

Partnering With Faith-Based Entities to Improve Mental Health Awareness and Decrease Stigma in African American Communities

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Abstract : Introduction: African Americans experience mental health illnesses (i.e., depression, anxiety, etc.) at higher rates than their white counterparts. Despite this, they utilize mental health resources less and have lower mental health literacy, perhaps due to cultural barriers- including but not limited to mistrust. Research acknowledges African Americans' close ties to community networks, identifying these linkages as key to establishing comfort and trust. Similarly, the church has historically been a space that creates unity and community among African Americans. Studies show that longstanding academic-community partnerships with organizations, such as churches and faith-based entities, have the capability to effectively address health and mental health barriers and needs in African Americans. The importance of implementing faith-based approaches is supported in the literature, however few empirical studies exist. This project describes the First Ladies for Health and Cincinnati Children's Hospital Medical Center (CCHMC) Partnership (FLFH-CCHMC Partnership) and the implementation and assessment of an annual Mental Health Symposium, the overall aim of which was to increase mental health awareness and decrease stigma in African American communities. Methods: The specific goals of the FLFH Mental Health Symposium were to (1) Collaborate with trusted partners to build trust with community participants; (2) Increase mental health literacy and decrease mental health stigma; (3) Understand the barriers to improving mental health and improving trust; (4) Assess the short-term outcomes two months following the symposium. Data were collected through post-event and follow-up surveys using a mixed methods approach. Results: More than 100 participants attended each year with over 350 total participants over three years. 98.7% of participants were African American, 86.67% female, 11.6% male, and 11.6% LGBTQ+/non-binary; 10.5% of participants were teens, with the remainder aged 20 to 80 plus. The event was successful in achieving its goals: (1a) Eleven different speakers from 8 community and church organizations presented; (1b) 93% of participants rated the overall symposium as very good or excellent (2a) Mental health literacy significantly increased each year with over 90% of participants reporting improvement in their "understanding" and "awareness of mental health (2b) Participants' personal stigma surrounding mental health illness decreased each year with 92.3% of participants reporting changes in their "willingness to talk about and share" mental health challenges; (3) Barriers to mental health care were identified and included social stigma, lack of trust, and the cost of care. Data were used to develop priorities and an action plan for the FLFH-CCHMC Mental Health Partnership; (4) Follow-up data showed that participants sustained benefits of the FLFH Symposium and took actionable steps (e.g., meditation, referrals, etc.). Additional quantitative and qualitative data will be shared. Conclusions: Lower rates of mental health literacy and higher rates of stigma among participants in this initiative demonstrate the importance of mental health providers building trust and partnerships in communities. Working with faith-based entities provides an opportunity to mitigate and address mental health equity in African American communities.

Keywords : community psychology, faith-based, african-american, culturally competent care, mental health equity

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