Article

Black Churches and Mental Health Professionals: Can This Collaboration Work?

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Abstract

African Americans reportedly have a greater severity of untreated mental health disorders than any other known racial group. History purports that African Americans are more likely to rely on the elders of their churches and their own spiritual beliefs, rather than seek support from mental health professionals. Due to past and present experiences with institutionalized racism in America, Black church leadership and their members have been apprehensive to collaborate with mental health agencies. This article explores how clergy of Black churches and leaders in mental health agencies may collaborate to provide culturally sensitive services for African Americans.

Keywords

African Americans, Black church, mental health agencies, clergy

African Americans and mental health professionals have long been opposing forces in America (Whaley, 2011). This is especially harmful if you consider African Americans have the greatest severity of untreated mental illness,

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more than any other racial group (LeCook, Zuvekas, Carson, Ferris, Vesper, & McGuire, 2014). Rather than seeking help from mental health agencies, African Americans often rely upon churches and other faith-based entities for support and to help them cope with life's pressures (Allen, Davey & Davey, 2010). The Black church has been a pillar of the African American community often tackling unmet mental health obstacles not addressed by agency providers who have expertise in treating mental illness (Hardy, 2012). While a partnership between churches and mental health agencies might seem logical, Black church leaders may sometimes be reluctant to collaborate with agencies because historically they have operated with inattentiveness to cultural values and the profession seemed to have little to no African American representation (Whaley, 2011). In addition, historical mental health misdiagnoses of African Americans and cultural mistrust contribute to this apprehension. Furthermore, leaders of community-based mental health agencies have not persistently sought the wisdom of leaders in the faith community. This review will explore how Black clergy and leaders of mental health agencies may collaborate to create and sustain culturally appropriate mental health services for African Americans.

The Black Church

In the early 1700s, enslaved Africans were transported from their homeland to the United States. The cruelty of slavery disconnected them from tradition, language, culture, and their heritage (Fett, 2010; Hall, 2009). The confined were forced to work grueling 12 to 15 hour days (Smith, 2013). Evenings were reserved for meetings in old barns, cotton fields, or abandoned shacks to partake in religious worship services designed to restore spirits, offer praise to the almighty creator, and provide encouragement (Scott, 2011). The venue afforded the opportunity to worship and gain biblical understanding beyond the watchful eye and negative influence of the White slave owner. These gatherings were a safe haven to express feelings authentically and create important cultural rituals, building the foundation for the Black church.

Since the days of slavery, Black churches have become the cornerstone of African American communities in the United States (Barnes, 2005; Gaines, 2010; Swain, 2008). This institution provided African Americans a safe place in the face of segregation, "Jim Crow" laws, and other social inequalities (Allen, Davey, & Davey, 2010). The Black church also supported African Americans standing against societal injustices during the civil rights era (Gaines, 2010). During challenging times of upheaval, the Black church became a place of refuge and worship (Swain, 2008). Churches in the African

American community serve as advocates providing resources that help parishioners and community members succeed despite troubling times.

The Black church has taken on a myriad of roles as it served the needs of African American people; historically it has functioned as a community center, social club, and training center. The Black church may be seen as a great resource which provides very vital information capable of improving the lives of individuals and community members. To this end, programs designed to bring forth health awareness (Butler-Ajibade, Booth, & Burwell, 2012), inform voters of their rights, and provide students with after-school tutoring (Ford, Watson, & Ford, 2014), and programs supporting at-risk youth and ex-offenders have been housed in the Black church and supported by clergy. The Black church has also been the place where African Americans seek emotional refuge from their daily problems. Furthermore, many view the Black church as the sole resource for dealing with psychological issues and have never sought services from mental health professionals.

Barriers for African Americans Utilizing Mental Health Agencies

While history provides a clear picture as to why African Americans choose the Black church for emotional support, it is important to acknowledge the cultural barriers that make mental health agencies a least favorable option. It would behoove helping professionals to understand why African Americans are more likely to seek help for personal and emotional problems from the church rather than mental health professionals and agencies (Mathews & Hughes, 2001, as cited in Hardy, 2012. For example, the African American community has a strong stigma in relation to mental health counseling (Payne, 2008; Williams & Justice, 2010) mainly due to ongoing mistreatment and institutional barriers that block their success; helping professionals need to understand these factors and explore culturally sensitive ways to intervene. A host of reasons are continuously given as to why African Americans decline services, many based on stigmas that are attached to mental health issues. In the minds of some, one who seeks counseling from professionally trained therapists is often perceived to be "crazy" or "emotionally weak" (Williams & Justice, 2010). Others indicate seeking professional help for emotional problems is a sign of spiritual flaws in one's life (Payne, 2008). Seeking mental health support from a mental health agency may also produce strong feelings of shame and guilt. Unfortunately, because the stigmas that exist for counseling within the African American Community have become such a negative phenomenon, and many rely solely on the Black church as a resource (Harley & Dillard, 2005; Ifetayo, McCray, Ashby, & Meyers, 2011; Parham, 2002), there

is an increased risk that individuals may never receive appropriate therapeutic treatment.

Lack of access to professional services provides an additional barrier for treating mental health needs of African Americans (Cook, Barry, & Busch, 2013; Snowden, 2012). It is common that most mental health agencies require specific health insurance which may prove burdensome for individuals who are not adequately insured. This is challenging as some African Americans perceive health care as too expensive and often experience insurance denials when utilizing Medicaid or other types of public assistance (Miller, Seib, & Dennie, 2001). While agencies funded by non-profit organizations and private practitioners offer a sliding fee scale, the cost may still be too significant for a population that have historically found themselves within the ranks of the lowest socio-economic status (American Psychological Association, 2013). This economic hardship may force some African Americans to seek free services from paraprofessionals at their churches or forgo treatment of their mental health needs altogether.

Lack of ethnic matching in mental health agencies is another barrier African Americans may face when seeking mental health services (Parham, 2002). Many mental health agencies have a very limited amount of African American clinicians. Mental health agencies that do not have a diverse ethnic representation struggle to understand the client's worldview or life experiences (Allen et al., 2010). In addition, the possibility that clinicians may misdiagnose based on stereotypes and media portrayal of African American people (Parham, 2002) may be relatively high. Failure to increase ethnic matching or provide culturally competent practitioners along with persistent misdiagnosis inform African American people that mental health agencies may not meet their mental health needs.

The lack of cultural connection between African American clients and mental health agencies has resulted in cultural mistrust. Cultural mistrust occurs when there is apprehension or a defensive response, to agencies and the dominant culture, as a result of past encounters with oppression and racism; this behavior may reflect the motivation behind an African American client's beliefs and attitudes toward White society (Whaley, 2011). Whaley (2011) supports the notion that cultural mistrust may contribute to African Americans displaying negative attitudes toward formal mental health services. African Americans who expressed a lack of trust toward the health care system are far more likely not to engage in the services of mental health professionals.

Choosing Church as an Alternative Mental Health Service

Barriers facing African Americans seeking mental health services from professional mental health agencies are well documented. Due to the variety of

social, emotional, and economical hurdles faced by African American people, the Black church has become the most viable solution when seeking mental health services (Parham, 2002). The Black church's long and rich history of support for its parishioners and community members is the main reason African Americans recognize the church and spirituality as a major coping mechanism (Ward et al., 2009). In other words, the act of prayer, outward praise, singing, and the seeking of counsel from clergy and other church members serve as therapeutic outlets.

African Americans may seek mental health support from the Black church as opposed to mental health agencies for several reasons: (a) Seeking service from the church is free of charge—People are not burdened with the additional financial pressure of paying for services, nor will they be turned away due to a lack of health insurance (Allen et al., 2010; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). (b) Familiarity with service provider—African Americans who seek support from the church are likely to have prereferral relationship or past positive experience with the church counselor that may enhance the therapeutic relationship. In addition, the church is likely to have an informal intake process, creating a less stressful and cumbrous environment at the beginning of a counseling relationship. (c) Cultural comfort zone—African Americans who seek support find comfort when engaging with someone of the same race and culture (Allen et al., 2010; Whaley, 2011). This ethnic matching often results in culturally sensitive understanding of heritage and rituals, which may lead to quickly building therapeutic rapport and trust and providing opportunities for immediate assistance as well (Parham, 2002). (d) Therapeutic church experience—The Black church service consists of confession of sin, fellowship, and the outward expression of prayer, praising, and singing. This external manifestation of emotion is often experienced as a therapeutic release that restores faith and hope.

Counseling Roles for Clergy in Black Churches

The uplifting restorative spirit of the Black church creates a safe place for many African Americans to seek emotional refuge. Therefore, when parishioners seek individual support, clergy of the Black church are the likely candidates (Allen et al., 2010; Burrell-Jackson, 2009; Taylor et al., 2000). African Americans have reported high degrees of trust for leaders in the Black church (Oppenheimer, Flannelly, & Weaver, 2004), and are less likely to present personal and emotional issues to mental health professionals in formal agencies (Taylor et al., 2000) due to their spiritual ties. As such, clergy in Black churches are more involved in counseling practices than their counterparts in White churches (Mollica, Streets, Boscarino, & Redlich, 1986). African Americans

seeking individual support from clergy provide them with an increased cultural comfort, yet significant challenges do exist.

Clergy and professionally trained mental health counselors encounter clients with similar psychological problems; both encounter people experiencing a multitude of mental health issues such as anxiety, depression, impulse control, and bi-polar disorder. However, there is no standard uniform training among clergy as it relates to counseling the mentally challenged. Unlike professionally trained counselors, a large number of clergy in the Black church have no formal counseling training with regard to significant mental health illnesses. Black clergy, without proper clinical training, may be less likely to meet the mental health needs of their congregants (Hardy, 2012) than mental health professionals.

Although many African Americans seek help from clergy, opposing values may prevent exploration in certain areas (Taylor et al., 2000). For example, historically the Black church has taken a strong stance on heterosexual relationships and abstaining from sexual activity before marriage (Valera & Taylor, 2011), causing some clergy to resist exploring issues such as sexuality and sexual promiscuity. Conversely, parishioners may be uncomfortable discussing such issues with their pastors. While mental health counselors are trained to welcome all issues, Black clergy may be inclined to correct values that do not fall in line with the church's teachings. Mental health professionals are trained to listen without judgment and Black clergy use the teachings of the Bible to assist with problems.

Black clergy assist parishioners with mental health issues largely through the application of biblical counseling (June & Black, 2002). Welch describes biblical counseling as a hybrid of discipleship and biblical friendship. Welch asserts it is a partnership between people who are seeking God's wisdom and also contends God has spoken through scripture and reveals everything. Many Black clergy interpret mental health problems in purely religious terms (Payne, 2009; Taylor et al., 2000). This approach may be viewed as unethical for mental health professionals (American Counseling Association Code of Ethics, 2014), yet it is interesting to note both Black clergy and mental health professionals share common values such as kindness, gentleness, caring, authenticity, and the importance of a relationship. A consensus on core values can serve as a foundation for collaborative efforts between mental health agencies and Black churches.

Collaborations That Work

Black churches and outside agencies have benefited from several successful collaborations (Austin & Claiborne, 2011; Austin & Harris, 2011; Epstein,

Collins, Bailey-Burch, Walker-Thoth, & Pancella, 2007). The most notable and prevalent are specific to enhancing physical health and wellness. Several collaborative programs have been developed to address health education and preventative measures to combat health disparities in the African American community. Diabetes, heart disease, HIV/AIDS, cancer education/prevention (Belin, Washington, & Greene, 2006) are all issues that have been addressed. The Black church is uniquely positioned to join forces with outside agencies to meet the physical health needs of their parishioners. However, collaborations regarding the mental health needs of African Americans pale in comparison with physical health collaborative efforts, yet research within the last decade indicates increased momentum in this area (Aten, Topping, Denney, & Bayne, 2010; Epstein et al., 2007).

Allen et al. (2010) set the stage for valuable information on collaboration with mental health agencies and Black churches. Allen et al. evaluated attitudes toward mental health services across various levels of leadership in a large Black church. The views of associate pastors, deacons, and congregation caregivers regarding advising congregants to seek outside mental health care services were examined. Results indicated church leaders who had closer contact with a senior pastor who advocated for outside mental health services were more likely to align with his or her views. This initial study demonstrated the power head pastors of Black churches possess in regard to influencing congregants and leaders to consider outside mental health services.

Upon beginning this project, researchers sought guidance and wisdom from the head pastor. They explained the purpose of the study and clarified how results could benefit the church leaders and congregants. After receiving the head pastor's approval, researchers met with other church leaders to explain the purpose of the study and request participation. Seeking the pastor's approval opened the doors to create a trusting relationship with other leaders in the church. Church leaders offered to pray for the researchers conveying investment in the project. Researchers accepted the offering as they understood prayer is an important part of the Black church's cultural environment.

The manner in which researchers established a relationship with the church created trust and conveyed respect for congregation's culture. Establishing a trusting relationship provided a foundation for continued conversation on possible collaborations between mental health agencies and Black churches. The results indicated pastors and church leadership have a strong influence on their parishioners, which signified working directly with the church and their leadership regarding mental health education and collaboration is imperative. Further investigation regarding referrals to mental health agencies and satisfaction of service can now take place. Furthermore, mental health professionals and church leaders can begin dialogue regarding

housing mental health services within in the culturally sensitive confines of the Black church.

Pickett-Schenk (2002) examined the effectiveness of a mental health agency's collaboration with a Black church. Pickett-Schenk explored methods to increase support group participation among African Americans by investigating culturally relevant group locations, outreach activities, and group participation outcomes. Due to cultural mistrust, mental health stigmas, and lack of ethnic matching, Guarnaccia and Parra discovered that African Americans were less likely to engage in group therapy and discussions in mental health agencies. The research sought to determine the degree to which African American church members would be more trusting of mental health activities that were hosted and supported by the Black church.

Guarnaccia and Parra (1996) found that mental health professionals were able to gain access and trust with a Black church by directly addressing the advisory board and head pastor. Addressing Church leadership provided a platform to promote support groups as a beneficial tool for church members with mental health illnesses. In an effort to be more culturally attuned, mental health professionals sought direction from the leadership to improve services related to food options, choice of music, daycare, and transportation. Seeking direction increased cultural sensitivity as well as enlightened professionals regarding effective approaches to reach community members who need mental health service.

Church leadership provided insight on culturally appropriate outreach methods within the contexts of the Black church's existing system. For example, Guarnaccia and Parra (1996) sponsored a booth at a church's annual health fair to distribute educational information on mental health treatment. A presence at the church conveyed a spirit of collaboration and community involvement. As such, parishioners felt comfortable approaching the booth to learn more about mental health illnesses. After establishing a genuine relationship with church leadership and members, Guarnaccia and Parra were able to advertise support group meeting dates and times within Sunday worship service bulletins. An added benefit occurred when support groups that were originally scheduled in the mental health agency were now available in the safety and security of the church.

To improve upon the relationship built and to continue to build trust, Guarnaccia and Parra (1996) provided additional outreach through placing educational booklets concerning mental health issues on church bookracks as well as creating a crisis intervention hotline. Mental health professionals attended and presented at a half-day workshop on mental health illness hosted by the church. Last, flyers endorsed by the church advertising the group were posted in the mental health agency.

Participants in Guarnaccia and Parra's (1996) study indicated a high level of satisfaction for the support group and requested the meetings remain in the church. As a result of attending the support group, participants expressed an increased understanding of mental health illnesses and treatment. Most participants reported learning about the support group while reading the church bulletin and through fellow church members sharing information. Guarnaccia and Parra took the direction from church leadership and created a safe and culturally sensitive service. Thus proving mental health agencies and Black churches may provide a collaborative resource for African Americans suffering from mental illness.

Aten et al. (2010) explored how pastors of Black churches and mental health agencies could collaborate after the catastrophic aftermath of Hurricane Katrina in south Mississippi. Following the hurricane, African Americans reported a significantly higher level of emotional distress than their White counterparts. Most pastors of Black churches in this south Mississippi study were open to using mental health agencies as they felt their churches did not adequately meet the mental health needs of their members following the catastrophic event. Although some literature indicate Black clergy have reservations about utilizing outside mental health agencies, the magnitude of the disaster and desperation for help may have broken down these barriers. As such, African American clergy were open to participate in this study.

Forty-one pastors of Black churches participated in semi-structured interviews to explore mental health needs during and after the storm. Participants indicated a need to collaborate with mental health professionals (a) for increased educational and outreach services, (b) to administer professional mental health assessment procedures during and after a catastrophe, (c) for consultation with mental health professionals addressing mental health and disaster in the Black Community, (d) to acquire support with mental health counseling in times of crisis, and (e) to consider non-traditional, more culturally focused approaches to counseling that would better reach African American people.

Researchers were able to gain access and trust with the community by seeking approval and guidance from the head pastors of Black churches. Pastors gave their approval with the understanding that the results would help assist with unmet mental health needs in the face of natural disasters and future emergencies. Results from the study indicated pastors were in favor of collaborating with mental health agencies and implementing services into their communities via their churches. Providing mental health services in the safety and comfort of the church walls would increase participation and allow more community members to be treated by professionally trained clinicians. This study calls for new innovative, culturally sensitive approaches to address

minority disaster mental health disparities. Following the study, researchers developed a long-term relationship with the church community and mental health professionals. Through this working relationship, they facilitated collaborative workshops, retreats, and conferences in relation to mental health services in the Black church community.

Ideas for Successful Collaborations

Successful collaborations with churches and mental health agencies inform us that such partnerships are attainable. These collaborations benefit churches by providing services to African Americans in underserved communities. They also benefit mental health professionals as it teaches and encourages culturally sensitive approaches geared toward the Black church community. If collaborations with churches and mental health agencies are to continue, it is important to examine successful methodologies. The following have been identified as best practices for mental health professionals creating a collaborative relationship with Black churches:

1. Awareness—The counseling professional must have an awareness of their ability and skill level as it relates to working with diverse clients. Counselors must be open to explore how personal stereotypes, prejudices, power, and privilege can negatively affect the therapeutic relationship.
2. Assessment—Black churches have pervasive, longstanding traditions. An adequate assessment must be conducted to understand church culture, etiquette, and protocol. For example, addressing a church official by his or her first name would be considered disrespectful in some denominations. Counseling professionals and researchers must understand church size and hierarchical flow within each church they approach.
3. Seek Approval—When entering the church community, counseling professionals must seek approval from the head pastor. A conversation with the head pastor should include a clear rationale outlining how the partnership will benefit the church community. Conversations with pastors and church leaders provide the opportunity to consult regarding ways to render culturally sensitive and appropriate services in the church community.
4. Church Health Fairs—Participating in existing church venues to promote healthy living affords mental health professionals the opportunity to collaborate in a non-threatening way. Providing information

and service in the safe and familiar confines of the church increases the number of parishioners that will engage in obtaining mental health information. A presence at the church provides mental health professionals the opportunity to address the benefits of counseling, accessible resources, confidentiality, and stigmas that are prevalent in the African American community.

5. Mental Health Training—Providing training for church pastors and leadership in the church is a vital step in this collaboration. The African American community often relies on the church for accurate information regarding issues of spirituality, support, and community resources. If pastors are provided information regarding the benefits of mental health services, they will likely share the information with church parishioners. These trainings can provide a platform to discuss differences and similarities in philosophies that may exist between clergy and mental health professionals. These conversations will help create clarity around understanding roles, expectations, and limitations in collaborative efforts.
6. Join the Community—Mental health professionals and researchers have better success when they respectfully become an active member of the community they serve. Holding meetings in Black churches rather than respective agencies and institutions signifies a partnership as well as a physical presence. Mental health agencies can explore leasing space from the church and provide mental health services from these locations.
7. Conduct Research—Research projects have been a method of collaboration with under-represented communities for quite some time. However, research conducted in communities without follow up information or suggested resources further ingrains the seeds of cultural mistrust that exists within the African American community. Culturally specific research provides an opportunity to explore the community's needs relating to mental health services. In addition, results will heighten researcher's awareness around the importance of providing culturally sensitive services.
8. Invite Wisdom—Mental health professionals must find methods of ongoing education around treating African American communities. Pastors should sit on mental health organizations' advisory boards to provide valuable information relating to reaching the African American population in a culturally sensitive manner. However, a pastor's presence on an advisory board does not qualify an agency as culturally sensitive.

Conclusion

African Americans have been skeptical of services provided by mental health agencies. A history of racism, misdiagnosis, and a lack of culturally sensitive services has caused this population to seek solace from clergy in the Black church rather than consider professional mental health services. While clergy in Black churches have historically supported the Black community, many are not properly trained to administer counseling for the mentally ill. As the rate of untreated mental illness among African Americans continues to grow at an alarming rate, clear steps are needed in an effort to meet the needs of an underserved community. Collaborations with mental health agencies and Black churches has the potential to provide mental health expertise in a culturally relevant context, thus giving a voice to the mental health disparities experienced within the African American community.

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References

Allen, A. J., Davey, M. P., & Davey, A. (2010). Being examples to the flock: The role of church leaders and African American families seeking mental health care services. *Contemporary Family Therapy, 32*, 117-134.

American Counseling Association Code of Ethics. (2014). A.4.b. Personal values.

American Psychological Association. (2013). *Ethnic and racial minorities & socioeconomic status*. Retrieved from http://www.apa.org/pi/ses/resources/publications/factsheet-erm.aspx

Aten, J., Topping, S., Denney, R., & Bayne, T. (2010). Collaborating with African American churches to overcome minority disaster mental health disparities: What mental health professionals can learn from Hurricane Katrina. *Professional Psychology: Research and Practice, 41*, 167-173. doi:10.1037/a0018116

Austin, S. A., & Claiborne, N. (2011). Faith wellness collaboration: A community-based approach to address type II diabetes in an African American community. *Social Work in Health Care, 50*, 360-375. doi:10.1080/00981389.2011.567128

Austin, S. A., & Harris, G. (2011). Addressing health disparities: The role of an African American health ministry committee. *Social Work in Health Care, 26*, 123-135. doi:10.1080/0911350902987078

Barnes, S. (2005). Black church culture and community action. *Social Forces, 84*, 967-994.

Belin, P., Washington, T., & Greene, Y. (2006). Saving grace: A breast cancer prevention program in the African American community. *Health & Social Work, 31*, 73-76.

Burrell-Jackson, C. V. (2009). Black Christians use of ministers in times of distress: An exploration of congregant and clergy responses, and review of Black clergy referral attitudes and practices. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 69*(9A).

Butler-Ajibade, P., Booth, W., & Burwell, C. (2012). Partnering with the Black church: Recipe for promoting heart health in the stroke belt. *ABNF Journal, 23*(2), 34-37.

Cook, B., Barry, C. L., & Busch, S. H. (2013). Racial/ethnic disparity trends in children's mental health care access and expenditures from 2002 to 2007. *Health Research & Education Trust*, 129-149. doi:10.1111/j.1475-6773.2912.01439.x

Epstein, J., Collins, K., Bailey-Burch, B., Walker-Thoth, D., & Pancella, T. (2007). Space scouts: A collaboration between university researchers and African Americans. *Journal of Ethnicity in Substance Abuse, 6*(1), 31-43.

Fett, S. M. (2010). Middle passages and forced migrations: Liberated Africans in nineteenth-century US camps and ships. *Slavery & Abolition, 31*, 75-98.

Ford, G., Watson, D., & Ford, L. (2014). Reclaiming our children's education: Building a fortress of support for children of African descent. *Religion & Education, 41*, 51-62. doi:10.1080/155507394.855057

Gaines, R. W. (2010). Looking Back, Moving Forward: How the civil rights movement era church guide the modern Black church in improving Black student achievement. *The Journal of Negro Education, 79*, 366-379.

Hall, D. (2009). The middle passage as existential crucifixion. *Black Theology: An International Journal, 7*(1), 45-63. doi:10.1558/blth.v7i1.45

Hardy, K. M. (2012). Perceptions of African American Christians attitudes towards help seeking: Results of an exploratory study. *Journal of Religion and Spirituality in Social Work: Social Thought, 31*, 209-225. doi:10.1080/15426432.2012.679838

Harley, D. A., & Dillard, J. M. (Eds.). (2005). *Contemporary mental health issues among African Americans*. Alexandria, VA: American Counseling Association.

Ifetayo, O. I., McCray, K., Ashby, J. S., & Meyers, J. (2011). Use of Ifa' as a means of addressing mental health concerns among African American clients. *Journal of Counseling & Development, 89*, 406-412.

June, L. E., & Black, S. D. (2002). *Counseling in African American communities: Biblical perspectives on tough issues*. Grand Rapids, MI: Zondervan.

LeCook, B., Zuvekas, S. H., Carson, N., Ferris, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing racial/ethnic disparities in treatment across episodes of mental health care. *Health Services Research, 49*, 206-229. doi:10.1111/1475-6773.12095

Miller, S. T., Seib, H. M., & Dennie, S. P. (2001). African American perspectives on health care: The voice of the community. *Journal of Ambulatory Care Management, 24*(3), 37-44.

Mollica, R., Streets, F. J., Boscarino, J., & Redlich, F. C. (1986). A community study of formal pastoral counseling activities of the clergy. *The American Journal of Psychiatry, 143*, 323-328.

Oppenheimer, J. E., Flannelly, K. J., & Weaver, A. J. (2004). A comparative analysis of the psychological literature on collaboration between clergy and mental health professionals—Perspectives from secular and religious journals 1970-1999. *Pastoral Psychology, 50*, 153-162.

Parham, T. A. (Ed.). (2002). *Counseling persons of African descent: Raising the bar for practitioner competence*. Thousand Oaks, CA: SAGE.

Payne, J. S. (2008). Saints don't cry: Exploring messages surrounding depression and mental health treatment as expressed by African American Pentecostal preachers. *Journal of African American Studies, 12*, 215-228.

Payne, J. S. (2009). Variations in pastors perceptions of the etiology of depression by race and religious affiliation. *Community Mental Health Journal, 45*, 355-356. doi:10.1007/s1059-9210-y

Pickett-Schenk, S. A. (2002). Church-based support groups for African American families coping with mental illness: Outreach and outcomes. *Psychiatric Rehabilitation Journal, 26*, 173-180.

Scott, S. A. (2011). Slavery, civil war, and salvation: African American slaves and Christianity. *Church History, 80*, 703-705.

Smith, J. D. (2013). I was raised and hard as any slave: African American slavery in Piedmont, North Carolina. *North Carolina Historical Review, 90*(1), 1-15.

Snowden, L. R. (2012). Health and mental health policies' role in better understanding and closing African American-White American disparities in treatment access and quality of care. *American Psychologist, 67*, 524-531. doi:10.1037/a0030054

Swain, R. D. (2008). Standing on the promises that cannot fail: Evaluating the Black churches ability to promote community activism among African-Americans in the present day context. *Journal of African American Studies, 12*, 401-413.

Taylor, R. J., Ellison, C. G., Chatters, L. M., Levin, J. S., & Lincoln, K. D. (2000). Mental health services in the faith community: The role of clergy in Black churches. *Social Work, 45*(1), 73-87.

Valera, V., & Taylor, T. (2011). Hating the sin but not the sinner: A study about heterosexism and religious experiences among Black men. *Journal of Black Studies, 42*, 106-122. doi:10.1177/0021934709356385

Whaley, A. L. (2011). Clinicians' competence in assessing cultural mistrust among African American psychiatric patients. *Journal of Black Psychiatry, 37*, 387-406.

Williams, A., & Justice, A. (2010). Attitudes of African American males regarding counseling in four Texas universities. *Education, 131*(1), 158-168.

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