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Reducing Anxiety Symptoms in African Americans Using Informal Mental Health Coping Strategies

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REDUCING ANXIETY SYMPTOMS IN AFRICAN AMERICANS USING

INFORMAL MENTAL HEALTH COPING STRATEGIES

by

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ABSTRACT

Research shows that the adult Black community is 20% more likely to experience serious mental health problems such as anxiety disorder (Anxiety and Depression Association of America [ADAA], 2018). While this sobering statistic suggests the need for mental health resources in the African American community, findings indicate significant factors that depict how individuals view the mental health medical system, its health disparities, and noted inequities. Past experiences with trust and discrimination, minimal accessibility to adequate insurance, and lack of culturally aware mental health providers have all been supportive reasons for the African American community to turn to other coping mechanisms to mitigate anxiety symptoms.

In recent years, coping methods have become integral to dealing with the relatable symptom of anxiety. According to Kasi et al. (2012), non-maladaptive coping styles can be beneficial in assisting an individual undergoing periods of anxiety-related stress. This doctoral project aimed to utilize informal mental health strategies to reduce or diminish anxiety symptoms in African Americans between the ages of 18-60 in two weeks. Twenty African American men and women implemented listening to daily affirmations or nature sounds, doodling/coloring, and journaling for two weeks when they experienced signs of anxiety. This doctoral project sought to expand the strategies available to help African American men and women with an anxiety diagnosis and further extended the challenge to continue utilizing mental health strategies when symptoms permit.

ACKNOWLEDGMENTS

DEDICATION

First, I would like to give thanks to God almighty. To my loving husband, Laquinta –thank you for your constant support and dedication as I went on this journey to complete this doctoral project and further advance my career. To my four beautiful children – Tylan, Chloie, Cambri, and Cori – thank you for your love and encouragement. And lastly a special thanks to my mother, Patsy, you are all my biggest blessings.

- *Maleitha*

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-Kourtnei

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LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nursing
ADAA	Anxiety and Depression Association of America
AHRQ	Agency for Healthcare Research and Quality
APA	American Psychological Association
CDC	Centers for Disease Control and Prevention
DNP	Doctor of Nursing Practice
DSM	Diagnostic and Statistical Manual of Mental Disorders
GAD	General Anxiety Disorder
IRB	Institutional Review Board
NAMI	National Alliance on Mental Illness
SAMHSA.	Substance Abuse and Mental Health Services Administration
USM	The University of Southern Mississippi

CHAPTER I - INTRODUCTION

Mental health providers share the vital task of providing individuals with diagnoses based on their medical and emotional status (Akerjordet & Servinsson, 2004). A mental health provider must provide extensive care to the patient and is responsible for planning and providing support and medical care to those who have been diagnosed or are in the process of being diagnosed with a mental health condition. One of the most common forms of mental health issues is anxiety which can be a disorder that affects individuals differently, depending on the severity of the condition. According to researchers, anxiety plays a central role in negative emotions when related to the current developments of cognitive and emotion theory (Chorpita & Barlow, 1998). While anxiety is considered a very vague mental health disorder, various types of anxiety also cater to the severity or intensity of the diagnosis. Depending on the type, a mental health provider would provide a specific treatment explicitly created for the patient who suffers from the diagnosis to cure the disease or make the impact less frequent.

A mental health nurse can identify anxiety in many ways, but the most common is based on the patient's symptoms and reactions to various sentences, scenarios, and phrases (Ohl, 2003). There are six common descriptive symptoms of anxiety: restfulness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances. Mental health providers are trained to figure out how to differentiate the body's natural response to stress and when the feeling of fear or apprehension has taken over the patient's daily activities. Further, anxiety disorders can be grouped and highlighted as different disorders that share a common mental health issue. If untreated, anxiety

disorders can severely affect the patient's life and relationships with family members and friends (Mandler & Sarason, 1952).

<div align="center">Background</div>

Diagnosing mental health illnesses has become more prevalent in the United States. At one point, more than half of people with mental illness did not receive help for their disorders (American Psychological Association [APA], 2017). This lack of assistance was due to the stigma that accompanied mental illnesses because of the lack of understanding and fear that crowded the judgment of individuals. A growing problem in the United States is related to the shortage of providers and therapists and long waiting times for appointments to see a doctor. The need for mental health providers and treatments for individuals who suffer from mental health diagnoses, such as anxiety, is needed tremendously. Mental health disorders are among the most common conditions in the United States (Centers for Disease Control and Prevention [CDC], 2018). According to the Anxiety and Depression Association of America (ADAA, 2018), approximately 40 million individuals over 21 are affected by this disorder.

Anxiety can be disabling as it affects how one functions in one's daily life. The effect on the economy from psychological sickness is multi-factorial, including the expense of therapy or work misfortune—just as an atypical expense because of direct incapacity. Many forms of therapy and treatments help individuals with anxiety disorders. Different forms of therapy, such as Talk Therapy, combining cognitive and behavioral therapy, seem to be the most effective nonpharmacological treatment for anxiety (Baoku, 2018). In addition, there is art therapy, which links nature sounds and relaxation, and daily affirmations to help decrease stress.

According to Census Bureau data, rates of depression and anxiety have increased among Black Americans (Hayes, 2020). Research shows that many Black Americans present anxiety differently and are more likely to develop post-traumatic stress disorder than white Americans. Mental health is worse among Black Americans, who have a 20% higher rate of severe mental health issues than people within the general population (ADAA, 2018). Researchers identify that many Black Americans have trouble recognizing the signs and symptoms of mental health conditions such as anxiety. When they acknowledge them, the lack of knowledge surrounding mental health and its stigma causes many to disregard their issues and be reluctant to seek mental health services.

The Anxiety and Depression Association of America (2018) states that when Black Americans report health problems, symptoms, or medical issues to professionals, their experiences are commonly minimized or ignored. This action increases the feelings of anxiety even more. It is a result of why Black Americans are more reluctant to seek mental health services or trust a mental health professional that would ultimately have their best interest in mind. To successfully change the narrative of Black Americans receiving the help they need without feeling the constant burden of being judged or scrutinized, mental nurse professionals are utilizing treatments that can be implemented from the comfort of the home.

<div align="center">Significance</div>

Currently, there is a severe shortage of mental health providers, especially in rural and underserved communities. According to research, suicide rates rapidly rise in the Black community, particularly among children. Among high schoolers, 9.8% of Black students reported attempting suicide compared with 6.1% of their white peers. Alongside

this, suicide was the leading cause of death among young Black people aged 15-24 in 2017 (Lindsey et al., 2019). Researchers proposed that easy-to-use mental health coping strategies will help individuals, specifically Black Americans, with mental health conditions such as anxiety to help achieve their well-being through self-management of symptoms.

The projected outcome would be for Black Americans with anxiety to be introduced to these coping strategies and learn the benefits of using mental health strategies to reduce anxiety symptoms. In order to gain more assistance for Black Americans who struggle with anxiety and avoid the disparities that come with their fight to recovery, treatments that can be provided from the comfort of the home can be significant and also beneficial. According to Marshall et al. (2020), applications related to self-affirmations and self-help goals aid in reducing the symptoms of anxiety. Additional treatments outside of daily affirmations would relate to listening to relaxing sounds such as sounds from nature, journaling, and coloring/doodling.

<div align="center">Problem Statement</div>

Due to the introduction of COVID-19 and the abrupt changes the virus has caused, the increase of those diagnosed with anxiety is at an all-time high. With a disproportionate number of increased cases experiencing acute anxiety, along with prior diagnosed individuals, many of the population faces barriers to preventing and delaying adequate treatment. According to XYZ, the number of mental health providers or psychiatrists is nearly scarce compared to the number of individuals suffering from anxiety. This shortage directly affects timely appointments. In addition to the lack of providers, those who suffer are at the expense of mental health appointments. Most

insurances only cover a fixed number of psychotherapy appointments and often entail a specialty copay for those insured when a psychiatrist is appointed. Lastly, society often scrutinizes mental illness, especially in the African American community, thus causing individuals to be ashamed to admit issues such as anxiety and seek the appropriate care. When individuals express their mental health issues, studies show that Black Americans' symptoms are often minimized (ADAA, 2018).

With all of the disadvantages one with anxiety faces when seeking methods of coping or treatment, an additional tool or treatment easily and readily available is essential. The deviant behavior associated with anxiety disorders leads to an accumulation of anxiety-related issues. Without the intervention of coping skills for those with anxiety, the symptoms will perpetuate and create a snowball effect on those around them, including family, friends, and loved ones.

PICOT

In Black Americans between the age of 18-60 (P) with a known diagnosis of anxiety (I), how effective is using coping strategies (C) to aid in reducing the anxiety level or diminishing anxiety symptoms (O) after two weeks (T) of application use?

Available Knowledge

Generalized Anxiety Disorder

In a patient experiencing panic attacks and tiredness, some would say that the individual could be worrying too much and minimizing the more significant problem. But according to The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA], 2013), mental health professionals are taught to look for factors that can be viewed as out of the ordinary, such as excessive worrying paired with

a variety of additional physical symptoms. Then, with guidance from the DSM-5, mental health professionals are given the opportunity to diagnose a generalized anxiety disorder and figure out which set of symptoms to reference when assessing the client to provide a thorough treatment plan.

Researchers note that living with generalized anxiety disorder can cause patients difficulty performing day-to-day activities and responsibilities (Barlow et al., 1986). It was not until the early 2000s that professionals began to take GAD seriously, after a recent increased interest in the condition as it stemmed from being the most frequent disorder in primary care after depression (Wittchen & Howyer, 2001). Even with the sudden interest, it was relatively hard to diagnose patients with GAD. If they were diagnosed, it was done poorly and typically caused the patient much frustration before finalizing. With the instability of the diagnosis being as joint today as in the early 2000s, many mental health professionals have relied on assessment methods that could provide developmental work to diagnose patients appropriately. Cross-study comparisons were no longer accurate, and mental health professionals provided support from the DSM editions to outline the risk factors and prevalence of this common mental health issue.

Mental Health in the Black community

In 2018, 16% (4.8 million) of Black and African American people reported having a mental illness, and 22.4% of those (1.1 million) people reported a severe mental illness over the past year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). In a separate study, Black and African Americans stated that the reactions they receive related to psychological openness and help-seeking affect their coping behaviors because they were not accepted by mental health professionals when

they spoke about their psychological problems and later denied receiving mental health services because of the stigma associated with such (Ward et al., 2013). While the individuals within this study appeared apprehensive about seeking professional help for their mental health issues, they were willing to seek some form of help, specifically something that could be completed behind closed doors or in the comfort of their homes. In this case, many individuals looked to other sources to take care of their mental health issues and to make them forget about their symptoms.

Being open with mental health issues also became an issue for African Americans due to the lack of accessible care available in their area due to social and economic disparities and their access to care and treatment. In 2018, 58.2% of Black and African American young adults 18-35 and 50.1% of adults 26-49 with serious mental illness did not receive treatment (Centers for Disease and Control [CDC], 2018). In 2016, 12.3% of Black and African American adults also had difficulty getting needed care, tests, and treatments compared to 6.8% of white adults (Agency for Healthcare Research and Quality [AHRQ], 2018). Over time, these issues have forced African Americans further away from getting the help they need and resorting to personal coping skills.

Coping Strategies

In recent years, mental health professionals have resorted to informal coping strategies to assist individuals who suffer from mental health issues, specifically anxiety. Marshall et al. (2020) These coping strategies will aid in the reduction of anxiety. The mental health coping strategies applications in question would cater to individuals who would rather receive their form of therapy by listening to nature sounds, journaling,

coloring/doodling, and listening to affirmations. This collective of strategies has been shown to reduce symptoms caused by anxiety.

Mental health professionals state that something as calming as a walk in the woods or a sound machine that plays recordings from nature can affect heart rate and alter connections in the brain, thus creating a barrier to anxiety issues (MacMillan, 2017). Studies show that anxiety symptoms would subside due to the brain's ability to react to our body's natural fight-or-flight instinct. Nature sounds have always been viewed as calming and relaxing without relating to mental health. Still, after recent studies in the *Scientific Reports,* along with a research study performed by researchers at Brighton and Sussex Medical School in England, the brain, body, and background noise all correlate with the functional magnetic resonance imaging scans when patients listened to the music for five minutes or more (Praag et al., 2017).

Coloring/Doodling is another coping strategy that has recently been used to help patients fight mental health issues. According to recent studies, doodling has tremendous mental health benefits because it allows the brain to get its exercise without being so fully engaged that we develop negative thoughts or overthink (Singh, 2021). Most forms of coloring/doodling involve unconscious drawing and thinking, and it puts one's mental state in the form of a daydream-like persona that welcomes creative ideas with no strings attached. A recent study assigned 50 adults aged 30 and under to create artwork or sort a series of art prints. In that study, the individuals were told to discuss their feelings and moods and compare them to the levels before the drawings started. At the end of the study, the measures showed that the participants who created artwork experienced

significantly more significant reductions in negative feelings than those who sorted

through the art (Hu et al., 2021).

<p align="center">Needs Assessment</p>

In the United States, 16% of African Americans have reported having a mental

illness, but over 58.2% of African Americans reported not receiving treatment in 2018

(CDC, 2018). There are many reasons to support this data. Still, they are related to the

help-seeking behavior that African Americans mistrust due to the inconsistent assistance

of the medical systems and their reactions to African Americans and their mental health.

Further reasons relate to the lack of access available to aid in paying or assisting from a

financial perspective. As of 2020, there is a severe shortage of mental health

professionals, primarily in rural and underserved communities. Because African

Americans seemingly seek treatment from mental health professionals that look like

them, due to the cultural competence of helping with specific issues, they find the issue

even worse, as less than 2% of American Psychological Association members are Black

or African American (American Psychological Association [APA], 2017).

<p align="center">Synthesis of Evidence</p>

A systematic review of the literature was conducted to review the effectiveness of

utilizing informal coping strategies to reduce the anxiety test score or diminish anxiety

symptoms. Types of coping strategies would be doodling/coloring, self-affirmations,

journaling, and listening to relaxing nature sounds. The research was conducted utilizing

the USM library systems, *APA PsycArticles*, and *APA PsycInfo* databases to search for

key terms such as anxiety, mental health, coping, treatment plans, African American, and

stigmas. After researching those key terms, there were over 100 articles that had a

publishing range from 2014 to 2021. Some studies were implemented in the early 2000s

and then later, re-done, and submitted by researchers with a newer date.

<div align="center">Rationale</div>

Theoretical Framework

Identifying the disadvantages to African Americans and their inability to seek

mental help treatment without disregard, one must develop best practices that allow

patients to benefit from the assistance. Best practice guidelines will potentially create a

safety net amongst the African American community and provide mental health treatment

to those from the comfort of their home. This benefit will assist African Americans in

increasing access to care as well as encourage overcoming barriers in the stigma

surrounding mental health treatment.

<div align="center">Doctor of Nursing Practice Essentials</div>

The Doctor of Nursing Practice (DNP) Essentials, as outlined by The American

Association of Colleges of Nursing (AACN), are eight competencies required for

advanced nursing practice (AACN, 2006). Each competency outlines the core foundation

of all advanced nursing practice roles. Regarding this doctoral project, the proposed DNP

essentials are II, III, VI, and VII.

Essential II: Organizational and Systems Leadership for Quality Improvement and

Systems Thinking

This essential focus is on the correlation between nursing science and the complex

needs of humankind (AACN, 2006). Understanding the leading cause of health

disparities and why they exist in communities will be essential to uproot within this

doctoral project. With health, disparities come health inequities. As readers identify the

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differences in resource opportunities, doctoral providers can identify ways that the

participants can increase their coping methods from the comfort of their homes and

provide resources if a mental health professional is needed.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

This essential focuses on patient care and identifying complex issues from a

patient's perspective that can ideally mitigate an organization's agenda. Like Essential I,

this DNP essential can also be beneficial in the doctoral project as it will align the needs

of the participants' perspective to what the healthcare organizations should provide.

Many individuals in the African American communities do not seek help from a

professional due to the increased mental health stigma surrounding their local facilities.

Further, the negative attitudes and beliefs of the professionals are also a factor and create

many challenges. Understanding how the at-home mental health strategies benefited the

participants can be utilized as data to help shape how healthcare organizations re-visit

mental health resources in the African American community.

Essential VI: Interprofessional Collaboration for Improving Patient and Population

Health Outcomes

This essential focus is on improving patients' and the population's health

outcomes. Its relevance to the doctoral project can be beneficial in supporting standard

and implementation improvement while also assessing if previous doctoral projects can

be practical. Some medical professionals might find it more beneficial to educate their

patients through interactive courses, and these courses can be implemented to provide an

unbiased perspective for the organization. By developing a team of knowledgeable

individuals in different areas, a medical professional could provide details that can be

utilized for further doctoral projects with demographics and socioeconomic factors in place.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

This essential is relevant to the doctoral project because it incorporates the psychosocial dimensions and cultural impacts related to the participants' health. For example, when a healthcare organization makes a decision, it does not just benefit the patients who visit them but can also be detrimental to the community where they reside. However, when a medical professional understands what decisions must be made and why the decision has happened, the patient can adapt and mitigate from their view. Further, the medical professional can utilize data to incorporate if their processes and protocols are placed a positive impact or if, in the future, they will only cultivate an even more difficult cultural environment.

<div align="center">Specific Aims</div>

Identifying the barriers that separated the African American community from receiving the mental health help they needed would be developed by understanding the obstacles they currently faced. Once the common barriers were noted, guidelines would highlight ways the community could cope with their anxiety. At the same time, they also focused on their well-being and the issues they had with the medical systems in general. Further, the disparity of individuals who were not treated for their anxiety would decrease, and the focus would level on allowing individuals to cope with their issues in the best form. This method could be advantageous through coping strategies highlighting procedural opportunities that could be deemed informal but effective. The doctoral

project's ultimate goal was to reduce the anxiety test score and/or diminish the anxiety symptoms found in African Americans aged 18 years or older by allowing them to utilize coping methods and strategies.

Summary

Research has shown that there has been a shortage of mental health professionals in the United States but an increase in individuals who desire to be treated for mental health issues. One of the most common forms of mental health disorder, anxiety, affecting 40 million adults in the United States every year, is highly treatable, yet only 36.9 of those suffering receive treatment (ADAA, 2018). In the African American community, the percentage almost triples of the individuals who suffer without receiving treatment; however, research supports this treatment not fully being by choice. Therefore, there is a need to highlight the issues the African American communities currently face associated with mental health. The studies and research within this doctoral project will coincide with the coping strategies and their ability to give users the chance to fulfill their treatment plans and avoid suffering in silence. Relevant evidence has been documented to justify the reasoning behind the doctoral project. The purpose of this doctoral project has been identified. Chapter II will outline the doctoral project's methodology and focus on its intervention phases.

CHAPTER II - METHODS

Introduction

This Doctor of Nursing Practice (DNP) project aimed to provide informal coping strategies to individuals in the African American community that aided in reducing anxiety test scores or diminishing anxiety symptoms as a whole. This doctoral project and informal coping strategies catered to coping strategies such as doodling/coloring, self-affirmations, journaling, and listening to relaxing nature sounds. The African American community dealt with obstacles that forced them not to receive treatment for their anxiety and further receive assistance or support from the mental health community because less than 2% of Black or African Americans are mental health professionals (APA, 2017).

The doctoral project evaluated the anxiety level of African Americans through a questionnaire survey before the introduction of the coping strategies and after the use of the strategies. The questionnaire asked questions related to their personal feelings, the frequency of symptoms related to anxiety, and their experiences when dealing with day-to-day operations. Based on the methods used and their effectiveness, we were able to identify if the informal mental health strategies were beneficial to individuals who exemplified anxiety symptoms.

Context

After approval from the Institutional Review Board (Protocol #22-894), research from participants will be used to identify basic demographics, including race, ethnicity, and age. A letter of support was approved to begin the doctoral project. This support also showed credibility by referencing the principal investigators and the doctoral project's context.

Intervention

An order of interventions was created and outlined the goal of the start of the process

1. Individuals meet specific inclusion criteria including:

   - Be between the ages 18-60

   - African American

   - Access to smartphone with internet connection

   - Ability to use introduced coping strategies during 2 week period

   - Follow up 2 weeks after use of strategies

   - Have received a diagnosis of anxiety

2. Informed consent for each participant was obtained.

3. The doctoral project was submitted to chair members at The University of Southern Mississippi and the Institutional Review Board (Protocol #22-894) to receive approval.

4. Upon approval from IRB, participants were sent a link with consent and a survey before the study.

5. After 2 weeks, a follow-up survey link was sent to the patient to evaluate the effectiveness of strategies in reducing anxiety symptoms

Measures and Instruments Used to Develop the Intervention

A questionnaire/survey was developed to determine the feelings and mindset of the participants before using the coping strategies. The data collected by the survey would be used in further research that supported the doctoral project's goal of determining if the informal coping strategies highlighted will reduce the anxiety test score or diminish current anxiety symptoms in a patient. Online survey applications were

used in conjunction with an email to keep each participant anonymous and only individuals who were provided a link answered the questionnaire.

The questionnaire consisted of five pre-test questions to better understand the current feelings and thoughts of the participant. Question 1: Do you constantly worry? Question 2: Do you feel like you can't control your worry? Question 3: Do you get muscle tension? Question 4: Do you have trouble concentrating? Question 5: Do you find yourself avoiding situations? The post-test questions would be beneficial in noting if the informal mental health strategies work and, if so, how consistent the participant would utilize the strategies after the doctoral project has ended. Question 1: Did you use any of the coping strategies offered? Question 2: How many times per week did you use the coping strategies? Question 3: Did you find strategies helpful in decreasing anxiety? Question 4: On a scale from 0-5, how much did it help? Question 5: Will you continue to use these coping strategies to help with your anxiety?

<center>Population of Interest</center>

The participants involved in this doctoral project were outpatients who identified as Black or African American, were over the age of 18, and had been diagnosed with anxiety or a form of anxiety disorder. The participants were open to identifying other coping strategies and were fully aware of their diagnosis. Participants were encouraged to answer all questions within the questionnaire and sign the consent form allowing participation in the doctoral project.

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Setting

The doctoral project was set as an outpatient and via telehealth. The outpatient program provided adult services such as outpatient treatment programs and individual groups for individuals who suffered from various mental health conditions. The participants chosen were diagnosed with anxiety or a form of anxiety disorder.

<div align="center">Summary</div>

The majority of the questionnaires allowed closed-ended questions such as: yes, no, or I refrain from answering; the data helped interpret if participants believe the informal coping strategies were beneficial after using them during two weeks of their healing process. The questionnaires and consent forms were evaluated by the principal investigators assisting with the doctoral project, and the data were analyzed to address the PICOT question.

CHAPTER III - RESULTS

This chapter evaluates the results following the doctoral project's completion. A five-question pre-test was administered to ten African American men and ten African American women between 18-60 with a known diagnosis of anxiety. Each participant tested informal mental health strategies such as reciting daily affirmations, doodling/coloring, journaling and listening to nature sounds. Participants could use one or all of the informal mental health strategies for two weeks, and after the two weeks, each participant completed a five-question post-test. The data results were beneficial in identifying opportunities to decrease anxiety symptoms at home and distinguishing which informal strategies (if any) helped the most.

When individuals are subjected to stressors, there are varying ways to deal with them, and they are generally based on how the individual responds to stress (Algorani & Gupta, 2021). Anxiety is the most common mental health condition, and in the African American community, many people fear mental health stigma and avoid proper treatment (SAMHSA, 2018). With this theory in place, it was even more imperative to develop at-home strategies that could decrease anxiety symptoms and allow individuals to access coping mechanisms from the comfort of their homes quickly.

Results, Process Measures, and Outcome

The outcome identified significant improvement by using informal health strategies for 95% of the participants. The pre-test questions collected data related to the participant's understanding of anxiety and if they identified any anxiety-related symptoms. The post-test questions collected data after utilizing the informal health strategies to see if any anxiety-related symptoms changed. The principal investigator

reviewed the pre-test questions for two weeks and compared them to the post-test questions to identify areas of improvement. This process was also essential to showcase any changes in the method of outliers related to how participants handled day-to-day situations.

Steps and Details

After informed consent documents were completed, a pre-test survey was emailed to each participant utilizing an online survey portal. The principal investigators released the link to the survey only *after* the consent form was completed. The participant was then asked five questions related to pre-anxiety symptoms and identifiers. At the end of the pre-test, participants were given a list of informal health strategies (coping skills) or a link to YouTube videos (daily affirmations) to test out for two weeks and advised there would be a follow-up to evaluate the effectiveness of the coping strategies. They were then advised to use one or more coping strategies when feeling anxious. After the two weeks were completed, the principal investigators released a link to complete the post-test questions, which were also completed using an online survey portal. The post-test questions were closely related to identifying if the informal health strategies were beneficial and if there were improvements noted over the two weeks where the previous anxiety symptoms diminished or decreased. At the end of the post-test, participants were encouraged to continue using the strategies to achieve their goal of well-being through self-management of symptoms.

Context

Supporting documents and videos were reviewed to understand the benefits provided through the informal mental health strategies. While the data compiled

showcased certain benefits, the coping mechanisms could be used in conjunction with additional mental health strategies equipped by a mental health professional. Educating the participants on the stigma surrounding mental health in the African American community can be long-lasting and only partially shows what informal mental health strategies can provide—documenting opportunities to extend the strategies and advise the participants to continue with their strategies and, if they are no longer effective, to seek care from a mental health professional.

Results

Worry is a common feature of many anxiety disorders (Rabner et al., 2017). Each pre-test question benefited from understanding how anxiety played a part in the participants' day-to-day operations. The participation for each pre-test question showed an average of 82% of participants. The first question sought to identify if worry was a significant issue in the participants' lives and, if so if it was constant. The second question assessed the participant's ability to control their worry. Ideally, the participants who believed they did not worry (15%) were also noted not to have uncontrollable worry. The third question eluded one of anxiety's most well-known symptoms.

Anxiety causes the muscles to tense up and could later lead to pain and stiffness in various areas of the body. During the pre-test, 55% of the participants agreed that they get muscle tension often, while 45% disagreed—the fourth question related to concentration during day-to-day activities. Again, 80% of the participants agreed to have trouble concentrating during the pre-test, while 20% disagreed. Finally, the fifth question assessed issues related to avoidance, a maladaptive behavioral response to excessive

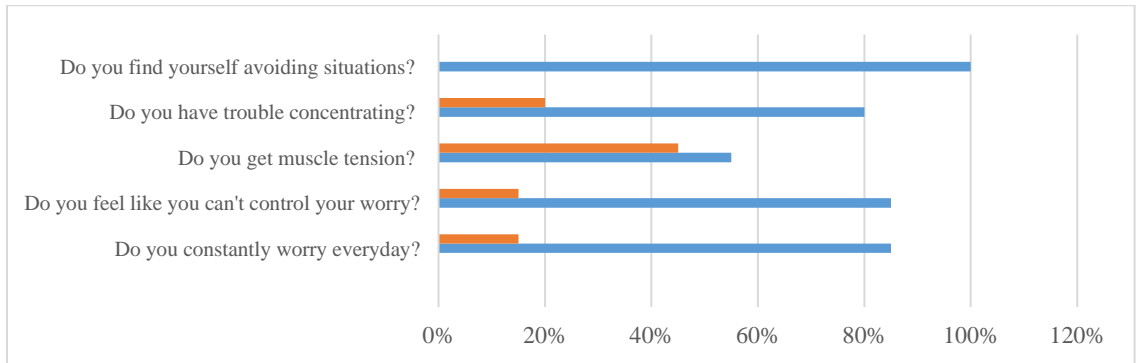anxiety. In this case, 100% of the participants agreed to avoid situations to alleviate stress or anxiety.

Figure 1. Pre-Test Questions

The number of participants and the ratio of males and females were consistent for the post-test. 100% of the participants used coping strategies to help with their anxiety. Out of the two-week time frame, 57% used the coping strategy one to two times per week, 23% of the participants used one or more three times per week, and 19% used one or more coping strategies daily. Ideally, 96% of the participants felt that the strategies helped decrease anxiety, and 4% believed they did not help. On a scale from 0 (not helpful at all) and 5 (Extremely helpful), 57% rated the informal coping strategies as 5, and 42% rated the strategies as helpful. When asked if the participants would continue to utilize the coping strategies when they felt anxiety, 100% agreed to continue use.
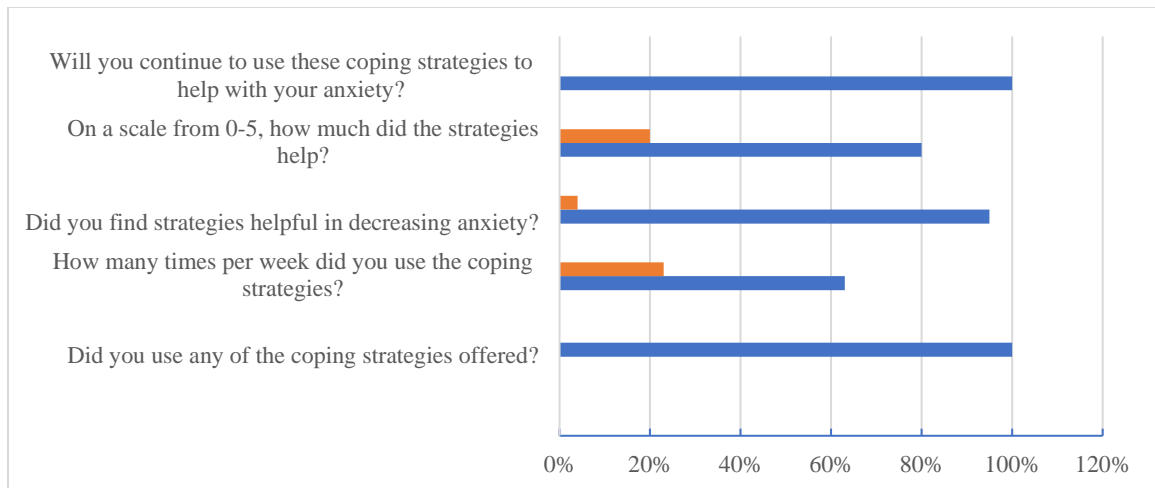
Figure 2. Post-Test Questions

Observed Association

This doctoral project aimed to reduce or diminish anxiety symptoms in African Americans between the ages of 18-60 by utilizing at-home coping skill remedies. Depending on the results after two weeks of use, principal investigators look to advise participants to continue their strategies when necessary. The doctoral project's outcome displayed that informal strategies were more beneficial for African American men than women, and the men also showed more anxiety symptoms than the women. Incorporating mental health strategies daily or every other day could benefit both parties and reduce how African Americans view mental health. An important thing to consider was the varying stages of anxiety and how each diagnosis can be extended to a person, depending on various reasons. A participant could find the informal health strategies not as beneficial for someone who has lessened symptoms or does not have any extensive anxiety issues. Unfortunately, the coping methods are not meant to be the only method but roughly another option for those who would instead not seek treatment with a mental health professional.

Summary

        This doctoral project was initiated to introduce different coping strategies to

African Americans with anxiety and to increase awareness of the benefits. An observed

association showcased the truth in the theory that coping strategies suggested are created

equal. Individuals experience different forms of anxiety and stress. While the goal is to

offer options to assist in alleviating negative mental health symptoms, it is not to take

away from the feeling of relief and controlled anxiety symptoms that the participants felt

after the two weeks of using the strategies ended. Further opportunities to continue the

coping methods have been discussed with each participant, and the challenge has been

noted to become more aware of the anxiety symptoms and find out which coping method

works the best and to what extent it has for the overall diminishing of anxiety symptoms.

CHAPTER IV - DISCUSSION

This chapter discusses the relevance of the results and their findings. The pre-test and post-test results will iterate and compare to the initial findings in the PICOT statement. Additionally, limitations identified throughout the doctoral project will be noted and showcased to prepare a long-lasting plan to decrease the mental health stigma in the African American community. Finally, the principal investigators will recommend the following steps and future doctoral project protocols.

Key Findings, Relevance, and Strengths

The overall findings indicated that all participants believed the coping methods initiated over two weeks were helpful and aided in dissuading their anxiety symptoms. An important note within the findings was that some participants who disagreed with any anxiety symptoms noted in the pre-test question still believed that the coping methods helped them with avoidance, a common symptom for individuals with anxiety. The strength of this study shows that anxiety can come in varying perspectives and severities; however, coping methods are beneficial to alleviate some stressors. Because African American men and women struggle with receiving mental health treatment from a mental health professional, offering methods to utilize from the comfort of their homes showed initiative and determination. Agreeing to continue the process after the doctoral project completion is also important in spreading awareness when necessary. According to Morales-Rodriguez and Perez-Marmol (2019), anxiety can be divided into two clinical dimensions: state anxiety and trait anxiety. State anxiety refers to the feelings now, and trait anxiety represents general feelings. This process is relevant to the inconsistent thought processes of those who believed their anxiety symptoms were controlled.

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Interpretation

Each questionnaire identified areas of opportunity to decrease anxiety symptoms in African American men and women. With the progression of each coping method, the participants could benefit from the comfort of their homes. Even though additional coping methods can help alleviate problems without seeking help from a mental health professional, it should not be the goal. The study should identify ways to improve the lack of resources in African American communities as many deals with stigma and discrimination. Due to socioeconomic factors in the United States, many individuals have no form of health insurance and no access to resources. As a result, they are excluded from health, education, and economics (Abdullah & Brown, 2020). The advanced knowledge implemented through this study should only be a platform to re-develop how resources are offered to African American communities. Highlighting areas of improvement, increasing awareness among those with resources and establishing opportunities to make African Americans feel comfortable seeing a professional are all feasible –but must be implemented. Studies show that when African Americans decide to see a doctor, some negative attitudes and beliefs make others feel shameful or discriminated against. Ensuring that the platform genuinely receives care is even more critical.

Limitations

The concept of this doctoral project was supportive and well put together, but some limitations were noted. One of the limitations related to receiving in-depth demographics is to identify how each male and female viewed anxiety. At the beginning of the doctoral project, the only qualifications were age range, the participants' ethnicity,

and an initial diagnosis of anxiety. As we learned through this doctoral project, there are different anxiety levels. What may work for one individual may not work for another –it could be for general reasons or because of the severity of the diagnosis. The principal investigators would like to review the percentage of participants who believed the mental health strategies did not decrease anxiety. By asking more questions, the audience could see why they believed so and what could have been done differently to help. Ideally, it would even be prominent to know which coping method(s) was used, as none of the questions in the post-test alluded to the type of strategies used. Identifying more questions and looking through a deeper demographic could provide much more support and data for upcoming doctoral projects.

Conclusion

This doctoral project was initiated to help reduce or diminish anxiety symptoms in African American men and women aged 18-60 by utilizing informal mental health coping strategies. When African Americans faced mental health stigma and discrimination, it was even more critical to capture additional methods that could make them feel safe, support awareness, and diminish anxiety symptoms when necessary. The study identified that most participants believed the coping methods helped and will continue to utilize them for their anxiety symptoms. Additional support would also indicate that in the interim of continuing at-home treatments, awareness should also be provided to resourceful foundations and associations that could help mend the gap between African American communities and the stigma that surrounds mental health treatment and resources. Future doctoral projects should also address the severity of the anxiety and identify which coping method helped the most and why.

Recruitment Flyer

REDUCING ANXIETY SYMPTOMS IN AFRICAN AMERICANS USING

INFORMAL

MENTAL HEALTH STRATEGIES

Approved by USM IRB Protocol 22-894

You may be eligible to participate if:

- You are between the ages of 18-60
- African American
- Have a diagnosis of Anxiety
- Own a smartphone with good cellular service and connection

Do you want to try and learn an at-home way to help decrease anxiety?

Do you want to learn quick coping skills for anxiety?

There is no cost to participate. For more information contact Kourtnei.jones@usm.edu

or Maleitha.nard@usm.edu

APPENDIX B - IRB Approval Letter

Office *of* Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI.

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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: 22-894
PROJECT TITLE: Reducing anxiety symptoms in African Americans Using informal Mental Health Strategies
SCHOOL/PROGRAM Leadership & Advanced Nursing
RESEARCHERS: PI: Kourtnei Jones
Investigators: Jones, Kourtnei~Coleman, Carolyn~Nard, Maleitha~
IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited Category
PERIOD OF APPROVAL: 21-Jul-2022 to 20-Jul-2023

Donald Sacco fr.

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

APPENDIX C - Pre-Test Questions

REDUCING ANXIETY SYMPTOMS IN AFRICAN AMERICANS USING

INFORMAL MENTAL HEALTH STRATEGIES

Approved by USM Protocol 22-894

Pre-Test Questions

Please circle Yes or No

1) Do you constantly worry every day?   Yes or No

2) Do you feel like you can't control your worry?   Yes or No

3) Do you get muscle tension?   Yes or No

4) Do you have trouble concentrating?   Yes or No

5) Do you find yourself avoiding situations?   Yes or No

APPENDIX D - Post-Test Questions

REDUCING ANXIETY SYMPTOMS IN AFRICAN AMERICANS USING

INFORMAL MENTAL HEALTH STRATEGIES

Approved by USM Protocol 22-894

Post-test

1) Did you use any of the coping strategies offered? Yes or No

2) How many times per week did you use the coping strategies? Please Circle one

   Daily   1- 2 times per week   >3 times per week

3) Did you find strategies helpful in decreasing anxiety? Yes or No

4) On a scale from 0-5, how much did it help? (0- is not helpful, 3-some what helpful, 5 being extremely helpful) Please Circle one

5) Will you continue to use these coping strategies to help with your anxiety? Yes or No

REFERENCES

Abdullah, T., & Brown, T.L. (2020). Diagnostic labeling and mental illness stigma
among Black Americans: an experimental vignette study. *Stigma and Health, 5*(1)
11.

Agency for Healthcare Research and Quality (AHRQ). (2018). 2018 National Healthcare
Quality and Disparities Report. Retrieved from
https://www.ahrq.gov/sites/default/files/wysiwyg/researc/findings

Akerjordet, K., & Severinsson, E. (2004). Emotional intelligence in mental health nurses
talking about practice. *International Journal of Mental Health Nursing*, *13*(3),
164-170.

American Association of Colleges of Nursing (AACN). (n.d.) *DNP Essentials.* Retrieved
from: https//www.aacnursing.org/DNP/DNP-Essentials

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of
mental disorders (*5th ed). https://doi.org/10.1175/appi.books.9780890425596

American Psychological Association (APA). (2017). *Demographic characteristics of
APA members by membership characteristics*. Retrieved from
https://www.apa.org/workforce/publications/17-member-profiles

Anxiety and Depression Association of America (ADAA). (2018). *Black and African
American communities.* Retrieved from
https://www.adaa.org/find-help/by-demographics/black-african-american-
communities

Baoku, H. (2018). *Challenging mental health stigma in the Black community.* National

  Alliance on Mental Illness. Retrieved from https://www.nami.org/blogs/NAMI-

  blogs/July-2018/Challenging-mental-health-stigma-in-the-black-community

Barlow, D.H., Blanchard, E.B., Vermilyea, J.A., Vermilyea, B.B., & DiNardo, P.A.

  (1986). Generalized anxiety and generalized anxiety disorder*:* Description and

  Reconceptualization. *The American Journal of Psychiatry*, *143*(1), 40-44.

  https://doi.org/10/1176/aip.143.1.40

Centers for Disease Control and Prevention (CDC). (2018). National Center for Health

  Statistics. Retrieved from https://www.cdc.gov/nchs/fastats/mental-health

Centers for Disease Control and Prevention (CDC). (2019). Summary Health Statistics:

  National Health Interview Survey: 2017. Table A-7. Retrieved from

  https://www.cdc.gov/nchs/nshis/shs/tables.htm

Chorpita, B.F., & Barlow, D.H. (1998). The development of anxiety: the role of control

  in the early environment. *Psychological Bulletin*, *124*(1), 3.

Critchley, Hugo. (2017). Mind-wandering and alterations to default mode network

  connectivity when listening to naturalistic versus artificial sounds. *Scientific

  Reports 7,* 45273. https://doi.org/10.1038/srep45273.

Hayes, K.T. (2020). *Depression and anxiety rates spiked among black Americans after

  George Floyd's death, survey finds.* Fox 5 News.

  https://www.foc5dc.com/enews/depression-and-anxiety-rates-spiked-among -

  black-Americans-after-george-floyds-death-survey-finds

Hu, J., Zhang, J., Hu, L., Yu, H., & Xu, J. (2021). Art therapy: A complementary

    treatment for mental disorders. *Frontiers in Psychology, 12,* (686005).

    https://doi.org/10.3389/fpsyg.2021.686005.

Kasi, P., Naqvi, H.A., Afghan, A.K., Khawar, T, et al., (2012). Coping styles in patients

    with anxiety and depression. *International Scholarly Research Network, 12*(2)

    123-130.

Lindsey, M., Shetfall, A., & Joes, S. (2019). Trends of Suicidal Behaviors Among High

    School Students in the United States: 1991-2017. *Pediatrics, 144*(5).

    https://doi.org/10/15242/peds.2019-1187

Macmillian, A. (2017). *Why nature sounds are great for relaxation.*

    Health. https://www.health.com/condition/stress/why-nature-sounds-are-relaxing

Mandler, G., & Sarason, S.B. (1952). A study of anxiety and learning. *The Journal of*

    Abnormal and Social Psychology, *47*(2), 166.

Marshall, J.M., Dunsten, D.A., & Bartik, W. (2020). Effectiveness of Using Mental

    Health Mobile Apps as Digital Antidepressants for Reducing Anxiety and

    Depression: Protocol for a Multiple Baseline Across-Individuals Design. *JMIR*

    Research Protocols, *9*(7), e17159. https://doi.org/10/2196/17159

Morales-Rodriguez, F.M., & Perez-Marmol, J.M. (2019). The role of anxiety coping

    strategies and emotional intelligence on general perceived self-efficacy in

    university students. *Frontiers in Psychology, 10*(1689).

    https://www.doi.org/19.3389/fpsyg.3029.01689.

Ohl, F. (2003). Testing for anxiety. *Clinical Neuroscience Research*, *3*(4-5), 233-238.

> Pine Belt Mental Health Resource Center. (n.d.) *About Us.* Retrieved from:
>
> https://www.pbmhr.org/adultservices/aboutus

Praag, C., Ganfinkel, S., Sparasci, O., Mees, A., Phillippides, A., Ware, M., Ottaviani, C.,

> & Scott, E. (2021). *Drawing, Art Therapy, and Stress Relief.* Very Well Mind.
>
> https:/www.verywellmind.com/drawing-art-therapy-and-stress-relief

Rabner, J., Mian, N., Langer, D., Corner, J.S., & Picnus, D. (2017). The relationship

> between worry and dimensions of anxiety symptoms in children and adolescents.
>
> *Behavioral and cognitive psychotherapy, 45*(2), 124-138.

Singh, A. (2021). *5 Mental Health Benefits of Doodling.* Calm Sage.

> https://www.calmsage.com/mental-health-benefits-of-doodling

Substance Abuse and Mental Health Services [SAMHSA]. (2018). National Survey on

> Drug Use and Health (NSDUH): African Americans
>
> https://www.samhsa.gov/data/sites/default/files/reports

Ward, E.C., Wiltshire, J.C., Detry, M.A., & Brown, R.L. (2013). African American men

> and women's attitude toward mental illness perceptions of stigma, and preferred
>
> coping behaviors. *Nursing Research, 62*(3) 185-194.
>
> https://doi.org/10.1097/nnr.0b013e3182bf533

Wittchen, H.U., & Howyer, J. (2001). Generalized anxiety disorder: nature and course.

> *Journal of Clinical Psychiatry, 62,* 15-21.