

**Exploring the Perception of Mental Health among Men in the African American
Community: What is the Influence for the Stigma against Mental Health among men in the
African American Community?**

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Abstract

The purpose of this study is to examine the perception of mental health among African American men in the African American community and the factors that influence the stigmatization of mental health. Stigma is defined as the perception that mental health is for individuals that lack the mental toughness to face everyday life problems. The study hypothesizes that African American men who were raised in the inner-city have a negative perception of mental health. This study included 11 African American males that were between the ages of 35-70. Participants participated in an interview about their mental health to measure perception and completed a stigma survey to measure stigma. The survey showed that 63% of the participants did not have a stigma towards mental health. The interviews revealed that 91% of the coded statements were positive towards mental health. The data shows that the hypothesis was rejected and that African American men in the African American community have a positive perception of mental health. The study revealed that as African American men leave their environment, become exposed to other cultures, and become educated on mental health, their perception of mental health evolves. Future studies should target participants who are still living in the inner-city of the African American community to gain perception of those currently living in the inner-city.

Keywords: African American, stigma, perception, mental health

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Exploring the Perception of Mental Health among Men in the African American Community: What is the Influence for the Stigma against Mental Health among men in the African American Community?

Men in the African American community perceive themselves to be tough and pretend as nothing bothers them. This process derived from generations of when something goes wrong, the individual will suppress the thought and move on. In dealing with trauma such as being verbally, emotionally, and physically abused in the home or dealing with the death of a friend who was shot walking home from elementary school, African American men and young men tend to deal with their emotions on their own. Performing this action involves telling themselves to get over it or understanding that it is a part of living in their environment. This is what one describes as black masculinity. Langley (2022) described masculinity as a more specific definition of manhood for black men. This may be the reason for the attitude towards mental health in the African American community, which is to dismiss mental health altogether.

The African American community is described as a place where there is poverty, crime, lack of education, and resources. According to the Metropolitan Department of Washington D.C. (n.d.), In Washington D.C., there were 203 homicides in 2023 a 35 percent increase from the previous year. There were 1,407 assaults with a dangerous weapon in 2023 a one percent increase from the previous year (MPD, n.d.). There was a total of 5,336 violent crimes, which is a 39 percent increase from the previous year (MPD, n.d.). The statistics show that the inner-city (which is defined as the area of a major city where there is a high crime rate, lack of resources, and a higher poverty rate than the rest of the city) can be a difficult place to live, which can impact one's mental health. In addition, for African American men, the mindset of being tough is

further reinforced by the harsh realities of life in the inner-city where being exposed to violence and crime is a part of life.

African American men make up 25 percent of the utilization of mental health services (Pederson et al., 2023). This is a low number and may be lower among African Americans in the inner-city. There is a possibility that this is the result for the perception of mental health. Another consideration is that the perception of mental health among African American men is the result of many generations of putting past trauma aside. Generations that placed the past of slavery, Jim Crow, discrimination of housing, and the past of the mistrust among the government aside. These factors could play a pivotal role in the perception of mental health among men in the African American Community.

The notion that therapy is for white people, or one is viewed as weak when the discussion of feelings enters the conversation is a common perception among men in the African American Community. One could be made fun of when attempting to be vulnerable amongst friends. This stigma towards mental health is one of the reasons African American men do not seek help when confronted with psychological issues. Shannon et al. (2022) found that stigma is a deterrent in African American college males who have negative attitudes toward counseling services. Stigma is defined as the perception that one is less than. For this study, stigma is defined as the perception that mental health is for weak minded individuals and for individuals that lack the mental toughness to face life problems.

In previous studies, stigma has been studied in relations to help-seeking behavior. While help-seeking behavior is important, African American men who are not aware of the benefits of taking care of their mental health are less likely to seek-help. Knowing the root of the cause could aid in assisting those who view mental health services unnecessary. In this study, the

objective is to investigate what the actual perception of mental health is among African American men who were raised in an inner-city environment. This study will target those who are unrepresented in the psychological community. The goal is to service the community that is not studied as often and to provide resources. Resources such as mental health education to minimize the stigma towards mental health.

Literature Review

Taking care of one's mental health is the best kept secret in maintaining a life that is full of possibilities. However, this secret is unknown among men in the African American community. African American men's perception and attitude that being connected with one's mental health is weak or pushed aside due to the lack of knowledge is a problem that should be further investigated. The stigma towards mental health in this community has been researched, but the aim of those studies never investigated what is the actual stigma against mental health. In answering that question one can determine if the lack of mental health knowledge is the cause for the stigma or if the historical experience of being black in America is the reason for the stigma against mental health among African American males in the inner-city.

Men in the African American Community and its association with Mental Health

Historically, African American men traditionally do not seek mental health services after experiencing a traumatic event. According to Zoubba et al. (2021), African Americans have been found to believe in the negative stereotypes about individuals with mental illness. In 2020, eight percent of African Americans sought mental health services and men sought mental health services approximately half the rate of women (Shannon, 2022). The white population traditionally seek mental health services for psychological distress more than the African American population (Shannon, 2022). However, it is impossible to actually reflect the

experiences of African American males because research tends to focus on the white, female, and adult middle-class populations (Shannon, 2022). This may be due to the societal perception of some that the men that exist in these environments are viewed as non-human (Shannon, 2022). It also does not help that the African American community have less access to treatment in which they are less likely to receive treatment and due to lack of resources, they receive low-quality care (Jenkins, 2024). Therefore, it is critical to reflect their experiences, to have inclusion in studies that involve mental health, and to have a better understanding of the African American males' experience in the inner-city.

Cultural Barriers

Unfortunately, men in the African American community are a product of their environment where there is crime and acts of violence. This is a major influence on the culture where it is popular to commit crimes and act tough. According to Jenkins (2024), culture is the beliefs, behaviors, and other characteristics that are common amongst a group. Furthermore, culture is important because it provides the path for individuals to define mental illness, develop coping strategies, and to seek mental health services (Jenkins, 2024). For African American males, it is culturally accepted to have a negative perception of education because one will be viewed as less tough or not cool. It is also culturally accepted to view emotional expression as weak. According to Gallimore et al. (2023), emotional expression has been stigmatized, associated with shame, and one of the barriers to seeking mental health services. This perception drives the narrative in the African American community. As a result, African American men experience hardiness, which is a mindset that protects their inner emotions when facing psychological distress (Shannon, 2022).

However, African American men are not aware that the stressors of their environment increase their mental health problems, which leads to displaying behavior that results in dire consequences (Foggle, 2023). Unfortunately, African American males are incarcerated more than another other nonminority group (Foggle, 2023). In addition, their youth experience mental health disorders at a higher rate in comparison to other racial groups (Foggle, 2023). The hope is that with the awareness of mental health education, African American males will express their emotions and as a result see less incarcerations and a better environment for all.

African American Men and their Stigma against Mental Health

Stigma is a major influence for the reason why mental health lacks value among men in the African American community. Stigma is the result of cultural beliefs and values (Pederson, 2022). In the African American community, seeking therapy is not discussed as a solution to psychological issues. The idea that therapy or the expression of emotions are for the weak is the result of years of cultural influence that one must be strong and if there is a sign of weakness then that person could be viewed negatively.

Black masculinity also influences the stigma against mental health. Masculinity traditionally is the expectations that are associated with the traditional male role across all cultures (Langely, 2022). This is the belief that males are strong, tough, and do not display any sign of weakness. Langely (2022) defined black masculinity as a more culturally specific definition of manhood. This includes the idea that they are tough, mentally strong, and do not display any sign of physical or mental weakness. These cultural norms have influenced the attitudes towards mental health among males in the African American community.

Due to the stigma against mental health, there are health inequities because African Americans experience lower utilization of mental health services (Pederson et al., 2022). Stigma is the result

of delay in mental health treatment, poor adherence to treatment, and an increase in mortality in African Americans with mental illnesses (Pederason et al., 2022). In a study researching whether stigma will influence help-seeking behavior, Shannon (2022) found that self-stigma, (which in this case, is the internalization of negative views towards mental health) negatively impacts help-seeking behavior among African American men. This study demonstrates that stigma is one of the causes for the lack of care of the mental health problems in the African American community among males. Despite the rise in depression and anxiety in the African American community, utilization of mental health services is low (Shannon et al., 2021). As a result, there are untreated mental health issues that studies show are associated with the risks or poor mental health, education, and personal outcomes (Shannon et al., 2021).

Mental Health Knowledge

Lack of Education

According to Jenkins (2024), African Americans are 20 percent more likely to experience a mental illness issue than the public. Almost 18.6 percent of African Americans deal with mental illness, but less than half of them seek counseling (Jenkins, 2024). As a result, African Americans are at an increased risk of experiencing homelessness that can lead to exposure to violence (Jenkins, 2024). This is caused by the lack of education on what Pederson et al. (2021) calls psychoeducation, which is education that teaches individuals and families about mental health with the goal of improving mental health outcomes.

Due to the lack of psychoeducation, the African American community misinterpreted that those with mental health conditions such as depression, anxiety or post-traumatic stress disorder (PTSD) have mental issues due to personal weakness (Jenkins, 2024). In relation to mental health, stigma is the lack of education, negative attitude and beliefs held by the community

(Jenkins, 2024). The lack of psychoeducation is one of the causes for the stigma. In struggling to recognize the many signs of these mental health conditions the African American community severely underestimates the major effects it can have on their lives (Jenkins, 2024).

Benefits of Psychoeducation

According to Pederson et al. (2022), black adults possess a greater stigma towards mental health when compared to white adults. This is mostly the result of the influence of cultural beliefs and values (Pederson et al., 2022). While stigma is a barrier in the perception of mental health among African American men, psychoeducation is a possible solution to change the narrative. Being aware tends to change one's perspective. According to Jenkins (2024) knowledge is the most common component in reducing stigma. In a study that examined the association between psychoeducation and the effect it has on improving the willingness to engage in mental health services for black adults, Jenkins (2024) found that there was a positive correlation between psychoeducation and the willingness to seek mental health services among black adults. This shows that psychoeducation is a way to suppress the stigma toward mental health among men in the African American community.

Purpose of the study

Shannon (2023) studies the association between help-seeking attitudes of stigma among African Americans and their help-seeking intentions of utilizing counseling services. Shannon (2023) aim was to test whether variables such as stigma and help-seeking intentions are factors that predict counseling utilization. Shannon (2023) found that public stigma did not play a significant role in predicting help seeking behavior. In addition, Shannon (2023) found that self-stigma was a negative predictor of help-seeking behavior. Shannon (2023) found that self-stigma was associated with negatively predicting help-seeking behavior among African American men.

Shannon et al. (2022) studied the help-seeking intentions of African American College Students by examining the influence of stigma and mental health learning. Shannon et al. (2022) found that mental health learning did not have a significant correlation with help-seeking intentions. Shannon et al. (2022) also found that public stigma significantly and positively predicted help-seeking intentions. Langley (2022) examined how conforming traditional black norms impacts self-stigma of help-seeking. The aim of the study was to determine whether traditional masculinity, black masculinity, and athlete-based masculinity were associated with self-stigma of help-seeking behavior (Langley, 2022). The study found that traditional masculinity norms are a key influence on help-seeking behavior among African American men (Langley, 2022).

Each article provides insight into the influence stigma has on help-seeking behavior. The findings provide strong evidence that stigma among African American men can have a negative influence on help-seeking behavior. In relations to this study, the articles provide insight into how stigma could influence the perception of mental health among African American men. The limitations of the studies are that their target population are mostly African American male college students. The current study target population are African American males from the inner-city. The other limitation of the previous study aim is to determine how stigma influences help-seeking behavior. The aim of this study is to determine how stigma influences the perception of mental health.

The purpose of this study is to bring mental health awareness to the African American inner-city community. Previous research was limited in that their studies mostly targeted the African American college males. The target of this study are inner-city African American males with the objective of including this population into the research field of psychology. This specific

population is under studied. According to Pederson et al. (2022), black adults are grossly underrepresented in clinical research. In conducting this study, the hope is that in finding the cause of the stigma towards mental health among African American males in the inner-city future research will use that information to start educating African American males on the importance of mental health.

The other objective is to examine the perception of mental health among African American men in the inner-city. Initially understanding what African American males think of mental health (whether they believe mental health is something positive that will benefit their health, or they believe that mental health does not impact their lives) will assist with understanding why there is a lack of participation in mental health services. Previous studies were limited in that their objective was to investigate the influence of stigma on help-seeking intention. This study will contribute by understanding what the stigma towards mental health among males in the African American community are and possibly finding a solution to eliminating the mental health stigma.

Summary and Research Question

In summary, African American males in the inner-city community are underrepresented in clinical research. As a result, they have limited access to treatments and mental health resources such as mental health care and education. Along with the lack of resources are the cultural barriers African American males have that affect their perception of mental health. The stigma that mental health is for white people or that individuals who express their mental issues are viewed as weak impacts the perception of mental health in the African American community. In addition, seeking counseling for mental health issues is not an option in the inner-city due to the lack of awareness. Stigma and lack of understanding have led to the underutilization of

mental health services in the African American community. This has led to the mortality in African Americans with mental illnesses.

This study objective is to examine the influence for the stigma against mental health among men in the African American community. The study hypothesizes that African American males in the inner-city possess a negative perception of mental health and that the lack of psychoeducation is the cause for the stigma. Studies have shown that the lack of psychoeducation has a negative effect on the perception of mental health among African Americans (Jenkins, 2024). With the improvement of psychoeducation among African American men in the inner-city, the elimination of the stigma against mental health is possible.

Method

The aim of this study is to examine the perception of mental health among African American males in the African American community and if the participants possess a stigma, what are the influences for the stigma. The hypothesis of the study is the lack of knowledge of mental health education is the reason for the stigma against mental health. This study used a mixed method of qualitative and quantitative design where the instruments to measure the stigma, which is one of the variables, was measured by using a stigma survey designed by the author of the study. The perception of mental health, which is the other variable, was measured by conducting interviews with each participant.

Participants

The participants in this study were African American men from inner cities such as Washington D.C. and Philadelphia. There was a total of 11 participants in this study. The age range for these individuals were diverse. The ages range from 18 to 68. To qualify for this study, participants were required to complete a demographic survey to determine their eligibility to

participate in the study. Participants were required to be African American. The survey inquires about where the participants were raised. The participants were required to be raised in the inner-city. The survey also inquired about the participant's gender in which the study required male participants.

The author used snowball sampling by initially identifying participants who grew up in the inner-city. The author initially identified potential participants who met the demographic criteria. Once identified, the author contacted those individuals and asked if they would like to participate in the study. After determining whether the individual met the criteria and conducting the interview, the author asked the participant to assist in the research by identifying the other participants who participated in the research. Once the participant was identified, the author contacted the individual and asked them to complete the demographic survey. Once the participant completed the demographic survey and met the criteria, then the participant completed the informed consent form (Appendix A).

Materials

This study used a demographic survey (Appendix B) to gather information on the participants' demographic information. The survey was developed using a secured website called SurveyMonkey. To ensure the anonymity of the participants, in using SurveyMonkey, the author did not collect their IP addresses. The survey included eight items. The items inquired about the participants' race, age, gender, employment status, and what area of the city the participant was raised in.

This study measured stigma by using a stigma survey (Appendix C) designed by the author. The goal of the survey was to examine whether the participant had a stigma towards mental health. Examining whether the participant had a stigma towards mental health assisted

with understanding whether the participant had a stigma and what were the influences for the stigma. The stigma survey was developed using the secured website called SurveyMonkey. The survey includes a 5 items scale with response options that range from 1. strongly disagree, 2. disagree, 3. neutral, 4. agree, and 5. strongly agree. The total sum was used. Examples of items included “I do not characterize my life problems as having mental issues” and “African American men are equipped to deal with their life problems on their own.” The higher score determines whether a stigma towards mental health exists.

The measurement of the perception of mental health was gathered by conducting interviews with the participants. The interview questions (Appendix D) were developed by the author of this study. The interview included five items geared to pinpoint the participants’ general knowledge of mental health. Examples of items included “When you think of mental health, what comes to mind?” and “What are your feelings toward mental health?” Gathering this information assisted with getting an idea of what the participant's thoughts and knowledge are on mental health. This assisted with answering the question of what the participants’ perceptions of mental health were and whether the lack of knowledge played a role in the stigma against mental health. To ensure face validity, the author contacted 10 master’s level individuals via email to review and gain approval for the instruments created for this study.

Setting

The setting of this study took place in a home setting. The author conducted interviews using an electron device such as a desktop computer. The participants were required to answer interview questions using an electronic device that has some application where the author could see their face. Once the criteria were met, the participants were required to sign the informed consent form via DocuSign. The author conducted the interviews alone in a quiet room of the

author's home to ensure that the participants' information was secured and there were no interruptions.

Procedures

During the selection process, the author emailed the participant a link to the demographic survey. Once participants were selected based on the responses from the demographic survey, the author of the study required that the participants fill out an informed consent form (Appendix D). Prior to signing the form, the author of the study provided an overview of the study and what the study asked the participants to do. The author explained to the participants that the interview will be recorded via audio recording to accurately document their answers and that the informed consent form asks for their permission. After the author presented an overview of the study and answered any questions the participants had, the participants signed the form through an electronic document via email. After completion, the participants completed the stigma survey through an electronic document via email. The author used the data collected from the website SurveyMonkey to store the quantitative data. The author used NVivo to store the qualitative data. The author conducted the interviews via FaceTime, or if the participant did not have an Apple device, the interviews took place over Zoom. The interviews took no longer than ten minutes.

Following the initial phase of the interviews, the author began the interviews by asking the participants the five questions. While conducting the interviews, the author allowed the participants to take their time in answering the questions. The author asked follow-up questions if the participant did not provide a clear answer to a question. After the data was collected via interview, the author placed the data into NVivo to develop a visual analysis of the data. Due to the author's shared experience with the participant, to ensure there are no potential biases within the data, the author kept a reflectivity journal. Within the reflectivity journal, the author notated

what the author was going through and what the author was experiencing while conducting interviews.

Data Management

The author managed the research data using SurveyMonkey and NVivo. In ensuring that the participants' personal identities were protected, the author carefully documented each phase of the review process and stored their personal identified information such as their names in an encrypted flash drive. The flash drive was only accessible via password. The data was stored for a couple of months after the study was completed in the case of any challenges to the findings. Once the period ended, the data was destroyed.

Considerations

Ethical

There are multiple ethical considerations to consider. The initial ethical consideration is informed consent. Ethical standard 3.10 ensures that the language used in the informal consent form was reasonably understandable for the participants who were expected to participate in the study (APA, 2017). The author of this study ensured that the participants were able to understand the informal consent form and answer every question about the content of the study. The study involved human participants; therefore, consideration was taken into maintaining confidentiality and avoiding any harm. In protecting the participants personal information, the author took precaution in collecting and storing the data. This is also considered in avoiding any potential harm to any of the participants.

Legal

The author of this study used a recording device while conducting the interviews. Legal consideration was taken by following the laws of the state of Maryland that requires permission

from each party prior to recording an over electronic communication (Department of Information Technology, n.d.). In taking this into consideration, the author informed the participants about the recording within the informal consent form that participants were required to complete prior to participating in the study.

Socio-Culture and Individual

The author of this study was raised in the same areas of the participants, share similar experiences as the participants, and identify with the population. In acknowledging this conflict, the author recognizes that there was a potential bias. To ensure that there was no bias, the author maintained a scholar practitioner perspective to ensure that the results of the data were collected with the intent to allow the results to make the conclusion for themselves. In addition, the author reviewed the data and to avoid any biases, the author had a master's level individual review the data to ensure that there are no biases.

Statistical Analysis

Data Description

The aim of the study is to examine the perception of mental health among African American men in the African American community. The study also examined whether stigma was a possible influence for the negative perception towards mental health. The two variables measured were perception and stigma. The study collected stigma using a quantitative method and perception using a qualitative method.

Stigma in this study is defined as having a negative perception towards mental health. This variable is important because it provides insight on whether stigma is an influence for the participant's negative perception towards mental health or whether the participant has a stigma towards mental health at all. The study used a stigma survey that included a 5-point scale from

strongly disagree to strongly agree to measure stigma. The survey included five questions with each answer being assigned a number from strongly disagree being assigned 1 to strongly agree being assigned 5. Each participant could score a total of 20 points if they answered strongly agree for each question. A score in the range of 0-12 was an indication of no stigma. A score in the range of 13-20 was an indication that there is a stigma towards mental health.

The qualitative data in this study is perception. The collection of this data assisted in concluding whether the participants have a negative or positive perception of mental health. The data also aid in concluding whether the participant's experiences assisted in creating their positive or negative perception.

The study collected qualitative data using results from the interviews. In conducting the interviews, the study gained an inside perspective of what the participants' thoughts were on the topic of mental health and whether the participants had a negative view of mental health. The author used the thematic analysis method to develop themes while reviewing the transcripts from the interviews. While reviewing the transcripts, the author took notes and then generated codes by creating categories based on the themes gathered from the interviews. For example, there is a theme that the participants believe that while growing up in the inner-city, mental health was never discussed and dealing with stressful situations is something that is self-taught. This was be coded as lack of psychoeducation, which means that the participants were never informed of the topic of mental health and how to take care of their well-being.

Data Preparation

In preparing the data, the author initially reviewed the results from stigma survey and interview questions. The author organized the data by removing data that were errors or duplicates. This was done by reviewing the transcripts of each interview and separating the

questions from the answers and removing repeated words. This process made creating themes and coding easier. The author also ensured that the participants answer each question on the stigma survey. If the participant forgot to answer a question, the author contacted the participant and asked if they would answer the questions. If the participant was unable to answer the questions from the stigma survey, they would be excluded from the study. Once the data was organized, it was ready to develop themes and coding.

Description of the Analysis and Software used to prepare data

The study used descriptive statistics to summarize the quantitative data. The author used SurveyMonkey to collect the data from the stigma survey. Once the data was collected, the author gathered the data from SurveyMonkey and inserted that data into an Excel spreadsheet. The author used the Excel spreadsheet to measure descriptive statistics such as the mean, and the percentage of participants who had a stigma towards mental health. The scores from the stigma survey examined whether the hypothesis that African American men have a stigma towards mental health was true. The author used NVivo to develop themes, code, and interpret the qualitative data. The data retrieved from NVivo was examined and provided insight on the perception of mental health among men in the African American community.

How the Data and Research support the Hypothesis

The study hypothesis is that African American men in the African American community have a negative perception of mental health. The study questions whether stigma was the influence for the negative perception of mental health. Supporting the hypothesis could conclude that stigma is the influence for the negative perception of mental health among African American males in the inner cities. Participants showing that they do not have a stigma towards mental

health will reject the null hypothesis that African American men possess a negative perception towards mental health.

Results

Participants and Demographics

The study included 11 African American males raised in a major city with a poor or lower-middle-class socioeconomic status. Each participant submitted a demographic survey to determine their qualification for the study. Each participant qualified for the study. The surveys revealed that 9% of the participant's ages ranged from 18-34, 72% ages ranged from 35-55, and 2% ages ranged from 55-74. 90% of the participants graduated from high school with 10% graduating with a master's degree. 100% of the participants were employed with 10% of the participants being self-employed.

Stigma Survey

Each participant participated in the completion of the stigma survey. Participants were asked if they do not characterize their life problems as having mental issues. As shown in Table E2 (All tables are shown in Appendix E), the average score for question one was 2.91, which shows that participants were neutral on that question. Participants were also asked if African American men were equipped to deal with life problems on their own. Table E2 shows that the average score was 2.55. This shows that participants disagreed. In answering the question of whether the participants could handle their mental health issues on their own, the average score was 2.73, which shows that the participants were neutral. In response to whether African American men lack mental issues, the average score was 1.27, which shows that the participant strongly disagreed. In response to whether mental health issues were for white people, the average score was 1.18, which shows that the participants strongly disagreed.

Stigma Results

Majority of the participants scored low on the stigma survey. Table E3 shows that 63.63% of the participants scored in the range of 0-12 indicating that their stigma towards mental health is low. 36.36% percent of the participants scored in the range of 13-20 indicating a stigma towards mental health. The results from the stigma survey shows that the majority of the participants scored in the range of 0-12, which indicates that there is no mental health stigma among African American men in the African American community.

Qualitative Findings

The data revealed whether participants viewed mental health as positive or negative. The majority of the participants revealed that their perception of mental health is positive. The data shows that 27% of the statements were coded negative. An example of those statements is, “anything associated with mental health is negative,” overall mental health is a good thing. Still, when one thinks about it, they automatically think negatively because everything associated with mental health is negative, and mental health is an entire category of bad things. Another participant stated that he could only speak for himself being a black man; he felt that mental health is not as important to black people being he is under the impression that there is something mentally wrong with all of “us.” The participants continued and stated that the things “we” adore growing up are not normal, but “we normalize it.” Another participant stated that mental health is “bad no matter what, but you still have to deal with it.”

When asked about their perception of mental health directly, the data reveals that 91% of the statements were coded positive. Examples of these statements are “anything to fix your mental, I am all for it,” mental health is needed, and it is necessary, “my overall perception of mental health is positive,” and I think it is positive and a priority for everyone to get their mental health check, but especially black men.

In answering the question on the possible influences for the stigma towards mental health, the data reveals two themes: lack of emotional awareness and macho stigma. In addressing the macho stigma theme, there were four statements coded for macho stigma in which the participants revealed statements such as “we got this macho stigma. Especially black men got this macho stigma where you got to be hard, you can’t show emotions,” “you can’t show no weakness,” “You dealt with your own problems. If you seen something or felt something nigga, you better go sit down and get yourself together,” “we supposed to be the strongest, the biggest and the mightiest in our community,” and “we share to much we’re weak.”

In addressing the theme of emotional awareness, five statements were coded “bottling in emotions.” The data shows that participants revealed that they either bottled up their emotions, suppressed their emotions, or did not want to discuss their emotions. Participants shared that once those emotions are expressed, it reveals itself as an explosion; they do not know how to control their emotions due to the environment they were raised in; and that they are used to dealing with the struggles of life on their own.

In addressing the question of whether the lack of education on mental health is one of the influences for the stigma of mental health, the data revealed the theme of lack of psychoeducation. There were seven statements coded as “not being aware of mental health.” Participants were asked about their experiences with mental health growing up. Examples of the responses are I did not think about mental health at all, as a black man, I did not think about mental health, “mental health was not really talked about,” and it was never really taught to me until seventh or eighth grade.”

Three statements coded as being used to the trauma in the environment. Examples of these states are we were just used to it, everything that happened in the neighborhood made it

seem as if it was normal, like a normal way of living in a normal life, and I became accustomed to the violence. There were ten coded statements under not being familiar with how to deal with stress and emotions. Examples of statements include, “I don’t know the resources. I don’t know what I could do. I felt like I did not have the resources,” I shut down a lot, you know, something is off putting or I ain’t feeling it, or if it is disturbing my peace, I shut down, “I stay busy working or I drink,” and “I mean uh, honestly, I just wanted to break things like, you know”

Discussion

The purpose of this study is to examine the perception of mental health among African American men in the African American community and whether stigma is the influence of a negative perception. The research results did not support the hypothesis that African American men in the African American community have a negative perception of mental health. The study showed that African American men have a positive perception of mental health and that African American males do not have a stigma toward mental health.

The result of this research provides evidence that early on in life, African American men who are raised in the inner-city lack mental health knowledge. As a result, they lack the knowledge to cope with the stress that comes with growing up in their environment and belief that to survive one must possess a macho stigma towards mental health. The key finding is that as African American men grow older and become aware of other cultures, their mental health knowledge strengthens. The stigma towards mental health fades away and they start to develop a positive perception towards mental health.

Implications

Despite the limitations of the study, the study provides insights into the perception of mental health among African American men. The theoretical implication is that African

American men who grow up in the inner-city possess a stigma due to their lack of being exposed to mental health at an early age. However, as they start to move out of their environment and become exposed to and educated on mental health, their perception of mental health evolves. For example, participants expressed that black men are supposed to be the biggest and mightiest in their community. As a result, they bottle their emotions and cope by drinking, smoking or resulting to violence. This is due to not having any mental health resources such as mental health education. However, participants expressed that in the last 10 to 15 years since being exposed to mental health and society not making it a stigma but a priority for everyone to get their mental health checked, especially black men, their perception has changed.

Another theoretical implication is that the lack of psychoeducation could lead to the positive influence of stigma towards mental health. The initial practical implication is that exposing mental health to the African American male youth who are raised in the inner-city could lead to better coping skills when faced with mental health challenges such as stress. Another practical implication is that educating the African American male youth on mental health, coping skills and the importance of help-seeking could eliminate the stigma towards mental health among those who grew up in the inner-city.

Similarities and Differences

This study is unique in that this is the only study that explores the perception of mental health among men in the African American community and examines whether stigma is the influence of any negative perception. Therefore, there are no studies to compare to this current study. However, previous studies examined the relationship between stigma and help-seeking behavior. Shannon et al. (2021) examined the relationship between self-stigma and public stigma and help-seeking behavior among African American male college students (AAMCS). Shannon

et al. (2021) found that public and self-stigma have a significant influence on help-seeking intentions. In addition, Shannon et al. (2021) found that public-stigma was a positive predictor for help-seeking behavior. Shannon et al. (2021) found that this was inconsistent with the literature suggesting that self-stigma and public-stigma was a negative predictor of help-seeking behavior among AAMSC.

The results of Shannon et al. (2021) findings are not totally consistent with the finding that African American men who grew up in the inner-city lack a stigma for mental health. However, in contrast, the results are consistent in that both demographics do not have a stigma towards mental health. The results provide insight into the perception of mental health among African American men and show that African American men do not have a stigma towards mental health. This is important because it goes against the misconception that African American men have a stigma towards mental health. This could assist in changing the narrative of the perception of mental health among African American men.

The result of this study is consistent with the finding that knowledge is the most common component in reducing stigma (Jenkins, 2024). The result of the study shows that while growing up in the inner-city, African American men lack mental health education. This led to the development of stigma due to cultural norms that one must be macho. This finding is also consistent with Langely (2022) definition of black masculinity in which Langely (2022) describes as a culturally specific definition of manhood.

The study results are also consistent with the finding that there is a positive correlation between psychoeducation and the willingness to seek mental health services among African American men. This is consistent with the finding that once African American men are exposed to mental health, their perception changes and are more accepting of the idea of mental health.

This could assist in providing mental health training in schools, which could solve many of the mental health issues among men in the African American community and possibly save lives.

Limitations

The study contains several limitations. The initial limitation is the study sample size of the study. With the limited time to gather participants, the author could only to interview 11 participants. This amount is not enough to represent the population. Future research could involve more participants. Another limitation is the demographic populations involved in the study. The participants are African American males who grew up in the inner-city. The author identifies with this population and there is a possibility of potential bias. The study population is not diverse. Therefore, the study is limited in the generalizability of the results. Lastly, the study's tools could be redeveloped to answer the research question accurately. Future research should recreate the instruments to improve validity.

Conclusion

In conclusion, the goal of this study was to determine the perception of mental health among men in the African American community. However, the goal is to bring attention to the African American community in hopes that there will be future studies that will be focused on this population. This study concluded that there is a positive perception of mental health among African American men. However, the data revealed that the perception of mental health evolved as the participants were removed from their environment. Future research should target a population of African American men who are still living in the inner-city to gain an accurate perception of African American men in the African American community.

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Appendix A

Informal Consent Form

Why am I being asked?

You are being asked to be a participant in a research study about identifying the perception of mental health among men in the African American Community. The aim is to identify what influences the stigma against mental health among men in the African American community. This research study is being conducted by Curtis Robinson, Jr., a Master's of Science in Psychology student at Purdue University Global. You have been asked to participate in the research because you are an African American male who grew up in a major city and may be eligible to participate. We ask that you read this form and ask any questions you may have before agreeing to be in the research.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with Purdue University Global. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

What is the purpose of this research?

The purpose of this research is to determine what is the perception of mental health among African American men in the African American community. The goal is to determine what the stigma of mental health among men in the African American community and what are the influences for the stigma.

What procedures are involved?

If you agree to be in this research, we would ask you to do the following things: Complete the informal consent form. Complete a demographic survey to determine if you are eligible to participate in the study. Fill out a stigma survey to determine if there is a stigma. Finally, sit through a recorded interview to determine your perception of mental health. Approximately 15 to 20 participants may be involved in this research at Purdue University Global.

What are the potential risks and discomforts?

The research may cause you to think of your past trauma, which may make you feel uncomfortable. If so we can stop the interview and remove you from the study.
Are there benefits to taking part in the research?

In participating in this study, you will be one of the few African Americans that are represented in a research study. There are a few African American studies. This information can go a long way in assisting the African American community with understanding our struggles with mental health.

What about privacy and confidentiality?

The only people who will know that you are a research subject are members of the research team. No information about you, or provided by you during the research, will be disclosed to

others without your written permission. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

The interview will be recorded with your permission. You have the right to review/edit the tape. The recording will be used for educational purposes only and will be erased three months after the study is completed. The recording and your personal information will be stored on my electronic device and can only be accessed with a passcode.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

At this time, no reimbursement is available for participation in this research.

Can I withdraw from the study?

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study.

Whom should I contact if I have questions?

The researcher conducting this study is Curtis Robinson, Jr. You may ask any questions you have now. If you have questions later, you may contact the researchers at the author's person phone and email: cjrj88@gmail.com. You may also contact the researcher's instructor, Dr. van Thiel at jonna.vanthiel@purdueglobal.edu.

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or you have any questions about your rights as a research subject, you may contact the Institutional Review Board (IRB) at Purdue University Global through the following representative:

Susan Pettine, IRB Chair

Email: spettine@purdueglobal.edu

Remember: Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with Purdue University Global [or insert the names of any other cooperating institutions as well]. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

You may keep a copy of this form for your information and your records.

Signature of Subject

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I have been given a copy of this form.

Signature

Date

Printed Name

Signature of Researcher

Date (must be same as subject's)

Appendix B

Demographic Survey

Age

18-34

35-54

55-74

Ethnicity

White

Hispanic or Latino

Black or African American

Native American or American Indian

Asian/Pacific Islander

Other

Which of the following genders do you identify with?

Male

Female

What is the highest level of education you completed?

Elementary School

Middle School

High School

Bachelor's degree

Master's degree

Doctorate degree

Which of the following best describes your employment status?

Self-employed.

Employed

Unemployed

Which of the following best describes where you grew up?

In a major city

In a suburban area

In a rural area

In the country

How would you describe your socioeconomic status as a child?

Upper class

Middle class

Low middle class

Poor

How would you describe the house development you grew up in?

Suburbs
Public housing

Appendix C

Stigma Survey

Answer the following questions by circling the answer that best describes how much you agree or disagree with the statement.

I do not characterize my life problems as having mental issues.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

African American men are equipped to deal with their life problems on their own.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

I believe that I can handle my mental health issues on my own.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

African American men do not have mental health problems.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Mental health issues are for white people, African Americans do not have those problems.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Appendix D

Interview questions

When you think of mental health, what comes to mind?

What are your feelings towards mental health?

Do you believe that taking care of your mental health is great for your overall well-being? If so, what do you do to take care of your mental health and overall well-being?

When you are dealing with a stressful situation, how do you handle it?

What is your overall perception towards mental health?

Appendix E

Stigma Survey Tables

Table E1

Stigma Survey answer scores and Sum

Participants	Q1	Q2	Q3	Q4	Q5	Sum
P1	1	3	1	1	1	7
P2	3	3	3	1	1	11
P3	5	1	1	1	1	9
P4	1	3	5	3	1	13
P5	2	2	5	1	1	11
P6	4	5	4	1	1	15
P7	2	4	3	2	2	13
P8	4	1	1	1	1	8
P9	4	4	4	1	1	14
P10	3	1	2	1	1	8
P11	3	1	1	1	2	8

Table E2

Stigma Survey Averages and Percentage

Questions	Average Range	Average	Average Interpretation	Percentage
Q1	Strongly Disagree: 1.00-1.80	2.91	Neutral	27%
Q2	Disagree: 1.90-2.60	2.55	Disagree	36%
Q3	Neutral: 2.70-3.40	2.73	Neutral	36%
Q4	Agree: 3.50-4.20	1.27	Strongly Disagree	81%
Q5	Strongly Agree: 4.30-5.00	1.18	Strongly Disagree	81%

Table E3

Stigma Survey Range and Percentage

Range	Percentage
0-12	63.63%
13-20	36.36%

Appendix F

Feedback

Draft Results

Feedback from the committee was mostly positive. It was recommended to provide more detailed statistical measures such as the mean or standard deviation of specific stigma survey questions. This was addressed by contacting the instructor for clarification. Once I received clarification, I included the mean of each answer to the stigma survey question.

Draft Discussion

A committee member recommended that I explore the significance of the participants' lack of stigma towards mental health in the context of existing research. This was addressed by contacting the instructor for clarification. Once received, I researched the articles selected from the literary review. Once the information was gathered, I compared the results of previous studies to the current study and provided implications about what the results of my study mean and why they are important to the field of psychology.

Writing

Feedback on the writing included suggestions to be cautious of the word choices. It was suggested that words such as determine could be misrepresented. Therefore, I used the word examine to show that I am exploring the topic instead of making a definite statement. I also ensured that the thesis document was in correct the APA format by adding page numbers to the document. I also ensuring that there were no added spaces between paragraphs and reviewed the reference section for correct APA formatting.

Appendix G

**IRB Application Submission Confirmation**

Hello Curtis Robinson, Jr.,

Your Institutional Review Board (IRB) application IRB-2024-0000138 has been successfully submitted.

The application will be reviewed by Jonna Van Thiel and you will receive an update letting you know if the submission includes all the required documentation and is approved to move forward.

Jonna Van Thiel has been informed of your IRB submission; please do not forward this message.

If you have any questions pertaining to your submission or the IRB process please reach out to our IRB team at pgirb@purdueglobal.edu.

- IRB Team