Faith-based Views of Barriers to Recognition and Treatment of Depression

Keneshia Bryant, PhD, RN, FNP-BC
Assistant Professor
Translational Research Institute KL2 Scholar
Acknowledgements

Funding provided by:

- The University of Arkansas for Medical Sciences – Area Health Education Center (AHEC) Pilot Grant
- UAMS Translational Research Institute (UL1RR029884; KL2RR029883)
Learning Objectives

At the conclusion of this presentation participants will be able to:

- Describe why engaging the faith community is need to improve depression care among African Americans.
- Understand barriers to recognition and treatment of depression among rural African Americans.
Introduction

- African Americans with major depression are less likely to receive treatment in comparison to non-Hispanic Whites. (National Healthcare Disparities Report-2010)

- African Americans who have depression are often inadequately managed. (Das, et al., 2006)
Introduction

- Spirituality impacts the beliefs about the causes of depression & coping mechanisms.
- The Black church has served as a dominant role as an informal social service provider.

(Holt & McClure, 2006; Jang & Johnson, 2004; Bryant-Bedell & Waite, 2010; Blank, Fox, Hargrove & Turner, 1995)
Introduction

There is a lack of infrastructure for mental health services in rural areas as well as mental health professionals.

(Gamm, Hutchison, Bellamy, Dabney, & Dorsey, 2003).
Rural Communities

- Less adequate access to care
- Lower family incomes
- Greater societal stigma for seeking mental health treatment
- Less likely to have private health insurance benefits
- Lack of culturally & linguistically competent providers

(National Healthcare Disparities Report, 2010)
There is limited research done to address how characteristics of a faith community impact mental health.

(Taylor, Repetti & Seeman, 1997)
Purpose/Aims:
The aim of the study was to depict how rural African American faith leaders and members describe barriers to depression recognition and treatment.
Methodology

- Community-Based Participatory Research (CBPR) Approach
- Focus Groups:
  - Pastors/Clergy
  - Parishioners
  - African American Men with a history of stress or depression symptoms
Results

- Total of 5 focus groups & 2 individual interviews
- 24 Participants (16 males & 8 females)
  - 9 pastors; 11 parishioners; 4 AA men
  - Average age 42.6 years
  - Church affiliation
    (Baptist, COGIC, non-denominational, Pentecostal)
Themes

- **Internal Themes:**
  - Personal Business
  - Way of Life
  - Denial
  - Front

- **External Themes:**
  - Spirituality
  - Lack of Resources
  - Education
  - Stigma
Internal Theme:
Personal Business

“That’s one of the barriers that you run into dealing with a small knit community. It’s the phobia that I don’t need everything being known about me.”
Internal Theme: Way of Life

- “They’ve lived in that environment for such a long period of time that sometime I feel like they don’t know they’re down.”

- “There’s got to be some kind of change in the mindset of the people to want it [help].”
Internal Theme: Denial

Belief that admitting depression is admitting defeat and weakness.

“We’re not going to admit any kind of form of depression we’re not prone to it.”
Internal Theme: Front

- “They act behind a mask, so they’re pretending to be something that they’re really not.”

- “People always want you to think they are doing good.”
External Theme: Spirituality

Some believe depression is due to supernatural causes.

“With generational curses...until somebody just wake up and say, ‘we got a problem in the family, and everybody’, soon, they gonna’ find out. We might as well get this stuff out here now.”
External Theme: Lack of Resources

- “I think it could be a money issue as well. They go on qualifications, and a benefit that’s not provided.”
External Theme: Education

- “If you ain’t trained, then you can’t train others.”
External Theme: Stigma

- “There’s a word that makes them feel like that they’re on the borderline of going crazy.”

- Ain’t nobody gonna’ talk about being depressed, ‘cuz they kinda put some labels on you, and them labels makes them stay underground.”
Conclusions

Many of the identified themes verified previously recognized barriers, but additional themes were also identified: way of life & spirituality.
Implications for Nursing

- Faith-based mental health promotion programs
- Investigate gender specific issues
- Interventions for rural communities
- Value the community perspectives & solutions
- Investigate individual’s belief system
Next Steps…

- Development of a Faith-based mental health promotion intervention
- Depression education program for clergy/pastors
Special Thanks to….

- Promiseland Church
- Mississippi County Arkansas Economic Opportunity Commission (MCAEOC)
- Progressive Life Center
Questions???
Thank You!

Contact Information:

Keneshia Bryant, PhD, RN, FNP-BC
(501) 296-1896 (office)
(501) 626-0572 (mobile)
kjbryant@uams.edu