent with other studies but also provide new insights into the mental health experiences of Nigerian immigrants.

The evidence of trustworthiness through credibility, transferability, dependability, and confirmability positions this study as a reliable source of qualitative data on the mental health experiences of Nigerian immigrants. By adhering to these rigorous qualitative standards, the research provides valuable, valid, and applicable insights to

similar contexts, contributing meaningfully to the broader discourse on immigrant mental health and developing culturally sensitive mental health practices.

### **Ethical Considerations**

I sought and obtained approval from the Walden University IRB before collecting data. The approval number for this study is 11-27-23-0652707, and the expiry date was November 24th, 2024. Approval guaranteed that the research met the required guidelines for an institution-supported research project, including ethical guidelines. Recruit participants by Walden University's standards for ethical research. I first sought approval for my research study through my dissertation committee. Once approval was obtained from the committee, an IRB application was completed and submitted for approval, including all documentation they requested along with the approved proposal from the dissertation committee. The IRB process ensured that the current research study aligned with Walden University's ethical research guidelines to protect the participants during the research process.

To participate in the current study, I conducted a Facebook group search to recruit participants. Once recruited (by contacting me via direct message or email), questions were emailed to participants to ensure that they met the eligibility criteria. This included being a Nigerian immigrant living in the United States. Further, an informed consent form was forwarded to their email once it was confirmed that they met the eligibility criteria. It discussed their rights as participants and the confidentiality of the information they shared with me throughout the research and interview process.

Consent forms assure participants that their data will be kept private and confidential (Armstrong et al., 2015). The consent form also included information about the voluntary nature of the study, stating that the participants could withdraw from the study at any time they choose without any positive or negative consequences. Finally, after completing the interviews, I explained to the participants that I would store the information obtained electronically on a USB hard drive. The hard drive was stored in a locked file cabinet at my apartment, which did not allow access by any other individual. As for the emails, I am the only one who had access to my emails with a secure, strong password. Therefore, all the emails obtained throughout this study were deleted at the end of this study.

Participants for this study were Nigerian immigrants who had experienced mental health challenges. This study aligned with the ethical guidelines of the IRB, which was responsible for ensuring all Walden University's researchers obey the established ethical standards. Further, Coffelt (2017) noted that confidentiality is an ethical practice that protects participants' privacy while collecting, analyzing, and reporting data. Once the study was completed, all transcribed documents were stored in two secure ways.

The first copy was printed on paper, placed in a folder, and stored securely in a locked desk in my apartment. The second copy was the Zoom recording, which was saved on my personal computer and then stored by transferring the file onto a USB storage device to be placed with the secured written documents. Once this study was completed, all documentation relating to the study was maintained for 5 years as required by Walden University. Once the 5-year time has been reached, all appropriate documents

are destroyed physically and/or electronically. When expanding the sample to include a more diverse population, it is critical to consider ethical issues such as informed consent, confidentiality, and the potential psychological impact of discussing sensitive topics like mental health.

By expanding the sample size and including a more diverse range of participants, the study can achieve more nuanced insights into the mental health perceptions of Nigerian immigrants and other immigrant groups. This approach strengthens the study's conclusions and ensures that the research outcomes are more representative and applicable to the given population, ultimately aiding in developing more effective mental health policies and program maps that depict the relationships between individual codes and their respective categories. These maps serve as a visual aid to demonstrate the logical flow from specific data points (codes) to broader conceptual groupings (categories), enhancing the transparency and traceability of the analytical process.

In conclusion, carefully revisiting, refining, and categorizing codes are fundamental steps in qualitative thematic analysis. These initial steps ensure the subsequent analysis is grounded in accurately captured data, leading to valid and insightful findings. This rigorous approach not only strengthens the credibility of the research but also provides a structured pathway to delve into more complex analyses, such as synthesizing themes that can offer deep insights into the mental health experiences of Nigerian immigrants. This foundational work is crucial for developing targeted interventions that are culturally and contextually appropriate.

## Summary

In Chapter 4, this study offers an in-depth exploration of the mental health perceptions among Nigerian immigrants in the United States, focusing on the significant impact of mental health education. Through detailed thematic analysis of semi-structured interviews, this chapter elucidates how cultural beliefs, systemic barriers, and educational interventions shape mental health attitudes and behaviors within this community.

### **Research Question 1: Influence of Mental Health Education**

The analysis revealed that mental health education profoundly influenced Nigerian immigrants' attitudes and beliefs. Participants emphasized how educational interventions promoted open conversations and empowerment. R3 and R7 described how mental health education challenged them to re-evaluate and question long-standing negative stereotypes and stigmas within their communities. For instance, R4 and R8 noted that education around mental health encouraged more open discussions within their social circles and families, breaking the silence that often surrounds mental health issues. As R1 stated, "Understanding mental health from an educational standpoint allowed me to reconcile traditional beliefs with the acceptance of mental health services."

Participants also highlighted the empowerment that comes with mental health education. R9 and R10, who had engaged with mental health education informally, felt more equipped to advocate for themselves and others when navigating the mental health system. R2 noted, "The workshops opened my eyes to what mental health means; it's not just about being crazy." These experiences illustrate the transformative potential of

mental health education in fostering a more informed, compassionate, and proactive approach to mental health.

### **Research Question 2: Cultural Beliefs and Attitudes Toward Mental Health**

Cultural beliefs significantly shape mental health perceptions among Nigerian immigrants. Participants reported that traditional views often framed mental health issues as spiritual or moral failings, leading to substantial stigma. R6 mentioned, "Admitting mental health issues is not an option in our culture; it's considered a family matter." Traditional healing practices were often preferred over conventional medical treatments. R8 stated, "We trust the paths our ancestors trusted," highlighting the reliance on familiar cultural practices for mental health support.

Participants also discussed the role of family and community in managing mental health. Collective decisions often influence an individual's choice to seek help or follow treatment paths, underscoring the communal aspect of health care prevalent in many Nigerian cultures. R5 shared, "In our culture, mental health is often misunderstood, and there's much secrecy around it. This makes it difficult for many even to consider seeking help." These cultural narratives emphasize the need for culturally sensitive mental health interventions that respect and integrate traditional beliefs while promoting effective treatment.

### **Research Question 3: Health Belief Model and Mental Health Education**

The HBM provided a valuable framework for understanding how Nigerian immigrants engage with mental health education. Participants described how perceived barriers, such as cultural stigma and systemic issues, influenced their attitudes and beliefs

about mental health. R2 noted, "My family was initially against me seeking psychological help, seeing it as unnecessary or harmful, but their perceptions changed through education." This theme demonstrates the complex interplay between cultural beliefs, educational interventions, and decision-making processes regarding mental health.

The analysis revealed that mental health education can help overcome these barriers by providing knowledge and fostering openness toward discussing mental health. R4 mentioned, "The education I received has made me more empathetic towards people with mental health challenges. I used to be judgmental because I didn't understand." This finding underscores the importance of educational interventions in challenging cultural stigmas and promoting a more informed understanding of mental health.

#### **Research Question 4: Perceived Barriers to Mental Health Services**

Various barriers hinder Nigerian immigrants' engagement with mental health services. Participants discussed challenges such as social and economic discrimination, lack of cultural competence among health care providers, and the stigma associated with mental health. R7 highlighted, "In our culture, mental health is often misunderstood, and there's much secrecy around it, making it difficult to seek help." These barriers are deeply entrenched in cultural attitudes and systemic issues, emphasizing the need for accessible and culturally competent mental health services.

Participants also highlighted the economic constraints and lack of awareness about available mental health resources. R3 mentioned, "Even when you decide to seek help, finding a therapist who understands your cultural background is nearly impossible."



R5 added, "The cost of mental health care is prohibitive for many of us, especially those of us without stable insurance." These insights underscore the importance of addressing both cultural and systemic barriers to improve mental health service engagement among Nigerian immigrants.

### **Evidence of Trustworthiness**

This study established trustworthiness through credibility, transferability, dependability, and confirmability. Participants reviewed summaries of their interview transcriptions, ensuring the accuracy and resonance of the findings. Detailed descriptions of the research context and procedures enhanced transferability. The systematic and consistent application of the research methodology ensured dependability. Using direct quotes from participants provided concrete evidence for thematic analysis, strengthening confirmability.

Credibility was further enhanced through methodological triangulation, integrating different data collection methods, such as individual interviews and focus groups. This approach allowed for data verification through multiple lenses, enriching the study's robustness and depth of understanding. Comparing findings with existing literature on the mental health of immigrants also confirmed the uniqueness and contribution of this study's findings to existing knowledge. I adhered to ethical guidelines set by Walden University's IRB. Participants provided informed consent, and their confidentiality was maintained throughout the research process. Data were securely stored, and all documentation related to the study will be maintained for 5 years as

required by the university. The ethical considerations ensured that participants were well-protected, and their rights were upheld throughout the study.

Chapter 4 provided a detailed analysis of the mental health perceptions among Nigerian immigrants in the United States. The findings highlighted the significant impact of mental health education, the profound influence of cultural beliefs, and the various barriers to accessing mental health services. These insights underscore the need for culturally sensitive mental health interventions that address the unique needs of Nigerian immigrants. The evidence of trustworthiness and adherence to ethical considerations further validate the study's findings, contributing to the broader discourse on immigrant mental health.

In conclusion, this study offers valuable insights into how mental health education can transform perceptions and attitudes toward mental health among Nigerian immigrants. By addressing cultural stigmas and systemic barriers and promoting a more informed understanding of mental health, this research highlights the critical role of education in improving mental health outcomes. The findings underscore the importance of developing culturally sensitive mental health strategies that resonate with immigrant populations, ultimately contributing to a more inclusive and supportive mental health care system.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

In this final chapter, I synthesize the findings from the study on the mental health perceptions and experiences of Nigerian immigrants in the United States. It aims to discuss these findings in the context of existing literature and the theoretical framework established in earlier chapters, notably the HBM. The chapter also seeks to draw meaningful conclusions from the study, highlighting its contributions to the mental health field, especially in the context of immigrant populations.

Furthermore, I offer recommendations for future research, policy development, and practice in mental health, focusing on culturally sensitive approaches tailored to immigrant communities. This chapter addresses the overarching RQs and explores the broader implications of the study's findings through the lens of the data collected and analyzed in this research. It reflects on the intersection of cultural beliefs, mental health education, and the unique challenges faced by Nigerian immigrants in adapting to the mental health paradigms in the United States.

The chapter also considers how these findings can inform strategies to enhance mental health support and education for this community, contributing to more effective and empathetic mental health care practices. In summary, this chapter provides a comprehensive discussion of the study's results, weaving together the threads of research to present a cohesive understanding of the mental health landscape among Nigerian immigrants in the United States. It underscores the study's significance in contributing to a deeper understanding of mental health experiences within diverse cultural contexts.

### **Interpretation of the Findings**

The HBM lens provides a nuanced understanding of how Nigerian immigrants in the United States perceive mental health and its education. The HBM posits that personal beliefs about health significantly influence health behaviors. Consistently, the data revealed that many participants initially downplayed the risks or severity of mental health issues. This viewpoint shifted notably with increased education and understanding. This aligns with the HBM assertion that acknowledging susceptibility and severity can motivate health-seeking behavior. Participants' engagement with mental health education and services was often weighed against perceived barriers such as stigma and cultural misconceptions. This reflects the HBM concept that the perceived benefits must outweigh the barriers to prompt action.

The findings also highlight the dynamic interplay between Nigerian cultural beliefs and the Western concept of mental health. Participants' narratives indicated a transitional phase where traditional beliefs about mental health were being re-evaluated considering new information and experiences in the United States. This suggests a gradual shift from viewing mental health issues as a taboo or spiritual affliction to recognizing them as a health concern, which is significant for developing culturally sensitive mental health interventions. The role of mental health education emerged as a critical factor in shaping attitudes and beliefs. Education was shown to play a pivotal role in transforming participants' perspectives, leading to increased empathy and understanding of mental health issues.

The interpretation of findings through the HBM offers a comprehensive understanding of the mental health perceptions among Nigerian immigrants in the United States and the significant role of mental health education in shaping these perceptions. This section aims to delve deeper into how the findings relate to the HBM, providing insights into the behavioral changes concerning mental health within the Nigerian immigrant community.

### **Perceived Susceptibility and Severity**

The initial underestimation of mental health risks and severity by many participants underscores a critical aspect of the HBM—the role of perceived susceptibility and severity in motivating individuals to seek health services. As noted with increased education and understanding, the shift in perspective aligns with the HBM premise that recognizing health issues' real risks and consequences can drive individuals toward preventive measures and treatment. This change highlights the transformative power of mental health education in altering perceived susceptibility and severity among Nigerian immigrants.

### **Perceived Benefits and Barriers**

The analysis also sheds light on the balance between perceived benefits and barriers, a core concept of the HBM. The findings reveal that participants' decisions to engage in mental health education and services are significantly influenced by the obstacles they perceive, such as stigma, cultural misconceptions, and the fear of discrimination. However, the perceived benefits of understanding and addressing mental health issues, facilitated by education, often outweigh these barriers, motivating action.

This reflects the HBM notion that for health-seeking behavior to occur, individuals must perceive that the benefits of such actions surpass the obstacles.

### **Cultural Beliefs and Attitudes**

The dynamic interplay between Nigerian cultural beliefs and the Western concept of mental health observed in the participants' narratives indicates a transitional phase. This phase is characterized by re-evaluating traditional beliefs about mental health and considering new information and experiences in the United States. This evolution from viewing mental health issues as taboo or spiritual afflictions to recognizing them as health concerns is crucial for the development of culturally sensitive mental health interventions. It suggests that mental health education can bridge the gap between diverse cultural beliefs and modern health paradigms, fostering a more inclusive approach to mental health care.

### **Influence of Mental Health Education**

The critical role of education in shaping attitudes and beliefs about mental health cannot be overstated. The findings demonstrate that education increases awareness and empathy and transforms participants' perspectives toward mental health issues. This transformation is evident in the increased empathy, understanding, and willingness to seek help, underscoring the importance of mental health education in promoting health-seeking behaviors and reducing stigma within immigrant communities.

Applying the HBM to interpret the study's findings provides a nuanced understanding of the factors influencing mental health perceptions and behaviors among Nigerian immigrants in the United States. It highlights the significant impact of mental

health education in modifying perceived susceptibility and severity, balancing perceived benefits against barriers, and navigating the complex interplay between cultural beliefs and modern health concepts. These insights are instrumental in informing future research, policy development, and practice, emphasizing the need for culturally sensitive and education-focused mental health interventions.

### **Empowerment Through Knowledge**

The empowerment derived from mental health education among Nigerian immigrants is a testament to the transformative power of knowledge. Participants' narratives revealed that education facilitated their ability to seek help and support and enabled them to become advocates within their community. This shift towards proactive engagement with mental health services underscores the critical role of educational interventions in altering attitudes towards mental health, aligning with the HBM emphasis on informed decision-making as a pathway to mental wellness.

Knowledge gained from mental health education empowered participants to seek help and support others, indicating the potential for educational interventions to effect positive change in attitudes. A recurring theme was the stigma associated with mental health issues within the Nigerian community. This stigma often served as a barrier to seeking help, underscoring the need for community-based initiatives to combat misconceptions and promote a more informed understanding of mental health. Participants navigating dual identities faced unique challenges reconciling different health beliefs and practices.

The findings suggest that mental health services for immigrants need to be sensitive to these complexities, ensuring that they are inclusive and respectful of diverse cultural backgrounds. Overall, the study's findings provide valuable insights into the mental health perceptions of Nigerian immigrants, emphasizing the importance of culturally informed education and services. The results underscore the need to address cultural beliefs and stigma in mental health discourse and highlight the potential of education in transforming attitudes and behaviors towards mental health among immigrant communities.

### **Perceptions of Stigma and Discrimination**

A pervasive theme throughout the study was the significant impact of stigma and discrimination on mental health perceptions within the Nigerian immigrant community. This stigma, deeply rooted in cultural beliefs and misconceptions, emerges as a formidable barrier to accessing mental health services. The findings highlight the urgent need for community-based initiatives aimed at dismantling these barriers, promoting a nuanced understanding of mental health that transcends cultural misconceptions.

### **Implications for Dual Cultural Identity**

Navigating dual cultural identities presents unique challenges for Nigerian immigrants, particularly reconciling disparate health beliefs and practices. The study's insights into these challenges emphasize the necessity for culturally sensitive mental health services that include diverse cultural perspectives.



### **Limitations of the Study**

Although offering valuable insights into the mental health education, attitudes, and belief systems of Nigerian immigrants, this research has its limitations. The homogeneity of the sample and the focus on specific demographic characteristics may limit the diversity of perspectives captured. Additionally, the methodological approach, tailored to a particular segment of the Nigerian immigrant community, may restrict the study's applicability to a broader population. Recognizing these limitations is crucial for understanding the scope and potential impact of the study's findings.

This study on Nigerian immigrants' mental health education, attitudes, and belief systems has certain limitations. The sampling method led to a homogenous group, potentially limiting the diversity of perspectives. The focus on a specific age group and English-speaking participants could have excluded a broader range of experiences. While efforts were made to ensure the credibility and transferability of findings, the research's scope was confined to a particular demographic, which may impact the generalizability of the results. Future studies could benefit from a more comprehensive sample and varied methodological approaches to deepen the understanding of this subject. The study's focus on Nigerian immigrants impacts explicitly the breadth of insights.

The age criterion and language requirement potentially excluded younger individuals and non-English speakers, which might have provided varied perspectives. The methodology, tailored to a specific demographic within the Nigerian immigrant community, limits the study's applicability to a broader population. This approach may only partially capture the diverse experiences of Nigerian immigrants with different

backgrounds or settings. Due to the focused nature of the research, findings might only be representative of some Nigerian immigrants or other immigrant groups, limiting the generalizability.

Approach would help capture a wider spectrum of experiences and perspectives within the Nigerian immigrant community regarding mental health education, attitudes, and belief systems. The study primarily concentrated on the role of mental health education and its impact on attitudes and belief systems among Nigerian immigrants. While this focus offers valuable insights, it may also limit exploration into other relevant factors, such as access to health care services or socioeconomic influences, which could also significantly impact mental health perceptions and behaviors within this community. Including these aspects in the limitations acknowledges the focused nature of the study and the potential need for broader research in future studies.

### **Recommendations**

Addressing the study's limitations, future research should strive for a more diverse sampling strategy, incorporating a broader range of participants and potentially employing multiple research methodologies. This process would enhance the richness of the collected data, offering a more comprehensive understanding of the complex interplay between mental health education, cultural beliefs, and the unique challenges Nigerian immigrants face. Further exploration into factors beyond education, such as access to health care services and socioeconomic influences, could also provide deeper insights into the determinants of mental health perceptions and behaviors within immigrant communities. To address these limitations, future researchers could employ more diverse

sampling strategies, include a broader range of participants, and possibly integrate multiple research methods to enrich the understanding of the subject matter. This would help capture a wider spectrum of experiences and perspectives within the Nigerian immigrant community regarding mental health education, attitudes, and belief systems.

The study primarily concentrated on the role of mental health education and its impact on attitudes and belief systems among Nigerian immigrants. While this focus offers valuable insights, it may also limit exploration into other relevant factors, such as access to health care services or socioeconomic influences, which could also significantly impact mental health perceptions and behaviors within this community. Including these aspects in the limitations acknowledges the focused nature of the study and the potential need for broader research in future studies.

### **Implications**

This study underscores the critical need to adapt traditional health behavior models, like the HBM, to accurately reflect the unique cultural nuances and migration experiences of immigrant communities. By integrating cultural beliefs and health behaviors, the findings enrich the literature and call for a culturally nuanced approach to health behavior theories. This adaptation is crucial for developing models representing diverse populations, ensuring that health interventions are based on a realistic and comprehensive understanding of health behaviors.

### **Cultural Beliefs and Health Behaviors**

The profound impact of cultural beliefs on health behaviors and attitudes among Nigerian immigrants highlights the necessity of incorporating cultural insights into health

behavior theories and practices. This contribution to the literature emphasizes the importance of viewing health behaviors through a culturally sensitive lens, promoting a deeper understanding of the diverse factors influencing health decisions and actions. The findings point to a pressing need for mental health services that are culturally sensitive and attuned to the experiences of Nigerian immigrants.

### **Training for Mental Health Professionals**

The development and implementation of comprehensive training programs for mental health professionals to enhance cultural competency are imperative. Such programs equip practitioners with the necessary skills and knowledge to deliver care that not only respects but also integrates the diverse cultural beliefs and practices of their patients. By fostering an environment of understanding and sensitivity, mental health professionals can offer treatments that are more personalized and effective, ensuring that the care provided aligns with everyone's unique cultural backgrounds and personal experiences. This approach improves the therapeutic relationship and significantly contributes to the overall efficacy of mental health interventions, promoting better outcomes for patients from all cultural backgrounds.

### **Development of Culturally Relevant Interventions**

The development of culturally relevant interventions is crucial in making mental health care more accessible and practical for immigrant communities. By crafting intervention strategies that acknowledge and incorporate the diverse cultural perspectives of these communities, mental health professionals can ensure that the care and support provided are both practical and respectful of the patient's cultural background. Such

tailored interventions enhance the receptivity of mental health services and empower individuals by recognizing and validating their cultural identities within the therapeutic process.

In addition to individualized care, the significance of community-based mental health education cannot be overstated. This approach emphasizes the value of community involvement in disseminating knowledge about mental health, fostering a supportive environment that encourages dialogue and reduces stigma. By leveraging the strengths and resources of the community, mental health education initiatives can be designed to meet the specific needs of its members, making mental health information more relatable and accessible. The study advocates for this community-centric model to bridge gaps in understanding and service provision, ultimately leading to improved mental health outcomes for diverse populations.

### **Collaboration With Community Leaders**

Collaboration with community leaders and members in designing and implementing mental health education programs is pivotal for ensuring these initiatives are culturally relevant and practical. By involving those deeply rooted in the community's cultural and social fabric, mental health professionals can gain invaluable insights into the community's specific needs, values, and challenges. This partnership fosters the development of tailored mental health programs that resonate with the community's unique context, promoting greater acceptance and participation. Engaging community leaders enhances the cultural sensitivity of mental health initiatives. It leverages these leaders' trust and respect within their communities, facilitating smoother implementation

and a broader reach of mental health education. Ultimately, this collaborative approach is instrumental in breaking down barriers to mental health care, enriching the community's overall well-being, and ensuring that mental health services are accessible, respectful, and responsive to the needs of all community members.

### **Public Health Campaigns**

Initiating public health campaigns to de-stigmatize mental health issues within immigrant communities is an essential step towards addressing one of the most significant barriers to seeking mental health care. These campaigns play a crucial role in altering public perceptions and reducing the stigma associated with mental health challenges. By strategically employing various media outlets, community events, and educational seminars, such campaigns can effectively disseminate information that challenges myths and misconceptions about mental health. The involvement of respected community figures and mental health professionals in these campaigns can further enhance their credibility and impact.

Moreover, by highlighting the stories and experiences of individuals from immigrant communities who have successfully navigated their mental health journeys, these campaigns can foster a sense of hope and possibility. The goal is to create a supportive and understanding environment where mental health is viewed as a vital component of overall well-being, encouraging individuals to seek the help and support they need without fear of judgment or discrimination. The need for mental health services that are culturally sensitive and responsive to the unique experiences of Nigerian immigrants is evident. This includes training mental health professionals on cultural

competency and developing intervention strategies that respect and integrate cultural beliefs. The study highlights the importance of community-based mental health education initiatives.

Collaborating with community leaders and members can help design culturally relevant educational programs that are more likely to be effective. Given the stigma around mental health identified in this study, there is a crucial need for public health campaigns aimed at de-stigmatizing mental health issues within immigrant communities. Policymakers should consider the diverse cultural backgrounds of immigrant populations in developing mental health policies. This includes providing resources for culturally appropriate mental health services and education.

### **Policy**

Policymakers are encouraged to consider the diverse cultural backgrounds of immigrant populations in developing mental health policies. This involves allocating resources for mental health services and education that are culturally appropriate and accessible. Addressing language barriers and enhancing communication to ensure that mental health information and services are accessible and comprehensible to immigrants. Policies should address language barriers and immigrants' communication challenges, ensuring that mental health information and services are accessible and understandable. Future research could involve a broader and more gender-diverse sample of Nigerian immigrants or comparative studies with other immigrant groups to understand different cultural impacts on mental health perceptions.

**Research**

This study opens several avenues for future research, particularly in exploring the long-term social impacts of culturally informed mental health education and services. Further research could investigate the effects of such interventions on social cohesion, immigrant integration, and public health outcomes, providing valuable data to inform more effective and empathetic mental health care practices and policies. Researchers should expand the sample size and include a more gender-diverse range of participants or conduct comparative studies with other immigrant groups to explore different cultural impacts on mental health perceptions. The sample composition in research studies profoundly influences the applicability and generalizability of the findings.

In the study of mental health perceptions among Nigerian immigrants, expanding the sample size and ensuring a more diverse range of participants are critical steps for enhancing the robustness and relevance of the research outcomes. This approach not only helps in capturing a wider array of perspectives but also aids in identifying nuanced variations that might exist between different subgroups within the population. A larger sample size would provide a more statistically significant data set, allowing for more reliable conclusions and the ability to perform subgroup analyses. This would enable the study to detect smaller effects and interactions that may be missed in a smaller sample. A more diverse sample improves the external validity of the study, making the findings more generalizable to the broader population of Nigerian immigrants and potentially to other similar communities.



Including a more gender-diverse range of participants is crucial, especially given that experiences and perceptions of mental health can significantly differ across gender lines. Gender influences access to health care, willingness to seek help, and the stigma experienced, which are all important factors in studying mental health. In addition, Conducting comparative studies with other immigrant groups can enrich the findings by providing a broader context. Comparing Nigerian immigrants with other cultural groups can highlight specific cultural factors influencing mental health perceptions and can uncover universal themes applicable across different ethnicities.

Longitudinal research could provide insights into how attitudes and beliefs about mental health evolve among Nigerian immigrants. Guided sensitive mental health interventions could give valuable data for improving mental health outcomes in immigrant communities. Undertaking longitudinal studies to track the evolution of attitudes and beliefs about mental health among Nigerian immigrants, providing insights into changing perceptions and the effectiveness of interventions over time. The study underscores the need to adapt traditional health behavior models like the HBM to accurately reflect immigrant communities' cultural nuances and migration experiences. The findings contribute to the literature by highlighting how cultural beliefs profoundly impact health behaviors and attitudes, calling for a more culturally nuanced approach to health theories.

### ***Deeper Insights Into Subgroup Variabilities***

By examining how different factors such as age, gender, socioeconomic status, and length of stay in the United States influence mental health perceptions, researchers

can offer more tailored and effective recommendations for mental health interventions. Including multiple immigrant groups in the study adds a comparative dimension that can reveal both unique cultural impacts and shared barriers across different communities. This comparative analysis is invaluable for policymakers and health care providers aiming to create inclusive, culturally competent mental health services.

To achieve a diverse sample, targeted recruitment strategies must be employed. This might involve collaborating with community organizations, using social media platforms, and conducting outreach through local religious and community centers that cater to a broad audience within the immigrant population. Regarding language and cultural sensitivity, researchers should ensure that the study materials are available in multiple languages and that procedures are sensitive to cultural nuances. This inclusivity encourages participation from a broader demographic and ensures that data collection does not inadvertently exclude non-English speakers or those more comfortable in other languages.

### ***Ethical Considerations***

When expanding the sample to include a more diverse population, it is critical to consider ethical issues such as informed consent, confidentiality, and the potential psychological impact of discussing sensitive topics like mental health. By expanding the sample size and including a more diverse range of participants, the study can achieve richer, more nuanced insights into the mental health perceptions of Nigerian immigrants and other immigrant groups. This approach not only strengthens the study's conclusions but also ensures that the research outcomes are more representative and applicable to a

wider population, ultimately aiding in the development of more effective mental health policies and programs.

### **Mental Health Perceptions and Education Among Nigerian Immigrants**

This dissertation has explored the complex interplay between cultural beliefs, mental health education, and the perceptions of Nigerian immigrants in the United States, revealing critical insights into the individual and collective experiences of mental health within this community. Beyond the immediate implications for mental health practice and policy, these findings also have profound social impacts that merit discussion. This section examines the broader societal implications of the study's findings, highlighting how enhanced mental health education and culturally sensitive practices can contribute to positive social change.

### ***Enhancement of Community Well-Being***

The research underscores the pivotal role of mental health education in transforming attitudes and beliefs about mental health among Nigerian immigrants. This transformation has the potential to improve community well-being significantly. By reducing stigma and fostering a more inclusive understanding of mental health, communities can become more supportive environments where individuals feel empowered to seek help and support one another. This communal upliftment can lead to stronger social bonds and collective resilience against the challenges posed by migration and acculturation. Nigerian immigrants' unique cultural backgrounds can facilitate smoother social integration.

When mental health services are perceived as accessible and relevant, immigrants are more likely to engage with these services, contributing to their overall well-being and ability to participate fully in society. This engagement benefits the individuals directly involved and enriches the social fabric by fostering mutual understanding and respect between immigrant communities and the broader society. Addressing mental health issues within immigrant populations through targeted education and services can have a significant impact on public health. By encouraging early intervention and reducing the prevalence of untreated mental health conditions, the burden on public health resources can be alleviated.

Furthermore, educated communities equipped to support mental health can contribute to a reduction in the societal costs associated with mental health issues, including health care costs, lost productivity, and social services. This study has important implications for the development of inclusive health policies. By highlighting the specific needs and challenges faced by Nigerian immigrants in accessing culturally appropriate mental health care, this research supports the call for policies that prioritize cultural sensitivity and accessibility.

### **Conclusion**

This dissertation provides insight on the complex tapestry of mental health perceptions among Nigerian immigrants in the United States, with a specific focus on the transformative power of mental health education. Through a meticulous analysis grounded in the HBM and enriched by the lived experiences of Nigerian immigrants, this study has illuminated the critical intersections of culture, education, and mental health

practices. The findings underscore the indispensable role of culturally sensitive mental health education in bridging the gap between traditional beliefs and contemporary health paradigms, facilitating a more nuanced understanding and approach to mental health within this community.

Central to this exploration was the recognition of the profound impact that cultural beliefs and practices have on mental health perceptions. The study revealed that while traditional beliefs deeply influence Nigerian immigrants' understanding of mental health, targeted and culturally informed education can significantly transform these attitudes, promoting a more holistic and accepting view of mental health issues. This shift is pivotal for the effective engagement of Nigerian immigrants with mental health services, highlighting the necessity for educational interventions that are both medically informative and culturally respectful. Moreover, the research highlighted the urgent need for mental health services beyond medical treatment to incorporate cultural relevance and sensitivity. These services must consider the broader socioeconomic challenges and cultural integration issues faced by Nigerian immigrants, addressing the comprehensive needs of this population.

The advocacy for policies and practices specifically tailored to the experiences of Nigerian immigrants is a clarion call for a more inclusive and empathetic approach to mental health care. The study findings also provide support for community-based mental health initiatives. Learning these initiatives are crucial in providing a support network that mitigates the stressors associated with acculturation, economic hardship, and racial discrimination. By fostering a community-centric approach, mental health professionals

and policymakers can significantly enhance the accessibility, efficacy, and acceptance of mental health care among Nigerian immigrants, thereby supporting their successful integration and overall well-being in U.S. society. This dissertation contributes to a deeper understanding of the mental health landscape among Nigerian immigrants in the United States, advocating for a concerted effort towards culturally informed mental health education and services.

Addressing the study's limitations and outlining directions for future research lays a solid foundation for continued exploration into the multifaceted influences on mental health perceptions and practices among immigrant populations. Implementing the recommended strategies promises to improve mental health outcomes for Nigerian immigrants and enrich the cultural competence of the mental health field at large, fostering a more inclusive and understanding society generally.

Chapter 5, through its detailed discussion, conclusions, and recommendations, seeks to weave together the myriad threads of research findings to present a cohesive narrative on the mental health landscape among Nigerian immigrants in the United States. It reflects a commitment to advancing culturally informed mental health education and services, highlighting the study's contribution to a deeper understanding of mental health experiences within diverse cultural contexts. By addressing the limitations and proposing directions for future research, this chapter lays the groundwork for ongoing exploration into the factors influencing mental health perceptions and practices among the immigrant population.

In this dissertation, the focus was on the impact of mental health education. The study revealed that Nigerian immigrants often carry forward their traditional beliefs and practices, which significantly influence their perceptions of mental health. One critical finding is the pivotal role of mental health education in shaping and transforming these attitudes and beliefs. The education provided must be culturally sensitive, acknowledging and respecting the unique backgrounds of Nigerian immigrants.

Furthermore, the research underscores the need for mental health services that are not only medically sound but also culturally relevant. These services should address broader aspects like economic challenges and cultural integration. The findings advocate for developing policies and practices tailored to the needs and experiences of Nigerian immigrants, aiming to enhance their overall mental health and well-being. The study also highlighted the necessity for community-based mental health initiatives that offer support and resources, helping to alleviate the additional stressors of acculturation, economic hardship, and racial discrimination. By implementing these recommendations, mental health professionals and policymakers can make significant strides in improving the accessibility, effectiveness, and acceptance of mental health care for Nigerian immigrants, contributing to their successful integration and well-being in the United States.

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## Appendix A: Invitation to Participate in Research

A new study aimed at understanding the mental health experiences of Nigerian immigrants in the US. Your insights could aid healthcare providers, policymakers, and the community at large to better comprehend and cater to the unique needs of Nigerian immigrants. For this study, you are invited to describe your mental health experiences and perceptions since immigrating to the US.

### **About the study:**

- One 30–60-minute phone interview that will be audio-recorded (no videorecording)
- This study is voluntary. There would be no monetary compensation for the time spent.
- To ensure confidentiality, the published study will not share any names or specifics that might identify you

### **Volunteers must meet these requirements:**

- 18 years old or older
- Identify as a Nigerian immigrant currently residing in the US

This interview is part of the doctoral study for Paschal Ukwu, a Ph.D. student at Walden University. Interviews will take place during October.

## Appendix B: Interview Guide

### **General Questions**

1. How would you describe the level of mental health awareness within the Nigerian immigrant community in the US?
2. What sources or avenues did you or people you know use to learn about mental health upon arriving in the US?
3. How does the information or education about mental health in the US compare to what you were exposed to in Nigeria?

### **Access and Support**

4. In your experience, how accessible are mental health resources or services for Nigerian immigrants?
5. Can you share any challenges or successes you've encountered or heard of regarding accessing mental health services?
6. What community or group support types are available for Nigerian immigrants seeking mental health guidance or assistance?

### **Perception and Stigma**

7. What are the Nigerian immigrant community's perceptions or beliefs about mental health?
8. How do you think education impacts these perceptions or beliefs? In what ways can mental health education help reduce any stigma associated with seeking help?

**Integration and Acculturation**

9. How do you feel integrating into American society has influenced your mental well-being or that of other Nigerian immigrants you know?
10. What role does education play in easing Nigerian immigrants' transition and acclimatization process?

### Appendix C: Transcriptionist Confidentiality Agreement

“Nigerian Immigrants' US Experience of Mental Health” Name of Signer:

[Transcriptionist's Name] Agreement: In my capacity as a transcriptionist for the research study titled “Nigerian Immigrants' US Experience of Mental Health,” I acknowledge that I will have access to sensitive and confidential information. This information is private and pertains to personal experiences and perceptions of mental health among Nigerian immigrants in the US.

By signing this agreement, I commit to the following terms: Confidentiality of Information: I will not disclose, discuss, or share any confidential information obtained during transcription with anyone, including friends and family. This includes both direct and indirect information that could lead to the identification of participants. Protection of Data: I will not duplicate, disseminate, sell, loan, alter, or destroy confidential information. Any information handling will be done strictly under authorized and appropriate circumstances.

Private Communication: I will ensure that discussions of personal information do not occur in public or semi-public spaces where they can be overheard. This includes maintaining confidentiality even when participant names are not mentioned.

Unauthorized Use Prohibited: I will not engage in unauthorized transmission, inquiry, alteration, or removal of confidential information. Post-Termination Commitment: My obligations under this agreement will continue beyond completing my transcription duties for this study. Legal Implications: I acknowledge that any breach of this agreement may result in legal consequences due to the sensitive nature of the information.

Authorized System Access: I will access only systems and devices I am officially authorized to use for this purpose and will not demonstrate any operational functions to unauthorized individuals. Acknowledgment: By signing this document, I acknowledge that I understand and agree to abide by the terms and conditions stated herein. I am aware of the potential legal implications, including liability for damages, should I breach this agreement and compromise the confidentiality of the information contained in the audio recordings and documents to which I have access.

Signatory: Transcriptionist's Name (printed)

[Transcriptionist's Name Here]

Transcriptionist's Signature [Signature Here]

Date: [Date Here]



## Appendix D: NVivo Codebook of Research Data Analysis

### **Mental Health Perceptions Among Nigerian Immigrants Codes and Categories**

Categories are presented in bold, with specific codes derived from the research data listed below. **Mental Health Perceptions and Education** – Understanding of mental health among Nigerian immigrants; attitudes toward mental health and education; impact of mental health education on service utilization; engagement with mental health professionals; experiences within mental health clinics; comprehension of mental health conditions and disorders; identification of mental health educational needs; perspectives on mental health professionals and their role in education; views on the U.S. mental health system and educational approaches; beliefs about mental health treatment and the influence of education.

**Cultural Influences on Mental Health and Education** – Cultural misconceptions about mental illness and the role of education in addressing them; community attitudes toward mental illness and how education shapes these attitudes; the effect of public stigma on perceptions of mental illness and the mitigating role of education; personal experiences of stigma and discrimination and the educational response; discrimination against individuals with mental illness and the educational countermeasures; the impact of cultural beliefs and values on mental health perceptions and the enlightening effect of education; supernatural explanations for mental illness versus educational insights.

Navigating the U.S. Mental Health System with Education – Differences in mental health concepts between Nigeria and the U.S., as influenced by education; the state of well-being and the potential for educational empowerment; expectations from the U.S. mental health system and the perceived efficacy of educational programs; skepticism towards the U.S. mental health system and the clarifying role of education; recognition of mental health indicators through education; the necessity of organizing mental health care around educational principles; minority perspectives on mental health and the unifying effect of education; commitments among Nigerian immigrants to embrace mental health education.

**Cultural and Personal Experiences with Mental Illness and Education –**

Cultural misconceptions about mental illness versus educational corrections; family responses to mental illness and the influence of education; social rejection due to mental illness and the supportive role of education; understanding mental illness as a medical condition through educational interventions; the impact of mental illness on social and work life and the mitigating effects of education; symptoms affecting emotions, thoughts, and behaviors and the explanatory power of education.

**Experiences of Discrimination and Stigmatization, and the Role of Education**

– Encounters with various forms of discrimination and how education addresses these issues; experiences of cultural and racial discrimination within the mental health context and educational responses; structural discrimination within the mental health system and the potential for reform through education; the influence of traditional and cultural beliefs on mental health perceptions and the transformative potential of education.

**Narratives in Mental Health Discussions and Education** – Specific references in mental health narratives to the role of education; the relationship with and the impact of mental health education; community-wide effects of mental health education on perceptions and attitudes; discussions of common mental health conditions within the Nigerian immigrant community and the enlightening role of education.

**Participant Demographics and Backgrounds**

Detailed occupations of participants, highlighting both healthcare and non-healthcare roles; economic factors influencing mental health perceptions and the equalizing potential of education; common mental health conditions identified among participants; and the clarifying role of education.