

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



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# 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)

# Introduction

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

# Setting



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# 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)

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# 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



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# Questions???



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*Thank You!*

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