

Jones, L. V., Hopson, L., Warner, L., Hardiman, E. R., & James, T. (2014). A qualitative study of black women's experiences in drug abuse and mental health services.

Journal of Women and Social Work, 30 (1), 68-82. DOI: 10.1177/0886109914531957

This study was conducted to address a deficit in the literature regarding the barriers black women perceive in terms of seeking out mental health and substance related services. The literature cited in the article is up to date and comes from respected, peer-reviewed sources. The literature provides a better understanding of unique contextual factors and stressors experienced by the population of interest. The article also points to research that examines the actual barriers to services/treatment in support of the argument that a study of perceived barriers and experience of stigma and bias was lacking. The study took the form of three separate focus groups of 8-10 women and results include the experiences of 29 African American women that received services in small urban cities in the Northeastern region of the United States. The focus group found prominent themes of bias and stigma as well as conflicting views between the client and clinician. These opposing views included understanding of wellness versus illness and the use of medication. Participants also collectively expressed a need for a focus on holistic wellness and found it difficult to form a trusting relationship with providers. The authors conclude that there is a need for more culturally competent practitioners and treatments which is in line with the current literature on actual barriers to receiving and completing treatment. While the study gives useful insight, the population is very limited making it difficult to generalize findings. It would be useful to see the results of similar studies in other regions of the U.S. as well as with women that did not end up in treatment.

Mbilishaka, A. (2018). PsychoHairapy: using hair as an entry point into black women's spiritual and mental health. *Meridians, 16 (2), 382-392. DOI: 10.2979/meridians.16.2.19*

Mbilishaka makes an argument for community-based mental health services through hair salons. This treatment modality is supported by research showing that the Western standard of care is not culturally matched to the needs expressed by black women. The research not only points toward this being an effective treatment modality due to themes of community, interdependence, and the overall cultural significance of informal support networks, but is also implied by the self-image, prioritization, and self-worth tied to hair care for African American women. While there is current research supporting the Black hair care facility as a rich mental health resource, the author argues that there is a deficit in how to employ treatment through this modality. She suggests working through the theoretical framework of Africana Womanism (an Afrocentric, feminist perspective) to reclaim Black women's holistic wellbeing through hair care. Methodologically, this would take the form of training hair stylists in micro-counseling skills, placing a mental health professional in the salon to provide individual counseling as well as to conduct group therapy, and providing opportunities for psychoeducation in the form of workshops and distribution of materials. This treatment modality is evidence-based and comes from a researcher that has experience and training in both Black hair care settings and psychotherapy. It provides a culturally competent and theoretically grounded means of treating clients that have historically been met with both systemic and systematic barriers to treatment.

Neal-Barnett, A., Stadulis, R., Murray, M., Payne, M. R., Thomas, A., & Salley, B. B. (2011). Sister circles as a culturally relevant intervention for anxious black women. *Journal of Clinical Psychology: Science and Practice*, 18 (3), 266-273. DOI: <https://doi-org.proxy.lib.ohio-state.edu/10.1111/j.1468-2850.2011.01258.x>

The authors created a study with the premise of providing empirical support for the use of Sister Circles (a culturally relevant group modality of treatment) with Black women that are experiencing an anxiety disorder. The supportive literature is current and provides background for the prevalence, etiology, treatment, and prognosis of an anxiety disorder for the population of interest. Research implies the use of a group modality such as the Sister Circle due to a thematic need for the support of other Black women. The authors also provide literature in support of the use of the Sister Circle approach in combination with CBT techniques (such as cognitive restructuring, deconstructing erroneous thoughts, and progressive muscle relaxation) to specifically address anxiety disorders in African American women in a way that is culturally sensitive. The study consisted of non-clinical facilitator-pairs that went through intensive training to conduct five-week sister circles over the course of 2 months, that lasted between 60 and 90 minutes. Group size ranged from 6 to 9 participants. Unfortunately, the results of the study are not yet published, however: the authors hypothesize that the treatment will be shown to be effective in treating anxious Black women in a way that is culturally competent. There are numerous factors that make it difficult to critique this approach, namely the fact that the results are not available. Further, the results would likely be affected by the differences in facilitator style and approach, the fact that facilitators are not mental health professionals, and the use of the Sister Circle approach in a novel way. These factors could either be minimized by the effectiveness of the treatment methodology or could be a cause for mixed or insignificant results.

Ward, E. C., Clark, L., & Heidrich, S. (2009). African American women's beliefs, coping behaviors, and barriers to seeking mental health services. *Journal of Qualitative Health Research*, 19(11), 1589-1601. DOI: [10.1177/104973209350686](https://doi.org/10.1177/104973209350686)

The authors conducted their study to add to the limited literature on African American women's beliefs related to mental illness including barriers to treatment, variations in beliefs about mental illness, coping strategies, and age-related barriers. The supportive literature is current and based in peer-reviewed, reputable sources. This body of literature provides useful background on population-specific risk factors, prevalence of mental health issues, issues in seeking/connecting with treatment, attitudes and beliefs, coping strategies, and support for use of the Common Sense Model. The authors used the Common Sense Model to individually interview 15 Black women. Findings indicated beliefs that mental illness is chronic and results in negative health outcomes. The women in the study also implicated the use of spirituality and counseling as coping strategies but did not endorse the use of psychopharmaceuticals. The barriers to treatment indicated by participants were issues of access, stigma, and lack of knowledge regarding mental illness. Age did not emerge as a statistically significant factor. The sample size for the study was small and varied in terms of age and history of mental illness. This makes it difficult to demonstrate the validity of the study. Further, most participants represented the middle class reducing the already small amount of generalizability. The study points toward unmet needs in mental health treatment for African American women, and gives a framework for further qualitative study.

West, L. M., Donovan, R. A., & Roemer, L. (2010). Coping with racism: what works and doesn't work for black women? *Journal of Black Psychology*, 36 (3), 331-349. DOI: 10.1177/0095798409353755

The premise of the study was to fill a gap in the literature regarding the intersection of gender and coping and their impact on the relationship between perceived racial discrimination (PRD) and mental health. The authors cited current, peer-reviewed literature that provides a foundation of current forms of racism and the resulting PRD experiences. The authors also cite several solid sources which provide support for their argument that coping style and gender are important, unaddressed variables which play a role in the experience of PRD and mental health. The sample included 91 Black women that were attending school at an urban New England University (the University of Massachusetts Boston). The women were given an assessment battery that included a demographic questionnaire, the Schedule of Racist Events, the Coping Orientations to Problems Experienced Scale, and the Depression Anxiety Stress Scale. Results demonstrated that problem-focused and avoidant coping styles had significant implications for lifetime PRD and depressive symptoms. Participants were found to have high levels of PRD, however, contrary to previous research, the current study did not find a connection between PRD and depressive symptoms. It is unclear whether this is an effect of the measures used or if this is unique to the mental health experience of Black women. Problem-focused coping was correlated to lower levels of depressive symptoms while the opposite was found with avoidant coping mechanisms. The findings add to understanding how resiliency, racism, and coping behaviors play a role in Black women's experience of mental illness. The study also points toward future research to further clarify the interplay of coping mechanisms, PRD, and psychopathology in Black women.