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Decreasing Stigma and Increasing Partnership: The Black Church and Mental Health Community

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Consultancy Project Executive Summary

Organization: Gardner-Webb University School of Education

Project Title: DECREASING STIGMA AND INCREASING
PARTNERSHIP: THE BLACK CHURCH AND
MENTAL HEALTH COMMUNITY

Candidate: Harriet Lakisha Bryant

Consultancy Coach: Dr. Jeffrey Hamilton

Defense Date: July 8, 2021

Authorized by: Dr. Harry L. White, Jr., Pastor of Watts Chapel Church

Approval

This consultancy project was submitted by Harriet Lakisha Bryant under the direction of the persons listed below. It was submitted to Gardner-Webb University School of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Gardner-Webb University.

Dr. Jeffrey Hamilton, Faculty Advisor
Gardner-Webb University

Date

Dr. Harry L. White, Jr., Site Advisor

Date

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First and foremost, I would like to thank my Lord and Savior Jesus Christ for opening the door for me to advance my educational studies and leading me on this journey of purpose. I want to thank my daughters, Victoria and Faith, for understanding my sacrifice, appreciating my diligence towards this pursuit, and always letting me know that I inspire them to go after their goals. My circle of support is second to none—they provided encouragement, watched over my daughters, and kept me alert on my drives to and from Charlotte for weekend classes—mom, dad, Stacie, Tracie, Taneshia, Roc, Tonya, Geia—you are the best! To the late Dr. Lekonda F. Rich, I know you cheered me on from heaven. I could not have completed this work without the partnership of the best pastor, Dr. Harry L. White, Jr.—thank you for entrusting me with this project and creative space to explore my interest by using Watts Chapel as my sampling ground. To my cohort mates, I have thoroughly enjoyed our time together, am grateful for the relationships formed, and pray they will last for a lifetime—I pray God’s best for each of you. Last, the faculty of Gardner Webb has been a blessing and pushed me to new limits as a learner and leader—grateful for how you cultivated me academically and spiritually by intertwining devotions as part of my learning experience, priming me to be a great Christian leader.

Abstract

DECREASING STIGMA AND INCREASING PARTNERSHIP: THE BLACK CHURCH AND MENTAL HEALTH COMMUNITY. Bryant, Harriet Lakisha, 2021: Consultancy Project, Gardner-Webb University.

Mental illness of any form needing mental health assistance has come with some negative stigmas and perceived apprehension in the Black community. African Americans' low use of mental health services, historically and presently, has been well-documented. As a result, many African Americans seek assistance from within their faith-based organization, particularly their clergy staff. Pastors influence views on mental health counseling and mental health-seeking attitudes of their congregants. For my consultancy, I partnered with Watts Chapel Missionary Baptist Church, a predominantly African American church to integrate mental health services into their church-based programming and to conduct an analysis of best practices of mental health delivery services to congregants. To determine best practices, we examined the relationship of the public and/or internal stigma of mental health from Black churchgoers and the impact of mental health-seeking attitudes from professionals to develop mental health awareness programming and a referral process to licensed mental health professionals.

Keywords: Black church, stigma, mental health, faith-based, licensed mental health professionals

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1 Introduction

1.1 Project Purpose

Watts Chapel Missionary Baptist Church is a predominantly African American congregation with 2,000 plus congregants. Exponential and consistent growth in membership increased the need for management and delivery of ongoing mental health services provided to congregants. The significant challenge addressed is identifying and developing the best methods of providing mental health support and services to the congregants of Watts Chapel and expansion of the health and wellness ministry that focuses primarily on physical health program initiatives to be inclusive of mental health programming and awareness.

Pastoral counseling is only facilitated by the senior pastor of Watts Chapel and no other ministerial staff. The pastor makes a referral for parishioners who may need more in-depth counseling to outside licensed clinical mental health counselors. However, there is not an official referral process or follow-up to see if members follow through with ongoing counseling support with the licensed clinical mental health counselors. In addition, there is a need for mental health awareness and education for church leadership and congregants.

Technical Terms and Definitions

Black Church—conglomeration of Black Christians who share a common spirituality based on their understanding of God and who form the following main seven historically Black denominations: African Methodist Episcopal Church; African Methodist Episcopal Zion Church; Christian Methodist Episcopal Church; National Baptist Convention, U.S.A., Incorporated; National Baptist Convention of America, Unincorporated; Progressive National Baptist Convention; and Church of God in Christ.

Stigma—when someone views you in a negative way because you have a distinguishing characteristic or personal trait that is thought to be, or actually is, a disadvantage (a negative stereotype).

Mental Health—includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Faith Based—affiliated with, supported by, or based on a religion or religious group.

Licensed Mental Health Professionals—psychologists, psychiatrists, clinical social workers, and counselors.

1.2 Associated Documents

Referral Form—This document is used by the referring ministers from Watts Chapel to refer congregants to outside therapists or agencies for ongoing mental health counseling (see Appendix A).

Mental Help Seeking Attitudes Scale—This survey assesses the likelihood of individuals seeking mental help from mental health professionals (see Appendix B).

Clergy Depression Care Knowledge Survey—This survey assesses the level of knowledge clergy have of depression care and their competency to facilitate referrals to mental health professionals (see Appendix C).

Mental Health Resource List—This document is a list of mental health resources (see Appendix D).

Professional Literature Review—Appendix E.

1.3 Project Plan Maintenance

The project plan was reviewed and adjusted quarterly based on updated milestone focuses and deliverables. The project goals were focused based on ongoing research that contradicted original goals and proved the need for necessary adjustment. These changes were approved by the site supervisor and consultancy coach.

2 Project Scope

Develop and implement a mental health awareness and delivery program for the members of Watts Chapel in partnership with trained mental health professionals.

2.1 Outline of Partnering Organization's Objectives

2.1.1 Objectives

- Provision of ongoing socio-emotional support to meet the mental health needs of congregants.
- Provision of an optimal partnership with hired independent therapists and/or referring mental health agencies.
- Expansion of services and programming provided by health and wellness ministry.

2.1.2 Success Criteria

- Increase in mental health awareness programming from health/wellness ministry.
- Increase in referral for ongoing counseling from ministerial staff to trained mental health professionals.
- Increase in mental health-seeking attitudes from the congregants.

2.1.3 Risks

- HIPPA privacy violation/confidentiality and recordkeeping.
- Dual relationships.
- Technology.

2.2 Outline of Student's Objectives

2.2.1 Objectives

- Surveyed congregants and ministerial staff on mental health awareness knowledge.
- Streamlined referral process to licensed mental health professionals/agencies.
- Oversight hiring/onboarding process for licensed mental health professionals.

2.2.2 Success Criteria

- Increased mental health partnership with therapists/agencies.
- Increased congregant follow-through for mental health services from referrals.
- Increased hiring/partnership of licensed mental health therapists.

2.2.3 Risks

- Inability to find qualified clinicians.

- Financial responsibility/constraints of hiring mental health therapists.
- Insurance barriers for congregants seeking mental health services.

2.3 Definitive Scope Statement

Develop and implement a mental health awareness and delivery program for the members of Watts Chapel in partnership with trained mental health professionals.

3 Deliverables

3.1 To Partnering Organization

- Mental health resource list

3.2 From Student

- Referral form
- Mental health survey

4 Project Approach

4.1 Project Lifecycle Processes

The project was conducted in three phases. The first phase consisted of data collection to assess the mental health readiness and level of mental health knowledge from congregants and the church ministerial staff. The format used to gather this information was a small group with the ministerial staff and an open-ended interview method to assess their knowledge of depression care and mental health biases that could impact congregants seeking professional help. The Mental Help Seeking Attitudes Scale (MHSAS) was used to assess mental health-seeking attitudes of congregants.

The second phase included presenting the results to the health/wellness ministry, therapist/community agency partners, and ministerial staff to develop focused programming for mental health awareness. It also included streamlining the referral process to a licensed mental health professional.

The final phase was organizing the onboarding/independent contracting process of licensed mental health therapists and community agency partnerships.

4.2 Project Management Processes

Quarterly meetings were to be held with ministerial staff, health and wellness ministry leaders, and contracted therapists to review programming evaluations. Referrals and follow-up of initial intake sessions from congregants were reviewed and barriers were assessed that prevented congregant access to mental health services.

4.3 Organization

4.3.1 Project Team

Doctoral intern, senior pastor, health and wellness ministry leader, church financial secretary, and contracted independent therapist

5 Communications Plan

Watts Chapel Church Mental Health Service Delivery Internal and External Communication Plan				
Who - stakeholder	What-Power/Interest	Why do they need it	When will they get it	How will they get it
Ministerial staff	Training and Referral	Education of mental health issues impacting congregants and how to train minister staff to know how to address	Weekly to Monthly	Face To Face, Small Group, Zoom, Email, GroupMe
Health and Wellness Ministry	Programming and Events	Mental Health Awareness Workshops and Resources	Monthly and Quarterly	Digital Newsletter, Church Bulletin, Social Media, Email
Lay members	Clientele Need and Access to Services	Seeking mental services and connection to available mental health resources	Weekly to Monthly	Church Bulletin, Podcasts, Email, Social Media
Licensed Mental Health Professionals/Agencies	Mental Health Service Delivery	Decreasing Stigma for congregants seeking mental health service and partnering with ministerial staff on appropriate referral process and screening	Weekly to Monthly	Email
Human Resources Team	Mental Health Expense Costs	Contracts for Licensed Professionals, Event and Programming Cost	Monthly and Quarterly	Face To Face, Email
Baptist Association	Denomination Support and Research	Local, State and National Mental Health Survey and Resource Allocation	Quarterly	Digital Newsletter, Email, Association Website/Social Media

6 Work Plan

6.1 Work Breakdown Structure

Action Steps	Person (s) Responsible	Timeline	Resources
Conduct Mental Health Surveys and Small Group Sessions	Doctoral Intern	August 2020- January 2021	Internet, Scholarly Publications/Research Articles, Interview Questions, Church Affiliations/Associations
Mental Health Awareness Initiative Planning	Health and Wellness Ministry, Community Mental Health Liaison	October 2020- April 2021	Community Mental Health Agencies, Professional Counseling Associations and Networks, Print Media, Internet
Referral Process	Doctoral Intern	January 2021- April 2021	Community Mental Health Agencies, Professional Counseling Associations and Networks, Print Media, Internet
Onboarding Process for Licensed Mental Health Professionals	Doctoral Intern, Human Resources Department, Senior Pastor,	January 2021- April 2021	Community Mental Health Agencies, Professional Counseling Associations and Networks, Print Media, Internet, Human Resources Recruitment Sources, Legal Assistance

7 Milestones

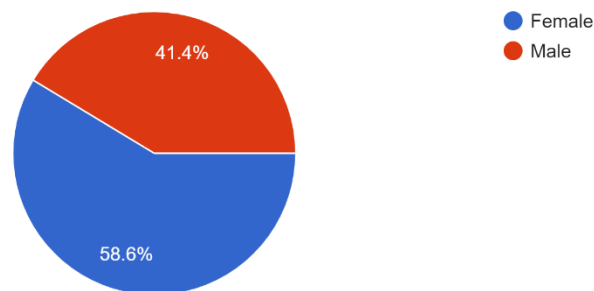
Milestone Number	Title	Forecast date
1	Mental Health Awareness Kickoff Workshop	January 2021
2	Hiring/contracting of 1-3 licensed mental health professionals	February 2021
3	Registering PLLC with the state of NC	March 2021

8 Metrics and Results

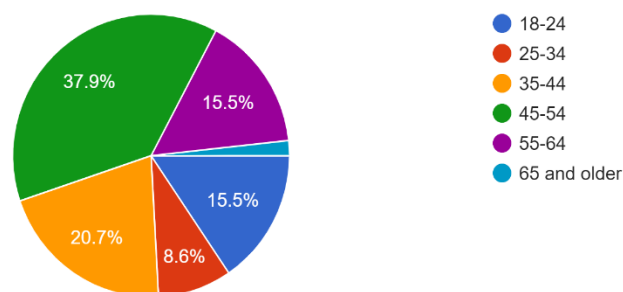
Metrics were reviewed and conducted on mental health-seeking behaviors from congregants. The findings from the mental health surveys were believed to show stronger mental health-seeking attitudes from the female respondents of Watts Chapel versus the male respondents and a differentiation of mental health-seeking behaviors based on age. The findings were to show the level of understanding of depression care and its causes from the ministerial staff and their comfort level of referring to outside mental health professionals. The results highlighted the readiness levels for congregants to seek outside mental health from professionals. The results also highlighted clergy attitudes toward partnership needed with the mental health community for referring congregants for ongoing counseling services beyond the church and their comfort levels to make the referrals.

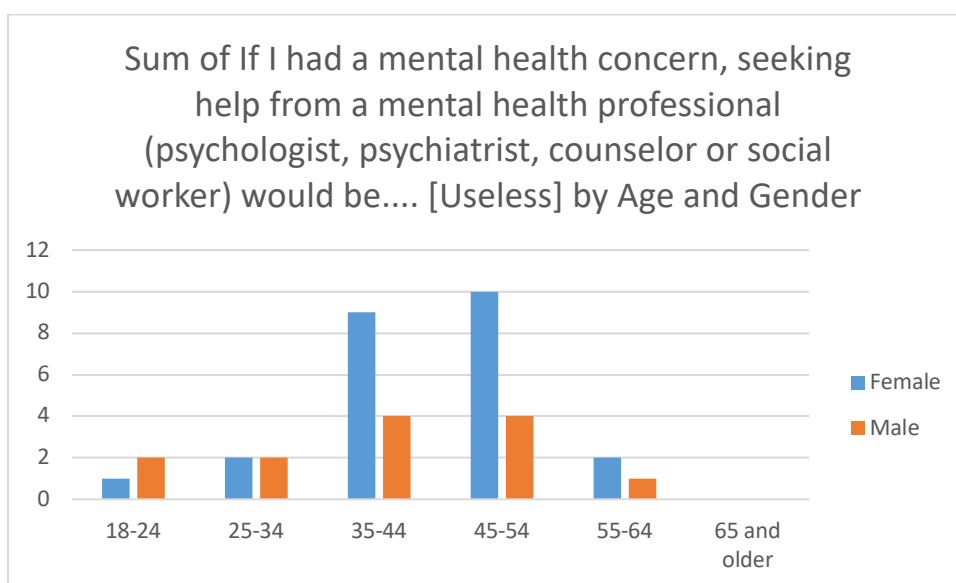
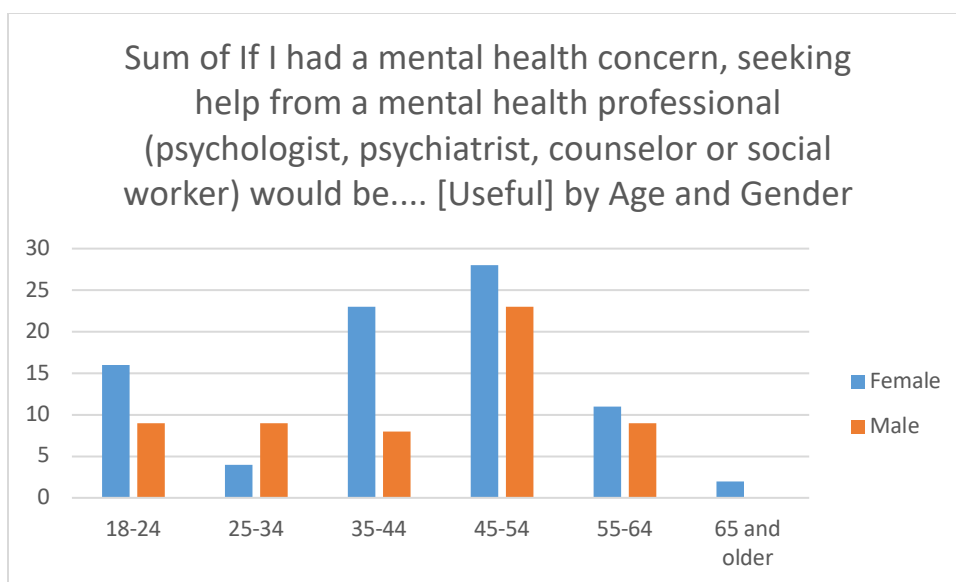
Responses from Mental Help Seeking Attitudes Scale

Gender
58 responses



Age
58 responses

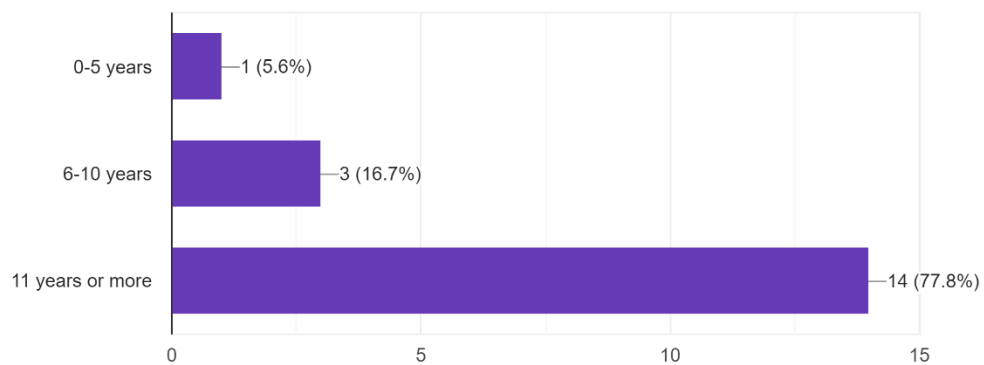




Responses from Clergy Depression Care Knowledge Survey

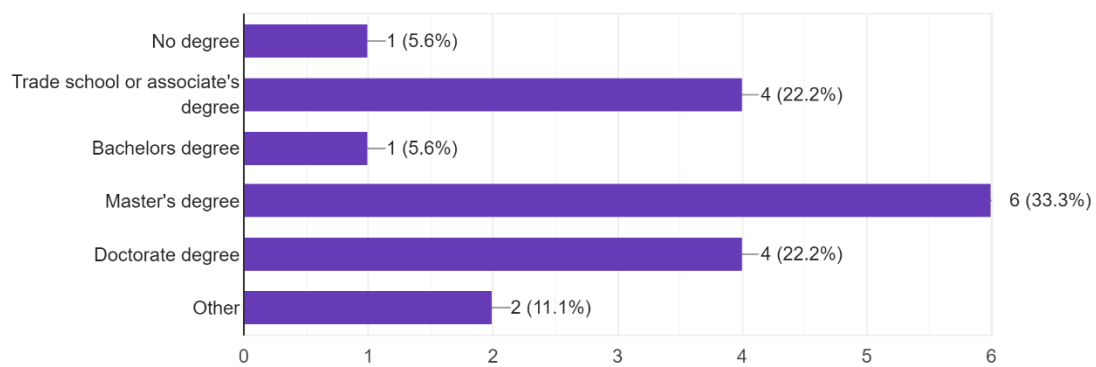
How long have you been a minister?

18 responses



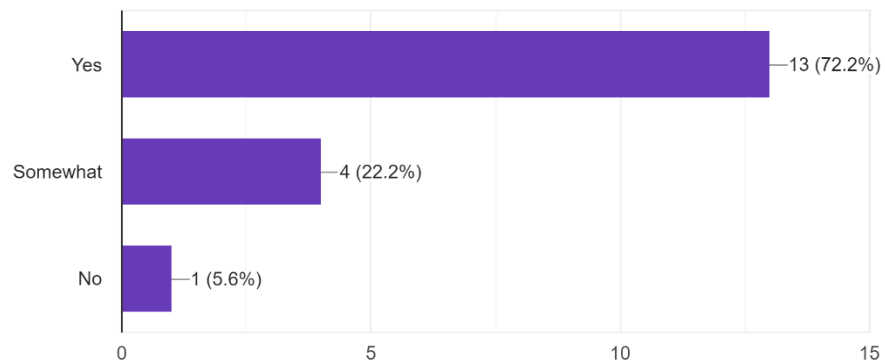
Education level

18 responses



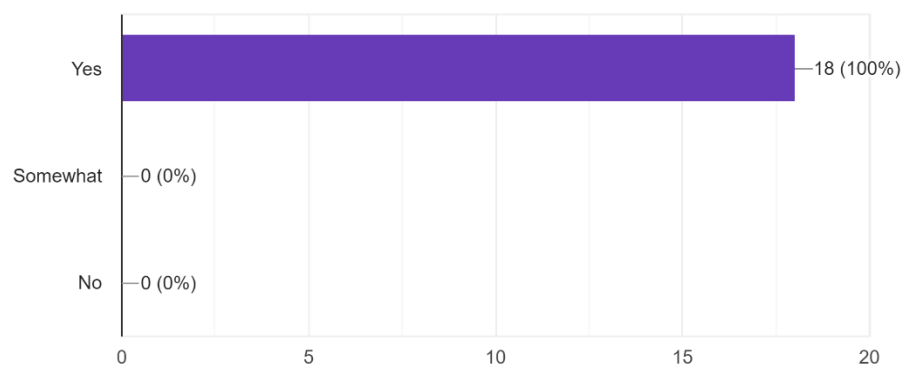
I know how to make a mental health referral to an outside mental health professional

18 responses



I believe faith based organizations should partner with the mental health community to provide mental health service to its members

18 responses



9 Risks, Constraints, Assumptions

9.1 Risks

Risk Description	Mitigation Plan (what to do to avoid the risk occurring)	Contingency Plan (what to do if the risk occurs)	Impact (what the impact will be to the project if the risk occurs)	Likelihood of occurrence (e.g., %, or high/medium/low)
HIPPA Privacy-Confidentiality/Record Keeping	All records will be locked in a private location and only the therapist will have access to records	<ul style="list-style-type: none"> a. Have therapist develop a professional will and/or point of contact should legal issues arise involving breach or tampering of client records and confidentiality b. Develop communication plan and client summaries in case of untimely absence of therapist and a list of therapist referrals for clients if needed. 	Legal Ramifications	Medium
Dual Relationships	Hire therapist from unaffiliated with Watts Chapel Church	<ul style="list-style-type: none"> a. Have an available list of therapist referrals/alternate service providers if dual relationship concerns arise b. Draft a termination letter to give clients if the counselor-client relationship must be terminated 	Loss of Membership	Medium
Technology	Utilize database approved by professional organization and adhere to technology mandates	<ul style="list-style-type: none"> a. Back digital files up using a hardcopy format or USB drive b. Ensure electronic database is encryption protected 	Legal Ramifications	Medium
Ethical Guidelines	N/A	Not needed		low
Financial	N/A	Not needed		low
Location	N/A	Not needed		low

9.2 Constraints

The primary constraint of this project was deciding whether or not to utilize licensed mental health professionals who are members of Watts Chapel Church to deliver the mental health services to congregants.

9.3 Assumptions

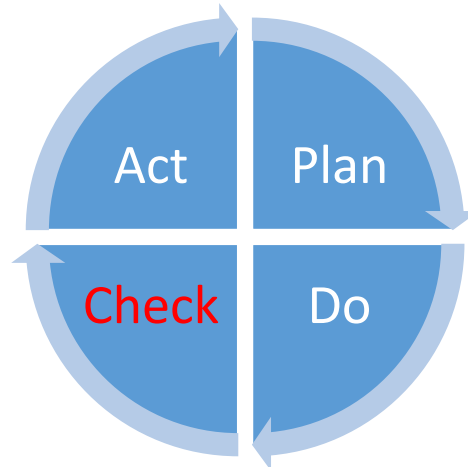
- Watts Chapel Church will invest in mental health awareness training and services for congregants.
- Ministerial staff will be compliant with any mental health education and awareness training for the integration of mental health service delivery at Watts Chapel Church.
- Watts Chapel Church will allocate necessary resources needed for implementation of mental service delivery to its congregants such as funding.
- Watts Chapel Church will cultivate partnerships with community agencies and/or mental health professionals for mental health service delivery to the congregants.
- Watts Chapel Church will develop a consistent referral process for congregants needing ongoing professional mental health services.

10 Financial Plan

Watts Chapel Church Expenses	DEOL Student Consultant Expenses (Kisha Bryant)
Quarterly Mental Health Workshops: \$1,000 Biannual Mental Health Training for Ministerial Staff: \$1,000 Hired/Contracted Mental Health Professionals: \$6,400 (monthly for two part-time therapists)	Registering as LLC or PLLC: \$125 Liability Insurance: \$450 Document Database: \$20 monthly

11 Quality Assurance Plan

WATTS CHAPEL MENTAL HEALTH QUALITY ASSURANCE PLAN



This plan will evaluate the efficiency of the mental health referral process for mental health services. This plan will identify when and for whom mental health services referrals should be made.

Plan: Create systems and processes for mental health referral of congregants. Create a checklist of indicators for mental health referrals.

Do: Assess the consistency of referrals based on ministerial competency. Assess congregant comfort levels of meeting with mental health professionals beyond pastoral care/ministerial staff. Assess barriers for follow-through with referrals from congregants (cost, transportation, comfort level).

Check: Community/church mental health liaison and therapist team will streamline and develop a universal mental health referral process. Community/church mental health liaison and therapist team will research resources to help mitigate barriers preventing follow-through with professional mental health services.

Act: The ministerial staff and therapist team will meet quarterly to review the referral and initial intake processes and data of congregants. The health and wellness ministry will host monthly orientations to introduce mental health therapists and community mental health partners to increase the comfort level of mental health services provided to congregants.

Appendix A

WATTS CHAPEL COUNSELING REFERRAL FORM

Date of Referral: _____ / _____ / _____ (DD-MM-YYYY)

Is client aware of and agreeable to this referral? Yes No

Is this referral urgent? Yes No

CLIENT/CONGREGANT INFORMATION

Name:

Last First Middle Initial

Birth Date: _____ / _____ / _____ Age: _____ Gender: _____

Parent/guardian (if under 18 years):

Address:

City: _____ State _____ Postal Code _____

Home Phone: _____ May we leave a message? Yes No

Cell Phone: _____ May we leave a message? Yes No

E-mail:

May we email? Yes No

REFERRING PROFESSIONAL

Name:

Last First Middle Initial

Address:

City: _____ Province: _____ Postal Code _____

Phone: _____ Fax: _____

E-mail:

—

REASONS FOR REFERRAL (PRESENTING PROBLEMS):

- Anxiety Parenting Substance Abuse
- Depression Grief/Loss Job Loss/Unemployment
- Separation/Divorce Premarital Needs Relationship Problems (Marriage, Family)
- Life Transition Trauma (Physical/Mental) Self Esteem/Identity

Other: _____

Scoring Key

The MHSAS contains nine items which produce a single mean score. The MHSAS uses a seven-point semantic differential scale.

Please note that the scale labels (3, 2, 1, 0, 1, 2, 3) are only provided to assist participants, and are not to be used in scoring the MHSAS. To counteract possible response sets, the valence of the item anchors was counterbalanced across the nine items. For example, the “useless – useful” item had the positively-valenced term (i.e., useful) on the right side of the scale, whereas the “important – unimportant” item had the positively-valenced term (i.e., important) on the left side of the scale. In order to properly calculate the MHSAS mean score, where a higher mean score indicates more favorable attitudes, it is necessary to reverse-code items

2, 5, 6, 8, and 9. After reverse coding, a score of “1” (the circle to the farthest left of the seven-point scale) on a given item should indicate an unfavorable attitude, a score of “4” (the middle circle of the seven-point scale) on a given item should indicate a neutral attitude, and a score of “7” (the circle to the farthest right side of the seven-point scale) on a given item should indicate a favorable attitude. Once reverse-coding is complete, calculate the MHSAS mean score by adding the item scores together and dividing by the total number of answered items. The resulting mean score should range from a low of 1 to a high of 7. For example, if someone answers 9 of the 9 items, the mean score is produced by adding together the 9 answered items and dividing by 9. Likewise, if someone answers 8 of the 9 items, the total score is produced by adding together the 8 answered items and dividing by 8. Per Parent’s 20% recommendation (2014; DOI: 10.1177/0011000012445176), a mean score should only be calculated for those respondents who answered at least 8 of the items. For more information about the MHSAS, please visit: <http://DrJosephHammer.com>

*Please visit <http://drjosephhammer.com/research/mental-help-seeking-attitudes-scale-mhsas/> for information on how to administer, score, interpret, discuss the reliability and validity of, consider the limitations of, and obtain permission to use the MHSAS.

Appendix C

Clergy Depression Care Knowledge Survey

How long have you been a minister?

- 0-5 years
- 6-10 years
- 11 years or more

I am a...

- Pastor
- Associate Minister
- Minister in Training

Education level

- No degree
- Trade school or associate's degree
- Bachelors degree
- Master's degree
- Doctorate degree
- Other

Depression is... (check all that apply)

- a major depressive disorder and is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.
- treatable with psychotherapy and/or medication
- inclusive of symptoms such as feeling sad/worthless, changes in appetite, sleeping changes, difficulty thinking/concentrating, loss of energy/fatigue and loss of interest/pleasure in activities
- all the above

I feel capable and confident to refer a member of my church to an outside mental health professional

- Yes
- Somewhat
- No

I know how to make a mental health referral to an outside mental health professional

- Yes
- Somewhat
- No

I believe faith-based organizations should partner with the mental health community to provide mental health service to its members

- Yes
- Somewhat
- No

Appendix D

Mental Health Online Resource List

NAMI Education and Advocacy Programs (National Alliance of Mental Illness)

<https://www.nami.org/Support-Education/Mental-Health-Education>

Mental Health Toolkit (Pathway To Promise)

<https://www.pathways2promise.org/wp-content/uploads/2018/02/P2P-Mental-Health-Toolkit-2017.pdf>

Mental Health First Aid Training

<https://www.mentalhealthfirstaid.org/2020/04/coming-soon-virtual-option-for-mental-health-first-aid/#:~:text=First%20Aiders%20will%20complete%20a,%2C%20addiction%20and%20self%2Dcare.>

Suicide Prevention Resource Center

<http://www.sprc.org/resources-programs/choosing-suicide-prevention-gatekeeper-training-program-comparison-table-1>

Center of Faith and Community Health Transformation

<https://www.faithhealthtransformation.org/community-of-practice/trauma-informed-congregations-network/>

Compassion in Action Guide

https://www.hhs.gov/sites/default/files/compassion-in-action.pdf?j=589542&sfmc_sub=126735209&l=1594_HTML&u=12750220&mid=100006102&jb=0

Appendix E

Professional Literature Review

Watts Chapel Missionary Baptist Church is a predominantly African American congregation with approximately 2,000 plus members and is steadily growing by 50 to 75 members per year. Due to the consistent growth in parishioners, it has become difficult to manage and facilitate ongoing counseling services provided by the ministerial team. The significant challenge to be addressed is identifying and developing the best way to provide mental health support and services to the congregants at Watts Chapel. Questions to ponder are as follows: How do the congregants feel about seeking mental health assistance from other professionals beyond the church? Is it best to make referrals to outside community agencies or hire licensed therapists to church staff? Is there a need for mental health education and awareness training for church leaders and the church congregation? In review and analysis of 10 articles, the following themes emerged about the Black church and mental health: the role of the church, the role of clergy, agency and church health program collaboration, and barriers to seeking mental health in the Black community.

Role of the Black Church

The Black church is an easily accessible and trusted institution in the African American community. One article described the Black church as the conglomeration of Black Christians who share a common spirituality based on their understanding of God and who form the following seven main historically Black denominations: African Methodist Episcopal Church; African Methodist Episcopal Zion Church; Christian Methodist Episcopal Church; National Baptist Convention, U.S.A., Incorporated;

National Baptist Convention of America, Unincorporated; Progressive National Baptist Convention; and Church of God in Christ (Adkinson-Bradley et al., 2005). Within the African American community, the Black church has been a social center for people's lives and handled the responsibility of attending to the educational, social, economic, psychological, religious, and spiritual welfare of Black Americans. Throughout history, the church has been a front-leading place in which Black Americans found hope and support from oppression and discriminatory events. The historical importance of the Black church remains relevant to the help-seeking behaviors of African Americans in contemporary society, particularly in terms of dealing with matters of mental health (Campbell & Littleton, 2018).

The Role of Clergy

Research has shown that African Americans seek more help from ministers than family doctors, psychiatrists, and other mental health professionals (Hays & Aranda, 2016). Clergy are seen as a significant source of support for individuals in the Black community experiencing emotional problems. One study showed that Black clergy spend more time than White clergy engaging in counseling and crisis intervention for their congregants (Hays & Aranda, 2016). If individuals seek clergy first for a serious problem, they are less likely to seek a mental health professional later. Clergy have long-standing relationships with their parishioners, already established rapport, and empathy as opposed to mental health professionals, which contributes to the level of comfort to more easily seek guidance from clergy (Taylor et al., 2000).

Pastors influence views on mental health counseling and mental health-seeking attitudes of congregants. Decrees from the pulpit have a major impact on group thinking

about mental health outside of the church (Plunkett, 2014). Clergy play a major role in connecting congregants to community agencies for mental health referrals. One study stated that the higher levels of formal education of clergy increase higher levels of community activism and outreach involvement (Taylor et al., 2000). The formal ties that clergy have with non-church agencies foster a greater chance of mental health referrals and relationships with agencies for collaborative programming to bring mental health education to churches. Clergy staff are viewed as first responders to their churchgoers' emotional needs and benefit from engagement with these community agencies that provide them with information for the appropriate referral process for mental health services for their congregants. Through their relationships with congregants, clergy acquire comprehensive information, which (with consent) they could share with clinicians. In collaboration with clinicians, the clergy's personal familiarity and experience can be invaluable to facilitating appropriate and continuous mental health care for their parishioners (Milstein et al., 2008).

Agency and Church-Based Program Collaboration

Historically Black churches have provided church-based health programs that have addressed primarily physical health through education, screening, and treatment. Such programs have improved the health outcomes for smoking cessation, cancer, diabetes, and weight loss (Hankerson et al., 2013). In addition, church-based programs have met the needs of congregants experiencing issues connected to anti-poverty, educational assistance for youth, and recreation. The sustainability of these programs is impacted by several factors such as congregation size, full-time church staff to oversee

program management, time constraints of clergy staff, fiscal capability, venue size, and volunteer availability (Taylor et al., 2000).

Limited programming initiatives have addressed the mental health needs of churchgoers. Collaboration with community mental health agencies would enable church leaders to provide mental health education to church leadership and congregants. Rather than seeking help from mental health agencies, African Americans often rely on churches and other faith-based entities to support and help them cope with life's pressures (Dempsey et al., 2016). Partnership with churches creates opportunities for mental health professionals to provide some level of service and lessen the racial disparities experienced within the Black community in the mental health field. It has been suggested for mental health agencies to have a liaison who serves as the point of contact for assigned churches to deliver mental health education, awareness, and services. The church setting presents an opportunity for mental health professionals to evaluate the feasibility of providing assistance to address depression care for Black churchgoers (Hankerson & Weissman, 2012). Mental health professionals have sought to find the best ways to integrate faith healing into treatment plans for church parishioners such as prayer because it is seen as an integral part of the process of relieving pain and suffering.

Barriers to Seeking Mental Health in the Black Community

Mental illness of any form needing mental health assistance has come with some negative stigmas and perceived apprehension in the Black community. For some, there is the concern of being seen as “crazy” or emotionally weak (Dempsey et al., 2016). Within the church community, there may be perhaps more stigmatization of being seen as an erosion of your relationship with God or failure to be a good Christian. Religious African

Americans are less likely to seek help for mental problems and believe they have been taught to cope through God instead (Hays & Aranda, 2016). This impacts the mental health-seeking attitudes of many African Americans for assistance from mental health professionals.

Research has shown that mental health care is underutilized in the Black community compared to White Americans, and estimated unmet needs for mental health are much higher among Blacks. African Americans' low use of mental health services, historically and presently, has been well-documented, and several barriers to seeking mental health services have been postulated in current literature, including poor access to care, receipt of poor quality care, low availability of care, and stigma associated with mental illness (Ward et al., 2014). One article stated that individuals believe there is a lack of ethnic matching of clinicians who share a similar worldview and Black experience (Hays & Aranda, 2016). Therefore, it is important that individuals can seek some level of assistance at no cost with paraprofessionals who look like them without having to worry about health insurance barriers.

Summary

The present research highlights the importance of examining the internal and public stigma of mental health in the Black community. Future research should further address the nature of the association among internalized stigma, stigma coping strategies, and mental health service utilization in faith-based settings. Further analysis of treatment initiation and engagement with mental health professionals beyond the church for mental health disorders are needed. The articles provided insight that there are more dialogue needed between faith-based communities and the counseling profession to develop best

practices of how to integrate “faith-healing” practices and other religious rituals in the mental health treatment plans for Black churchgoers. This also indicates the need for more integration of mental health understanding in the formal education training of clergy through divinity school programs and partnership with community agencies for early collaborative efforts. There is a plethora of research with strong evidence that the Black church can be a major source of bridging the racial disparity gaps in mental health in the Black community through church-based health programs.

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