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A Phenomenology of Mental Health Practitioners' Experiences With Low-Income Black Youth Seeking Mental Health Support in Massachusetts

Audrey A. Spataro
audreyanne.spataro@gmail.com

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A Phenomenology of Mental Health Practitioners' Experiences With Low-Income Black
Youth Seeking Mental Health Support in Massachusetts

by
Audrey Spataro

An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
and School of Criminal Justice in Partial
Fulfillment of the Requirements for the
Degree of Doctor of Education

Nova Southeastern University
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This applied dissertation was submitted by Audrey Spataro under the direction of the persons listed below. It was submitted to the Abraham S. Fischler College of Education and School of Criminal Justice and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Charlene Desir, EdD
Committee Chair

Lisa J. Carbone, EdD
Committee Member

Kimberly Durham, PsyD
Dean

Statement of Original Work

I declare the following:

I have read the Code of Student Conduct and Academic Responsibility as described in the *Student Handbook* of Nova Southeastern University. This applied dissertation represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

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Audrey Spataro _____
Name

August 14, 2023 _____
Date

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I would like to pass on words of encouragement for any student, faculty, professor, and anyone in the education field. Everything you do makes a difference, you won't always know your impact in the moment, big or small, truly thank you for being you.

Abstract

A Phenomenology of Mental Health Practitioners' Experiences With Low-Income Black Youth Seeking Mental Health Support in Massachusetts. Audrey Spataro, 2023: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education and School of Criminal Justice. Keywords: low income, black youth, mental health seeking, phenomenology

Prior research and recent statistics regarding Black youth help-seeking behaviors, use, and access to mental health services suggest that those students with the greatest need for mental health services cannot access them or experience barriers to access. Although educational stakeholders have supported implementing and using school-based mental health services to promote students' overall access to services, low-income Black youth are still underserved. Therefore, additional research was warranted exploring the barriers and facilitators associated with help-seeking behaviors, use, and access to mental healthcare services by low-income Black youth, emphasizing those elements that acted as facilitators and were outside previously identified individual and interpersonal factors.

A qualitative study using a phenomenological design was employed to explore the perceptions of 10 mental health practitioners in government-funded equity programs in Massachusetts to identify the barriers and facilitators of mental health help-seeking behaviors, use, and access of low-income Black youth. Ten semi-structured interviews were conducted with participants purposefully recruited into the study using LinkedIn and recorded using the Zoom platform. Member checking was employed to bolster the trustworthiness of the research findings, and interpretative phenomenological analysis was conducted to analyze the data.

Data analysis revealed five themes associated with low-income Black youths' mental health help-seeking behaviors, access, and use. Namely, participants suggested low-income Black youth show mental health help-seeking behaviors and have access to but do not use mental health services as frequently as their White counterparts. Further, awareness, interpersonal relationships, Black cultural norms, stigma, school culture, staff multicultural awareness, availability of school accommodations, and the presence of absence of racism within schools were suggested to significantly impact low-income Black youths' mental health help-seeking behaviors, access, and use. Therefore, facilitators of mental health help-seeking behaviors, access, and use were associated with increased literacy (awareness), relationships with friends and family wherein mental health use is accepted, communities wherein the stigma associated with using mental health services is reduced, and schools where a mental health culture is bolstered, staff are trained in multicultural awareness, many accommodations are available for low-income Black students to gain access and use, and schools with a reduced prevalence of racism. A discussion and future research recommendations are discussed in the final chapter.

Table of Contents

	Page
Chapter 1: Introduction	1
Statement of the Problem.....	1
Definition of Terms.....	8
Purpose of the Study	10
Chapter 2: Literature Review	12
Theoretical Framework.....	12
Prevalence of Mental Health Disorders in America	18
Prevalence of Mental Health Disorders Among Black Adults in America	20
Racial/Ethnic Differences In Mental Health Service Use.....	22
Factors Influencing Help-Seeking Behaviors of Black American Adults	25
Prevalence of Mental Health Illness and Care Utilization in Black Youth	33
Research Questions	36
Chapter 3: Methodology	38
Aim of the Study.....	38
Qualitative Research Approach	38
Participants.....	39
Data Collection and Instruments.....	42
Procedures.....	43
Data Analysis	44
Ethical Considerations	49
Trustworthiness.....	50
Potential Research Bias.....	51
Limitations	53
Chapter 4: Results	54
Description of the Sample.....	55
Data Analysis	59
Group Experiential Themes	60
Conclusion	74
Chapter 5: Discussion	76
Interpretation of the Findings.....	76
Relevance of the Study	85
Recommendations for Future Research	86
Conclusion	88
References.....	89

Appendices

A Recruitment Message.....	118
B Recruitment Flyer.....	120
C Interview Protocol.....	122

Tables

1 Student Demographics.....	41
2 Creation of Experiential Statements from Exploratory Notes and Participant Responses (Ann).....	47
3 Personal Experiential Themes, Statements, and Participants' Responses.....	48

Figures

1 Bronfenbrenner's Ecological Systems Theory.....	12
2 Theoretical Framework: Bronfenbrenner's Ecological Model.....	15
3 Racial/Ethnic Differences in Mental Health Service Use Among Adults.....	23
4 Creation of Nodes for RQ and Sub-RQs.....	45
5 Exploratory Notetaking in NVivo 12.....	46

Chapter 1: Introduction

Statement of the Problem

Historically, Black populations in the United States (U.S.) have been underserved in physical and mental health care (Anderson-Lewis et al., 2018; Mongelli et al., 2020; Rodgers et al., 2022; Schueller et al., 2019) and are suggested to be particularly susceptible to experiencing mental health challenges as a result of experiencing lifelong racism, racial trauma, marginalization in society (Causadias & Umaña-Taylor, 2018), schools (Government Accountability Office, 2018; Kohli et al., 2017), and within their communities (Parks, 2021). Black youth are also suggested to experience disproportionate exposure to Potentially Traumatic Events (PTE) due to residing in low-income communities and the prevalence of Black youth experiencing foster care placement (Andrews et al., 2015; Wamser-Nanney et al., 2021). The Substance Abuse and Mental Health Services Administration (SAMHSA) defines PTEs as (a) psychological, physical, or sexual abuse, (b) community or school violence, (c) witnessing or experiencing domestic violence, (d) physical or sexual assault, (e) neglect, (f) serious accident or life-threatening illness, (g) commercial sexual exploitation, and (h) sudden or violent loss of a loved one (Substance Abuse and Mental Health Services Administration, 2022b). Black youth from low Socioeconomic Status (SES) backgrounds are suggested to experience the highest rates of exposure to PTE (López et al., 2017) but experience the least amount of access and use behaviors (Planey et al., 2019).

According to the Centers for Disease Control and Prevention (CDC), suicide rates among school-aged children and young adults (10-24 years old) have significantly increased between 2000 and 2018 (Curtin, 2020). The National Vital Statistics Report

suggested an increase in adolescent and young adult (10 to 24 years old) suicide rates between 21.7% in Maryland and 110% in New Hampshire (Curtin, 2020). Although recent literature has reported suicide rates to be highest among non-Hispanic American Indians and non-Hispanic White adolescents and young adults (15 to 24 years old), Black adolescents and young adults (15 to 24 years old) nationwide have experienced a 47% increase in suicide rates from 2013 to 2019 (Ramchand et al., 2021).

Although prior research suggests barriers exist to pediatric mental health care services for children of all ethnicities (Toure et al., 2022), the literature suggests low-income Black students are particularly vulnerable as a result of multiple structural, interpersonal, and individual factors influencing access and help-seeking behaviors in students and parents (Aguirre Velasco et al., 2020; Ijadi-Maghsoodi et al., 2018; Marrast et al., 2016; Planey et al., 2019). In addition, prior research suggested that Black students exhibiting behavioral problems were more likely to experience school punishment than referral for mental health counseling (Government Accountability Office, 2018; Marrast et al., 2016), further exacerbating the adverse effects associated with untreated mental health disorders in youth such as an increase in behavioral problems and depression (Alegria et al., 2010).

Phenomenon of Interest

The general problem to be addressed by this study is that the literature regarding Black youth help-seeking, use, and access to mental health services suggests that those students with the greatest need for these services are unable to access them or experience barriers to access (Marrast et al., 2016; Planey et al., 2019). Although educational stakeholders have supported the implementation and use of school-based mental health

services (SBMHS) to promote students' overall access to services (Massachusetts Department of Elementary and Secondary Education, 2022; Office of Elementary and Secondary Education, 2022; Panchal et al., 2022), low-income Black youth are still underserved (Marrast et al., 2016; Planey et al., 2019). The specific problem to be addressed in this study is that prior research exploring the barriers and facilitators associated with help-seeking behaviors, use, and access to mental healthcare services by low-income Black youth suggests that research exploring facilitators is understudied (Planey et al., 2019). Further, research exploring factors outside of individual and interpersonal factors associated with barriers and facilitators of help-seeking behaviors, use, and access to mental health services by low-income Black youth are also understudied (Planey et al., 2019).

Therefore, I seek to explore the perceptions of mental health practitioners (key gatekeepers to mental health services) regarding the perceived help-seeking behaviors, use, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth in government-funded school-based equity programs in Massachusetts. Low-income Black students in affluent suburban schools are more likely to experience school punishment than referral for mental health counseling when exhibiting behavioral problems (Government Accountability Office, 2018; Marrast et al., 2016). As a result, untreated mental health disorders are suggested to increase Black youths' behavioral problems and depression, warranting future research (Alegria et al., 2010). Unfortunately, research exploring the facilitators of help-seeking behaviors and the use of mental health services by low-income Black students is limited (Bannon et al., 2008; Breland-Noble et al., 2015; Planey et al., 2019). In addition, prior research

exploring facilitators of Black students' help-seeking and use behaviors suggested a need for research exploring the contextual factors in mental health care access to include “structural factors—such as school and health system characteristics and neighborhood characteristics” (Planey et al., 2019, p. 198).

Background and Justification

Mental health practitioners associated with help-seeking behaviors, use access, and mental health care services by low-income Black youth are understudied (Planey et al., 2019). Statistics suggest that the rate of suicide in school-aged children has increased significantly in the Commonwealth of Massachusetts, and disproportionality affects racial and ethnic Black students (Office of the Child Advocate, 2020). Ethnic/racial Black school-aged children historically experience challenges in accessing or receiving mental health care services (Rodgers et al., 2022) and disproportionately experience non-suicidal self-injury, suicidal ideation, and attempted suicide in the Commonwealth of Massachusetts (Massachusetts Department of Public Health, 2020; Office of the Child Advocate, 2020).

Further, the National Vitals and Statistics report identified the state of Massachusetts as one of the top ten states with an increase in suicide rates among adolescents and young adults (10-24 years) between 2000 and 2018 (Curtin, 2020). More specifically, the national average percent increase of suicide among adolescents was reported to be 47.1%, with Massachusetts experiencing a 64.1% increase and ranked eighth out of 42 states in percent increase in suicide death rates among school-aged children (Curtin, 2020). Government-funded school-based equity programs in Massachusetts seek to bolster student equity for low-income and predominantly Black

students by offering access to schools, resources, and programs to bolster student achievement while desegregating local schools (Ardon & Hatch, 2022). Students enrolled in these programs are low-income and predominantly Black (Metropolitan Council for Educational Opportunity, 2020; Public Schools of Brookline, 2022) and are therefore at high risk for mental health challenges, as described by the literature (Aguirre Velasco et al., 2020; Ijadi-Maghsoodi et al., 2018; Marrast et al., 2016; Planey et al., 2019).

Therefore, the low-income students enrolled in two school-based equity programs in Massachusetts were the target population for discussion regarding their access to mental health services as perceived by mental health practitioners at the participating schools. More specifically, mental health practitioners' perceptions regarding student access and the inhibiting and enabling characteristics of the school systems was explored to identify potential gaps, facilitators, and barriers to mental health care access for these low-income Black students.

Deficiencies in the Evidence

Prior research exploring the help-seeking behaviors of low-income Black students is limited (Harper et al., 2016; Planey et al., 2019). However, Harper et al. (2016) conducted a qualitative study exploring the perceptions of school-based mental health practitioners regarding the perceived “barriers and facilitators to culturally responsive services and on their perceptions of the African American girls they serve” (p. 16). Researchers employed an inductive-deductive model for data analysis and pattern recognition. Research findings suggested school-based mental health practitioners' perceptions of Black female students' needs, strengths, service provision facilitators, and barriers.

Nine themes were identified regarding students' needs and strengths, including (a) limited access to socioeconomic resources and opportunities, (b) limited exposure outside their communities and culture, (c) limited trusting relationships, (d) prevalence of aggression in interpersonal relationships, (e) prevalence of being victims of abuse, (f) extensive depression and mood disorders, (g) low self-esteem, (h) low levels of ethnic pride or awareness, and (i) resilience (Harper et al., 2016). Service provision barriers included (a) one-time or discontinuous care provided, (b) academic achievement was prioritized over mental health-related initiatives, (c) lack of effective collaboration on students' mental health needs, and (d) “lack of policies requiring systematic mental health interventions” (Harper et al., 2016, p. 23). Facilitators were suggested to include implementing evidence-based, culturally responsive, and sensitive mental health practices by practitioners. Therefore, the study reported individual, interpersonal, and some school systems-level barriers to service provisions or access. Facilitators described those elements mental health practitioners considered important in connecting with Black female students while in treatment. None of the research findings reported on facilitators of help-seeking or use of mental health services at the individual, interpersonal, or school systems level.

In addition, Planey et al. (2019) conducted a systematic narrative review of the literature about the barriers and facilitators of mental health help-seeking behaviors of African-American youth and their families. Only 15 articles published between January 2000 and May 2017 were identified as research exploring the barriers and facilitators of mental health help-seeking behaviors in Black youth under 18. Research findings suggested that previous researchers explored the barriers and facilitators of help-seeking

behaviors of Black youth as they related to individual, interpersonal, and structural levels such as health care, community, and school-based levels. However, the research exploring school-based level barriers and facilitators of utilization was outdated because they were conducted in 2007 (D. R. Williams et al., 2007; J. H. Williams et al., 2007).

Further, research was conducted from the teachers' perspective (J. H. Williams et al., 2007), and the other was a quantitative analysis of secondary data from an international survey (D. R. Williams et al., 2007). A review of the literature in search of recent research exploring the barriers and facilitators of the help-seeking behavior, use, and access to mental health services by Black low-income students from the perspective of mental health practitioners within the last five years yielded no results, suggesting a gap in the literature persists. Planey et al. (2019) suggested several gaps in the literature, including the need for additional research exploring barriers and facilitating factors overall for Black youth and, more specifically, facilitating factors outside of individual and interpersonal levels. The perspectives of Black fathers and other gatekeepers to mental health services, such as caseworkers, were also recommended for future research as a result of the discrepancy between research suggesting that Black and Black youth are less likely to receive mental health services even when residing in areas densely populated with providers suggesting the importance of gatekeeper perspectives (Planey et al., 2019). Therefore, it was expected that my study would address gaps in the literature pertaining to the perspectives of gatekeepers regarding the help-seeking behaviors, use, access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth who are predominantly Black students in a government-funded school-based equity program in Massachusetts.

Audience

The target audience for this research study was mental health care practitioners, educational stakeholders, and researchers. More specifically, mental health care practitioners may use the research findings to develop and employ policies or programs within their practice that minimize barriers and bolster facilitators of help-seeking and use behaviors of low-income Black student populations identified in this study. Educational stakeholders such as school and program administrators and teachers may seek to do the same and use the research findings to inform school policies concerning access to mental health care services for low-income Black youth. Finally, the findings could inform future research concerning low-income Black students' help-seeking and use behaviors.

Definition of Terms

Mental Health Disorders

Mental health disorders are defined as “conditions that affect your thinking, feeling, mood, and behavior. They may be occasional or long-lasting (chronic). They can affect your ability to relate to others and function each day” (Andrews, 2022, p. 1).

Discrimination

Discrimination is “the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation” (American Psychological Association, 2023d, p. 1).

Prejudice

Prejudice is defined as:

a negative attitude toward another person or group formed in advance of any experience with that person or group. Prejudices include an affective component (emotions that range from mild nervousness to hatred), a cognitive component (assumptions and beliefs about groups, including stereotypes), and a behavioral component (negative behaviors, including discrimination and violence). They tend to be resistant to change because they distort the prejudiced individual's perception of information pertaining to the group. Prejudice based on racial grouping is racism; prejudice based on sex is sexism; prejudice based on chronological age is ageism; and prejudice based on disability is ableism" (American Psychological Association, 2023a, p. 1).

Racial Microaggressions

Racial microaggression is defined as "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults to the target person or group" (Sue et al., 2007, p. 273).

Multicultural Awareness

The awareness, knowledge, and skills [to work with others who are culturally different [or similar] from self in meaningful, relevant, [ethical,] and productive ways...(Pope et al., 2019, p. 32).

Stigma

Stigma is "the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual" (American Psychological Association, 2023b, p. 1).

Mental Health Help-Seeking

Also referred to as treatment, help-seeking behaviors are defined as "the active pursuit of treatment by a person who has a disorder or who wishes to improve his or her

general mental or physical functioning” (American Psychological Association, 2023c, p. 1).

Mental Health Literacy

Mental health literacy is “the knowledge and beliefs people have about mental health conditions, which helps in their recognition, management, or prevention. It is important because it influences when and how people seek help and mental health outcomes.” (Mental Health America, 2022a).

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the perceptions of mental health practitioners (e.g., guidance, mental health counselors, or social workers) to identify their perceptions of help-seeking, use, access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth. Prior research suggests a gap exists in the literature on identifying factors that facilitate help-seeking and use behaviors of mental health services by low-income Black students (Planey et al., 2019). In addition, prior research suggests those studies exploring factors that facilitate mental health help-seeking and use behaviors in low-income Black populations (Bannon et al., 2008; Breland-Noble et al., 2015; Planey et al., 2019) predominantly focus on individual and interpersonal factors.

Although the individual and interpersonal-based factors perceived by mental health practitioners to facilitate help-seeking, use, and access to mental health services were explored in this study, factors outside the individual and interpersonal-based factors will also be explored. Therefore, the research findings will contribute to the help-seeking, use, and access to mental health services literature and will also expand the breadth of

knowledge on this topic by exploring factors at the school systems level. Implications of the research findings are that they could be used to inform mental health and educational stakeholders regarding policies and practices they could implement to mitigate barriers and bolster facilitators of help-seeking, use, and access for low-income Black students.

Research findings could also inform the two case studies explored in this study.

Identifying factors that act as barriers and facilitators of help-seeking behaviors, use, and access to mental health services is a fundamental first step in developing adequate programs, policies, practices, and interventions for low-income Black youth and their families in government-funded school-based equity programs in Massachusetts.

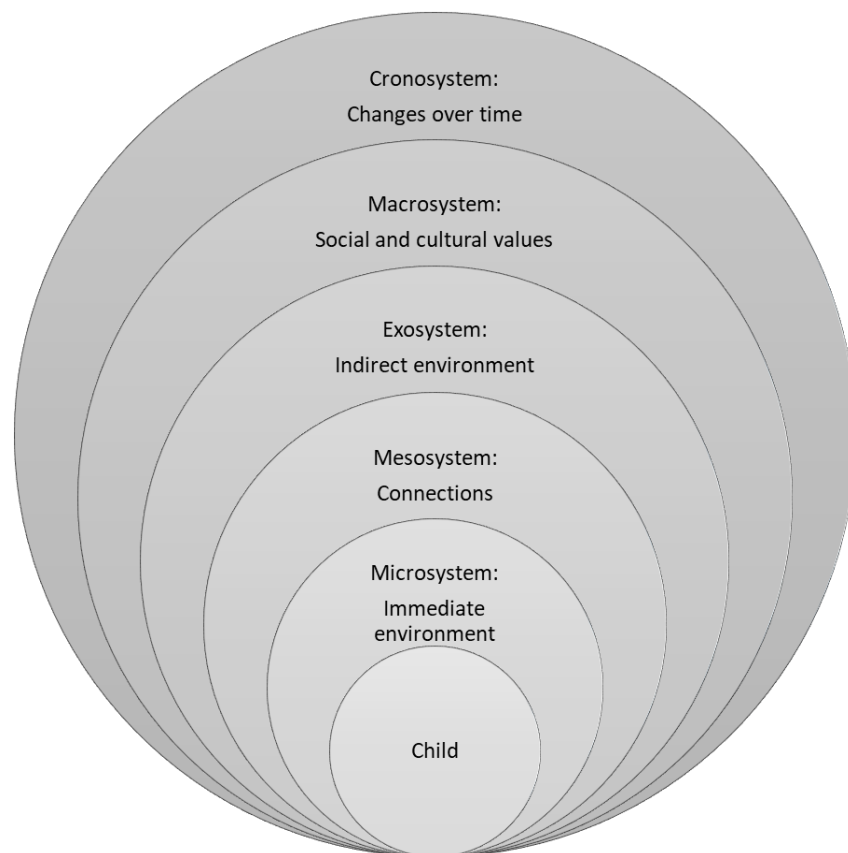
Chapter 2: Literature Review

Theoretical Framework

The ecological systems theory, also known as the Socio-Ecological Model (SEM), was used as the theoretical framework for this study. Initially developed in the 1970s, Bronfenbrenner's ecological systems theory sought to explain the influence of social contexts on human development (Bronfenbrenner, 1979). More specifically, and as illustrated in Figure 1, psychologist Bronfenbrenner sought to explain how a child's surroundings and individual context

Figure 1

Bronfenbrenner's Ecological Systems Theory



influenced their overall development. Therefore, Bronfenbrenner's ecological systems theory posits that five ecological forces influence a child's development. More specifically, the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979).

The microsystem describes the influences of a child's immediate environment and is suggested to be the most influential on their development (Kilanowski, 2017). The second ring in the ecological system is the mesosystem, which describes the influence of the connections between the individuals surrounding the child and the child. For example, this level can consist of the relationships between parents and teachers or teachers and the child's peers. The third ring in the ecological model is the exosystem, which describes the influence of the indirect environment on the child's development. A simple example of this force would be the social settings that do not directly involve the child but do influence their environment. For example, the influence of the father's relationship with their boss or the teacher's relationship with the principal influences the child's environment and overall development. The macrosystem describes the influence of social and cultural values on the child. The macrosystem comprises cultural, social, and religious norms that may influence the child's development. Finally, there is the cronosystem, which describes the influence of time on a child's development (Kilanowski, 2017).

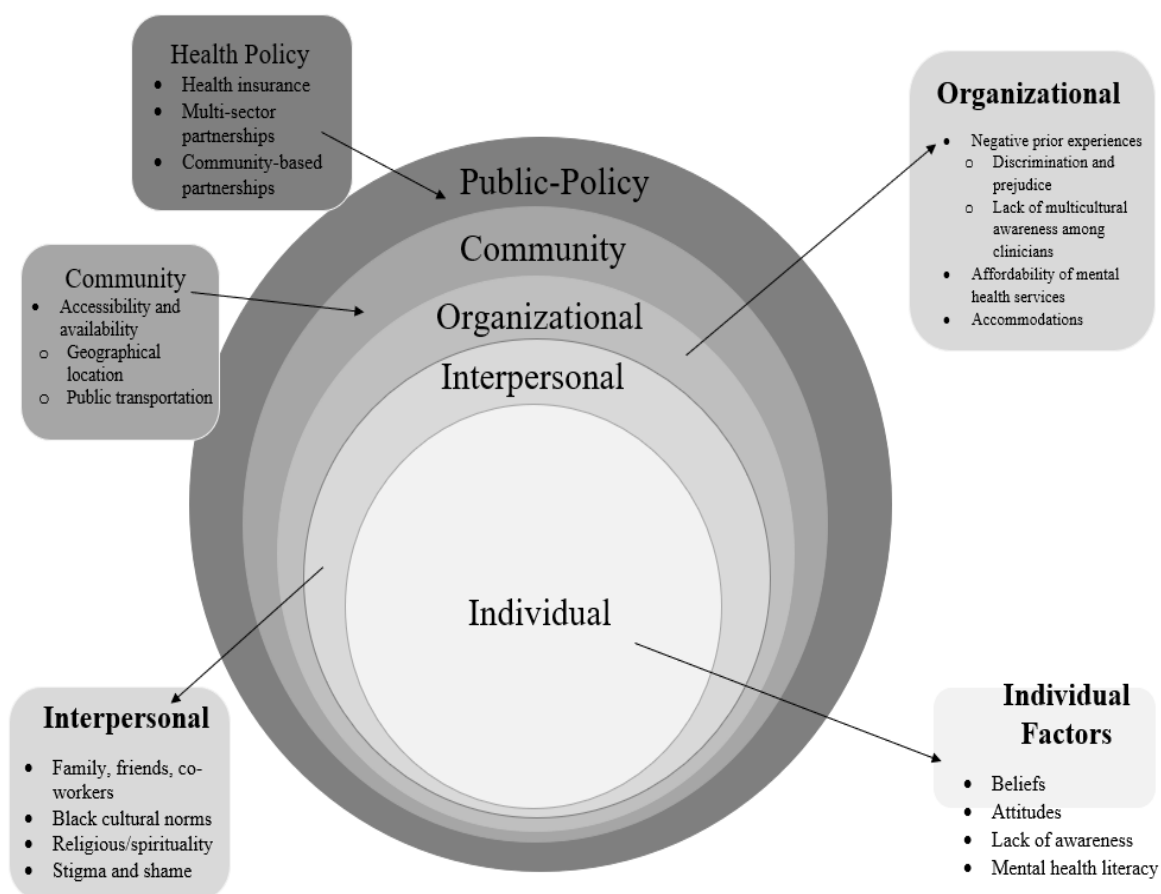
Prior research has used the SEM when exploring study participants' mental health help-seeking behaviors (Alhomaizi et al., 2018; Heinsch et al., 2020; Padilla-Medina et

al., 2022; Reich et al., 2021). More specifically, prior research has explored (a) the influence of counselors' role in improving athletes' mental health help-seeking behaviors (Reich et al., 2021), (b) the ambivalence in help-seeking for suicidal people with substance abuse addiction and mental health disorders (Heinsch et al., 2020), (c) the help-seeking behaviors of Arab Muslims in the U.S. (Alhomaizi et al., 2018), and (d) the help-seeking behaviors of women in Columbia (Padilla-Medina et al., 2022). In addition, the SEM has been implemented in various fields to prevent violence (Centers for Disease Control and Prevention, 2022), promote health, and promote mental health and wellbeing (University of Minnesota, 2022). Therefore, the SEM is highly versatile and used by many researchers and educational stakeholders to consider a problem or solution based on the various levels of an individual's context. The SEM was used within the current study as a framework, as described in Figure 2.

As illustrated in Figure 2, the mental health help-seeking behaviors of Black youth were explored through mental health practitioners' perceptions of the individual factors they perceive influence Black youths' help-seeking. More specifically, perceived beliefs, attitudes, mental health awareness, and literacy were explored at the individual level. Prior research suggests that individual factors significantly influence mental health-help-seeking behaviors across all racial and ethnic groups. Therefore, it was expected in this study that these findings apply to the context of Black youth.

Figure 2

Theoretical Framework: Bronfenbrenner's Ecological Model



Prior research exploring the beliefs, coping mechanisms, and barriers to mental health help-seeking behaviors in Black populations suggests the importance of awareness of the symptomology associated with mental health illness and the type of help to seek (Baiden & Evans, 2020). In addition, prior research suggests that mental health literacy also influences mental health help-seeking behaviors (Coles & Coleman, 2010; Wright et al., 2007).

The second level of the socioecological model is the interpersonal level, which was used to explore mental health practitioners' perceptions regarding what factors (family, friends, classmates, and peers) influence the help-seeking behaviors of Black

youth at the interpersonal level. At the interpersonal level, cultural norms (Rice & Harris, 2021), religiousness or spirituality (Breland-Noble et al., 2015), and stigma and shame are suggested to significantly influence individuals at this level (DuPont-Reyes et al., 2020; Nearchou et al., 2018; Whitlow, 2020). Therefore, these factors and other potential factors were explored as perceived by mental health practitioners employed at the school programs.

The third level is the organizational level. Mental health practitioners' perceptions regarding factors they consider to influence the help-seeking behaviors of Black youth enrolled in their program at the school level were explored. More specifically, I will seek to review the policies and practices in place within the school and the program to facilitate the well-being and mental health of Black youth in the program. This information was obtained from the mental health practitioners recruited into the study. In addition, the perceptions of mental health practitioners regarding the perceived discrimination students may experience and a review of the accommodations provided to them was reviewed. At the organizational level, factors associated with elements facilitating or inhibiting mental health help-seeking behaviors in Black youth were considered. For example, at the organizational level, I will consider structural or systemic racism within the schooling system related to obtaining mental health services, discrimination, stigmatization, and multicultural awareness of mental health practitioners within the school system and program. More specifically, mental health practitioners were asked about the current policies and practices to determine if they create inequality in access to mental health services for Black students. Prior research exploring the mental health help-seeking behaviors of adult Black populations suggests perceived

discrimination, stigmatization, and lack of cultural awareness significantly influence this population's mental health help-seeking behaviors (Crawford et al., 2022; De et al., 2019; Misra et al., 2021). Therefore, these factors were explored at the organizational level when exploring the study participants' perceptions of Black youth help-seeking behaviors.

At the community level, potential factors that may influence the help-seeking behavior of Black youth enrolled in the study may be associated with the availability of transportation, the accessibility and availability of mental health care, and physical barriers may exist, such as challenges making it to mental health practitioner because there is a great distance between where the student lives and where the healthcare practitioners office is located.

Finally, at the public policy level of the SEM, I explored mental health practitioners' perceptions regarding the policies implemented within the school to bolster help-seeking behaviors among Black youth that are students in the program, the availability of community-based programs and partnerships, and the abundance or availability of health insurance to Black students. Exploring the practices of the public policy level could inform stakeholders in the field regarding what public policy provisions are needed that could potentially bolster the help-seeking behaviors of Black youth.

Although the focus of this study was on collecting the perceptions of mental health practitioners regarding the help-seeking behaviors of Black youth, since I am seeking to explore the help-seeking behaviors of children and adolescents, the experiences of their parents and the adults in their lives significantly influences their

perceptions and help-seeking behaviors. Therefore, it was determined that to better understand the help-seeking behaviors of Black youth, it is important to understand the literature regarding the help-seeking behaviors and perceptions of Black adults to better understand the entire context of Black youths' environment. Therefore, the following section provides a review of the literature about the prevalence of mental health disorders in America, the prevalence of mental health disorders in Black men and women, the prevalence in Black youth, a review of the factors influencing help-seeking behaviors in Black Americans and specifically Black youth, and finally a discussion of the gap in the literature followed by a summary of the chapter.

Prevalence of Mental Health Disorders in America

A recent report suggested that as of 2022, nearly 50 million Americans experience Any Mental Illness (AMI), equivalent to 19.86% of the U.S. population (Mental Health America, 2022b). The report suggested that the “prevalence of adult mental health illness ranged from 16.37% in New Jersey to 26.86% in Utah” (Mental Health America, 2022b, p. 1). AMI was defined as “having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder” (Mental Health America, 2022b, p. 1). Of those Americans suffering from mental health illness, 4.91% are suggested to experience severe or serious mental health disorders (Mental Health America, 2022b), such as major depression disorder (MDD), bipolar disorder, or schizophrenia (Substance Abuse and Mental Health Services Administration, 2022a). Therefore, according to the National Institute of Mental Health (2022), the prevalence of mental illness among Americans is one in every five U S adults.

According to Reinert et al. (2021), 57% of adults in the U.S. did not receive any type of treatment for their mental illness. More specifically, the prevalence of untreated adults in the U.S. was suggested to range from 42.8% in Vermont to 65.8% in Hawaii in 2021 (Reinert et al., 2021). The report findings suggested that even though prior research suggested health coverage significantly influenced help-seeking behaviors regarding obtaining professional mental health services (Substance Abuse and Mental Health Services Administration, 2021a), the national report suggested that 86% of those adults identified with a mental health illness had insurance but did not seek treatment (Reinert et al., 2021). These statistics suggest other factors behave as barriers to mental health services. Overall, research exploring the prevalence of AMI in the U.S. population suggested an increase from 18.57% in 2017 to 19.86 in 2022 for an overall increase of 1.29% in mental health illnesses in the U.S. context (Reinert et al., 2020, 2021).

However, research suggests that the number of Americans identified with moderate to severe symptoms of depression and anxiety has increased significantly through 2020 due to the coronavirus 2019 (COVID-19) pandemic (Jia et al., 2021; Kujawa et al., 2020; Reinert et al., 2021). In addition, the COVID-19 pandemic has also increased the number of Americans (a) seeking mental health services, (b) reporting suicidal ideation and self-harm, (c) adolescents and school-age children are struggling more with mental health illness and suicidal ideation, and (d) racial/ethnic minorities are experiencing a disproportionate prevalence of mental health illnesses than their non-Hispanic White counterparts (Reinert et al., 2021). More specifically, Black Americans are suggested to experience a higher prevalence of anxiety and depression post-COVID-19. However, Black Americans are suggested to exhibit fewer help-seeking behaviors

(Hays & Lincoln, 2017; Nelson et al., 2020; Taylor & Kuo, 2018) and fewer services for their mental health needs than their non-Hispanic White counterparts (Substance Abuse and Mental Health Services Administration, 2020, 2021a). The following section reviews the prevalence of mental health disorders in Black Americans.

Prevalence of Mental Health Disorders Among Black Adults in America

The American population (n = 331,893,754) comprises 13.6% of Black Americans (United States Census Bureau, 2021), or roughly 45 million Americans. A recent report exploring the prevalence of mental illness and substance use in Black Americans suggested that mental illness affected 17.3% of this population in 2020, or 5.3 million Black Americans (Substance Abuse and Mental Health Services Administration, 2020). Another 15.4% or 4.7 million Black Americans over the age of 18 are suggested to suffer from Substance Use Disorder (SUD), with a total of 5.9% or 1.8 million Black Americans experiencing a co-occurring addiction and mental health illness (Substance Abuse and Mental Health Services Administration, 2020). The report suggested that one in every four Black Americans with a reported mental illness experienced to SMI (Substance Abuse and Mental Health Services Administration, 2020).

The prevalence of SMI within the Black American population is suggested to have significantly increased since 2020, resulting in an increased prevalence of depression (Reinert et al., 2021; Substance Abuse and Mental Health Services Administration, 2020; Yelton et al., 2022) and anxiety (Reinert et al., 2021). Although lower than the national average for all races, recent reports suggest an increase in suicidal ideations and thoughts amongst Black Americans, wherein an increase was reported from 29% in February 2020 to 38% in September 2020 (Reinert et al., 2021). The research

suggests that Black Americans can suffer from a higher prevalence of SUD, which the literature suggests co-occurs with mental health illnesses or disorders (Schouten et al., 2022). Consistent with the literature, recent research suggests that Black Americans suffering from mental illness also have co-occurring addictions to illicit substances, prescription medications, and alcohol (Substance Abuse and Mental Health Services Administration, 2020, 2021b).

Overall, statistics suggest that mental illness is highest (22.6%) among non-Hispanic White Americans compared to the 17.3% prevalence of AMI observed in Black Americans (National Institute of Mental Health, 2022). However, these numbers may be underreported due to the lack of help-seeking behaviors, challenges, and barriers described by the literature preventing Black Americans from obtaining mental health services (De et al., 2019; Song et al., 2018). In addition, the research suggests that due to Black Americans' underutilization of healthcare services (Leblanc, 2022; McCall et al., 2020; Yelton et al., 2022), their mental health illnesses are expected to last longer and result in more detrimental effects than what is experienced by non-Hispanic White Americans (Leblanc, 2022). Research suggests several Social Determinants Of Health (SDOH) could contribute to the development of mental illness in Black Americans (Yelton et al., 2022). For example, prior research suggests an association between an individual's poverty level and depression (Ridley et al., 2020). In 2019, the U.S. Census Bureau reported that 18.8% of Black Americans live in poverty (Creamer, 2020). A report published by the Centers for Disease Control (CDC) suggested that Black Americans living in poverty experience greater psychological distress than Americans not living in poverty (Centers for Disease Control and Prevention, 2017).

Research exploring the prevalence of poverty between Black men and women in the U.S. suggested that Black women experience a greater level of poverty at 25.7% as compared to their male counterparts at 20.4% (Status of Women in the States, 2018). These statistics suggest that Black American women are at an increased risk for mental health illness. Statistics suggest that Black youth disproportionately experience single-family households (64%) as compared to their non-Hispanic White counterparts (24%) (Ann E. Casey Foundation, 2022). Further, 72% of Black babies are reported to be born to unwed Black mothers, suggesting Black women are the primary care providers for Black youth (Statista, 2022). Prior research suggests that Black women who suffer from mental health illnesses significantly influence their children's mental health when untreated. Therefore, children in homes where a parent suffers from a mental health illness are suggested to be at an elevated risk for developing mental health challenges themselves. The following section reviews the literature about the mental health service use of Black Adults in the United States.

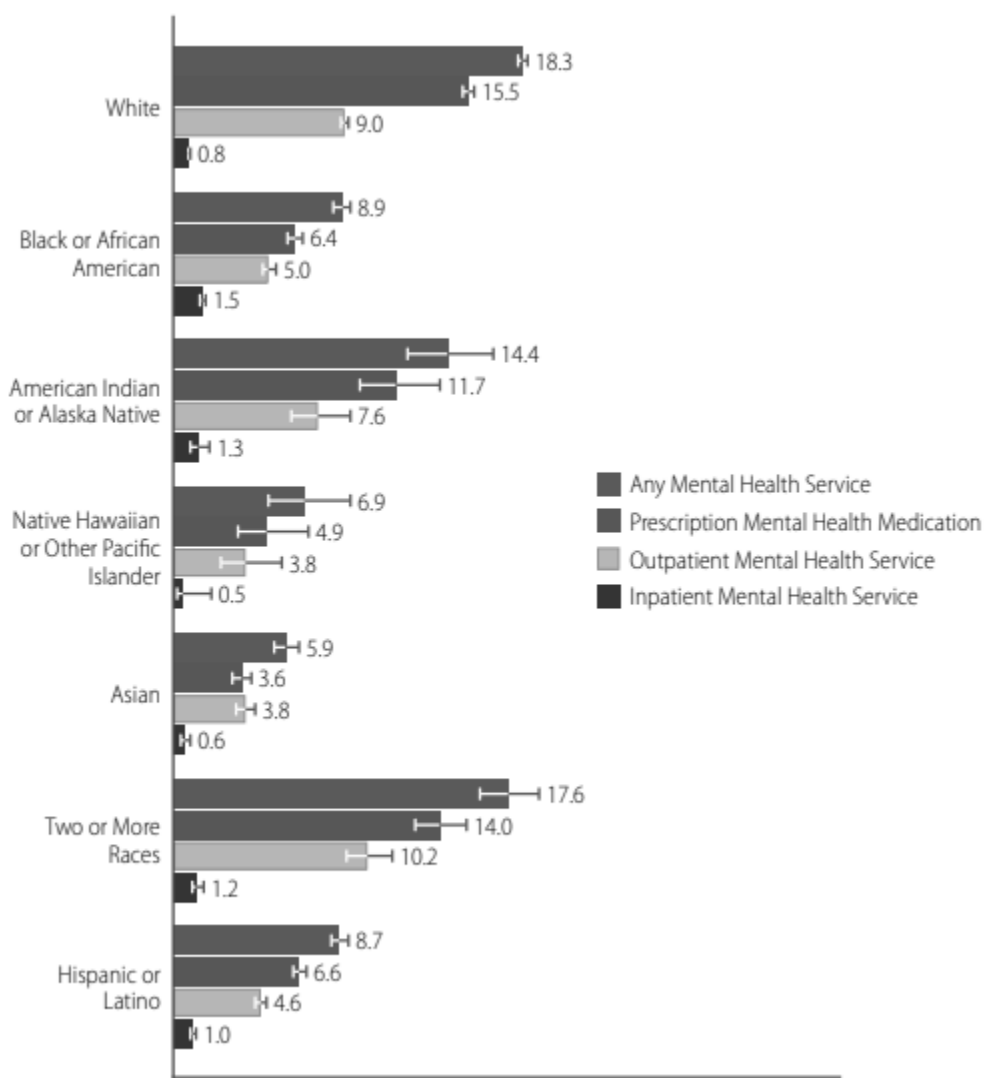
Racial/Ethnic Differences In Mental Health Service Use

The Substance Abuse And Mental Health Services Administration researched mental health service use among adults and adolescents in the U.S. between 2015 and 2019. Research findings suggested a significant variation in mental health service use based on race or ethnicity (Substance Abuse and Mental Health Services Administration, 2021a). More specifically, as illustrated in Figure 3, Black groups were reported to use mental health services less frequently than their non-Hispanic White counterparts. Overall, Asian Americans (5.9%) were reported to use mental health services less than any other racial group in 2019, followed by Native Hawaiians or other Pacific Islanders

(6.9%), Hispanic or Latino Americans (8.7%), and then Black or African Americans (8.9%) (Reinert et al., 2020; Substance Abuse and Mental Health Services Administration, 2021a). Racial and ethnic differences were also reported in the type of

Figure 3

Racial/Ethnic Differences in Mental Health Service Use Among Adults



Note. Figure modified from report (Substance Abuse and Mental Health Services Administration, 2021a, p. 14).

mental health utilized. For example, prescription mental health medications, outpatient mental health services, and inpatient mental health services varied significantly among racial groups (Substance Abuse and Mental Health Services Administration, 2021a). Non-Hispanic White Americans reported the highest prescription mental health medication use prevalence compared to Hispanic and Black adults. Research exploring the differences in mental health service use between race and gender also suggests significant variations between mental health service use as it relates to race or ethnicity and gender. Specifically, across all races and ethnicities, women were more likely to use mental health services than their male counterparts (Substance Abuse and Mental Health Services Administration, 2021a).

Further, women were more likely than men to use mental health services within their racial and ethnic groups. From 2015 to 2019, the group and gender that used mental health services the least were Asian males (4.1%), followed by Hispanic or Latino males (6.3%), Native Hawaiian or other Pacific Islander males (6.2%), and Black or African American males (7.3%) (Substance Abuse and Mental Health Services Administration, 2021a). Twelve and a half percent of non-Hispanic White men were reported to utilize mental health services between 2015 and 2019. These research findings suggest that the groups with the most need for mental health services are not accessing care (Mi et al., 2022; National Partnership for Women & Families, 2018; Office of Disease Prevention and Health Promotion, 2022; Substance Abuse and Mental Health Services Administration, 2021a). Prior research suggests that Black populations may not voluntarily seek mental health services for several potential reasons, which are further discussed in the following section.

Factors Influencing Help-Seeking Behaviors of Black American Adults

Help-seeking behaviors of adults are heavily studied within the literature and are suggested to be a complex factor associated with many variables that either bolster or impede help-seeking in Black populations (Jones, 2019). Research on help-seeking investigates concepts of behavior, attitudes, and beliefs that catalyze help-seeking intentions in various settings. Originally posited by Fisher and Turner (1970) as a precursor to health care access, help-seeking behaviors are associated with the help-seeker's attitudes, beliefs, and perceptions (Ward et al., 2013). Characterized by formal and informal styles (Anyikwa, 2015), help-seeking is suggested by the literature to be significantly influenced by cultural norms, individual experiences, and social contexts (Glass, 2012). Unfortunately, the literature suggests that Black Americans do not exhibit help-seeking behaviors despite being at an increased risk for mental health illnesses (Jones, 2019). Prior research suggests several factors influence the help-seeking behaviors of Black Americans, which include (a) distrust of the medical community and healthcare organizations, (b) perceived discrimination and prejudice in the health care system, (c) lack of multicultural awareness among healthcare practitioners, (d) stigma, (e) Black cultural barriers to help-seeking, and (f) lack of awareness and mental health literacy. Therefore, these barriers to help-seeking behaviors in Black adults can very easily be adopted by the children of Black Americans creating challenges in providing mental health services to Black youth.

Distrust of the Medical Community and Healthcare Organizations

Black Americans' historical distrust of the medical community and its institutions is grounded in the historical maltreatment of Black Americans (Gray, 2013). More

specifically, projects such as the Tuskegee Syphilis Study, where Black Americans infected with syphilis were allowed to go untreated for 40 years so that scientists could watch the progression of the disease, is just one example of many incidents wherein Black Americans' human rights were violated. Another example is the HeLa Cell line (Skloot, 2010). The HeLa cell line was the first immortal cell line ever created in the United States. It has been used extensively in research and contributed to several medical breakthroughs, including the development of the polio vaccine and the COVID-19 vaccine, to name a few. The cell was taken from a poor African-American woman named Henrietta Lacks when John Hopkins removed a malignant tumor from her cervix (Skloot, 2010). Without her permission, the medical industry has profusely used the HeLa Cell line without her knowledge or payment to her family for its use since 1951 (Skloot, 2010). These are only two examples of what could otherwise be an endless list of events wherein the U.S. government, the medical community, institutions, and the American community have violated the human rights of Black Americans and given them no reason to trust any system wherein their population is underrepresented. The following section reviews the perceived discrimination and prejudice experienced by Black Americans.

Perceived Discrimination and Prejudice: Racial Microaggressions

It is well documented within the literature that Black Americans experience structural racism and discrimination across the nation (Alson et al., 2021; Crawford et al., 2022). Police brutality and structural racism that permeate education, the housing system, and the healthcare system ensure the marginalization of people of color, resulting in Black Americans choosing not to seek help (Cities & Pilgrim, 2022). Recent research exploring microaggressions and perinatal health outcomes suggests that this form of

racism in perinatal care can have detrimental effects on health outcomes for mother-infant dyads (Crawford et al., 2022). The literature suggested experiences of microaggressions or racism contribute to low birth weight (Hilmert et al., 2014), preterm birth (Bower et al., 2018; Grobman et al., 2018), hypertension (Grobman et al., 2018), small gestational age for newborns (Hilmert et al., 2014), and symptoms of PPD or anxiety (Heldreth et al., 2016). According to the CDC, pregnancy-related deaths are associated with hemorrhage (11%) and hypertension (6.8%), which are preventable and treatable disorders (Centers for Disease Control and Prevention, 2020). Therefore, it is evident from the literature that discrimination and prejudice significantly impact the help-seeking behaviors of Black adults in the U.S., which undoubtedly influence their children's perceptions and help-seeking behaviors.

Lack of Multicultural Awareness Among Health Professionals

In addition to Black Americans experiencing an overall distrust of the medical community (Gray, 2013), health care system (Skloot, 2010), and experiencing discrimination, prejudice, and microaggressions (Crawford et al., 2022), those individuals who are supposed to be trained and ready to provide mental health help are lacking in multicultural awareness (Taylor & Kuo, 2018). As a result, Black Americans who seek mental health services are met with a less than welcoming environment. In addition, prior research suggests that current counseling models may not apply to the mental health needs of Black Americans, potentially contributing to Black Americans' doubts regarding the effectiveness of mental health treatment (Abrams et al., 2019).

In addition, prior research suggests that healthcare practitioners who are not culturally aware are most likely unable to effectively treat Black American women due to

their inability to conceptualize and empathize with Black women's cultural and social challenges and barriers (Abrams et al., 2019; Clauss-Ehlers et al., 2019). In addition to healthcare practitioners' lack of multicultural awareness as a barrier to Black Americans' mental health help-seeking behaviors, other barriers and challenges significantly mitigate help-seeking behaviors. For example, environmental and financial barriers such as the proximity of the mental health facility and financial barriers associated with cost contribute to the reduced prevalence of mental health help-seeking behaviors in Black Americans (Kawaii-Bogue et al., 2017). Therefore, bolstering the training of mental health practitioners working with young people is essential (DeBoer et al., 2022), especially with Black youth due to their current undertraining (Jones et al., 2020). In addition to a lack of multicultural awareness negatively affecting help-seeking behaviors, stigma is also suggested to hinder Black Americans' mental health help-seeking.

Stigma

Unfortunately, those with mental health illnesses are stigmatized in the American culture, reducing health-seeking behaviors in Black Americans (Mills, 2018). Stigma has been defined in the literature as discriminatory behaviors or internalized stereotypes toward historically marginalized groups (Misra et al., 2021). Stigma is strongly influenced by individual attitudes, which are influenced by the presence or absence of mental health stigma (Fripp & Carlson, 2017). How the medical community, society, and individuals view mental health disorders significantly influences help-seeking behaviors (Fripp & Carlson, 2017; Misra et al., 2021). A stigma exists in Black communities regarding mental health illness and seeking treatment (Bodnar-Deren et al., 2017; De et al., 2019; Fripp & Carlson, 2017). Research suggests that Black Americans do not seek

mental health services traditionally due to cultural beliefs and associated stigma (Abrams et al., 2019; Green, 2019; Kelly et al., 2020; Misra et al., 2021). In addition, due to the historical maltreatment of Black Americans and the current disproportionate rates of misdiagnosis (Lyman et al., 2017; Muhrer, 2021; Saldana et al., 2021), mortality (Alio et al., 2010; Centers for Disease Control and Prevention, 2017; Hoyert, 2020), discrimination and mistrust (Amon, 2020; Jaiswal & Halkitis, 2019; Skloot, 2010), and experiences of various barriers to access of psychological help (Fripp & Carlson, 2017), Black Americans have shied away from the medical and mental health care system altogether (Jaiswal & Halkitis, 2019).

Black women in the U.S. are suggested to experience shame and self-stigma associated with mental health help-seeking behaviors (Cheng et al., 2018). As a result, Black women in America are suggested to avoid mental health services predominantly (Adkins-Jackson et al., 2022; Mehra et al., 2020; Nelson et al., 2020). Current literature suggests the intersection of gender and race for Black women creates a unique challenge or barrier to help-seeking when coupled with stigma (Clauss-Ehlers et al., 2019; Jackson-Best & Edwards, 2018). More specifically, many Black women perceive that using mental health services will further support society's negative perception of Black women (Jones et al., 2021; Watson & Hunter, 2015), a perception they may pass down to their children, especially their daughters. As a result, research suggests that Black women avoid mental health services to protect themselves from self-stigma, feelings of shame, and fear of contributing to society's negative perceptions of Black women (Jones et al., 2021; Watson & Hunter, 2015).

Black Cultural Barriers to Help-Seeking

The literature suggests that informal support systems and family discretion significantly challenge the help-seeking behaviors of Black Americans (Abrams et al., 2019; Azale et al., 2016; Kelly et al., 2020; Yehudah & Tadros, 2022). As a result of the general mistrust of the healthcare community and system and strong familial bonds in Black communities, Black Americans tend to use informal support systems to address mental health challenges. Research suggests that informal support systems are rooted in America's history of slavery and discrimination (Yehudah & Tadros, 2022). As a result, Black Americans sought support primarily from religious and social channels. However, these informal support channels are inadequate in addressing the mental health needs of children and adolescents.

In addition, these informal supports further solidify cultural perceptions that act as a barrier to Black American's help-seeking behaviors (Kelly et al., 2020). For example, due to Black Americans' history, family discretion is highly valued and negatively affects Black American's ability to seek mental health treatment, especially for Black women (Azale et al., 2016). Further, Black culture also facilitates a Strong Black Woman (SBW) stereotype, where Black women are viewed as strong matriarchal figures with unending endurance (Abrams et al., 2019; Adkins-Jackson et al., 2022; Green, 2019; Jones et al., 2021; Kelly et al., 2020). This all-endearing SBW stereotype significantly impedes Black women's help-seeking behaviors. More specifically, Black women in their communities are expected to endure chronic stress and life and family stressors while maintaining as a caring matriarch who can cope with any life stressor while still caring for the family (Abrams et al., 2019).

Unfortunately, this stereotype is reinforced by the familial dynamics found in Black communities. More specifically, research suggests that Black women are predominantly single parents and assume the matriarchal role, further fueling the SBW stereotype (Johnitha Watkins, 2016). In addition, single Black mothers are disproportionately affected by mental health disorders due to having to deal with life stressors independently. Research suggests that single Black women are more likely to experience postpartum mood disorders than their married counterparts (Atkins, 2016). More specifically, single Black mothers are six times more likely to experience depressive symptoms than the general population (Atkins, 2016). In addition, they are suggested to experience depression at twice the rate of married Black women, suggesting that single Black mothers are at the highest risk of developing mental health disorders.

Unfortunately, Black women in America participate in self-silencing, which occurs when they seek to minimize negative outcomes associated with reacting to adverse environments or to maintain interpersonal relations (Abrams et al., 2019; Green, 2019). More specifically, Black women practice self-silencing by minimizing or not expressing their true feelings. Prior research suggests an association between SBW and depressive symptoms in Black women (Abrams et al., 2019; Davis & Afifi, 2019). Black women practicing SBW stereotypes also employ dividing self-care wherein self-care is self-sacrifice and externalized self-perceptions. More specifically, Black women exhibit divided selves when they portray themselves to the public as submissive when they may feel angry or hostile internally. Care as self-sacrifice is exhibited by Black women who place others' needs before their own. Finally, externalized self-perceptions are exhibited when Black women evaluate themselves on social or cultural norms (Abrams et al.,

2019). When an incongruence occurs between Black women's standards and societal or cultural standards, self-silencing is employed. Research suggests that Black women experience depressive symptoms due to suppressing their behavior (Abrams et al., 2019). A phenomenon similar to the suppression of behavior in adult Black women has been reported in Black youth and referred to as self-reliance (Planey et al., 2019). Black youth are expected to be resilient due to the Black community overcoming multiple hardships to the extent that they are expected to handle their mental health, influencing their mental health help-seeking behaviors. Finally, research suggests another potential cause for Black women's underutilization of mental health services for themselves and their children is their general lack of awareness and mental health literacy (Cheng et al., 2018).

Lack of Awareness and Mental Health Literacy

Prior research suggests a link between awareness, mental health literacy, and help-seeking behaviors (Baiden & Evans, 2021; Cheng et al., 2018; Chinn et al., 2020). Research exploring Black Americans' beliefs, coping behaviors, and barriers to seeking mental health services suggested that a general lack of awareness of mental illness related to the attributed symptomology and what type of treatment they should seek significantly hindered their help-seeking behaviors (Baiden & Evans, 2020). These findings were consistent with research exploring mental health awareness and help-seeking behaviors (Lefevor et al., 2022; Ormond et al., 2021; Richmond et al., 2022). Mental health literacy is described in the literature as encompassing the "ability to differentiate between a mental health condition from general stress, attributes of mental disorders, and being knowledgeable about the risk factors associated and available professional help" (Cheng et al., 2018, p. 65). Research exploring the relationship between mental health literacy

and help-seeking behaviors suggests that individuals with higher mental health literacy are more likely to seek help and recommend help to others (Coles & Coleman, 2010; Wright et al., 2007). As a result, the literature suggests that bolstering Black Americans' mental health literacy and awareness significantly improves help-seeking behaviors (Cheng et al., 2018). However, it is evident by the underutilization of mental health services and persistent disparities in mental health disorders that the current initiative to educate and bolster mental health literacy is insufficient in addressing the current disparity in mental health disorders and use in the Black population.

Prevalence of Mental Health Illness and Care Utilization in Black Youth

Recent statistics exploring the prevalence of mental health illness among children and adolescents based on ethnicity vary significantly due to the variations in reporting practices (Bitsko et al., 2022). In addition, previous literature suggests that Black youth may experience underreporting of mental health illness because of a lack of parental mental health awareness and literacy, poor mental health service experiences, mistrust of mental health providers, stigma, and cultural barriers prohibiting disclosure (Mennies et al., 2021; Planey et al., 2019). The literature suggests several precipitating factors contribute to mental health illness in Black youth (Sheftall et al., 2022), but care utilization is low (Ali et al., 2019). The following section reviews the literature regarding the prevalence and mental health services utilization practices of Black youth.

Prevalence of Mental Health Illness

Prior research estimating the prevalence of mental health illness among children and adolescents from different ethnic backgrounds varies significantly (Bitsko et al., 2022). According to the most recent report from the Morbidity and Mortality Weekly

Report (MMWR), estimates for the prevalence of mental health disorders in adolescence between 2013 and 2019 suggest that Black and White children between the ages of 3 and 17 years old have the highest prevalence of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD), while the rate of depression among children between this age group for Black, White, and Hispanic children was reported to have few differences (Bitsko et al., 2022). However, data analysis by the National Survey of Children's Health (NSCH), National Health and Nutrition Examination Survey (NHANES), National Survey on Drug Use and Health (NSDUH), and Youth Risk Behavior Surveillance (YRBS) varied in their findings wherein the NSCH found diagnosis of depression lower in Hispanic children as compared to White and the prevalence of Major Depressive Episode (MDE) among Black adolescents (12-17 years) was reported to be lower by the NSDUH compared to Hispanic and White children (Bitsko et al., 2022).

A consistent finding in the research, however, is that Black children and adolescents are reported to have the highest estimated prevalence of behavioral and conduct problems, as evidenced by the frequency of referrals for discipline and suspension in schools (Bryant & Wilson, 2020; Girvan et al., 2021; Islam, 2021; Planey et al., 2019; Sanders et al., 2022). The high prevalence of behavioral and conduct problems is a significant finding because prior research suggests that Black children and adolescents are more often viewed as having behavioral problems and reprimanded in schools than sent to the school psychologist for mental health treatment (Bryant & Wilson, 2020). In conjunction with the prevalence of Black children and adolescents experiencing a disproportionate rate of punishment for behavior as opposed to referral for

mental health services, the literature also suggests an association between behavioral and conduct problems and (a) poverty, (b) living in a household wherein the parents highest level of education is high school, and(c) living in rural areas (Bitsko et al., 2022). A higher prevalence of depression is also suggested to be associated with household poverty level, rural status, and having public health insurance. However, these statistics also vary between organizations and present evidence for the challenges associated with calculating the prevalence of mental health illness among children and adolescents (Bitsko et al., 2022).

Current Care Utilization and Consequences of Undertreatment in Black Youth

Recent statistics regarding mental health service utilization by Black youth suggest it is underutilized compared to the prevalence of mental health illness and behavioral challenges suggested to be experienced by this population (Ali et al., 2019). Research exploring the utilization rates of mental health services by children and adolescents of all ethnic and racial backgrounds suggested that school-based mental health services were utilized the most (22.1%), followed by outpatient services (20.6%), primary care (9.9%), inpatient services (9.1%), child welfare (7.9%), and while in juvenile detention (4.9%) (M. T. Duong et al., 2021). These findings suggest that the school context may be the most optimal place for Black youth to obtain mental health services and treatment (M. T. Duong et al., 2021). However, School-Based Health Centers (SBHC) have been employed through out the U.S. and the prevalence of mental health illness and underutilization persists in Black youth (Love et al., 2019).

The consequences of untreated mental health illness in Black youth are significant and detrimental to their overall quality of life and life trajectory. Poor academic

performance (de Haan et al., 2017) and academic difficulties (Lu et al., 2021), and low secondary school graduation rates and matriculation to college (McFarland et al., 2018) significantly influence the overall likelihood that Black youth will experience a good quality of life because academics significantly influences the likelihood of establishing a career and type of income earned.

Prior research exploring the barriers and facilitators associated with help-seeking behaviors, use, and access to mental healthcare services by low-income Black youth suggests that research exploring facilitators is understudied (Planey et al., 2019). Further, research exploring factors outside of individual and interpersonal factors associated with barriers and facilitators of help-seeking behaviors, use, and access to mental health services by low-income Black youth is also understudied (Planey et al., 2019). Although SBHC has been established in several schools across the U.S., it is evident that the current practices are ineffective in reaching the population suffering the greatest disparities in mental health illness and utilization. As a result, a disconnection exists between the availability of mental health services to Black youth and actual utilization, warranting future research in this area.

Research Questions

The study's main research question was: what are the lived experiences of mental health practitioners in government-funded school-based equity programs in Massachusetts regarding the help-seeking behaviors, use, student access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth? The sub-questions of the study are as follows:

Subquestion 1

What are mental health care practitioners' lived experiences regarding the help-seeking behaviors and use of mental health care services by low-income Black youth enrolled in a government-funded school-based equity program in Massachusetts?

Subquestion 2

What are mental health care practitioners' lived experiences regarding the barriers and facilitators to students' help-seeking behaviors, use, and access to mental health services for low-income Black youth enrolled in a government-funded school-based equity program in Massachusetts?

Subquestion 3

What are mental health care practitioners' lived experiences regarding the characteristics of the school systems that inhibit and enable help-seeking behaviors, use, and access to mental health services for low-income Black youth in a government-funded school-based equity program in Massachusetts?

Chapter 3: Methodology

Aim of the Study

The purpose of this phenomenological study was to investigate the experiences of mental health practitioners (e.g., guidance, mental health counselors, or social workers). The findings from this study are a fundamental first step in developing adequate programs, policies, practices, and interventions for low-income Black youth and their families. The following chapter reviews the methods used in this study to collect the data necessary to address the research question and sub-questions. Therefore, the following chapter reviews and discusses the qualitative research approach, targeted participants, data collection and instruments used within the study procedures and data analysis, ethical considerations, trustworthiness, potential research bias, and study limitations.

Qualitative Research Approach

Phenomenology is a “philosophical approach to studying experience” (Smith et al., 2021, p. 23). The Interpretative phenomenological analysis (IPA) design was the qualitative approach selected for addressing the research problem and questions of the study. While the IPA design “aims to provide detailed examinations of personal lived experience” (Smith & Osborn, 2015, p. 41). Therefore, IPA is an idiographic qualitative research design focusing on individual reflection, interpretation, and understanding of the participants’ lived experiences (Smith et al., 2021). As a result, a rich and thick description of the phenomena of interest emerged as participants were allowed to interpret and describe their own lived experience of the phenomena of interest (Moustakas, 1994).

The IPA design was selected for this study because of this design's overall aim of understanding participants' lived experiences within the study. Understanding the lived experiences of mental health practitioners working in school-based equity programs in Massachusetts allowed me to garner a deeper understanding of mental health care services for low-income Black youth from the practitioner's perspective.

Participants

Ten mental health practitioners who had worked with low-income Black youth (e.g., guidance, mental health counselors, or social workers) in school-based equity programs in Massachusetts were purposefully recruited for this qualitative study. Prior research suggested that qualitative research can reach data saturation with a sample size of 10 (Malterud et al., 2015) to 12 participants (Fusch & Ness, 2015). Data saturation is achieved in qualitative research when it is determined that additional data collection will not contribute to the findings because no new themes or information were obtained by recruiting more participants into the study (Fusch & Ness, 2015). Therefore, in the current study, a simple method of assessing thematic saturation developed by Guest et al. (2020) was employed to ensure adequate participants were recruited, resulting in a sample size of 10 mental health care practitioners.

Participants were required to meet the following inclusion criteria to be considered for enrollment in the study: (a) hold or previously held a mental health practitioner position (e.g., guidance counselor, mental health counselor, or social worker) at a school-based equity program in Massachusetts, (b) if currently employed at with the program, a minimum of one year working as a mental health practitioner with the

program, (c) if no longer employed with the program, a maximum of six months since leaving the position, and (d) fluent in written and spoken English.

Potential participants were purposefully recruited using LinkedIn and Facebook social media platforms to identify and recruit potential participants. In addition, snowball sampling was also employed in this study to help with participant recruitment (Crouse & Lowe, 2018). Snowball sampling occurs when self-identified study participants are asked to either provide the researcher with names of individuals they think meet the inclusion criteria for enrollment in the study or to pass information about the study to those they believe meet the inclusion criteria (Crouse & Lowe, 2018). Snowball sampling is suggested to assist researchers in obtaining the targeted number of participants for the study. Participants were asked to electronically sign an informed consent form and participate in one semi-structured interview. Interviews were conducted virtually using the Zoom platform and recorded for posterity.

Description of the Sample

The demographics and job titles associated with the ten participants of the study are described in Table 1. Participants comprised 50% (n = 5) women and 50% (n = 5) male mental health care practitioners. In addition, half of the participants identified as White, while the other half were mixed or Black mental health care practitioners. All participants except one were employed in or provided services to school-based equity-based programs during the interview. All participants provided social-emotional learning and one-on-one counseling. Participants held positions working in or with school equity-based programs for two to 23 years, and interview lengths ranged from 42 minutes to an hour and 18 minutes, with an average interview length of about 57 minutes.

Table 1*Participant Demographics*

Alphanumeric	Pseudonym	Equity-based program (Y/N)	Job title	School function	years	Ethnicity	Sex	Interview length (min)
A001	Ann	Y	Guidance Counselor	support students' social, emotional, academic and future planning needs (5 th – 8 th)	17	White	F	42:15
A002	Susan	Y	Social worker	Support student and student family needs	8	White	F	68:05
A003	Jack	N	Mental health counselor	Student counseling	5	White	M	49:37
A004	John	Y	Mental health counselor	Mental health counselor for younger kids	2	Black	M	46:55
A005	Katlyn	Y	Program advisor	Work with low-income social, emotional, and academic needs	7	Black	F	58:15
A006	Samantha	Y	School counselor	Provide counseling and social-emotional learning for grades 3 through 5	2	Mixed (Black and White)	F	59:14
A007	Bob	Y	Program Coordinator and guidance and SEL mental health coordinator for the MECCA program	Coordinator in the MECCA program and provide SEL mental health services (K-12)	14	Black	M	78:10
A008	Tim	Y	Interim executive director/social worker	Support student and student family needs (High school)	23	White	M	47:12
A009	Calvin	Y	School adjustment counselor and social worker	Provide one-on-one counseling, work with classes in SEL, educate teachers, aide where needed	2	Black	M	62:10
A010	Nikki	Y	Young Adult Community Clinical Coordinator	Provide individual therapy and clinical support to young adults enrolled at ROCA	6	White	F	55:50

Note. Social Emotional Learning (SEL); ROCA: A social services program in Massachusetts focused on disrupting poverty, incarceration, and racism by engaging young adults, police, and systems at the center of urban violence (ROCA, 2023). MECCA development corporation is a program used by multiple entities, such as school-based

equity programs to engage youth, stabilize neighborhoods, and bolster community engagement (MECCA Development Corporation, 2023)

Data Collection and Instruments

Data collection began once the University Institutional Review Board (IRB) granted permission. Once approved, data were obtained from participants using semi-structured interviews conducted using the Zoom platform that was audio recorded. Participants were contacted using social media sites (LinkedIn) and sent an invitational message (Appendix A) and flyer (Appendix B). Once self-identified for participation in the study, the participants read and electronically signed an informed consent form prior to setting up an interview time. I developed the questionnaire for the interview protocol (Appendix C). Twenty-four interview questions were developed, four consisting of demographic questions. Interview questions were developed using the study's theoretical framework and the literature review regarding previous findings (Aguirre Velasco et al., 2020; Alhomaizi et al., 2018; Allouche et al., 2021; Azale et al., 2016; Burkett, 2017; Cheng et al., 2018; Dosek, 2021; Hays & Lincoln, 2017; Heinsch et al., 2020; Ijadi-Maghsoodi et al., 2018; Jones, 2019; Kelly et al., 2020; Lefevor et al., 2022; McCall et al., 2020; Nearchou et al., 2018; Nelson et al., 2020; Padilla-Medina et al., 2022; Planey et al., 2019; Reich et al., 2021; Richmond et al., 2022; Taylor & Kuo, 2018; Watson & Hunter, 2015; Whitlow, 2020; Wright et al., 2007).

A subject matter expert (SME) was enlisted to ensure the interview questions were valid and reliable. The SME has a background in Marriage and Family Therapy at the doctoral level and is a published author. The SME holds a Bachelor of Arts and Master of Arts degree in psychotherapy and a Ph.D. in family social sciences. The SME

primarily served the African-American community, specifically families, making him uniquely qualified for reviewing the interview questions. Enlisting a SME ensured that the purpose, research questions, and developed interview questions aligned. Once the SME could review the interview questions and provide constructive feedback for revisions, the dissertation chair reviewed a final edited questionnaire and approved it for use within this study.

Procedures

As previously stated, University IRB approval was obtained before data collection. Upon approval, LinkedIn and Facebook were used to purposefully recruit mental health practitioners working in equity-based school programs in Massachusetts. For individuals identified as being affiliated with a school or program as a mental health practitioner, an invitational message (Appendix A) and flyer (Appendix B) were sent to them. The recruitment and invitational flyer messages included a synopsis of the research study's purpose and provided the inclusion criteria necessary to participate in the study. Participants were asked to contact me through the social media platform they were initially contacted on or through e-mail or phone to participate in the study. The purpose of sending both the invitational email and the flyer was so that those who chose to participate could send the flyer to individuals they knew who may have met the inclusion criteria and could be potential participants. In addition, if the flyer's components could not transfer through the LinkedIn or Facebook platform messaging system, they still had the invitational message they could forward to potential participants.

Once self-identified and interest was documented, potential participants were sent the informed consent form and asked to review it, sign it electronically, and return it

through the social media platform. Once informed consent was obtained from participants, interview times were set up based on convenience for the participant. Semi-structured interviews were conducted using the Zoom platform and digitally recorded for later transcription. Participants were asked 24 interview questions (Appendix C), consisting of four demographic questions. After completing the interviews, within one week, participants were provided their transcript for member checking and were given two weeks to make any adjustments.

Data Analysis

Once all files were transcribed, reviewed manually, and member-checked, I uploaded the transcripts into NVivo 12, a qualitative software program to help organize the data for manual analysis. Following the IPA method, the following steps were employed for data analysis as described by Smith et al. (2021) and Alase (2017) for each case: (a) familiarization with the data through reading and re-reading of the transcripts, (b) exploratory notetaking, (c) construct experiential statements (emergent themes), (d) search for connections between identified experiential statements (searched for themes), (e) name the personal experiential themes and gathered data supporting them, (f) individual analysis of each case, and finally (g) identification of group experiential themes across all cases. The following section reviews each of these steps in more detail.

Step One: Familiarization with the Data

Using NVivo 12, I created a node for the main research question posited in this study. Once the main research question node was created, I created additional nodes under the main research question node for the sub-research questions and corresponding interview questions created to answer the individual research sub-questions, as illustrated

in Figure 4. Once the nodes had been created, the transcripts were uploaded into NVivo 12. Participants' responses corresponding with each interview question were “coded” or copied over to that corresponding node so that all participants' responses for each interview question were grouped for analysis. Once all transcripts had been uploaded and assigned to their corresponding node, data analysis began with reading and re-reading the transcripts to familiarize myself with the data. I read the transcripts three times to become familiar with the data set.

Figure 4

Creation of Nodes for RQ and Sub-RQs

The screenshot shows the 'Nodes' panel in NVivo 12. It displays a hierarchical tree structure of nodes. The root node is 'RQ1-what are the lived experiences of mental health practitioners in government-funded school-b'. Underneath it are two sub-nodes: 'SQ1-What are mental health care practitioners' lived experience regarding the help-seeking be' and 'SQ2-What are mental health care practitioners' lived experience regarding the barriers and facil'. Under 'SQ1' are interview questions 'IQ4' through 'IQ9'. Under 'SQ2' are 'IQ10' through 'IQ12'. Each node has a 'Files' column to its right, which is currently empty.

Name	Files
<ul style="list-style-type: none"> RQ1-what are the lived experiences of mental health practitioners in government-funded school-b <ul style="list-style-type: none"> SQ1-What are mental health care practitioners' lived experience regarding the help-seeking be <ul style="list-style-type: none"> IQ4-What are your overall experiences with the mental health help-seeking behaviors of Bla IQ5-How do Black youth in these equity-based programs seek mental health services IQ6-What beliefs or attitudes do you perceive Black youth in these programs have that influ IQ7-How aware of mental health illnesses or conditions do you think Black youth in these p IQ8-How would you describe Black youth's mental health literacy that are enrolled in these IQ9-What factors do you think influence the mental health help-seeking behaviors of Black SQ2-What are mental health care practitioners' lived experience regarding the barriers and facil <ul style="list-style-type: none"> IQ10-In your experience, what at the school level has prevented or acted as a barrier to the IQ11-At the school level, how have the mental health practitioners been trained to work wit IQ12-What, if anything, has the school done to provide accommodations to Black youth in 	

Step Two: Exploratory Note Taking

Exploratory notetaking occurred while reading and rereading the transcripts. I highlighted sections of transcripts in the NVivo 12 program and made notes in the system when reflecting upon statements made by the participants for each interview question. Exploratory notetaking was employed in IPA to enable myself to identify experiential

statements, also referred to as emergent themes in other analysis methods (Smith et al., 2021). Exploratory notetaking was conducted for each interview question, and each case was included in the research analysis, as illustrated in Figure 5.

Figure 5

Exploratory Notetaking in NVivo 12

I have found with third, fourth, and fifth graders, if I'm focusing on that, we actually give a survey called the Panorama Survey three times a year where kids can request to meet with the counselor that way. So some students will click yes on that question. 3rd, fourth, or fifth graders. Some will come up to me when I'm in the classroom and ask if they can meet with me. I'm in the classroom every other week for 45 minutes teaching a lesson on social emotional learning curriculum. So with all of the classes, it's like twelve classes total that I'm in and out of. And so the kids will come up to me then and ask. Sometimes a teacher may refer me to speak to the student, but I'd say for the black and brown students that most of them have referred themselves to speak to me.

Annotations	
Item	Content
1	Method for providing students access to mental health services
2	Referral provided students access to mental health services
3	Help seeking behaviors were self directed

Step Three: Constructing Experiential Statements (Emergent Themes)

In the third step of IPA, I reviewed the exploratory notes created in the previous step against participants' transcripts to create the overall experiential statements for each case. Other analysis processes refer to this as identifying the emergent themes within participants' responses. During this data analysis step, I ensured the participants' original meaning was preserved and conceptualized from the participants' original thoughts. Once experiential statements were identified, the data were reviewed to identify and group any

additional responses from the participant that further supported the identified experiential statement. An excerpt of the formulation of the experiential statements is illustrated in Table 2 (Smith et al., 2021).

Table 2

Creation of Experiential Statements from Exploratory Notes and Participant Responses (Ann)

Experiential statement	Participants response	Exploratory note
Fear of parents knowing is a barrier to mental health help-seeking	I think a lot of times, kids don't use us as a resource because of potentially where they know it's going to go. This conversation now I'm I have to call your parents. Like now we have to have this whole other conversation and introduce things that maybe you're uncomfortable with you now you don't want your parents to know	The participants suggested that at the individual level, potential barriers for students of color seeking mental health services were associated with their fear of their parents finding out about what they were seeking mental health services for.
The religious belief system is a barrier to Black youth's mental health help-seeking and use	We have had families like pray over in the meeting, you know, I think it very much like they don't you're, you know, they're fine, we're gonna go to church or, you know, we're going to, you know. Whatever it is. Like the religious institution, it doesn't just have to be a church, but that it's a barrier like we will kind of prey on this and it will get better.	The participants suggested that family beliefs were a major barrier to Black youth receiving mental health services, along with Black cultural norms associated with keeping it within the family and religion or spirituality as a means for dealing with mental health challenges
Lack of multicultural awareness for clinicians is a barrier to Black youth's mental health help-seeking and use	Yeah, barely. There's not a lot of multicultural training, so maybe in class you take one multicultural course, but that's it. That's as far as it goes.	At the school level, the participant stated that they did not have any type of multicultural awareness that was being offered to the clinicians
The presence of public transportation is a facilitator of mental health help-seeking behaviors and use in Black youth	In this community, we do have, you know, transportation and everything.	The participant suggested the community had a significant amount of public transportation, which could facilitate access to mental health services
Public campaigns are essential in driving awareness and mental health help-seeking behaviors	A big campaign, that is, it's called stop the stigma, and it's more around like substance use, but it opens up the, and they like to go around to all the schools and, you know, there's kind of like a big thing and it's one day, though, you know, so it's trying to highlight the stigma, so a lot of conversations then go to like stigma of mental health and, you know, just trying to combat some of that.	The participant suggested the importance of public campaigns seeking to influence mental health help-seeking behaviors.

Steps Four and Five: Identify Connections and Create Personal Experiential Themes

The fourth step of the IPA method is searching for and identifying connections between the experiential statements, and step five is creating personal experiential themes. Therefore, in the fourth and fifth steps of the IPA method, I reviewed the experiential themes identified in the previous step to identify any connections and categorize them into personal experiential themes as described in Table 3. Therefore, I

Table 3

Personal Experiential Themes, Statements, and Participants' Responses

Personal Experiential Theme	Experiential statement	Participants' response
Parents and parental beliefs systems and attitudes are barriers to Black youth's mental health help-seeking behaviors and use	Fear of parents knowing is a barrier to mental health help-seeking	I think a lot of times, kids don't use us as a resource because of potentially where they know it's going to go. This conversation now I'm I have to call your parents. Like now we have to have this whole other conversation and introduce things that maybe you're uncomfortable with you now you don't want your parents to know
	The religious belief system is a barrier to Black youth's mental health help-seeking and use	We have had families like pray over in the meeting, you know, I think it very much like they don't you're, you know, they're fine, we're gonna go to church or, you know, we're going to, you know. Whatever it is. Like the religious institution, it doesn't just have to be a church, but that it's a barrier like we will kind of prey on this and it will get better.
Lack of cultural awareness training for clinicians is a school characteristic that negatively impacts Black youth's mental health help-seeking behaviors	Lack of multicultural awareness for clinicians is a barrier to Black youth's mental health help-seeking and use	Yeah, barely. There's not a lot of multicultural training, so maybe in class you take one multicultural course, but that's it. That's as far as it goes.
	Community factors such as the availability of public transportation influence Black youth's mental health help-seeking behaviors	In this community, we do have, you know, transportation and everything.
Public policy campaigns act as a facilitator of mental health help-seeking behaviors in Black youth	Public campaigns are essential in driving awareness and mental health help-seeking behaviors	A big campaign, that is, it's called stop the stigma, and it's more around like substance use, but it opens up the, and they like to go around to all the schools and, you know, there's kind of like a big thing and it's one day, though, you know, so it's trying to highlight the stigma, so a lot of conversations then go to like stigma of mental health and, you know, just trying to combat some of that.

interpreted any connections between the experiential themes as they relate to the participants' lived experiences regarding the phenomena of interest in the study to create personal experiential themes (Smith et al., 2021).

Step Six: Continued Analysis

Consistent with the IPA method described by Smith et al. (2021), I conducted steps one through five for each case to ensure the individuality of participants' lived experiences. Once all participants' transcripts had been analyzed using the first five steps described by the IPA method, I moved on to the final step, wherein group experiential themes across the data set were derived.

Step Seven: Group Experiential Themes Created from Grouping of Personal Experiential Themes Across the Data Set

In the last phase of the IPA method, I reviewed the personal experiential themes created in subsequent steps to identify patterns to group personal experiential themes into group experiential themes (Smith et al., 2021). Therefore, I employed cross-case analysis to identify shared experiences amongst the study participants, referred to as group experiential themes. The group experiential themes are presented in Chapter 4, the results section.

Ethical Considerations

Several practices were implemented in this study to ensure the study was conducted ethically. First, before data collection, I obtained approval from the University IRB to ensure the research methods and design align with best practices and protect participants' human rights. In line with best practices, participants had to give informed consent before enrolling in the study. Therefore, participants were informed of the study's

purpose and aim and understood what was expected of them before enrolling. In addition, participants were informed of their rights as a research participant, including the right to withdraw from the study at any time without fear of repercussions. All participants were assigned an alphanumeric before data collection to ensure their identities were not associated with their data in the study to protect participants' anonymity and confidentiality. In addition, all audio recordings are stored on an encrypted and password-protected zip drive and stored in a locked filing cabinet in my office, from which only I have access. Participants were informed that there was no monetary award for participating in the study and no foreseen benefit associated with participation. All data was destroyed three years after data completion in compliance with the university IRB protocols.

Trustworthiness

In qualitative research, establishing trustworthiness is essential to convey to the reader the confidence level in the accuracy of the overall research findings they should have (Korstjens & Moser, 2018). In qualitative research, trustworthiness is determined by the transferability, credibility, confirmability, dependability of the research findings, and whether reflexivity was employed (Hadi & José Closs, 2016). Transferability refers to other researchers' ability to apply the research findings to a different context. Credibility is associated with the truth value of the research findings (Korstjens & Moser, 2018). Dependability is associated with the sustainability of the findings over time. Confirmability is associated with the degree to which other researchers can confirm the research findings. Finally, reflexivity is associated with the researcher employing reflection in the study, wherein they identify their personal biases and preexisting

knowledge while conducting the study (Birt et al., 2016). Overall, several strategies can be employed to ensure the trustworthiness of the research findings.

In this study, I digitally recorded semi-structured interviews to ensure participants' experiences were captured accurately, a rich and thick description of the phenomena was obtained, and allow member checking for all participants. In addition, I employed reflective journaling wherein personal biases and thoughts relating to the phenomena of interest were journaled and reflected upon throughout the data collection and analysis process. As the literature suggested, I employed reflective journaling to mitigate potential researcher bias (Birt et al., 2016). In addition to recording participants' responses and employing reflective journaling, I maintained an audit trail wherein I maintained a journal regarding all the major decisions made during the research process to include my thoughts throughout the study to establish credibility, dependability, and confirmability (Carcary, 2020). Although it is impossible to mitigate all potential challenges associated with establishing the trustworthiness of research findings, employing the above strategies and employing a SME to review the interview questions ensured the research study confirmed best research practices.

Potential Research Bias

I experienced mental health challenges as a student living in a low-income community and experienced little to no mental health support from my school or community. At the time, the school system did not support students of color from low-income areas regarding mental health challenges or challenges within the home. My experience was that mental health challenges had to be dealt with on your own, and I found that the school's culture strictly focused on teacher-centered practices that did not

change or advance as the demographics of the students changed. Having worked directly with Black youth in public schools in Massachusetts, I have witnessed a hierarchy that does not provide students of color/low income with the same mental health support as White students. On multiple occasions, I have witnessed teachers make mental health the last priority for students unable to succeed in the classroom due to the mental health challenges they experience, which affected their ability to learn and finish school assignments.

I have also witnessed educational stakeholders in IEP meetings intentionally skip over the support services a Black student may need and focus on creating deadlines the student must meet for writing and math services. I have witnessed school leaders incorporate the school psychologist into meetings that would benefit the school financially but never witnessed them working with the equity-based program or sharing their services with students enrolled in the program. Unfortunately, although requests were made for a designated school psychologist or social worker for the equity-based program, the requests were denied due to monetary restrictions. It is due to my personal experience with this topic and my dedication to students of color that I was interested in this topic. I, therefore, had to manage my biases based on preexisting knowledge and personal experience on the subject.

As a result of my preexisting knowledge and experiences on this topic, I managed my potential research bias by practicing reflexivity. Reflexivity is the practice of self-reflection (Creswell, 1998). I maintained a reflexive journal throughout the research process, systematically noting how and why decisions were made. I used these notes to reflect on and eliminate potential research bias. Maintaining a reflexive journal allowed

me to review decisions made throughout the research process, allowing reflection on why certain choices were made and considering alternative paths. Engaging in reflection allowed me to identify the influence of any potential biases I may have had to inform future decisions and bolster the likelihood that participants' lived experiences were accurately portrayed.

Limitations

There are several limitations associated with this qualitative study. First, the study's sample was limited to mental health practitioners in government-funded equity programs in Massachusetts. Therefore, the sample did not include other mental health clinicians in different states. Therefore, the perceptions of mental health practitioners working at other equity programs in Massachusetts were not gathered, potentially overlooking rich data. Finally, recruitment was focused on specific social media sites, which limits participants who utilize these sites.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to explore the experiences of mental health practitioners (e.g., guidance, mental health counselors, or social workers) to identify their experiences of help-seeking, use, access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth. Semi-structured interviews were conducted with ten participants who self-reported as mental health practitioners regarding their experiences of the help-seeking behaviors, use, access, inhibiting, and enabling characteristics of an east coast school system regarding mental health care services for low-income Black youth.

The following chapter describes the participating sample, data collection, and analysis steps used within this study. The seven steps associated with the IPA methodology were used in this study and consisted of (a) familiarization with the data through reading and re-reading of the transcripts, (b) exploratory note-taking, (c) constructing experiential statements, (d) searching for connections, (e) identifying connections, (f) creating personal experiential themes, (g) continued analysis of the other cases, and finally (g) creating group experiential themes across cases from the identified personal experiential themes. Once identified, the group's experiential themes are then described and based on the research question and sub-questions: (a) what are the lived experiences of mental health practitioners in government-funded school-based equity programs in Massachusetts regarding the help-seeking behaviors, use, student access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth? (a1) What are mental health care practitioners' lived experiences regarding the help-seeking behaviors and use of mental health care

services by low-income Black youth enrolled in a government-funded school-based equity program in Massachusetts? (a2) What are mental health care practitioners' lived experiences regarding the barriers and facilitators to students' help-seeking behaviors, use, and access to mental health services for low-income Black youth enrolled in a government-funded school-based equity program in Massachusetts? (a3) What are mental health care practitioners' lived experiences regarding the characteristics of the school systems that inhibit and enable help-seeking behaviors, use, and access to mental health services for low-income Black youth in a government-funded school-based equity program in Massachusetts? The chapter begins by describing data analysis related to the data saturation method used in this study, followed by a review of the group experiential themes identified using the IPA method.

Description of the Sample

As described in Chapter 3, Table 1, 10 participants were recruited and participated in the study. The following section provides a brief review of each of the study participants. A brief review of each participant affords the reader context concerning participant responses. Participants were assigned a pseudonym and an alphanumeric to protect their anonymity.

Participant Ann (A001)

Participant Ann is a White female with 17 years of experience working in the mental health practitioner field. Her work during the study was that of a Guidance Counselor. Ann stated that she predominantly supported students in grades 5th through 9th through support services that focused on supporting students' social, emotional, and academic needs and goals. Ann also stated that she provided future planning needs for

students within whatever capacity was needed from an emotional, social, and academic standpoint.

Participant Susan (A002)

Participant Susan is a White female with eight years of experience working as a social worker in the mental health practitioner field. Susan stated that she supported students and their families in the school-based equity program by offering various resources based on the needs of students and their families. Resources included everything from social, emotional, and academic needs to financial challenges experienced by the family regarding housing, utilities, obtaining medical needs, and much more.

Participant Jack (A003)

Participant Jack is a White male with five years of experience in the mental health practitioner field working as a mental health counselor. Jack stated that he worked in a school-based equity program before opening his private practice. While working in the school-based equity program, they provided student counseling services and resources based on student needs. He also stated that he provided additional resources to students outside the school system when necessary.

Participant John (A004)

Participant John is a Black male with two years of experience working in a school-based equity program. John stated that he primarily provides student counseling for young students and offers counseling to young children outside of the program on a case-by-case basis. He suggested that he felt passionate about his job and working with the students and genuinely wanted to make a difference in these students' lives.

Participant Katlyn (A005)

Participant Katlyn is a Black female with seven years of experience working in the mental health practitioner field. Her current position is as a program advisor overseeing the care of school-aged children in a school-based equity program. Katlyn described her daily duties as working with low-income students needing social, emotional, and academic services. Her current position allows her to oversee several other program counselors and ensure the establishment of relationships with exterior sources for student care and services.

Participant Samantha (A006)

Participant Samantha self-reported as a mixed ethnicity (Black and White) and is a female. Samantha reported two years of experience working in the mental health practitioner field, where she has established herself as a school counselor. Her duties in a school-based equity program include counseling services and social-emotional learning for students in grades third through fifth. Participant Samantha suggested that she had experienced challenges in K-12 as a female of mixed ethnicities, bolstering her desire to work in school counseling with Black students.

Participant Bob (A007)

Participant Bob is a Black male with 14 years of experience in the mental health field. Currently working in a school-based equity program, Bob is employed as a program coordinator, guidance, and social, emotional, and learning mental health coordinator for a school-based equity program with multiple schools. Overall, Bob reported educating school counselors on how to provide services to non-minority and Black students, emphasizing the unique needs of Black students in K-12. As a Black

male, Bob suggested he had also experienced challenges in K-12 with mental health needs and felt a deep passion for helping students of color navigate historically White schools.

Participant Tim (A008)

Participant Tim was a White male with 23 years of experience working in the mental health practitioner field. Tim reported being an Interim Executive Director at the time of this study but has a mental health clinical background in social work. Currently employed at a school with a school-based equity program, Tim stated that he predominantly works with high school students by providing mental health and additional resources to students in the program and their families.

Participant Calvin (A009)

Participant Calvin is a Black male with two years of experience in the mental health practitioner field working as a school adjustment counselor and social worker. Specifically, Calvin stated that he provides one-on-one counseling with students in a school-based equity program. In addition, Calvin also stated that he provides education in the classroom to teachers and staff regarding providing students with social, emotional, and learning practices and, therefore, aids teachers in this area while also providing them with education on the topic. He also stated that he provides additional aid to teachers and students within the program when needed.

Participant Nikki (A010)

Participant Nikki is a White female with six years of experience in the mental health practitioner field. Her current position in a school-based equity program is as a young adult community clinical coordinator. Nikki stated that she provides individual

therapy and clinical support to young adults enrolled in a school-based equity program. Therefore, she provides services on and off the school campus as needed.

Data Analysis

Using the data saturation method prescribed by Guest et al. (2020), data analysis began to determine a base size or the number of identified themes after data was collected from six participants. Participant audio files were transcribed using office.com automated services and then manually checked each transcript by listening to each interview and going over each transcript to correct any errors made in the automated portion of transcription. Raw transcripts were then sent to each participant for review, and they were allotted two weeks to review the transcripts and return them with any additional input to ensure their intended responses were accurately captured. Five of the six participants returned transcripts with minor corrections. Member checking was carried out with all participants of the study.

I then conducted IPA using the data from the six interviews to establish the base size or number of group experiential themes. I then collected data from two more participants, referred to as the run length by Guest et al. (2020). Once data was collected from the additional two participants and transcribed and reviewed by participants, I conducted the seven steps of the IPA to develop group experiential themes to determine if more than 5% of new group experiential themes or information were identified, termed the new information threshold. My analysis of the additional two participants suggested that more than 5% of new group experiential themes or information was identified, so I conducted two more interviews for transcription, member checking, and data analysis. The new information threshold was met as only 2% of new group experiential themes

were identified in this final run length, suggesting data saturation had been reached. I then organized the data using the NVivo 12 qualitative software program described in Chapter 3 and then conducted data analysis using the IPA method to identify the following group experiential themes associated with the research question and sub-questions.

Group Experiential Themes

The following section reviews the group experiential themes. Group experiential themes were identified using the IPA method described in Chapter 3 and NVivo 12 qualitative software for data organization. The following section identifies the group experiential themes in response to the overall research question and sub-questions.

Overall, five group experiential themes were identified regarding participants' experience with Black youths' mental health help-seeking behaviors, use, and access, which included (a) help-seeking behaviors and student access, (b) awareness as a significant barrier, (c) interpersonal relationships and seeking mental health services, (d) Black cultural norms and stigma, (e) multicultural awareness, accommodations, and racism.

Theme One: Help-Seeking Behaviors and Student Access

Most of the participants (80%, $n = 8$) in this study stated that youth enrolled in a government-funded school-based equity program in Massachusetts participated in mental health help-seeking behaviors, and Black youth exhibited fewer mental health help-seeking behaviors than their White counterparts. For example, participant Susan stated, "25% of all students are seeking, but that's not only Black and brown students, so you know the percentage would be lower." Similarly, participant Katlyn stated, "very rarely will a young person, specifically from the Black community, say, I need a therapist like

that.” In addition, participant John stated the following regarding mental health help-seeking behaviors from Black youth, “mental health-seeking behaviors? Lacking, not many are looking to go to therapy because of whatever they may think or whatever they may feel, they're not looking for it. So lacking is the best word for it.”

Participant Tim stated, “in terms of how often did I actually witness students coming and seeking it out [mental health services]? Not as often, not as often.” Bob suggested that Black youth wait until they are in crisis before seeking out mental health services by stating, “ so I will say that many students don't seek mental health services until it hits the extreme or when the adjustment counselors or program coordinators have noticed a shift in the students' behaviors or academic progress.” similarly, participant Susan stated, “a lot of times we don't get to the kids that are really kind of in a crisis until they're really in a crisis.”

Synonymous with the reduced prevalence of exhibiting mental health help-seeking behaviors, participants of the study suggested that Black youth in a government-funded school-based equity program in Massachusetts were less likely to use mental health care services than their non-Black peers. More specifically, participant Katlyn stated:

It's our job to help them identify, because I think young people have a hard time articulating what's going on in their life. They have a hard time understanding what's going on in their life. And so it is really our job to say, okay, hey, would you like a therapist? Or, I think you need this. They know what they need, but they might not be able to say, I need a therapist.

Similarly, participant Ann stated:

Now obviously that's not everyone, and there's a lot of people that have a lot of things that are going on that we are not supporting in any way, so I would think, you know, we were just doing numbers and I would say like. You know, if I

support 10 students in the 6th grade, another person supports a different 10. So maybe like. 25% of all students are seeking, but that's not only Black and brown students, so you know the percentage would be lower. So I think we are busy with the kids who are open to asking for help, but there are a lot of students that are not asking or not seeking and using mental health services.

Participant Susan suggested that Black youth in their program require more encouragement toward the use of mental health services by stating:

we're like, you need to come here right now because you know your child is unsafe and we need you to have them evaluated. Yeah, I think like, the kids a lot of times are trying to manage it on their own and they're trying to ask their friends or getting advice and you know, they're like, Googling everything, so then they diagnose themselves with all these different things instead of using the proper channels.

Most participants (90%) stated they felt Black youth had access to mental health services but were not using it. More specifically, Ann stated:

I mean, I think like, they have access cause it's out there, you know, like it's there to be accessed, but, it doesn't seem to me most families are accessing it, does that make sense? I mean, I think in this community we are lucky as far as like there are a lot of resources that are focused on different communities within the community, the public transportation piece is there, that's easily, you know, it's easy to get across the town. I still just don't think that they're accessing what's available.

Similarly, participant Susan stated, “yes, I think students have access, but it is very case by case relationally based.” Participant Jack stated:

I have had quite a few younger black people reach out and be referred to me through different sources, and also individually through the program that I'm involved with in the [church name] church, my wife and I have a mental health support group that we do for the church, and so I've had many people, Black, young people, reached out to me because they're seeking some kind of mental health services. They're having struggles with different issues. So yeah, they're looking for it and they're approaching people in different ways.

Participants responses also suggested that access to mental health services could be associated with the availability of mental health practitioners overall, as participants

suggested that the lack of providers was a barrier. For example, participant John stated, “lack of resources such as practitioners is a barrier. There is most likely typically just one guidance counselor, and guidance counselors are not clinically trained to go deeper than the surface. In addition, participant Samantha stated, “many therapists right now, there are wait lists that are even the [name of health center] Health Center, four months to a year for getting a therapist (Samantha). Similarly, participant Tim stated, “there are waitlists for their [mental health practitioner] services right now. Participant Clavin stated, “one of the biggest reasons for the lack of access is a lack of clinicians or availability of clinicians.” Participant Nikki stated, “I think that in our program, there is somewhat of an accessibility challenge just due to there not being enough providers for all of the young people that are here (Nikki). Finally, Jack stated, “there are not enough providers, and there's not enough easy access to a flexible provider.”

Theme Two: Awareness as Significant Barrier

All study participants (100%) suggested that awareness was an essential facilitator, while 60% suggested that a lack of awareness or literacy was a significant barrier to Black youths’ mental health help-seeking behaviors, use, and access. More specifically, Ann stated:

I have to say our health teacher is amazing and she does like a whole unit on health on like mental like, you know, like depression, anxiety. What are these things? What are the symptoms? What can it look like in different people? So I think they are. They're being taught it like psycho, educationally. So I think that they are aware from an academic perspective of what it is.

Further, Susan stated:

I know my students five through 8, they are definitely talking about mental health and I think a lot of times I think the kids know that we're here because they see it and they see the, you know, people we support.

Jack stated:

There are some that are very aware and have done a lot of reading and, you know, research through self-help books, self-help websites, there's a lot of information out there. But then there's some that are have never done anything really, and I find that they're, you know, I'm having to introduce them to the level 101. OK. In regard to mental health. Our individual process, but there are some that are very educated and very, you know, aware of the different things available to them.

John stated:

I think they're pretty aware. I hear them say stuff all the time, like, oh, my mom could have this, my dad could have this, I could have this, that, and the other, and a lot of times they seem like they're playing, but they're pretty accurate based off of what they're coming off of, even if they don't recognize it. So I would say they're pretty moderately over. They're moderately aware.

Katlyn stated:

There's a lot of different programming around mental health within our specific program. But even without our program, the school provides social work, and every student is like, just by being a student, you're aware they're social workers, and so if they need it, they know it's there, but again, I'm going back to number four. That's something that we have to offer them in order for them to really utilize the services.

Nikki stated:

I think that they are generally highly aware, although they may not have clinical language for it, and they also may not have a more macro contextual understanding of it and see mental illness or mental health conditions as more of, like, an innate problem within an individual instead of connecting to much larger dynamics.

Regarding lack of awareness as a barrier to mental health help-seeking, use, and access, participants made several statements supporting this group experiential theme.

For example, participant Tim stated, "in terms of their knowledge of it and reading up on it? Yeah, they don't. Similarly, participant Bob stated:

I don't think that they're aware of it. I don't think it's not brought to light until it hits them in the face and then someone tries to diagnose them. So let's say you have students who not being diagnosed or anything. They're okay. Then you have these kids who are going through something or dealing with something who could be diagnosed with something. There's no books, there's no pamphlets, there's no signs up throughout the building that's advertising or educating these kids. It's going to fall on the shoulders of program advisors or program coordinators that have information available for these students.

In addition, Katlyn stated:

I don't think they're aware. I think they're aware of the behaviors, but I don't think they're aware of the diagnosis of what that really means and how to heal from them. Because once you know actual mental illness or what it is, and then you can really start to say, okay, here are some of the remedies.

Finally, participant Nikki stated:

I think that the young people tend to have a lot of lived experience with mental health conditions within their families and within their environments, although, like I said before, they might not have certainly not like a clinical language necessarily for it and possibly and usually not like a macro contextual understanding. And it's again, more personalized as kind of innate problems that people deal with with mental health or substances.

Theme Three: Interpersonal Relationships and Seeking Mental Health Services

Another group experiential theme identified regarding the barriers and facilitators of mental health help-seeking behaviors, use, and access were interpersonal relationships. All study participants (100%, n = 10) suggested either family, friends, teachers, and the counseling department can significantly influence mental health help-seeking, use, and access to care. The following section reviews participants' statements that support the importance of interpersonal relationships with family/parents, friends, teachers, and practitioners at the school counseling department.

50% of the participants suggested parents were essential in facilitating Black youth mental health help-seeking behaviors, use, and access. Participant Susan stated, “I

think family support is essential to student use of mental health services.” Further, participant John stated:

If it happens [help-seeking, use, and access], then it's usually through their parents. The parents are saying, hey, this is necessary, and you're going to do it regardless of whether you want to or not. So typically, through the parents, they themselves are not looking for it most of the time.

In addition, participant Calvin stated, “others could be associated with parents being more informed and now taking an active role.” Finally, Nikki stated:

I was thinking also about family, and I think that at times, family can be a motivator for help-seeking and use behaviors for some of the reasons I mentioned before about kind of people wanting to help themselves, kind of in service of another person who they care about.

However, family, parents more specifically, were suggested to also act as a significant barrier to mental health help-seeking, use, and access. More specifically, parents' and parental belief systems and attitudes were suggested as barriers to Black youth's mental health help-seeking behaviors and use of religious belief systems, students' fear of their parents finding out what they saw a therapist for, and fear of disappointing the family was suggested to contribute to the overall group experiential theme of parents and their belief systems and attitudes acting as barriers to Black youth's mental health help-seeking behaviors, use, and access. For example, participant Ann stated:

Yes, like I mean we have had families like pray over in the meeting, you know, I think it very much like they don't you're, you know, they're fine. We're gonna go to church or, you know, we're going to, you know, whatever it is, like the religious institution, it doesn't just have to be church, but that it's a barrier like we will kind of prey on this and it will get better.

Similarly, John stated, “most Black families are not seeking therapy. They don't recommend it. It's just go to church or you'll be okay. Participant Katlyn also suggested religious belief systems held by the parent negatively influences mental health help-seeking behaviors, use, and access. Participant Katlyn stated, “I definitely think religion plays a huge part whether someone seeks it or not. I think for the most part it's been not seeking it because they think that they can just rely on their religion. Further, participant Samantha stated:

There are nuances in terms of culture, so we have a number of families from West Africa, specifically Nigeria, and so they may more lean on their church and religious beliefs as opposed to mental health support outside of school.

Regarding Black youth fearing their parents finding out that they have seen a counselor or what they have seen the counselor for, participant Bob stated:

So now I come to a high school where every now and then you may, if I'm struggling and someone comes to talk to me, a lot of these kids are like, no, I'm not telling you anything, but if I tell you something, you're going to go back and tell my mom or you're going to file whatever it is, they're not saying anything. So now the kids are really fighting uphill battle in life because they're not getting any service because they're scared of, like, if I tell my therapist this, what happens next?

Similarly, participant Susan stated:

so I think they're trying, they're trying to figure it out on their own, so we don't get it to like the parental level, cause it, you know like and I didn't want my mom to know like anything I was doing.

Further, participant Jack stated:

One of the barriers and one of the struggles, is not wanting to disappoint their family and go against what they are being told at home and breaking the silence and. You know, opening the secrets of their family. I think a lot of times really what I'm seeing the barrier is the parents and the parents beliefs and attitudes, like, don't tell anyone anything at school, don't talk to them, anyone you know.

That's our Business you know, like, keep it separate. So a lot of times the kids will want to talk to an adult here at school, but maybe hesitant to kind of give you the whole picture because of, you know, the the parents or or whoever's at home is just saying, yeah, you know, we're gonna take care of this ourselves.

Synonymous with participant Jack's statement, participant Calvin stated:

I would say the second, if not the number one biggest factor is just family history around the topic, and what I mean by that, to give an example, would just be generational trauma in terms of keeping stuff to themselves or just not how we as a family handle things.

Finally, participant John stated:

In general, I would say they're probably influenced a lot by their family, their nuclear family that they're coming from, and some cultural influences about what it's like to seek mental health in an institutional setting like a school. How much of a kind of veil of privacy is that family encased in where it's seen as not something positive to let it outside and to hear about personal things that are going on in your life or your family's life.

Regarding mental health help-seeking behaviors, use, and access, 90% of participants stated that friends were essential in Black youth seeking and using mental health services. Participant Ann stated, "the friends can be a positive influence to access or potentially a negative." Further, participant Tim stated:

Especially that friend thing, because if I was seeing and hopefully doing a decent job, like helping a student, then they were very likely to refer a friend or drag a friend and say, you got to talk to Paul. But a student on their own, that was actually less common.

Participant Calvin stated:

I have seen many children seek counseling support either through the recommendation of a friend or being referred to from a friend, which I truly appreciate is just showing that youth are adapting and becoming more aware... Yes, I would say from what I see, there are many factors that can influence it. One of the main ones is friends, and family.

Similarly, participant Nikki stated, “yeah, I think that a few of these subcategories stuck out to me for friends and classmates. I think that peer relationships and peers influence each other so much.

However, friends can also hinder mental health help-seeking behaviors, use, and access. For example, participant John stated:

Other students. Other students? Definitely. One, you don't want to be seen as the crazy person with problems. Two, all of those are typically family, friends, classmates, but one friend or one family member ridiculing you for it or judging you for it, they will keep you from doing it. So they'll keep you from having that access or keep you from using the access.

Further, participant Katlyn stated:

Oftentimes I think young people do this thing, like group think, and they tell one person, I'm pregnant or doing this, and then the other person gives them the wildest thing possible to do, as opposed to, like, you should probably go tell an adult that's never like, the go to answer. I feel like when I was a young person, I was like that. I was always like, yeah, I don't know. I think you should talk to your mom. I think you just tell an adult, but most people are like, let's cover this. Their brains have not fully developed, they're all thinking wrong, right? I don't think there's just, like, this random one young person who's, like, the leader of them all. I think they all have similar behaviors. And so with their friends and classmates, I oftentimes see just even more bad influence. Right? Like, you're going to another person that doesn't know what to do to tell you what to do. When it comes to friends and classmates, I don't see it [mental health help-seeking, use and access] getting better.

Regarding teachers and the Counseling Department, participant Ann stated, “I just think it's like individual relationships with the like counseling department. Further, participant Susan stated:

I mean, a lot of times you create very good relationships with certain students, the students that you see over time and a lot of times they will bring someone or say like you need to talk to this person because they've, you know, realized, OK, this could be supportive.

Finally, participant Bob stated, “a lot of kids won't come out and seek it, and they won't come to you. Now, if an advisor has a good relationship with a student, then it will come out.

Theme Four: Black Cultural Norms and Stigma

Participants also suggested that Black cultural norms (70%, n = 7) and stigma (90%, n = 9) significantly influenced Black youths' mental health help-seeking behaviors, use, and access. More specifically, participant Samantha stated:

Boys in general are hesitant to talk about their feelings, especially Black boys, and so that's something my colleagues and I have spoken about of just how can we, at this young age, help support with that?

Further, participant Nikki stated:

Another barrier might be some families at this age, they tell their kids not to say anything if they've already been involved with DCF (Department of children and families), and it's not until they're, like, in middle school or high school, high school from when I was a high school counselors, when kids would speak about things that happened when they were younger, and now if they've been filed on, so then they don't talk about anything. I have a couple of kids that we had to file based on things that they said, and then that just made them close up in terms of saying anything.

Finally, participant Katlyn stated, “for Black cultural norms, it is not really the norm in Black culture to seek therapy.

Regarding stigma as a barrier to Black youths' mental health help-seeking behavior, use, and access, participant Ann stated:

I think some people are embarrassed, like, you know, I'll go and get kids and they say ohh am I, like, why am I in trouble like? You're never gonna be in trouble by me, you know, like so there's like, a perception that if a school counselor shows up to pick you up, that you're in trouble somehow, like yeah, I think those are some of the barriers.

Similarly, participant Jack stated:

I think that there's, in general, there's a stigma, but not just necessarily for Brown and Black students, but I think overall with like people sometimes feel like they're not as good as somebody else because they're having to have professional help.

Participant John stated:

if anything, they'll do it in private. It's probably one person who told a friend, or it's a family, but they don't want anybody else to know, like when you call them or contact them, they say, hey, don't put the agency's name. Basically, it's like you have to speak in code so nobody else knows.

Similarly, participant Katlyn stated, “some of our students, I have to watch my sister, or they're already thinking about all the stigmatization of seeking and using mental health services. Further, participant Bob stated:

until that culture shift, until the connection is made, I think it'd be hard for a kid to look past being made fun of or have that stigma stereotype to look past that because other than that, they're just not going to do it.

Finally, participant Calvin stated:

They already believe that there's a stigma or some type of title that they already hold just by being themselves. So for instance, I did a group this morning in terms of like we talked about how we see ourselves versus how the outside world or others might see us. I asked my students about the comparisons and many of them were saying no. We believe their perceptions that the outside world places on us and so what they believed was like, we'll be gang members, we'll be troublemakers, we're devious, we're not capable of being smart, we're not capable of being handsome or attractive, and it's quite, for lack of a better word, horrific and saddening to see that youth today are so early, already having these low self esteems and these are elementary to middle school age students.

Theme Five: Multicultural Awareness, Accommodations, and Racism in Hindering Help-Seeking Behaviors

Participants (90%, n = 9) also suggested that staff training, such as multicultural awareness, significantly influenced Black youths' mental health help-seeking behaviors, use, and access. More specifically, participant John stated:

there's not a lot of multicultural training, so maybe in class you take one multicultural course, but that's it, that's as far as it goes, outside of that, there's not many trainings, if anything, it's probably the therapist themselves, like, if the therapist is Black or brown, then they can just relate based off of life.

Similarly, participant Katlyn stated:

No, I have not seen that [multicultural training]. I have had to seek those things on my own. That's just like information and stuff, that what's it called. I invested in myself to do, but it wasn't something that was just provided.

Participant Tim stated, “yeah, so I'm trying to think about my two decades plus in the [school name] School District, have I received any specific training with this goal [multicultural awareness] in mind? And I don't think I can say that I did.

Finally, participant Samantha stated:

So there is a seed program here for staff, which they had seed at the high school, and that's after school, so any type of training is outside of work hours, and I think people are already feeling stretched thin, and then people can apply for grants, like the grant I was telling you about where I traveled last summer to go to do different professional development, but nothing necessarily during the school day. There are some staff meetings that [name], who's now the diversity and equity coordinator, I don't know her exact title or [name], so she's organized some staff meetings around that.

Participants (60%, n = 6) also suggested that the presence or absence of accommodations significantly influenced Black youths' mental health help-seeking behaviors, use, and access. Regarding accommodations, Katlyn stated:

Nothing, absolutely and utterly nothing. In all of my seven years here, I have not even heard anyone discuss the mental health of Black students. They only discuss their behavior, punitive measures for their behavior, and just making sure they can just get through the school, just like almost a numbers game.

Similarly, participant John stated regarding accommodations, “nothing, like I said, just most the guidance, counseling, but nothing.

Participant Bob stated:

Accommodations? All right, so I don't think the district would there's no accommodations. The only shift was maybe five years ago. If you were a student, there were no surveys that were coming out where every student had to fill that survey out, and if you are a student of color, and if you are struggling with something, you can write a note and say it's called raise your hand, where when you say you want to raise your hand, that's telling somebody in the district that you want someone to check in with you, that wasn't there years ago, it's in place now and when you have a large district, it's really difficult because [school name] has eight K to eight schools, and then they have the high school, so it's going to be hard to service a lot of kids, right? So what they're trying to do is have this tier one service that every single student in the district will get in the classroom, right? And then they'll pull you out, depending on what you fill out on that survey, that's the only accommodations that I'm noticing in terms of, like, trying to reach folks in a way, but outside of that, no.

Nikki stated:

Well, I think that it is kind of like accommodations, just that the program does offer a lot more flexibility than young people would be able to access in another setting, so in a healthcare setting or something like that, so for example, young people can miss appointments or be late or need to leave early or reschedule at the last minute or there's just a lot more patience and leeway and understanding of the levels of stress and instability that a lot of young people are experiencing, make it so that being super consistent with a weekly standing appointment isn't realistic. So I think that that is a really important accommodation that there's flexibility with scheduling and with location. We can be at their home. We can be going for a walk. We can be in an office. I think that is really important.

Participants also suggested that racism (60%, $n = 6$) within their school significantly influenced Black youths' mental health help-seeking behaviors, use, and access. More specifically, participant Katlyn stated:

Oh, yeah, to be honest with you, if I could sum it all up in one very all encompassing word, it's racism. I think a lot of bias, racist behavior prevents because think about it, my program is in a predominantly White school that's very affluent and has more programs than the average high school, let's be fair, they have so many campaigns, they have so much leadership programs. Mental health is a really big topic, it's something that's not taboo to talk about in the school that the program is in, it just isn't, there's social workers out the wazoo, but just because it's there, right? And so people might be bullying the students and say, well, it's there, and the kids don't use it.

In addition, participant Samantha stated:

It's interesting to see because when I worked with Steps to Success in understanding more of trauma and how that impacted a trajectory of kids getting into special education, I see little Black boys getting in trouble a lot more and who've been through a lot of trauma, and I still don't have an answer in terms of especially the younger ones like kindergarten if their parents are not yet open to therapy for themselves and their child. There's only so much you can do in a school day, and it breaks my heart to see these kids as the ones getting in trouble who are doing that, like, who might be choking a teacher, literally kicking people. I had to get safety care trained so to properly I haven't had to restrain the kid, but I did have to evacuate a classroom last year due to this wasn't a student of color. But, yeah, I still don't have answers, and I've spoken with my counseling colleagues here about that of just, yes, we see who's getting in trouble more, and I still don't have the answer to it, and I see the teachers doing everything that they can do.

Finally, participant Tim stated:

I just think, you know, the dynamic that we've all seen exist, where students of color who are exhibiting one set of behaviors, and then you have their White counterpart students exhibiting basically the exact same set of behaviors and presentation, and one will be met with discipline, and the other and the White student might be met with like, oh, we need to flood you with mental health supports and social work and interventions that will help you adjust your behavior.

Conclusion

The main research question of this study was: what are the lived experiences of mental health practitioners in government-funded school-based equity programs in Massachusetts regarding the help-seeking behaviors, use, student access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth? The research findings suggest several factors inhibit and enable Black youth's mental health help-seeking behaviors, use, and access in school-based equity programs in Massachusetts. Five group experiential themes were identified from participants responses to interview questions and included (a) help seeking behaviors and

student access, (b) awareness as a significant barrier, (c) interpersonal relationships and seeking mental health services, (d) black cultural norms and stigma, (e) multicultural awareness, accommodations, and racism in hindering help-seeking behaviors. The following chapter, Chapter 5, will provide a more in-depth discussion of these findings, their implications, how they relate to prior studies, the limitations of the study, and recommendations for future research.

Chapter 5: Discussion

As a result of the gap in research regarding the help-seeking behaviors of low-income Black students (Harper et al., 2016; Planey et al., 2019), I sought to explore the lived experiences of mental health practitioners in government-funded school-based equity programs in Massachusetts regarding the help-seeking behaviors, use, student access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth. Ten mental health practitioners in government-funded school-based equity programs in Massachusetts participated in the study. They provided invaluable insights into Black students' mental health help-seeking behaviors, use and access, and inhibiting and enabling characteristics of the school systems to mental health care services for low-income Black youth within their program. Overall, five themes were identified regarding participants' experience with Black youths' mental health help-seeking behaviors, use, and access, which included (a) help-seeking behaviors and student access, (b) awareness, (c) interpersonal relationships and seeking mental health services, (d) Black cultural norms and stigma, (e) multicultural awareness, accommodations, and racism. The following chapter discusses the interpretation of the study findings, the perceived relevance of the study, and recommendations for future research. The chapter ends with an overall conclusion of the research study.

Interpretation of the Findings

Help-Seeking Behaviors and Student Access

As described in the results section, 80% of the participants in this study stated that youth enrolled in a government-funded school-based equity program in Massachusetts

participated in mental health help-seeking behaviors but that Black youth exhibited fewer mental health help-seeking behaviors than their White counterparts. These findings are supported by prior literature regarding Black youth's mental health help-seeking behaviors (Aguirre Velasco et al., 2020; Glass et al., 2015; Planey et al., 2019). In addition, the finding that Black youth are less likely to access and use mental health help-seeking behaviors is also supported by prior literature (Aguirre Velasco et al., 2020; Mylien T. Duong et al., 2021; Lu et al., 2021; Toure et al., 2022).

These findings suggest that Black youth perceive challenges in seeking mental health services, use, and access. Participant responses aside from awareness, interpersonal relationships, Black cultural norms, stigma, multicultural awareness, availability of accommodations, and racism that could also influence Black youth mental health help-seeking behaviors, use, and access could be the use of referrals and the availability of Black mental health providers (Planey et al., 2019). For example, participants suggested that the availability of referrals could either facilitate Black youth's mental health help-seeking behavior, use, and access or act as a barrier when unavailable. For example, participant Ann stated:

an administrator's referral, so from the assistant principal, a lot of times we'll also get referrals from the school now. The school nurse is very valuable because they see the kids that are frequent Flyers. They're going to the nurse, and the nurse can refer them.

In addition, participant Jack stated, "sometimes I refer them depending on the situation. Similarly, participant Tim stated, "students are referred by a variety of sources to me for counseling, a guidance counselor might refer a teacher, a parent, a dean, even a friend or family member.

Regarding the lack of availability of Black practitioners, participant Katlyn stated:

I think the most important thing is having practitioners who are well-versed in the life of Black youth and can relate to them. So whether it's a Black youth, and that's not to say that a white therapist can't help a young Black person, that's untrue. However, from what I've seen in the context of my program is that students have been way more open to Black therapists who have come from the neighborhoods that they have come from in particular, and have their style of talk, have their style of just life, or maybe you know what I mean? Like, live in the environment, right? Live in the environments that they're from. I think those factors really can make the difference between someone, a Black young person using utilizing the service or not.

Similarly, participant Samantha stated:

I think that when they see a person of color, a Black or Brown staff person, I think at least last year I felt like they felt more comfortable seeing me and talking to me, and even younger kids whom I don't even work with yet, like a kindergartner of color, might just run up to me and give me a hug.

Participant Bob stated, "I think there's services out there. I think, again, the difficult part is finding a therapist of color is a big factor for a lot of our kids. Finally, participant Tim stated:

Having not only the mental health staff demographics, like, mirror the student population, like having representation teachers too, because, again, teachers and guidance counselors and deans, they're sort of the ones that refer most students to get mental health counseling, so I think for them, the school district should make sure that there's representation across the board in all those domains.

Based on participant responses, at the individual level, factors associated with mental health help-seeking behaviors and use were associated with a lack of awareness through literacy and awareness of accommodations. However, some study participants also mentioned language barriers and assimilation into the American culture as potential barriers to mental health help-seeking behaviors. For example, Samantha stated that a

barrier to mental health help-seeking was “language if you're from another country and it's harder to navigate.” Regarding assimilation, Jack stated, “so I find that sometimes the youth, as they are becoming assimilated and into the United States way of doing things, they have more of an open mind.” Jack’s statement suggests that Black youth from other countries need further assistance in assimilating into the American culture to become more willing to seek, access, and use mental health services. Prior research exploring the mental health help-seeking behaviors of Black college students supports the interpretation that assimilation is a barrier to mental health help-seeking behaviors and is, therefore, a potential facilitator (Mushonga & Henneberger, 2020).

Participants' responses regarding mental health help-seeking behaviors, access, and use suggest an overall need for more supportive elements targeting the individual to seek, access, and use mental health services (Planey et al., 2019). In the results section, participants reported that Black youth have access to mental health services but fail to use them. Therefore, I learned from my participants' responses that there may be barriers to access they are unaware of from their perspectives and that overall, a multipronged approach to encouraging Black youth to seek, access, and use mental health services is needed to bolster the number of Black youth receiving mental health services. The interpretation that more elements are needed to support Black youth mental health help-seeking behaviors is supported by the statistics reflecting a lack of overall use (Rodgers et al., 2022). Further, the notion that there are potential barriers that participants of this study were unaware of is supported by participants' responses wherein they seemed confused as to why Black youth do not access mental health services when they have access.

Awareness

Awareness as a facilitator and lack of awareness as a barrier to Black youths' mental health help-seeking behaviors, use, and access suggests bolstering awareness of accommodations offered within the school and community levels. I learned from participants' responses that they perceived Black youth as having a mixed awareness of mental health illnesses and related challenges. Several participants suggested they perceived Black students were aware of mental health because they talk about mental health illness and physically see social workers and other mental health practitioners within their school. However, participants suggested Black students' awareness may be superficial as the larger macro dynamics associated with mental illness are not conceptualized as suggested by Katlyn's responses. Although not found to be major themes identified in the current study, several participants commented on the bolstering of mental health awareness being associated with social media and showcasing or presenting mental health information to bolster awareness and disseminate information to students, parents, and the community. For example, Calvin stated:

social media has been very helpful in terms of supporting youth or helping youth to understand the importance of mental health. A lot of the youth that I work with show me videos of like, hey, I just saw this thing about depression, anxiety. What are your thoughts on it? And so that's allowed us to have conversations about it.

Similarly, Tim stated:

societal factors, like even something as seemingly distant as Kanye West with his diagnosed bipolar or an athlete. I can think of a couple of athletes off top of my head that have been very open and transparent about taking time away from their sport to focus on, like Naomi Osaka, the tennis player, and some other ones. I think those things actually do filter down into the consciousness of our students, and maybe not dramatically, but just by a slight degree, increase their own the likelihood that they themselves, if they were experiencing a mental health crisis,

would seek help. So I think that's another important factor. Also, like TV shows, movies, things like that, not just athletes.

Regarding presentation and showcasing as a way to disseminate mental health information and bolster literacy, Calvin stated:

I would say the biggest way to increase awareness is always to just have a showcase or have a presentation. I think schools generally should be able to dedicate a day or a week or some time over and over and over during the course of a week specifically dedicated towards mental health.

Overall, it was evident from participants' responses that bolstering the literacy of the students, parents, school staff, and overall community would be beneficial and potentially supportive in bolstering Black students' mental health help-seeking, access, and use behaviors. Prior literature supports this interpretation of bolstering literacy to facilitate help-seeking, use, and access behaviors (Aguirre Velasco et al., 2020; Lu et al., 2021; Planey et al., 2019).

Interpersonal Relationships and Seeking Mental Health Services

All study participants suggested that family, friends, teachers, and the counseling department significantly influence mental health help-seeking, use, and access to care. As a result, I learned from my participants that interpersonal relationships are essential in mitigating or facilitating Black youths' mental health help-seeking behaviors. The importance of interpersonal relationships in influencing mental health help-seeking behaviors is supported by prior research (Richmond et al., 2022). I interpret these findings as being associated with the level of acceptance Black students experience at an individual level as a result of the perceptions and acceptance of seeking, accessing, and using mental health services by individuals they have the most contact with daily

(Lindsey et al., 2010). The level of acceptance of using mental health services is associated with Black cultural norms and stigma.

Black Cultural Norms and Stigma

As reported in the results section, participants suggested that Black cultural norms and stigma significantly influenced Black youths' mental health help-seeking behaviors, use, and access. Participants' responses suggested that Black boys are least likely to seek mental health services, and families support secrecy or privacy over mental health help-seeking behaviors. Prior literature supports the findings that Black males are less likely to seek mental health services and that Black cultural norms support secrecy and dealing with mental health challenges within the family or religious affiliation (Aguirre Velasco et al., 2020; Lu et al., 2021; Planey et al., 2019; Toure et al., 2022). Participants described Black students' stigma associated with embarrassment or fear of being labeled, stereotyped, and made fun of by others. These findings are supported by prior literature regarding the association between stigma and mental health help-seeking behaviors in Black youth (Lu et al., 2021; Planey et al., 2019).

I interpret these findings to be associated with the overall distrust of Black community members toward medical professionals in general (Gray, 2013). Further, due to an overall fear associated with seeking help in general, mental health may be perceived as very personal and is associated with several negative attributes in the wider community and nation, thereby increasing the difficulty Black Americans already experience in navigating a predominantly White world.

Black cultural norms associated with seeking mental health services suggest that Black community members view mental illness as a weakness instead of an involuntary

consequence of their environment or genetics (National Alliance on Mental Illness, 2023). As a result, there is a strong stigma or negative perceptions and feelings toward individuals with mental health illness in Black communities (National Alliance on Mental Illness, 2023). Therefore, Black Americans, or anyone feeling a stigma toward mental illness, may experience feelings of shame if they were to consider seeking mental health services. In addition, Black cultural norms support using religious figures for counsel and secrecy or handling these types of issues within the family to protect their children from being more vulnerable to the wider and predominantly White nation. Therefore, I perceive Black cultural norms have been established to protect people of color from the outside world and are perceived by Black community members as a way to protect themselves and their children from the untrustworthy medical community (Gray, 2013), prejudice, discrimination, racism (Cities & Pilgrim, 2022), and stigma (Mills, 2018).

Multicultural Awareness, Accommodations, and Racism

Participants' responses regarding multicultural awareness, lack of accommodations, and racism suggest that mental health is predominantly overlooked or devalued as a priority within schools. Although some participants suggested their schools have implemented elements within the school infrastructure to address the mental health of students, it appears many programs or initiatives are inefficient in their endeavor as Black students continue to be underserved in mental health services overall, and the schools participants work in (Aguirre Velasco et al., 2020; Glass et al., 2015; Planey et al., 2019).

Overall, participants' responses suggest that school culture could significantly influence the mental health help-seeking behaviors, access, and use of mental health

services and was suggested to be lacking by 40% of the participants of this study.

Namely, Katlyn stated:

I like for things to be institutionalized because when things are not institutionalized, then the conversation and the measures die with you, right, if I decide to leave, which I have every right to move on and whatever those measures now, leave with me and so I like to see something structurally for the school, and I think it also has to do with school culture as well. It shouldn't just be because I'm here, whether I'm here or not, those measures should be in the school, and so I think whatever is offered should not just be programmatic, but it should be something that is in the school.

Similarly, Bob stated:

if you're in a psychology class at the high school, you may learn a few, but you're getting the basics until that culture shift, until the connection is made, I think it'd be hard for a kid to look past being made fun of or have that stigma stereotype to look past that because other than that, they're just not going to do it.

Finally, Tim stated:

so there's like a specific outlay of resources from the district or from [organization name] that specifically addresses increasing access to mental health supports for students of color in the [school district name], but it's funny, it's funny because I think that the funding does come from [organization name], not the [school district name], it should have been the [school district name] that stepped up and funded that, so that's one thing, I think that was like a tangible mention they did to increase success and bolster mental health seeking behaviors. What else can I think of? Oh, I think having programs like you mentioned, all the resource rich [school district name] programs, like having steps, having African American Latino Scholars program, having the Mecho Room, like the actual physical room, creating these dome, these mini environments in the school that are wraparound, supportive, nurturing, comfortable spaces that obviously has an impact on kids level of comfort in opening up, feeling comfortable, connecting with the adults in those spaces.

As described by Katlyn, Bob, and Tim, a mental health school culture would focus on implementing elements into the school that would bolster all students' mental health help-seeking behaviors, access, and use. Further, a school bolstering a mental health culture would ensure that staff is trained in multicultural awareness, offer students more

accommodations, and work to eliminate racism in school structure and practices. Prior research supports this interpretation of the findings regarding the importance of school culture in facilitating mental health help-seeking behaviors (Barker et al., 2023; Demkowicz et al., 2023).

Relevance of the Study

As a result of the suggested prevalence of mental health challenges experienced by Black youth that is underreported and untreated (Ali et al., 2019; Mennies et al., 2021; Planey et al., 2019), the research findings are relevant to the current public health issue associated with low mental health services care utilization by this population (Ali et al., 2019). The themes identified in this study are important because they identify the need for bolstering mental health awareness and a mental health school culture to facilitate the acceptance of seeking, accessing, and using mental health services. Most of the barriers identified in this study (lack of awareness, influence of interpersonal relationships, Black culture norms, lack of multicultural awareness, accommodations, and prevalence of racism in the school system) can partially, if not completely, be addressed by bolstering mental health awareness through practices that will increase student and parent literacy and by employing a mental health school culture. Although schools do not exist in a vacuum, bolstering a mental health school culture would assist in addressing several of the identified barriers and facilitators identified in this study.

As discussed in the literature review, the consequences of untreated mental health illness in Black youth are significant and detrimental to their overall quality of life and life trajectory. Poor academic performance (de Haan et al., 2017), academic difficulties (Lu et al., 2021), and low secondary school graduation rates and matriculation to college

(McFarland et al., 2018) significantly influence the overall likelihood that Black youth will experience a good quality of life because academics significantly influences the likelihood of establishing a career and type of income earned. Mental health difficulties and challenges negatively affect an individual's ability to contribute to society as a whole successfully and often create an extreme financial burden on the community and healthcare organizations in the U.S. as a result of lost work wages, social security income, and debt to healthcare organizations in medical costs. Therefore, the research findings are relevant to the current public health crisis facing the American population and Black demographics not receiving the mental healthcare services needed.

Recommendations for Future Research

Several recommendations for future research can be made involving changing the population sampled and exploring each theme identified in this study more in-depth. Regarding changing the population sampled, future research should consider conducting a qualitative phenomenological study exploring the lived experiences of low-income Black youth regarding their mental health help-seeking behaviors, access, and use. Garnering the perspectives of Black youth could potentially identify additional barriers and facilitators not identified in the current study. Another recommendation for future research would be to conduct a phenomenological study exploring the lived experiences of mental health practitioners across multiple states in school systems that are not government-funded equity-based programs to garner a broader perspective regarding the barriers and facilitators experienced by Black youth regarding mental health help-seeking behaviors, access, and use. An additional recommendation for future research includes an exploration of the lived experiences of Black mental health practitioners regarding the

help-seeking, access, and use of mental health services by Black youth to garner a different insight regarding the potential barriers and facilitators associated with low-income Black youths' mental health help-seeking behaviors. It can be posited that Black mental health practitioners may have unique insights due to being minorities and potentially experiencing these challenges and barriers firsthand.

Researchers should also explore the effectiveness of different practices to bolster mental health literacy among students, parents, mental health practitioners, and school staff. Identifying effective practices for bolstering mental health literacy among this population is essential for addressing barriers to mental health help-seeking, access, and use behaviors. Researchers could conduct a longitudinal quantitative pre-post test design study to assess intervention effectiveness with Black students, parents, mental health practitioners, and staff. Researchers should also focus on exploring the effectiveness of different types of accommodations on Black youth's mental health help-seeking behaviors. More specifically, researchers could focus on which accommodations are most effective in the school setting for bolstering mental health help-seeking behaviors, access, and use. For example, employing various practices (class surveys, mandatory weekly check-ins with mental health practitioners, employing a health teacher) to bolster mental health help-seeking behaviors of Black students could be assessed using a longitudinal quantitative pre-post test study assessing the effectiveness of each intervention. A longitudinal pre-post test study could also explore practices that could facilitate mental health use, such as employing referral systems, Black mental health providers and bolstering multicultural awareness among mental health practitioners and school staff.

Conclusion

I conducted a qualitative phenomenological study to explore the lived experiences of 10 mental health practitioners working in a government-funded equity-based school program to identify their insights regarding the barriers and facilitators associated with the help-seeking, access, and use of mental health services by Black students from a low-income community. Several themes related to elements that facilitate or mitigate the mental health help-seeking behaviors, access, and use by Black students included awareness, interpersonal relationships, Black cultural norms, stigma, multicultural awareness, accommodations, and racism. Overall, the research findings suggest the importance of bolstering mental health awareness and a mental health school culture to mitigate several barriers associated with mental health help-seeking behaviors, access, and use. The interpretation of these research findings is empirically supported by prior literature and offers new insights and contributions to the literature regarding the facilitators of mental health access and use for low-income Black students at the organizational level. Several recommendations for future research were discussed, and overall more research is needed regarding the mental health help-seeking, access, and use behaviors of low-income Black students from the perspective of various populations and to further explore the themes identified in the current study.

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Appendix A
Recruitment Message

Hello,

My name is Audrey Spataro, and I am a doctoral candidate at Nova Southeastern University in Florida in the United States. I am contacting you to ask if you would be willing to participate in my study exploring the perceptions of mental health practitioners working in government-funded equity-based school programs in Massachusetts. I seek to explore your perceptions regarding the mental health help-seeking behaviors, use, and access of Black youth in these equity programs. I also seek to understand your perceptions of the barriers and facilitators you ascribe to the schools' characteristics and how you think Black youth's mental health help-seeking behaviors and use can be improved. My interest in this topic was sparked after working in an equity-based school program as a mental health practitioner myself. Suppose you choose to participate in this study. In that case, please review the inclusion criteria below and ensure that you meet the minimum criteria to participate in the study. If yes, you will be asked to participate in a 60-minute virtual interview with me where I will ask you several questions about Black students' mental health help-seeking behavior, access, and regarding school characteristics that you perceive inhibit and bolster student mental health help-seeking and use behaviors. You will be asked to sign an informed consent form and agree to being digitally recorded so that I may analyze your response to the interview questions. The interview will be scheduled at your convenience. If you have any questions, please do not hesitate to message me here or you can email me at Audreyanne.spataro@gmail.com or reach me on my cell phone at (781) 605-4745). I hope to hear from you soon.

Sincerely,

Audrey Spataro
 Doctoral Candidate
 Nova Southeastern University

If you meet the following criteria, you are eligible to participate in the study:

- (a) hold or previously held a mental health practitioner position (e.g., guidance counselor, mental health counselor, or social worker) at a government-funded school-based equity program in Massachusetts
- (b) if currently employed in a program, a minimum of one year working as a mental health practitioner within the program
- (c) if no longer employed with the program, a maximum of six months since leaving the position
- (d) fluent in written and spoken English
- (d) between the ages of 18 and 65 years old.

Appendix B
Recruitment Flyer

Volunteers Needed for A Research Study



Why have I been asked to participate?

We are looking for mental health practitioners at K-12 schools participating in government-funded equity programs in Massachusetts to help us understand the help-seeking behaviors of Black youth.

What will I be asked to do?

1

Review and sign an Informed Consent form

You will be asked to review and sign a consent form if you choose to participate.

2

Semi-structured Interviews

You will then be asked to participate in a 60-minute virtual and recorded semi-structured interview.

3

Summary Report

Upon conclusion of the study, you will be offered a summary report of the findings.

If you have any questions or would like to take part, please contact:

Audrey Spataro

E-mail: audreyanne.spataro@gmail.com
Phone: (781) 605-4745

Invitation

We would like to invite you to take part in a study that is being carried out by researchers at Nova Southeastern University. Before you decide whether you would like to participate, we would like you to understand what the study is about and what it would involve if you decide to participate. Please read this information carefully and discuss it with others if you wish.

What is the study about?

This study aims to understand the lived experiences of mental health practitioners working at schools with a government-funded equity-based program for children from low socioeconomic backgrounds. Further research is needed to understand the mental health help-seeking, use, access, inhibiting, and enabling characteristics of the schools offering equity-based programs so that help-seeking and use can be bolstered in this student population.

Inclusion Criteria

To participate, you must meet the inclusion criteria listed below:

(a) hold or previously held a mental health practitioner position (e.g., guidance counselor, mental health counselor, or social worker) at a government-funded school-based equity program in Massachusetts, (b) if currently employed at an equity-based program, a minimum of one year working as a mental health practitioner with the program, (c) if no longer employed with the program, a maximum of six months since leaving the position, (d) fluent in written and spoken English, and (e) between the ages of 18 and 65 years old.

Appendix C
Interview Protocol

Demographic

1. What is your job title?
2. What is your function at the school? Please describe.
3. How long have you or were you a mental health practitioner in an equity-based program?

Socio-ecological Model

Help-Seeking Behaviors

Individual level

4. What are your overall experiences with the mental health help-seeking behaviors of Black youth in your equity-based program? Please elaborate on this viewpoint.
5. How do Black youth in these equity-based programs seek mental health services? Please give an example.
6. What beliefs or attitudes do you perceive Black youth in these programs have that influence their help-seeking behaviors? Please give examples.
7. How aware of mental health illnesses or conditions do you think Black youth in these programs are? Please give an example and reason that you believe this.
8. How would you describe Black youth's mental health literacy that are enrolled in these programs? Please give an example/reason you believe this.

Interpersonal-level

9. What factors do you think influence the mental health help-seeking behaviors of Black youth in your equity-based school program at the:
 - a. Interpersonal level, for example, how do you think

- i. Friends and, classmates influence help-seeking behaviors? Please elaborate
- ii. Family influences help-seeking behaviors? Please elaborate
- iii. Black cultural norms influence help-seeking behaviors. Please elaborate
- iv. Religious beliefs or spirituality influence help-seeking behaviors? Please elaborate or give examples
- v. Stigma and shame influence help-seeking behaviors. Please give examples
- vi. Any other interpersonal factors that you think influence the help-seeking behaviors of Black youth in your program? Please give examples

Organizational level: Also school level characteristics that inhibit and enable

10. In your experience, what at the school level has prevented or acted as a barrier to the help-seeking behaviors of Black youth in your program? Please give examples and elaborate on how you think these factors act as barriers.
11. At the school level, how have the mental health practitioners been trained to work with the Black youth in your program? For example, have they received multicultural training? Please give examples and elaborate.
12. What, if anything, has the school done to provide accommodations to Black youth in your equity-based program to bolster mental health help-seeking or use? Please describe why you think this and give examples.

13. In your opinion, what could be offered or done to facilitate the mental health help-seeking behaviors and use of mental health services for Black youth in your program? Please give examples.
14. Are there any characteristics of the school that you believe either enable or inhibit Black youth's mental health help-seeking behaviors and use? Please give examples and elaborate.

Use

15. Do Black youth in the equity program at your school seek mental health services? Why or why not? Please elaborate.
16. What individual factors (attitudes, beliefs, lack of awareness, mental health literacy) do you think influence Black youths' use of mental health services in your program? Please elaborate.
17. What interpersonal factors (family, friends, classmates, cultural norms, religiousness or spirituality, stigma or shame) do you think influences Black youths' decision to use or not use mental health services in your program?
18. What, if any, community factors (accessibility, availability of mental health services, ability to reach mental health services (public transport)) do you think influence Black youth's use of mental health services in your program?
19. What are your perceptions of the influence of public policy or health policy, such as the availability of insurance, multi-sector partnerships in the community, or community-based partnerships in the use of mental health services by Black youth in your program?

Access

20. In your opinion, do Black youth in your program have access to mental health services? Why or why not? Please elaborate.
21. What influence, if any, do you think students' interpersonal relationships with family, peers at school, and friends have on their access to mental health services? Please provide examples.
22. What school factors do you think influence Black youths' access to mental health services in your school program? Please elaborate.
23. What community factors (geographic location of mental health services, availability of public transportation, availability of mental health practitioners) do you perceive influence the level of accessibility Black youth from your school's equity program have to mental health services? Please elaborate.
24. What public policies do you perceive influence Black students' access to mental health services in your program? Please give examples and elaborate.