National Louis University

Digital Commons@NLU

Dissertations

6-2020

What Role Does The African American Church Play When Meeting The Mental Health Needs of Its African American Parishioners?

Lisa Sutton

Recommended Citation

NATIONAL LOUIS UNIVERSITY

WHAT ROLE DOES THE AFRICAN AMERICAN CHURCH PLAY IN MEETING THE
MENTAL HEALTH NEEDS OF ITS AFRICAN AMERICAN PARISHINORS?

A DISSERTATION SUBMITTED TO

THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF

THE REQUIRMENTS FOR THE DEGREE

DOCTOR OF PHILOSOPHY

COMMUNITY PSYCHOLOGY DOCTORAL PROGRAM
IN THE COLLEGE OF ARTS AND SCIENCES

BY

Lisa A. Sutton

Chicago, Illinois

June 2020

Community Psychology Doctoral Program

Dissertation Notification of Completion

Doctoral Candidate: Lisa A. Sutton

Title of Dissertation: WHAT ROLE DOES THE AFRICAN AMERICAN
                             CHURCH PLAY WHEN MEETING THE MENTAL
                             HEALTH NEEDS OF ITS AFRICAN AMERICAN
                             PARISHIONERS?

Certification: In accordance with the departmental and University
                     policies, the above named candidate has satisfactorily
                     completed a dissertation as required for attaining the
                     Doctor of Philosophy degree in the Community
                     Psychology Doctoral Program (College of Professional
                     Studies and Advancement) at National Louis University.

_____
Brad Olson, Ph.D. Dissertation Co-Chair

_____
Ericka Mingo, Ph.D. Dissertation Co-Chair

_____
Tiffeny Jimenez, Ph.D. Dissertation Co-Chair
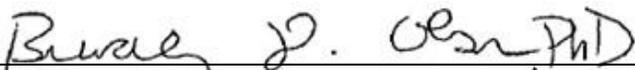
May 25, 2020
_____
Date

Community Psychology Doctoral Program

Dissertation Notification of Completion
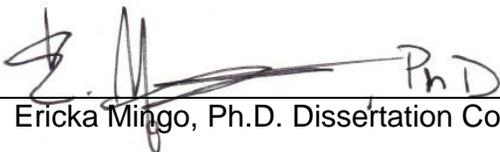

Doctoral Candidate Lisa A. Sutton_____

Title of Dissertation: What Role does the African American Church Play when Meeting
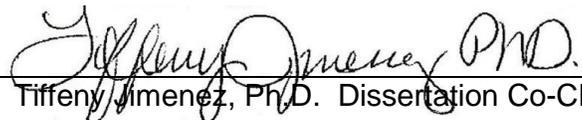   the Mental Health Needs of its African American parishioners?

Dissertation Co-Chair Bradley D. Olson, PhD_____

Dissertation Co-Chair Dr. Tiffeny Jimenez, PhD_____
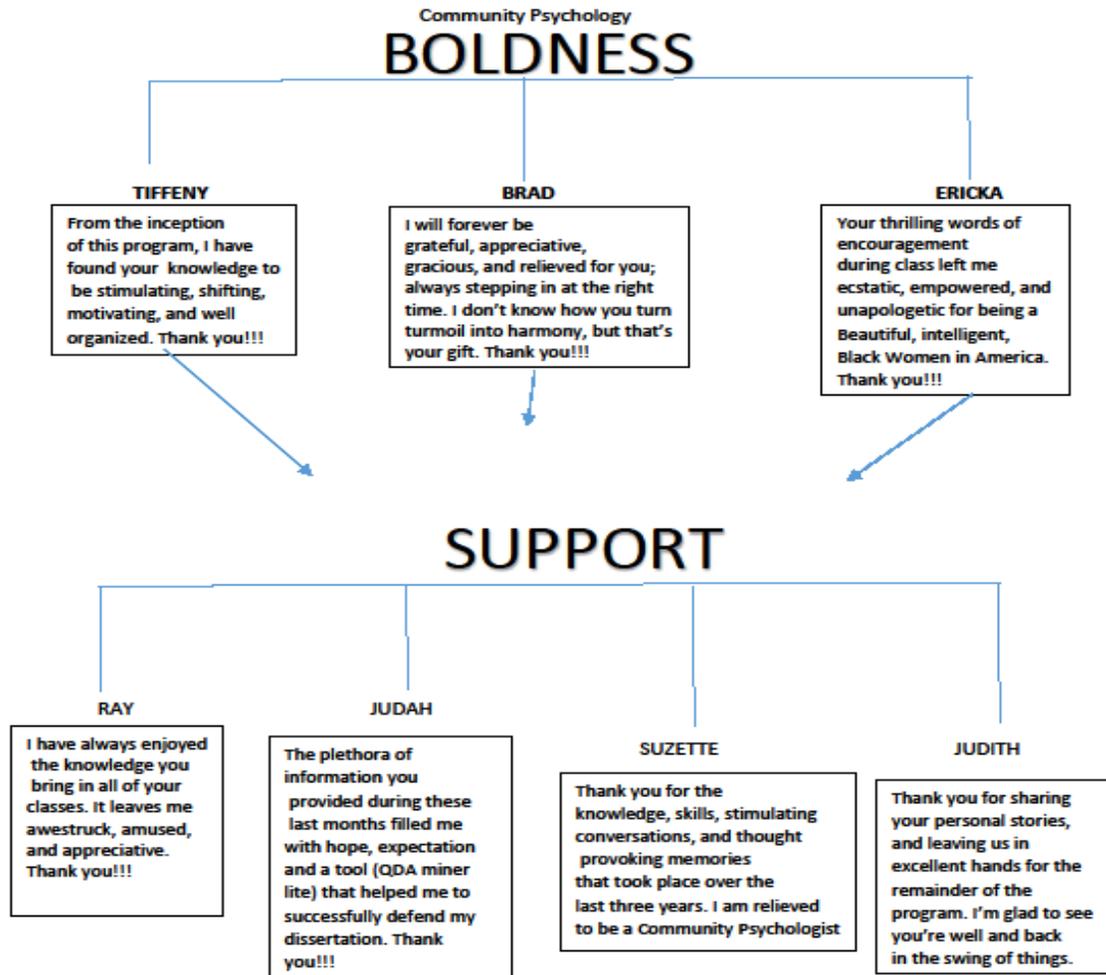
Dissertation Co-Chair Ericka Mingo, PhD_____

Date of Final Defense Meeting May 25, 2020_____

The above-named candidate has satisfactorily completed a dissertation as required for attaining the Doctor of Philosophy degree in the Community Psychology Doctoral Program.

Signature   Date

_____   _____

_____   _____

_____   _____

Community Psychology

BOLDNESS

TIFFENY

From the inception of this program, I have found your knowledge to be stimulating, shifting, motivating, and well organized. Thank you!!!

BRAD

I will forever be grateful, appreciative, gracious, and relieved for you; always stepping in at the right time. I don't know how you turn turmoil into harmony, but that's your gift. Thank you!!!

ERICKA

Your thrilling words of encouragement during class left me ecstatic, empowered, and unapologetic for being a Beautiful, intelligent, Black Women in America. Thank you!!!

SUPPORT

RAY

I have always enjoyed the knowledge you bring in all of your classes. It leaves me awestruck, amused, and appreciative. Thank you!!!

JUDAH

The plethora of information you provided during these last months filled me with hope, expectation and a tool (QDA miner lite) that helped me to successfully defend my dissertation. Thank you!!!

SUZETTE

Thank you for the knowledge, skills, stimulating conversations, and thought provoking memories that took place over the last three years. I am relieved to be a Community Psychologist

JUDITH

Thank you for sharing your personal stories, and leaving us in excellent hands for the remainder of the program. I'm glad to see you're well and back in the swing of things.

Acknowledgements

Table of Contents

           Appendix A: Screening Eligibility

           Appendix B: Consent Form

           Appendix C: Social Demography

           Appendix D: Semi-Structured Interview Protocol

           Appendix E: Focus Group protocol

List of Tables

Abstract

This study will focus on understanding the role played by the church in meeting the mental health needs of its African American parishioners. The goal is to understand the ways that African American communities hold faith, position themselves within the church, and the outside world, with a specific focus on issues of trust, which have emerged based on historical and structural violence that has debilitated the health of our community. The study examines attitudes and perceptions of church leadership and members around their caring for parishioners with mental health issues. The hope is that the data will help construct better understandings of the potential new ways of attending to members with mental health issues. This community–engaged, qualitative project draws on the findings from semi-structured interviews and a focus group exploring the lack of mental health in the church from the lived experiences of six leaders and six members. All interviews were conducted in-person at a mutually agreed upon location within the Chicagoland area. Using the method of thematic analysis, nine themes indicating experiences of the roles church stakeholders play were identified. Some of these themes include: *Lack of Accountability, Doctrine, Church lacks Mental Health Resources, Stigmatization, Come as you are, Solidarity, Trust, My Brothers' Keeper, and Build it and they will come*. The analyses are geared towards comprehending the contextually and largely missing experiences of Christians suffering in silence due to the stigma from the church.

Key words: Mental Health, Stigma, Resources African American, Pastor, members, Mental Illness, Trust

A Cry for Mental Health in the Church

In September 2018, Taraji P. Henson used her foundation's platform, the Boris Lawrence Henson Foundation, to launch a campaign around mental health awareness (Pitts, 2018). This organization was birthed in honor of her late father, Boris Lawrence Henson, a Vietnam War veteran who suffered from mental health complications. One of Taraji's goals behind the foundation are to reverse the mentality of the African American community by advocating the importance of seeking professional help. (Henson, 2018). This bold move came shortly after former Destiney's Child singer, Michelle Williams shared her battle with mental illness and her quest for seeking treatment. As more conversations arise in the media regarding mental health, so does awareness of the mental well-being and wellness of members of African American community. Studies show evidence of a strong stigma within the black community against seeking help with mental health. Stigmas against seeking professional help with mental illness can be traced back deep within the roots of African American history, as the belief that deliverance from all ailments, mental and physical, could be resolved through faith (Pits 2018.) This news is particularly important due to the open confession of their Christian faith. As the awareness of mental health and mental illness issues becomes more of a necessity for conversation in the church, the Black faith community hold strong to its beliefs that anxiety and depression are due to the lack of one's prayer life and faith in Jesus Christ to heal them. Therefore, standing up against this stigma that has plagued the history in Black churches for year and kept so many from seeking psychological help is a huge breakthrough. Pitts (2018).

History of Slavery in the U.S. and African Americans Churches

It is not surprising that African-Americans have a high percentage of belief in God, because throughout the history of slavery which dates to over 2000 years ago, and more recently as, 1758, briefly articulates the story of the African Americans Church in America according to African American Registry (AAREG,2019). This Institution was the beginning of land possession for slaves in America among oppressed African people in the United States. Throughout the life of slavery in America, slave affiliations were of great considerable concern for white people. For several community members of the white society, African- American religious gatherings symbolized the ultimate thereat to the white existence. As well, African slaves launched and relied heavily on their churches for support. Therefore, worship was a means of eliminating the conscious complexity of daily brutality which afforded its expression through religion purging. African Americans have held on to their faith in God and found solace within their places of worship. However, the white community was not willing to allow many collaboratives gathering of slaves in Churches. One slave remembers a time when the white folks would enter the church during prayer meeting and beat everyone present for no apparent reason at all. Almost all of the (white people) felt that when slaves were praying it was because they were out to get them (AAREG 2019).

For instance, religious services of slaves were closely monitored by hand workers to detect any plans of escape or revolt against its slave owners. African Americans and their churches appeared militant in the eyes of whites Americans; and insurrection was the word Nat Turner used in Virginia, born out of the religious ritual inspiration of slaves, horrified the white community Wikipedia (2013). White people clearly understood the potential end

that could result from multiple religious gatherings of African Americans Christians; but as long as older African American people can remember, the church has always been the foundation of their Community in the US and Internationally.

This expansion is infused in the African Americans Church, and depicts many details of racial and religious cultures unique to African Americans history. It implies that all African Americans churches share or have shared the same believes and blueprint for creating a sense of community among African Americans. This is the furthest from the truth, no one knows how numerous the differences were found among African Americans neighborhoods which were represented within their community churches. For example, Some Southern faith-based members were known to practice mainstream rituals of Voodoo, Serer, and Orisha, which all consist of priest class, ceremony, religious holidays, creation stories, saints, systems of punishment and rewards, such as those we saw back in Ethiopia. African Americans communities differed from region to region, and separated along social lines, composed of people from several different economic levels, and maintained varying political philosophies AAREG (2019). As time went on, and the African Americans that moved North (and settled in Chicago IL) in hopes to find a better life began to establish or join churches suitable for them, while mentally leaving behind the racial, humiliation of oppression.

When describing people historically, linguistically, and socially it makes sense to include their origin of land. For centuries, Negro is synonymous with Negroid, colored, Nigger, and Black; all affiliated by color, and neither associated to a particular space or land. However, Caucasoid, Mongoloid, and Asiatic people, each is associated with land and located on a map. The colors Black and White are oppressive terms for identifying people. Recorded history of French African people with ownership of land, gold, and great harvest

has been a central conflicting theme for centuries. Just as humans desire land to cultivate

its crop, irrigate their water system, and build cities in, it is important that they have land to

harvest wealth from as well. According, attaching one's identity to land makes sense;

associating one's identity to a color, doesn't. Moving forward, Black and African are none

interchangeable in any logical sense (Urenna, 2018). So, for the duration of this paper,

"African American" will be used in the place of the words "Black", unless quoted from an

authors' perspective.

Additionally, the errors, lack of facts, oppression, time span, curiosity, kinks, and

abnormality of African's history, it did not start in slavery. African people lived very

prosperous life hundreds of years before Jim Crow. Long before the Europeans arrived on

the African's continent, African people had a history. The European settlers initially came

to Ghana to trade manufacturing products for gold due to its abundance in Africa. Perhaps

the error of the doing business with European people is when individuals of the same race

viewed their own people as commodities Osei (2018).

Religion in Africa before Slavery

African history didn't happen in isolation of agency. Perpetual slavery and

colonialism did victimize Africans, but African people are not historically victims.

Conscious choices were made my Africans in antiquity which afforded the progression of

humanity. Throughout the Axumite Empire, Ezna took courses to make Christianity the

state's religion according his sovereign believes. Africans in Ethiopia were known to

practice mainstream rituals of Voodoo, Serer, and Orisha, which all consist of priest class,

ceremony, religious holidays, creation stories, saints, systems of punishment and rewards.

The key difference with Christianity in Egypt is most traditional faiths is ethno-specific and

lack a written tradition, and prophet. They are also less likely to convert people to Islam and (Christianity Heritage, 2014).

Facts about Africans' Religion

For the majority of civilization that lived in Africa; Christianity in Ethiopia existed years before the "Church of England".

- o Ethiopia was the only nation to repel colonialism and is the oldest continuous civilization today.

- o Islam was practiced in Africa prior to reaching Saudi Arabia.

- o Advance astrology and mathematics were in libraries and universities of Islamic cities such as Timbuktu.

- o Kanka Musa was known to change the economic system in every state he visited on his journey to Mecca, demonstrating the power Africans carried internationally when it came to gold. Osei (2018)

History of African Americans Churches

Meanwhile, in the 1800s, a time when Blacks were being challenged with developing their own denominations and spaces to worship, they found themselves rebelling against subordinating institution of oppression, depression and racism in the land of white churches. Wilmore exclaims the movement was to demonstrate self-sufficiency in the African Americans churches as the first freedom movement (1983, 78). Although, African religions experience common elements of evangelical faith, such as the good news of salvation brought to sinners by Jesus Christ (Galli, 2002). "The African Americans church itself is a precipitate of its own culture, developed from and in response to its own

experience" (Lincoln 1999, xxxi). It is perceived that what Lincoln means is, that the African American church is both an ex44pression of its community (culture, values) which are unique to African Americans spirituality, as a reaction to discrimination and racism. African American churches have conventionally been seen as a space of stability and empowerment within their community. Since the beginning of slavery and through the racially segregated time period of the United States, African Americans people were denied the rights to build establishments of their liking and excluded from participating in the white churches.

Despite this rejection from the white churches African Americans have managed to build churches that are rich in art, music, education, social services, leadership, business, and civic associations. Upon entry to some African American churches one will find symbols of Survival, liberation, and a rich spiritual history. Should the pastor repudiated the "curse of Ham", encompass the radical religious view of Nat Turner, or preach "How Jesus will work it out if you let Him", African Americans churches are known for guaranteeing the freedom of their people as a mission. Calhoun-Brown (2013).

Definition of an "African American Church"

The mission of the African American church is associated with Protestant churches due to a heavy presents of African Americans people. African Americans churches have shaped the face of the Civil Rights Movement in the late 1950s- 1960s, in addition to its socio-religious forces and religious culture. Taylor (2019).

Role of Churches

When it comes to the house of hope, the church plays very important roles with meeting the physical and financial needs of its members. It's a known fact (and almost an expectation to some) that the African American church aims to meet the needs of its

community in several tangible ways. Some African Americans churches go out into other communities to feed the hungry, clothe the homeless, support those basic necessities of life, offering (free) medical and dental services. Many pastors or church leaders feels obligated to show up to court or jail on behalf of a church member or their family advocating to their integrity. Finally, the church aids in housing, jobs, criminal justice system, and the rights to a righteous lifestyle.

The religious lifestyle of African Americans was captured in a research study conducted in 2015 by Pew Research Center. They released an updated national Religious Landscape Study which surveyed over 35,000 Americans, representing every State. Findings for African Americans continued to be remarkable identifying a clear connection to religion. Pew Research Center notes, 94% of African Americans have certainty in the belief of God; 91% indicated religion is importance in their lives; 73% pray daily with another 13% praying weekly; 47% attend church weekly while another 36% attend once/month or a few times each year; 60% meditate at least once or twice per month with 52% mediating at least once per week; and 69% reported feeling spiritual peace and wellbeing among members at least once per week and another 13% reported it once or twice per month. 59% perceives the word of God; should be taken literally, while 23% state not everything should be taken word for word. 93% of believers confess there is a Heaven, and 4% denounces it. 82% identifies with hell and 12% does not.

Post Traumatic Slave Syndrome (PTSS)

According to PEW's study, African American have a strong believe in God, yet their oppression still led to Post Traumatic Slave Syndrome (PTSS). Dr. DeGruy's goal is to educate some and reminds other of the psychological history of abuse from white slave owners to African Americans oppressed people. For years African- Americans (during

slavery) have endured traumatic events which, resulted in degrading behaviors, negative

beliefs and multiple mental health illnesses that is and has been passed on

generationally. Post Traumatic Slave Syndrome documents centuries of systemic,

dictatorship, racism, brutal, repressiveness, cruelty, and structural lynching on people of

color. This maladaptive, unwarranted, multigenerational, and massive incarceration under

the Jim Crow law continues to hunt people whose forefathers were affected by such

treatment. "PTSS is often indoctrinated into the same behaviors, long after the behaviors

have lost their contextual effectiveness" DeGruy (2005). Dr. DeGruy, articulates in her

book that PTSS is a disorder that causes for serious social change in both individually and

institutions alike. She goes on to say that this is not a mental illness that professional

psychiatrist can treat and be done with it but, requires profound changes in the mind set of

white people towards African American people.

The Church as a Safe Haven

For this purpose, in past events within the United States, there has always been

some sort of terror attack targeting African American people. Such tactics as migrating to

the North in hopes of being free of oppression from the south, to seek refuge and safety. For

those who could not flee, the African American church was where they found safety. But

finding safety in the African American church has its challenges. Dating back to1822 when

the burning of Emanuel African Methodist Episcopal Church in Charleston, South Carolina

came under attack, and as recent as 2016 in Greenville, Mississippi, the burning and

vandalism of Hopewell Baptist Church. These domestic terrorist attempts where to destroy

the hopes, dreams and eradicating the very foundation that African Americans build their

hope, strength, and faith on. Dylan (the 2016 bomber's) goal was to shake the integrity of

the life long standing safe-haven places where African American people fine peace to worship God (Jones, 2018).

Spirituality and Mental Health

As faith would have it, most Christian with acute mental illness, including family members, pastors and individuals agree that anyone with mental illness can thrive spiritually (Lifeway, 2016).

- o Between 15-20% of people with mental illness and their family members believed they can live a successful life as a Christian, if only they are stable.

- o About 28% of mental illness patients agree that this diagnosis hurt their ability to function like a Christian.

- o Some individuals living with acute mental illness may be able to see themselves pushing –through difficult times and developing a rich spiritual relationship with God. While other individual's perspectives will become negatively affected by the illness until stability occurs.

Table 1 (below) is from a survey study conducted by LifeWay Research (2016) with pastors, family members and individual diagnosed with mental illness, indicating Christians with acute mental illness can and will continue to push through difficult times, and live a fulfilling spiritually life without being stabilized.

Table 1. Christians with Acute Mental Illness

	*pastors	Family members	Individuals with Acute Mental Illness
Strongly agree	35%	38%	29%
Somewhat agree	41%	36%	44%
Somewhat disagree	13%	18%	12%
Strongly disagree	4%	4%	6%
Don't know	7%	4%	10%

This chart indicates the opinion of pastors, family members, and individuals have on the likeliness to serve God living with acute mental illness. More facts from the study are as followed:

- Interesting enough, southern family members were 29% less likely-strongly agree than individual members living out West (48%).

- Individuals 50 and above are less likely - strongly agree (31% vs 49%).

- Members of White families were less likely –strongly disagree (2% vs 9%)

- Family members of a Schizophrenia individual are less likely – strongly agree (23% vs 42%) while more likely - strongly disagree (14% vs 2%).

- Northeastern pastors of churches are (23%) will likely choose "strongly agree"

- Senior Pastors are (9%) likely to strongly disagree, compared to younger pastor age 18-44 (2%) and 55-64 (3%).

- African – American pastor strongly disagree (10%) and while pastor (4%).

- Family members of individuals with acute mental illness (95%) believes Christian can live a spiritual life after the illness has been stabilized LifeWay(2016).

Scriptures as Examples of How Self-Help is the Recommended Path

As Christians, we are repeatedly reminded that we are our brother's Keeper. "Am I my brother's keepers?" Genesis 4:1-13 The New Living Translation (NLT), Bible Gateway (1993) says, "I don't know! Am I supposed to keep track of him wherever he goes?" In

case you're unfamiliar with this passage of the bible, verses 1-8 talks about Adam and Eve starting a family and having two male children. The oldest was Cain; his job was to work the soil, and Abel, attended to the flock. Every so often, they would bring their first fruit/best to God as an offering. For some reason (only God and Cain know) why Cain's offering of fruit from his soil was rejected by God, but his little brother's portions of fat from his flock's offering was accepted by God, leaving Cain hurt, and despising is brother. Cain suggested to Able that they go out into the field, and there is where Cain killed Able. Verses 9-13 picks up with God calling out to Cain, asking him, "Where is your brother, I can hear his blood calling out from the soil?" Cain's response was, "How do you expect me to know where he is? Am I my brother's keeper? Am I supposed to follow him around every minute and know where he is? He's not MY responsibility!" At that moment, God placed a curse on Cain, ensuring he will never produce another fruit. Cain responded to God with, "LORD, my punishment is more than I can bear, verse 13". NLT, Bible Gateway (1993). There are two key takeaways worth elaborating on from this passage: 1. Am I my brother's keeper? 2. My punishment is more than I can bear.

Am I my brother's keeper? You may have responded with a plethora of reasons why you answered as you did. Cain's reply to God was one of rough-skinned which is all too common throughout the course of human history. Why am I my brother's keeper? People say, I have my own issues to contend with. On the other hand, many of us will quickly say, Yes, I am my brother's keeper, but it turns out to be more of a burden requirement, which is generally neglected due to selfishness or of our own life events. The word KEEPER continues to ring in my ears. Matthew 12:48-49 NLT (1993) states, "Who is OUR BROTHER? "Pointing to his disciples, Jesus said, "Here are my mother and my brothers". Does it mean being accountable for another person's actions? Does it mean like

Cain thought, "following him/ them around all day and trying to keep track of what he/ they do (es)?" Does it mean badgering a person about their behaviors or micro-managing every move they make? Not so, keeper is defined (in this case) as being someone very valuable – a friend, a support system of some sort, we are each other's keeper. Which brings me back to Cain's comment to God, "My punishment is more than I can bear." Genesis 4:13. This statement opens up a whole another chapter when it comes to mental health in the family.

Ancestors and Spirituality before the U.S. – Intergenerational Link

Mental illness is a debilitating disease that can affect the family and one's life and add negative effects as it has been known to be passed down generationally. Research discovered states that mental illness connected with early childhood trauma may be the result from a previous generation. Gilman (2017). Epigenetic changes (chemical alterations in gene expression) occurs when an adult experience trauma, without altering their DNA.

(Dixit, 2017). According to Dixit's study at the Uppsala University in Sweden and Helsinki University in Finland, the study concluded with adults who was separated from their parents during World War II. It was also noted in a second study that mental illness was associated with early childhood traumas passed down from one generation to another. Observations made during the research study, concluded that daughters of the female's fugitives were presented with a strong possibility of developing mental health issues such as those of their mother. In contrast, the study missed the opportunity to comprehend the meaning of this cause. The Indian express shared a possible explanation which is, the parents' behavior during evacuation reflected their trauma, leading to epigenetic changes (chemical alterations in gene expression) outside of altering their DNA. Steven Gilman, adds at Eunice Kennedy Shriver National Institute of Child Health and Human Development in the US "Many studies have shown that traumatic exposures during

pregnancy can have negative effects on offspring." Gilman, goes on to say that from 1941-1945 about 49,000 children from Finland was evacuated from their homes due to malnutrition, bombing, and other hazardous situations from the war. Gilman (2017).

Perceptions of Ancestry Influence on Mental Health and Spirituality?

John Hopkins University Press (2000) released a journal article entitled: "The influences of race, ethnicity, and poverty on the mental health of children" highlighting the pros and cons of ancestral influence of race, socioeconomic difference, cultural and ethnic factors placed on children as it pertains to mental health. Rodney (2000, as cited in John Hopkins University Press, 2000) noted: stated the following as it addressed the influences of mental health, ethnicity, race, and poverty found in children:

- o Parents with mental Illness issues, who were documented as having experience massive economic losses were more likely to pass these behaviors down to their children.

- o However, while using a control for socioeconomic status, this study noted that African Americans, Hispanics, and Native Americans were not likely to have mental health issues. This theory states a protective method such as cultural values, family members, strategies to cope with stress, spirituality/ religiosity, and social support is used as buffers against mental health issues. Rodney A., (2000).

History of Mental Health and the African American Community

Undoubtedly, Dr. Uchenna Umeh, a former physician from San Antonio, Texas, shares her observation of how mental health services for African Americans were looked upon by members of the American medical community from the antebellum period until the present. She also describes how those narratives have shaped the opinions of mental health into this current era. In 1848 John Galt, a medical director and physician of the

Eastern Lunatic Asylum in Williamsburg, Virginia, believed that, African Americans are immune to mental illness. Umeh (2019). Galt makes a prediction that states: enslaved people cannot develop mental illness because they don't own property, vote, have a voice in civic affairs or hold an office. This immunity assumed by Galt, and other member of the medical community at that time, the risk of insanity would be highest in those people who were highly stressed and emotionally exposed would benefit from treatment, creating a very wealthy market for white men. Dr. Umeh says, if the narratives from Galt and the white medical community have any truth to them, then she, a Nigerian women living in America, her parents, grandparents, great-grandparents, friends, and other family members should have never struggled with mental health issue- but they all have. Unfortunately, most Africans have adopted this belief and embraced the narrative that we don't have mental health issues among our race King Davis (2018).

Instead, the suicide rate among African American children ages 5-11 continues to increase from the 1980's and doubles their white peers. On the rise are African American men whom are three time more likely then African American women to complete suicide, and still African Americans men make up 80% of suicide attempts. As long as there have been human existence there has been mental health (illness) issues, but when it comes to African American people, little to nothing was done, nor was there research to refer back to before the 1700s. Dr. Benjamin Rush, was the head of medical authority in the United States after the American Revolution war was over. He was the most prominent medical doctor to disagree with John Galt's theory about black slaves not developing mental health. Dr. Galt stated, that enslaved suffered from a condition called "negritude" an abnormal behavior African Americans develop due to wanting to become white. Another research study reported enslaved African Americans contracted a condition called

"Drapetomania" caused when African-Americans people tried to flee their plantations, or "Dysaethesia Aethiopia" a disease which causes a state of lethargy and dullness, today known as depression. Contemporary analysts of slaves have articulated both conditions as comprehensible responses to enslavement, yet white medical doctors back then assumed they were manifested of mental illness Jackson (2002).

Defining "Mental Health" and "Mental illness"

Nedha (2011) provides a good overview of the difference between mental illness and mental health. Definitions are below. Please note, these terms are often used interchangeably due to the content and context from the various authors.

- o Mental Illness is diagnosed by a physician and describes a clinical condition of the mind. It is referred to as an illness of the mind. Mental illness communicates the presents of a mental disorder. Such disorders include depression, psychosis, and anxiety. Eating disorder should also be understood to be a mental illness. Mental illness conveys a negative message. It carries a stigma about the mentality of one being, and articulates an individuals' thinking patterns, drug abuse, mind functioning, and related problems. It is important to note that mental illness and mental health are opposite to the other in their meaning, however, it is not unusual for someone to have both conditions together.

- o Mental Health is viewed from a lens of mental well-being, something positive. Mental health is all about having a healthy mind and functioning in a good space. A key concept of mental health is its resilience and happiness with life. Optimism is the gateway for an individual diagnosed with mental illness, confidence and high self-esteem is his/her weapon to a better life. According to mental health doctors

keeping a good attitude, staying optimistic, and surrounding yourselves with happy

people can help you combat mental health and mental illness.

How the African Americans Community Relates to Mental Health/Illness

By utilizing a modified replication of Fleming (2015), Fleming brought together

African American faith and health care leaders to consider the issue of trust as a factor in

whether or not people get preventive health care. The focus of this assessment came from

the city of the Chicago's Area Immunization Campaign which states African American

rates have been consistently low and that the traditional strategies for mental health rates

were not shifting the numbers in Chicago. The Center for Faith and Community Health

Transformation (The Center) realized the necessity to investigate these issues of mental

health rates with trusted community leaders. Trust was identified as a major barrier in

lagging rates for mental health and accessing other screenings and treatments that are

available. However, they considered what people really meant when they spoke about

integrity as a factor and what the role of faith communities plays with enhancing distrust.

According to the U.S. Department of health and Human Services (2001), a

considerable body of research indicates that Racial Ethnic Minorities (REM) received

mental health treatment at lower rates than Europeans Americans. Disparity has prompted

researchers to explore racial and ethnic differences in stigma and attitudes toward

professional help seeking. Some research has concentrated on the comparisons between

European American and REMs. One study equation modeling (REM) was used to explore

the effects of psychological distress and psych cultural variables on perceived, seeking

psychological help, and self-stigma. This investigation included groups of Racial/Ethnic

Minority (REM) students: 260 Africa Americans, 166 Asian Americans and 183 Latino

American college students. One purpose for this study was to validate how one's culture

values/de-values seeking psychological help by addressing the following: self-stigma by their family, friends, and professors, as well as perceived stigmatization and/or academic department for seeking professional psychological help, because these social agents are who college students will most likely to interact with.

Discovery from this study indicate that, African American and Latino Americans perceived a substantial negative believe toward mental well-being and seeking professional psychological assistances than European Americans Hines-Marti & Whaley, (2004,2000, 1997) In a reviews of REM, conducted by Leong, Wagner, and Tata (1995) discovered the variations in seeking-help attitudes (e, g., acculturation, and cultural norms, ethnic and cultural indemnity). Leong, (1995) Wagner, and Tata (1995) states such cultural variable are imperative to understanding certain disparities when seeking psychological treatment. It has been noted, that findings have not been consistent pertaining the above examined variables of enculturation to culture norms, and acculturation to Western values (Ramos-Sanchez & Atkinson, 2009).

Some literature found a relationship to ethnic/cultural values were associated with more negative attitudes toward seeking mental help then with African Americans (Obasi Leong, 2009), Asian Americans (Kim, 2007; Miller, Yang, Hui, Choi, & Lim, 2011) and Latino Americans (Sanchez & Atkinson, 1983). Conserving cultural values was connected with several positive behaviors toward seeking mental help treatment in Latino Americans. Yet, (Ramos-Sanchez, Obasi Leong & Miller, 2009, 2007, 2011, 1983; Atkinson, 2009; Ramos-Sanchez, Atkinson, & Fraga, 1999) found no relationship with seeking psychological attitudes in African -Americans (Wallace & Constantine, 2005) and Asian-Americans (Atkinson, Lowe, & Matthews, 1995; Kim & Omizo, 2010).

Yet, a multitude of factors have been examined in an attempt to clarify why

the disparities exists. Fleming (2015) noted that access to health care (Ross, et al.,

2011; Orpana, et al, 2009; Baicker, et al., 2013), health behaviors including diet and

smoking (Pampel, Krueger, & Denney, 2010; Mezuk, et al., 2010), resources to

healthy nutrition (Reidpath, et al, 2002; Azuma, et al., 2010; Boone-Heinonen, et al,

2011) and community concerns such as neighborhood violence (Cohen, et al.,

2000). The above factors attempt to explain some disparities in disadvantage

neighborhoods, however Fleming (2015) notes more research is needed to confirm

these finding (i.e. self-medication, praying, discrimination, family and friend

support).

Fleming (2015) reviewed concepts from sociology with hopes to explain

why some individuals in the community have better health report card than others.

Social Capital was found as a possible interceding agent in the various health

outcomes between the advantaged and disadvantaged, mainstream and oppressed

communities (Cockerham, 2007; Sapolsky, 2004). Social capital is meant to assists

communities with resources available to people via structures and social networks

(Lin, 2011; Putnam, 2000; Ostrom & Ahn, 2010; Kawachi, Subramanian, & Kim,

2008; Rainie & Wellman, 2012; Christakis & Fowler, 2011). Fleming surmised that

many individuals from a lower socioeconomic position have restricted resources

available to them which sends them seeking the church, and family for help.

History of Mistrust of Psychology and Science

Limitations from psychotherapist have caused a great amount of mistrust in African

Americans seek professional advice for mental health concerns. However, clinical therapist

is driving their minority clients away in record numbers due to an eternalized chip of racism against them. June 2013

 Psychology Today posted an article on "Racism in the counseling room", this article discusses the blatant ways therapist are using old fashion racism, pervasive discrimination, and subtle micro-aggression to rule out clients. The US has a history of discriminating against African American, Hispanic -American, Asian- American (Chao et al., 2012) as well as women, Lesbians, and Gays. Despite therapist best intentions to not appear racist, unfortunately, the truth always spills out and the relationship is ruin. Sadly, minority clients are not immune to these issues. An example of this is when a White therapist attempts to excuse the impact of race-based trauma a minority client has experienced as if it never happened. Until one has walked in the shoes of an individual whom has lived through racist events, they should never cast judgement on anyone. This method of colorblind approach is by choice from such typical therapist working with people they consider "different" from them. After all, this colorblind theory is another form of racism (Terwilliger et al., 2013), as it allows them to stay illiterate with no intention on learning about the customs or culture of anyone other than white people. Racist comments are inevitable among racist therapist despite receiving multicultural training, it unwittingly speaks from the heart during the counseling session. The following are a few examples of racist statements from therapist to African- American patients:

- o I just see you as a regular person, not an African American. This statement conveys a message to the client that the therapist finds something to be wrong with being an African American individual (odd or abnormal). The therapist is going out of their way to nicely dismiss inconvenient differences.

o I'm sure to understand your depression, without addressing culture or race. This therapist just articulated to the client, I am aware of the correlation between racism and mental health but, I'm uncomfortable talking about it (Chae et al., 2011; Chao et al., 2012). The client learns early on during the session that the therapist is not interest is learning nor hearing about them and their issues. Furthermore, what makes the therapist believe the client has experience racism?

o African Americans could be just as successful as other people, if only they weren't so lazy. This shows the extent the therapist has taken to implement the unrealistic stereotypic view into their session by believing African American people are lazy and hopeless. Not to mention, calling the client lazy to their face. Such therapist refuses to accept the institutionalized racism, discrimination, and other barriers making it difficult for minorities to succeed.

o I didn't mean to offend you by the racial comments, you're being over dramatic. The therapist made bold blatant racist comments and expected the client not to call them out on them; does the client receive an apology from the therapist or a conversation on where this statement stemmed from? Therapist use this as a typical blame the –victim method and notes the client as being "hypersensitive."

These statements are remarks by racist therapist taken from a journal article (Constantine, 2007), yet, Constantine claims he has heard them many times firsthand which, he defines as micro-aggression tactic towards African American clients by White therapist to turn them away. (Constantine, 2007) goes on to say how these therapists are less competent and the therapeutic practice suffers because of them.

Tuskegee Experiment

It is unclear whether the lack of trust that African Americas have with white therapist ties back to the Tuskegee Study of untreated Syphilis in the African American males or not, only they know. It is clear that today African American people are less likely to be accurately diagnosed compared to their White counterparts (Smith, 2013). For example, schizophrenia is over diagnosed in the African Americans community. The causal direction of help-seeking and needing help is unclear, but it is also clear that African American people would rather rely on family, religious and social communities when emotional support is needed, rather than seeking health care professionals, even if health care professionals are necessary.

How do People of Faith View Mental Health and Mental Illness?

Therefore, isn't it Time We Talked about Mental Health? Lifeway conducted an empirical study that explains the lack of mental health resources in the church. The names in this study have been changed but the message is the same. Yvonne and her husband Zack were avid members at their local church of twenty-five years. Yvonne served on the praise dance ministry, and Zack faithfully volunteered with the prison ministry every month. As time went on, Zack found himself feeling sad, he lost interest in things he loved doing, after several months, Yvonne, realized Zack had become withdrawn and stop going to church, lost several pounds, and became very moody. Yvonne, called the church seeking help for Zack; she suspected he was having a mental illness episode. She was notified by the voice on the other line that that wasn't the role of the church, and they didn't know what to tell her or how to help Zack. She was told, if she needed resources for cancer, diabetes, high blood pressure, etc. they could help her (Factsandtrends.com 2014). Yvonne's response was, why is physical illness more acceptable then mental illness?

Several key concepts continue to arise from this article which are the following: What role should the church play in meeting the needs of its members with mental health illness? In a 2016 a research study conducted by Lifeway Research and published in Christianity Today states the unsettling reality of pastors mentioning mental health only 7% in their churches monthly – bi-monthly. In addition, 92% of pastor confess to talking about mental health once a year or never. Within this study, it mentions a pastor from a famous mega-church named Rick Warren; Rick articulates a profound statement that goes as following: "There is no shame in diabetes, there is no shame in high blood pressure, but why is it that if our brains stop working there is supposed to be shamed in that, Lifeway (2016)."

Are There Scriptures That Discuss Mental Health (Illness)?

As an illustration, in Luke 8:26-31 NLVT, as Jesus sailed to the country of Gadarenes, he was approached by a man from the city, whom was bound in chains, wore no clothes, lived in a cave, and filled with demons for a long time. As Jesus came near to him, he shouted, "What do you want with me Jesus, Son of the most High God?" He begged Jesus not to torment him. Jesus asked him his name and he said, "Legion, for there are many of us". Jesus commanded the demons to come out of the man and loose him from the chains. They begged Jesus to send them into a nearby herd of pigs feeding in the field, He said, GO! They ran violently into the pigs down the mountain and drowned.

Do Different Generations View Mental Health Differently?

Meanwhile, members are drowning as they sit in church suffering with mental health. Accordingly, many churches continue to reveal how unprepared they are to meet the need of its members as it pertains to mental health illness. Some Christian, who were once faithful members are now speaking out against the church due to the culture within the

church and their mental health condition which caused them to leave. More than 40,000 anonymous Christians had a heated discussion on a popular podcast station about how they were forced to suffer in silence while their family and evangelical churches members told them to pray away their issues such as anxiety, depression, and bipolar before ever receiving treatment. Some individuals on the line state not getting the needed help until becoming an adult. A teenager reported telling a Christian mentor they looked up to, how they saw shadows of people everywhere, heard voices, and I want to kill themselves. The mentor replied, and I was told Satan is fighting for my soul, and it's just spiritual warfare. In addition, said the mentor, I was instructed not to seek treatment because the psychologist works for the devil to pull people away from God. The teenager reported how the mentor so grossly downplayed their mental illness that they stop believing in God, start doing drugs, lost job after job, and went through 20 years of pain, before receiving treatment. The National Alliance on Mental Illness (NAMI) defines Schizophrenia, as delusion or hallucinations, and is often treated with medications and psychotherapy. In a 2014 study conducted by the Nashville-based research organization, Focus on the Family, and a family member of an individual diagnosed with schizophrenia, spoke about the lack of awareness and assistance available to Christians who seek out help within the church for mental illness. This study discovered why some pastor are hesitant to aid members suffering with mental illness; reasons were it takes too much time to talk about the issue with their congregation (Stetzer, 2016).

Summary

In summary, it is time the church talked about mental health in the pulpit. According to LifeWay's (2016) study pastors admitted 96% of the time never speaking to their church

about mental health concerns. Despite knowing family members, friends, parishioners, and even themselves, having suffered from mental health and/ or mental illness at some point in their lives. Sincere praise goes to Taraji P. Henson, Michelle Williams, and others who have come forward to demand a stop be place on the stigma around mental health and mental illness, from the door of the church to the corner on the street. It is totally acceptable to not be perfect and have it all together all the time. The church plays a dynamitic role in meeting the physical, spiritual, emotional, financial, socioeconomic, and many other needs of its parishioners, but when it comes to mental health/illness, serious and immediate conversations need to happen soon, for the state of the church' spiritual growth depend on it.

As faith would have it, most Christian with acute mental illness, including family members, pastors and individuals agree that anyone with mental illness can thrive spiritually (Lifeway, 2016). Between 15-20% of people with mental illness and their family members believe they can live a successful life as a Christian only if they are stable. About 28% of mental illness patients agree that this diagnosis hurt their ability to function like a Christian. Some individuals living with acute mental illness may be able to see themselves pushing –through difficult times and developing a rich spiritual relationship with God. While other individual's perspectives will become negatively affected by the illness until stability occurs.

The perspective our ancestor took from Africa to slavery, helped them to understand the seriousness of mental illness amongst its community's members. Some used voodoo, Serer, and Orisha to chase away the demons, while other sought God through prayer, praise and worship for deliverance from evil people and their intents. The church (pastors, leaders, elder, etc.) has always been associated with a place one can go to feel safe. People in the

church really trust their pastor with everything (their heart, secret, money, advice, who to

vote for, etc.) in without barriers. We find in Genesis 4:1-13 The New Living Translation

(NLT), Bible Gateway (1993), God asking Cain, "Where is your brother", and Cain

responding, "I don't know, am I my brother's keeper?" The hope here is that the response

from the church is, "Yes, I am my brother's keeper", the keeper of his/her heart, health

(both physical and mental), financial, emotional, support team in every way. Therefore, as

the parishioner continual to meet the needs of the church, likewise, the church should meet

the mental health/illness needs of its members. This challenge might call for Leaders to

look within themselves first and ask themselves, "Why are we not meeting the mental

health/illness needs of our members?" Fleming (2015) identified reoccurring themes in the

study of the African American churches and the broader health care system which provide a

future direction of research and practice relating to the African American church and

Mental Health.

Method

The Purpose of this Study

This study will focus on understanding the role played by the church, when meeting the mental health need of its African American parishioners. The goal is to understand the ways that the African American communities' holds faith, their positioning within the church, and the outside world, with a specific focus on the trust issues which have emerged based on historical health violence in our community. Attitudes and perceptions of church leadership and members around caring for parishioners with mental health issues, will be a part of the way that we construct better understandings of the potential new ways of attending to members with mental health issues.

RESEARCH QUESTIONS:

1. How do Church leaders and members perceive Mental Health needs?

2. What role does the church play in meeting the mental health needs of its members?

3. How do congregational norms influence relationships?

Participants:

- 6- Faith leaders (Deacons, Pastors, Associate Pastors, Elder)

- 6 members who self-identified as African Americans.

Instruments

Two protocols were developed in order to tap into Fleming's (2015) design of Trust and self-perceived role of African American ministers and the assistance in a place for members dealing with mental health issues. In addition, Fleming's questions were changed or modified to fit this study.

Screening Eligibility

By utilizing a modified replication of Fleming (2015) screening eligibility will be *used to determine if candidates can participate in the study (See Appendix A)*

Sociodemographic Data

By utilizing a modified replication of Fleming (2015), the sociodemographic data will be summarized to provide a description of the study subjects in terms of age, gender, racial/group, marital status, education, occupation, role in the community of faith and length of time subject has served their faith community. *All participants will be asked to complete the study's brief Sociodemographic form*

 (See Appendix C).

 Semi-structured interview protocol

The semi-structured interview includes a modified replication of Fleming's (2015) interview protocol. Fleming's study focused on health promotion, whereas this study will focus on mental health (See Appendix D).

The **Focus group interview protocol** includes a modified replication of Fleming's (2015) interview protocol. Fleming's study focused on health promotion, whereas this study will focus on mental health (See Appendix E).

Proposed Analysis The proposed analysis I will be using is the phenomenological research taken from "Qualitative Inquire and Research Design" Ch. 4 p. 59

Procedure

All interviews were conducted in-person on-site at a participating church site or a mutually agreed upon location within the Chicagoland area. The interviews were conducted by the researcher. Interviews lasted no more than one hour. The interviewer made an audio

recording of all the interviews, as well as took handwritten notes. All data was de-identified

and will not be linked to any specific person. Data from the audio recording was transcribed

and analyzed for key themes. Audio recordings, transcriptions, and handwritten notes will

be kept in the interviewer's personal computer and secure, password-protected file. All raw

data recordings, transcriptions, and notes will be destroyed within three year of the study's

completion date.

Focus groups interview

The focus group will take place at a site that is neutral or agreeable to all

participants. The focus group will be facilitated by the researcher. The focus group

session will last 60 minutes. The focus group leader will make an audio recording of

the focus group conversation. Assistances will take handwritten notes during the

focus group. All data will be de-identified and will not be linked to any specific

person. Names will not be part of the data collection. Data from the audio recording

will be transcribed and analyzed for key themes. Audio recordings, transcriptions,

and handwritten notes will be kept on the interview's computer with a secure,

password protected. All raw data recordings, transcriptions, and notes will be

destroyed within three year of the study's completion.

RESULTS

Both pastor and leaders should be a helper in the time of need – the philosophy of the

church comes into play as a philosophy people enact in trying to be helpful and supportive

of one another. There are several key beliefs that seem to be dominant

Lack of accountability

Across all the members and leaders within this participants' sample, it was found that there was full agreement that the church is not currently meeting the mental health needs of its members. There were several quotes to choose from on this issue, a few quotes are listed here to demonstrate the variety of issues that came up in their comments. For example:

> *"I really don't think we are equipped to deal with people who have mental health issues. I could speak for myself, if I have a member, that's a part of my dance ministry who is suffering from mental health. I wouldn't be able to, you know, lead her to the right direction in terms of the church, per se, to tell her…   call these people call that because it's not something that's really been discussed, or the light has been shed on so yeah I don't think we're equipped to handle that."* (KA – LEADER)

Some participants expressed the challenges associated with taking on mental health in the church. There were several comments that questioned whether the church should be responsible for the mental health needs of its members. One person described thinking that it is not the role of the church to provide this service, primarily because they do not have the training needed to do so:

> *"I mean you can't expect a couple people to be responsible for the whole church body. That's a stretch. I'd say it's not a responsibility. It's nice of them and it's great of them if they do, but also there's a lot of like, you don't want somebody to be like, "Oh, this is how I'm dealing with my problem I'm going to church for everything, because*

they might not be trained for all that." So, like, you don't want to put

like somebody's well-being mental well-being in the hands of

somebody who's not responsible and doesn't know what to do with

it." (MS - MEMBER)

One person mentioned the many factors that need to be considered when determining whether a church should provide mental health support, such as the unique dynamics associated with differing geographic places or whether any of the staff might need this service:

> **"***I mean I think the church should offer that to its congregants,*
>
> *because I mean we all face different traumas every day, whether it be*
>
> *going through a divorce, whether it be going through death, or just*
>
> *going through life in general even work. The church should offer*
>
> *some type of services to the congregation. But again, it's going to go*
>
> *back to the size of the church, the community that the churches where*
>
> *the church is located. Because if you have a church in a rural area*
>
> *like where I'm originally from down south. There's no one there, the*
>
> *closest person possible person to be trying to come to the church*
>
> *would probably be about 25 miles away, and that would be in*
>
> *Memphis, to have those clinicians to come on board so I mean, you*
>
> *have a spectrum that you could go to as far as when you're looking at*
>
> *the services that churches provide for you also have to look at where*
>
> *the churches are located. Because when you look at the city,*
>
> *especially in a city, and even in the suburbs. You may or may not*

have need of clinicians to meet the needs of the staff, so I mean, that's

still one of those vague things." (MB MEMBER)

Another participant acknowledged that services could be available even though it's not the main role of the church. The church is not necessarily required to provide mental health service because they are not trained as metal health experts, but it would be good for members to have a space for this when it's needed. Some people might need a platform for accessing mental health

"...out of their responsibility I would say that, um, they should make

service available. And, um, I don't think it's like their primary

responsibility, because they have other things, but I mean, it should

be a platform where they could get help.   ...But I don't think it's

their responsibility now." (PB - MEMBER)

One member of the study confessed that the pastor encourages us to relaying on our faith in God but should there comes a time when you need to talk to someone, other than God, something should be in place already.

"...some pastors think that, you know, to rely on God, which is the

fact, you do have to rely on that but in the instance so that you have

to have somebody set up in place for it to do that. They should have a

platform in user space should be able to come and speak to people

that would not normally go to seek help." (PM-MEMBER)

A leader quoted from their churches' mission statement, how they vowed to meet the need of the community and minister to the misery of many. Therefore, the role of their church is to help those with mental health issues.

"Absolutely. Part of our mission statement is to meet the needs of the

community and minister to the misery of the masses which is actually

an actual quote from our mission statement …

And so I think is definitely the church's role, to be able to actually

reach out to people who are having or, who have mental illness and

have avenue for them to reach God ,because I think sometimes they

can just get shoved away shoved off in like OH WELL"… (MD-

Leader)

A leader Admitted casting the cares of those with mental health need to the side and

forgetting about them and moving on with their acceptable crowd.

"Those who are, who lack, you know, mental health, we've forgotten

about them. And instead of bringing them along we've kind of thrown

them to the wayside, and we got our crowd so we all right". (EB –

Leader)

This pastor felt that when it comes to mental health, what his members need is a

plan on how to manage their money. They need to prioritize things.

"Get what we call a plan at first, with how to manage your money.

What is money, how to use your money, how to budget money, how to

prioritize the thing that you need…" (PW-Leader)

This leader speaks candidly on how real thing are with people in the church. She

goes on to say that the barrier will continue to be a factor because, in an African American

community they don't speak on mental health in the church.

"Yeah, sometimes I think we do need to go further, dig further into

what the real problem is sometimes I feel like we tend to generalize

everything and feel like we could treat everybody the same way

across the board so the barriers, I would say is to make sure don't

treat everyone, as a group, Make it individually.

...I do know that it's something that is definitely not something talked

about in the black African American community talks about. You

know, it's always something that we tend to push under the rug

because if someone has a mental issue problem. They, there are

crazy people…" (KA-Leader)

This leader is aware of the drug history and side –effect that has transition from the

streets to the church, yet they still don't have a mental health ministry or resources in place

within their church.

"I'm trying to think back. I guess this might be two years now. You

know, when I really started realizing that because of the drug history

of so many people that are in the churches now many of them have

side- effects and different issues. So, I think it still would come from

developing a strong department. You still got to have a psychiatric

and other mental health worker to help" (DG-Leader)

This leader stated, "You can't deliver people from mental health if you don't know

what you're dealing with." He goes on to say how this could be stemmed from marriage,

children and mental issues. So, it's important for the church to get down to the real issues

and fix them.

"When you're dealing with people who might have issues, it could be

marital problems, it could be, you know, children, they have problem

with the children. When you have a mental issue it goes more into,

like, how can we handle this? From a preview I think we have to all

go back and like learn what it was the issue is, and the church so that

way we can help them and grow them out of it. Because we could say

people need to be delivered, but you can't say they need to be

delivered. If you don't know what the real issues are. So, it's

important for us as a church to get down to the real issues and then,

and then fix it from that standpoint" ((EB-Leader)

This participant claims that after the pastor delivers the message (sermon) it's up to the members to have faith and receive their healing.

"The pastor doesn't need to, because if he gives a message,

he explains the message, people just have to have faith in the

message. You have to believe in the message…" (AS-

Member)

This Pastor believes that healing starts with hearing the word of God, which builds on your faith; that is the role of the leader.

"…A lot of them, they don't know where you're healing

starts. When you get faith come healing… hearing comes by

the word of god. You need someone to build you up in the

church…" (PW-Pastor)

One participant prefers the pastor over the deacon to educate them of the Bible due to be a stronger, more influential person when it comes to dealing with the effect of mental health.

"*If they're both strong believers in the Bible. They're both*

teaching the same message. So, it really doesn't make a

difference, whether it's the pastor or a member of the church

it could be a deacon. Some have better ways with words. But I

think the pastor, the church is probably the most influential,

and if I had to choose between the pastor and Deacon. I think

most, I think I choose to the pastor, because I think he would

have a stronger effect on people who. People who couldn't

deal with their mental health issues…" (AS-Members)

This leader state, that "If the pastor is uncomfortable talking about MH in the church, then the member needing the service won't receive it, because of the lack of transparency from the head of the church.

"...person in the pulpit. If you're not open if you can't be

transparent in the sense, without feeling like your goanna

lose your congregation or something's gone happen.

Someone's goanna thinks a certain way, I think. Then there's

goanna be a barrier because oftentimes when you have buy in

from leadership, it trickles down…" (MD-Leader)

This pastor is aware of the procedure within their church. Should a person come in seeking assistance for mental health services, there is nothing to offer them other than prayer to help them.

"More than likely he would just refer them to the pastor, and then the

pastor will referring to me, Dr. Guest, since I'm the clinical therapist,

and I know for certain in the pastor will refer him to corporate

prayer meetings, and then to have him to arrange his schedule to

meet with Dr. Guests in her office." (DG-Leader)

This member believes it's the responsibility of the church to seek out the variety of backgrounds within the church which can be utilized.

> *"Absolutely. The church has people who have variety of backgrounds, so it's the church responsibility to see what backgrounds there are within the church, and be able to, you know, utilize those individuals." (MW-Member)*

DOCTRINE

This member states their firm beliefs that when it comes to mental health the Bible is all one needs to be cured. He goes on to say how the Bible has been around for centuries curing people using just their faith.

> **"***First of all, when we say mental health concerns. There are passages inside of the bible that has cures, mental health has cured people in more ways than one. I don't think that anything is needed more than that. The bible has enough… The bile has been around for centuries. People have been cured of ailments just by belief."*
> *(AS- Member)*

A leader references a scripture from the Bible (Matthew 15:13) "anything not of God must be routed out… as he connects it with mental health.

> **"***We'll pray the issue away. If you never get to the root of a problem, you're not going to solve it. And anything is not like God must be routed out…" (EB-Leader)*

This member explains how there is evidence of some people having mental health needs in the church and needing deliverance from it. They continue with the reasons we all

choose to attend church and that's where a team of prayer and deliverance members come in.

> **"...**so those who are, they all have mental health needs. We all do as we go to church, right? And so, deliverance is just a process of whatever, if it's something specific, then it is prayed upon and cast out, however, is not just you know, one specific angle that we are aiming for when we go through a deliverance process. So, we all there's not just one specific person or anything of that nature. However, we have a deliverance team that specifically prays and provide deliverance for help with deliverance with the individual. "(MW- Member)

This member attempts to explain how the mental health ministry works at their church, adding the definition of a five-fold ministry, which includes the following: Pastors, teacher, apostles, evangelist, and Prophets.

> "We are fivefold ministry, and which counseling is a part of that process in which you know there's something that I need help with, they are able to help me mentally, physically, spiritually, and so I trust those who are in leadership, along with those who attend church, who are you know leaders who are able to counsel me in those areas." (MW-Leader)

This member talks about intervention and preventive measure that would be good to have in place should a member of his church be triggered by any unforeseen circumstances.

> "I mean, we never know what goanna trigger a person is. A person can be triggered not necessarily about what's said, but colors,

smells, sights, or sounds. So, it's very unlikely that we can prevent a

trigger. It's just that the trigger occurs, how we handle the trigger

once it happens to be able to help the person regulate to put him or

her back into a space where they feel safe." (MB-member)

Church Lacks Mental Health Resources

This member understands that funding can be a barrier to meeting the mental health

needs of the church, however, they also state that the church is not a mental health facility.

> **"**See, I think that if the church has the funds…   I think if they have
>
> *the funds. They should go and make an effort to provide programs, I*
>
> *don't think that it's mandatory because they are not a mental health*
>
> *facility." (MS-Member)*

This member mentioned how they believe it is the church's role to provide mental

health resources to its members as if they (the church was a mental health hospital.)

> *"They should play a major role in providing resources. If someone*
>
> *who has such as I stated it being a mental hospital. If somebody, if*
>
> *someone has these issues. The church should be a place where they*
>
> *are able to retrieve resources of what's needed and be able to get a*
>
> *list of things that they could do. And they, the church should be able*
>
> *to provide that assistance for them." (MW-Members)*

This participant strongly believes that using anything other than the Bible as a

mental health resources would be a great disservice to the truth and strength the Bible

holds, and that nothing else is needed.

> *"What role should the church play with providing members*
>
> *with the resources for mental health concerns? I don't think*

the church needs to provide any other resources, because that

would deflate the Bible, and its truth and strength…” (AS-

Member)

Stigmatization

One member states that addressing mental health requires a different approach from the therapist or church leader, if they don't want to people to think they're crazy and are serious about helping them.

> **“I'm sure that it requires a different approach because if the**
>
> *therapists or the church; we make people think that they're*
>
> *crazy. Chances are they will not be open to any kind of help.”*
>
> *(DG-Leader)*

This pastor is aware of the thoughts of not being understood and feeling of shame and looked at differently as members experiences within the church.

> *“...And a lot of people don't open up because they either feel*
>
> *shame. They feel nobody understand, or they feel like they're*
>
> *going look at me differently.” (PW-Leader)*

> *This member believes it's important to have a mental health*
>
> *department within the church otherwise, members just stop*
>
> *coming when times get hard. “I think it's very important*
>
> *because a lot I think it is an important issue, because a lot of*
>
> *members are going through like mental illnesses… … And*
>
> *sometimes people just stay away from church when they are*

going through situations instead of just coming." (MV-

Member)

Come as you

This Pastor said as believers, we need to be faithful hears of the word of God in order to become healed from whatever mental health aliments that are hunting you.

> *"Our job is to really, really hone in on being faithful hearers of the*
>
> *word so you can be delivered from whatever demon, whatever thing*
>
> *that hunted you, low self-esteem things, mental issue, and everything*
>
> *that arrived from your pass…" (PW-Leader)*

This leader reminds us of the role the church should take as it pertains to mental health in the church according to the actions Jesus took, which is to help everybody with and without mental health issues.

> *"...It is our role. We should be helping everybody. We say, come as*
>
> *you are. That's what the Bible says.   … Everybody, and everyone*
>
> *who He (Jesus) encounters; who had some former challenges, He*
>
> *healed them…" (KA-Leader)*

One leader shares their story of understanding mental health issues and the importance of not stigmatizing and running away from a loved one during their crisis.

> *"… I have a personal interest in this because my wonderful*
>
> *Jim, we have been talking to him and understanding his*
>
> *issues and not running away from his issues or not stigmatize*
>
> *and his issues…   I was able to help him adjust, he had*

terrible mood swing. He wanted to drive the car and run us

off the road…" (DG-Leader)

Solidarity

A leader states that if a person claims to be a Christian, their word and action always must match up to those of God.

> *"As a person I say you can't be one way inside the church and*
>
> *another way outside of the church, you straddle the fence. So, you*
>
> *have to be the same all the time. If you're going to, if you're going*
>
> *to be a discipline one, a Christian…*
>
> *… You have to be the same way." (FL-Leader)*

This leader's desire is to build relationships with the women in the church in order to combat backbiting and develop a chance to get to know one another.

> *"So that's why I want to build a relationship with the women at the*
>
> *church where we will get to know each other because then there is no*
>
> *backbiting and there is none of the talking about each other and it*
>
> *won't be all of this different stuff that goes on in the church. Once*
>
> *you once you build a relationship with each other." (FL-Leader)*

This leader states that his church's motto is unification, love and kind has he drawn you, which is the success of their organization.

> *"…. One quote was with love and kindness, have I drawn*
>
> *you. We have put our church in position where, which I love,*
>
> *everyone and our motto here is unification our survival is*

dependent and predicated on success to one another." (PW-

Leader)

A leader admits to empowering a member of her church to advocate on behalf of her son. The racial undertone from administrators and teachers, cause the parent to have a serious meltdown. After some coaching from the leader, the mother felt confident to address the school.

> *"Um, probably most recently, a young lady reached out to me. She*
> *was having issues with her son at school. And she really was melting,*
> *having a meltdown because she didn't feel confident enough to*
> *address like the administrators at the school or even some of the*
> *teachers and she felt like because she's in a suburban district, it there*
> *was some racial undertones. And like she really was losing it……*
> *just to give a little some more confidence about, you know, some of*
> *the things that she's seen where her son and what she needs to look*
> *for and that it doesn't matter if you don't feel as articulate as you*
> *need to be you are your child's advocate" (MD-Leader)*

One leader was taken by surprise as she and her husband vowed to care for her sister dealing with stage 4 breast cancer; when out of nowhere her sister confessed to thoughts of suicide.

> *"One time when my sister was living with me when she was going*
> *through breast cancer and she was living with Pastor and I   …But*
> *she told me that she had thought about suicide." (FL-Leader)*

One member that attends a church with mental health resources believes that solidarity is the key to building those up who lack spiritual knowledge.

"*…Yeah, those who lack spiritual knowledge to be able to assist in that just, you know, earthly knowledge and what they should tell someone.*" (MW-Member)

This leader acknowledges that due to the lack of mental health training within their church, she has witnessed members and visitors being handled roughly by security.

"*What I've noticed is that often times parishioners or even visitors who have mental deficiencies are met with a strong response like with security, being either removed or basically not really being met with the idea that maybe there is a mental incapacity.*" (MD-Leader)

A leader admits that due to interference from other people in the church, she was not able to deliver effective service to a member, because of the shame they left her with.

"*I was not able to lend the amount of Mental Health therapy that they required, not because I wasn't qualified, but because they would not receive it, because some of the other church members found out about their issues and they got involved with their opinion.   …other than them just opening for prayer…*" (DG-Leader)

Trust

This leader talked about establishing trust and a safe place to talk about mental health:

"*Well, we should definitely talk about it, establish that trust that safe place.*" (KA-Leader)

One leader discussed trusting members of her church on conditional bases. Her belief is that others would keep her information confidential, but on the other hand they are not equipped to handle the mental health needs of its members.

> *"I trust them in one way or the other. And I'll clarify that. So, I would trust them to offer their support and keep it confidential. However, I would not trust that it's the most effective way of dealing with it… I just don't think they're equipped to adequately help GENUIELY help the people I think it is more or less. Almost a checklist. Okay, I went to visit someone, so I prayed for him…" (MD-Leader)*

A member stated that she would prefer someone that she knows with faith, integrity, knowledge in the area of mental health and that is trustworthy.

> *"You want someone that you could trust that our faith trust somebody to have integrity. Someone who's knowledgeable in that area. And I want to say like a mature person is there." (MV-Member)*

This leader stated that she suffered in silence because she didn't trust anyone at her church to turn to. She admits not even feeling comfortable with her pastor to take her situation to.

> *"I am going through a situation, I would say that yes I did suffer in silence because I really didn't trust anyone within, you know, the higher at a certain level to help me. Yes, I did have my peers who will call and check on me and stuff like that. But to say to take it to another level. I didn't really see anyone that I would trust to take to another level. So, yes, I know, I know that there are people within our congregation that is suffering from mental health (KA-Leader)*

A member feels very strongly that "No one suffers in silence". He goes on to say, "That If they want to get better, they will get better. I don't care if it's mental health. If its sitting listen to psychologies or sitting listening to pastor, those people have to want to get better."

> *"No, no, no one sits in church suffering in silence I mean, if these people have a choice. If they want to get better, they will get better. I don't care if it's mental health. If it's sitting listen to psychologies or sitting listening to pastor, those people have to want to get better if they want to get better I think they can, but listening, following the rules that were given to you by God himself for you to live a life of prosperity, happiness, and to live the way he intended you to live. (AS-Member)*

My brother's keeper

A participant suggests reaching out to someone to get some help with mental health concerns when you're not feeling "okay"

> *"I would just tell them if you're not okay you tell somebody you're not; you just can't keep it to yourself because it makes it bigger." (PB-Member)*

This leader acknowledges the challenges that come with death and needing someone to talk with and is prepared to be there in that time of need.

> *"In case of death or something like that well you may need some help or talk to someone. Even have someone come to the house and speak to you." (MD-Leader)*

A leader receives the call from God to help the people in the community any way they can.

> *"I think God put us here to help the people in the neighborhood, and that's just what we're trying to do." (FL- Leader)*

Build it and they will come

This leader believes that when the church gets involved the rate of incarceration, homelessness, and many other issues that plague the urban community can be slowed down.

> *"And the reason why the church must get involved, is because we can slow down incarcerations. We can slow down, homelessness. We can slow down, many of the issues and problems that we have in there, as I will say in the urban areas, we can stop a lot of things if we had these programs within the church."* **(EB-Leader)**

A leader plans to implement group circles and individual sessions to offer prayer and support for people dealing with mental health.

> *"I considered just starting out… we have to offer pray every 2nd and 4th Saturday 12-1 for an hour. I have consider extended it to 30 minutes of prayer and then have a circle group session to cover group issues. That could possibly spring out into scheduled individuals where the people could feel more comfortable getting some individual support"* **(DG-Leader)**

A member admits the lack of mental health resources in his church and was inspired to return to school in order to receive a degree as a pastoral counselor in mental health ministry.

"...I mean, that's one of the things that that's what inspired me to go back to become a counselor is because the church that I belong to in the past we wanted to start a counseling ministry. He called it a counseling ministry, not only to help those in the congregation, but to help those in the surrounding communities as well" **(MB-Member)**

Demographic

Marital Status:	Educational level	Occupation:	Role in the community of faith:	Length of time served the faith community:
4–married 1-widow 7- single	6-Bachelor's in Arts 4 – Master's in Arts 2 – Doctors	1 retired clinical psychiatrist / Assistant Pastor 1 Chiropractor 1 Assistant Principal 1 Media Marketing Manger 1 Pastor/ Postal Worker Assistant Leader/Postal Worker 1 Assistant Teacher 5- Teachers	6- Leaders/Pastor 2-male leaders 4- female leaders 6- Members 2- male members 4-female members	- Both Leaders and members have served within the church anywhere from 2 - 47 years consecutively.

Discussion

The purpose of this exploratory study was to focus attention on understanding the role the African American church played when meeting the mental health need of its African- American parishioners. The goal is to comprehend the ways that the African- American communities' holds faith, their positioning within the church, and the outside world, with a specific focus on the trust issues which have emerged based on historical health violence in the community. Attitudes and perceptions of church leadership and members around caring for parishioners with mental health issues, will be a part of the way that we construct better understandings of the potential new ways of attending to members with mental health issues. This community engagement includes qualitative information drawn from the findings of the semi-structured interviews and a focused group that explores the lack of mental health in the church from the lived experiences of both members and leaders alike. Using the method of thematic analysis, nine themes emerged indicating experiences of roles the church play were identified as the following: Lack of Accountability, Doctrine, Church lacks Mental Health Resources, Stigmatization, Come as you are, Solidarity, Trust, My Brothers' Keeper, and Build it and they will come. This investigation and analysis are fashioned towards decoding the context and large missing encounters of Christians suffering in silence due to the stigma from the church and outside world.

After uploading my transcripts to a software called QDA miner life, I imported my research questions, and started coding. When I was done with the last transcript, I realized I had over 43 codes which made it impossible for me to categorize them. So, I regrouped those using similar meanings or phases and re- recoded them which gave me with 17. Using the frequency code function on the QDA miner life, my finding was the following:

Table 2:   Axial Coding

Code	Count	Cases	% of codes
Church lack mental health resource	17	9	81.1
Mental health issues take more than prayer	21	9	81.1
Let's pull together and help each other	53	9	81.1
Educate the congregation on mental health	33	9	81.1
Trust shouldn't be an issue in church	21	8	72.7
Build it and they will come	21	8	72.7
Stigma regarding mental health in the church	16	8	72.7
The church isn't equipped to handle mental health	14	7	63.6
Lack of accountability from leaders	17	7	63.3
Believe God to fix everything	26	7	63.6
Be a support system	13	7	63.6
We are one in Christ	19	7	63.6
Acknowledge there is a problem	23	6	54.5
Members suffer in silence from mental health	7	5	45.5
Build faith in the word of God	7	4	36.4
Pastor don't meet the mental health needs of members	5	3	27.3
Jesus said come as you are	4	2	18.2

Themes and theoretical model

   Using grounded theory, the codes were categorized and code into a hierarchy theme. The researcher went about this by taking the highest frequency codes and ordered them within the hierarchy, and then continued to the next highest code, until all codes were under a hierarchy, creating the themes.

Table 3: Themes from coding

Codes: Cases		Count	%
Let's pull together to help each other	-53	9	81.1
- Trust shouldn't be an issue in the church	-21	8	81.1
- We are one in Christ	-19	7	63.6
- Be a support system	-13	7	63.6
- Jesus said come as you are	4	2	18.2
Educate the congregation on MH	-32	9	81.8
- Stigma regarding MH in the church	-16	8	72.7
- The church isn't equipped for MH	-14	7	72.7
- Lack of accountability from the Leader	-17	7	72.7
MH issues take more than just prayer	-21	9	81.8
	-4	7	63.6

- Build faith in the word of God - Pastors don't meet the needs of its members	-3	5	27.3
Church lacks MH resources	-17	9	81.8
- Build it and they will come	-21	8	72.7
- Believe God to fix everything	-26	7	63.6
- Acknowledge there is a problem	-23	6	54.4
- Members suffer in silence	-5	7	45.5

This chart was developed as codes were being categorized into groups of similarity

and meaning according to participants interviews.

Table 4: Hierarchy of Codes

Church doesn't meet the mental health need of its members.	Believers should be a Helper in the time of need	Love your neighbor as you love yourself	The church should take the position on building a Mental Health ministry
Lack of accountability from the Leader	Let's pull to together to help each other	Members suffer in silence	Church lacks MH resources
Pastors don't meet the needs of its members	Be a support system	MH issues take more than just prayer	Build it and they will come

The church isn't equipped for MH	Believe God to fix everything	Stigma regarding MH in the church	
We are one in Christ		Trust shouldn't be an issue in the church	
Acknowledge there is a problem		Jesus said come as you are	
		Educate the congregation on MH	
		Build faith in the word of God	

As I listen to the hearts and lived experiences of my participants, during and after their interview, they confirmed a hypothesis about the role the church is playing when it comes to helping its African America members with their mental health needs. This Phenomenological approach was in lined with the reason Taraji p. Henson (A famous movie star) exposed to the world how she struggled with mental health, and therefore started a foundation in her father's name (Boris Lawrence Henson), who was a Vietnam War Veteran. He too suffered from mental health issues upon his returned back to civilian life. Taraji started a campaign that encourages African Americans in underserved communities to reach out to her company for free assistance with mental health resources. Michelle Williams, also famous (for her singing with Destiny's Child) opened up to talk about her challenges with mental illness and the many time she has checked herself into a mental hospital due to life's' pressures. It is implied that the message both ladies want to send is, "It is Okay, Not to Be Okay", so get some professional psychological help when needed. This mental health pandemic has no boundaries, zip code, regions, color preference or educational level. It has hit the famous and the not so famous. Individuals in the church, on Wall Street, and in the street. There is also a strong correlates with literature from the

following articles: Pew Research Center, LifeWay Research Center, and FactandTrend

Research Center as they conveyed the lack of involvement pastor partake as it pertains to

the church around mental health.

Table 5: It's time we talked about Mental Health (Illness)
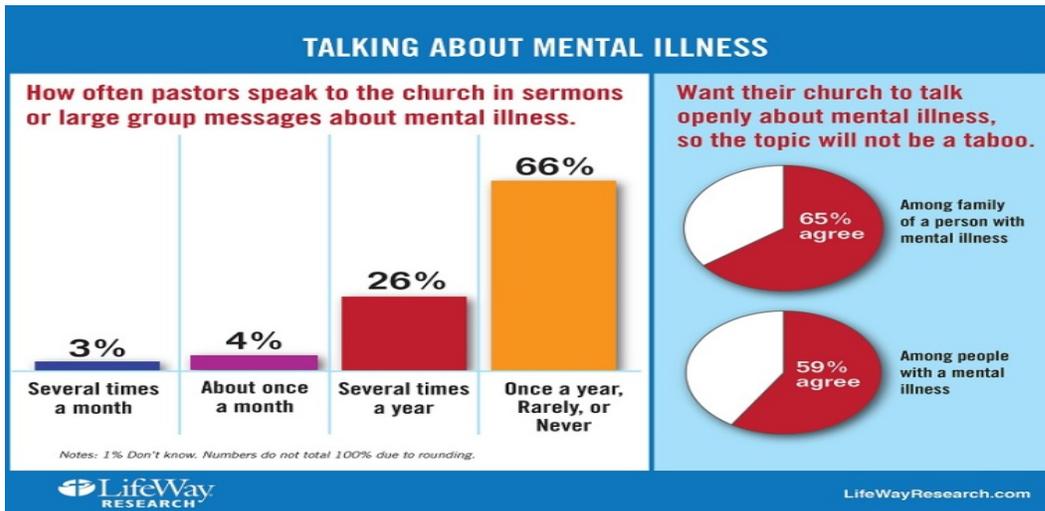
This chart was taken from a research study conducted by LifeWay in 2018. It

articulates 100 % of my participants voices, lived experience, and desires of have open

dialogue about mental health issues from the pulpit. Out of the twelve participants

interviewed, only one person attends a church with mental health resources available to

members. The other eleven participants, pastors and leaders included, agree that mental

health (Illness) should be a conversation taking place in the church now more than ever.

It was a pleasure visiting the church of one of my participants. He (a pastor) spoke

openly from the pulpit about mental health, but in a jokingly manner, therefore, the

members laughed as well. One can only Image how powerful his ministry would be and

how many people he could healed and delivered from this illness if he wasn't afraid of

losing members, and just start having serious conversations about this issue. He has planted

the mental health seed, now all he has to do is water it (by have serious conversations about

mental health/Illness), so those (if any) are suffering in silence from this debilitating condition can receive the necessary treatment they have been waiting for.

Limitations of the study

Information worth noting from these participants' interviews was, the church has fallen so far from the foundation in which it was founded upon for example: Love your neighbor…

- 1 in 12 people talked about love; LOVE is the number one commandment God instructed people to live by. It is understandably clear of why people suffer in silence from mental health and maybe for this reason.

- The church does not meet the mental health needs its members encounter daily, whether its work, relationship, family, even themselves and the deep-rooted issues they continue to carry annually.

- Pastors are not equipped or trained to deal with the mental health concerns of members.

- According to 99% of the participants in this study, they believe there are many barriers, as to why the church is not meeting their needs (i.e., funding, training, unconcerned, lack of responsibility, takes too long to talk about, and growing the church's' capacity to name a few). Also, some of the churches may not have the resources, such as the train experts in the field of mental health to counsel, the members.

- Trust plays a very important barrier as well. Even though the pastors of the church may know where to find the answers, and the answers lie in the Bible, pastor refuse to acknowledge the possibility of members in their congregation maybe dealing with mental health problems.

- One member mentioned how her pastor acknowledged all the veteran in the church, by asking them to stand up, one Sunday for Veteran's Day. Those who have fought in a war and those who didn't, five minutes later he talked about helping to rehabilitating newly released prisoners. It was implied that her pastor missed a great opportunity to speak from the pulpit on mental health and how the church could be of service to those needing assistance.

- 1 in 12 participants spoke about pastor having a mental health platform to decompress when they become overwhelmed from praying for other, listening to other people problems, visiting the sick and shut-in (jail) etc.

Recommendations for future

1. Implement mental health resources within the church

2. Invest in mental health training for the entire church

3. Speak openly from the pulpit often and authentically

4. Create a safe place where member trust one another.

5. Acknowledge mental health is real in and out of the church and our families

6. Consider making every Saturday morning a church wide workout day

7. Stop shaming and shunning people- mental health issues, it doesn't mean a person is crazy.

8. Stop making people the brunt of your jokes, then say, I was just kidding

9. Allow people to be themselves, encourage others often

10. It is okay, not to be okay. Seek psychological help if needed

Implications for Practice/Policy

"Depression was once a topic reserved for 'other people,'' LifeWay President and CEO Thomas Rainer wrote in a Facts & Trends issue on mental health. "The truth is, pastors are as likely as other Americans to experience mental illness. However, our research indicates most pastors rarely talk about mental illness in sermons or other large group messages. In many ways, the church, the supposed haven for sufferers, is not a safe place for mental illness. For the stigma of mental illness to be broken, there must be direct, transparent speech from Christian leaders. We need more open dialogue in the church" (Stetzer, 2018).

During a press conference Ed Stetzer from LifeWay (2018) release the findings to a research study on the lack of accountability pastors have when speaking openly from the pulpit on mental health and Illness. Stetzer noted that mental health experts found the existence of stigma is real and felt inside the church. Maybe they (the church) believes that you should have your issues taken care of before joining their organization. Which is the furthest from the truth; the stigma remains, and the stigma is still problematic in congregations. De-stigmatization is still a work in progress. The reason is for pastors and church leaders to speak more frequently on this issue is because, when it comes to churches, sermons break stigmas. (Stetzer, 2018)

A person dealing Mental health and mental Illness issues should be treated and seen the same, and that's with dignity, respect, Love and kindness. As the bible tells us, "Be careful how you treat people because, you may be entertaining an angle from God. quest for the church and communities at large is the following: let's move pass the whispering, the backbiting, the silence, stigma and shame we place upon people because

they don't look like you, shop at the same stores as you or even come from a neighbor similar to yours. Instead try understanding and conveying to other how Jesus came seeking, saving, and serving the broken and lost at ever cost.

Ninety-nine percent of my participants agreed that there needs to be a demand placed on pastors of churches without mental health/Illness resources, because there is a great need for counseling for members. In addition, implementing conversations on this subject sooner than later is imperative for the survival so those sitting in the pews suffering in silence. While the members of the congregation are meeting the needs of the church, by help to pay off the building, fund mission trip, purchase airplanes, and help other church get started, than in return, It is subservient of pastors to be responsible and meet the mental health and Illness issues of its members by implementing some sort of mental health/Illness blueprint as soon as possible. Not having something in place, in this day and time is irresponsible, and unpardonable, pastors should be held accountable for their actions.

References

A., S. R. (2000). The Influences of Race, Ethnicity, and Poverty on the Mental Health of Children. *Journal of Health Care for the Poor and Underserved, 11(1)*, 100-110.

Amy, S. (2014, 12 2). *Breaking the Silence:*. Retrieved from How your church can respond to mental Illness: http:// factsandtrends.net/2014/12/02/breaking-the-silence-how-your- church-can-respond-to-mental-illness/

Andrew, M. M. (2002). *The Center for African American Ministries and Black Churches Studies.* Retrieved from An Encycclopedia of African American Christian Heritage.

Asomugha, C. N. (2011). "Faith-based organizations, science, and the pursuit of health. *ournal of health care for the poor and underserved 2.1*, 50.

Blank B. Michael.Mahmood Marcus., F. J. (2002, 10). Alternative Mental health Services:. *The Role of the Black Church in the South, 92*, 1-10.

Blazer. (2011). *Religion/Spirituality andDepression: What Can We Learn From Empirical Studies?* Retrieved from http://ajp.psychiatryonline.org/article.aspx?articleID=181239

Bopp, M. a. (2013). A. Fallon. "Health and Wellness Programming in Faith-Based Organizations A Description of a Nationwide Sample." Health promotion practice . 14.1 ,122-131.

Brown R. Diane., G. E. (n.d.). Religious Involvenment and Health Status Among African-American Males. *86*, 825-831.

Brown, D. &. (n.d.). Religious Involvement and Health Status Among African-American Males. *Journal of the National Medical Association, 86, NO.11*, 825-931.

Calhoun-Brown, A. (2013). Upon This Rock: The Black Church, Nonviolence, and the civil Rights movement. *Cambridge university Press*, 169-174.

Campbell, M. K. (2007). "Church-based health promotion interventions: evidence and lessons learned. *Annu. Rev. Public Health*, 28 : 213-234.

Carter-Edwards, L. e. (2012). "Pilgrimage to wellness: an exploratory report of rural African American clergy perceptions of church health promotion capacity. *Journal of prevention & intervention in the community*, 40.3 : 194-207.

Chae. (2011,2001-2003). Racial Microaggressions Against African American Clients in Cross-Racial Counseling Relationships. *Journal of Counselng Psychology*, 54(1), 1-16.

Chae, 2. M. (n.d.). Racial Microaggressions Against African American Clients in Cross-Racial Counseling Relationships. . *Journal of Counseling Psychology, 54(1),*, 1-16.

Chae, D. H. (2011). Discrimination, attribution, and racial group identification: Implications for psychological distress among Black Americans in the National Survey of American Life (2001-2003). *American Journal of Othopsychiatry 81(4)* , 498-506.

Dana, J. (2018, January 18). *The Cougar.* Retrieved from We Must safeguard the refuge offered by black chruches : http://thedailycougar.com/2018018/18/strategy-destroying-haven/.

David, M. (2018, 2 7). *5 Facts about the religious lives of African Americans.* Retrieved from http://www.pewresearch.org/fact-tank/2018/02/07/5facts-about-the-teligious-lives-of -african-americans/.

Ed, S. (2014, 9 22astors-congregants-suffer-from-mental-illness). *1 In 4 Pastor & Congregants suffer from mental illness*. Retrieved from Facts & Trends: http://factsandtrends.net2014/09/22/1-in04-

Ed, S. (2014, 12 2). *Isn't it time we talked about mental health?* Retrieved from Facts & Trends: http://factsandtrends.net/2014/12/02/isn't-it-time-we-talked-about-mental-health

Editors, H. (2019, July 13). *Nat Turner executed in Virginia*. (A. T. Networks, Producer) Retrieved from https://www.history.com/this-day-in-history/nat-turner-executed-in-virginia

Ellison, C. (1983). Spiritual Well-Being: Conceptualization And Measurement. *Journal of Psychology and Theology, 11,NO, 4*, 330-338.

Hamm, N. (2012). Black Folks and Mental Health: Why Do We Suffer in Silence? . *American Psychological Association.*

Henson, T. P. (n.d.). *nfo@borislhensonfoundation.org*. Retrieved from nfo@borislhensonfoundation.org: nfo@borislhensonfoundation.org

Heritage, A. (2014, May 15). *Afrikan Heritage Mag 2010*. Retrieved from Our African heritage: ourafricanheritage@yahoo.com

Ian, H. (2013, November). *Sense fo Community in Churches: A Practical Theological Perspective.* Retrieved from Crucible Theology & Ministry: www.crucible.org.au

Ian, H. (2013, 11). Sense of Community in Churches:. *A practical Theological Perspective*, pp. 1-13.

Jackson, V. (2002;, March 20). "In Our Own Voices: African American Stories of Oppression, Survival and Recovery in the Mental Health System,". *University of Dayton Medical Journal*. Retrieved from https://academic.udayton.edu/health/01status/mental01.htm:

James, L. C. (1984). *The Black Church & The Black Male.* Atlanta Georgia.

Jamilah, P. (2018, 08 29). *HuffPost*. Retrieved from The Black Church Cannot Pray Away Mental Illness: https://www.huffpost.com/entry/opinion-black-church-therapy_n_5b86957ee4b0162f471e398d

Kaplan, S. A. (2006). The role of faith-based institutions in addressing health disparities: a case study of an initiative in the southwest Bronx." . *"Journal of Health Care for the Poor and Underserved 17.2*, 9-19.

King Davis, P. J. (2018, May 1). 'Blacks Are Immune From Mental Illness. *Psychiatric News,*. Retrieved from , https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2018.5a18;

Koenig, H. G. (2009). "Research on religion, spirituality, and mental health: A review.". *Canadian Journal of Psychiatry 54.5* , 283-291.

Law et al. (2009). *The Effects of Church Attendance and Marital Status on the Longitudinal Trajectories of Depression Mood Among older Adults*. Retrieved from Http://jah.sagepub.com/content/21/6/803

Lifealth beth . (2017). Retrieved from https://www.lifealth.com/health-news/mental-illness-may-be-passed-to-the-next-generation-study-sd/52198/

Lincoln et al. (2011) . (2011).

Mezuk, B. e. (2010). "Reconsidering the role of social disadvantage in physical and mental health: stressful life events, health behaviors, race, and depression. *" American journal of epidemiology 172.11*, 1238-1249.

Mitchell Jim., W. D. (2000). Beyond church attendance:. *Religiosity and mental health among rural older adults*, pp. 37-54.

Monnica, W. T. (2013, June 30). *Psychology Today*. Retrieved from https://www.psychologytoday.com/us/blog/culturally-speaking/201306/how-therapists-drive-away-minority-clients

Nedha. (2011, February 19). *Difference Between Mental Health and Mental Illness*. Retrieved from htp://www.differencebetween.com/difference-between-mental-health-and-vs-mental-illness/

Osei, I. (2018, Jan 5). *Afraka*. Retrieved from https://afraka.com/ 01-05-2018

Pinter, L. c. (2000, Spring). *Assessment of Spirituallity in Counseling*. Retrieved from Business -ProQuest: https://search.proquest.com/business/docview/218954574?accountid=40898

Pitts, J. (2018, 08 29). *The Black Church Cannot "Pray Away" Mental Illness*. Retrieved from HUFFPOST: https://www.huffpost.com/entry/opinion-black-church-therapy_n_5b86957ee4b0162f471e398d

Randy, J. (2018, 5 1). *13 Stats on Mental Health and The Church*. Retrieved from Facts & Trends: http://www.factsandtrends.net/2018/05/01/13-states-on-mental-health-and-the-church-/

Smith et al. (2003). *Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events*. Retrieved from Http://Psychnet.apa.org/journals/bul/129/4/614

Stetzer, E. (2016, 05 26). *The Exchange*. Retrieved from The Christian Struggle with Mental Illness : https://www.christianitytoday.com/edstetzer/2016/may/christian-struggle-with-mental-illness.html

Steven Gilman, E. K. (2017). National Institute of Child Health and Human Development in US: Traumatic exposures during pregnacy can have negative effects on offsprings. *JAMA Psychiatry*.

Taylor., J. R. (2014, 12). African American Religious Paticipation. pp. 1-24.

Thom, R. S. (2014, 11 20). *Pastors Experience Depression, Too*. Retrieved from Factsandtrends: http://www.factsandtrends.net/2014/11/20/pastors-experience-depression-too-2/

Tinson, N. (2013, October 8). *Congressional Black Caucus Foundation/ The Village*. Retrieved from http://www.cbcfinc.org/thevillage/2013/10/08/the-role-of-the-black-church-in-creating-change/

U.S. Department of health and Human Services. (2001). Racial/ Ethnic Difference in Stigma and Attitude toward Seeking Psychological Help.

Umeh, U. (2019, March 11). *Mental Illness in Black Community, 1700-2019: A Short History*. Retrieved from https://www.blackpast.org/african-american-history/mental-illness-in-black-community-1700-2019-a-short-history/

Urenna. (2018, 02 28). *Afraka.com*. Retrieved from Afraka.com: https://howafrica.com

Wikipedia.org. (n.d.). Retrieved from https://en.wikipedia.org/wiki/History_of_Africa

Williams, M. T. (2013, June 30). *How Therapist Drive Away Minority Clients*. Retrieved from Psychology Today: https://www.psychologytoday.com/us/blog/culturally-speaking/201306/how-therapists-drive-away-minority-clients

Appendix A

Screening Eligibility

Drawing from Flemings (2015) study

1. Do you live within the Chicagoland area?
Intent: Receive basic information, warm participants up to interview

2. Are you currently serving or working with a community of African American faith -
based members within the Chicagoland area?
Intent: Determination of eligibility. Intent: We are interested in interviewing persons who
serve the residents within the Chicagoland area

3. Are you currently serving a community of faith whose members are majority Black
or African American?
Intent: We are interested in interviewing persons who serve the majority Black or African
American communities of faith. If answered "yes" to the previous question and this
question the individual may be eligible to participate in the study.

4. How long have you worked or served members in the Chicagoland area?
Intent: We are interested in people who have served the target communities for at least 2
years. It establishes that a person has knowledge of the community.

Appendix B   **Informed Consent Observation Interview**

My name is <u>Lisa Sutton</u>, and I am a <u>Ph.D. Candidate </u>at National Louis University. I am asking you to participate in this study, **"**<u>What Role does the Church Play When Meeting the Mental Health Needs of it's African-American members</u>**",** occurring from **02-2020 to 04-2020**. The purpose of this study is to see what role (if any) the church plays with meeting the mental health needs of its parishioners. By utilizing a modified replication of Fleming (2015), this study will seek to understand the trust, beliefs, values, and experiences of pastors/ faith leaders and members serving many African American churches in the Chicagoland area.

By signing below, you are providing consent to participate in a research project conducted by

<u> Erika Mingo</u>, assistant professor, at National Louis University, Chicago.

Please understand that the purpose of the study is to explore the role pastors/leaders play when meeting the mental health needs of its African American members. Participation in this study will include:

- 6- Faith leaders (Deacons, Pastors, Associate Pastors, Elder) and 6 members who self-identified as African Americans. Congregation with memberships that is predominately African- American for semi-structured interviews and 1focus group interview.
    - o Interviews will last up to 60 min. and include approximately 10-13 questions to understand the trust, beliefs, values, and experiences of pastors/ faith leaders and members serving many African American churches in the Chicagoland area.
    - o Interviews will be recorded, and participants may view and have final approval on the content of interview transcripts during the winter and spring of the 2020 academic year.
- Assisting today is Asantewaa Beasley, Shelia Holmes, and Victoria Moreman. You've probably noticed the microphone. We're tape recording the session because we don't want to miss any of your comments.
    - ▪ People often say very important things in these discussions, and we can't write fast enough to get them all down.
    - ▪ We will be on a first-name basis today, and we won't use any names in our report. You may be assured of complete confidentiality. All raw data recordings, transcriptions, and notes will be destroyed on or immediately after June 20, 2023.

Your participation is voluntary and can be discontinued at any time without penalty or bias. The results of this study may be published or otherwise reported at conferences. Your contribution to this study gives better understanding to an issue that is critical for future communities. Participants' identities will in no way be revealed (data will be reported anonymously and bear no identifiers that could connect data to individual participants). To ensure confidentiality the researcher will secure recordings, transcripts,

and field notes in a locked cabinet in her home office. Only <u>Lisa Sutton</u> will have access to data.

There are no anticipated risks or benefits, no greater than that encountered in daily life. Further, the information gained from this study could be useful to Mental Health Organizations and Pastors of churches who may be interest in implementing a Mental Health Ministry within their church.

Upon request you may receive summary results from this study and copies of any publications that may occur. Please email the researcher, lsutton@my.nl.edu to request results from this study.

In the even that you have questions or require additional information, please contact the researcher, at 708 408 3163, or lsutton@my.nl.edu.

If you have any concerns or questions before or during participation that has not been addressed by the researcher, you may contact Dr. Bradley Olson; email; Bradley.Olson@nl.edu the Co-chairs of NLU's Institutional Research Board: Dr. Shunti Knauth; email: Shaunti.Knauth@nl.edu; phone: (312)261-3526; or Dr. Kathleen Cornett; email: Kcornett@nl.edu; phone (844)380-5001. Co-chairs are located at National Louis University, 122 South Michigan Avenue, Chicago, IL.

Thank you for your consideration.

Consent: I understand that by signing below, I am agreeing to participate in the study (What Role does the Church Play When Meeting the Mental Health Needs of it's African-American members). My participation will consist of the activities below during 60 minutes time period:

- 6 Interviews lasting approximately 60 minutes each
- 1 focus group

Participant's Signature: _____   Date: _____

Researcher's Signature: <u>Lisa A. Sutton</u>   Date: _____

Appendix C

Sociodemographic Data

By utilizing a modified replication of Fleming (2015), the sociodemographic data will be summarized to provide a description of the study subjects in terms of the following:

- o Age: _____
- o Gender: _____
- o Racial/Group:

   _____

- o Marital Status:

   _____

- o Education:

   _____

- o Occupation:

   _____

- o Role in community of faith:

   _____

   _____

- o Length of time subject has served their faith community:

   _____

Appendix D

Semi-Structured Interview Protocol and Questions

Semi-structured interview Facilitator: Hello, my name is _____. Thank you for agreeing to participate in this study/conversation. This study will help us understand the role of faith leaders/trusted messengers in the promotion of mental health in the African American community. Health organizations perceive that faith leaders are trusted messenger as it pertains to the health and well-being of the community. We are interested in knowing how you perceive yourself relative to promoting mental health. We'd also like to hear your wisdom regarding ways that health organizations can support faith leaders in the role of health promotion, especially mental health.

I will begin by asking a few screening questions to determine your eligibility for the study and then ask you to read and sign an informed consent form. The study includes an interview and completion of a brief sociodemographic form. You are being asked to participate in the **Semi-Structured interview** and complete a brief sociodemographic form. The interview will be recorded and transcribed so that your response can accurately be capture and write a final report of the findings. All data will be de-identified. You will not be named in the report and none of the answers to the questions will be attributed to them. Questions will focus on the following:

Question for Members of the Church

1. What role does the church play when meeting the Mental Health needs of its African American Parishioners?

2. Would you feel comfortable with members of your church family offering counsel in a time of need?

3. Consider those who work in the mental health field, as well as those who do not.

4. In many instances' pastors have not been active in helping members of their congregation attend to mental health issues, why do you think this is?

5. What role should the church play with providing members with resources for mental health concerns?

6. If the church provided services do you believe that members in need would be open to group sessions or individual counseling?

7. If a member decided to participate in counseling in your church, how important would it be to notify them if they were to be counseled alongside members with mental illness?

8. Do you believe it is the church's responsibility to treat its members dealing with Mental Health concerns?

9. Who would you prefer to receive guidance in reference to mental health treatment, from the pastor/ leader of the church or a member of the church that works in the field?

10. What barriers do you foresee in reference to implementing mental health into your church, if it's not already there?

11. How would you feel about starting a Mental Well-being ministry at your church? What would that look like to you?

12. Given the mistrust that some African Americans have with health care professionals, based on historic abuse such as the Tuskegee Experiment and other concerns, what advice would you offer people (if any) on seeking- help for mental health concerns?

Questions for Pastor/Leaders

1. How equipped are members of the church, who may be the first point of contact with members in need, to deal with people challenged by mental health issues?
2. What are the barriers to treating members of your congregation that have mental health issues?
    a. Does this kind of work require a different approach than counseling those without mental health issues?
    b. Do you trust members of the church who are Mental Health professionals to counsel your members?
3. Do you feel confident in your knowledge of mental health issues?
    a. Can you share a story about a time that you encounter a member in need of mental health support?

4. How would you feel about starting a Mental Well-being ministry at your church? What would that look like to you?

5. Do you believe it is the church's role to deal with people with mental health?

6. What barriers do you foresee with discussing Mental Health in the pulpit? What are you willing to do to remove the stigma around Mental Health?

7. What advice would you offer to others (if any) on seeking- help for mental health concerns?

<u>Appendix E</u>
<u>Focus group protocol</u>

Hello, my name is <u>Lisa Sutton</u>, I am a doctoral student at <u>National Louis University in</u> <u>Chicago, Illinois.</u> I am currently working on collecting data for my dissertation research study. I would like to first thank each of you for attending this focus group. You were invited to participate in today's focus group because you are either the Head pastor of your church, a faith leader or member of an African American faith-based church. Often the pastor is asked to bring messages about health or healthy behaviors to their members. We want to know more about what your experience with this has been and how you perceive yourself as a trusted leader, or from the viewpoint of a member as it pertains to mental health concerns. In order to participate in the study, you must identify with one of the following:

1. Head pastor (one who can make discussion), leader of a church serving faith communities in the Chicagoland area

2. Who is serving the majority African American faith congregation and has served for at least 2 years.

3. Member of an African American church

 This focus group should take 60 minutes. Assisting me today is Asantewaa Beasley, Shelia Holmes, and Victoria Moreman. You've probably noticed the microphone. We're tape recording the session because we don't want to miss any of your comments. People often say very important things in these discussions, and we can't write fast enough to get them all down. We will be on a first-name basis today, and we won't use any names in our report. You may be assured of complete confidentiality. All raw data recordings, transcriptions, and notes will be destroyed on or immediately after June 20, 2020.

There are no wrong answers but rather different points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positives comments, and at times the negatives comments are the most helpful.

We've placed name cards on the table in front of you to help us remember each other's names. Let's find out some more about each other by going around the table. Tell us your name and favorite ice-cream. Questions will focus on the following:

Question for Members of the Church

1. What role does the church play when meeting the Mental Health needs of its African American Parishioners?

2. Would you feel comfortable with members of your church family offering counsel in a time of need?

3. Consider those who work in the mental health field, as well as those who do not.

4. In many instances' pastors have not been active in helping members of their congregation attend to mental health issues, why do you think this is?

5. What role should the church play with providing members with resources for mental health concerns?

6. If the church provided services do you believe that members in need would be open to group sessions or individual counseling?

7. If a member decided to participate in counseling in your church, how important would it be to notify them if they were to be counseled alongside members with mental illness?

8. Do you believe it is the church's responsibility to treat its members dealing with Mental Health concerns?

9. Who would you prefer to receive guidance in reference to mental health treatment, from the pastor/ leader of the church or a member of the church that works in the field?

10. What barriers do you foresee in reference to implementing mental health into your church, if it's not already there?

11. How would you feel about starting a Mental Well-being ministry at your church? What would that look like to you?

12. Given the mistrust that some African Americans have with health care professionals, based on historic abuse such as the Tuskegee Experiment and other concerns, what advice would you offer people (if any) on seeking- help for mental health concerns?

Questions for Pastor/Leaders

1. How equipped are members of the church, who may be the first point of contact with members in need, to deal with people challenged by mental health issues?
2. What are the barriers to treating members of your congregation that have mental health issues?
   a. Does this kind of work require a different approach than counseling those without mental health issues?
   b. Do you trust members of the church who are Mental Health professionals to counsel your members?
3. Do you feel confident in your knowledge of mental health issues?
   c. Can you share a story about a time that you encounter a member in need of mental health support?

4. How would you feel about starting a Mental Well-being ministry at your church? What would that look like to you?

5. Do you believe it is the church's role to deal with people with mental health?

6. What barriers do you foresee with discussing Mental Health in the pulpit? What are you willing to do to remove the stigma around Mental Health?

7. What advice would you offer to others (if any) on seeking- help for mental health concerns?