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Are Online Mental Health Resources Beneficial to African American Women?

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ARE ONLINE MENTAL HEALTH RESOURCES BENEFICIAL TO AFRICAN AMERICAN
WOMEN?

By

Mileka Nelson

A Thesis

Submitted to the Graduate Studies and Department of Languages, Literature, and Philosophy

Mississippi University for Women

In Partial Fulfillment of the Requirements

For The Degree of Master of Arts

Women's Leadership

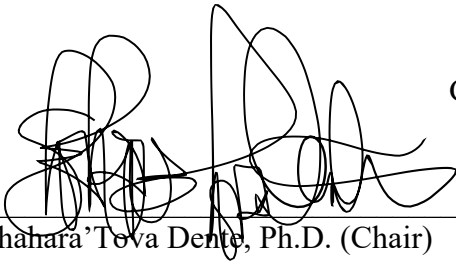
December 2022

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Are Mental Health Resources Beneficial to African American Women

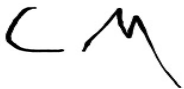
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Abstract

African American women rate the highest for mortality among all races and genders when diagnosed with chronic health diseases such as heart disease and stroke caused by physical and mental illness (Jones, R., 2017). Anxiety and depression are high among women of color due to social stressors, financial hardships, and cultural stressors such as poverty and discrimination (Ponting et al., 2020). Naslund et al. (2020) conversed that social media has been and still is a prominent fixture in the lives of many individuals facing the challenges of mental illness. In 2020, statistics showed an estimated 3.8 billion social media users globally (2020). According to Medical News Today, increasing from 35% in 2012, an estimate of 45% of internet users who are Facebook users are 65 years old and older. The latest statistics show an estimate of 42% of adults who are online using more than one social networking site (Whiteman, 2015).

The purpose of this study will determine how online mental resources benefit women of color. This study provided reasons why women of color developed mental illnesses and chose online mental resources instead of seeking in-person therapy sessions with a licensed therapist. A qualitative analysis was performed for further examination and to obtain data from African American women between the ages 18-60 years old, who are frequent users of social media, and who experienced anxiety, mental illness, or traumatic episodes. Thirty-seven anonymous African American women participants answered a questionnaire, and their response were evaluated to support this study. After assessing each participant's response, the results proved that online mental resources benefit African American women.

Keywords: online mental resources; mental health; mental illness; African American women, depression, anxiety; social platforms

Chapter 1: Introduction

Problem Statement

According to Naslund et al. (2020), the usage of social media platforms such as Instagram, Facebook, TikTok, podcasts, blogs, and technology devices have become a necessity for individuals as part of their everyday routine, especially among women. Social media is one factor that most people may view as a coping mechanism. Then there are others who think social media could lead to challenges that affects a person's way of thinking and everyday life leading to a mental illness due to the usage of the platform. The authors argued that the challenges with social media for people experiencing mental illness are impact on symptoms, facing hostile interactions, and consequences for daily life. Along with these challenges, people who have a mental disorder choose not to have social relationships with people face to face in public and even become lonely when they're not on social media. In the article, "Instagram Therapy," women turn to the picture-sharing platform to find ways to feel better and connect with others on the app who they can relate to and share the same experience (Gravel-Patry, 2021). Despite the encounters, some people who are mentally ill will continue to use social media platforms. The platforms may have challenges that can cause or increase mental illness, but they have some benefits, such as interacting, supporting, engaging, and accessing information and resources. Researchers provided evidence that three unique features of interaction and connection are beneficial to people suffering from depression, anxiety, stress, etc. These features facilitate social interaction, access to a peer support network, and promote engagement and retention in services (Naslund et al., 2020). According to Durcharme (2021), one reason a woman may seek guidance or support through social platforms is because they may be ashamed to speak with a therapist, primary physician, or a specialist about how they feel physically and mentally and refuse to set appointments for exams. Some women would probably prefer to have a therapist of the same

race to feel confident and comfortable discussing their issues. Durcharme (2021), also implies that only ten percent of U.S. psychiatrists identified as African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander. Due to the low percentage, it is difficult for people of color to find a therapist of the same race who they can trust.

According to the book, *Too Heavy a Yoke*, “It has been well-documented that there is as strong cultural stigma against depression, and mental illness broadly among African Americans. For a long time, many African Americans characterized depression as a “White disease” and viewed it as a sign of personal weakness.” (Walker-Barnes, pg.12, 2014). African American women who are familiar with their symptoms overlook their mental illness because of their chaotic schedule or try their best not to think about their trauma. Minority women try to live up to being a strong black woman like the women who are acknowledged as strong and powerful in their family. Some women are afraid to discuss their issues with family members or friends because of the possible judgment or negative feedback. Instead, they may choose to overlook their symptoms. Most women do not want others to label them as weak if they struggle with depression or anxiety. Because of gender inequality, women have a history of not receiving their deserved respect from others. Women idolize the older women in their family who may have chosen not to seek help but instead went to church, pray about their issues, or reach out to someone close in their life to express themselves (Walker-Barnes, 2014). According to Ward & Heidrich (2009), some African American women do not have the ability to break generational curses by seeking treatment for their depression or anxiety. Instead, they choose to solve their problems by seeking support from their close family, friends, and church leaders, possibly due to the lack of support and resources. Another reason why African American women refuse to seek treatment or help is because of their concerns or attitudes towards the health care system.

Ducharme (2021) discussed that there are American citizens who are not financially able to afford medical insurance to apply for therapy sessions. Even before the COVID-19 pandemic, people of color and low-income individuals face challenges with the health care system. The unmet mental health need among American adults increased from nine percent in August 2020 to twelve percent in February 2021. The reason for the increase in depression, stress, and anxiety among Americans was the pandemic causing drastic changes globally. Because of the circumstances surrounding this study, the following research questions will be used to guide this study.

Research Questions

1. Are the online mental resources created for African American women beneficial?
2. What are pros and cons to online mental resources?
3. Are there barriers to African American women having the inability to seek therapy?

Research Method

The method of this research study will be qualitative. Qualitative data involves collecting non-numerical data to understand the concepts, opinions, and experiences of others. This method is known and used to understand how people experience the world, gather in-depth insights into a problem, and generate new ideas for research (Bhandari, 2020). The qualitative method for this study will help determine if online mental resources are benefiting African American women who suffer from depression.

Chapter 2: Literature Review

Theoretical Framework

The theoretical framework for this study will be based on a Psychodynamic, Behavioral, socio-cultural, and Cultural perspective. These four theories will help explain the ideas behind the research study of depression among African American women. The psychodynamic perspective is a collection of psychological theories that emphasize the forces in human functioning, such as behavior, feelings, and emotions related to adult personality and relationships due to childhood experiences. There are two significant assumptions regarding the Psychodynamic perspective: mental life unconscious and past experiences will determine how a person feels and behaves from childhood to adulthood. The Behavioral perspective focuses on observable, obvious behaviors that a person learns from their environment. Its treatment of mental health problems is known as behavior modification. Socio-Cultural perspectives, also known as socio-cultural factors, are the large-scale forces within a culture and society that can affect an individual's feelings, behavior, and thoughts. Those forces include attitudes, childrearing practices, discrimination, racial identity, religious beliefs, etc. These socio-cultural factors may be an influence or reason for mental states and behaviors. Cultural psychology is a study of how psychological and behavioral tendencies embed within a culture. The study is inseparable and mutually constitutive, which means that a person shapes their culture and shapes them (Learning, n.d.).

Significance of Research

This research study will explain why some African American women choose not to seek therapy or treatment for their mental illness. This study will also provide factors that lead to mental illness among women of color and provide online resources focusing on African

American women's mental health. Even though there is a low percentage for therapists of color, women can search for black therapists in other areas online and receive assistance and support from the resources by learning coping strategies and tips regarding their mental health (Barnes, 2020).

Introduction

According to Women's Mental Health (2009), having good mental health is as important as physical health. A woman who takes care of her body is also taking care of her mental health. When a woman addresses her mental health, she feels better physically, which means she is psychologically and physically in sync. A woman with good mental health has a chance to enjoy life, cope with her problems, and her inner strength. Not only does it affect the woman's mental health, but it can also affect her family and friends' well-being by worrying about her daily. Even though family and friends should have concerns regarding their loved one's mental health, it is difficult for a woman to talk to her family members, friends, or doctors when they are suffering mentally, physically, or both. Women can sometimes assume their support system will not understand how they feel and what they are going through mentally, leading to keeping their issues to themselves. Some women feel uncomfortable talking about their problems outside of the family circle. Family and culture are essential in most families and can cause a conflict of understanding and signs of women needing help. In most cultures, mental illness is not something most women discuss with a professional or seek help from one because it can make them feel weak and disloyal. Mental disorders are common and genetic in most families and could cause a crisis or traumatic event. Sometimes mental illness happens to people even when they try avoiding it.

According to Black Mental Health: Statistics Resources and Services for the Black Community, one of the most common concerns in the black community is depression. Depression is a mental health condition that has a unique categorical causes in the black community that includes incidents of abuse, substance abuse, genetics, a loss of family member, etc. Black Americans may experience challenges and hardships regarding their mental health at a higher rate than any other group. Even though Black Americans may rate the highest among depression, it is less likely they will seek treatment for their illness (Black Mental Health: Statistics, resources, and services, 2020).

Study One

Fitzpatrick et al. (2010) conducted a study on the high risk of bullying among African American youth in grade school. Children who self-identify themselves as bullies, victims, or bully victims have high levels of depressive symptomatology. Victimized students have lower self-esteem, difficulty adjusting to the school setting, experience depression, and are more anxious. The authors of this study implied that young and older women have more symptoms and risk factors of depression than young and older men. Victims of bullying who have higher rates are more likely to engage in drinking and smoking. Bullies experience elevated depression symptoms and other adverse outcomes among youth who bully their peers. They are more aggressive, hostile, and uncooperative. Bullying is known to be normal behavior among teenagers. The meaning of the term is a form of exposure to violence that causes a significant threat to healthy development in adolescents. Three domains discussed in this study identified individual, family, and school. The domain known as the individual includes a factor assessing individual-level risk behaviors, representing an essential collection of behaviors related to adverse outcomes. The second domain is family, which links to the relationship between the

parent and child. Family physical violence and abuse is a way to evaluate the risk of mental health. The third domain is school climate and safety. School is a factor that assesses school climate and security. School safety and feeling threatened are essential determinants of mental health outcomes among the youth. In the study, researchers visited an urban school district to collect the data that enrolled an overall composition of ninety-five percent African Americans in fifth through twelfth grade. The data indicated that individuals who self-identified as bullies, victims, or bully-victims had higher depressive symptoms.

Study Two

In their research, Henry & Zeytinoglu (2012), focus on the high percentage of African American teens who experience relationship violence. Most African American children who live in a poor neighborhood will witness aggressive behavior from couples and images on the media and accept it as a norm. When children merge into their adolescent phase, they will likely start dating and possibly engage in aggressive behavior in their relationship. Aggressive behavior leads to psychological/ emotional, physical, verbal, or sexual abuse. The media is a negative impact along with others that cause Intimate Partner Violence (IPV), such as rap videos. The more teenagers watch those videos, the more they learn an increased sense of African American teen couples as enemies in a relationship. For example, rap videos objectify women and treat them as enslaved people, trophies, jezebels, etc. At the same time, young and older men are primarily concerned about getting money and being in control. Powerlessness and oppression have a strong influence on young teenage African American relationships. The most popular forms of aggression among young couples are verbal and psychological. How both parents model emotional control impacts adolescent development. Their methods for dealing with disagreements inside and outside the home set a standard for their children. The effect has a

more substantial impact on boys than girls. Boys who witness negative and hostile behavior from their parents are under the impression that it is acceptable to act within their relationship. Teens also learn to develop feelings of anger and aggression toward other people. African Americans, both men and women, who live in severe poverty engage or have a low-income status, have an increased likelihood of violence and dating aggression. As a result, the authors reported that even though African American teenagers disagree with how videos portray relationships, they still adopt similar mannerisms in their relationships.

According to Women's Mental Health (2009), half of the mental illnesses among girls start before they turn fourteen. One of the reasons is child abuse or other horrific traumatic experiences. These traumas can lead girls to heavy drinking, drug abuse, eating disorders, or misbehavior in school. During puberty, teenagers go through the phase of physical and personal growth. Puberty affects teenagers' moods, leading to depression, eating disorders, anxiety, or suicide. If not positively influenced, teenage girls will try to compare themselves to women they see in movies, magazines, and on television, which could cause lousy influence and confusion to think about how their bodies should look or how they should act around others. A school is where young girls can build good mental health skills from their adult peers. Adults who lead by example (such as teachers, school counselors, youth group leaders, etc.) and are good listeners can be mentors and great role models for young girls they can trust, respect, and idolize.

Study Three

Longmire-Avital & Robinson (2018), explored racial differences and other factors that cause depressive symptoms among collegiate African American and Caucasian women ages 18-25 years old. Both races participated in an online survey. Researchers conducted another survey for black women only through social networking sites. The results later indicated that black

women experience a significant amount of depressive symptomology than white women. Depression is known as a mood disorder that consists of sadness, anger, frustrations, and loss. The most well-known disorder is Major Depressive Disorder. The cause of depression is a high level of stress that a person experiences in their everyday life as a college student, such as leaving home for the first time, meeting new people, exploring academics and professional interests, and becoming financially independent. A high rate of depression can occur among teenagers as they emerge into adulthood. The authors reported that 65% of undergraduate degrees were for black women and had the highest graduation rate compared to other groups, including white men. The steadily increasing number of black women are enrolling in post-secondary education and have an overall higher graduation rate. Colleges and universities explore Mental health disorders due to the high population of emerging adults occupying those places. Even though colleges and universities are very active and play a significant role in promoting and thinking of ways to help students with their stress, most of the data came from the white population of college students. There is an estimation that one-third of college students worldwide report disruption in their daily lives due to depression. As a result, the authors indicated that black collegiate women have higher levels of stress and symptoms of depression compared to white women.

Study Four

In a 2015 research study, Lacey et al. (2015) highlights the serious concerns of Intimate Partner Violence (IPV) among Caribbean black and African American women. According to the authors, the risk of IPV or abusive relationships is higher among black women leading to mental illnesses such as depression, post-traumatic stress disorder, anxiety, suicide, and substance use. To collect data from African descent women, researchers conducted interviews with them by

telephone or in-person. Interviewers interviewed 6,082 black women ages 18 years and older, asking if their husbands or partner had physically abused them, wanted to commit suicide, or attempt suicide, etc. As part of the process, participants received exams to determine if they met the criteria for mood disorders (major depressive episodes). They also received exams to determine other conditions that include anxiety disorders (panic agoraphobia or post-traumatic stress disorder), substance disorders (alcohol abuse and substance abuse), and eating disorders (anorexia, bulimia, and binge eating). Researchers provided evidence from their evaluation and surveys of African American and Caribbean Women to determine negative associations between mental health disorders and health outcomes due to severe intimate partner violence. The evidence determined that abused African American women have an increased risk for dysthymia, alcohol dependence, drug abuse, and poor general health.

Study Five

Mitchell & Ronzio (2011) conducted a research study that provided screenings and evidence that African American women have higher rates than Caucasian women for maternal depression. Maternal depression is a public health concern among women and their children. African American mothers who experience maternal depression will likely have children growing up experiencing behavior problems. As a necessity, primary care providers must screen their patients who are soon-to-be mothers for possible abuse and adverse life events. The screening allows the provider to evaluate the mother and identify mothers at risk for maternal depression and anxiety. Postpartum depression and anxiety exist simultaneously, which causes anxiety to be a significant factor in postpartum mental health. The authors implied that African American mothers exposed to childhood abuse and interpersonal violence had higher depressive symptoms than mothers only exposed to interpersonal violence. Minority mothers who were

victims as adults, children, and teenagers experience depressive symptoms more than mothers who weren't victims or victimized at least once in their life. The authors also indicated that forms of social support such as emotional, informative, and instrumental could protect against depression and anxiety among African American mothers associated with life stress.

Ponting et al. (2020) studied why pregnant African American and Latina women have more symptoms of anxiety and depression during their nine-month journey. Researchers provided evidence that African American and Latina women are more disadvantaged in receiving treatment for depression during pregnancy than Caucasian women. The authors implied that the most psychological intervention for depression during pregnancy is cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). CBT predicts depression and anxiety caused by abnormal patterns of thinking, emotional responses, and behavior that targets thoughts to improve mood. IPT predicts depression as caused by interpersonal dysfunction. Even if African American and Latina women initiate mental health treatment, they will not likely receive the continued care they need during and after their pregnancy. A barrier that can affect pregnant women is that an obstetric provider has infrequent screening for anxiety and depression during a woman's pregnancy, which is more than an issue in unsourced clinics.

Other barriers that mentally affect pregnant African American and Latina mothers are seeking transportation, childcare services, unmet expectations regarding treatment outcomes, and mistrust of the healthcare system and provider. They will be less likely to attend prenatal appointments or maternity classes where doctors or licensed midwives can detect their early symptoms. According to Women's Mental Health (2009), pregnancy is usually an exciting time for most women. Unfortunately, for some, it can also be a challenging time that leads to sadness and fear for themselves and the baby. After the first year of giving birth, sixty to eighty percent

of mothers are sad without knowing why they're unhappy. A ratio of one in ten mothers may experience postpartum depression after they've given birth. If a mother is overwhelmed, depressed, or anxious during or after childbirth, they should seek professional help as soon as possible. Seeking professional help can be beneficial by lowering the risk and preventing depression among the mother and child. Nearly 46% percent of women have a mental illness at some point. According to Umeh (2019), Post-Partum Depression (PPD), better known as the baby blues, causes women to spend a lot of time sad, crying, and going through hormonal mood swings. PPD can cause anxiety, depression, and psychosis among women. This depression affects 20% of all races, but more than 40% of African American women experience it the most. Postpartum depression is one of many causes of mental illness among African American women, which includes lower socioeconomic status, emotional and financial distress, domestic violence, poor access to healthcare, single parenting, and insufficient childcare.

Study Six

Watson et al. (2012) studied why women are more likely to experience depression and anxiety in this research study. Researchers used a cohort of African American and Caucasian women and their children who lived in the inner city of Baltimore to determine what specific factors are associated with depression and anxiety and whether the relationships varied between the races. Hormonal fluctuations related to their menstrual cycle, pregnancy, and childbirth significantly increase their exposure to mental distress. Poverty is the top factor of mental distress among women and increases their risk for depression and anxiety. Women who live in poverty experience stress daily, worrying about their basic needs and limitations in their activities. African American women living in poor neighborhoods have fewer opportunities to secure a job, get an education, and have positive interactions that can cause depression and

anxiety. According to Taylor (2019), African Americans are more likely to be poor and live in poverty than Caucasians in the United States. The African American family is less likely to have a person who is a full-time worker in the household. In 2018, there was a 20.8 percent poverty rate among African Americans, higher than any other racial or ethnic group in the United States. The lack of bonds and relationships built among women can lead to high levels of depression due to feeling alone and vulnerable when adverse events occur in the neighborhood, such as shootings, robberies, murders, rape, etc.

Study Seven

Baldwin-Clark et al. (2016) provided evidence that African American women's health declines drastically later in their lives due to multiple disadvantages that include race, age, and gender factors. Older African Americans waste their health care, long-term care, and social services due to a lack of awareness of available resources, limited financial resources, mistrust of systems with a history of racism and sexism, etc. The authors asserted that older African American citizens would instead seek the care of their primary care provider than schedule an appointment to visit a mental health specialist. Older African American women are known as “strong black women,” which is a coping mechanism for them who take on numerous responsibilities that lead to a high level of depression, such as caring for their families that result in death, incarceration, or separation. According to Abrams et al. (2019), the “strong black women” schema is a cultural ideal, psychological coping mechanism, and description for African American women who are self-proclaimed warriors. They demonstrate hardiness, independence, resilience, and strength and endure multiple roles and responsibilities as providers and caretakers. Chanequa Walker-Barnes states in her book, *Too Heavy A Yoke*, “A public opinion poll conducted by the Nation Mental Health Association in the late 1990s found that 63 percent

of African Americans believed that depression was a personal weakness; only 31 percent viewed it as a health problem. Further, because of the cultural expectation of black women's strength, Black women who suffer from depression may be especially prone to being labeled as weak” (Walker-Barnes, pg. 12, 2014). According to Umeh (2019), Women of color who are older also develop depression due to age, lack of social support from family or peers, caregiving for the spouse or family, and physical health. African American communities identify social support as a coping resource that helps prevent depression. Linked to social support, a method older women use to alleviate depression for older African American women is religion or spirituality. The author asserted that cultural beliefs among African Americans have significantly impacted their attitudes and mental health treatment in the black community. Myths such as, “we are strong and therefore do not get depressed,” “our God is able,” and “we can pray it away,” etc., are not misleading beliefs. Still, they can create unnecessary barriers to recognizing and treating mental illness among African Americans. In the past, African American churches were a force and part of survival for blacks with the effects of white supremacy. No one should underestimate their mental toll, which can result when, on the one hand, the church teaches forgiveness. On the other hand, victims and their families must repress their feelings of anger and outrage to forgive others.

According to Baldwin-Clark et al., (2016), Depression is known to complicate diagnosis and treatment of health issues and the quality of life among older adults. Even though the Theoretical Framework is social construction theory and intersectionality¹, these two

¹ Social Construction Theory describes how individuals construct the realities that give their social, cultural, and historical contexts. Intersectionality examines the multiple interlocking influences of oppression and privilege, such as sexism and racism.

perspectives don't explain depression among older African American women. However, it does offer a framework to understand better factors connected to depression (2016). Menopause and midlife crisis can change a woman's body and affect how they feel mentally. Stress can be added to a woman when she is the caretaker of her elderly parents; children are leaving home for the first time, or the illness of a family member. During senior years, some women will think those are her best years. For some, they deal with depression and anxiety. Seniors need to promote good mental health such as exercising, strengthening friendships, reading, gardening, playing music, eating fruits, etc. Mental illness isn't something people should be afraid or ashamed to discuss. A woman choosing to discuss her mental illness and expressing her feelings to someone she can trust will make her feel better. Trauma increases the risk for mental illness and is a terrible event in a person's life, which may come from domestic violence, child abuse, incest, sexual abuse, emotional abuse, etc. (Women's Mental Health, 2009).

Study Eight

According to Mays (1995) the rates of labor force among black women have been higher and more stable than white women. Even though the employment level is high, black women have not received economic equity with other ethnic/gender groups due to the double burden of ethnic and gender discrimination in the workplace. Discriminations such as inequities in financial and personal advancement represent a significant source of stress in the workplace for black women. Black women are more likely to have less secure jobs, have fewer benefits, and receive lesser pay than white women with careers. The author provided information from the National Health Survey that statistics indicate a high level of emotional distress and depression among black women. African American women in the labor force are at risk for work-related stress that can affect their health and psychological well-being. In the study, the author aimed to

develop an intervention to reduce work-related stresses through increasing support networks for personal and political issues affecting black women in the work setting. The project focused on a community intervention that is culturally and gender appropriate for black women who are more than likely not to seek mental health services. Civil Rights and women's movements were necessary for African American women, but neither one of the movements addressed the experience of black women. This study's Focused Support Group (FSG) model accomplished three things. The model included assisting black women in verifying that some of their experiences in the work setting are a function of discrimination. It increased the women's awareness of sociopolitical contributions to those experiences, identified the symptoms and stressors associated with incidents, and coping mechanisms that may be effective strategies to decrease employment-related distress of black women in the workforce. In the article, "Black Women: Shaping Feminist Theory", bell hooks mentions that feminism has not emerged from the women who are victims of sexist oppression. Black women are the silent majority beaten down mentally, physically, and spiritually daily. It is much more difficult for black women because they are powerless and must accept their role in life without voicing their concerns, public protesting, and expressing rage and anger. She also states that black women are not only beaten down mentally, physically, and spiritually and experience sexist, racist, and classist oppression in the workplace, but they are at the bottom of the occupational ladder, which is a challenging and unusual position in society. White women and black men can act as an oppressor or be oppressed. Black men are victims of racism, but due to sexism, they have the upper hand in serving as the oppressors of women. White women are victims of sexism, but racism, on the other hand, allows them to act as oppressors to black people (hooks, 1984).

Today, women of color are still experiencing negative treatment from society and the workplace. Young women like Simone Biles and Naomi Osaka who spend most of their time in the public eye and on television while working receive so much backlash that has led to mental health concerns and choosing to step away from their occupation to focus on their mental health regardless how the world may view them. The two women started a movement and received encouragement and support that led to others choosing to take a break from their occupation when dealing with their mental health. Naomi Osaka, a tennis player, mentions that every human is subject to feelings and emotions. Some people either suffer from issues regarding their mental health or know someone who suffers from mental health issues (Osaka, 2021). Simone Biles, a gymnast, who spends her time flipping in the air, started to feel uncomfortable while performing her routines. She voiced her concerns that her mind and body were not connected while performing due to mental health reasons. Brittney Cooper's article discusses Simone Biles's problems regarding her mental health and performance. Simone mentions When she is in the air, she has no control over her body and no idea where she is in the air or where she will land, which is the craziest feeling of being unable to tell up from down. (Cooper, 2021).

In the book, *Black Women's Mental Health: Balancing Strength and Vulnerability*, Evans et al. (2017) addresses unequal opportunities for black women. It focuses on steps to improve black women's development self-concept in ways that resist fragmented pictures of fear and anxiety. This book provides shifting health policies disparities in the quality and quantity of mental health services. It also introduces the model BREATHE created by the editors that guide women of color when experiencing mental health issues. The meaning for black women to BREATHE is to find inner peace and forgiveness from depression, anxiety, abuse, trauma, oppression, etc. Balance highlights women's multiple roles and their need for self-care.

Reflection involves a person meditating and reviewing their life and considering new possibilities or ways. The authors implied that Energy is for women to make goals for themselves and achieve them while finding motivation when they are “sick and tired of being sick and tired.” Association allows black women to create social networks and groups, such as sister circles, to interact and share their personal experiences regarding their mental health with like-minded women. Transparency rejects the culture of shame and silence due to mental illness. Healing is a process of nurturing a culture of health and wellness in self. Empowerment is the mobilization of spirituality and internal power to create healing from the inside out. Black women take on many roles and wear many hats as career women, wives, mothers, etc. Some of the reasons depressive symptoms occur among black women are when they are single mothers of young children or grieving a loss of their child(ren), partner, brother, mother, or father, etc. Depressive symptoms can lead to women becoming depressive when going through a loss of a close family member or friend.

Study Nine

According to Snowden and Snowden (2021), a widespread natural disaster illness, such as the coronavirus pandemic, has spread fear among the Americans of falling ill, dying, and losing a close friend or family member. The Covid-19 pandemic caused change and disruption among Americans’ social and personal day-to-day routines, including social isolation and economic insecurity. Long-period isolation can deepen grief among African Americans, especially older people experiencing distress from limited social contact with friends and family members. Even though all Americans suffered during this pandemic, African Americans suffered more from trauma, psychological grief, and mental illness from the virus. The authors, Snowden and Snowden implied that African Americans are 4.6 times more likely to be hospitalized and

exposed to hospital-based traumatic experiences. Unemployment among African Americans has risen disproportionately since the pandemic, and 41% of black-owned businesses closed, which is a 2.5 times greater rate than white business owners. 52% of African American workers reported that the outbreak was a significant threat to their financial situation than 43% of whites, causing more stress and depression among the race due to trying to figure out how they will make a living and take care of their families. Organizations with a community service mission played essential roles by reaching out to the African American communities to reduce mental illness. 53% of adults reported that covid affected their mental health in July 2020 and increased from 32% in March. Adults discussed their problems with sleeping, eating, increased intake of alcohol, or chronic health conditions that worsened due to worry and stress because of the pandemic.

History of Mental Illness among African Americans

Going to doctors of any specialty can be alarming for people, especially people of color (African Americans, specifically). During the 1700s-1800s, enslaved African Americans experienced neglect and mistreatment by medical institutions due to racism. Caucasian doctors would diagnose their mental illness as a “Drapetomania,” which means psychosis or madness that causes an enslaved person to run away, and “Negritude,” which means a disease of not being white. In this present time, some doctors aren’t aware of the diagnosis doctors gave African Americans for being mentally ill. Racism is still happening globally and is a big concern for African American patients who may have a doctor who isn’t the same race and are aware of the neglect and mistreatment of their ancestors (Umeh, 2019). According to Ducharme (2021), Pew Research Center reported that seven percent of American adults don’t use the internet, including those who don’t have advanced education and people of color. Those are the people who are

underserved by the mental health system. Twenty percent estimate of elderly adults who have a mental illness struggle to operate a virtual platform. Some people have concerns about sharing their personal information through a phone or computer screen that can cause a risk for malfunctions and hackers to hack their devices.

African Americans have had horrible experiences with doctors and medical researchers who were a different race. According to Muvuka et al. (2020) African Americans are more than likely than any other race with trusting health care system and providers. During the 1900's, African Americans weren't receiving the proper care from their doctors and didn't have much of an education to know health literacy. African American men who were part of the Tuskegee Study of Untreated Syphilis from 1932 to 1972 were withheld penicillin to cure their syphilis and received false information regarding the study.

Henrietta Lacks, an African American woman, went to John Hopkins to receive care from her physician, but during the visit and exam, a researcher, and her doctor, both Caucasian men, broke their oath by taking her cells from her body without her permission or signed consent. She was not aware the doctors were using her as a Guinea pig and using her cells for experiments in the science labs around the world. Henrietta's family and people in the black community were not only angry about what happened to her but were knowledgeable and afraid of how white doctors were treating the African American race (Skloot, 2018).²

Mental Healthcare among African Americans

² In the book, "The Immortal Life of Henrietta Lacks," Henrietta Lacks, a poor southern woman, went to the hospital for a medical condition only for her doctors to take cells from her body without her permission. The doctors named the cells "HeLa" to disguise her name and label her cells as immortal human cells. Today, these cells are helping medical researchers discover hidden secrets regarding cancer and diseases.

According to Taylor (2019), the healthcare system has negatively impacted the black community regarding receiving the best health service and proper care from healthcare care providers. The inequalities African Americans experience includes uneven access to services, gaps in health insurance coverage, and poor health outcomes. The authors asserted that African Americans live longer, and most have health insurance. However, they are still experiencing high rates of illness and lower life expectancy than any other race. In 2010, The Affordable Care Act (ACA) law passed gave Americans worldwide the opportunity to have healthcare coverage. After President Barack Obama passed the law, approximately 2.8 million out of 20 million Americans who received the health coverage were African Americans which caused the uninsured rate for the race to decline. It's still a challenge for the black community to access affordable healthcare due to the high cost of coverage options from different insurance companies. A program like the Medicaid program, operating for fifty-four years, funded by states, and federal government, has been an excellent benefit for low-income American families, pregnant women, elderly adults, and people with disabilities. In August 2019, the Medicaid program covered sixty-eight million people, with twenty percent of them being African Americans enrolled in the program. The lack of Medicaid expansion, health disparities, and healthcare provider shortage is seen chiefly in the south and among African Americans. Although healthcare providers are in most rural areas where African Americans and Hispanics reside, most doctors tend to offer poor quality care. Because of the low-quality care from healthcare providers, people of color would rather depend on community health centers, emergency rooms, etc., due to the lack of primary care physicians, poor health services, and mental health providers. With failing to expand Medicaid, the south has the sickest people and

where health disparities among Caucasians and African Americans are most noticeable in the area (2019).

Telehealth for Mental Healthcare

According to Ducharme (2021), teletherapy has been the number one choice for healthcare facilities, especially mental health care. Most medical departments require hands-on attention from doctors, such as physical therapy and surgery. Patients in therapy can receive their therapy treatment through telehealth via video chat. Patients are taking their appointments from the couch of their therapist's office to the comfort of their own home with their electronic devices. Telehealth can benefit patients because it can make counseling easily accessible and convenient for them to avoid getting into their vehicle to drive to and from a one-hour appointment with their therapist. When the pandemic occurred and affected the world drastically, the healthcare system prevented many patients from coming into clinics and private practices, which caused health care workers to panic due to changes that their employers made beyond their control. Some health care facilities had to change their face-to-face appointments to telehealth appointments unless the patient needed urgent monitoring in-person care. Even though telehealth may be easily accessible and convenient to some people, it isn't known to be revolutionizing the mental health system for people of color or those who live in low-income communities. A face-to-face therapy session can easily cost a patient a hundred dollars or more without insurance. Telehealth isn't as different as a face-to-face session when it comes to the cost of therapy. For essential workers who are patients, telehealth can be easier and less stressful than trying to take a personal day off work and asking another colleague to cover their shift to attend an appointment. The worker can schedule their appointment during their lunch break and session with their therapist via video chat. It saves the patient the drive to commute to their appointment with the

therapist. Ducharme (2021) asserted that Dr. Joe Kvedar, the former president of the American Telemedicine Association, mentions there is not any evidence to prove that virtual therapy is a lower cost than in-person therapy. Virtual care can cause difficulties that can worsen due to some people not having reliable internet access, smart devices, or operating an intelligent device. Another challenge is there are not enough therapists globally to service patients who need therapy. There are over one hundred million people in the world who live in a rural area or location without mental health practitioners. Not only is there a shortage of mental health practitioners, but there aren't enough therapists from diverse backgrounds. Since there is a low percentage of therapists of color in most areas worldwide, people who live in the regions that lack therapists should access a therapist of their preference online in another location. It will be beneficial for those who are mentally ill and need therapy. It will also give African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander comfort of feeling safe by trusting someone of the same race and gender as their therapist.

Teletherapy, also known as online therapy, e-therapy, or video therapy, has been an effective online method in the United States since the 1990s. It is a speech, occupational therapy, and mental health service performed through live video. According to Mead (2021), Teletherapy and traditional may have a few similarities, but the only difference is that the therapist and client communicate via video chat in different rooms and locations. Even though teletherapy is making significant progress and looking very promising for the future, its effectiveness depends on the patient, their dedication, and reasons for seeking therapy. There are numerous benefits to teletherapy, but four main reasons can benefit patients who are accessible to more people, offer great flexibility, reduce waiting times, and create a safer environment. Individuals with a disability, living in a rural location, or want to try a session online before deciding if they are

comfortable with the therapist and therapy is the right choice for them. People with busy schedules can choose teletherapy sessions with their therapist if they cannot make or attend in-person sessions due to daily commitments. It provides flexibility for those who can't commit to attending limited office hours. With flexible schedules, patients' waiting time to see a therapist online doesn't take long. The less time a person has to stay, the better the chances a person will take a chance on teletherapy and therapy and get the help they need. Clients will have time to change their minds if they have to think about leaving work, driving across town in traffic, and spending additional time waiting for their session. Spending extra time in the waiting room will also make people nervous and anxious before their session starts. The good thing about teletherapy is that it can alleviate stress by allowing patients to be comfortable in their own homes.

According to Custer (2020), there has been rapid growth with telehealth and telemedicine due to breakthroughs in communication technology and better secure internet. Researchers predicted that by the year 2025, telehealth services would exceed 113 billion dollars with an annual growth rate of over 18 percent. Since the Covid-19 pandemic, it has temporarily changed both healthcare delivery and health insurance that could have long-lasting effects. They both have made changes to the available health plans to consumers. In some markets, changes meant that enrollees would have to travel farther or wait longer to see providers after many health insurance plans decided on narrower provider networks for the Affordable Care Act marketplace plans to reduce premiums. Telehealth offers expanded access for individuals who live in rural and urban areas without access to appropriate care. Insurances like Medicare waived restrictions on telemedicine services for Medicare part B beneficiaries for as long as the pandemic lasts. The change allowed Medicare patients to engage in video conferences with their providers, even in

their homes. The use of telemedicine increased rapidly for urgent and nonurgent care visits. Custer (2021) implied that during the first half of 2020, telehealth was 8 to 10 times higher than in 2019. One system increased from 102.4 daily to 801.6 daily between March and mid-April 2020. Telemedicine has been a significant impact on mental healthcare and most telemedicine visits were for mental health purposes. The sudden transition to telemedicine during an unexpected natural disaster presents an opportunity to explore it in healthcare. Some concerns, such as quality of care and privacy, interferes with consumers and providers to move forward. Studies have also shown that telehealth can cause challenges with technology, cost, resistance to change, reimbursement, and the level of education among most individuals were significant barriers. Overall, telehealth provides opportunities to increase access to care in urban and underserved rural areas.

Lack of Black Therapists

According to Therapist Demographics and Statistics in the US (2021), over 198,811 licensed therapists are currently working in the United States. The average age of a therapist is 41 years old. 70.4% of those therapists are women, and 24.7% are men (see appendix A). The most common ethnicity among therapists is white, based on the pie chart. They make up 76.4% of all therapists. 10.6% of those therapists are Asian, and 6.3% are Hispanic or Latino ethnicity. 4.1% of therapists are African Americans, 2.2% are unknown, and 0.4% are American Indian and Alaska Native (see appendix B).

The Benefits of Social Media and Mental Health Resources

According to Naslund et al. (2020), online mental resources, such as social media platforms, can also cause a negative impact on a person's life, especially someone with a mental

illness. The world can be very crucial, and social media is a place where everyone discusses the cruel things happening worldwide. Even though some people are not judgmental or evil, some people enjoy criticizing and judging others based on their opinions, how they look, dress, etc. While a person is trying to overcome their feelings about themselves, those people will try to make them feel small and worthless. Individuals with a mental illness may suffer in silence behind their phone or computer screen and still post pictures of themselves while hiding their pain. Verbal communication between individuals is a risk when people instead communicate with people on social media than face-to-face. It can decrease the chances of a mentally ill person having exceptional communication skills and a lack of emotion towards their peers and loved ones. Spending a significant amount of time on social platforms can also interfere with feelings. It can cause people not to be aware of how others emotionally feel when they're only using platforms to communicate. Individuals with a mental illness may have a difficult time accepting or sensing emotions from others because they may have a hard time trusting people or may think specific individuals aren't being enthusiastic or supportive on social media. Sometimes people aren't aware of who is supporting or not when they aren't interacting face-to-face to sense each other's emotions. Social platforms can cause mentally ill individuals to become more isolated and distant from their family and friends. They become used to not interacting in the real world or making excuses for not wanting to be around people. Even though a mentally ill person may choose isolation, there is a greater chance that person will experience increased depression.

On the other hand, Naslund et al. (2020), asserted that individuals experiencing mental disorders use social media platforms at comparable rates ranging from an estimate of seventy percent among middle-aged and older individuals to upwards of ninety-seven percent among

individuals. The authors imply that people who have a mental illness use social media to express and discuss their personal life seek information and advice from their followers, who may be strangers, regarding mental health and treatment options. People also use social platforms to seek comfort and support from others who may also be experiencing signs of depression or going through a mental illness. There are therapists on social media who can provide guidance to individuals who don't know how to cope with early signs of depression or would like to visit their accounts to do further research to find the right therapist. Most people on social media have strangers as friends but can relate to them when it comes to certain things they see while scrolling on the app. Social platforms have accounts for people to follow they may find interesting. For example, people with a mental illness may follow social media accounts related to mental health or people who can support them while they're going through a crisis. Social Media helps people escape from their worries and enjoy the time scrolling through their friend's posts. A person with a mental illness has a chance to express themselves to people on platforms who are also experiencing depression, stress, or anxiety without feeling scared or judged. Social media also give users a chance to join private support groups that can involve words of encouragement. If a person with depression is afraid to talk to their loved ones or have anyone in their corner to support them, they can use the support group to discuss how they feel with someone they can trust. Being a member of support groups also helps people, possibly strangers to one another, build trustworthy relationships.

In Fanny Gravel-Patry's article, "Instagram Therapy (2021)", she mentions that others view the term as dangerous. Still, she proves that the social platform could help women progress from recovering from their mental illness by accessing information and connecting with other women. The author had the opportunity to interview women who used social media platforms to

seek help and information regarding their illnesses. One of the women named, Cecile, a philosophy student dealing with an eating disorder, would see negative postings regarding weight gain among women during quarantine due to the pandemic. Those negative postings triggered Cecile, but instead of allowing those posts to force her to delete the platform, she chose to connect with other women relatable to who were also dealing with eating disorders leading to mental illness. Cecile followed hashtags on Instagram such as #bodypositivemovement and publicly shared her story and recovery process on her Instagram stories. She used her account to add links to existing resources and help other women battling a disorder feel less alone and feel solidarity. The second woman was Emilie, a biracial woman living with anxiety who actively uses Instagram strictly for content on accounts like @browngirltherapy and @letterstoblackwomen to help with her recovery process. During her interview with the author, she mentions that her mental health can't dissociate from the racism she experiences as a black woman. The content she follows allows her to address and learn about the many micro-aggressions she experienced but didn't know it strongly affected her well-being. The content posted online provides the essential knowledge, and people should take it seriously to satisfy women's needs better. The government is working to develop a virtual care platform that will help Canadian residents navigate mental health issues in Canada. The digital tool will benefit users by connecting to mental health providers and searching for information while reducing the healthcare system's pressure.

Benefits of Having a Black Therapist

In the article, “Why Finding a Black Therapist Made All the Difference (2019)”, Rene Brooks discusses a decision she wouldn't regret having a black virtual therapist who looks like her. There was a sense of excitement seeing a doctor on her screen with the same brown skin and

natural hair. Rene has a blog called "Black Girl, Lost Keys." During the day, she blogs to educate and motivate other women just like her who have ADHD. Behind closed doors, she experienced anxiety and dysthymia along with a divorce, career change, and PTSD. Rene shares reasons why having a black therapist makes all the difference: trust is essential, not feeling as she's fighting stereotypes, what's understood doesn't have to be explained, and the freedom to be herself. For many black people, trust is essential, especially when searching for a therapist.

For example, black women are dying during or after childbirth. Most of those problems occur from clinicians not listening to them. The mistrust leads to a vulnerable population needing service but distrusting the people who provide the service. It's good to have a provider who understands those fears and builds a foundation of trust. Rene explains that as a person of color, there are prejudices built up against her and the African American race. It can cause people of color to be in fear of perpetuating a stereotype, leading to racist judgment about themselves. When they admit to symptoms of mental illness, most white therapists can feel like reinforcing the worst stereotypes about race. It can be challenging to open up to someone that may judge the whole African American race. But since Rene has a black therapist, she knows her therapist faces the same judgments. Rene also discusses that before getting a black therapist, she had to be a guide for her previous therapists to get them to understand her world of black womanhood. For her to receive proper treatment, they also had to understand what life was like being a black woman. Now that she has a black therapist, she can say, "you know how it is with black moms," and her therapist would nod and keep the conversation flowing. It makes her feel good to talk about her issues instead of having to stop in the process of discussing her issues and translating her culture. Having a black therapist gives Rene a chance not to hide or downplay any part of her identity. It made her feel like she had a sister or friend she could trust during her sessions. When

she feels like this, part of the healing process becomes easy because she feels safe in her skin (Brooks, 2019).

Online Mental Resources

In the article, 44 Mental Health Resources for Black People Trying to Survive in This Country, Zahara Barnes mentions that the currently available resources provide services to those looking for solidarity and mental health support. She also notes that even though the collection of mental health resources for Black people is growing, it's still not where it needs to be. People who access Instagram can follow a list of some accounts provided to receive the help and support they need (Barnes, 2020).

1. Alishia McCullough, L.C.M.H.C.A, N.C.C. focuses on mental wellness, self-love, and social justice issues like fat liberation.
2. Dr. Donna Oriowo, Ph.D., a sex and relationship therapist, uses her account to focus on Black sexuality and relationships.
3. Jessica Clemons, M.D., a board-certified psychiatrist, discusses everything from mindfulness to motherhood. She has frequent live Q&As and #askdrjess videos to connect with her followers.
4. Dr. Joy Harden Bradford, Ph.D., is a psychologist who prioritizes making discussions about mental health more accessible for black women. She is also the founder of Therapy for Black Girls.
5. Mariel Buque, Ph.D., provides gentle ways to practice self-care, helps people sort out their feelings, advice on building resilience, etc.

In the article, Online Mental Health Resources for Black Women, the editor provides wellness resources, Instagram accounts to follow, podcasts to stream, and therapist directories. Instagram accounts to follow are @SadGirlsClub, @TheLovelandFoundation, @Black_Minds_Matter, @BrownSkinGirlSelfCare, and @DecolonizingTherapy (Khanna, 2020).

Podcasts

A list of podcasts for black women to consider the following and streaming are:

1. TherapyForBlackGirls
2. Hey, Girl
3. Ourselves Black
4. H.E.R Space Podcast
5. Celeste The Therapist

Virtual Therapy Networks

A list of virtual therapy networks for black women to follow are:

1. Black Emotional and Mental Health Collective
2. Melanin and Mental Health
3. Black Female Therapists
4. TherapyForBlackGirls

Chapter 3

Methodology

Introduction

This study aimed to determine how online mental resources benefit African American women. I conducted the questionnaire through social media platforms (Instagram and Twitter). I

posted a questionnaire for the participants willing to participate in answering the questions. The questionnaire did not consist of multiple-choice questions. I gave the participants instructions to type in their answers to each question.

Participants

After tallying up the total participants from both Instagram and Twitter, 37 participants were comfortable and willing to take the questionnaire. The participants were African American women between 18 and 60 years old and frequent social media users. Fourteen women between the ages of 24-29 years old, ten women between ages 30-33 years old, four women between ages 35-45 years old, four women ages 48-50 years old, and five women ages 55 and older.

Instruments

For my thesis, I used two instruments to collect data for my study. I created a letter of consent asking the women who fit the criteria for the questionnaire and briefly explained my reason for conducting this study (see Appendix C). I also created a seven-question questionnaire for my participants (see Appendix D). The questions required the women's personal but honest answers.

Limitation of Study

My study had limitations of 37 African American women agreeing to participate in answering a seven-question questionnaire. In my letter, I addressed to the possible participants there would be questions in the questionnaire that could be too personal to answer because it

focuses on women's mental health and the probable cause of anxiety, mental illness, or depression.

Study Design

This study examined how online mental resources such as Instagram, Podcasts, Twitter, etc., benefit African American women. The approach selected for the research was a qualitative study. That allowed African American women social media users to view a public post in a letter format on Instagram and Twitter. The women received instructions to send me a direct message if they wished to participate. If they fit the required criteria and have read and agreed to the letter post, they will answer questions privately via direct message on Instagram and Twitter. The requirement for participation selection was as follows: The participant must be (a) an African American female, (b) a frequent user of social media, (c) experience anxiety, mental illness, or traumatic episodes, (d) between the ages 18-60 years old.

Data Analysis

The data analysis is a qualitative study. The qualitative data comes from the seven-question questionnaire posted on Instagram and Twitter and answered by 37 African American women.

Procedure

Thirty-seven participants were comfortable answering personal questions regarding their choices and mental health. The women participants in this study completed a seven-question questionnaire via direct message on Instagram and Twitter combined. The participants were

African American women between 23 and 55 years old. I posted a typed letter on Instagram and Twitter for participants to read and agree if they wished to participate in the study after selection (Appendix C). To confirm participation, the participant sent me a direct message stating, “Yes, I would like to participate in your questionnaire.” I informed the participants their names and username on social media would remain confidential, and I would delete their answers after documenting their information after the study was complete.

After selection, I informed the participants they would answer a seven-question questionnaire. The questions were sent to each participant individually via direct message on Instagram and Twitter, and they typed their response. Participants who wanted to receive a list of available online mental resources on Instagram and other social platforms received that list via direct message. Those who didn’t wish to receive a list of online resources received a “Thank you for your time and participation.” If participants weren’t comfortable with a question or questions in the questionnaire, they had the right to stop at any time and inform the researcher.

Chapter 4

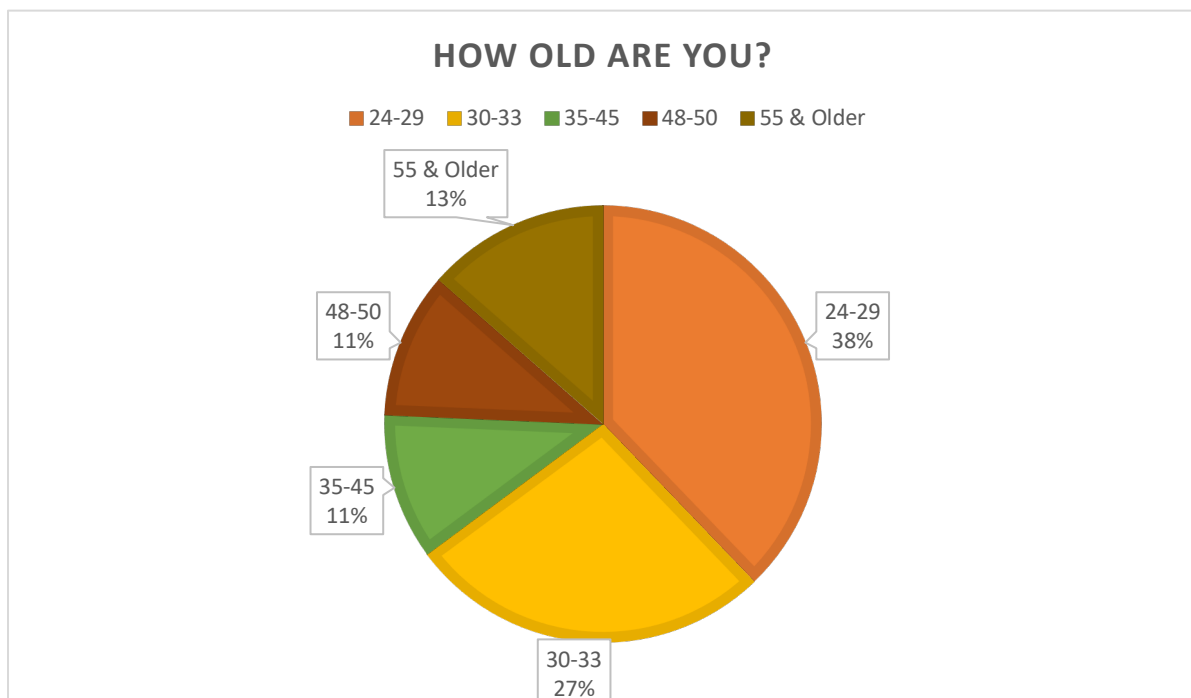
Results and Conclusion

This study provided evidence of how online mental resources benefit African American women. Based on the data collected from the questionnaire, few African American women are aware of the social media platforms and free resources for black women. There is some progress that some women are aware of and taking advantage of the mental health accounts for black women. But some women choose not to follow the social media accounts for black women to learn about the free resources, tips, and guidance because they don’t think about following them

or think they're not beneficial. One participant who doesn't follow any accounts mentioned that the opportunity to take the questionnaire made her realize she should follow social media accounts that focus on black mothers battling postpartum depression. Most women who follow the accounts agree they are beneficial and learn about other resources, such as podcasts. Only a few women joined support groups to connect and network with other women. Most women also agreed they follow the accounts because of trauma, anxiety, or depression.

Question #1: How old are you?

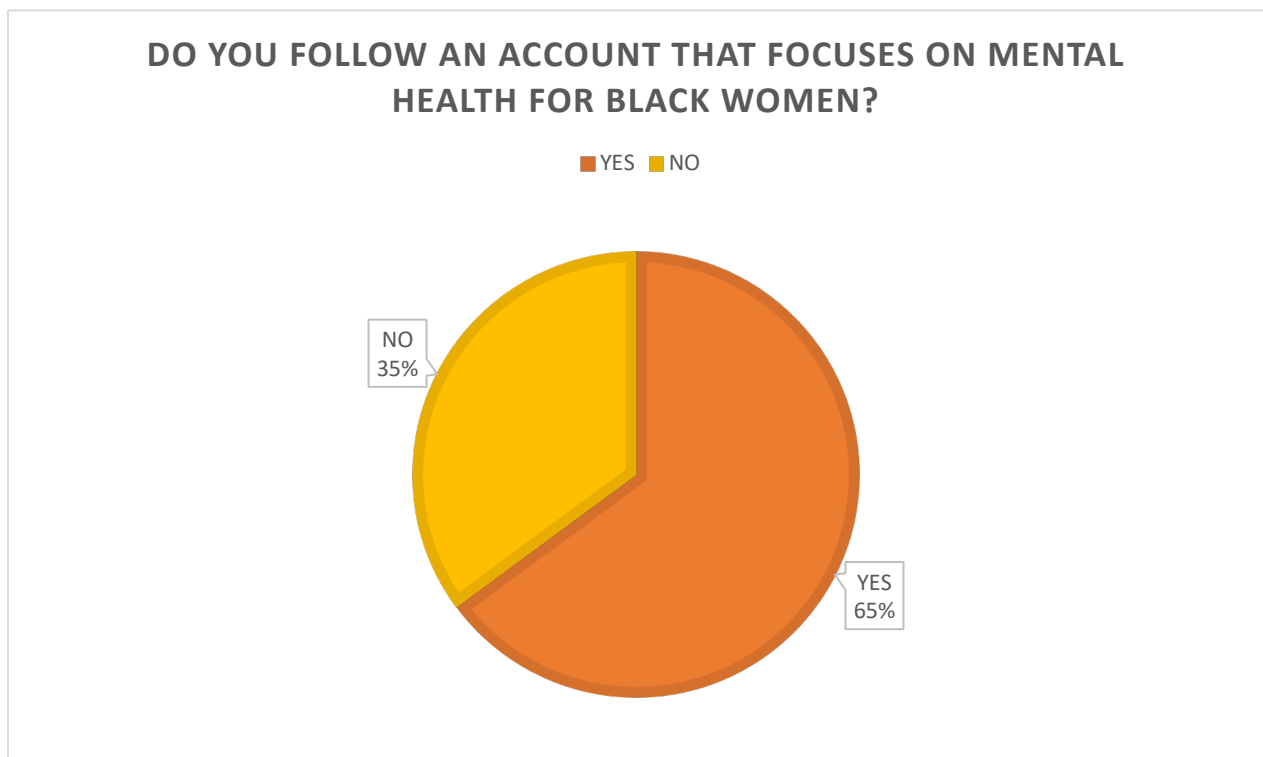
- 14 women were between the ages 24-29 years old.
- 10 women were between the ages 30-33 years old.
- 4 women were between the ages 35-45 years old.
- 4 women were between the ages 48-50 years old.
- 5 women ages between the ages 55 and older.



Graph #1 (Question #1)

Question #2: Do you follow an account that focuses on mental health for black women?

- 24 women answered “YES” (5 women voluntarily stated they followed more than 2 accounts).
- 13 women answered “NO” (One participant mentioned that the questionnaire made her realize she should find accounts that focus on black mothers and postpartum depression. She doesn’t have time in her schedule to visit a therapist since she’s become a first-time mom. 2 other participants mentioned they didn’t think to search for social platforms on social media that focused on black women’s mental health).

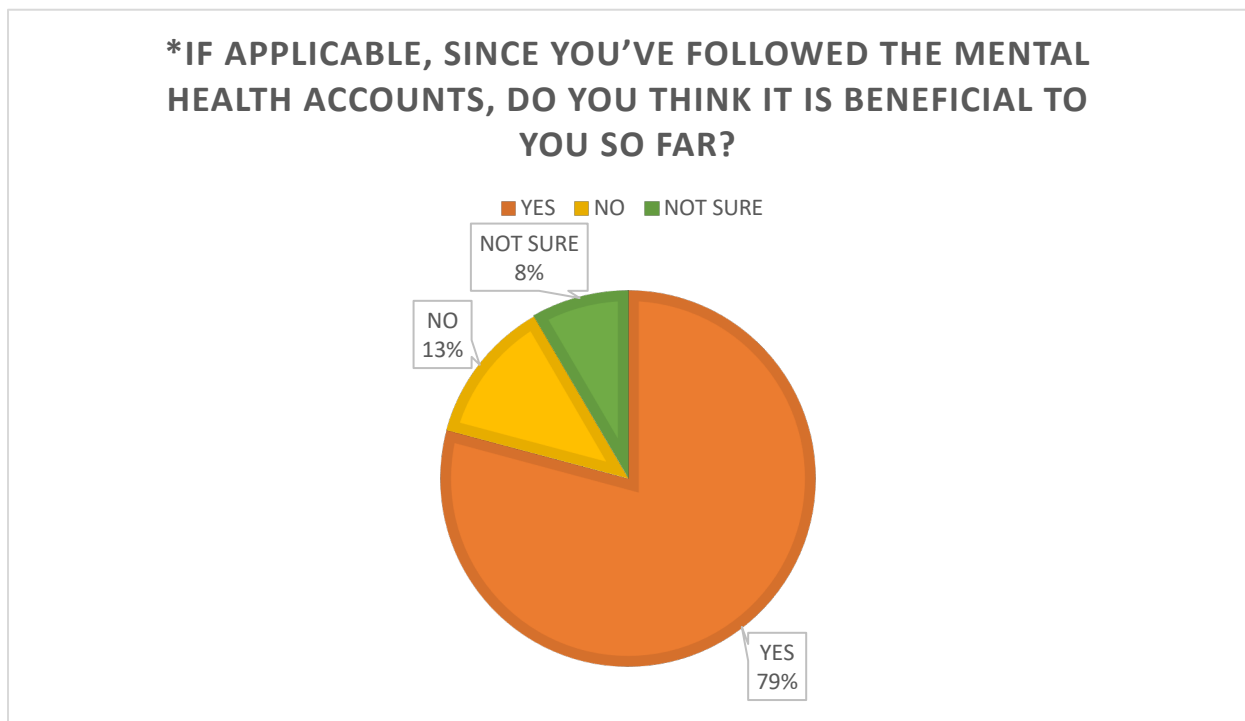


Graph #2 (Question #2)

Question #3: *If applicable, since you’ve followed the mental health accounts, do you think it is beneficial to you so far? (Type “N/A” if you answered “No” on question #2).

(24 women who answered “YES” in question #2 answered question #3).

- 19 women answered, “YES” to question #3. (Two women added that the account(s) they follow is beneficial, and they learn about podcasts episodes that focus on different types of mental illnesses regarding women and the limited virtual therapy sessions some licensed therapists provide on occasion).
- 3 women answered, “NO” to question #3.
- 2 women answered, “NOT SURE” to question #3.

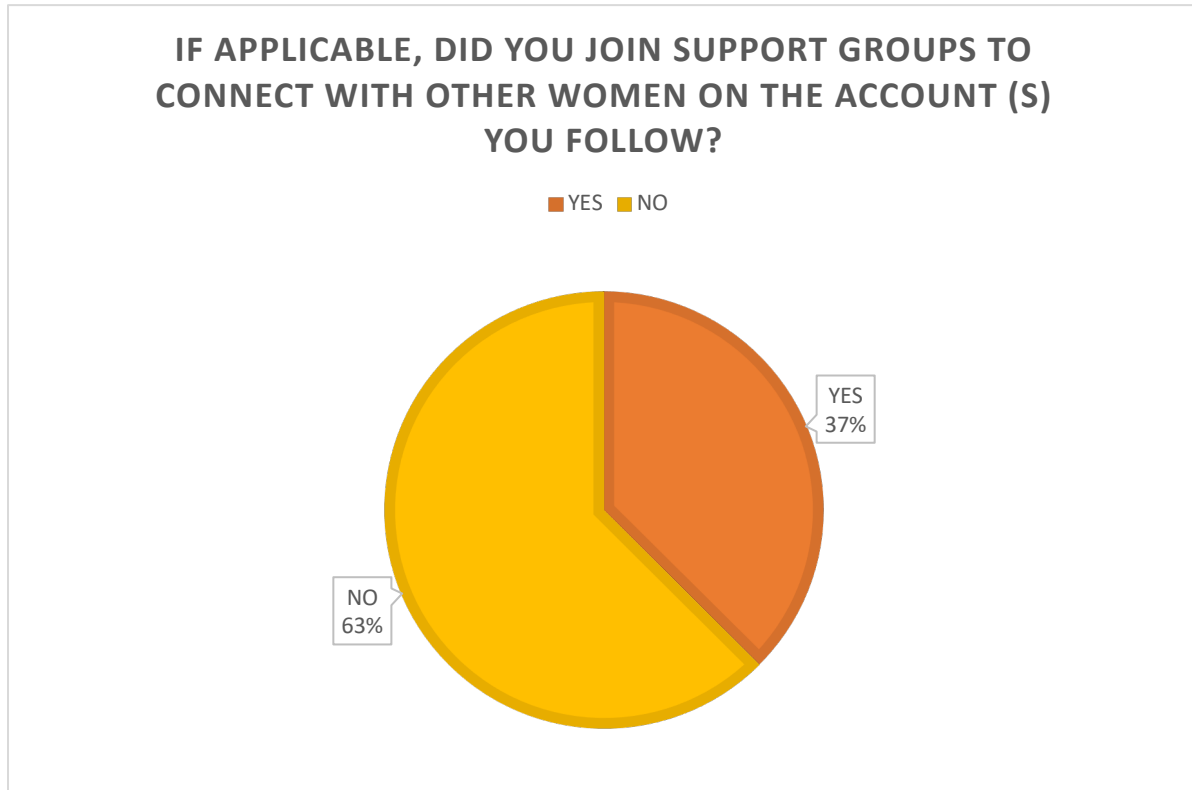


Graph #3 (Question #3)

Question #4: If applicable, do you join support groups to connect with other women on the account (s) you follow?

(Type “N/A” if you answered “NO” on question #2)

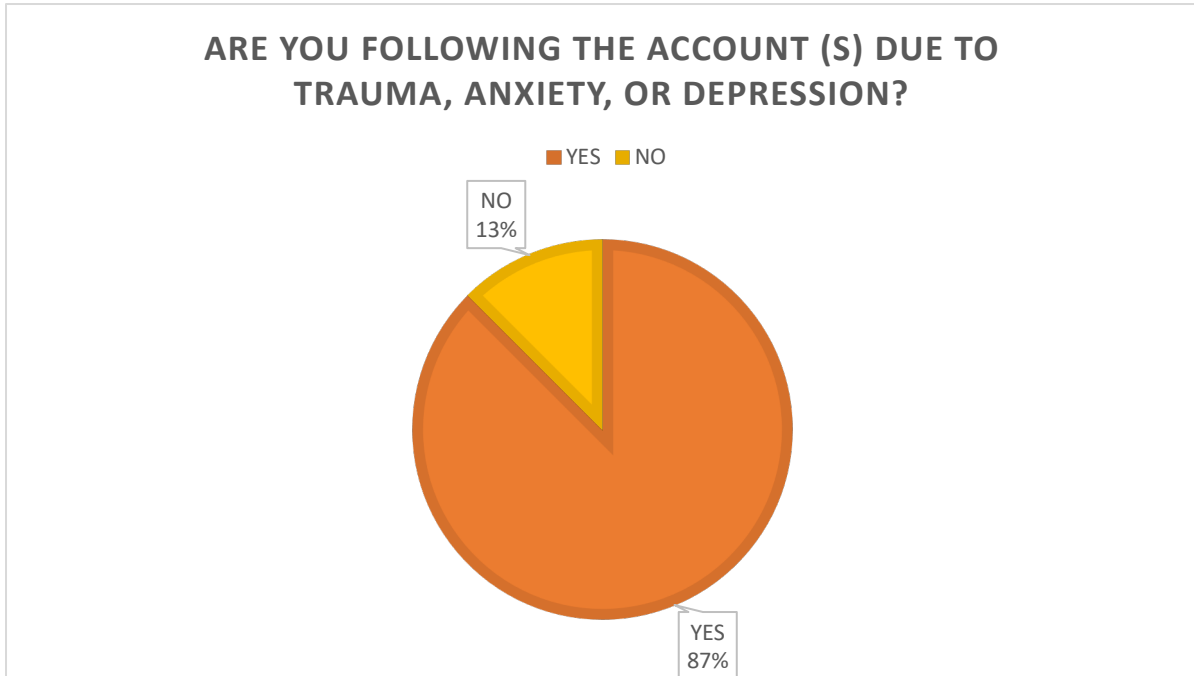
- 9 women answered “YES”
- 15 women answered “NO”



Graph #4 (Question #4)

Question #5: Are you following the account (s) due to trauma, anxiety, or depression?

- 21 women answered “YES”
- 3 women answered “NO”

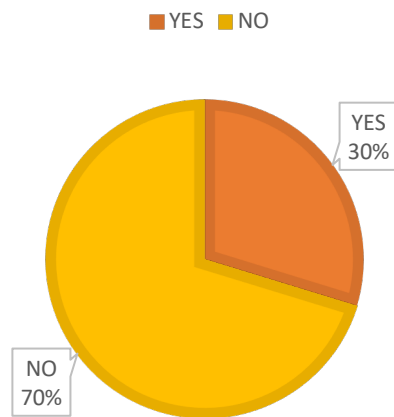


Graph #5 (Question #5)

Question #6: When you see a random but relatable topic or post on social media that refers to trauma, depression, or anxiety, do you feel safe discussing your personal experience publicly on social media? (You don't have to be a follower of a mental health account to answer this question)

- 11 women answered "YES" (Five women added they share their personal experiences on public posts to help other women who may be suffering in silence and let them know they are not alone).
- 26 women answered "NO"

WHEN YOU SEE A RANDOM BUT RELATABLE TOPIC OR POST ON SOCIAL MEDIA THAT REFERS TO TRAUMA, DEPRESSION, OR ANXIETY, DO YOU FEEL SAFE DISCUSSING YOUR PERSONAL EXPERIENCE PUBLICLY ON SOCIAL MEDIA?

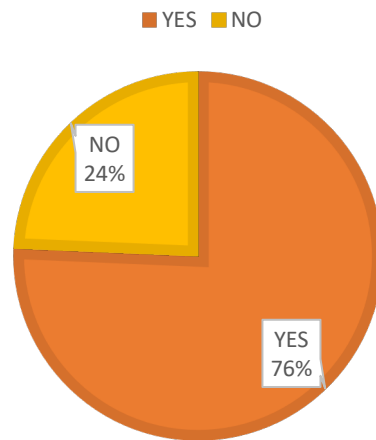


Graph #6 (Question 6)

Question #7: Would you like a list of mental resources that are currently available on Instagram and other social platforms?

- 28 women answered “YES”
- 9 women answered “NO”

WOULD YOU LIKE A LIST OF MENTAL RESOURCES THAT ARE CURRENTLY AVAILABLE ON INSTAGRAM AND OTHER SOCIAL PLATFORMS?



Graph #7 (Question #7)

Conclusion

Based on the data collected from the participants, online mental health resources and social media platforms can benefit African American women. There aren't many African American women who are knowledgeable of the social media platforms and free resources for black women, but there is some progress that some women are aware of them. The resources provided can help women learn more about their mental illness or past trauma. Social media platforms offer women of color a choice of other platforms to follow, podcasts to listen to regarding mental health, and black therapists offering virtual services globally. The online mental resources also allow them to connect with other women who may have experienced or are experiencing the same trauma or mental illness. If I had more time, I would've uploaded my letter-post to my social platforms for a week instead of two days and added more hashtags representing mental health among African American women. Maybe I would've had more participants who were willing to participate. After my research, I learned there are more

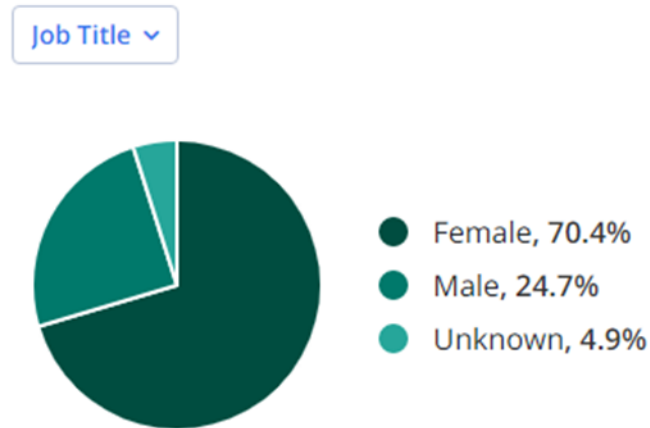
resources than I anticipated before starting this project, which is great for the black community. There are different profiles for women seeking to learn more about healing from past trauma, self-love, post-partum depression, motherhood, and anxiety. I suggest that therapists host events at public places and promote their business with a list of social platforms and free resources, such as women's clinics, grocery stores, middle and high schools, and universities, to pass out business cards to young ladies and women.

I aim to show leadership and promote mental health resources and awareness on social platforms for African American women seeking help and unsure where to start. I will also promote social platforms and free resources I have discovered during my research. This questionnaire was a great opportunity for women who aren't followers of the social media accounts, a chance to visit them and may receive motivation to seek professional help if needed and encourage other women who aren't followers to follow them. This study will motivate participants to seek professional help if they think online resources are not beneficial.

APPENDICES

THERAPIST STATISTICS BY GENDER

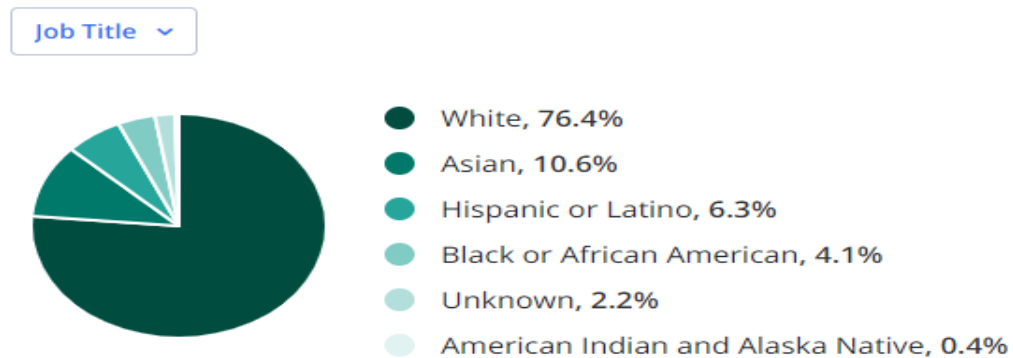
Among Therapists, 70.4% of them are women compared to 24.7% which are men.



Appendix A

THERAPIST STATISTICS BY RACE

The most common ethnicity among therapists is White, which makes up 76.4% of all therapists. Comparatively, there are 10.6% of the Asian ethnicity and 6.3% of the Hispanic or Latino ethnicity.



Appendix B

Appendix C: Instagram and Twitter Letter Post
Searching for African American women Participants

Hello,

I am currently searching for participants to participate in a qualitative study that I am conducting for my Capstone Thesis Project. The qualitative consists of a seven-question questionnaire provided after selection for the study. The participant must be:

1. An African American Female
2. Age 18-60 years old
3. A frequent user of social media

I want to provide resources for those who may not be familiar with mental health accounts for black women or haven't found additional mental health accounts. African Americans are known to experience mental illness and not seek professional help due to different reasons such as lack of black therapists, financial hardships, continuing the family culture or beliefs, etc. African American women try to live up to the "Strong Black Woman" that is a generational cycle and curse because their mother, grandmother, great-grandmother, and previous ancestors chose to live by the title. I want to help women trying to live up to the title but are suffering while trying to continue the cycle. I also want to inform African American women why social media can be beneficial and optimistic despite the feedback regarding how it negatively affects a person's mental health. Also, the online mental resources on social media can help in numerous ways for African American women, such as receiving access to free tips, limited virtual sessions, hotline

numbers, podcasts, group support, etc. I understand that this subject can be sensitive to some, and there are questions you may consider too personal. If you participate, know that your name will remain confidential, and I will delete your information once I finish documenting your answer. Please send a direct message stating, “Yes, I would like to participate in your questionnaire.” if you would like to participate in taking this questionnaire.

Thank you so much for your help, time, and consideration of my questionnaire.

Appendix D: Seven-Question Questionnaire

Question	Response
1. How old are you?	
2. Do you follow an account that focuses on mental health for black women?	
3. *If applicable Since you’ve followed the mental health accounts, do you think it is beneficial to you so far?	
4. If applicable, do you join support groups to connect with other women on the account (s) you follow?	
5. Are you following the account (s) due to trauma, anxiety, or depression?	

<p>6. When you see a random but relatable topic or post on social media that refers to trauma, depression, or anxiety, do you feel safe discussing your personal experience publicly on social media? (You don't have to be a follower of a mental health account to answer this question)</p>	
<p>7. Would you like a list of mental resources that are currently available on Instagram and other social platforms?</p>	

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