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African-American Pastors' Mental Health Literacy, Leadership, and Counsel:

A Systematic Review

Michelle A. Townsend

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Dr. Stephen Stoeffler

AFRICAN-AMERICAN PASTOR'S MENTAL HEALTH LITERACY, LEADERSHIP,
AND COUNSEL: A SYSTEMATIC REVIEW

A Dissertation Presented to

The Faculty of the Doctor of Social Work Program of
Kutztown University|Millersville University of Pennsylvania

In Partial Fulfillment

of the Requirements for the Degree Doctor of Social Work

By Michelle A. Townsend, LCSW

March, 2022

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ABSTRACT OF THE DISSERTATION

African-American Pastors' Mental Health Literacy, Leadership, and Counsel:

A Systematic Review

By

Michelle A. Townsend, LCSW

Kutztown University | Millersville University, 2022

Kutztown, Pennsylvania

Directed by Stephen W. Stoeffler, PhD

The African-American pastor is a trusted provider of leadership and counseling within the Black church and community. Pastors and ministry leaders are often the first responders of mental health issues faced by their congregants and community members. As a trusted and sought-after source for counseling, the African-American Pastor is a mental health provider to a community who often does not pursue professional mental health counseling. Although the community is susceptible to the same mental illness as other ethnic groups, there is mistrust for the medical and mental health community and inequality in the available resources. This study 1) examined what the research literature says about African American Pastors' knowledge of mental health literacy 2) how the domains of mental health literacy were integrated into the African-American Pastor's roles of leader and counselor. A systematic review was conducted and fifteen research articles met the criteria for the systematic review. Results suggest African-American pastors and ministry leaders who provide counseling services have knowledge of mental health literacy and have used it to provide appropriate counseling programming or have referred to mental health professionals. African-American pastors and ministry leaders who were

not identified as having education in mental health literacy have a low or not applicable response on the mental health literacy domains. In conclusion, the knowledge of mental health literacy is necessary tool to provide appropriate counseling intervention and referrals to mental health professionals.

Keywords: African-American Pastor, Black Church, Mental Health, Mental Health Literacy, Counseling, Leadership and Social Work

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I dedicate this dissertation to every African-American pastor who has provided mental health counseling to their congregants and members of the community. Your labor was not in vain. You are appreciated.

**African-American Pastors' Mental Health Literacy, Leadership, and Counsel:
A Systematic Review**

This dissertation study's focus is to better understand mental health literacy among African-American pastors. African Americans frequently rely on African-American pastors to address mental health concerns (Butler, 1997; Neighbors et al., 1998; Stansbury et al., 2010); however, they seek formal mental health services at a much lower rate than other racial or ethnic groups (Olsson & Kennedy, 2010; Williams et al., 2019). Understanding the influence of mental health literacy on African-American pastors' leadership with the Black church and community is of significance to the profession of social work for many reasons: "Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living"; "Social workers are sensitive to cultural and ethnic diversity"; and "Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems" (*NASW Preamble*, 2021). In light of this relevance, a systematic review was conducted to ascertain what is known about African-American pastors' mental health literacy and its influence on their leadership and counseling within the Black church and community.

Problem Statement

African Americans distrust and underutilize formal mental health services (Obasi & Leong, 2009; Scribner et al., 2020; Taylor et al., 2000), but they have trusting relationships with the Black church and African-American pastors (Avent et al., 2015; Payne & Hays, 2016). This relationship can aid or further complicate their ability to address their mental health needs, mainly depending on the mental health literacy of their African-American pastor.

This problem is all the more relevant because African Americans have the same needs and challenges as any other racial group. While African Americans show similar rates of mental health issues, such as depression and anxiety, compared to other ethnic groups, research has consistently indicated that they seek and obtain significantly fewer mental health services (Chatters et al., 2009; Young et al., 2003). Historically, there has been a mistrust of the mental health and medical communities. Social and medical experiments, continuous misdiagnosis, and over medication—coupled with present-day racism and the vicissitudes of life—can be overwhelming. The listed challenges have caused an undermining of trust in institutions that are created and developed to assist medical and mental health needs. Thus, there is a need for counseling, learned coping skills, and validation within the community by individuals who can be trusted. Many have identified these as the African-American pastors.

The misdiagnosis of mental illness in the African American community dates back to the 1800's. Samuel Cartwright, an American physician, hypothesized that drapetomania was a mental illness that caused enslaved Africans to flee captivity. On March 17, 1851, at the annual meeting of the Louisiana Medical Association, Cartwright presented a committee report entitled, "A Report on the Diseases and Physical Peculiarities of the Negro Race." "Filled with claims of 'scientific racism', the report also documented a new disease: drapetomania" (Dimuro, 2018; Madeo, 2021; Scribner et al., 2020). This diagnosis was used to sanction reality, the purpose of which was to prevent the psychological emancipation of people of color (Scribner et al., 2020). Trusting others led to continued enslavement.

Like Cartwright, physicians and theorists have used mental health diagnoses to justify the inhumane treatment of African Americans. The African slave desiring freedom over mistreatment was diagnosed as mentally ill. These racist doctors believed there needed to be a

name to understand why an enslaved person would run away from what the enslavers thought was divine order. It was common in the 1840s and 1850s for proslavery advocates to claim that Blacks benefited from being enslaved to Whites (Pilgrim, 2005).

Such lack of trust in the medical community has further historical context. The most infamous clinical research study is the “Tuskegee Study of Untreated Syphilis in the Negro Male” (*Center for Disease Control [CDC] 2021a*, para. 1), conducted within the United States between 1932 and 1972. The research involved nearly 600 African-American men, 400 of whom had been infected with syphilis, with the remaining sample serving as the control group. Many were uneducated sharecroppers participating without informed consent. The goal was to “observe the natural history of untreated syphilis” in Black populations (McVean, 2019, para 2). However, the subjects were completely unaware and were told they were receiving treatment for bad blood; in reality, they received no treatment (McVean, 2019). Sadly, for centuries African-Americans have been used as experimental subjects by White people, often without their consent; this history has caused a distrust of many in the social service and medical communities (Avent et al., 2015; Hardy, 2012; Hays & Aranda, 2016). Thus, abusive social and medical experiments, misdiagnosis, and improper distribution of medication have added to the preexisting racism, often resulting in distrust of the medical profession.

However, despite those past abuses, regulating systems have been established to prevent the repetition of unethical experiments, such as the National Research Act, overseen by the United States Department of Health and Human Services and the Office for Human Research. Another governing body that protects the rights and welfare of human research subjects are institutional review boards, which various universities formally designate to review and monitor research involving human subjects (*IRB-FACTS*, 2019).

Although these safeguards exist to protect human rights, the African-American community remains underrepresented in mental health services. Compared to majority racial and ethnic groups, minority populations, such as African Americans, are less likely to seek mental health help from counseling professionals (Anthony et al., 2015; Ayalon & Young, 2005). African Americans experience a continued sense of fear related to misdiagnosis, mistreatment, and the therapeutic process. Despite the benefits of formal mental health services, African Americans are less likely to seek assistance from formal mental health providers, like social workers, to manage psychological problems (Anthony et al., 2015; Ayalon & Young, 2005; Hays & Aranda, 2016). Instead, they are more likely to depend on informal structures that are easy to access and readily available, such as family, friends, and the church. In a national sample of African Americans and Caribbean Blacks with a mental disorder, 22% did not receive help, 23% used informal support only, and 14% relied on professional services. The authors concluded that informal social networks may play a vital protective role in the lives of Black Americans (Woodward et al., 2008).

Indeed, African Americans encounter more barriers to accessing mental health care than other racial groups. According to the literature, this reticence may be due to the following: social stigma, inability to access care, lack of mental health providers in their community, lack of providers who are multicultural or who identify as African-American, lack of financial resources to cover expenses, transportation difficulties, and historic distrust of the medical community (Farris, 2006; Merritt-Davis & Keshavan, 2006; Obasi & Leong, 2009; Taylor et al., 2000; Thompson et al., 2004).

In light of those barriers, besides family support, African Americans often seek help from the church and clergy to manage mental illness (Brown & McCreary, 2014; Young et al., 2003).

In this context, religion is a protective factor that promotes health (Holt & McClure, 2006), and African Americans are more likely to identify as religious and involved in church life than non-Hispanic Whites (Brown & McCreary, 2014; Chatters et al., 2009). Moreover, churches play a significant role in the African-American community (Bilkins et al., 2015; Lincoln & Mamiya, 2005; Payne, 2012). With such a solid connection to the church and to African-American pastors, it is beneficial for pastors to have a working knowledge of mental health literacy and community resources, in order to assist their community.

There is a need for counseling, learned coping skills, and validation within the community. However, there is a distrust of medical and mental health providers, hindering the community from receiving help and resolving the stigma of mental illness. As a result, the church provides safety for those in need of counseling services. One alternative to more traditional forms of mental health care, especially in the Black community, is mental and social resources in the church (Bilkins et al., 2015; Brown & McCreary, 2014; Payne, 2012; Young et al., 2003). African Americans are more likely to rely on religious coping strategies, such as prayer and informal trusted community social supports. These supports include a senior pastor, members of a ministerial team who provide pastoral care, family members, and a limited number of friends (Bilkins et al., 2015; Blasi et al., 1998). Those dealing with a severe personal problem, poor health, and bereavement in this ethnic group have utilized prayer as one of the most frequent coping strategies (Garner & Kunkel, 2020).

African-American pastors offer tailored services to the church and community. It is their insight and leadership which provides effective service delivery to all in need. The following sections of the dissertation explore the role of the Black church in enriching and empowering the African-American community. It further discusses African-American pastors'

core characteristics, which enhance their ability to provide effective leadership and service delivery to the people. Additionally, the following sections examine the importance of mental health literacy in providing counseling services to the church community. Subsequently, various Biblical guidelines are highlighted regarding the significance of mental health literacy among church leaders. Finally, the core values that foster the social work profession are discussed as well as their importance in enhancing the mental health experience of the African-American community.

Statement of Purpose

The purpose of this dissertation is to examine the influence of mental health literacy on African-American pastors' leadership and counsel within the Black church and community. African Americans have higher levels of dual diagnosis, post-traumatic stress disorder, and depression, as well as lower levels of outpatient mental health services compared to their White counterparts (Okunroumu et al., 2016; Snowden, 2001). The African-American pastor is a trusted source to provide counseling and community resources to the Black church and the community. Pastors often serve as the spiritual and mental health counseling providers to their church and their community. As such, their perceptions and attitudes about mental health have a significant impact on services, both internal and external, that congregants and members of the community receive (Avent et al., 2015; Openshaw & Harr, 2009).

The systematic review conducted for this dissertation determines the impact of mental health literacy on the African-American pastor's leadership and counseling within the Black church and community. The leadership includes pastors' provision of counseling and counseling services to the congregants and the community. According to Jorm (2000, 2012), mental health literacy is defined as obtaining and maintaining positive mental health, knowledge of mental

health problems and treatment, developing self-help efficacy, and decreasing stigma related to mental health problems. Increased mental health literacy increases help-seeking behaviors.

In addition to the African-American pastor who provides leadership and counseling to congregants, social workers are providers of community resources and therapeutic services. Social workers are leaders in mental health practices (NASW, 2006). "Since the birth of the social work profession, social workers have been instrumental in the development, implementation, and research of many interventions that improve mental health literacy" (Mendenhall & Frauenholtz, 2013, p. 366). It is only suitable for a social work study to research the African-American community, which is least likely to pursue and receive preventive professional mental health care. The congregation and community often go to the African-American pastor for spiritual, physical, emotional, and mental health counseling. The African-American pastor can decrease mental health stigmatization and increase mental health literacy and access to care. Mental health literacy among African-American pastors is critical in promoting counseling services to their congregants and community.

Research Questions

For centuries the African-American pastor has provided mental health counseling to the Black church and its communities. Their knowledge and application of mental health literacy is exhibited in leadership and counsel. The term *mental health literacy*, defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention," was introduced by Jorm in 1997 (Jorm, 2000, p. 396). This systematic review provides evidence related to these two research questions:

- What does the research literature say about African-American pastors' knowledge of mental health literacy?

- How are the domains of mental health literacy integrated into the African-American pastor's roles of leader and counselor?

Overview of Research Design

The methodology used in this dissertation is a systematic qualitative review. A Boolean search method was used to collect literature through electronic search engines such as Google Scholar, EBSCO, Academic Search Ultimate, Psychology, Behavioral Sciences Collection, APA PsycInfo, and others. Those engines generated the sample for the study. The sample consisted of relevant peer-reviewed studies. A multiple-item scale and a data collection chart were instruments used in the data collection. The definition of mental health literacy was used as a guide for the extraction of data from the identified research articles. Mental health literacy's definition is currently defined as: "understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and, enhancing help-seeking efficacy" (Kutcher et al., 2016, p. 155). In the systematic review data, themes were summarized, synthesized, and coded. They were also reviewed and named to assist in the organization of mental health literacy content domains.

Rationale and Significance

Jorm introduced the concept of mental health literacy in the late 1990s; it is a relatively new topic to research. As the largest provider of mental health services in the nation (NASW, 2006), social workers need to understand and meet the mental health needs of the African American community: "Improving the mental health status of entire communities is the primary goal underlying efforts aimed at raising mental health literacy and can provide a significant step toward achieving NASW's goal of health and mental health care access for all individuals" (Mendenhall & Frauenholtz, 2013, p. 367).

It is incumbent upon social workers to understand the social ecologies of African Americans, including their history, environments, and structural barriers to mental health care. The Black church and African-American pastors have a deep and abiding role in the lives of African Americans and are instrumental in meeting their mental health needs. Learning more about the mental health literacy of African-American pastors will aid both the social work academy and profession in “promoting the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems” concerning African-Americans (NASW Preamble, 2021). This study thus fills a gap in the literature and provides foundational knowledge on the state of the art of mental health literacy of African-American pastors.

Organization of the Dissertation

This chapter demonstrates the need to study the mental health literacy of African-American pastors and their significance to the social work profession. This chapter also reviews many African Americans’ perspective on mental health counseling and their reluctance in seeking formal mental health counseling—as well as the use of informal and formal counseling systems within the Black church. Chapter 2 reviews the literature on relevant topics pertaining to mental health literacy among African Americans and the role of the African-American pastors in promoting that literacy. Chapter 3 explains the methodology used to conduct the systematic review, including the rationale for the research, data collection, and data analysis methods. Chapter 4 presents the findings. Chapter 5 concludes with the analysis and synthesis of the findings, followed by implications and recommendations for continued research.

Literature Review

This dissertation discusses the mental health literacy of African-American pastors and examines its influence on the delivery of counseling services to their congregants. The African-American pastor is viewed as the authority figure in the Black church and the Black community (Brown & McCreary, 2014; Neighbors et al., 1998; Stansbury & Schumacher, 2008). As the leaders of churches, pastors have a significant influence on their parishioners. They are often the spiritual and mental health counseling providers to their church and their community. As such, their perceptions and attitudes about mental health have a significant impact on services, both internal and external, that congregants receive (Avent et al., 2015; Neighbors et al., 1998). The following literature review demonstrates that mental health literacy among African-American pastors is critical in promoting counseling service to their congregants and community members.

Mental Health Literacy: History and Evolution

Mental health literacy is a construct that emerged from the domain of health literacy and must be understood in that context. As a term first proposed in the 1970s, *health literacy* generally concerns whether an individual has the competency to navigate the complex demands of health systems to maintain their health within modern society (Liu et al., 2020). Health literacy's definition was updated in 2020, with the Healthy People 2030 initiative to include *personal health literacy* and *organizational health literacy*: "Personal health literacy is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others" (CDC, 2021c, What is health literacy? section). "Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others" (CDC, 2021c, What is health literacy? section).

Based on those definitions, it is clear that adequate health literacy requires good communication with providers and a combination of confidence, competency, and comprehension skills to direct oneself through complex mental and medical healthcare organizations. In contrast, inadequate health literacy is associated with difficulties in comprehension of health information, limited knowledge of diseases, low medication adherence, poor health, high risk of mortality, poor nutrition, limited use and access to healthcare, increased costs, and health disparities (Liu et al., 2020). Individuals must have the ability to understand and use acquired knowledge, which gives them a solid basis on which to make informed decisions concerning their health. In 1998, the World Health Organization expanded the definition of health literacy to include “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health” (Kutcher et al., 2016, p.155).

Jorm introduced the term Mental Health Literacy in the mid-1990s. Several scholars have described mental health literacy as encompassing the following: recognition of both general psychological distress and specific mental disorders; knowledge and beliefs about risk factors, self-help interventions and available professional help; attitudes that facilitate appropriate help-seeking; and the ability to seek mental health information (Jorm, 2000; Olsson & Kennedy, 2010). Although mental health literacy has provided a helpful way to conceptualize factors that impact the maintenance of mental health, there have been methodological limitations to the measurement of this construct, and there is no existing measure that assesses all attributes of mental health literacy in a scale-based format; previously, mental health literacy was measured by the application of vignettes interviews (O'Connor & Casey, 2015; O'Connor et al., 2014).

The most commonly used measure to assess mental health literacy is the vignette interview (Jorm et al., 1997), which yields qualitative data and is often time-consuming. Before scale-based measures were developed, only limited psychometric data had been reported, none of which assessed all of the characteristics of mental health literacy (O'Connor & Casey, 2015; O'Connor et al., 2014). In light of that limitation, the Mental Health Literacy Scale was developed by O'Connor et al. (2014) and was tested for reliability and validity (Nejatian et al., 2021; O'Connor et al., 2014). The final version of the Mental Health Literacy Scale included a total of 35 items, which consisted of the ability to recognize disorders (8), knowledge of where to seek information (4), knowledge of risk factors and causes (2), knowledge of self-treatment (2), knowledge of professional help available (3), and attitudes that promote recognition or appropriate help-seeking behaviors (16). All psychometric testing was conducted using these items in the Mental Health Literacy Scale (O'Connor & Casey, 2015).

Following the popularization of that scale, the importance of mental health literacy in helping to improve health outcomes for people and populations has been recognized, and some positive initial interventions directed at this goal have been applied (Kutcher et al., 2016). Initial efforts to improve mental health literacy have emphasized increasing public knowledge and utilization of mental health information (Coles & Coleman, 2010). Partnership with providers and placement of services in communities are highly recommended. High mental health literacy coupled with low access to care has correlations with social determinants of health. Social determinants of health are defined as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Health.gov, 2021). In the context of these social determinants, community providers assist in promoting health literacy with their clientele and

peers in various ways, such as creating clearinghouses of health literacy information, sponsoring health literacy seminars, and encouraging multi-organizational collaborations (Health Literacy, 2021). Increased knowledge of mental health illness and treatment options improves the quality of life for individuals, families, and communities.

Mental Health Literacy Among African Americans

The African American community values mental health literacy; however, this value may not be identified as mental health literacy. Nevertheless, many African Americans acknowledge mental illness and the benefits of treatment. Within the African-American community, there exist formal and informal systems to aid in treating mental illness. These informal systems (or “lay systems,” in the context of a church) are often a source of assistance in times of need, but more should be known about the type and quality of help offered by African-American pastors and nonprofessionals (Hays & Aranda, 2016; Neighbors, 1988). African-American clergy, in particular, perform a crucial role in meeting the mental health needs of their congregants and the community (Ayalon & Young, 2005; Neighbors et al., 1998).

The application of the mental health literacy framework places high importance on public awareness in addition to professionals' help. This awareness promotes the African-American community taking an active role in their mental health treatment. Therefore, it is safe to assume that the higher the mental health literacy is in the African-American church and the Black church, the more likely it is for the congregants to seek assistance from formal and informal systems. Furthermore, if African-American pastors in close contact with the congregation and the community, who may experience mental health problems, have high mental health literacy, they can act as social agents by encouraging their community to seek professional treatment (Kelly et al., 2007; Stansbury et al., 2013).

The Black Church

In light of that central role of African-American pastors in promoting mental health literacy, it is important to understand the nature of the Black church. Throughout history, the Black church has served as a platform for social and political activism and as a vehicle for enrichment and empowerment. Historically, the Black church has been referred to as the preserver and perpetrator of the Black ethos, values, and norms. It functions as an autonomous social institution that has provided order, protection, services, and meaning to the Black experience in the United States (Avent et al., 2015; Lincoln & Mamiya, 2005; Taylor et al., 2000; Williams et al., 2019).

The church (regardless of demographics) is a valuable resource in its community. The Black church is especially essential to its community; historically, it has provided a wide range of resources and opportunities, such as education, food, housing, and counseling, that were inaccessible to African Americans from mainstream institutions (Taylor et al., 2000). Currently, the Black church remains a provider of an integrated platform for addressing the social determinants of health: income and social protection, education, unemployment, job insecurity, food insecurity, housing, social inclusion, and access to affordable health services (World Health Organization, 2021). The services offered by the Black church provide its members with security, safety, and community while promoting health and wellness.

The Black church, in this dissertation, is defined as a multitudinous Protestant community of churches, which are diversified by origin, denomination, doctrine, worshipping culture, spiritual expression, descendants (i.e., African or Caribbean), and other less obvious factors. It is also defined as “one in which the majority of its members are Black and its leadership (i.e., the senior minister) is also Black” (Cadwell et al., 1992, p. 25). The Black church and its leadership

are often the gateway into the lives of many African-Americans. In this place, African-Americans' public and private lives intersect, providing therapeutic, medicinal, and spiritual change (Avent et al., 2015).

Biblical References Regarding Mental Health Literacy

African-American pastors often combine biblical references to life experiences to help the congregant normalize their situations and give hope. The understanding of a counselor is important in the acceptance of seeking help. An example would be one of the descriptions of Jesus was "Counselor," according to in the book of Isaiah: "For to us a child is born, to us a son is given; and the government shall be upon his shoulder, and his name shall be called Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace" (English Standard Version Bible [ESV], 2021, Isa. 2:7). The church community considers one wise to seek counsel, as stated in the Bible (ESV, 2021, Prov. 12:15): "The way of a fool is right in his own eyes, but a wise man listens to advice." In light of this importance of counseling, the African-American pastor who provides counsel to the congregation should understand both spiritual issues and mental health issues. The provision of counsel is referenced several times in the Bible. The term "counselor" is a translation of *parakletos*, which means "to counsel, assist, advise, or support" (Dockery, 1996, para. 4). Informing the congregant of the Bible's perspective on issues concerning mental health and counseling also aids in the expansion of mental health literacy.

The Bible does not address mental illness directly but gives scriptures on anxiety (ESV, 2021, Phil. 4: 6-7; 1Pet. 5:6-7; 2 Tim. 1:7) and depression (ESV, 2021, Deut. 31:8; 1 Kings 19: 4; Ps. 30:11). The Bible encourages believers to show love, compassion, and kindness (ESV, 2021, John 13:34-35). The African-American pastor has the great responsibility of leading the congregation and the community. Their work requires them to act in various roles such as role

models, influencers, and leaders (Williams & Cousin, 2021). The integration of mental health literacy and community resources for referrals has been shown to positively affect the wellness of congregations, communities, and pastors.

Although these and other scriptures speak to the mental health of the church members, there are African-American pastors who do not have the skillset to provide adequate counseling to their members (Payne, 2008; Payne & Hays, 2016). While some clergy have received formal education and training in counseling individuals with mental illness, a significant number lack formal training and feel unprepared to address the complex mental health issues brought to them (Payne & Hays, 2016; Stansbury et al., 2010). Nevertheless, their provision of counseling remains valuable to their congregants and community as they are considered to be the trusted mental health professionals to a community with limited resources (Hays & Aranda, 2016; Payne & Hays, 2016). Those resources may be limited for various reasons, such as the geographic location, size of church membership, or limited connection or access to mental health providers (Hays & Aranda, 2016). The underutilization of mental health resources and reliance on less formal care systems can also result in African Americans being more likely to seek treatment at emergency rooms for unmet behavioral health or mental health disorders when their conditions flare (Scribner et al., 2020).

Often, African Americans choose their spiritual leaders as resources for their mental health needs over formal helping resources, such as professional counselors (Avent et al., 2015; Neighbors, 1988). Addressing mental illness is not foreign to the African-American pastor or the congregation. The Bible gives several examples of people seeking help from a minister, prophet, or disciple of Christ to address their afflictions: "Is anyone among you suffering? Let him pray. Is anyone cheerful? Let him sing praise. Is anyone among you sick? Let him call for the elders of

the church, and let them pray over him, anointing him with oil in the name of the Lord. In addition, the prayer of faith will save the one who is sick, and the Lord will raise him. And if he has committed sins, he will be forgiven” (*ESV*, 2021, James 5:13-15). Sickness is not only defined as medical it also includes mental health issues, and the “elder of the church” who is called upon is often the pastor, who provides counsel.

Role of the Church in Mental Health Counseling Among African Americans

There is a continuous flow of mental health resources in the church. Black churches, in particular, are a safe haven of spiritual equality and self-expression. They were formed among the horrors of slavery by African Americans as a place to gather and possess freedom—whether spiritual, mental, emotional, or physical—for a few hours on a Sunday. Today, churches in America continue to be the nucleus of Black communities (Cuenca et al., 2019; McMickle, 2021). Black churches are a refuge for many of the afflicted. They are more than a place to receive spiritual teachings, to encourage spiritual growth, and to assemble the saints (*ESV*, 2021, Heb. 10:25). The church constitutes communities that support its members and surrounding communities (*ESV*, 2021, Matt. 11:28). Historically and in the present day, Black churches support their communities by providing youth programs, short-term economic-assistance services, and free or low-cost mental health counseling services (Harmon et al., 2018; Lincoln & Mamiya, 2005).

Mental health counseling is not foreign to Black churches and their congregations. Individuals have looked to their churches for counseling services since their inception. One of the roles of the pastor is providing counseling services. Similarly, some churches allow the ministerial team to serve as an extension of the pastor and to provide counseling to the congregation and community: “Deacons/deaconesses are the third level of leadership who report

directly to the associate pastors/ministers. Their role is to provide leadership, support, and guidance to congregants” (Bilkins et al., 2015). The social service efforts in Black megachurches often include professional staff, including social workers, health care professionals, and childcare professionals (Allen et al., 2009; Williams et al., 2019). A *Black megachurch* is defined as a Protestant congregation sustaining an average of 2,000 or more people in its weekly worship services (Allen et al., 2009; Hartford Institute for Religion Research, 2015).

Black churches continue to be places of refuge for the spiritually, emotionally, physically, and mentally wounded. Their historical importance remains relevant to the help-seeking behaviors of African-Americans in contemporary society, particularly in terms of dealing with matters of mental health (Campbell & Littleton, 2018; Harmon et al., 2018; Taylor et al., 2000). However, Black churches do not have to continue to be the primary or only provider of support to their community. Partnerships between Black churches and community mental health providers may increase mental health help-seeking among African-Americans by combating stigma, dispelling myths, and developing healthy relationships (Hankerson & Weissman, 2012). Increasing African-American pastors' mental health literacy and cultural competency can bridge the gap of limited and untapped mental health services to the African-American community (Stansbury et al., 2010; Williams & Cousin, 2021; Young et al., 2003).

Role of the Pastor in Mental Health Counseling Among African-Americans

African-American pastors are mental health providers in the Black church. Members of a church often seek out pastoral counseling, which may occur in formal and informal settings in the community. Seeking the pastor's counsel can be as short as the length of a handshake or pat on the back. As the pastor is greeting someone within a few moments, counsel often is requested and granted. In such cases, the congregant has the issue well-timed, and the pastor moves in sync

with the conversation. There are no established rules or need for stated confidentiality. The counsel's follow-up is likely to continue until the indicated issue is resolved. Individuals with issues of significant concern require an appointment. Several studies have suggested that individuals experiencing depression and other emotional stressors are likely to go to their religious or spiritual advisors for help instead of formal mental health professionals, such as psychiatrists and social workers (Campbell & Littleton, 2018; Payne & Hays, 2016; Stansbury et al., 2010; Taylor et al., 2000).

The ability to identify severe mental health problems correlates with pastors' readiness to refer their congregants for professional mental health services (Anthony et al., 2015; Blasi et al., 1998; Kramer et al., 2006; Lincoln & Mamiya, 2005). Differences in background and training among clergy members may have significant consequences for detecting mental illness and emotional distress and making appropriate client referrals. Pastors' trusted leadership and guidance are solicited by their congregants and the surrounding community members to address issues in counseling. While pastors may be familiar with depression and anxiety symptoms, many are unfamiliar with various forms of psychopathology and the symptoms of severe mental illness (Payne & Hays, 2016; Stansbury et al., 2010; Taylor et al., 2000). This unfamiliarity is reasonable because pastors' primary tool to assist those in need is the application of God's word.

Pastors are a primary mental health resource for tens of millions of Americans. Though congregants look to pastors for emotional support and comfort, some do not have the skillset or capacity to meet all of the mental health demands of their congregation. According to Bledsoe et al. (2013), the US Surgeon General found that one in six adults annually obtains mental health services from a health care worker, social service agency, school, or clergy. This high demand and the lack of community relations with mental health professionals place African-American

pastors at risk for burnout and reduce their ability to act as a resource for their congregants and the community.

Individuals who receive counsel from the pastor first are less likely to contact other professionals, especially if the problem concerns death, illness, or emotional distress. Those who have received the help and are satisfied will most likely refer others. Thus, creating a community utilizing the services of the pastor instead of mental health professionals. A pastor's most common forms of assistance involve socioemotional support and engagement in religious activities (Hays & Aranda, 2016; Taylor et al., 2000). The African-American pastor has a vision for supportive programs and is a trusted community member. Congregants seeking counsel from African-American pastors are familiar with their leadership and counsel and are more apt to accept interventions prescribed by them.

Speaking to an African-American pastor decreases the stigmatization of mental illness. Moreover, non-majority populations seek clergy assistance during distress and show a preference for clergy helpers over formal mental health care providers (Vermaas et al., 2017; Williams et al., 2019). Clergy often rely upon scriptures and personal and professional experiences to provide wisdom and counsel to their congregants. Clergy members are trusted to hear from God regarding any challenges that are brought before them.

Because congregants look for emotional healing within churches, clergy can better meet that need by becoming educated about mental health problems and by becoming competent facilitators at connecting parishioners to the professionals who can best meet their needs (Bledsoe et al., 2013). Not surprisingly, clergy, when compared to mental health professionals (e.g., physicians, psychologists, social workers, psychiatric nurses), tend to underestimate the severity of psychotic symptoms and are less likely to recognize suicidality. This tendency can be

linked to their lack of mental health training (Bledsoe et al., 2013; Garner & Kunkel, 2020; Hays & Aranda, 2016). The clergy's religious and ministerial training may result in interpreting mental or emotional problems and symptoms in purely religious terms (Openshaw & Harr, 2009; Taylor et al., 2000).

The Role of Mental Health Literacy Among African-American Pastors

It is beneficial for the African-American pastor to have a working knowledge base of mental health literacy when providing counseling services to congregants and the community. The position of the counselor is one of the African-American pastor's duties (Young et al., 2003). The pastor's counsel can be more accepting and accessible than that of the mental health professionals.

African-American pastors are often called on to provide education and comfort to their congregation and community. This task can be challenging and burdensome when the community is not trustful of external providers. Just a little over 150 years ago, the responsibility and jurisdiction for helping people with mental health issues gradually passed from the church to various medical and quasi-medical professions, such as psychiatry, neurology, social work, and clinical psychology (Stephens, 2019). A trust remains within the African-American community for the African-American pastor to provide counseling. Instead of formal mental health service providers, African Americans tend to rely on informal sources of support, such as church, friends, and family, to manage psychological problems (Payne & Hays, 2016).

The pastor's understanding of mental health is the foundation for appropriate treatment. According to the Centers for Disease Control and Prevention (2020), *mental health* includes emotional, psychological, and social well-being. It affects how someone thinks, feels, and acts. It also helps determine how stress is handled, relationships are maintained, and choices are made

and carried out. Mental health is essential at every stage of life, from childhood and adolescence through adulthood.

Pastoral counselors tend to the needs of their congregation. Similar to mental health professionals, the pastoral counselor provides services to those who present various mental health concerns. In this regard, both pastors and mental health professionals desire to help humanity. According to the National Association of Social Work, “the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW Preamble, 2021). Pastoral counselors represent the central beliefs of a religious community, so therapy is an interplay of faith, life, and behavioral science (How To Become a Pastoral Counselor. CareersinPsychology.org, 2021). The process of seeing a counselor within the church can range from a call to an administrator to an intake process that resembles an outpatient mental health facility. Individuals who seek counseling from the church rarely receive a diagnosis, and payments can range from no out-of-pocket expenses, a donation, or a set price. Distinct from other sources of professional assistance, clergy do not charge fees for their services or require insurance, copayments, or completion of required forms (Taylor et al., 2000). A process such as this is encouraging and becomes self-supporting.

However, despite the advantages that come with pastoral counseling, the education of the pastoral counselor can range from a general high school diploma to a doctor of theology (ThD) in pastoral counseling. The position of pastor is not predicated upon their education level; however, studies have indicated a correlation between education and referring others for mental health treatment (Anthony et al., 2015; Blasi et al., 1998; Hankerson et al., 2013; Young et al., 2003).

[R]esearch on the mental health services referral practices of clergy also suggests that well-educated clergy are better informed regarding mental health care issues and the services available from professionals and public agencies. They tend to be more confident in their understanding of these issues, and deal more frequently with the mental health care community than do their less formally educated peers” (Allen et al., 2009 p.123).

Mental health disorders are not always a part of the training of clergy, but it is necessary. There are a few institutions that offer certificates in biblical counseling and pastoral counseling. Some African-American pastors and elders or ministers in the church have education in counseling and mental health issues (Anthony et al., 2015; Stansbury & Schumacher, 2008). Several Black churches have a counseling ministry or counseling staff. Reasons for seeking the help of clergy include immediacy, confidentiality, and low or no-cost services. The disadvantages of doing so involve clergy’s relative lack of formal mental health care training (e.g., courses in assessment, diagnosis, and evidence-based treatment modalities) compared to mental health professional. Although some seminary curricula include pastoral counseling, most pastors admit to receiving minimal coursework regarding clinical mental health and not receiving any specific mental health literacy training (Vermaas et al., 2017).

Transformational Leadership

The Black church is an organization. As with any organization, leaders and their leadership style are critical to its growth and success. Transformational leadership and servant leadership styles are two of the many leadership styles and skills of the African-American pastor. However, limited research has been conducted on transformational leadership and its effects within faith communities (Sosik et al., 2011).

African-American pastors can function in the role of a transformational leader. James Macgregor Burns introduced the concept of transformational leadership in 1978 in his descriptive research on political leaders. However, its usage has spread into organizational psychology and management, with further modifications by B.M. Bass and J.B. Avolio (Odumeru & Ogbonna, 2013). Transformational leadership contains four components: idealized influence (behavioral and attributed), inspirational motivation, intellectual stimulation, and individualized consideration (Bass & Bass, 2008). African-American pastors' leadership style allows them to introduce and support concepts that enhance the community's mental health and mental health awareness. African-American pastors are strong role models, encouragers, innovators, and coaches. The application of the four components of transformational leadership can assist in the transformation of congregants and communities into better, more productive, and successful individuals (Farnsworth et al., 2020).

Servant Leadership

Besides transformational leadership, pastors are often associated with having the leadership style of the servant leader. Robert Greenleaf introduced the theory of the servant leader in 1970; however, theorist Larry Spears developed the 10 characteristics of a servant leader to include listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Davis, 2019). African-American pastors with servant leadership skills can also be given a scriptural description of their scheduled tasks: "I will give you shepherds after my own heart, who will feed you with knowledge and understanding" (*ESV*, 2021, Jer. 3:15). Pastors are viewed as authority figures on many issues concerning life. Their connections to God, community, and political leaders mean that they can influence their congregants. African-American pastors' willingness to become

personally engaged in the health-related concerns of their communities may explain why they are often viewed as leaders both inside and outside the walls of the church (Harmon et al., 2018; Lincoln & Mamiya, 2005).

Theory

Mental health literacy refers to one's knowledge of mental health disorders. Understanding mental health disorders and their effects on individuals has been studied worldwide. Although different criteria or thresholds of severity have been used, the results of most community epidemiological surveys propose that mental health disorders are relatively common across cultures (Furnham & Swami, 2018).

The idea of mental health literacy was developed by Jorm and colleagues (Jorm, 2012; Jorm et al., 1997). In the mid-1990s, Jorm et al. were "struck by [the] contrast and the lack of research and action on public knowledge and beliefs about mental disorders" (Jorm, 2018). Jorm wanted to change the outlook of mental health but rather than focusing on managing mental health disorders, he wanted to examine people's knowledge and beliefs. Jorm et al. defined mental health literacy as "knowledge and belief about mental disorders which aid their recognition, management or prevention" (Jorm et al., 1997).

Mental health literacy has many components, including (a) knowledge of how to prevent mental disorders, (b) recognition of when a disorder is developing, (c) knowledge of help-seeking options and treatments available, (d) knowledge of effective self-help strategies for milder problems, and (e) first aid skills to support others who are developing a mental disorder or are in a mental health crisis (Jorm, 2018). Mental health literacy continues to develop and adapt to various communities, and research scholars suggested that mental health literacy consists of seven primary components. To keep pace with mental health literacy's expanding definition,

researchers have argued that it should include the components of knowledge and attitudes, stigma, positive mental health, and help-seeking efficacy related to help-seeking and mental illness (Jorm, 2012; Spiker & Hammer, 2018).

Theoretical frameworks in social work provide avenues of exploration for topics of interest. Mental health literacy can be used as a theory to explore people's understanding of mental health disorders. Spiker and Hammer (2018, p. 238) "proposed conceptualizing mental health literacy as a theory and recommended principles of theory development that should be taken into consideration." The theory enables the field to focus on the extent to which mental health literacy has an impact on various mental health behaviors. As a theory, mental health literacy clarifies how variables in specific domains are connected to predict certain outcomes. The identified four domains of mental health literacy are (1) understanding how to obtain and maintain positive mental health; (2) understanding mental health disorder and treatment; (3) decreasing stigma related to mental disorders; and (4) increasing help-seeking efficacy. Without identified measures of mental health knowledge, researchers are unable to confidently establish the efficacy of various mental health literacy interventions or the influence mental health knowledge has on attitudes, stigma, positive mental health, and help-seeking efficacy (O'Connor et al., 2014; Spiker & Hammer, 2018). Mental health literacy as a theory can persuade the field to clearly define the interrelationship among attitudes, stigma, help-seeking efficacy, positive mental health, and mental health knowledge (Spiker & Hammer, 2018),

The utilization of mental health literacy theory is beneficial for the researcher and the practitioner. To the researcher, it affords the ability to describe important hypotheses regarding interrelationships between variables. As a multi-construct theory, it "allows us to keep the constructs of mental health knowledge, stigma, attitudes, positive mental health, and help-

seeking efficacy separate, narrow, and concise; thus, allowing the development of more valid and reliable measures for the heart of mental health literacy” (Spiker & Hammer, 2018). To the practitioner, mental health literacy theory can enrich mental health literacy for the individual and the community. “A theory of mental health literacy could provide a shared language that facilitates unity of vision and action among diverse professionals seeking to improve literacy for the good of all” (Spiker & Hammer, 2018, p. 241). It provides assistance with effective program development and outcome measurements.

Congregants and community members who suffer from mental illness often lead productive lives. Many have utilized coping mechanisms to adjust to their mental struggles without knowing they suffer from mental illness. These coping mechanisms can be positive (family gatherings, the church community, worship experience, etc.) and negative (substance abuse, violence, avoidance, etc.) forms of self-medication. Many contributing factors can cause mental illness, and recognizing mental illness can be a challenge for the untrained counselor or African-American pastor. According to the National Alliance on Mental Illness (NAMI, 2021), it is not easy to tell the difference between expected behaviors and signs of mental illness. Through assessment tools and interviewing skills, trained mental health professionals can identify the biological, psychological, and sociological elements that cause mental illness. The African-American pastor does not always have the training or skill level to determine the congregants or community members' actions or responses to situations resulting from mental illness, learned coping skills, or physical illness. The use of mental health literacy theory establishes a connection between knowledge and beliefs and related help-seeking behaviors. The theory does not place as high of a value on role prevention and self-management. Mental health disorders may be interpreted as demons, spirits, curses, or bad karma, leading to feelings of powerlessness

and to non-evidence-based actions (Blasi et al., 1998; Stansbury et al., 2010). Such a response can be especially problematic if the African-American pastor only believes that mental illness is caused by sin or can be addressed with prayer, thus dismissing the aid of mental health professionals and medication.

Mental health literacy theory can assist African-American pastors in determining how they seek information and predict their help-seeking behaviors. African-American pastors are trusted individuals from whom congregants and community members seek advice and healing. Community resources are just as essential to the African-American pastor as to mental health professionals. African Americans choose their spiritual leaders as resources for their mental health needs over formal helping resources, such as professional counselors (Ayalon & Young, 2005).

The Black church is one of the primary resource distributors within its community. African-American pastors who utilize the mental health literacy theory will be better positioned to identify the need and provide resources to assist those they serve. The mental health literacy of African-American pastors is a crucial factor, as they are providers of counseling services to their congregants and communities. Mental health literacy has been considered a practical approach to address these identified challenges, and it is foundational for mental health promotion, early identification, and treatment of mental disorders (Wei et al., 2016).

Mental health literacy can impact the counseling services provided by African-American pastors. African-American pastors are often distributors of mental health first aid (Kitchener & Jorm, 2002). As well as being able to deal with mental health problems in themselves, African-American pastors need to know how they can best assist and support others (Jorm, 2018). African-American pastors are called upon to provide crisis counseling to bereaved, sick,

disconnected, and disenfranchised church and community members. The African-American pastor's understanding of mental health disorders can put the behaviors and attitudes of congregants and community members in perspective. African-American pastors' leadership and role as the provider and gatekeeper of community services place them in a position of authority. Their knowledge of the community's available mental health resources is vital for wellness, sustainability, and growth.

Core Values of Social Work

There are six core values in the social work profession: service, social justice, dignity and worth, the importance of human relationships, integrity, and competence. Applying these core values to the mental health experience of the African American community is the beginning of healing for future generations. African Americans continue to have challenges with all of the values of social work. There is a constant striving to receive access to service social justice, to be acknowledged for integrity and competence, and for them to be fully valued by social workers. Living in an environment of oppression, injustice, discrimination, high crime levels, decreased access to goods and services, and racism can lead to unhappiness and dissatisfaction with life, leaving one more vulnerable to stress and thus the onset of depression and other mental disorders. In addition, African Americans are less likely than other groups to receive adequate mental health treatment because of factors like racial bias, inadequate financial resources, and lack of access to care (Anthony et al., 2015). The African-American pastor's knowledge of the mental health literacy can significantly improve the mental, social, and physical health of the African American community.

The pastor and the institution of the church provide care, equality, respect, community, accountability, and confidence to members. Williams et al., (2019) noted African-American sociologist W. E. B. Du Bois' view on significance of the Black church:

W. E. B. Du Bois began to chronicle the social service work within the Black community as early as 1898. Du Bois often emphasized the centrality and importance of the church in African American life. As society evolved, the size, presence, need, and involvement of the Black church in communities also experienced an evolutionary change. It started to become evident that the infrastructure of social services and ministries in the Black churches should mirror the social, cultural (i.e., racial and discrimination), spiritual, and political (e.g., educational, employment) needs of the community. Many Black churches responded by developing faith-based associations, family support programs, food and clothing distribution, emergency financial aid, homeless shelters, home-care programs, employment counseling, senior citizens services, hospice care, and programs (p. 163).

Summary

African-American pastors are respected leaders in the church and community. They are looked to for instruction, community problem-solving, and compassion. The African-American pastor's outlook on mental health issues is essential. In this case, African-American pastors are urged to pursue training on mental health literacy in order to provide effective counseling and guidance to congregants and the community. Their ability to normalize mental health symptoms has an impact on how members view, accept, and address behaviors. In a broad sense, African-American pastors' understanding of mental illness and promotion of professional help affect their members and the community. This dissertation examines the mental health literacy of

African-American pastors and their influence on the delivery of leadership and counseling services.

Methodology

The current research examines the influence of mental health literacy on African-American pastors' leadership within the Black church and community. Through a systematic review, the researcher explored the following mental health literacy content domains as they relate to the research questions: 1) understanding how to obtain and maintain positive mental health; 2) understanding mental health disorders and treatment; 3) decreasing stigma related to mental disorders; and 4) increasing help-seeking efficacy.

Research Questions

The systematic review provides evidence related to the two questions:

- What does the research literature say about African-American pastors' knowledge of mental health literacy?
- How are the domains of mental health literacy integrated into African-American pastors' roles of leader and counselor?

Research Design

This dissertation is a systematic qualitative review. The *systematic review* is described as identifying, synthesizing, and assessing all available evidence, quantitative and/or qualitative, to generate a robust, empirically derived answer to a focused research question (Mallett et al., 2012). The first example of a systematic review was conducted in 1753 by James Lind, resulting in a published paper with a concise and unbiased summary of the evidence on scurvy (Poklepović Peričić & Tanveer, 2019). Throughout the 1970s and 1980s, there was a need to improve evidence synthesis, thus increasing the number of systematic reviews conducted (Poklepović Peričić & Tanveer, 2019).

There are many benefits to a systematic review. It provides a comprehensive overview of available evidence on a given topic, and previous studies are the sampling units and units of analysis (Poklepović Peričić & Tanveer, 2019; Thyer, 2010). Systematic reviews also reveal research gaps and expose logical concerns, allowing for improved future work on a particular topic (Moher, 2009; Poklepović Peričić & Tanveer, 2019). They can also be used to identify questions for which the available evidence provides clear answers, making additional research unnecessary (Moher, 2009).

This research examines the influence of mental health literacy on African-American pastors' ability to provide leadership and counsel to the Black church and its surrounding community. Each peer-reviewed published article, was analyzed to determine whether it contained descriptive or empirical data on the mental health literacy of African-American pastors. Conducting a systematic review was chosen to provide a foundation for the current understanding of mental health literacy within the selected population.

The research design was guided by specific inclusion and exclusion criteria to limit bias and ensure the objectivity of the selected studies (Cooper et al., 2019). Bias was reduced by the use of a systematic method for selecting studies for the review. Therefore, the systematic review is considered the best approach for this study because it includes “methods and procedures for identifying, critically appraising, synthesizing, and presenting the results of previous studies” (Thyer, 2010, p. 313).

The instrument used in the data collection was the PRISMA checklist and the flow diagram (Page et al., 2021). The flow diagram assisted with the extraction of research articles that did not satisfy the inclusion criteria.

Inclusion Criteria

Studies will include the following:

- African-American pastors and mental health literacy
- African-American pastors and counseling
- Mental health literacy theory and African Americans
- African-American pastors' knowledge of the mental health literacy content domains
- Understanding how to obtain and maintain positive mental health
- Understanding mental health disorders and treatment
- Decreasing stigma related to mental disorders
- Increasing help-seeking efficacy

Exclusion Criteria

Studies will exclude the following:

- African-American pastor participation is $\leq 51\%$ of the sample
- Pastors whose race is unidentified
- Congregations whose demographics are $\leq 51\%$ African American

Articles that meet the inclusion criteria for the review were processed for data extraction to identify information about the study population, study design, content of the mental health literacy domains (Appendix A), mental health outcome measures, data analysis, and results.

Data Collection

Those inclusion and exclusion criteria assisted in finding studies on the desired population. The following electronic search engines were used: Google Scholar, EBSCO, Academic Search Ultimate, Psychology, and Behavioral Sciences Collection, and APA PsycInfo.

They were explored to identify relevant, peer-reviewed studies on the basis of the title, keywords, abstract, and subject. Those search engines were selected as they pertained to the identified subject matter and yielded a high number of results for the subject area. The Boolean search strategy was used to permit the user to apply phrases and combinations of words. Boolean terms AND, OR, NOT enabled the user to express relationships amid concepts. The following search threads were applied to the search engines: African-American pastors OR Black American pastors AND Black church OR African American church AND Mental Health OR Mental Illness OR Mental Disorder OR Psychiatric Illness AND Mental Health Literacy OR Mental Health Literacy Scale AND Mental Health Literacy Theory AND Mental Health Literacy Interventions AND Counselling OR Counseling OR Therapy OR Psychotherapy OR Treatment. Additional research included references cited in articles found in the primary search.

Once an article was determined to meet the criteria, the author read it and extracted the data from the collected articles onto a standardized form (Table 1). A data collection chart (Table 2) assisted in the extraction of the bibliographic information and the results of the mental health literacy's content domains in the included studies.

Table 1

Data Collection Form

General information			
Date form completed			
Reference citation			
Study eligibility			
Study Characteristics	Eligibility criteria	Eligibility criteria met?	Location in text or source
Study Design	<input type="radio"/> Qualitative <input type="radio"/> Quantitative <input type="radio"/> Mixed methods		
Purpose of Study			

- Types of outcome measure
 - Understanding how to obtain and maintain positive mental health
 - Understanding mental health disorder and treatment
 - Decreasing stigma related to mental disorders
 - Increase help-seeking efficacy
- Reason for exclusion
 - African-American pastor participation is $\leq 51\%$ of the sample
 - Pastors whose race is unidentified
 - Congregation whose demographics are $\leq 51\%$ African American

Study Characteristics	Eligibility criteria	Eligibility criteria met?	Location in text or source
Inclusion criteria Total number of participants Age Sex Educational level	<ul style="list-style-type: none"> ○ African-American pastors and mental health literacy ○ African-American pastors and counselling ○ Mental health literacy theory and African Americans ○ African-American pastors' knowledge of the mental health content domains. ○ Understanding how to obtain and maintain positive mental health ○ Understanding mental health disorder and treatment ○ Decreasing stigma related to mental disorders ○ Increase help-seeking efficacy 		

Note. Data collection form adapted from: <https://www.ncbi.nlm.nih.gov/books/NBK355732/>

This systematic review did not require the recruitment or participation of human subjects. An institutional review board was not involved due to the utilization of available published studies. Studies used are in the English language and peer-reviewed.

Data Analysis

Data were summarized descriptively and synthesized qualitatively. A systematic search of electronic databases was conducted for relevant literature focused primarily on mental health literacy, African-American pastors, and the Black church. Published and nonpublished dissertations were not included in this systematic review. Each research design quality was examined separately for potential effects (Thyer, 2010). A data-driven thematic analysis uses a semi-grammatical coding approach. This analysis involved data familiarization, initial coding, themes searching, and themes reviewing and naming (Braun & Clarke, 2006; Liu et al., 2020).

In the first step, studies were read multiple times. All statements relevant to the research question were identified using a data collection chart (Table 2), forming a data pool for qualitative syntheses. In the second step, the data was coded using the deductive coding method. A codebook of the four mental literacy content domains was used, and the data from the research articles were assigned to the codes. The third step involved extracting shared common themes. Finally, the extracted themes were reviewed and named.

Table 2

Mental Health Literacy Content Domains

Author/Year	Title	Understanding how to obtain and maintain positive mental health	Understanding mental disorders and their treatments	Decreasing stigma related to mental disorders	Increase help-seeking efficacy	N/A
<hr/>						

Summary

In summary, the conducted systematic review examined the research questions. The data collection included published peer-reviewed articles on African-American pastors and mental health literacy related to leadership and counseling in the Black church and community. Each article was vetted for validity and reliability. The research articles collected were obtained from research conducted within the last 34 years.

Findings

This chapter presents the findings of the 15 studies identified by the systematic review. These studies were conducted with African-American pastors, ministers, deacons, and congregational caregivers. Because there is minimal research on this topic, a limited number of articles to review were realized. The population of this study, African-American pastors, are underrepresented in the field of mental health and mental health literacy, yet they serve a large proportion of the Black population in America (Anthony et al., 2015; Avent et al., 2015; Bilkins et al., 2015; Blank et al., 2002; Blasi et al., 1998; Bledsoe et al., 2013; Butler Jr, 1997; Cadwell et al., 1992; Campbell & Littleton, 2018; Farris, 2006; Hankerson & Weissman, 2012; and McMickle, 2021). Nevertheless, the articles located for this study yielded results that correlate with the literature covered in chapter 2. The study used mental health literacy as the theoretical framework. It focused on four domains within the theoretical framework: (1) understanding how to obtain and maintain positive mental health; 2) understanding mental disorders and their treatments; 3) decreasing stigma related to mental disorders; and 4) increase help-seeking efficacy. Each of the identified research articles was evaluated against those domains.

The commonality of the domains was explored in the findings and results section of this chapter. The chapter also discusses any relative biases to this research study.

An extensive examination of available research articles on mental health literacy and African-American pastors was conducted. It focused on the influence of mental health literacy on African-American pastors' leadership within the Black church and community. The review pertains to pastors' leadership and counseling of their congregants within the African-American community. The four domains of mental health literacy theory were applied to uncover the

effects of the African-American pastors' leadership and counseling as they serve individuals in their congregation and community with mental health issues.

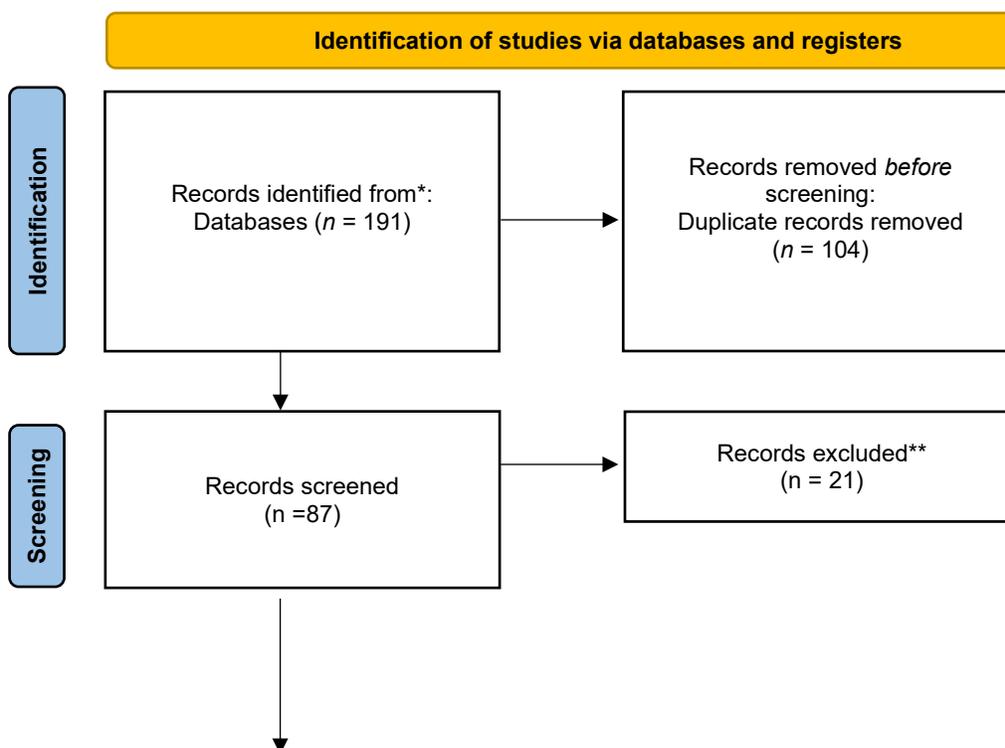
Article Descriptive Information

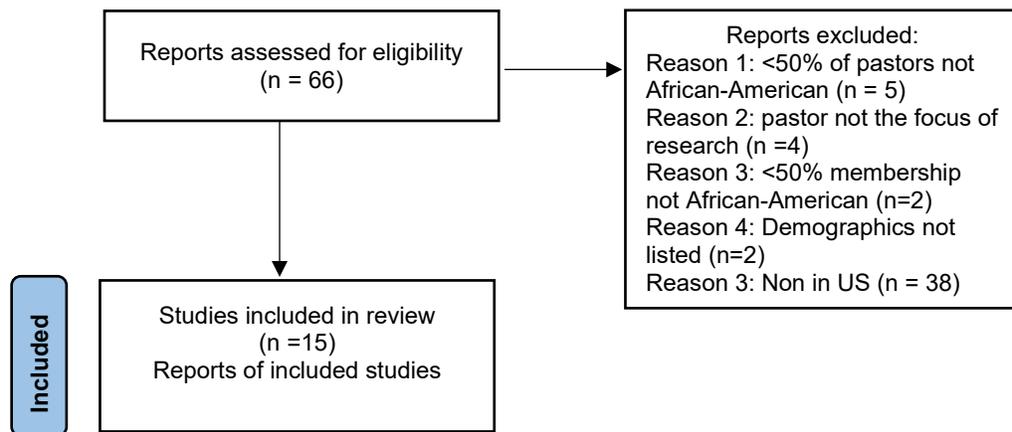
Of the 191 articles (Figure 1) retrieved from the database, 111 duplicates were removed. After reviewing the titles and abstracts, 80 articles were chosen for full-text reviews. The full-text reviews identified 65 studies that met the criteria for exclusion.

Fifteen studies were reviewed, approximately half of which utilized a qualitative primary data collection approach ($n = 8$) or a mixed-methods analysis ($n = 2$). The remaining studies were quantitative ($n = 5$). As Jorm introduced the term "mental health literacy" in 1997 (Jorm, 2012; Jorm et al., 1997), there were only two published articles that met the criteria published in 1998. More than half of the articles were published between 2002 and 2010 ($n = 8$). The remaining five articles were published between 2011 and 2021.

Figure 1

PRISMA Flow Diagram





Note. Adapted from (Page et al., 2021) The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

Each of the 15 articles was treated as a data source for understanding the African-American pastors' knowledge of mental health. The participants in the articles varied on how they supported their congregation and communities with symptoms of mental illness. The provided support was possibly the result of their understanding of mental illness, resources available, personal beliefs, or theological beliefs. In each article, the pastors' interventions were to assist the member to the best of their knowledge.

The majority of the studies ($n = 13$) related to one or more mental health literacy domains. Although the remaining articles ($n = 2$) did not relate to the domains, their studies were included because they provided information that addressed Research Question 1 (R1). To help distinguish between the listed domains, the researcher gave the following definitions to each domain:

- (1) **Understanding how to obtain and maintain positive mental health:** Participants explained how they learned the causes of mental illness through education, seminars, workshops, or other forms of structured learning.

- (2) **Understanding mental disorders and treatment:** Participants were able to give examples and descriptions of mental illness and treatment.
- (3) **Decreasing stigma related to mental disorders:** Participants described actions they performed to decrease stigma related to mental disorders of mental illness.
- (4) **Increase help-seeking efficacy:** Participants discussed how they provided mental health counseling and referred people to a community-based organization or to mental health professionals.

Design Characteristics

All of the research articles used in this study met the inclusion criteria. The search criteria were limited to peer-reviewed journal articles written in English and published in the United States. The setting of the studies varied from rural to urban areas; with sizes of the identified congregations varying from smaller congregations (≤ 35 members) to megachurches ($\geq 11,000$ members) members or attendees (Allen et al., 2009; Stansbury & Schumacher, 2008).

Participants covered in this study were clergy members who identified as African American, including Black Caribbeans, or mixed-race individuals (African American and White). They had all served as pastors, associate ministers, deacons, deaconesses, congregation caregivers, deacon aides, and White pastors of Black churches. In some studies, some participants identified as non-Hispanic White. These studies were included because the participants in them met the inclusion criteria of African-American pastor participation—that is, $\leq 51\%$ of the sample.

The religious affiliation included Baptist, Missionary Baptist, African Methodist Episcopal (AME), United Methodist, Lutheran, Catholic, Pentecostal, and non-denominational. For many people, religion is linked to their identity. “Despite the difficulty researchers have had

in nailing down a definition of 'religion,' many have acknowledged that it is important to include spiritual concerns in a therapeutic conceptualization" (Brown & McCreary, 2014, p. 3).

A majority of the studies ($n = 10$) had participants with an education ranging from high school to doctoral degrees. A few studies indicated participants with additional education in counseling ($n = 3$). Most studies identified male and female participants. Some ($n = 5$) did not indicate the sex of the participant or the education achievements ($n = 5$). Lastly, most articles ($n = 8$) were qualitative descriptive studies, focusing on domain four of the mental health literacy theory. Increased help-seeking efficacy was the highest reported indicator on the domain scale ($n = 10$).

Data Extraction and Article Coding

Jorm et al.'s (1997) theory of mental health literacy and Spiker and Hammer's (2018) descriptions of that theory were used as the basis for extracting and coding relevant data (i.e., that met the inclusion criteria) from the selected studies. All articles were coded to address the significant elements of the research question, including the following: descriptive information of the article (author, year, source, and title); participant group; sample size; study design; the purpose of the study; the four domains of mental health literacy; education level of the pastor or ministry leader; congregation size; gender of the pastor or ministry leader; findings; limitations, and biases. The coding process included open, or initial, coding; it required the researcher to segment data into discrete parts for analysis (Saldaña, 2021).

Mental Health Literacy Content Domains

A review of 15 articles led to the discovery of 10 studies of African-American pastors and ministry leaders with experience(s) in one or more domains of the mental health literacy theory. Appendix A provides information of the (a) author and year, (b) title, (c) four mental

health literacy domains, and (d) and non-applicable areas of each selected article of the research study.

Findings and Results

R1. What does the research literature say about African-American pastors' knowledge of mental health literacy?

All articles (n = 15) provided information relevant to this research question. A few articles (n = 5) did not specifically address the mental health literacy theory domains but rather the Black pastors' knowledge of mental health issues that affect their congregation and the larger community. For example, in one study, "a megachurch [The Potter's House] with more than 30,000 members runs a counseling center with eight licensed clinicians, open to congregants and the local community to receive counseling at no cost, though donations are accepted" (Pattani, 2020, para. 18). Although there may not have been a direct link to the domains, all pastors either provided counseling or had ministries or ministry leaders who assisted with the mental health treatment of the congregation and community.

Mental Health Literacy

The literature describes the Black pastors as follows: "similar to primary care physicians, ministers are often the frontline responders in mental health, serving as natural helpers within a community as well as gatekeepers to more formal treatment" (Kramer et al., 2006, p. 124). Their counseling and knowledge of mental health are trusted by the people they serve.

The studies identified by this review exemplify the mental health literacy of the pastor and ministry leaders. Their leadership and counsel have assisted undiagnosed and misdiagnosed people since the inception of the Black church. African-Americans and the Black clergy placed much importance on the use of theological beliefs in counseling (e.g., sin, guilt, forgiveness,

penance, redemption, salvation). Black ministers also placed the greatest importance on the therapeutic use of religious practices, such as “prayer, meditation, exorcism, confession, faith healing, quoting scripture, and church attendance” (Neighbors et al., 1998, p. 762). There is a sense of safety when the pastor is the counselor. Congregants can expect that a biblical or theological theme will be included in the sessions. Depending on the comfort level of the pastor or ministry leader, the counseling may involve a referral to a mental health professional (Anthony et al., 2015; Blasi et al., 1998; Brown & McCreary, 2014, Neighbors et al., 1998; and Young et al., 2003).

African-American pastors and ministry leaders covered in the research articles have a broad knowledge base of mental illness. Because they are highly accessible, many congregants and community members seek them out for answers to personal problems. All of the participants provided counseling as a part of their ministerial duties. Some pastors felt comfortable referring to mental health professionals when the presenting issues required additional or specialized counseling (Anthony et al., 2015; Blasi et al., 1998; Brown & McCreary, 2014; Kramer et al., 2006; Stansbury et al., 2010; Williams & Cousin, 2021; Young et al., 2003).

One study did not depict African-American pastors and ministry leaders as favorably as the other studies. The pastors in that study did not seem to have an empathic connection to the distress mental illness can cause in the lives of others. It appeared that the pastor preferred the congregant not to use a mental health professional. “Overall, the references to mental issues in the sermons encouraged a reliance on Jesus to answer mental issues rather than psychiatrists. They also reaffirmed that stigma about being mentally ill continues to exist” (Payne, 2008, p. 22). “Most Black church services use prayer as an integral part of the process for relieving the

pain and suffering often associated with the everyday life experiences” (Williams & Cousin, 2021).

R2. How are the domains of mental health literacy integrated into African-American pastors' roles of leader and counselor?

Mental Health Literacy Content Domain # 1: Understanding How to Obtain Good Mental Health. This category is identified by the pastors and leaders' description of their education, including formal education, seminars, and workshops related to mental health or mental illness. Several of the articles ($n = 10$) listed their participants' educational status. Their education ranged from below high school (Blasi et al., 1998) to a high school diploma to a doctorate in divinity (Anthony et al., 2015; Kramer et al., 2006; Stansbury & Schumacher, 2008; Stansbury et al., 2010; Young et al., 2003). Content domain #1 yielded the smallest number of responses ($n = 2$); in those two studies, pastors did report integrating their education into their pastoral work. Brown and McCreary (2014, p. 9) found that 35 pastors (71%) indicated that they had received some training on how to counsel parishioners (also known as pastoral care and counseling). This training ranged from workshops to coursework to a degree in pastoral care or counseling. However, all but one of the pastors surveyed reported that they would benefit from some additional training.

According to Young et al. (2003, p. 689), a total of 48 pastors had training in counseling, mental health, or interpersonal communication, and 11 held degrees in counseling. Half of the respondents (49 pastors) in that study, had attended a counseling-related workshop or seminar in the previous two years, 87 had read related books during the previous year, and 29 had taken at least one general academic course within the previous five years, with an average of five courses.

According to the systematic review, the domain of understanding how to obtain positive mental health correlates with the role of the pastor as a counselor and leader. Although this domain yielded the smallest number of studies, the pastors and ministry leaders in the studies recognized the value of education and its contribution to the quality of service they provide to the congregants and members of the community (Young et al., 2003).

According to Neighbors et al. (1998), the adaptation of Black clergy's working familiarity of the Diagnostic and Statistical Manual of Mental Disorders provides them with the ability to discriminate between their levels of expertise and the realms of the mental health professionals. "It also means helping ministers to develop an openness to incorporating some Western medical-psychiatric perspectives on behavior and distress" (p.772). The research conducted by Brown and McCreary (2014) discovered that those who completed their pastoral care coursework learned about mental health services and resources. The education gained produced pastors and leaders who were more likely to engage in sound and effective counseling in their churches and who knew when they needed to refer to a mental health professional.

African-American pastors and leaders who participated in the identified research articles requested training in psychological issues as they sometimes faced challenges deciding when to refer their parishioners to mental health professionals (Brown & McCreary, 2014; Kloos et al., 1995). The request for additional training was not limited to the African-American pastor and ministry leader. "Protestant clergy from across the US, nearly all indicated they could benefit from additional training in pastoral counseling" (Kramer et al., 2006, p. 125).

"Black ministers are firmly embedded within African American neighborhoods in a way that mental health professionals will never be. As such, they are almost as accessible (psychologically and physically) as most family and friends" (Neighbors et al., 1998, p. 762).

The lack of education on mental health literacy has a negative impact on a community that utilizes the African-American pastor as a mental health provider. Ministers expressed their concerns over the possibility of doing more harm to the congregation and community as a result of a lack of knowledge of mental illness (Hankerson et al., 2013).

As evidenced by Appendix B, the identification of higher formal education links with the domains of mental health literacy. The research articles classified the education status with the responses from the participants. Understanding mental health does require education. According to Brown and McCreary (2014), the more educated the clergy were more likely to refer to a psychological professional. In one of the research articles the data showed an association between pastors and ministry leaders' level of education and the counseling of mental health disorders:

The data also showed that having a master's degree was moderately and positively associated with having had some training in pastoral counseling, $r = .311^*$ and with counseling depressed and anxious persons, $r = .337^{**}$ and $r = .384^{**}$ respectively. There was a strong, positive association between those clergy with an associate degree and the counseling of congregants with suicidal ideation or attempts $r = .655^{**}$. This strong association could be a result of the senior pastor delegating the counseling needs/requests of individual congregants on to an associate pastor because of his/her demanding schedule (Anthony et al., 2015 p.123).

Mental Health Literacy Content Domain # 2: Understanding Mental Health

Disorders and Their Treatment. The research literature showed this domain to be the second largest in response in the systematic review. The pastors' interpretation of mental illness is crucial for counseling and other programs and ministries offered to the congregations (Taylor et

al., 2000). Comprehending mental illness and recognizing its symptomology is essential for counseling. As the systematic review illustrated, the pastors and leaders ($n = 7$) understood the symptoms of various mental disorders and the required form of treatment. Some pastors did not wait for the member to make an appointment for counseling. They either sought out members who needed help or had members sent to them by other ministry leaders (Brown & McCreary, 2014). Kramer et al. (2006, p. 133) report “minsters described a ‘filtering process’ in which they attempt to differentiate whether an individual is experiencing a mental health crisis, which might entail, for example, psychosis, suicidal ideation, or potential violence; a life crisis, usually preceded by a tragedy or other stressor in one’s life; a spiritual crisis, such as a disruption in faith; or a social crisis, including homelessness and unemployment.”

In one of the research articles, Payne (2008) explored the effects of the pastors’ and ministry leaders’ lack of an understanding of mental disorders and treatment. The article reviewed 10 recorded sermons that occurred between 11/26/06 and 03/18/07. This period encompasses the identified months of seasonal affective disorder—namely, “late October through November. January and February are the worst months overall, and the symptoms do not fully subside until early May” (Terman, 2021 para. 5).

The reviewed sermons discovered the terminology of depression only used three times within the 10 sermons; however, various phrases depicted depression, such as “crying and boo-hooing,” “sorrow,” and “aching hearts.” The sermons uncovered some less than compassionate views of those affected by mental illness. Some of the content included phrases like these: “Christians should not be sitting in the church depressed,” “depression in the context of being angry at God,” “weakness of being nervous and depressed,” and “What’s wrong with you, crazy?” (Payne, 2008, pp. 222-224).

According to Jackson et al. (2004), the National Study of American Life survey reports that the lifetime prevalence of depression is higher for whites (17.9%) than for African Americans (10.4%) and Caribbean Blacks (12.9%). However, depression in African Americans persists for a longer duration. This measure of persistence was 56.5% for African Americans, 56% for Caribbean Blacks, and 38.6% for Whites. Thus, major depression is considered a chronic disorder for Blacks. Since depression is considered a chronic disorder for African Americans, the Black pastor or ministry leader's competence in mental health literacy can provide better service to the congregation and community.

The domain of understanding mental health disorders and treatment was integrated well into the role of the pastor as a counselor. According to Brown and McCreary (2014), "the pastor's perceptions and attitudes about mental health can have a major impact on services (both internal and external) that parishioners receive" (p.2). The pastor has multiple roles in the church as leader and counselor. The pastors and ministry leaders have to balance their theological training with their education on mental illness. Wright et al. (1982) found that even though clergy preached about not having the right relationship with God, unconfessed sin, and stunted spiritual growth as causes of psychological and emotional bondage, they also saw stress and unhealthy family relationships as causes of mental illness.

The African-American pastors in the studies were able to identify cases of disorders such as major depression, schizophrenia, or manic-depressive illness, suicidal tendencies, (Anthony et al., 2015; Neighbors et al.; Stansbury et al., 2010; Young et al., 2003). Researchers Kramer et al. (2006, p.133) noted that "if a minister suspects that an individual is having problems, he or she may directly inquire about the individual's well-being." Through the identification of disorders, the pastors were empowered to adequately assess and refer their congregants and community

members to appropriate mental health care. As the trusted leader within the African-American community, by making discernments about mental health and treatment, pastors and ministry leaders can influence the internal and external services received by the people they serve.

Mental Health Literacy Content Domain # 3: Decreasing Stigma Related to Mental Disorders. The domain of decreased stigma, according to the research was integrated well into the role of the pastor as a counselor. Stigmatization affects everyone differently, and in the context of these studies, “the stigma around mental illness and mental health treatment is very prevalent in Black communities, especially those with long and strong roots in church or religious tradition(s)” (Campbell & Littleton, 2018, p. 346). In the research articles, there were pastors who saw the value of preaching sermons on general themes of coping, suffering, and lamentation. They also provided pastoral counseling on general topics, such as faith, strength, spirituality, and active participation in the life of the church community (Kramer et al., 2006).

A trusted leader’s message to a congregation and community can promote or discredit the ailments experienced. The research articles ($n = 4$) that address decreasing stigmatization reveal the pastors and ministry leaders’ intent to create a good community: “Three of the pastors expressed the need for mental health services in the Black church and communities to eradicate [the] stigma associated with mental illness and provide more access to proper health care. These pastors organized mental health ministries” (Williams & Cousin, 2021 pgs. 1077-1078). Pastors used creative concepts to assist the members in relating to the importance of mental health treatment: “To coax their older congregants to discuss their problems, the respondents made an earnest attempt to reassure them that socio-emotional problems were equally important as their physical ailments” (Stansbury & Schumacher, 2008, p. 135). Faith-based interventions, as described by the ministers, possess a religious or spiritual component. These include

participation in small groups designed to cultivate spirituality; recommendations for guided Biblical readings about depression or related topics; attendance on Sunday morning to join in corporate worship and experience.

Pastors often share their personal experiences with their congregations; self-disclosure reinforced the humanity to the congregation and community. In one of the studies, “at least two ministers disclosed their personal struggles with depression, which they acknowledge publicly in their sermons to facilitate a general comfort level with mental health issues and to combat stigma” (Kramer et al., 2006, p. 134). The knowledge of the pastor’s and ministry leader’s personal struggle with mental health disorders provided hope for others and reduced the isolation that can accompany mental illness.

The efforts to decrease the stigmatization of mental illness are also shown in the attempts to change the name of the psychotherapy group to a more ambiguous name to help with recruitment (Hankerson et al., 2013). The Black church’s involvement in its congregation’s lives dates back to the mid-1700s (Lincoln & Mamiya, 2005). The church provides spiritual comfort, education, advocacy, community, resources, and safety (Lincoln & Mamiya, 2005; Stansbury & Schumacher, 2008). The response of the Black church in welcoming discussions on mental illness; in providing counseling and referrals; and in renaming ministries of help aid the individual and the community in reducing the silence and empowering all to accept the reality of mental illness.

Mental Health Literacy Content Domain # 4: Increase Help-Seeking Efficacy. The systematic review shows this domain was the most significant ($n = 9$). This domain was also integrated well into the role of the pastor as a counselor. The African-American pastor is the gateway to resources in the community (Anthony et al., 2015; Avent et al., 2015; Bilkins et al.,

2015; Blasi et al., 1998; Bledsoe et al., 2013; Hankerson & Weissman, 2012). According to the research, pastors have proven to be a valuable resource to their parishioners and community members. “Clergy were very open in expressing their needs for resources to help them be better able to recognize depression symptoms in their congregants” (Anthony et al., 2015, p. 124). The pastor or designated leader of a church is often the first called upon for grief counseling. It is the comfort and wisdom of the pastor that are used as support for various mental health needs.

As stated in chapters 1 and 2, there is a distrust of medical and mental health providers within the African-American community. At times, the pastor is the most trusted individual, one who can provide the least intrusive counsel; moreover, this counsel is free to low cost and destigmatized (Avent et al., 2015; Hardy, 2012; Hays & Aranda, 2016). “A National Institute of Mental Health study indicated that clergy were more likely than both psychologists and psychiatrists combined to be approached for help by a person with a mental health diagnosis in the DSM” (Openshaw & Harr, 2009, p. 302). As any other mental health professional, the pastor’s role of counselor has specialties and limitations. Awareness of their limitations relating to mental health literacy fosters appropriate referrals for congregants and community members. “Providing short-term counseling to parishioners who are experiencing psychological distress and referring parishioners to mental health professionals were also identified as ministers’ responsibilities” (Hankerson et al., 2013 pg. 690). In one article (Hankerson et al., 2013, p. 690), the study was conducted in a megachurch (members exceeded 11,000), where mental health professionals provided services within the church. Professional in-house referrals, though, are not afforded to all churches; their location, size, and budget may determine such capabilities. Some ministers trusted the mental health process and referred community members in such cases. Kramer et al. (2006, p. 133) stated, “Although ministers said they refer individuals to

counselors who identify themselves as 'Christian,' they prefer to be acquainted with qualified, knowledgeable, competent professionals, regardless of religious affiliation.”

However, not all pastors agree with the value of collaboration with mental health providers. In another article, “clergy saw pastoral counselors as more qualified than mental health professionals because pastoral counselors treat the ‘whole’ person; the other mental health professions focus only on the mind and body, thus ignoring spiritual issues” (Neighbors et al., 1998, p. 770). The results of this thought process are a disservice to members and limit resources offered to the people they serve. Indeed, ministers who can identify serious mental health conditions within their congregants should know when to change from a “lay treatment” to a “lay referral” mode (Neighbors et al., 1998, p. 771).

Regardless of African-American pastors' and ministers' views of the rereferral process to mental health providers, there is a need for a relationship between churches and local social service agencies. “If pastors do not know that there is a community clinic, or if they do not feel comfortable with its staff, they may not be willing to refer their members and might prefer, instead, to try and manage issues on their own” (Brown & McCreary, 2014, p. 2).

Summary

The extracted data from the articles in this systematic review revealed an unmeasured knowledge base of mental health literacy among African-American pastors and ministry leaders by applying the four content domains.

The sample study ($n = 15$) yielded research articles ($n = 10$) that corresponded with one or more mental health literacy theory domains. It was determined that the first domain (understanding how to obtain and maintain positive mental health) had the lowest response rate ($n = 2$). The highest response rate was domain #4 ($n = 9$) (increasing help efficacy). Although the

pastors and ministry leaders in the research articles did not score high in obtaining good mental health, which is defined as attending seminars and workshops related to a mental illness, they could provide counseling or refer their members and community to professional mental health counselors.

Chapter 5 discusses and summarizes the implications of African-American pastors' knowledge of mental health literacy and its four content domains. The implications for future research include collaborations with African-American pastors and mental health professionals, resulting in healthy congregations and communities.

Implications and Conclusion

The African-American pastor is one of the few professions that offers assistance to an individual from birth to death. The pastor often witnesses the entire life span of their congregants and community members. In each pivotal moment of life, the pastor's influence assists with challenges and celebrations. It is fair to say the African-American pastor is a stakeholder in the congregants' lives. As a trusted individual and influencer, their mental health literacy is essential for the survival of their congregants and for their community's emotional and mental wellness. "Having clergy avail themselves of current information about health issues is an important way to communicate their support to parishioners" (West et al., 2006, p. 21).

The African-American pastor is accessible to the congregants and community members (Neighbors et al., 1998). This availability, coupled with barriers to accessing care, places the pastor at the top of the list for assistance with all needs, including mental health. This research suggests that issues discussed in pastoral counseling do not differ from those presented to a social worker providing mental health services. The reviewed literature reveals the contributions pastors have made to the mental wellness of their communities through their counseling sessions. The literature has also reported the challenges the pastors, congregants, and community face when there is a lack of mental health literacy within the counseling sessions. "A lack of mental health knowledge is viewed as a driver of prejudice toward individuals with mental illness, which then leads to discriminatory behavior" (Spiker & Hammer, 2018). This research reveals the challenges and successes of the influence of mental health literacy on the leadership skills of the African-American pastor with regard to the Black church and community

Implications

African-American Pastors' Leadership

The leadership of African-American pastors is affected by their mental health literacy. According to the American Psychiatric Association, mental illness is familiar to the American population: almost one in five (19%) adults experience a form of mental illness, and one in 24 (41.1%) have a severe mental illness (Parekh, 2018). African Americans make up 13.4% of the population (*U.S. Census Bureau quickfacts*, 2021). Although the rates of mental illness within the African-American community are similar to those of other racial groups, the rates of help-seeking and accessibility are disproportionate. This information is vital to African-American pastors as leaders. Their leadership and insight provide advocacy, programming, education, and resources to an underserved population.

Bass and Bass (2008) described transformative leadership as containing four components: idealized influence (behavioral and attributed), inspirational motivation, intellectual stimulation, and individualized consideration. All four components are needed to promote mental health wellness within the African-American community. Historically, the African-American pastor is not a stranger to providing homes, food, daycare, employment, and education to their congregants and members of the community (Williams et al., 2019). The church initially provided these and other services in response to the lack of resources within the African-American community.

The availability of resources is essential for survival. Through the leadership of the African-American pastor interventions such as programming are put in place to support the congregation and the community. "The fact that Black churches provide more supportive programs than do White churches implies that these services may not be as accessible to Black

congregation members in the community at large as they are to Whites” (Blank et al., 2002, p. 1671). Services offered by the church builds trust in the community and decreases stigmatization.

For centuries there has been a lack of mental health resources in the community and it continues to present day. The Black church is the preferred provider of counseling services (Bledsoe et al., 2013; Hays & Aranda, 2016; Payne & Hays, 2016). According to Fowers and Wan (2020), data from the Census Bureau showed a spike in anxiety and depression for Black Americans after the police killing of George Floyd. The numbers jumped from 36% to 41% a week after the video went public. Sadly, there were no reports of a rush to mental health services offered to the African American community. Many found comfort in the counseling services provided by Black churches and African-American pastors; these reports were not on national news.

There is trust, comfortability, and pride within the African-American pastor. The servant leadership style introduced by Robert Greenleaf and developed by Larry Spears lists 10 leader characteristics. Some of the characteristics listed are similar to those of a social worker or mental health professional: listening, empathy, awareness, commitment to the growth of people, and building communities (Davis, 2019; NASW, 2021). As the world evolves the complexity of mental health disorders also evolve. The African-American pastor remains the trusted provider of counseling services. As any professional there are limitations to the ability to provide appropriate mental health services to the congregants and community members. The mental health literacy of the pastor and ministry leaders assist in the recognition of mental health disorders and empowers them to refer to mental health providers.

Most pastors are not mental health professionals, but they provide a mental health service: counseling. As shown in the reviewed research, some pastors have specialized degrees, certificates, and training in pastoral counseling; however, not all programs have a mental health component. According to the research conducted by West et al. (2006), “pastors held favorable attitudes toward the mentally ill while lacking in knowledge about mental illness in general” (p. 16). It would be beneficial to include courses on mental health disorders within the pastor’s educational systems. The majority of pastors in the research expressed the need for resources to help them understand mental health disorders (Anthony et al., 2015; Blank et al., 2002; Brown & McCreary, 2014; Kramer et al., 2006; Stansbury et al., 2010). Awareness and commitment to the growth of people are attributes of the servant leader. As pastors and ministry leaders provide counseling services to their community; they are in need of resources to strengthen and support them. These resources can be in various forms of education on mental health disorders and linkages to mental health professional.

Mental Health Literacy

African-American pastors’ understanding of mental health literacy is vital to those who receive counseling under their leadership. The interpretation of presented issues and behaviors determines services offered and referrals made to in-house counselors or professional mental health counselors. Increased mental health literacy awareness has a direct, positive impact on addressing the stigmatization, shame, and help-seeking behaviors of those who suffer in silence. For many African-American congregants, attending church is an opportunity to be healed and set free from their ailments. The undiagnosed or misdiagnosed can hear what the Bible says about their condition from their trusted leader and pastor. Church’s congregants want answers, validation, and opportunities for pastors and ministry leaders to assist with their challenges.

Not all symptoms are easily recognized. A member of the congregation who appears to be uninvolved (not demonstrative in the church service i.e., singing, clapping) may be displaying an attitude similar to anger, which is a characteristic of depression (Parker Gordon, 2017; Payne, 2008). There are psychosocial stressors that make others more prone to mental health disorders than others (Stansbury & Schumacher, 2008). From the congregation or the community, there is no expectation for the African-American pastor to be an expert on mental health literacy, mental health, or mental illness. However, African-American pastors who have mental health literacy are in a better position to provide resources and programming.

Understanding How to Obtain and Maintain Positive Mental Health

Understanding how to obtain and maintain positive mental health is not only one of the four domains of the mental health literacy; it is the foundation of the remaining three domains. Indeed, the education on mental illness obtained by African-American pastors and ministry leaders through education and is the basis for their understanding of mental health. With such knowledge, they can identify mental illness in individuals experiencing mental health challenges. According to the CDC (2021a), mental health influences how individuals relate to others, think, feel, and behave—how an individual makes decisions and solves problems. According to the American Psychiatric Association, mental illnesses are health conditions that involve changes in thinking, behavior, and emotions. They are associated with family, social, and work problems (Parekh, 2018).

In some of the studies the education level of the pastors was not indicated (Bilkins et al., 2015; Blank et al., 2002; Neighbors et al., 1998; Payne, 2008; West et al., 2006). It would not be fair to assess their mental health literacy was low and the pastors identified had not received education or attended workshops or seminars with content related to mental health. In this

research, only West et al. (2006), ($n=1$) respondent had a positive result on the mental health literacy domain (understanding mental disorders and their treatment). This lack of understanding can present a challenge in the counseling and treatment of congregants. Through the use of education (formal or informal), the African-American pastor and ministry leader is equipped with the knowledge of mental health; such knowledge can empower them to enhance their delivery of mental health counseling, providing appropriate programming, ministry groups, and advocacy.

Understanding Mental Health Disorders and Their Treatment

Pastors have a challenging role in shepherding their flock. The African-American pastor is challenged by pastoring a church in which the majority, if not all, of the congregation, are in positions of limited or denied community resources (or mistrusting of them) (Bilkins et al., 2015; Blank et al., 2002; Brown & McCreary, 2014; Neighbors et al., 1998). According to Payne (2012), there is well-known suspicion within the African American community of mental health providers. This situation presents itself as an extra burden on the pastor. They are the “go-to” and the “gateway” for mental health services.

Often the term “mental health services” is not used in the church setting. The commonly used term is “counseling,” which is often more palatable to the receiver. The sessions, also known as appointments, are usually informal, either free or low cost. Although the informality and the cost are beneficial to the congregants and community members, the most important factor is their trust in the African-American pastor (Brown & McCreary, 2014; Taylor et al., 2000).

For a few centuries, the African-American pastor has been the provider of counseling (Brown & McCreary, 2014; Williams & Cousin, 2021). They are typically the first called for

grief, family, and pre- and post-marital counseling; moreover, those receiving these services are often undiagnosed. The work they have done for the community has been and continues to be phenomenal and deserving of recognition. However, as times change and mental illness becomes more common in African-American lives, an understanding of mental illness is needed. Specific mental health issues require a trained eye and ear. With increased knowledge of mental health literacy and how to apply it, African-American pastors can receive clarity about spiritual and medical mental illness.

There are some African-American pastors who have received education on mental health disorders, and through that education, they can identify, describe, and give the preferred treatment methods for the symptoms. Their knowledge of mental health disorders enhances their mental health literacy, which results in improved counseling skills, enriched programming, and connections to the community-based mental health professionals, resulting in a positive influence on their leadership (Anthony et al., 2015; Neighbors et al., 1998; Williams & Cousin, 2021).

Decreasing Stigma Related to Mental Disorders

Destigmatizing mental illness is a global crisis (NAMI, 2021). The chief cause of disability globally is depression; in fact, depression and anxiety have created an annual loss of 1 trillion dollars in productivity. The annual prevalence of mental illness in the United States for non-Hispanic African-Americans is 17.3% and for non-Hispanic Whites is 22.6% (Jackson et al., 2004; NAMI, 2021). However, African Americans are more likely to seek counsel from their pastor or ministry leader (Young et al., 2003). African-American pastors are respected and trusted in their community. Their thoughts and actions influence the members who seek leadership and counsel.

It becomes of great consequence when a pastor has a poor understanding of mental illness and treats the subject as a joke, or when a pastor uses the diagnosis improperly and casually to describe behaviors. Pastors must be aware of the impact of their words on their congregants. Their role is to comfort and bring knowledge to the people they serve in ministry. Of course, such joking during a sermon regarding mental health or medication use is not done to harm anyone intentionally; therefore, education in mental health literacy is essential (Payne, 2008).

Some pastors are sensitive to the growing population of undiagnosed and misdiagnosed African Americans in their congregations and communities. These pastors have made efforts to decrease the stigmatization of mental illness by relabeling support groups, referring to professional mental health counselors in their ministries, making referrals to community-based mental health professionals, offering seminars and workshops, and giving sermons that mention the need for mental illness to receive professional help. These actions are needed in all churches, especially in Black churches located in areas with limited resources. Pastors should increase their knowledge, understand the disorder, learn about the necessary treatment, and decrease the associated stigma. These capacity-building activities would improve their counseling skills and result in appropriate referrals to professional mental health counselors.

Increasing Help-Seeking Efficacy

African-American pastors provide a gateway to mental health professionals. Pastors are shepherds of their flock and influential in their communities. As stated in one of the research articles, there are times when the pastor or ministry leader can identify the need of a congregant before the congregant even seeks their counsel (Brown & McCreary, 2014). This foresight can provide a smooth transition into counseling services. There is also a decrease in stigmatization for counseling when it is conducted by a trusted member of the clergy, who may not term the

sessions as “counseling.” Instead, it may be termed as pastoral care, conversations, a meeting, or an appointment. Hankerson et al. (2013) reported how some pastors changed the name of the group therapy to assist with recruitment.

There are some pastors who recognized the importance of counseling but had concerns about the application of pastoral care and pastoral counseling. They were able to acknowledge their limitations in mental health literacy. To lack the appropriate training and provide counseling would be detrimental and irresponsible to their congregants and community. Research conducted by Stansbury and Schumacher (2008), found clergy who believed their main focus should be on creating a healthy church community. However, if their congregants, were in need of counseling services “they would also recommend professional assistance” (p. 137).

Pastors in the study acknowledged the importance of therapeutic care for their congregants. Pastors provided counseling to those who were experiencing psychological stressors. Prayer, scripture readings, and counseling services were some of the interventions used to provide to aid the distressed congregant. Pastors and ministry leaders of larger congregations and churches had more resources and provided inhouse counseling services. Many of the counselors were professional mental health providers. Having an inhouse mental health professional also provided the congregant and community member added the component of Christianity/spirituality to the therapeutic sessions.

The size of the church can afford some members the advantage of inhouse counseling by dedicated staff or, in some cases, a ministry of licensed mental health professionals. There were pastors who were able to identify needs that required professional assistance and referrals were made to mental health professionals in the community. Although ministers said they refer

individuals to counselors who identify themselves as “Christian,” they prefer to be acquainted with qualified, knowledgeable, competent professionals, regardless of religious affiliation.

The role and expectations of the pastor can be overwhelming. However, in rural areas or churches with smaller congregants, the pastor may bear more of the responsibility and have fewer resources available. These pastors and ministry leaders require support and connections with the community to provide the needed mental health and social service supports.

Collaboration with outpatient mental health services is beneficial to churches of all sizes. There are more benefits than limitations when there is a healthy understanding of the agreement to provide counseling to the congregants and the community. Collaboration would address all mental health literacy theory areas, and the partnership would enhance the congregants' and the community members' lives.

Limitations and Biases

There were several limitations to this systematic review. The inclusion and exclusion criteria provided limited articles in the selection process. It is probable that the inclusion of unpublished or dissertation studies might have provided essential data to add to the findings. The databases were exhaustively searched for articles that would meet the inclusion criteria. Although there were helpful research articles on clergy and mental health and mental health literacy ($n = 2$), they were discounted due to the demographics, and many studies ($n = 38$) were excluded because they were conducted outside of the United States. Other articles were excluded because the church population was less than 51% African-American.

This study did not determine a number of factors that could have an impact on pastors' knowledge of mental health literacy: the length of time the African-American pastor was in leadership, hours of provided counseling, and the pastor's employment status in the church

(Allen et al., 2009; Stansbury et al., 2010; West et al., 2006; and Williams & Cousin, 2021). The study's focus on the African-American pastor also limited the search. Some pastors identified as Caribbean, Afro-Caribbean, African, or pastors of color, who, if included, might have provided more articles in the database.

This study had a focus on the Protestant African-American pastor. Few studies ($n = 2$) included pastors who identified as Catholic or non-denominational. According to Neal (paragraph 5, 2020), there are “more than 3 million U.S. Black Catholics (4% of the Catholic population), seven active Black Bishops (3.2% of Bishops); 250 Black priests (1% of the nation's priests) and one Cardinal, Cardinal Wilton Gregory of Washington, DC who just became the first Black Cardinal in the history of the Roman Catholic church in the United States.” Thus, the inclusion of African-American priests could have been added to the search.

To prevent bias and ensure computational accuracy, it is best to have more than one reviewer of data (Tawfik et al., 2019). This research, though, was subject to one reviewer. The researcher identifies as an African-American Caribbean woman, a licensed clinical social worker, and a provider of counseling to Christians in a church and in private practice.

The studies used in this systematic review are not clearly representative of the entire body of literature on the research topic. The studies are a mere sample of the published work. This research topic has proven to be an area of interest to many researchers. The African-American pastor is a provider of mental health services to congregants and the community. For centuries they have played an important role in providing spiritual, physical, mental, and emotional, care for their congregants and community members. There is limited research on their contributions to the mental health profession.

Recommendations for Future Social Work Research

Future research should address the limitations of this study by increasing the availability of articles on African-American pastors' knowledge and use of mental health literacy and its influence on the leadership and counsel of their congregations and communities. As stated throughout this research, there is a limited number of published research articles on this topic; however, in each article, there is a defined need for additional research (Allen et al., 2009; Blank et al., 2002; Blasi et al., 1998; Hankerson et al., 2013; Neighbors et al., 1998). African-American pastors are an essential member of the Black church and community. They are the gatekeepers to community resources, including counseling services. The pastor is often the first contact for bereavement, marital, and family counseling issues. Counseling is a part of their ministerial duties, so understanding their knowledge of mental health literacy is valuable information.

Research shows the barriers the African-American community has in accessing appropriate care. Some of this inaccessibility can be linked to the social determinates of health: healthcare access and quality; education access and quality; social and community context; economic stability; and the neighborhood and built environment (CDC, 2021b; Farris, 2006; Hardy, 2012; Merritt-Davis & Keshavan, 2006; Obasi & Leong, 2009; Taylor et al., 2000; Thompson et al., 2004;). The African-American pastor in the role of counselor provides an excellent service to the church and the community. The pastor provides a haven to those who are distrustful of service providers (Avent et al., 2015; Hardy, 2012; Hays & Aranda, 2016). The services offered by pastors and ministry leaders are often not based on formal mental health education (Taylor et al., 2000; Vermaas et al., 2017), yet many congregants experience a "healing" and reduction of symptoms. Pastors' theoretical framework may be unconventional,

undefined, and unrecognized by the masses, but the growing need for their counsel is evidence for an unreported measure of success.

Conclusion

African-American pastors' knowledge of mental health literacy influences their leadership within Black churches and communities. This systematic review provided evidence of African-American pastors' knowledge of mental health literacy and their application of the theory in their counseling and leadership. According to this research, African Americans are as prone to mental illness as other racial groups (Williams & Cousin, 2021); however major depression is more chronic for African Americans (Jackson et al., 2004). The African-American pastor is a trusted resource within the Black church and community. Pastors and ministry leaders are embedded in the community and often more available and accessible than other community resources. Under the leadership of the pastors and ministry leaders' programs are offered to the congregation and community, one of those services is counseling.

The use of the African-American pastor for counseling is more acceptable to African Americans than community resources. There can be a variety of reasons which may include but are not limited to: mistrust for medical and mental health providers, limited resources, the social determinants of health, and the stigmatization of mental illness. Actions that also promote African Americans to seek counseling services from pastors or ministry leaders are: free or low-cost care; familiarity, spiritual guidance, and the recommendations of others.

This systematic review researched articles to determine the influence of mental health literacy on African-American pastors' leadership and counseling. Jorm (2000), defined mental health literacy as "knowledge and beliefs about mental which aid their recognition, management or prevention" (p.396). Research articles were vetted and data was gathered to determine the

answer for 2 research questions: R1 What does the research literature say about African American Pastor's knowledge of Mental Health Literacy? R2: How are the domains of Mental Health Literacy integrated into the African American Pastor's roles of leader and counselor. The domains of mental health literacy are: 1) Understanding how to obtain and maintain positive mental health; 2) Understanding Mental Health Disorder and Treatment; 3) Decreasing stigma related to mental disorders; 4) Increase Help-Seeking Efficacy. Each article was coded for correlation to the domains.

According to the research, it was determined that all pastors conduct counseling; however, their knowledge of mental health literacy is not equal. Pastors and ministry leaders often go through extensive biblical training that may not include mental health disorders. As evidenced in the systematic review, the pastors and ministry leaders were not identified as having mental health training, their results did not fit into the domains of mental health literacy. Out of the 5 research articles of pastors and ministry leaders, there was only one article that responded to one of the domains.

Ten out of the identified fifteen articles had pastors and ministry leaders respond to the mental health literacy domains. The majority of the respondents ($n=8$) were captured in 2 or more of the 4 domains. Pastors and ministry leaders want to provide counseling services as informed leaders and counselors. They also will refer to mental health professions as needed.

The literature is limited however data was collected and determined. African-American pastors and ministry leaders are the gatekeepers for mental health and other community resources. There are churches that are self-contained and have the ability to care for their congregants and community members. However, there are smaller churches, and churches in rural areas which do not have access to resources. Social workers as mental health experts are

encouraged to connect with these pastors and ministry leaders and collaborate on best practices in making mental health care accessible to all who are in need.

It is strongly encouraged for this study to be replicated and expanded upon. Such future studies can be added to the library of resources for African-American pastors and the African-American community. Along with additional research, mental health literacy training of the African-American pastor is encouraged. The core values of the social work profession cannot be forgotten when providing service to the African-American community. Among the six core values, the importance of human relationships is most applicable to this conclusion. The African-American pastor typically forms a lasting relationship with congregants and the community. However, the benefits of those relationships have often been overlooked by researchers and mental health providers regarding published works.

In conclusion, while the influence of mental health literacy on African-American pastors' leadership in the Black church and community continues to be a work in progress, one can speculate that the knowledge and utilization of the four domains of mental health literacy can have a positive outcome for all involved. As African-American pastors and ministry leaders continue to improve their mental health literacy, it is also suggested for mental health practitioners to increase their knowledge about the spiritual and religious beliefs of Black clergy (Neighbors et al., 1998).

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Appendix A

	Author(s) & Year	Title	Understanding how to obtain and maintain positive mental health	Understanding mental disorders and their treatments	Decreasing stigma related to mental disorders	Increase help- seeking efficacy	N/A
1	Allen et al., 2009	Being examples to the flock: The role of church leaders and African American families seeking mental health care services					X
2	Anthony et al., 2015	African-American clergy and depression: What they know; What they want to know		X		X	
3	Bilkins et al., 2015	Black church leaders' attitudes about mental health services: Role of racial discrimination					X
4	Blasi et al., 1998	Seniors' mental health and pastoral practices in African-American churches: An exploratory study in a southern city		X		X	
5	Blank et al., 2002	Alternative mental health services: The role of the Black church in the South					X
6	Brown & McCreary, 2014	Pastors' counseling practices and perceptions of mental health services: Implications for African American mental health	X	X		X	

	Author(s) & Year	Title	Understanding how to obtain and maintain positive mental health	Understanding mental disorders and their treatments	Decreasing stigma related to mental disorders	Increase help- seeking efficacy	N/A
7	Hankerson et al., 2013	Ministers' perceptions of church-based programs to provide depression care for African Americans		X	X	X	
8	Kramer et al., 2006	Ministers' perceptions of depression: A model to understand and improve care		X	X	X	
9	Neighbors et al., 1998	The African-American minister as a source of help for serious personal crises: Bridge or barrier to mental health care?					X
10	Payne, 2008	"Saints don't cry": Exploring messages surrounding depression and mental health treatment as expressed by African-American Pentecostal preachers					X
11	Stansbury et al., 2010	African-American clergy: What are their perceptions of pastoral care and pastoral counseling?				X	
12	Stansbury & Schumacher, 2008	An exploration of mental health literacy among African American clergy			X	X	

	Author(s) & Year	Title	Understanding how to obtain and maintain positive mental health	Understanding mental disorders and their treatments	Decreasing stigma related to mental disorders	Increase help- seeking efficacy	N/A
13	West et al., 2006	African-American clergy's perceptions of the leading health problems in their communities and their role in supporting parishioners' health		X			
14	Williams & Cousin, 2021	"A charge to keep I have": Black pastors' perceptions of their influence on health behaviors and outcomes in their churches and communities			X	X	
15	Young et al., 2003	The integral role of pastoral counseling by African American clergy in community mental health	X	X		X	
Total			2	7	4	9	5

Appendix B

Author & Year	Title	Participant group	N	Study design	Purpose of the study	MHL ^a	Education
Allen et al., 2009	Being examples to the flock: The role of church leaders and African American families seeking mental health care services	22 Associate pastors/ministers, 34 deacons/deaconesses, and 56 congregation caregivers/deacon aides Black mega-church (> 11k parishioners)	112	Quantitative: 225 items drawn from the National Survey of American Life: Coping with Stress in the Twenty-First Century, and beliefs about mental health, four transmissions questions using a 6-point Likert scale were asked of each church leader.	To describe the attitudes, beliefs, and values about seeking mental health care services outside of the church within the structure of church leadership across three out of four levels (e.g., associate pastors/ministers, deacons/deaconesses, and congregational caregivers/deacon aides) of a Black Baptist mega-church that currently has more than 11,000 parishioners	N/A	87.36% high school or college educated
Anthony et al., 2015	African American clergy and depression: What they know; What they want to know	African Americans who self-identified as clergy, 18 years of age or older. 95% percent (<i>n</i> = 62) identified as African American, and (<i>n</i> = 3) identified as being of mixed race (African American and White)	65 M/48 F/14	Qualitative study: The Personal Profile Questionnaire and Mental Health Counseling Survey; mailed to 300 African-American clergy in a Midwestern city.	To explore the role of African American clergy in counseling congregants with depression	2, 4	78% some level of training in pastoral counseling 21% completed church sponsored training 45% master's degree 1 Juris Doctorate 25% Doctorate degree training.

Author & Year	Title	Participant group	N	Study Design	Purpose of the study	MHL^a	Education
Bilkins et al., 2015	Black church leaders' attitudes about mental health services: role of racial discrimination	Church Leaders from a Northeastern Urban Baptist African American Church: 22 African-American associate pastors, 34 deacons, and 56 congregation care givers	112	Mixed methods secondary quantitative cross-sectional self-report survey. A purposive convenience sampling approach	To describe how church leaders' experiences of racial discrimination is associated with the following outcomes of interest: (1) any personal use of mental health care services; (2) how often church leaders reported using those services; (3) satisfaction with mental health services outside of the church; and (4) overall physical and mental health	N/A	
Blank et al., 2002	Alternative mental health services: the role of the Black church in the South	Respondents represented a total of 269 churches, of which 181 were predominantly Black and 88 were predominantly White. Among total respondents representing urban White churches (45), urban Black churches (50), rural White churches (43), and rural Black churches (131), 231 were pastors or ministers, 10 were deacons, and 28 had other leadership positions within their churches.	269	4 Quantitative scales were constructed to measure the number and type of mental health services offered through the church and calculated two variables to measure referrals made to and from the church	To determine the extent to which churches in the South were providing mental health and social services to congregations and had established linkages with formal systems of care	N/A	N/A

Author & Year	Title	Participant group	<i>N</i>	Study design	Purpose of the study	MHL ^a	Education
Blasi et al., 1998	Seniors' mental health and pastoral practices in African American Churches: An exploratory study in a Southern city	The sample of 51 included African-American females (2), White pastors of Black churches (2), and African-American male pastors (47).	51 F/2 M/49	Qualitative interviews Randomized sampling	To explore the typical pastoral activities of African-American clergy who are regularly approached by senior parishioners with their mental health problems	2, 4	A mean educational attainment of 17.6 years; 82% had a college degree or higher and that 11% did not finish high school 82% at least a college degree and 11% had education below high school
Brown & McCreary, 2014	Pastors' counseling practices and perceptions of mental health services: Implications for African American mental health	39 Black or African-American pastors, 6 White or Caucasian pastors, and 2 did not specify a race. Churches were of the following sizes: 30%, fewer than 200 members; 22%, 200–350 members; 12%, 500–1000 members; 20%, 1000 members	48 M/30 F/18	Qualitative: A semi structured, open-ended questions	To discover the attitudes, counseling practices, and perceived needs of African- American pastors—the first level of the service delivery model.	1, 2, 4	95% having at least a bachelor's degree

Author & Year	Title	Participant group	N	Study design	Purpose of the study	MHL ^a	Education
Kramer et al., 2006	Ministers' perceptions of depression: A model to understand and improve care	African-American Ministers Baptist (6), Lutheran (1), United Methodist (2), Catholic (1), Presbyterian (1), and non-denominational (1), Caucasian (5), and African American (7)	12 M/10 F/2	Qualitative: Grounded theory Focus group	To find (1) the extent to which clergy viewed depression as a problem in their churches; (2) their knowledge of depression and depression treatment; and (3) the type of care provided to depressed individuals	2, 3, 4	12 had a high school education, 3 had a bachelor's degree, 6 had a master's degree, 1 had a doctorate
Neighbors et al., 1998	The African-American minister as a source of help for serious personal crises: Bridge or barrier to mental health care?	2107 completed interviews. They were self-identified African Americans, age 18 and older. The overall response rate was 67%.		Quantitative: Multistage-area probability sampling	To address important questions concerning the actual role African-American ministers play when Blacks seek help for serious emotional problems	N/A	
Stansbury et al., 2010	African-American clergy: What are their perceptions of pastoral care and pastoral counseling?	African- American primary pastors at predominately African-American Baptist churches	18 M/18	Quantitative: Grounded theory-theoretical sampling	To understand African-American Baptist clergy's perceptions of pastoral care and pastoral counseling	4	16.6% high school diploma 16.7% bachelor of science 27.8% master's 39.9% doctoral degrees

Author & Year	Title	Participant group	N	Study design	Purpose of the study	MHL ^a	Education
West et al., 2006	African-American clergy's perceptions of the leading health problems in their communities and their role in supporting parishioners' health	All of the participants identified as Black (non-Hispanic) as their ethnic origin or descent. Additionally, all participants identified Black (non-Hispanic) as the ethnic origin or descent of most of their adult congregation (those attending regularly)	41 M/35 F/6	Mixed methods hand delivered survey and online survey The instrument contained multiple choice, ranking, and open-ended response formats, given to Southern California pastors	To learn pastors' perceptions of the leading health problems in their congregations	2	
Williams & Cousin, 2021	"A charge to keep I have": Black pastors' perceptions of their influence on health behaviors and outcomes in their churches and communities	Black pastors 100% Baptist	12 M/12	Qualitative study with a phenomenological design In-depth, semi structured interviews	To gain a more extensive understanding of Black pastors' perceptions of their influence on health behaviors and outcomes in their churches and communities	3, 4	8.3% some college, 8.3% associates degree, 41.7% bachelors degree, 41.7% masters degree, 16.7 doctorate degree, 8.3% honorary doctorate degree

Author & Year	Title	Participant group	N	Study design	Purpose of the study	MHL^a	Education
Young et al., 2003	The integral role of pastoral counseling by African American clergy in community mental health	African-American pastors New Haven Clergy Association (CT)	99 M/73 F/26	Qualitative semi structured interviews	To describe how African-American clergy conceptualize, structure, and experience their pastoral counseling, including receiving and making referrals	1, 2, 4	59 had postsecondary education in a college or Bible school, 24 ended education after completing high school. 16 less than high school education, 15 bachelor's degree, 17 master's degree, 3 doctorate-level. 48 pastors had training in counseling, mental health, 11 held degrees in counseling. 49 had attended a counseling-related workshop or seminar; 87 had read related books, and 29 had taken at least one general academic course within the past 5 years.

^a MHL = Mental Health Literacy Domains: 1) Understanding how to obtain positive mental health; 2) understanding mental health disorders and treatment; 3) Decreasing stigma related to mental disorders; 4) Increasing help-seeking efficacy

AFRICAN-AMERICAN PASTORS' MENTAL HEALTH LITERACY