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African American Men's Experiences in Mental Health Treatment Services in Rural Mississippi

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
2025

Abstract

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MS, Walden University, 2017

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Project Submitted in Partial Fulfillment

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Abstract

Mental health disorders affect African American men similarly compared to their racial/ethnic counterparts. The problem is African American men do not access and engage in mental health services continuously, which affects their mental health outcomes. Grounded in ecological systems theory, the purpose of this qualitative study was to explore experiences of African American men, who have accessed and engaged in mental health treatment services. This study had three research questions focused on African American men's perspectives on mental health services, personal experiences with mental health providers, and barriers they encountered when engaging in services. Participants were eight young adult African American men who were 21 to 32 years old and residing in rural Mississippi. Data were collected through semi-structured interviews via telephone. Through thematic analysis, three themes emerged: mental health diagnosis loop, nature of the connection, and feelings of being pressured in the therapeutic setting. Findings of this study can help mental health social workers improve mental health treatment experiences for African American men. This study promotes positive social change by providing social workers with improved knowledge about African American men's experiences with mental health services and ways to improve their engagement in these services.

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Dedication

First, I would like to thank God for allowing me to achieve this goal. Without God, I would not have been able to complete this milestone. I dedicate this degree in memory of my late father. My father always encouraged me to achieve my goals.

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Section 1: Foundation of the Study and Literature Review

Mental health disorders are the fifth most common cause of disability nationwide, and one in five individuals experience mental health issues at some point in their lifetime (Birkie & Anbesaw, 2021; Comacchio et al., 2022;). Mental health disorders affect ability to secure and maintain stable employment, have healthy relationships, engage in activities of daily living, and engage in treatment or other relevant services (Mississippi Department of Mental Health, 2018). Although mental health affects people differently in terms of daily functioning, this research was focused only on African American men who have accessed and engaged in mental health treatment services. The problem was knowledge about African American men's experiences with accessing and engaging in mental health treatment services continues to be limited and overlooked. There is also limited information about why African American men tend to access and engage in mental health treatment services less often than other groups. Karban (2017) argued cultural distrust and other experiences may be the cause of African American men's negative attitudes toward mental health treatment services, which may ultimately affect their engagement in these services. Currently, there is little to no information regarding how social workers are addressing challenges African American men experience when accessing and engaging in mental health treatment services. This qualitative study was conducted to improve social workers' understanding and knowledge about African American men's experiences with accessing and engaging in these services.

The proposed study involved exploring rural Mississippi African American men who were 21 to 32 and their experiences with accessing and engaging in mental health

treatment services. Challenges they faced while engaging in mental health services were explored also. The age group was selected because they tend to access mental health treatment services briefly; however, it is not clear why this is the case nor how African American men view their experiences when it comes to accessing services and staying engaged once services have been accessed.

The study will promote social change by providing improved knowledge and understanding of African American men's experiences with mental health treatment services and recognizing what can be done differently to improve their willingness to access and stay engaged in mental health services when needed. By having improved knowledge and understanding of this group's experiences, social workers might develop better practice approaches and thus allow for more successful engagement and positive mental health outcomes for African American men with mental health disorders.

In Section 1, I provide details about the foundation of the study and literature review related to African American men accessing and engaging in mental health services. Additionally, I discuss the problem statement, purpose statement, research questions, nature of the doctoral project, significance of the study, theoretical framework, and values and ethics. In Section 2, I further explain the research design and data collection process. Next in Section 2, I also provide details about the methodology, which includes prospective data, participants, instrumentation, data analysis, and ethical procedures. In Section 3, I discuss data analysis techniques and findings. Finally, in Section 4, I provide information about key findings, application for professional ethics in

social work practice, recommendations for social work practice, and implications for social change.

Problem Statement

Mental health issues are a concern throughout the United States. Approximately 62 million U.S. citizens who are 18 and older experience mental distress yearly, and 70% of these individuals access mental health treatment services nationwide (Crowe et al., 2019; Williams & Cabrera-Nguyen, 2016). As a sector in this population, African Americans are 20% more likely to experience psychiatric issues when compared to White Americans; however, African American men are less likely to access mental health treatment when needed (Tchouankam et al., 2021). There is limited research on this issue.

Various organizations have addressed mental health issues in Mississippi, including the Mississippi Department of Mental Health and the National Alliance on Mental Illness (NAMI). In 2018, Mississippi ranked 50th in the United States for individuals having access to mental health treatment services (Mental Health America, 2021). Understanding the influence mental health issues have on African American men in Mississippi is vital for this research. The United Health Foundation (2021) reported in 2020, 16.4% of Mississippians reported frequent mental health distress, and 14.1% of African American men in Mississippi reported having depression. I sought to learn about mental health services engagement experiences for African American men in rural Mississippi and their experiences accessing these services. To date, there is limited research about experiences of African American men when accessing and engaging in mental health treatment, specifically for Mississippi. More research is needed to

understand better how this population views access and engagement experiences with mental health professionals and what might be done to improve service engagement once services are accessed.

The problem was African American men between of 21 and 32 with psychiatric disorders often only access and engage in mental health treatment services for a limited time. One of the reasons is stigma and negative attitudes about mental health issues (Karban, 2017). African American men are two times as likely to have poor mental health treatment engagement compared to European Americans (Hayes, 2015).

Purpose Statement and Research Questions

This qualitative study involved exploring experiences of African American men between 21 and 32 residing in rural Mississippi who accessed and engaged in mental health treatment services at some point in their lives and challenges they encountered while engaged in these services. Research was needed to fill the social work practice knowledge gap related to African American men's experiences when accessing and engaging in mental health treatment services. Research questions were used to support further an improved understanding of mental health service barriers, issues influencing service engagement, and perspectives about what might prevent or support African American men's willingness to access and engage in mental health services. The following research questions guided the study:

RQ1: What are the mental health perspectives of rural Mississippi African American men between the ages of 21 and 32 years old who have a diagnosed psychiatric disorder?

RQ2: What do African American men in rural Mississippi report about their personal experiences with mental health service providers when accessing and engaging in mental health treatment services?

RQ3: What barriers do African American men report regarding their engagement experiences in mental health services once services are accessed?

Key Terms

Barriers to Care: Obstacles that prevent someone from receiving adequate treatment, such as poverty (Rural Health Information Hub, 2019).

Mental Health Disorder: Condition that affects a person's health, mood, thinking, or behavior (Mississippi Department of Mental Health, 2018).

Mental Health Treatment Services: Treatment such as psychotherapy, medication management, case management, and hospitalization (Nami.org, 2019). This is called psychiatric treatment throughout the study.

Service access: Individual participation in recommended services.

Service engagement: Solid and committed relationships between individuals and helping professionals to address mental health concerns (NAMI, 2021).

Nature of the Doctoral Project

The qualitative research method was used for this doctoral study. Qualitative research includes observations and interviews (Aspers & Corte, 2019). Aspers and Corte (2019) argued qualitative research is the process of understanding knowledge and studying results through interviews by getting closer to individuals who are being studied. I used the qualitative design to receive information from participants and

understand their experiences regarding a phenomenon in their own words. I employed a basic research design in this qualitative study, which emphasized how participants viewed their experiences. I used the basic qualitative research design to address experiences of African American men who live in rural Mississippi and participated in mental health treatment services at some point in their lives. This was a productive way to gather knowledge about participants' perspectives and experiences when accessing and engaging in mental health treatment services. Qualitative researchers gain knowledge by using words of participants to collect and analyze given information (Merriam & Tisdell, 2016). I collected information by conducting 45-minute in-depth semi-structured interviews with eight African American men residing in rural Mississippi between 21 and 32. To be a participant in this study, participants had to have a history of engaging in mental health treatment services or were currently engaging in these services. Dames (2019) stated in-depth interviews are used for researchers to understand information provided by participants. Semi-structured interview approaches are used to discuss topics of interest in private and safe areas where all parties in the study can be open and honest (Morris, 2015).

Interviews took place privately to ensure confidentiality and maintain privacy. I developed interview questions to address African American men's experiences regarding mental health treatment services. Interviews were necessary for participants to give their perspectives about these experiences.

I used the qualitative approach to understand barriers and experiences when accessing mental health treatment services. The semi-structured interview format

supported participants in telling their personal stories about this topic as well as asking additional relevant questions in response to what participants reported.

Significance of the Study

The National Association of Social Workers (NASW) requires social workers to use their knowledge and skills to link clients to needed services and encourage them to access and engage in these services when needed. This research contributed to current social work knowledge about African American men's experiences with accessing and engaging in mental health services as well as social workers' understanding of factors influencing this population's willingness to access and engage in these services.

Social workers are trained and educated to have knowledge and skills to address needs of diverse groups. When working with African American men with mental health issues, cultural understanding, sensitivity, and humility are critical assets to ensure more responsive approaches to engaging in needed services (NASW, 2023). Social workers can mitigate African American men's reluctance to access treatment by better understanding this population's perspectives about mental health treatment services and experiences they have when accessing and engaging in these services (Frip & Carlson, 2017).

This doctoral study contributed to social change by exploring experiences of African American men who accessed and engaged in mental health treatment services. Findings can be used to improve practice approaches with African American men. I also aimed for social change by promoting service environments that address African

American men's psychiatric, cultural, and social needs, which might lead to improved services for this group.

Theoretical Framework

I used Bronfenbrenner's ecological systems theory to explore experiences and perspectives of African American men in rural Mississippi who accessed and engaged in mental health treatment services. This theory emphasizes ecosystems shape mental health development (Hawkins et al., 2021). The ecological system theory involves outcomes of people's interactions within their environments (Ozaki et al., 2020). The more interactions individuals have with particular environments, the more impact they have on their lives (Ozaki et al., 2020). Ecological approaches involve focusing on individual and contextual systems to organize and examine mental health issues (Eriksson et al., 2018). Bronfenbrenner's ecological systems theory is essential for guiding treatment interventions for African American men in general mental health treatment. I conducted this doctoral study to learn why African American men access and engage in mental health services as well as reasons for not engaging in these services long-term. I used the ecological systems theory to understand interactions between African American men in rural Mississippi and their environments while accessing and engaging in mental health treatment.

I considered African American men's access and engagement in mental health treatment using an ecological perspective. The ecological perspective of human development involves numerous systems external factors, such as family, neighbors, and authority (Barker, 1965). The theory consists of five systems, which are as follows:

microsystems, mesosystems, exosystems, and macrosystems (Ozaki et al., 2020). These systems help individuals develop differently and include different insights at each level (Onwuegbuzie et al., 2013).

The microsystem is level one of the ecological systems theory. Bronfenbrenner (1979) reported this is affected by the influence of repeated activities, roles, and interpersonal relationships. A microsystem is the immediate environment in which a person interacts, such as a religious institute or home (Onwuegbuzie et al., 2013). Environment is a factor which affects whether individuals access mental health treatment services (Hawkins et al., 2021). African American men who live in rural areas are affected by social stressors that put them at high risk of developing mental health disorders. Their engagement in mental health services is often determined by environments they interact with daily (Kawaii-Bogue et al., 2017).

The mesosystem is a connection of microsystems and level two of the ecological systems theory (Onwuegbuzie et al., 2013). Mesosystems involve two or more settings, such as work and social settings (Bronfenbrenner, 1979). African American men's access to and engagement in mental health services can be affected by their mesosystems. Understanding African American men's mesosystems is important in terms of mental health issues; however, it is also important to understand effects certain events can have on their mental health, even if there is no direct participation on their behalf.

The exosystem is level three of the ecological systems theory. The exosystem includes settings in which individuals are not actively involved but are affected by events that occur in those settings (Bronfenbrenner, 1979). Identifying psychosocial and

environmental factors that might contribute to African American men's mental health treatment engagement is essential in order to determine insights. Poverty is part of a person's exosystem and is connected to mental health issues (Hastings & Snowden, 2019). African American men living below the poverty line are twice as likely to have psychiatric issues compared to those living above the poverty line (Haynes et al., 2017). Understanding how poverty affects African American men's mental health is necessary for mental health professionals to develop effective ways to provide treatment and keep these individuals engaged in treatment. The exosystem involves how communities affect individual decisions; in addition, cultural values should also be considered.

Level four of the ecological systems theory is the macrosystem. Onwuegbuzie et al., 2013) reported the macrosystem involves cultural context, including individual cultural norms, belief systems, and policies. African American men might choose not to access or stay engaged in mental health treatment because of religious purposes. They may go to churches when dealing with mental health issues instead of mental health treatment (Campbell & Winchester, 2020).

By applying the ecological systems theory, my goal was to increase knowledge regarding African American men's engagement in mental health services which can inform mental health organizations and social workers about ways to help improve their access and engagement in these services. Using study findings, social workers can improve understanding of service access and engagement issues and use knowledge of African American men's perspectives regarding mental health concerns to improve practice approaches with this population.

Values and Ethics

Social workers possess several values that are essential within communities. The NASW provides fundamental values that social workers practice.

The first social work value is dignity and worth of the person. The social work profession involves recognizing clients' self-determination and motivation to address personal needs (NASW, 2023). African American men are often viewed as not wanting to access or engage in mental health services because they feel they are not given the same level of support and worth as other races due to distrust of healthcare systems (Williamsom & Bigman, 2018). Establishing a strong sense of dignity and worth regarding African American men and their challenges with mental health systems in the United States may be addressed by providing services to this group that increase their motivation and determination to stay engaged in mental health treatment services .

Competence is another value that social workers must aim for when providing services. Social workers possess competence skills by developing knowledge and expertise to provide services using empirical observations and practice expertise in terms of implementing best practices (NASW, 2023). Competence was emphasized as a means for social workers to give improved attention to understanding perspectives of African American men when it comes to mental health treatment. Understanding this population's perspectives on mental health in general, service access, and service engagement is critical to supporting competent mental health professionals who serve African American men. I anticipated competence values would increase my knowledge about African American men's experiences when they access and engage in mental health services.

Review of the Professional and Academic Literature

Literature regarding African American men's experiences with mental health treatment services is increasing but limited. African American men access and engage in mental health treatment services at half the rate of White Americans (Burkett, 2017). Experiences of African American men with diagnosed psychiatric disorders as well as access and engagement in mental health services were examined.

I reviewed literature focusing on mental health experiences of African Americans in general and service engagement with a focus on rural communities. The following key terms were used: *African American men*, *barriers to care*, *mental health services access*, *ecological systems theory*, *mental health professionals*, *mental health*, *mental health treatment services*, *mental health services in rural areas*, *service access*, *minority groups and mental health services*, *mental health disparities*, *mental health disorders*, and *mental health service engagement*. I identified relevant peer-reviewed research using Academic Search Premier and Social Work Abstracts, and I obtained more than 70 articles from these databases. I also searched for articles using Google Scholar and found more than 40 relevant peer-reviewed articles. Additionally, I used data from websites that provided peer-reviewed and accurate data specifically regarding mental health treatment services in Mississippi, such as the Mississippi Department of Mental Health and Substance Abuse and Mental Health Services Administration (SAMHSA).

African Americans, Health Disparities, and Access to Healthcare

Asonye et al. (2020) defined health disparities as differences in terms of burden of disease experienced by one group as compared to another; factors including race, ethnicity, sex, gender identity, age, and socioeconomic status can be sources of disparities. Asonye et al. (2020) revealed African Americans with mental health concerns are more impacted by health disparities than Caucasian individuals with these concerns. Some African Americans' health disparities are due to lack of appointment availability, affordable and culturally appropriate care, and specific psychiatric treatment and psychotropic medications (Asonye et al., 2020). Brooks and Hopkins (2017) reported lack of mental health access and culturally responsive service providers as reasons for African Americans not accessing and engaging in mental health services when needed or terminating these services prematurely. Brooks and Hopskins (2017) found health disparities affected mental health and service engagement for African Americans.

African American Men and Mental Health

Only 32% of African American men who have been diagnosed with mental health disorders engage in mental health treatment services (Burkett, 2017). Seidler et al. (2018) stated more than 50% of African American men are hesitant to access mental health services because it is challenging to engage in meaningful therapeutic relationships. Due to a lack of positive therapeutic relationships between African American men and mental health professionals, African American men's engagement in mental health treatment is considered weak (Connell et al., 2019).

African American men who have been diagnosed with mental health disorders are likely to demonstrate poor compliance with mental health treatment services and have fewer interactions with mental health professionals (Hack et al., 2019). This population's reasoning for poor treatment compliance include hegemonic masculine roles which result in being viewed as emotionally tough and lacking vulnerability; therefore, they are not compliant with mental health treatments (Hack et al., 2019). Seidler et al. (2018) stated another factors that contributes to poor treatment compliance is that African American men tend only to access mental health treatment services because of family or friends' desires for them to engage in services; therefore, these individuals do not always have the motivation to engage in these services for extended periods. African American men's poor treatment compliance can be reduced by creating systems that encourage them to engage in mental health treatment (Hack et al., 2019; Seidler et al., 2018).

Cook et al. (2019) reported mental health issues are an increased burden that affects African American men more than Caucasian men. They are disproportionately at high risk for developing mental health disorders due to living in impoverished communities, prisons, and homelessness (Cook et al., 2019; Kawaii-Bogue et al., 2017). These settings can put individuals at risk of poor mental health because of overrepresentation in socially marginalized groups (Cook et al., 2019; Kawaii-Bogue et al., 2017). In addition to risk factors like poverty, African Americans' ability to access mental health treatment services can be challenging due to barriers involving stigma.

Stigma

Stigma is a shame due to a specific circumstance, quality, or person (Chatmon, 2020; Taylor et al., 2021). Stigma involving men's mental illness negatively affects their access to and engagement in mental health services (McKenzie et al., 2022). Stare and Fernando (2019) reported African American men are more likely than other races to inappropriately terminate their engagement in mental health treatment services due to factors such as stigma. Stigma is a known barrier that makes African American men hesitant about engaging in mental health treatment consistently because of negative views about mental health (Abdullah & Brown, 2020). African American men are mistreated in society due to stigma; therefore, they sometimes fear being mistreated in clinical mental health settings, which can reduce their motivation to stay engaged in mental health treatment services (Coombs et al., 2022; Fripp & Carlson, 2017). Fear of being mistreated in clinical mental health settings is a type of professional stigma in which mental health professionals transfer and reinforce stigmatization on them Stigma in African American male communities can possibly be reduced by mental health professionals providing improved mental health education in these communities and creating healthcare strategies that center their experiences with mental health treatment (Coombs et al., 2022). This may improve this population's willingness to access and engage in mental health treatment services.

Factors that Increase Access and Engagement

Although there are some barriers that African American men encounter when accessing and engaging in mental health treatment services, other factors contribute to

their willingness to access and engage in these services. Lynch et al. (2018) argued when African American men are frequently exposed to other African American men within their communities or see nationwide advertisements from well-known African American men who receive mental health treatment, they tend to be more open to accessing and engaging in mental health treatment services. Mental health programs sometimes use relevant African American male public figures to reinforce mental health treatment services (Lynch et al., 2018). Public figures may help African American men engage in these services willingly.

African American men are also willing to access and engage in mental health services within their communities when services are available and accessible (Lynch et al., 2018). They also tend to engage in mental health services when mental stabilization is needed for suicidal ideation, which can be a result of depression (Sullivan et al., 2017; Mok et al., 2021). Additionally, Ellis et al. (2019) reported African American men report depression symptoms, such as feeling hopeless and worthless, which often leads them to engage in mental health treatment services because they want to feel better. Engaging in mental health treatment services for depression is necessary to discuss and reduce symptoms and learn triggers for those symptoms (Mok et al., 2021; Ellis et al., 2019).

African American men are more likely to engage in mental health services if mental health providers are of the same race (DeAngelis, 2023; Lynch et al., 2018). Racial identification of mental health professionals plays a role in terms of African American men's willingness to access and stay engaged in these services (Stare & Fernando, 2019). They are better qualified to provide mental health treatment compared

to other races because these providers have a better understanding of their mental health issues (DeAngelis, 2023).

Rural Areas and Mental Health Access

Although there is a need for mental health services in rural areas, lack of access to these services is an issue due to reductions in mental health treatment services. Cherry et al. (2017) stated from 2009 to 2011, many states reduced mental health services budgets federally due to the recession. Due to these budget cuts, agencies often reduced access to mental health treatment services for individuals in rural areas (Cherry et al., 2017). Bridgman et al. (2019) stated reduced mental health funding in rural areas made it difficult for individuals to access these services, even though mental health is one of the most common issues affecting rural citizens. Individuals who live in these areas cannot get mental health treatment they need due to limited number of timely appointments. Bridgman et al. (2019) discussed lack of transportation and long wait lists when individuals attempt to access mental health services in rural areas. Citizens in rural areas have barriers and limitations that interfere with their engagement in mental health treatment services (Bridgman et al., 2019; Cherry et al., 2017). Although there are limited resources in terms of mental health in rural communities, it is important to understand actions some individuals who live in rural areas take to access mental health treatment services.

Mental health is vital in rural areas because 16% of the U.S. population resides in rural communities, and they require transportation to their appointments and urban areas (Batterham et al., 2020; Crowe et al., 2019). In addition, Fennell et al. (2018) found

individuals living in rural areas often consider social factors and attitudes toward mental health professionals when accessing mental health treatment services and deciding to commute.

Distrust of Healthcare Systems

Economou et al. (2020) reported individuals with mental health disorders view mental health professionals as among the most important persons in their lives when they engage in mental health services. Economou et al. stated mental health professionals, like social workers, hold many positions in terms of treating underserved groups such as African American men with mental health issues. Attitudes and behaviors of these professionals are connected to quality of mental healthcare this group receives (Economou et al., 2020). Mental health professionals determine how this group views mental health treatment because these professionals are considered treatment providers and educators (Economou et al., 2020; Shahwan et al., 2022). African American men reported feelings and perceptions of being discriminated against by mental health professionals, which results in these groups having negative views about these services (Shahwan et al., 2022). Mental health professionals' increased awareness can reduce issues involving treating African American men.

Cuevas et al. (2019) reported healthcare distrust can lead to treatment avoidance. Williamson and Bigman (2018) found healthcare distrust has been noted as a potential factor that contributes to African Americans' decisions to engage in healthcare. Healthcare distrust is an engagement barrier for African Americans due to negative views about the treatment process (Connell et al., 2019; Williamson & Bigman, 2018).

Although African Americans often experience mental health symptoms, this population can have negative attitudes about engaging in mental health treatment and are more likely to distrust mental health providers (Burnett-Zeigler et al., 2018). Distrust of mental health providers worsens mental health among African Americans, and they have lower levels of satisfaction when engaging in mental health treatment services (Connell et al., 2019; Williamson & Bigman, 2018). One reason is that it is difficult for them to trust mental health professionals will maintain confidentiality when they are engaged in services (Connell et al., 2019).

Mental Health and Faith-Based Beliefs

Taylor et al. (2021) reported in the United States, 16% of African Americans who are 18 and up meet criteria for mental health disorders, which include behaviors that cause distress and interfere with their daily functioning. Campbell and Winchester (2020) reported African Americans have historically turned to the Black Church when they need help for issues. The Black Church is an establishment that African Americans have turned to in the past and currently use to receive help for their mental health issues (Campbell &Winchester, 2020; Taylor et al., 2021). Churches for African Americans support this population by providing mental health services and resources and being safe places to vent (Taylor et al., 2021). African Americans seek support from religious figures when experiencing mental health problems (Campbell & Winchester, 2020; Taylor et al., 2021). Americans with mental health disorders use prayer as a coping mechanism (Taylor et al., 2021).

Race and Discrimination as Factors Impacting Service Engagement

African Americans face barriers when engaging in mental health services due to historical and contemporary issues involving racism **(**Coombs et al., 2022). Alang (2019) identified racism as a cause for African Americans experiencing lower quality of mental health treatment compared to other races. Alang (2019) suggested a need for anti-racism education and more programs to address unmet mental health needs. Henry et al. (2020) stated African Americans' fears and perceptions regarding mental health providers being racist interfere with their ability to address their mental health needs successfully and cause them to be unengaged in services. Understanding and recognizing potential racism and becoming aware of historical racial backgrounds among African Americans who engage in mental health treatment services are essential to make mental health professionals effective and competent (Alang, 2019; Henry et al., 2020).

Lee et al. (2020) defined perceived discrimination as unfair treatment of a group based on certain characteristics in terms of ethnicity and gender. Perceived discrimination is a factor that worsens African Americans' mental health and triggers depression symptoms (Lee et al., 2020; Williams, 2018). Discrimination causes African Americans to have difficulty managing stress and leads to poor mental health outcomes (Lee et al., 2020). Williams (2018) stated African Americans are more likely to be chronically depressed with severe symptoms and be impaired for longer than other races or ethnic groups due to discrimination. It is essential to address risk factors that might serve as service barriers and further contribute to poor mental health for African Americans. Perceived discrimination impacts whether African Americans access mental health

treatment services, as well as whether they are actively engaged in services once they are accessed (Chatmon, 2020).

Gaps in Literature

As noted in the review of literature, articles have described circumstances that cause African American men to be hesitant about accessing and engaging in mental health treatment services. I identified and discussed what was known about this topic; however, there is limited literature regarding why African American men are reluctant to engage in mental health treatment services continuously and why this population often terminates these services earlier than other racial and ethnic groups due to stigma, lack of trust in mental providers, and negative attitudes about mental health in general. There was minimal literature about what encouraged African American men to access and engage in mental health services when needed. Even though some literature focused on how mental health professional race played a role in African American men's decisions to engage in these services, more research is still needed. More literature is also needed about how African American men feel about factors influencing their decisions to access and engage in mental health services. Overall, there is not sufficient research about African American men in general when accessing and engaging in mental health services, specifically in Mississippi.

Summary

Literature revealed barriers African American men encounter when accessing and engaging in mental health services in terms of stigma, discrimination, lack of access to services, living in rural areas, and distrust of mental health professionals. These factors

can cause African American men to terminate mental health treatment services prematurely (Stare & Fernando, 2019). Recognizing social workers play a part in African American men's decisions to access and engage in mental health treatment services is vital to improving treatment processes for this group (Economou et al., 2020). I contributed to current literature on African American men's engagement in mental health services by gaining more insights about their treatment experiences and barriers they encounter when accessing and engaging in services.

In Section 2, I provide more information about the research design and methodology. I further explain the recruitment process. I also discuss the data analysis process and ethical procedures, followed by a summary.

Section 2: Research Design and Data Collection

Mental health is vital to individuals' ability to function daily (Shannon et al., 2022). The problem is African American men do not engage in mental health treatment services for extended periods compared to other races, and there is not much research regarding why.

In this section, I outline the research design, methodology, participants, instrumentation, data analysis, and ethical procedures. Additionally, I provide information about the study's trustworthiness, credibility, transferability, dependability, and reliability to protect participants' information. At the end of this section, I provide a brief summary.

Research Design

The purpose of this qualitative study was to address the issue of African American men not engaging in mental health treatment services in the long term. The basic qualitative design was used so research questions could be addressed. Basic qualitative research involves understanding people's meanings and views about their lived experiences (Dames, 2019; Merriam & Tisdell, 2016). The qualitative method was used to provide guidance in terms of exploring and understanding African American men's experiences when accessing and engaging in mental health treatment services. TI analyzed data to develop different categories so themes emerged.

Research Questions

Research questions were developed to learn more about African American men's mental health treatment experiences. They were as follows:

RQ1: What are the mental health perspectives of rural Mississippi African American men between the ages of 21 and 32 years old who have a diagnosed psychiatric disorder?

RQ2: What do African American men in rural Mississippi report about their personal experiences with mental health service providers when accessing and engaging in mental health treatment services?

RQ3: What barriers do African American men report regarding their engagement experiences in mental health services once services are accessed?

. I used research questions to gain insights regarding participant barriers when accessing and engaging in services and provide social workers with ways to improve mental health treatment they receive.

Central Concepts of the Study

African American Men: Men of African descent (Taylor et al., 2021). I only considered mental health experiences of African American men for this study.

Barriers to care: Obstacles that prevent someone from receiving adequate treatment, such as poverty (Rural Health Information Hub, 2019). I considered barriers that African American men reported when they accessed and engaged in mental health treatment services.

Mental Health Professional: Healthcare practitioner or community services provider who provides mental health services to improve and address mental health (NAMI, 2019). Mental health professionals for this study were social workers.

Mental Health Disorder: Condition that affects health, mood, thinking, or behaviors (Mississippi Department of Mental Health, 2018). These types of disorders are also called psychiatric disorders.

Mental Health Treatment Services: Treatment for mental health disorders, such as psychotherapy, medication management, case management, and hospitalization (NAMI, 2019).

Rural: Areas that are.

Service access: Individual access to recommended services.

Service engagement: Relationships between individuals and helping professionals to address mental health concerns (NAMI, 2021).

Methodology

Prospective Data

I used semi-structured interviews with participants. Each participant was interviewed for 45 minutes via telephone. Interviews were audio-recorded to ensure accuracy for transcription purposes. By using this method, I gained insights from participants about their compliance and noncompliance when engaging in mental health treatment services. I ensured academic integrity was maintained by being honest with participants.

During this process, I took necessary steps to ensure information was accurate. Even though interviews were audio recorded, I kept a journal to monitor my thoughts and document participants' responses. I also used this journal to document how I responded to participants' information. I kept this journal in a secure location.

Participants and Recruitment

Once I got Walden University's Institutional Review Board (IRB; #05-02-24-0549940) approval, I began recruiting participants using purposive sampling. This type of sampling was chosen in order to select participants with characteristics I needed to address for this study. Purposive sampling is used to collect viewpoints involving experiences from participants regarding a chosen topic (Campbell et al., 2020). Interviews were completed with eight African American men residing in rural Mississippi. Participants had to be between 21 and 32 to participate in this study, were African American males, resided in rural Mississippi, and accessed and engaged in mental health services.

I created a flyer that briefly explained my study and my contact information for those interested in participating. Flyers were placed in common areas in targeted rural communities in the MS Delta area where African American men are known to be, such as barbershops, libraries, convenience stores, and laundromats. I also posted the flyer on the social media platform Facebook to recruit participants for this study. I immediately followed up with participants when they contacted me about participating in this study. Participants were asked screening questions to determine eligibility first, and once eligibility was determined, I emailed them informed consent forms. Once consent was given via email, I scheduled interviews with participants. Participants were given $20 gift cards for their participation. Each participant was treated with dignity and worth throughout the interview process to ensure accurate and relevant information.

Instrumentation

Before each interview, I asked each participant demographic questions, which included: (1) Where do you currently reside in rural Mississippi?, (2) How old are you?, (3) What is your race?, (4) What is your highest level of education?, (5) Have you ever started engaging in mental health treatment services but stopped? If so, how many times?, and (6) Are you employed? (See APPENDIX A). Asking these questions helped me to understand and know the participants fully. The data collection instrument was interviewing protocol. I asked a series of interview questions (See APPENDIX B). The interview questions addressed the participants' perspectives about mental health treatment, experiences with mental health professionals, and barriers while engaged in mental health treatment. When developing my interview questions, it was important to create questions that allowed participants to fully explain their experiences in mental health treatment services and thoughts about accessing services. Interview questions addressed the gap in research surrounding African American men's experiences accessing and engaging in mental health treatment services in rural Mississippi. The interview questions also addressed research gap regarding African American men's perspectives on having a psychiatric disorder and experiences with mental health professionals. Example interview questions are: (1) Describe your experiences with your psychiatric disorder and (2) Tell me about your experiences with service providers when you accessed mental health services. Semi-structured interviews were beneficial to get firsthand information from African American men with direct experience in mental health treatment services.

Data Analysis

I conducted semi-structured interviews with African American men to gather information and address research questions for this study. I analyzed information using thematic analysis, a method used in qualitative research to identify patterns or themes within a data set (Miller, 2020). Thematic analysis approach allowed me to understand common issues and experiences of participants. After I conducted interviews, I transcribed the audio recording. I completed at least two audio transcriptions to ensure transcribed information was correct. Next, I reviewed each transcription line-by-line to identify words, groups of words, and phrases that were important to develop initial codes (Oliveria, 2022). I kept initial codes in a journal. Before I completed the thematic analysis process, I ensured that no personal bias was detected by recording accurate information from participants and not projecting my beliefs opinions about the issue.

The process of thematic analysis included getting a clear understanding information, grouping information, recognizing possible themes, reviewing themes, defining themes, and creating a formal document addressing themes (Miller, 2020). After I transcribed the interviews, I became familiar with information collected. Next, I categorized information gathered using identified initial codes. I organized the information by creating a codebook to group information in the appropriate area. Finally, after categorizing information, I focused on emerging themes, so that I could define them and create one codebook to complete analysis process.

Trustworthiness

Trustworthiness is evaluating the quality of a qualitative research study. Qualitative research focuses on being able to explain an issue or experience rather than quantify it, which ultimately makes qualitative research different from quantitative research. Trustworthiness is measured by credibility, transferability, dependability, and confirmability (Connelly, 2016).

Credibility

To help support the study's credibility, I selected appropriate participants. Credibility refers to findings being accurate and aligning with reality, and the method used is appropriate (Connelly, 2016; Stahl & King, 2020). One method I used was journaling. I wrote all the information I obtained from interviews in a secured journal.. l verified all information participants provided to ensure I understood their statements correctly. I took detailed notes during every interview, which reflected how I analyzed information presented.

Transferability

Transferability is considering whether study's findings could be applied in another similar study (Stahl & King, 2020). Throughout this study, I provided detailed information about participants and study so future research can assess it for transferability. Information that can be considered for transferability are participants' demographics (age, sex, gender, education, and years in mental health treatment services). participants' privacy and identity were protected.

Dependability

Dependability determines whether a researcher would reveal similar results in similar studies (Connelly, 2016). I kept detailed notes in a journal focusing on the study's research design, data collection, and data analysis (Connelly, 2016; Stahl & King, 2020). I took notes during each interview, which included details about my observations about each participant during interviews. I also documented my thoughts about each interview.

Confirmability

Confirmability is the concept that findings are determined by participants' participation, approved reality, and not researchers' personal values and beliefs (Stahl & King, 2020). Connelly (2016) stated that confirmability means that another researcher will reach same results.

Ethical Procedures

I began recruiting after I received my IRB approval number. While recruiting, participants were informed that their interview would be confidential. I used pseudonyms to protect participants' identities and did not collect identifying information. I made sure that my journal was secured in a locked space. Interviews were stored on a password-protected device. I transcribed interviews once completed and saved them as a password-protected document. I informed participants that the only people who have access to these interviews are me, my committee, and Walden IRB. Participants were informed consent was needed before participating in the study. Each participant received a copy of informed consent form to review and sign before participating. The informed consent form provided details about purpose of the study, eligibility criteria for participation, a

list of participant's rights, and potential risks of participating. Participants were informed that their information would be kept for five years, as Walden University requires; and it will be destroyed properly. Participants were told their privacy was protected to limit early withdrawal.

Summary

In this section, I discussed the research design, including research questions and key terms for this study. I addressed research method, which was a basic qualitative research design. I used this design to understand African American men between 21 and 32 in rural Mississippi and their experiences involving accessing and engaging in mental health treatment services. Additionally, I discussed concepts of trustworthiness, including credibility, transferability, dependability, and confirmability. I also discussed ethical procedures I used to protect participants' privacy.

In Section 3, I describe how I used data I generated through this study. I provide information about this study's data collection, coding process, and limitations. I also provided demographic details about participants.

Section 3: Presentation of the Findings

The purpose of this study was to explore experiences of African American men who have accessed and engaged in mental health treatment services and identify reasons for not engaging in treatment in the long term. African American men often experience mental health issues but do not always stay engaged in mental health treatment services continuously (Arnai et al., 2024). They are less likely to remain engaged in mental health services when compared to other races (Tchouankam et al., 2021). Various issues influence African American men's access to and engagement in services; however, there is not currently sufficient literature about this issue.

I conducted semi-structured interviews with eight African American men currently residing in rural Mississippi who accessed and engaged in mental health treatment services at some point in their lives. These men were between 21 and 32. The study had three research questions, which were:

RQ1: What are the mental health perspectives of rural Mississippi African American men between the ages of 21 and 32 years old who have a diagnosed psychiatric disorder?

RQ2: What do African American men in rural Mississippi report about their personal experiences with mental health service providers when accessing and engaging in mental health treatment services?

RQ3: What barriers do African American men report regarding their engagement experiences in mental health services once services are accessed?

In this section, I provide an overview of my research purpose and research. I also describe data analysis techniques, including data collection and coding processes, and a summary of limitations. Results of this study are provided at the end of this section.

Data Analysis Techniques

Recruitment

Once I received IRB approval, I started my recruitment process by posting my flyer for this study in barbershops, libraries, convenience stores, laundromats, and Facebook and LinkedIn during summer 2024. My flyer included details about the purpose of my study, number of needed participants, and criteria for participation. My flyer also stated each participant would receive a $20 gift card for their participation. I also provided my phone number and email on flyers so potential participants could contact me. I also informed potential participants that interviews for the study could be conducted in person, via Zoom, Google Duo, or by telephone. Once I received responses from potential participants, I further explained reasons for my study. I also asked screening eligibility questions via email to ensure potential study participants met study criteria. After participants answered screening questions, I emailed each participant consent forms to review. To consent to participate in the study, participants replied with the words, "I consent" via email. Each participant was allowed adequate time to review the consent form and ask questions via telephone or email. After participants consented to participate, interviews were scheduled through email. I was able to recruit eight participants. Throughout my recruitment process, I kept a log of where I placed flyers, dates I received responses from potential participants, and dates of interviews. It took 12

weeks to complete the recruitment process, which took place between mid-May and early August 2024.

Data Collection

To collect my data, I began each interview by asking demographic questions to learn more about participants' characteristics. After asking demographic questions, I transitioned to interview questions. These questions were related to my three research questions. The first set of interview questions was focused on participants' thoughts about being diagnosed with mental health disorders. The second set of questions involved participants' experiences with mental health providers. The last set of questions focused on the barriers they encountered when engaging in mental health services. These interview questions helped me develop a clear understanding of African American men's experiences with accessing and engaging in mental health treatment services.

As I conducted this study, there were some limitations. It took me several weeks to complete my interviews due to lack of response to flyers. My flyer was posted in various locations throughout the community for about 3 weeks before I started to receive responses. I received responses from 11 individuals, but only eight participated due to the other three canceling their interviews. Also, at the beginning of my interview process, I had a few difficulties with getting my first few participants to provide detailed information about their experiences with mental health treatment services. However, as I continued my interview process, I developed ways to encourage participants to provide more detailed information. I asked participants to explain their responses further to have more in-depth discussions. I made sure to ask clarifying and additional questions.

Thematic Analysis

After I completed interviews, I began to transcribe them. I transcribed interviews by listening to audio multiple times. I transcribed each interview manually. After manually transcribing each interview, I listened to audio to ensure I transcribed them correctly. Once I transcribed interviews, I used inductive coding, which is when researchers let themes emerge without identifying proposed themes before beginning the coding process (Bingham & Witkowsky, 2021). I used Braun and Clarke's thematic analysis steps to organize my data. Thematic analysis is the process of identifying similar words, phrases, or groups of words according to participants (Miller, 2020). Steps of thematic analysis are become familiar with data, generating initial codes, searching for themes, reviewing themes, defining themes, and write up (Braun & Clarke, 2022). I started the thematic analysis process by becoming familiar with information, which involved rereading all participant transcriptions multiple times to identify similar information. I also reread notes I documented in my journal during each interview. I completed the remaining steps of the thematic analysis process by developing a codebook for each interview. The codebook had the following columns: researcher question, interview question, participant number, initial codes, initial description of codes, participant quotes, second level coding, categories, and themes.

First, I selected a research question and identified the participant number. Next, I selected quotes that each participant stated during interviews about specific interview questions. I then highlighted particular words or phrases and moved those to the initial codes column. I identified roughly 45 initial codes from participant quotes.

Next, I developed a description for initial codes and placed descriptions in the initial descriptions codes column. I began second level coding by placing the initial description codes in the second level coding column. I identified 21 initial code descriptions. Examples of initial code descriptions for RQ1 were: (a) feelings when thinking about getting treatment and (b) needing therapists who used empathy. Two initial code descriptions for RQ2 were feeling understood and multiple therapists. RQ3 examples of initial code descriptions were comfort with certain conversations and rapport issues. Next, I created categories based on the second level coding column.

After I completed analysis of interviews, I used that information to identify relevant categories. I was able to narrow down categories for each research question. RQ1 yielded two categories, which were relief about getting treatment and symptoms prior to getting treatment. Two categories for RQ2 were good rapport when comfortable and poor rapport. RQ3 yielded one category, which was difficulty talking about certain issues with certain therapists. Once categories were established, I identified three emergent themes: mental health diagnosis loop, nature of the connection, and feeling pressured in therapeutic settings (see Table 1).

Table 1

Research Questions, Initial Codes, Categories, and Major Themes

Research Questions	Initial codes-Research participants' quotes	Categories	Themes
RQ1: What are the mental health perspectives of rural Mississippi African American men between the ages of 21 and 32 years old who have a diagnosed psychiatric disorder?	"I really wasn't upset about it because I knew something was wrong", "I wasn't surprised, growing up I would feel sad a lot", "I use to be sad or feel down but I did not know why, I really did not understand it", "happy that I was finally about to have someone to talk about my problems".	Relieved about getting treatment, symptoms prior to getting treatment	Mental health diagnosis loop
RQ 2: What do African American men in rural Mississippi report about their personal experiences with mental health service providers when accessing and engaging in mental health treatment services?	"The providers that listened to me and didn't judge me I liked", "I've had different therapists and social workers. I have had some good ones and bad ones" "They were ok and I liked them", "I just didn't like that I was constantly getting a new one, It was like every time I got comfortable they left", "I think I have mixed feelings", "did not make me talk to about stuff that I didn't want to talk about unlike the other ones"	poor rapport, good rapport when comfortable	Nature of the connection
RQ 3: What barriers do African American men report regarding their engagement experiences in mental health services once services are accessed?	"I wasn't comfortable talking about the stuff that the therapist wanted to talk about", "did not like the ones that I felt like didn't understand me"	difficulty talking about certain issues with certain therapists	Feeling pressured in the therapeutic setting

Trustworthiness

Trustworthiness involve accessing t quality of a qualitative study. Trustworthiness consists of four areas: credibility, transferability, dependability, and confirmability (Adler, 2022). I addressed credibility by using a journal to take notes during each interview. Journaling and note-taking can help bring attention to researchers' perspectives and document participants' interpersonal dynamics, which impact information they provide (Olmos-Vega et al., 2022). Participants were asked to verify information before ending each interview. My journal was placed in a secured location, so others would not have access to it. Transferability was considered because study's findings could be applied to other populations. Researchers provide detailed explanations to help readers examine how findings can be applied to similar situations, which improves study's transferability (Ahmed, 2024). To ensure dependability was present, I provided detailed information about each interview in my journal, including the study's research design, data collection, and analysis. According to Ahmed (2024), researchers document their approaches and data analysis in detail throughout the research process, so t other researchers can duplicate the study. This approach makes study dependable. Kyngäs et al. (2020) revealed confirmability requires findings to reflect participants' experiences and not researchers' biases. I maintained confirmability by ensuring findings were entirely based on participants' responses and not my personal beliefs and values.

Findings

It took approximately 12 weeks to complete eight interviews. Interviews lasted 45 minutes and were conducted via phone. At the beginning of each interview, I asked demographic questions. The demographic questions addressed participants' age, race, employment status, living arrangement, highest level of education, mental health diagnosis, and current mental health services status. All eight participants were African American men. Six participants were in their 20s, and two were in their 30s. Four participants were unemployed, and four were employed. Five participants lived with family, one lived alone, and two lived with a friend. Seven participants reported having a high school diploma, while one participant reported having a GED. Two participants reported being diagnosed with anxiety. One participant reported having ADHD. One participant stated he had bipolar. Four participants stated they had been diagnosed with depression. Six participants were currently not receiving mental health services, while two are currently receiving services. Table 2 provides participants' demographic information.

Table 2

Participants' Characteristics

Participant	Age	Race	Employment status	Living arrangement	Highest level of education	Mental health diagnosis	Currently receiving mental health services
AB01	28	African American	Unemployed	Lives with family	High School diploma	Anxiety	No
AB02	26	African American	Employed	Lives alone	High School diploma	ADHD	No
AB03	27	African American	Unemployed	Lives with friend	High School diploma	Bipolar	No
AB04	30	African American	Employed	Lives with family	GED	Depression	Yes
AB05	27	African American	Employed	Lives with family	High School diploma	Depression	Yes
AB06	28	African American	Employed	Lives with family	High School diploma	Anxiety	No
AB07	25	African American	Unemployed	Lives with family	High School diploma	Depression	No
AB08	30	African American	Unemployed	Lives with friend	High School diploma	Depression	No

Emergent Themes

Theme 1: Mental Health Diagnosis Loop

The theme developed from research question one was mental health diagnosis loop. In this study, I defined mental health diagnosis loop as examining what influenced participants to access mental health services to get diagnosed with a mental health

disorder. This theme suggests that it is important to consider participants' thoughts and feelings when diagnosed with a mental health disorder. For five participants, this included responses of relief surrounding being diagnosed with a mental health disorder due to the negative mental health symptoms experienced prior to being diagnosed. This study found African American men in this study may often struggle with mental health issues for a while before being diagnosed with a mental health disorder.

P3 stated:

> When people told me that I had bipolar, I really wasn't upset about it because I knew something was wrong with me even before I got the help like I've been having issues for years, but it took me you know a long time to actually try to get help so I know how my mood was so I mean it wasn't anything new. They just confirmed what I already knew.

P4 stated, "Umm I wasn't surprised because growing up I would feel sad a lot. Sometimes I use to be sad or feel down but I did not know why. I am still like that now".

Two participants reported they decided to access mental health services because they were encouraged to do so by individuals in their families. Statements made by participants seem to indicate that even though they sometimes do not access and engage in mental health treatment services when needed, they do find comfort in receiving services. Mental health diagnosis loop seems to provide a view of how participants may feel about being diagnosed.

Theme 2: Nature of the Connection

The second theme, the nature of the connection, was developed based on research question two. In this study, I defined nature of the connection as examining rapport African American men have with mental health professionals when they engage in mental health services. This theme suggests African American men consider their connection with mental health providers when determining how long they engage in services. Analysis of this theme infers that some participants seemed to have a good rapport with their mental health providers while some do not.

P8 stated, “They were cool and I liked them. They made me feel comfortable to talk to them.”

In referring to the relationship with service providers and retention in services, P7 stated, “You know, I had different ones, but I don't know. I had a few that was ok when I was kid but it wasn’t like that when I got grown. I wasn’t comfortable with them. I don’t feel like I was getting better.”

In expanding on this concept, P6 stated, “I liked my therapist too, but I just didn’t wanna keep going. I feel like I could deal with my issues on my own.”

Another possible influence noted affects African American men's connection with mental health providers is turnover rate among mental health providers.

P4 stated:

> I have been getting treatment for at least 3 years now. I have had good therapists and bad therapists. Some of the therapist I was very comfortable with and I talked to them about different stuff. I didn’t care for some either because I felt like they

> didn't understand me. I've had a lot of different therapists because most of them don't work long at the company. I like the therapist I have now. I feel like he really understands me.

P5 claimed:

> I believe I had four different therapists in my life. I probably only like two. I felt like they listened to me and they did not make me talk to about stuff that I didn't want to talk about unlike the other ones. I got a good therapist now. I feel like I can tell her anything and she won't judge me about it.

Based on t comments made by participants, it is clear several characteristics may influence participants' relationships with mental health providers. Three participants reported having a good rapport with mental health professionals, while four participants expressed frustration about turnover rate among mental health professionals. Nature of the connection gives insight into how these characteristics can be effective for some of participants while also possibly hindering connection for others.

Theme 3: Feeling Pressured in the Therapeutic Setting

The theme created from research question three was feeling pressured in the therapeutic setting. I defined feeling pressured in the therapeutic setting as aiming to consider how this element may create a barrier for participants while engaging in mental health treatment services. When engaging in services, five participants preferred to feel comfortable when meeting with mental health professionals because it allows them to be more open about their mental health issues.

P3 stated:

> I was getting help about a year and a half and during that time I had like two different therapists. I didn't really just vibe with them like that cause it was like they were talking to me about stuff that I really didn't understand. And I really didn't want to talk about stuff that was going on in my life because I was irritated a lot.

P7 stated:

> Every time I done been in services I didn't like it because I wasn't comfortable talking about the stuff that the therapist wanted to talk about it. I done had a hard life and I don't want to just sit up and talk about it with them. I don't like to focus on the past. I was ok talking about my day and current stuff but not the past.

Participants' statements revealed feeling pressured in the therapeutic setting puts a strain on African American men's treatment engagement, and participants tend to prefer discussing issues in therapy that do not cause more sadness, anger, or anxiety.

Summary

This study indicated the importance of considering African American men's perspectives on mental health issues when accessing and engaging in mental health services. It is vital to understand participant perspectives on engaging in mental health treatment. It is also important to address African American men's rapport with mental health professionals when they engage in services. Types of connection African American men have with mental health professionals may help determine how successful and beneficial treatment will be.

I developed themes for this study based on participant statements during interviews. Participants addressed mental health and issues with accessing services in the first place. I considered how participants viewed mental health professionals. Some participants indicated barriers to engagement in mental health services.

In Section 4, I discuss applications to practice and implications for social change. I provide details about professional ethics in social work practice. This is followed by a summary.

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

Mental health affects one in five people in the United States, which is around 46.6 million, and the ratio of African Americans who engage in mental health treatment services is 1:3 (Yaklin et al., 2021). This qualitative study involved exploring experiences of African American men who have accessed and engaged in mental health services at some point in their lives. I examined African American men's perspectives about being diagnosed with mental health disorders. Purposive sampling was used to recruit eight African American men in rural Mississippi who accessed and engaged in mental health services. Semi-structured interviews were used to collect information about their perspectives on their mental health diagnoses, how they felt about mental health professionals, and barriers when engaging in mental health services. Findings of this study revealed participants had various perspectives about having diagnosed mental health disorders.

Participants reported they had good and bad rapport with mental health professionals. Participants also reported that barriers included feeling pressured to talk about uncomfortable topics. This study helped fill the social work practice knowledge gap by addressing African American men's experiences when accessing and engaging in mental health services. This section includes key findings that support research questions, applications for professional ethics in social work practice, recommendations for social work practice, and implications for social change, followed by a summary..

Key Findings

RQ1

RQ1 involved perspectives of African American men in rural Mississippi regarding being diagnosed with mental health disorders. Participant responses led to one theme, which was the mental health diagnosis loop.

Subu et al. (2024) stated mental health disorders disrupt cognition and cause functional impairments that interfere with daily functioning. Participants reported there were key influences that encouraged them to access mental health services. They stated mental health symptoms such as depression encouraged them to access mental health services. Depression is one of the most common mental health disorders worldwide (Carlton et al., 2021). African American adults in general report depression symptoms more frequently than White adults (Ward et al., 2021). Depression was the most common mental health diagnosis among the eight participants in this study. Participants reported having multiple depression symptoms prior to being diagnosed with depression by mental health professionals. Carlton et al. (2021) stated depression symptoms included loss of interest in activities, decreased energy, and sadness. Depression is common among African American men, and the depression rate among African American men has increased since 2005 (Cloud, 2024).

Two participants reported they accessed and engaged in mental health services because their mothers and grandmothers encouraged them to do so. Johnson et al. (2024) stated African American men's decisions to access and engage in mental health treatment are often influenced by family support. McBryde-Redzovic et al. (2025) stated individual

decisions to access mental health services involves norms of families because they play an important role in mental health outcomes.

Environments influences development at different levels, including the microsystem (Xu et al., 2024). The microsystem is the first level of the ecological systems theory, and involves activities and interpersonal relationships within immediate environments (Jackman et al., 2022).Participants reported their depression and decision to access mental health services were directly influenced by their experiences in immediate environments. They reported their depression was due to seeing other family members depressed as well as past and current issues. Participants also reported seeing some of their family members access and engage in mental health services influenced them to do the same. Crawford (2020) reported direct experience due to exposure within microsystems has a bigger influence than indirect exposure through other systems.

RQ2

RQ2 involved African American men's experiences with mental health professionals. The theme nature of the connection emerged based on participants' responses. Degnan et al. (2022) stated therapeutic rapport is the quality of individual relationships with mental health providers, and rapport predicts treatment engagement and outcomes.

Participants provided different views about their rapport with mental health professionals when engaged in mental health services. Three participants reported good rapport with mental health professionals when they engaged in mental health services.

These participants stated this was because they made them feel comfortable and showed empathy in therapeutic settings. Participants also reported having a good rapport with their mental health professionals helped them to make better progress. Reigeluth and Johnson (2022) stated when mental health professionals use empathy when providing mental health treatment to African American men, it helps treatment to be more effective. Strong rapport among mental health professionals and clients can result in greater engagement, less symptoms, and positive attitudes (Mallonee et al., 2022; Reigeluth & Johnson, 2022). Although some participants were satisfied with their rapport with mental health professionals, others were not due to turnover.

The issue of inconsistent staffing among professionals was an issue effecting rapport. Burnout among mental health professionals causes turnover rates to be high for these professionals (Del Olmo-Romero et al., 2025). Four participants reported their rapport with mental health professionals was strained due to turnover. Reigeluth and Johnson (2022) reported African American men have high rates of terminating mental health services early due to engagement issues with mental health professionals and constant staff changes. Participants reported they had multiple mental health professionals within a year, which caused them not to want to address their mental issues and terminate services due to lack of therapeutic rapport. They also reported they did not like to constantly talk about their mental health issues with different mental health professionals. To Alavi et al. (2023) stated mental health professionals' burnout affects clients' quality of care, which leads to negative therapeutic rapport. This ultimately caused negative mental health outcomes for some participants.

The mesosystem is level two of ecological systems theory, which is connection between two or more microsystems (Xu et al., 2024). Core principles of ecological system theory requires understanding interrelations within environmental conditions, human behavior, and wellbeing (Buser et al.,2020). Participants provided details about how their rapport with mental health professionals influenced their behaviors and actions at home. Participants' rapport with mental health professionals also affected their engagement in mental health services. Bronfenbrenner revealed different systems may work with or against each other in a person's life (Crawford,2020).

RQ3

Research question three explored barriers African American men encounter when engaging in mental health services. The theme, feeling pressured in the therapeutic setting, emerged from this question. Mental health professionals risk African American men not returning to services when they pressure them in therapeutic settings (Myers,2024).

Five participants reported not feeling comfortable when engaging in mental health treatment services because they felt pressured by mental health professionals. Due to this matter, participants reported mental health treatment was not effective. One issue participants were not ready to talk about was past trauma. Del Olmo-Romero et al. (2025)stated African American men have concerns when engaging in mental health services when mental health professional put too much focus on their symptoms. Participants s felt treatment could be more effective if they talked about comfortable issues until they are ready to open up about uncomfortable issues. Reigeluth & Johnson

(2022) reported mental health treatment is more effective for African American men when mental health professionals address issues at the pace of the client. Mallonee et al. (2022) revealed clients are more likely to stay engaged in treatment when they agree with mental health professionals about treatment goals. Social workers are responsible for maintaining a safe space and creating healthy rapports with clients to address mental health needs (Fripp & Adams, 2022).

The barrier mentioned affected participants' outcomes in mental health services, which interfered with their mesosystem (Xu et al., 2024). Participants feeling pressured in the therapeutic setting created negative outcomes in other settings, such as home and work. Ecological systems perspective views a person and their environment as one and interdependent rather than independent (Jackman et al., 2022). Participants' mesosystem can be modified and expanded with changes to environment (Buser et al.,2020).

Application for Professional Ethics in Social Work Practice

Two NASW Code of Ethics values related to African American men's experiences in mental health services are dignity and worth of the person and importance of human relationships (NASW, 2023). Participants found the value, dignity and worth of the person to be very important. According to NASW (2023), social workers seek to improve clients' skills and opportunities to change and address their own needs. Research question one explored perspectives of African American men when they accessed and engaged in mental health services , which aligns with value, dignity and worth of the person. Participants reported the value, dignity and worth of the person, was vital when they accessed and engaged in mental health services because it gave them the opportunity

to improve mental concerns with help from mental health professionals. Participants stated it was beneficial for mental health professionals to understand their experiences in mental health services to determine their reasons for accessing and engaging in mental health services. Participants revealed they are willing to access and engage in mental health services when available and mental health professionals willing to help them develop needed skills to manage mental health concerns (Johnson et al., 2024).

Another level dignity and worth of the person, is promoting self-determination, which is important when African American men access and engage in mental health services (NASW, 2023). This value aligned with research question three. Research question three examined barriers participants experienced when they accessed and engaged in mental health treatment services. Participants seemed to believe self-determination was very important when engaged in mental health services because it determined the effectiveness of treatment. Participants reported feeling pressured by mental health professionals, lowered self-determination when engaged in mental health services. Reigeluth & Johnson (2022) stated this matter caused them to terminate mental health services. Participants reported they lacked self-determination to stay engaged in mental health treatment when the therapeutic setting made their sadness or anxiety worse.

The value, importance of human relationships, connected to understanding participants' experiences accessing and engaging in mental health services. The value requires social workers to build relationships with people to promote and enhance well-being of others (NASW, 2023). Research question two identified personal experiences participants had with mental health professionals when accessing and engaging in mental

health treatment services. Participants stated t the value, importance of human relationships, was a key component when they accessed and engaged in mental health services. Several participants reported their rapport with mental health professionals was not strong due to constant staff changes among the professionals. According to Del Olmo-Romero et al. (2025), consequence of African American men's poor rapport with mental health professionals is a lack of progress in mental health treatment services. Participants seemed to believe it was important to have a good rapport with mental health professionals to receive adequate treatment and improve quality of life (McKinley & Nienow, 2025).

The findings will impact social work practice by providing more insight about how African American men feel when accessing and engaging in mental health services. Values mentioned can help mental health professionals develop skills and knowledge to improve mental health treatment experiences for African American men. Social workers use knowledge, values, and skills to assist those in need and address social problems (NASW, 2023).

Recommendation for Social Work Practice

I hope the findings will provide methods for social workers to improve issues addressed in this study. Based on findings, I recommend two recommendations. Theme three, feeling pressured in the therapeutic setting, suggested participants sometimes feel unwanted pressure when meeting with mental health professionals, which ultimately causes them to not engage in mental health services consistently. Participants seem to believe that their engagement in mental health services was negatively affected because

of feeling pressured in clinical settings. To address the issue, I recommend monthly or annual mandatory training for social workers in mental health settings to improve treatment approaches and engagement for African American men. Jefferson and Ohrt (2024) also agreed it is necessary for mental health professionals to receive education and training to develop strategies that encourage clients to be consistent with mental health engagement.

Participants reported some mental health professionals do not fully understand mental health issues of African American men; therefore, another recommendation for social work practice is for mental health professionals to improve their cultural competency regarding mental health experiences of African American men. Participants reported mental health professionals need a better understanding of African American's culture regarding engaging in mental health services to improve services provided. Fripp & Adams (2022) stated mental health professionals should utilize multicultural competencies, which include self-awareness, understanding clients' worldviews, and promoting positive counseling relationships to improve mental health treatment for African American men. According to NASW (2023), social workers should consistently work to expand their professional knowledge and skills and utilize them in practice.

Findings will improve my role as an advanced practitioner. As a mental health professional, I interact with African American men in therapeutic settings often. I have had many African American men tell me different reasons why they are not compliant with mental health treatment. The recommendations mentioned can help to improve African American men's experiences in mental health services. As a social worker, it is

my duty to offer support to those in need and provide services that best benefit the client, and improve my cultural competency.

Future research might use this study to explore further therapeutic relationships African American men have with mental health professionals. Fripp & Adams (2022) agreed more research about African American men's therapeutic relationships with mental health professionals would provide increased insight about ways mental health professionals can improve treatment approaches.. Johnson et al. (2024) stated mental health professionals should focus on how African American men understand their mental health issues, to build rapport in therapeutic settings.

Transferability is when research findings can be transferred to similar situations (Nassaji, 2020). This study's findings can be applied to other populations. Future research can apply these findings to other marginalized groups who have accessed and engaged in mental health services. Marginalized groups include all people of color (Forestieri et al., 2024). The findings can be used to explore perspectives and barriers people of color have when engaging in mental health services.

The findings can be useful in the field of social work in a couple of ways. Social workers can gain insight into some issues participants experienced while accessing and engaging in mental health services. Research question one detailed circumstances that influenced participants to access mental health services. Understanding these findings can help social workers understand what this population expects when accessing and engaging in mental health services.

Information in this study can be disseminated in a number of ways. One way to spread information is to participate in workshops focusing on African American men's experiences in mental health services. Another way is to present presentations that address issues in mental health services among African American men at conferences for mental health professionals. Both methods can help improve mental health professionals' practice knowledge about African American men in mental health services.

Limitations

Conducting a qualitative study had some limitations. While completing interviews with participants, I realized some interview questions might have been too broad. For example, one question asked participants to explain experiences with mental health issues in their family or community. This question was broad because there were many different answers. Some participants stated they had family members with mental health disorders; however, they had not officially been diagnosed by a mental health professional. This made it difficult to assess whether information provided was accurate. Haynes and Loblay (2024) stated questions developed for qualitative research can be too broad and provide limited guidance, which can neglect important aspects of the study. Another limitation was only being able to recruit eight participants. I believe I could have gained more insight about African American men's experiences in mental health treatment services if I was able to recruit more participants in various geographic and culturally diverse areas. Bryniarska (2024) revealed a frequent complaint about qualitative research is the small number of participants, which makes it difficult to infer conclusions for the entire population.

Implications for Social Change

It is important to view implications for social change based on the three levels of social work practice: micro, mezzo, and macro. The micro level involves social workers working individually with clients and immediate family members to address issues, while mezzo level is when social workers address issues within communities or organizations (Sulimani-Aidan & Feldman, 2021). The macro level is when social workers work to develop policies or advocate for policies that will benefit a particular group of people (Calhoun et al., 2020).

Mental health social workers, on micro level, can use this study's findings to help African American men develop strategies to help them stay engaged in mental health treatment, and bring light to barriers encountered in services.. The micro level is important when it comes to African American men accessing and engaging in mental health services because their therapeutic relationships with mental health professionals are known to play a major role in the outcome of t mental health engagement; and this person-centered approach is also known to be an effective method when exploring their experiences with mental health treatment (Fitzgibbon & Winter, 2021). On the mezzo level, social workers can team up with mental health organizations and communities to promote awareness about mental health issues for African American men to encourage them to access and engage in mental health services. Also, on the mezzo level, social workers can help mental health organizations develop methods to help African American men stay engaged in mental health treatment as needed and reduce premature termination rate of mental health services by improving practice approaches. Social workers'

collaboration with mental health organizations is important because they can work together to ensure African American men receive the best possible services when accessing and engaging in mental health services (Sewell et al., 2024). The macro level would require social workers to advocate for African American men by analyzing limited information currently available about African American men and mental health services. New policies can be developed to improve outcomes of African American men's access and engagement in services. Social workers have a history of advocating for marginalized groups, like African American men, to improve mental health outcomes when engaging in mental health services (Golden, 2024; Sewell et al., 2024). Each level of social work is essential to improve African American men's willingness to access and stay engaged in mental health services.

Several limitations occurred in this study. Although it is known that African American men are affected by mental health services, there is still limited research available. Most of literature available focuses on African American men's disparities in mental health services. There is also limited information about African American men's therapeutic relationships with mental health professionals. According to Fripp & Adams (2022), future research should explore how African American men engage with mental health professionals in therapy. There were limited studies about this study's particular age group. Myers (2024) stated there are only a few studies that provide a specific age range for African American men, who engage in mental health services.

Summary

The study explored rural Mississippi, African American men's, experiences with mental health services. Participants were eight African American between the ages of 21-32, who have accessed and engaged in mental health services. Findings suggested participants' mental health treatment experiences varied. Some participants reported being satisfied with their experiences and relieved they engaged in mental health services. These same participants reported they had a good rapport with mental health professionals.. However, not all participants shared the same view. Several participants reported a poor rapport with mental health professionals because of turnover rate among the professionals. A few participants also reported poor rapport due to feeling pressured in the therapeutic setting.

Three themes emerged based on information that participants provided. The three themes emerged were: (a) mental health diagnosis loop, (b) nature of the connection and (c) feeling pressured in the therapeutic setting. This study is important for mental health professionals providing services to African American men. This study provides knowledge about how social workers can address issues surrounding African American men's experiences with mental health services on micro, mezzo, and macro levels. Based on findings, social workers can use information to improve mental health treatment experiences for African American men. Social workers' main goals are to help those in need and address social problems (NASW, 2023).

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Appendix A: Demographic Questions

Demographic Questions:

1. Where do you currently reside in rural Mississippi?
2. How old are you?
3. What is your race?
4. What is your highest level of education?
5. What is your employment status?
6. Do you live on your own or with someone else? Family member, spouse, friend, girlfriend/boyfriend, partner or other?
7. When did you first see someone for mental health concerns? How old were you?
8. Have you ever started mental health treatment services but stopped? If so, how many times?
9. What is your diagnosis if you have a diagnosis?
10. Are you taking any type of medication for any mental health issues or concerns? Please name or describe.

Appendix B: Interview Questions

1. Describe your experiences with your psychiatric disorder.
2. Explain what it was like for you when you were told you had a psychiatric disorder.
3. Tell me about your thoughts about mental health before you were diagnosed. Do you still have the same thoughts now that you have been diagnosed and received services for the disorder?
4. What psychiatric disorder have you been diagnosed with recently or in the past?
5. What are your experiences with mental health issues in your family or community? Tell me about this.
6. Tell me about your experiences with service providers when you access mental health services.
7. Describe your process of connecting with a mental health provider. What was this like for you?
8. How did the mental health service providers make you feel?
9. Did you have any problems with accessing services? If so, please explain.
10. Given your experience accessing services, is there anything service providers could have done differently? If so, What?
11. Is there anything about your experience with accessing services that made you think differently about moving forward with engaging in services? Please describe.

Appendix B Continued

12. How often would you say you met with your mental health provider? And, when you met, what was the focus of the meeting? For example, was it about your medication, thoughts, how you are feeling, etc?
13. Describe your feelings about meeting with the mental health service provider. What did you like about it? What did you not like about it?
14. Tell me about any barriers to services you experienced when you started services with your service provider. Describe how the barriers affected your ability to engage in services.
15. Describe how you overcame these barriers. And/or If barriers remain and how they might affect your engagement with services?
16. In thinking about other men you know who have gotten mental health services (if you know of other men who have gotten mental health services), can you tell me if what you heard about their experiences impacts your decision to access and engage services?
17. Is there anything else you would like to add that service providers should consider when working with African American males that you didn't get to say?
18. Do you have any questions for me?