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EVALUATING THE STIGMA TOWARD COUNSELING IN THE AFRICAN AMERICAN COMMUNITY

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by

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A Doctoral Project
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ABSTRACT

Self-stigma is an important factor that hinders help seeking through the use of mental health services. “Self-stigma is the reduction of an individual’s self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable” (Vogel et al., 2006, p. 325). Attitudes have suggested both men and women struggle with depression in this population, and that they are reluctant to addressing psychological problems. Most are overly concerned about the stigma associated with mental illness. Though some are open to seeking treatment through mental health services, religious coping in this community is the most preferred method of sustaining.

The purpose of this Doctor of Nursing Practice (DNP) project was to evaluate the stigma toward counseling in the African American community. A pre and post-test was created utilizing questions from the 10-item Self-Stigma of Seeking Help (SSOSH) scale. Participants indicated their agreement on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A single PICO guided this project, “In African Americans ages 20 to 45 (P) does implementing a screening tool for self-stigma (I) versus no screening tool for self-stigma (C) increase awareness and willingness to participate in therapy (O)?”

This DNP project was conducted in the rural town of Newton, Mississippi. Thirty *(N=30)* participants were deemed eligible to participate in the project. Analysis showed a p-value of less than 0.001. There was a mean difference of 4.733 between the pre- and post-responses to the negatively oriented questions, indicating a change in the

participants' perception from pre-test to post-test, hence a successful intervention and identification of underlying stigma.

ACKNOWLEDGMENTS

This doctoral project was successfully completed with much guidance and support from the faculty and staff at The University of Southern Mississippi. I would like to extend special thanks to my doctoral project chair, Dr. Carolyn Coleman. I am appreciative of your dedication, and support throughout this entire process. I would also like to acknowledge my committee member, Dr. Lakenya Forthner. I give special recognition to Dr. Otto Ikome for your refined analysis of this research project. I am grateful for all of your guidance and patience with me throughout this journey.

DEDICATION

So shall my word be that goes out from my mouth; it shall not return to me empty, but it shall accomplish that which I purpose, and shall succeed in the thing for which I sent it (Isaiah 55:11).

I want to first thank God for this vision. I thank you for your promise and divine favor over my life.

To my Husband Kenny Travis Jr., I am so grateful for all that you are. You have been my support, my stern, and my balance in this chaotic world; And for all of the uncertainties during this process, you have been my clarity. I love you!

To Jadon "My prophet son," you were my awakening. You helped me realize the things I needed to change. To Jace "My refinement son," you gave me the strength to stay the course during trials and conditioning. To Carli Jai "My Sunshine daughter," you illuminated me and today I am a better woman because of my desire to be the best reflection for you. I exemplify a more purposeful life because of you all. You walk this earth thinking that I gave you life when the truth is that you saved mine.

To my family and friends, thank you for all your support and love. I am forever grateful! Two and a half years and this has been the most consuming, mentally, and emotionally challenging experience, yet my most purposeful and resilient success story. I dedicate the achievement of my doctoral work to you all!

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LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nursing
APRN	Advanced Practice Registered Nurse
CINAHL	Cumulative Index for Nursing and Allied Health Literature
DNP	Doctor of Nursing Practice
ERIC	Education Resource Information Center
IRB	Institutional Review Board
NP	Nurse Practitioner
PDSA	Plan Do Study Act
PICO	Population, Intervention, Comparison, Outcome
QI	Quality Improvement
SSOSH	Self-Stigma of Seeking Help
USM	The University of Southern Mississippi

CHAPTER I - INTRODUCTION

Millions of American adults experience mental illness each year. Mental illness encompasses a wide range of mental health domains, and it is not exclusive to any race or ethnicity. Some individuals are more heavily burdened with this health condition than others. “Very little attention has been given to examining stigma, the beliefs about mental illness that may be associated with stigma, and how these beliefs may affect the approach to coping” (Ward & Heidrich, 2009, p. 481). Feelings such as hopelessness, unworthiness, ineffective coping, motivational impairment, and worrying about being judged are all tied to these behavioral disorders and have heightened fear of mental health stigma within the African American community.

African American men and women do not seek counseling and therapy to provide positive outlets for depression and have developed a stigma toward using these resources. As a result of many factors which include but are not limited to health disparities, socioeconomic status, and racial discrimination they have learned to cope using alternative mechanisms by way as substance use and religious beliefs. Most of them cannot identify the signs of depression and how substituting these mechanisms as the norm has shaped their thought processes. According to Eylem et al (2020) “The consequences of stigma are worse for racial and ethnic minorities compared to racial and ethnic majorities since the former often experience other social adversities such as poverty and discrimination within policies and institutions” (p. 1). The purpose of this research is to identify the benefits of counseling in this population of people. There is no way to help the next generation if these individuals do not have an idea or even take

advantage of these resources to create new thought processes opposite these socially accepted mindsets.

Background and Significance

Positive behaviors have been reported toward seeking counseling and therapy as an outlet but are most often never followed through in the African American community. African Americans utilize treatment less often. “That is, believing treatment is efficacious will not lead to actual help-seeking if treatment is not also deemed to be necessary” (Anglin et al., 2008, p. 18). Depression and anxiety are broad terms and identifying symptoms that are linked to these diagnoses are one of the gaps within this community. Symptoms such as hopelessness, feeling unworthy, ineffective coping, motivational impairment, and worrying about being judged are all tied to these behavioral disorders and have become stigmas in the community.

In the African American community, having a traditional religious belief system, feeling inadequate, or unworthy has been tied to the belief that acknowledging these mindsets mean that they are not strong. In the black community being strong is a lifestyle. Any acknowledgment of having feelings of low self-esteem or self-efficacy is identified as being weak or weak-minded. Being strong should be an option, not a requirement; however, it is not mentally programmed this way for them.

PICO/Project Question

“The population, intervention, comparison, and outcome (PICO) is the most widely used model for formulating clinical questions” (Eriksen & Frandsen, 2018, p. 421). A single PICO guided this DNP project, “In African Americans ages 20 to 45 (P)

does implementing a screening tool for self-stigma (I) versus no screening tool for self-stigma (C) increase awareness and willingness to participate in therapy (O)?"

Project Purpose

The purpose of this Doctor of Nursing Practice (DNP) project was to evaluate the stigma toward counseling in the African American Community utilizing the 10- item Self-Stigma of Seeking Help (SSOSH) scale. Participants will indicate their agreement on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items are summed up to a total sum score whereby higher values indicate more self-stigma of seeking help.

Table 1

Objective and Expected Outcome

Objective	**Expected Outcome**
To implement the utilization of the SSOSH scale to the African American population of Newton, Mississippi to bring awareness and educate about self-stigma.	The integration of statistical results into an informatory pamphlet, to provide insight into self-stigma and bridge mental health gap in the African American community.

Conceptual Framework

The DNP project is a quality improvement (QI) project guided on the framework of the Plan Do Study Act (PDSA). The goal of this DNP project is to improve insight into stigma in the African American population. "The PDSA cycle promotes prediction of the outcome of a test of change in four steps; identifying the plan, carrying out the change, examining the results, and adopting the plan to establish quality improvement" (Taylor et al., 2013, p. 291). Over time, analysis of the data collected utilizing the PDSA approach

could improve patient outcomes in this population by increasing awareness, facilitating new coping strategies, and creating new norms.

Plan

The planning stage consisted of evaluating if self-stigma exists within the chosen population, by using the SSOSH scale. The project leader did not have to gain approval to use the SSOSH tool. After the initial implementation and education session, the participants were re-evaluated using the same scale to see if there was any change in perspective. The statistical results were incorporated into an informatory pamphlet. This pamphlet was given to a group of nurse practitioners (NPs) at Newton Healthcare Clinic to help bring awareness of self-stigma within the community they serve.

The project leader conducted a needs assessment within the community to determine if self-stigma is a barrier within this population. The planning stage consisted of arranging data collection. During the planning phase, the project leader decided on what data needed to be collected. This project had two goals: (1) educate on self-stigma toward seeking psychological help, and to enable those within this population to better identify the need to engage in therapy as a positive outlet; (2) bring awareness to a collaborative group of nurse practitioners on how internalized stigma affects the surrounding community, and to identify the SSOSH tool as a screening measure that would help assist with help-seeking within this population.

Do

The doing phase consisted of carrying out the plan. A printed recruitment flyer was posted throughout the town to help assist with obtaining subjects for this project. Once subjects are recruited, the snowball method was utilized to help grow the

population. The recruitment flyer was posted and accessible for one week. A digital copy of the recruitment flyer was also created to be readily assessable for current subjects to share with their acquaintances. The project leader then conducted an educational session with the chosen population.

The project leader conducted the screening of all the participants. Before this Educational session, a virtual meeting was held to inform the NPs of Newton Health Care Clinic about the grounds of this project. Some staff attended this meeting remotely in the clinic, while some were remote via the virtual link. Both the virtual meeting and the education session were held the week of September 4th, 2022. Findings were incorporated into a pamphlet and given to Newton Health Care Clinic to help the collaborative team of providers better understand how self-stigma affects the surrounding community.

Study

The study phase consisted of the project leader examining data that was taken from the responses on each SSOSH scale, pre, and post. The pre and post-data consisted of a total of twenty questions. After collection, the data was then analyzed by a statistician. This analysis was a critical step in the process.

Act

The act phase consisted of determining if internalized stigma existed within the population. Figure 1 illustrates the PDSA cycle. “In this phase, the plan is either adopted, adapted, or abandoned based on the evaluation of the data” (Christoff, 2018, p. 2). Each of these phases are very important to facilitating change.

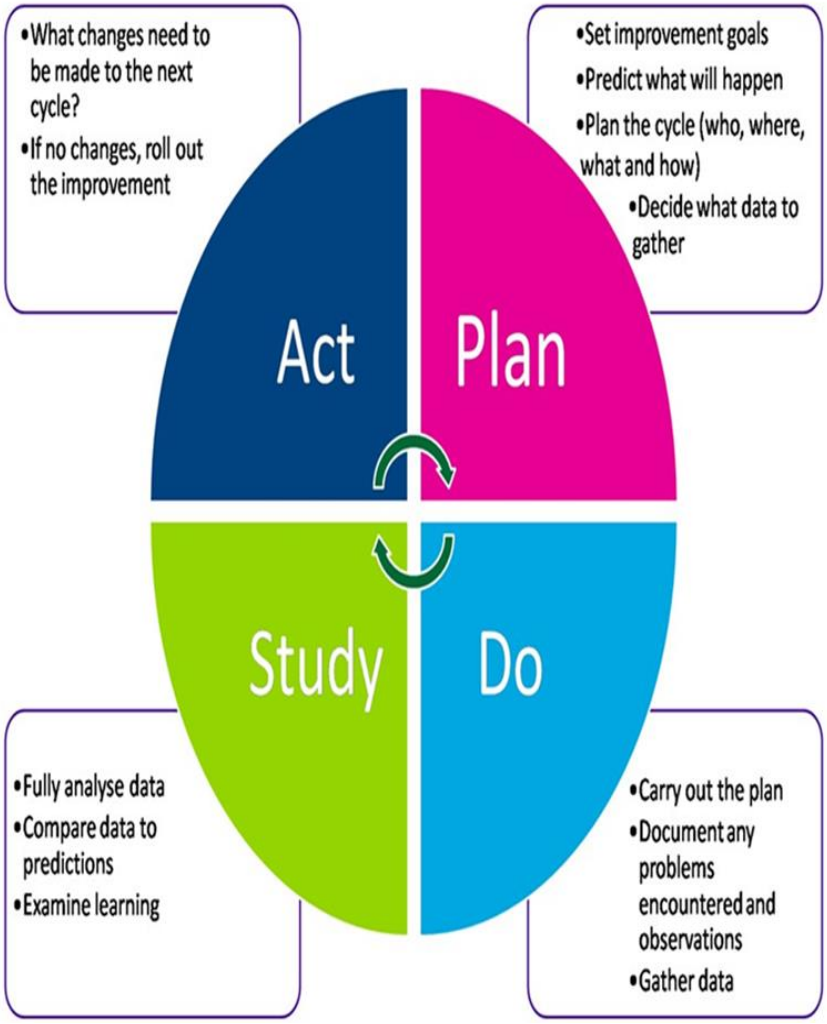

Figure 1. The PSDA Cycle.

Adapted from Tague, N. (2005). The Quality Toolbox, (2nd ed.). ASQ Quality Press.

DNP Essentials

According to the American Association of Colleges of Nursing (AACN, 2006), the DNP degree contains eight essential elements for nursing practice. The DNP Essentials that best fit this project were Essential II (Organizational and Systems Leadership for Quality Improvement and Systems Thinking), and Essential VI (Interprofessional Collaboration for Improving Patient and Population Outcomes). In

collaborating with each participant in this study, effective communication was a key feature in order to facilitate positive patient outcomes. The long-term goal was to improve patient outcomes within this population.

Needs Assessment

"An impressive body of evidence suggests that the reason people of color mistrust medicine in general, and the mental health system in particular, is linked to a unique and troubling history" (Suite et al., 2007, p. 879). In view of the past historical context, those within the African American community appear to have developed a greater distrust of the healthcare and mental health system. "African Americans believe that their lives are devalued by White society and perceive that they are treated differently in the health care system solely because of their race, and such perceptions fuel mistrust of the medical profession" (Gamble, 1997, p. 1776). These concepts have paved the way for alternative beliefs in religious coping as an outlet, instead of a highly mistrusted healthcare system. In a traditional religious belief system, feeling inadequate or unworthy has been tied to the belief that acknowledging mindsets of weakness means that they are not strong. In the African American community being strong has been cultivated into a lifestyle.

Religious coping is defined as "the use of religious beliefs or behaviors to facilitate problem-solving to prevent or alleviate the negative emotional consequences of stressful life circumstances" (Koenig et al., 1998, p. 513). Adapting these beliefs has led to the thought process that if there is not a strong belief in a higher power, negative coping by way of religion would occur creating an increase in health disparities and outcomes. Along with religious coping came the development of the "strong mentality." During the assessment to further understand why the strong mentality has become

important, the African American community needs to link together where the mindset evolved from. They also need to understand how the strong mentality has shaped the concept that peers would think negatively of them or see them as unstable and inadequate if they decided to seek mental health treatment.

Synthesis of the Evidence

A review of the evidence was conducted using current clinical and scholarly literature to understand the concept of stigma and psychological openness within this community. The following databases were utilized in the literature search: Education Resource Information Center (ERIC), Cumulative Index for Nursing and Allied Health Literature (CINAHL), Sage Full-Text Collection, Google Scholar, Mendeley, and PubMed. The search terms used alone or in combination included: Stigma, attitudes towards mental health, stigma screening tools, preferred coping mechanisms, and the Plan Do Study Act Model. This literature search yielded many studies between the years 1995 and 2020 to review the most recent and relevant literature available on the project topic.

Psychological Well-Being in The African American Community

Symptoms experienced from depression and anxiety contribute to barriers to seeking mental health treatment. It is important to focus on lifestyle behaviors, poor coping mechanisms, culturally integrated mindsets, lack of ways to obtain resources that provide for counseling and therapy, and modifiable social risk factors that would inhibit flourishing within this population. “Flourishing refers to the absence of mental disorders and the presence of high levels of psychological well-being” (Williams, 2018, p. 466).

Discrimination among the African American community has been well-hidden and intertwined into the healthcare system. Acknowledgment of this has not often been supported or identified, and it is a significant barrier that obliges self-stigma in this group of people toward seeking mental health care.

In a published study from Kugelmass (2016), a phone-based experiment was conducted to determine if internal bias from mental health providers affected help-seeking accessibility to mental health treatment within this population of interest. “The results revealed an otherwise invisible form of discrimination among middle-class help-seekers, with blacks with blacks considerably less likely than whites to be offered an appointment” (Kugelmass, 2016, p. 1). More contributory research is needed to eliminate the occurrence of provider bias to the soundly documented patterns of racial and ethnic inequities in seeking mental health and treatment engagement.

Stigma Toward Seeking Help

African American men and women do not seek counseling and therapy to provide positive outlets for depression and have developed a stigma toward using these resources. As a result of generational trauma, they have learned to cope using alternative mechanisms such as religious and avoidant coping. Most of them cannot identify the signs of depression and how substituting these coping mechanisms as the norm, has shaped their thought processes. In the African American community, it is essential to eliminate generational thought processes which cultivated poor coping mechanisms.

Rivera et al., (2021) did a narrative review of published literature that focused on reducing stigma among African Americans. In response to help-seeking behavior, it is essential to consider efforts that reduce stigma perception within this population. The

narrative concluded that “the shared sense that stigma reduction efforts need to be culturally informed and tailored to apply to African Americans” (Rivera et al, 2021, p. 10). In doing so individuals can develop the tools to build higher self-esteem and self-efficacy. High self-esteem and self-efficacy would encourage the use of mental health treatments to cultivate new norms within this population.

Stress and Mental Health Recognition

Ellis et al., (2015) compiled a study to examine the effects of stress on African American men and women. The connection between understanding how stress affects this population was not fully understood. Strategies were explored about beliefs from both genders. During the study, “Men and women in the groups mentioned internalization as a common coping strategy of African American men that coincides with self-reliance” (Ellis et al., 2015, p. 111). This consideration should be taken into perspective when trying to analyze and understand the effects of stress and mental health within this population.

Woods-Giscombé (2010) conducted a prospective study on how stress is identified in African American women. Many factors contribute to a lack of understanding of what this looked like. The main concept was the characterization of the superwoman role, which was multifaceted and consisted of many dimensions. This role entailed an obligation of strength, suppression of emotions, and an obligation to help others. It was concluded that “A formal descriptive framework or operationalization of the superwoman role could enhance understanding of this phenomenon and guide future empirical research to identify the mechanisms or pathways between stress and health in this population” (Woods-Giscombé, 2010, p. 669).

The compiled studies and literature reviewed above helped to guide this project on identifying stress, understanding the essentialness of having positive outlets, and evaluating stigma towards mental health within this population. The literature review was critical in the reasoning of why the chosen screening tool for this project was chosen. Also, variables such as psychological well-being and mental health recognition were critical factors when analyzing the literature to determine the feasibility of the utilization tool.

Summary

Chapter I provided the problem statement, the purpose of the project, and the PICO question. Chapter I also discussed the needs assessment, a synthesis of the evidence, the conceptual framework, and the DNP Essentials. Chapter II discusses the planned methods of utilization to implement this DNP Project

CHAPTER II - METHODS

The purpose of this DNP project was to evaluate the stigma toward counseling in the African American Community utilizing the ten-item SSOSH scale. The concept that seeking mental health treatment is not a priority or useful has been heightened by the stigma that African Americans have developed over the years. Many factors play a role in finding resolve, from breaking past cultural thought processes, understanding how psychological well-being enhances the utilization of mental health services, acknowledging and recognizing discrimination intertwined within the healthcare system, and having an established safe and trusting environment with provides who are non-biased and take those within this population mental health journey seriously.

Setting

This DNP project was conducted in the rural town of Newton, Mississippi. A building was reserved for the educational session. Participants were asked questions composed of demographic information as qualification criteria which include age, gender, and race. The initiative for this population was to increase help-seeking through the use of counseling and therapy. The more research that is conducted on this topic, the more individuals will be provided with better outcomes and clinical solutions that support this population of interest.

Population/Sampling

A focus group with men and women from the African American community were utilized for evaluation. The research was designed from a cross-sectional study: Ages 20 through 45 were used since they indicated the beginning of early adulthood to the end of late middle age. Participants were included for inclusion if they were of a race of African

American descent; ages were ranging between 20 to 45 years; able to speak and understand English; able to provide informed consent. Exclusion criteria included race or ethnicity not of African American decent; below the age of 20 or over the age of 45; not able to speak or understand English; not able to provide informed consent.

Flyers were posted throughout the town of Newton, Mississippi to recruit participants for this study. A virtual flyer was created to be readily accessible to share with acquaintances. The sampling of the population was done through snowball sampling. "Snowball sampling is a non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances. Therefore, the sample group appears to grow like a rolling snowball" (Raina, 2015, p. 127). After screening the inclusion/exclusion criteria, a convenience sample of thirty participants *(N = 30)* was deemed eligible to participate in the project.

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	**Exclusion Criteria**
Race of African American decent	Race not of African American descent
Ages ranging between 20 to 45 years	Below the age of 20 or over the age of 45
Able to speak and understand English	Not able to speak or understand English
Able to provide informed consent	Not able to provide informed consent

Data Collection and Procedures

The University of Southern Mississippi's (USM) Institutional Review Board (IRB) granted permission to conduct the capstone project on September 2nd, 2022. IRB Protocol # 22-1249 (Appendix A). After receiving IRB approval, the project leader began

the recruitment by posting flyers within the community to obtain participants meeting the inclusion/exclusion criteria.

Educational Session

The project leader conducted a 30-minute educational session on September 8th, 2022, after the pre-test and gathering of informed consent. The educational session was followed up by a post-test with questions from the SSOSH scale. The primary purpose of this educational session was to educate participants about self-stigma and to evaluate if self-stigma exists within the chosen group by utilizing the SSOSH scale.

Instruments

The Self-Stigma of Seeking Help (SSOSH) scale (Appendix B). Participants were screened using the SSOSH scale in pre and post-test forms, to assess if there was any self-stigma associated with seeking psychological help. The scale is comprised of two sub-dimensions. Five questions focused on the perception of threat to the ego and five questions focused on the perception of support to the ego. Some questions were asked with a negative orientation for example “I would feel inadequate,” while others were asked with a positive orientation for example “my self-esteem would increase.” Since the same Likert scale was used for both questions, it was deemed prudent to first analyze the negative and positive skewed questions independently and then look at them together.

To analyze pre and post-responses of the same group, a paired sample T-test was used. The tests were run using the statistical tool SPSS version 28.0. The confidence level for all the tests ran was set at 95 percent. When looking at the results from the pre and post-test of the negatively oriented questions, there was a mean difference of 2.667 in the participants’ responses. To determine how significant this difference was, the p-value of

the t-test was utilized. The analysis showed the P value is < 0.001 which is less than 0.05. Therefore, there is a significant difference between the means of the pre and post-responses to the negatively oriented questions. The analysis indicated a change in the participants' perception of seeking psychological help from the pre-test to the post-test, hence a successful intervention.

All data for this project was collected during a single education session. A total of thirty participants *(N=30)* were screened using the SSOSH pre and post-test. The analysis of the results was incorporated into an informatory pamphlet and given to the collaborative group of Advanced Practice Registered Nurses (APRNs) at Newton Healthcare Clinic to bring awareness of barriers to help-seeking within the surrounding community.

Design

This project was a process improvement project which evaluated the stigma toward counseling and therapy in the African American community. A process improvement project is focused on improving outcomes. In this project, the primary goal was to improve this population's knowledge of underlying self-stigma. The secondary goal was to bring awareness to screening tools that can be utilized to facilitate help-seeking and bridge the gap in mental health for this population.

Ethical Considerations

This DNP project was submitted to The University of Southern Mississippi IRB for approval (Protocol #22-1249). All participants eligible to participate in the project were provided written informed consent (Appendix C) to participate in the project. The consent form included information regarding privacy and confidentiality, the project's

purpose, procedures, risks/discomforts, benefits, and contact information. Participants were informed verbally, as well as in writing that they could withdraw their consent to participate, without specification of reasons, and with no negative consequences. To protect the identity of each participant, numerical identities were utilized. The project leader saved the data from this study on an encrypted drive. The project leader will keep all data for two years. After two years, the project leader will discard all information.

Data Analysis

The SSOSH scale was administered in pre and post-test form to evaluate if self-stigma existed within this population. Responses were indicated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Five items on the scale are reverse scored so that higher scores indicate greater self-stigma. Likert scales are psychometric scales commonly used in questionnaires. The SSOSH is a 10-item scale designed "to assess concerns about the loss in self-esteem a person would feel if they decided to seek help from a psychologist or other mental health professional" (Vogel et al., 2006, p. 328). The descriptive statistics analyzed a change in the mean difference between the pre and post-test.

Summary

Chapter II discussed the setting, the population, the design, and the procedures that were used in the project. The SSOSH scale is used as the instrumentation. As help-seeking behaviors are promoted, attitudes and intentions change, participants are empowered to attend counseling, and therapy is consistently maintained. As we move forward to Chapter III ethical considerations and the presentation of the results of the project will be discussed.

CHAPTER III - RESULTS

The purpose of this DNP project was to evaluate the stigma toward counseling in the African American Community utilizing the SSOSH scale. The results of this data will improve awareness of stigma. This project will provide quality improvement for bridging the gap in mental health within this population of interest.

Analysis of Data

Descriptive Statistics

Thirty *(N = 30)* participants were deemed eligible to participate in the study after the demographic screening. Seventy percent of the participants were female. Thirty percent of the participants were male. One hundred percent of the participants were African American.

Table 3

Pre-Question 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	6.7	6.7	6.7
	Disagree	11	36.7	36.7	43.3
	Neutral	4	13.3	13.3	56.7
	Agree	9	30.0	30.0	86.7
	Strongly Agree	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Table 4

Post-Question 1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	4	13.3	13.3	13.3
	Disagree	21	70.0	70.0	83.3
	Neutral	4	13.3	13.3	96.7
	Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 5

Pre-Question 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	6.7	6.7	6.7
	Disagree	9	30.0	30.0	36.7
	Neutral	5	16.7	16.7	53.3
	Agree	7	23.3	23.3	76.7
	Strongly Agree	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Table 6

Post Question 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	2	6.7	6.7	6.7
	Neutral	2	6.7	6.7	13.3
	Agree	19	63.3	63.3	76.7

Table 6 (continued).

	Strongly Agree	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Table 7

Pre-Question 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	20.0	20.0	20.0
	Disagree	11	36.7	36.7	56.7
	Neutral	2	6.7	6.7	63.3
	Agree	9	30.0	30.0	93.3
	Strongly Agree	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Table 8

Post-Question 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	20.0	20.0	20.0
	Disagree	19	63.3	63.3	83.3
	Neutral	1	3.3	3.3	86.7
	Agree	3	10.0	10.0	96.7
	Strongly Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 9

Pre-Question 4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.3	3.3	3.3
	Disagree	11	36.7	36.7	40.0
	Neutral	10	33.3	33.3	73.3
	Agree	7	23.3	23.3	96.7
	Strongly Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 10

Post-Question 4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	2	6.7	6.7	6.7
	Neutral	10	33.3	33.3	40.0
	Agree	14	46.7	46.7	86.7
	Strongly Agree	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Table 11

Pre-Question 5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	10	33.3	33.3	33.3
	Neutral	3	10.0	10.0	43.3
	Agree	9	30.0	30.0	73.3
	Strongly Agree	8	26.7	26.7	100.0
	Total	30	100.0	100.0	

Table 12

Post-Question 5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	6	20.0	20.0	20.0
	Neutral	6	20.0	20.0	40.0
	Agree	9	30.0	30.0	70.0
	Strongly Agree	9	30.0	30.0	100.0
	Total	30	100.0	100.0	

Table 13

Pre-Question 6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	23.3	23.3	23.3
	Disagree	10	33.3	33.3	56.7
	Neutral	7	23.3	23.3	80.0
	Agree	5	16.7	16.7	96.7
	Strongly Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 14

Pre-Question 6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	23.3	23.3	23.3
	Disagree	10	33.3	33.3	56.7
	Neutral	7	23.3	23.3	80.0
	Agree	5	16.7	16.7	96.7
	Strongly Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 15

Post-Question 6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	5	16.7	16.7	16.7
	Disagree	20	66.7	66.7	83.3
	Neutral	2	6.7	6.7	90.0
	Agree	2	6.7	6.7	96.7
	Strongly Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 16

Pre-Question 7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.3	3.3	3.3
	Disagree	9	30.0	30.0	33.3
	Neutral	6	20.0	20.0	53.3
	Agree	9	30.0	30.0	83.3
	Strongly Agree	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

Table 17

Post-Question 7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.3	3.3	3.3
	Neutral	3	10.0	10.0	13.3
	Agree	17	56.7	56.7	70.0
	Strongly Agree	9	30.0	30.0	100.0
	Total	30	100.0	100.0	

Table 18

Pre-Question 8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	23.3	23.3	23.3
	Disagree	11	36.7	36.7	60.0
	Neutral	7	23.3	23.3	83.3
	Agree	4	13.3	13.3	96.7
	Strongly Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 19

Post-Question 8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	7	23.3	23.3	23.3
	Disagree	17	56.7	56.7	80.0

Table 19 (continued).

	Neutral	1	3.3	3.3	83.3
	Agree	4	13.3	13.3	96.7
	Strongly Agree	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 20

Pre-Question 9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.3	3.3	3.3
	Disagree	5	16.7	16.7	20.0
	Neutral	3	10.0	10.0	30.0
	Agree	17	56.7	56.7	86.7
	Strongly Agree	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Table 21

Post-Question 9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	6.7	6.7	6.7
	Disagree	11	36.7	36.7	43.3
	Neutral	6	20.0	20.0	63.3
	Agree	7	23.3	23.3	86.7
	Strongly Agree	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Table 22

Pre-Question 10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	6.7	6.7	6.7
	Disagree	8	26.7	26.7	33.3
	Neutral	7	23.3	23.3	56.7
	Agree	11	36.7	36.7	93.3
	Strongly Agree	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Table 23

Post-Question 10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.3	3.3	3.3
	Disagree	18	60.0	60.0	63.3
	Neutral	7	23.3	23.3	86.7
	Agree	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Table 24

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Total Pre-Test	30.1333	30	2.97962	.54400
	Post Test Total	29.5000	30	3.24569	.59258

Table 25

Paired Samples Correlations

		N	Correlation	Significance One Sided p	Significance Two Sided p
Pair 1	Total Pre-Test Post-Test Total	30	.653	<.001	<.001

Discussion

The results of the project indicated that utilizing the SSOSH screening tool could improve a person's awareness and understanding of self-stigma. In this, this can lead to increased psychological well-being within the African American population. A mean difference of 4.733 existed between the pre and post-responses. The analysis resulted in a p-value of <0.001 which is less than 0.05. Therefore, there was a significant difference between the means of the pre-test responses, and the post-test responses. This study brings much-needed insight as to why those within this community have become so dependent on religious coping and other outlets instead of seeking psychological help.

The findings from this DNP project demonstrate a successful intervention. The incorporation of a screening tool such as the SSOSH scale into practice could be an

assistive measure for medical professionals to be more aware of barriers to help-seeking within this population. This project supports the following: (1) There is a significant need for screening for internalized stigma within this population; (2) Educating on self-stigma toward seeking psychological help will enable those within this population to better identify the need to engage in therapy as a positive outlet; (3) Bringing awareness to medical professionals on how internalized stigma affects those within this population could provide a means of understanding, as to why resistance to seeking psychological help is so high.

Summary

Chapter III presented an overview of the findings of the study and the analysis of the results. The SSOSH screening tool was identified as a reliable measurement of self-stigma within the chosen population. Results indicated a successful intervention. Chapter IV will discuss the results and implications for practice.

CHAPTER IV – DISCUSSION

The purpose of this DNP project was to evaluate the stigma toward counseling and therapy in the African American community utilizing the SSOSH scale. This data will bring awareness and increase efforts of help-seeking among African Americans which is necessary to address health disparities and barriers to seeking psychological help. This project will provide evidence of best practices and quality improvement for bridging the gap in mental health within this population of interest.

The results from this QI project demonstrate that a screening tool for self-stigma would be essential in increasing awareness and bringing more understanding as to why those within this population are opposed to utilizing therapy as an outlet. The results indicate that using the SSOSH screening tool can effectively identify barriers to help-seeking within this population. The findings can lead to the integration of the SSOSH tool or one similar into practice.

The results from this study provide valuable information about screening tools for the internalized stigma that can assist with mental health barriers in this population. “The PDSA model was utilized as the theoretical framework to guide this project. The PDSA cycle is a commonly used improvement process that might have untapped potential for pragmatic research. A PDSA activity uses small tests of change to optimize a process” (Coury et al., 2017, p. 2). The foundation of this project was built upon this model. Results from the pre and post-test analysis were integrated into an informatory pamphlet and given to APRNs in a clinical setting to provide insight and awareness on self-stigma.

Limitations

This project was completed within a limited time frame of two weeks. In order to gain a larger population, it would be beneficial to have at least four weeks or more to grow the sample size. Results from this study were only presented to the staff of one clinical facility. Awareness of this tool could be made by providing the information to more locations. Another limitation was that this project solely focused on participants within the African American Community. To get a wider view perspective of how stigma is internalized, it would be important to administer the SSOSH screening tool to other populations.

Future Practice Implications

The design and implementation of the SSOSH tool into the project led to some of the APRNs at Newton Healthcare Clinic utilizing it as a screening measure. The staff had inadequate insight into the screening tool before this study. The sustainability of this tool in their practice will depend on adherence to its use. Stigma screening will provide insight into barriers to help-seeking within this population of interest.

The APRNs found the results from this study beneficial. Despite the adoption of this tool, widespread use in practice to bring more responsiveness to help-seeking behaviors is limited. In response to only some of the APRNs agreeing to utilize the screening tool, further work may be needed to evaluate why the clinical staff does not deem the screening tool beneficial. The SSOSH scale is endorsed as a reliable and useful tool for the measurement of self-stigma. Facilitating the SSOSH scale as a screening measure will assist with bridging the gap in mental health care, and promote the use of mental health service and engagement.

Conclusion

The overall outcome of this study supports the need for incorporating a screening tool for self-stigma. Research shows that there seems to be some stigmatization when it comes to African Americans seeking mental health care. Due to this understanding, it is essentially important to facilitate the use of a screening tool for self-stigma, to understand why treatment is not being utilized. “Stigma related to mental illness compounds mental health disparities by creating barriers to help-seeking behavior” (Rivera et al, 2021, p. 1). Stigma reduction is essentially important to increasing help-seeking, improving population outcomes, and bridging the gap in mental health care within this population.

APPENDIX A – Institutional Review Board Approval

Office *of*
Research Integrity

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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:	22-1249
PROJECT TITLE:	Evaluating the Stigma Toward Counseling in the African American Community
SCHOOL/PROGRAM	Leadership & Advanced Nursing
RESEARCHERS:	PI: Jamaica Chapman Investigators: Chapman, Jamaica~Coleman, Carolyn~
IRB COMMITTEE ACTION:	Approved
CATEGORY:	Expedited Category
PERIOD OF APPROVAL:	02-Sep-2022 to 01-Sep-2023

Donald Sacco Jr.

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

APPENDIX B – The Self-Stigma of Seeking Psychology Help (SSOSH) scale

Self-Stigma of Seeking Help (SSOSH) scale (by Vogel, Wade, & Haake, 2006)

INSTRUCTIONS: People at times find that they face problems that they consider seeking help for.

This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1 = Strongly Disagree 2 = Disagree 3 = Agree & Disagree Equally 4 = Agree 5 = Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help.
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a therapist.
5. My view of myself would not change just because I made the choice to see a therapist.
6. It would make me feel inferior to ask a therapist for help.
7. I would feel okay about myself if I made the choice to seek professional help.
8. If I went to a therapist, I would be less satisfied with myself.
9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.
10. I would feel worse about myself if I could not solve my own problems.

APPENDIX C Informed Consent

Evaluating the Stigma Toward Counseling in The African American Community

Consent To Participate: The following information describes the project in which you are being asked to participate. Please read the information carefully.

PURPOSE OF THE STUDY: The purpose of this DNP project is to determine the effectiveness of self-stigma evaluation toward seeking psychological help within the African American Community

PROCEDURES: Answer questions from the SSOSH scale presented prior to the educational session. Attend an educational session. Answer questions from the SSOSH scale presented in the post-session.

CONFIDENTIALITY: This study is confidential. Numbers will be used as identifies to protect the identity of participants in this study

VOLUNTARY PARTICIPATION: Your participation in this study is completely voluntary. You may refuse to participate in this study or withdraw at any time.

COSTS: There are no costs associated with your participation in this study.

RISKS: There are no expected physical or psychological risks.

BENEFITS: Each participant will be entered into a drawing for two $125.00 gift cards to show appreciation for the full completion of this study.

CONTACT INFORMATION: Please contact the project leader, Jamaica Chapman by email: jamaica.chapman@usm.edu or by cell: 601-607-0908. I will gladly answer any questions that you may have concerning the purpose, procedures, and outcome of this study.

- o I agree to participate in this study.
- o I do not agree to participate in this study.

_____ _____ _____

Printed Name Signature Date

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