

The Relationship between the Acculturation of Older Foreign-Born African Immigrant Parents in  
the United States and Their Attitude towards the Utilization of Mental Health Services for  
Children

by

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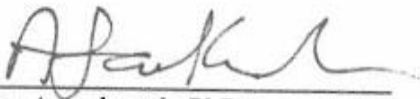
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## Abstract

Rates of mental health disorders are high among U.S. minority adolescents, especially in California where African American adolescents have the highest mental health disorders among any other race/ethnicity (California Health Care Foundation, 2018). Furthermore, African American adolescents utilize mental health services at much lower rates compared to their White counterparts (Division of Diversity and Health Equity, 2017). African American adolescents not utilizing mental health services may be influenced by their parents' unwillingness to seek mental health services for them (Polaha, Williams, Heflinger, & Studts, 2015; Mukolo, Heflinger, & Wallston, 2010). The purpose of the study was to assess the relationship between the acculturation of older, foreign-born African immigrant parents in the United States and their attitude towards the utilization of mental health services for children. A convenience sample of 104 older foreign-born African immigrant parents were recruited from predominantly African churches and community centers in Southern California. A self-administered, four-page survey questionnaire based on the Suinn-Lew Self-Identity Acculturation Scale and the Parental Attitudes Toward Psychological Services Inventory (PATPSI) were used to measure older foreign-born African immigrant parents' level of acculturation into the United States and their attitudes towards using mental health services for children. Measures also examined participants' levels of education, gender, and length of stay in the U.S. Results showed that there was a statistical significance between the relationship of the length of stay in the U.S. and parents' attitudes toward using mental health services for children ( $r(90) = .22, p < .05$ ). Future public health directions are discussed at the end of this paper.

*Keywords: african american adolescents, african immigrants, acculturation, mental health services, help-seeking attitudes*

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## Table of Contents

Abstract	iv
Acknowledgements	v
List of Tables	7
Review of Literature	1
Introduction	1
Acculturation	2
Parental Attitudes on Mental Health	4
Help-Seeking Attitudes and the Utilization of Mental Health Services	7
Purpose of the Study	8
Research Questions	9
Hypotheses	9
Method	11
Design	11
Procedures	12
Independent Variables	13
Dependent Variables	14
Data Analysis	14
Results	16
Demographic Information	16
Major Findings	16
Research question #1	18
Research question #2	19
Research question #3	19
Research question #4	20
Discussion	21
Summary of Major Findings	21
Public Health Implications	22
Study Limitations	24
Conclusion	26
References	27
Appendix A: IRB Approval	35
Appendix B: Table 1	36

## List of Tables

Table 1. Participant Demographic Details ( $n = 104$ ) .....	36
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## **Review of Literature**

### **Introduction**

Many mental health disorders have become predominant in the lives of U.S. adolescents. Mental health disorders, like anxiety and depression, are found to be the most common among this population and have been increasing over time (Centers for Disease Control and Prevention [CDC], 2019). According to the Office of Adolescent Health (2019), 32% of adolescents ages 13 to 18 years have an anxiety disorder and 13% of adolescents ages 13 to 18 years have depression. The rates of mental health disorders are high among minority adolescents, especially in California where African American and Latino American adolescents have the highest mental health disorders among any other race/ethnicity (California Health Care Foundation, 2018). When individuals with mental health disorders do not get proper care, they have increased risks for suicide attempts and deaths (National Institute of Mental Health, 2019).

Suicide has become the second leading cause of death among adolescents in the United States (National Institutes of Mental Health, 2019). In 2017, 6,252 adolescents died by suicide (National Institutes of Mental Health, 2019). Rates of suicide deaths among adolescents and adults living in the Inland Empire region (San Bernardino and Riverside County Regions) of California are much higher compared to the rest of the state (10.4 suicide death rate per 100,000 and 10.9 suicide death rate per 100,000 versus the state suicide death rates of 10.2 per 100,000) (Regional Community Health Needs Assessment, 2016). Though the rate of suicide deaths is not high among African American adolescents, the rate of suicide attempts is (National Youth Risk Behavior Survey [YRBS], 2017). In the 2017 YRBS, it was reported that African American high school students had a higher percentage of suicide attempts (9.8%) than White (6.1%) and Hispanic high school students (8.2%). Unfortunately, minority adolescents, especially African



American adolescents, are not utilizing mental health services (e.g. social workers, mental health specialists, counselors, psychologists, physicians) to treat their mental health disorders at the same rates as their White counterparts (Thomas, Temple, Perez, & Rupp, 2011; Division of Diversity and Health Equity, 2017).

The non-utilization of mental health services by African American adolescents may stem from their parents' unwillingness to seek these services for their child due to their parents' and the public's stigma on mental health and mental health services (Polaha, Williams, Heflinger, & Studts, 2015; Mukolo, Heflinger, & Wallston, 2010). Furthermore, there is limited research that explores the association of acculturation and parental attitudes towards mental health services for children. To fill these gaps in the research, this study focused on older foreign-born African immigrant parents' acculturation into the U.S., their attitudes on the utilization of mental health services particularly for children, and their help-seeking attitudes towards mental health services.

### **Acculturation**

Foreign-born immigrant population, also known as non-natives, is a term used for people who are born in another country and have migrated (traveled) to the country where they currently reside (Organization for Economic Co-operation and Development, 2019). According to a report by the Pew Research Center, there are over 40 million foreign-born people living in the U.S. (Radford, 2019). The amount of immigrants in the U.S. today accounts for about one-fifth of all the migrants in the world as of 2017, and the U.S. houses more immigrants than any other country (Radford, 2019). Immigrants now make up 13.6% of the U.S. population, and many come from countries such as Mexico, China, India, Philippines, and El Salvador (Radford, 2019). Notably, the number of Black immigrants migrating to the U.S. has exponentially increased since the 1980s and has risen 71% since the year 2000 (Anderson & Lopez, 2018).

In the 1980s, there were about 816,000 Black immigrants living in the U.S., and in the year 2016, the population of Black immigrants increased to about 4.2 million (Anderson & Lopez, 2018). A 2016 American Community Survey produced results saying that 9%, or one in ten, Black people who live in the U.S. are foreign-born (Anderson & Lopez, 2018). Much of the increase of the Black immigrant population in the U.S. has been propelled by the migration of Africans, which doubled between the years 2000 and 2016 (Anderson & Lopez, 2018). Second-generation African American children of at least one foreign-born African parent make up 8% of the total African American population in the U.S. (Anderson & Lopez, 2018). Even though this population is small, it continues to grow because of the increase of first-generation African adult immigrants coming into the United States (Anderson & Lopez, 2018).

Due to the increase of immigrants into the United States, many researchers over the past decade have focused their research and studies on the acculturation of immigrants and how it might affect their psychological and social processes/behaviors (Chen, Benet-Martínez, & Bond, 2008). Many immigrants who enter into the U.S. culturally adapt or acculturate into the American lifestyle according to Waters' and Pineau's (2015) report on "The Integration of Immigrants into American Society." Such adaptations include a shift in political views/ideology, belief in the American dream, speaking the English language, changes in religion, intermarrying with another race/ethnicity, adapting to Western technologies, and other American cultural beliefs (Waters & Pineau, 2015). Schwartz, Unger, Zamboanga, and Szapocznik (2010) explained that immigrants entering into the U.S. integrate their own culture into their host country's culture. The integration of two cultures is known as biculturalism (acculturation) and is associated with helping to lower depression, create better social behaviors, and attain high self-esteem in immigrant individuals (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). In their

study of acculturation and immigrants utilizing mental health services, Bauldry and Szaflarski (2017) discussed that numerous studies have reported a positive correlation between acculturation and immigrants' attitude/use of mental health services. Furthermore, much literature has shown that high acculturation and proficiently speaking English aids immigrants and older immigrants in obtaining proper health care and increases their chance of seeking mental health services (Alizadeh-Khoei, Mathews, & Hossain, 2011).

Derr (2015) conducted a systematic review of studies looking at the mental health service use among different immigrant populations in the United States. Derr (2015) stated that many of the studies found that immigrants in the U.S. have lower rates of using mental health services compared to U.S.-born minorities. For example, one study reported that of the Mexican immigrants who were diagnosed with a psychiatric disorder, only 15% used mental health services compared to the 38% of U.S.-born Mexicans (Derr, 2015). Another study on Asian immigrant populations reported that only 14% of the Asians who had a psychiatric diagnosis used mental health services compared to the 20% of U.S.-born Asians who had the same diagnoses (Derr, 2015). However, there is not much literature that discusses the mental health service use among African immigrant populations in the United States (Derr, 2015). One study examining Somali immigrant adolescents and their utilization of mental health services found that only 8% of them sought mental health services, while another study focusing on Caribbean immigrants found that only 11% of psychiatrically diagnosed Caribbean immigrants utilized mental health services compared to 47% of their U.S.-born counterparts (Derr, 2015).

### **Parental Attitudes on Mental Health**

A primary and driving motivator for African American and African-born immigrant parents not using mental health services has to do with the stigma and cultural beliefs that

second-generation African American adolescents and their parents hold towards mental health/mental health services (Mukolo, Heflinger, & Wallston, 2010). According to the World Health Organization ([WHO] 2014), mental health “is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (p. 1). Unfortunately, mental health can be associated as negative due to stigma (Attitudes Toward Mental Illness Report, 2012). Stigma is described as associating a mark of dishonor or disgrace with a person which in turn, sets them apart from other people in a negative way (Attitudes Toward Mental Illness Report, 2012). Stigma typically stems from multiple negative views being joined together to eventually create public fear, discrimination, and avoidance towards a person or a specific group of individuals, especially individuals with a mental health disorder (Attitudes Toward Mental Illness Report, 2012). Therefore, many studies have identified that stigmas surrounding mental health are a key factor to adolescents, and even their parents/caregivers, not utilizing mental health services despite the mental health issues they might be facing (Mukolo, Heflinger, & Wallston, 2010).

For example, Yeh, McCabe, Hough, Dupuis, and Hazen (2003) explained that cultural stigma is one factor hindering parents from using children’s mental health services for children who may need it. According to a report by the National Alliance on Mental Illness Organization ([NAMI] 2019), the lack of understanding towards mental health and the stigma attached to seeking treatment is one of the main reasons that African American adolescents are reluctant to use mental health services. This is especially true for African American adolescents because their views on using mental health services are shaped by their cultural norms and values (Assari & Caldwell, 2017).

Although the presence of mental health resources have increased in availability in the U.S., for example the Mental Health Services Act (MHSA) was passed in in 2004 in California to provide residents community-based mental health services (Los Angeles County, Department of Mental Health, 2019), African American parents have maintained negative views towards mental health disorders (Becker & Kleinman, 2013). Within the U.S. researchers have found that this is due to stigma, racial discrimination, inequality of care, and lack of representation of culturally appropriate health providers in the field of mental health in the U.S. (Becker & Kleinman, 2013). When focusing specifically on African parents who reside in their native country, researchers have found that their negative views toward mental health disorders derive from the lack of available mental health resources (Becker & Kleinman, 2013). This lack stems from insufficient funding, undeveloped infrastructure, and lack of government interest/awareness of the need for mental health services in Africa (Becker & Kleinman, 2013).

Furthermore, the lack of interest/awareness of the need for mental health services in Africa derives from the belief that having mental health issues is a punishment from God, a result of witchcraft, or the result of the influences of evil spirits (Asare & Danqua, 2017). In the African culture, it is not considered socially acceptable to talk about mental health issues because of the fear that one might be labeled as “crazy” or “mad” (Asare & Danqua, 2017). Therefore, the views combined with the lack of mental health resources in Africa creates a fear for parents or caregivers to openly talk about and seek help for an individual who might be going through mental health issues. These negative attitudes also prevent African parents from seeking mental health services for their child. These stigmas may then filter down from African parents and relatives to their adolescents, thus preventing them from seeking out mental health services as well (Asare & Danqua, 2017; Kranke, Guada, Kranke, & Floersch, 2012).

## **Help-Seeking Attitudes and the Utilization of Mental Health Services**

Previous research on help-seeking attitudes and the utilization of mental health services found that attitude is a strong predictor in seeking mental health services (Turner, 2012; Mackenzie, Gekoski, & Knox, 2006). Previous studies found that, when it comes to the intersection between attitude and education, higher education levels increase individuals' chances of utilizing mental health services and having better attitudes towards it (Kang et al, 2010). Additionally, having a willingness/positive attitude to seek mental health services is linked with individuals having some college, a college degree, or a college degree and above (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011).

Another contributing factor is age. For example, Mackenzie and his colleagues conducted a study in 2006 on older/younger Canadian adults and men to analyze the effect that attitudes had on intentions in seeking mental health services and to establish if older adults and men held more negative help-seeking attitudes than younger adults and woman. The results of the study presented that older adults had a positive attitude on looking for mental health services and more positive attitudes on seeking mental health than younger adults (Mackenzie et al., 2006). When it comes to one's attitudes in relationship to place of origin, another study conducted on foreign-born Latinos (Mexico, Honduras, and El Salvador) in the U.S. and found that the majority of participants (72%) born in Mexico were not opposed to mental health care or treatment (Ruiz, Aguirre, & Mitschke, 2013). However, only a few studies have focused on parental attitudes on seeking children's mental health services (Turner, 2012). For example, Turner (2012) developed an instrument called the Parental Attitudes Toward Psychological Services Inventory (PATPSI) to measure parental attitudes towards children mental health services and found that parents had

positive attitudes towards children mental health services if the parent had used mental health services in the past.

Lastly, much literature has examined gender differences in seeking mental health services. Many studies have reported that gender impacts willingness to seek mental health services, and women are reported to have more positive attitudes towards seeking mental health services than men (Division of Diversity and Health Equity, 2017). For U.S. immigrant populations, the gender differences associated with the attitudes on seeking mental health services is approximately the same. For instance, Fortuna, Porche, and Alegria (2008) led a study to examine the utilization of mental health services among foreign-born Latino immigrants in the U.S. and found that foreign-born Latino women were more likely to seek and utilize mental health services than foreign-born Latino men due to having a perceived need in using mental health services. Consequently, the factors of level of education and gender have been considered in the literature to influence a person's attitude on seeking mental health services, particularly in older immigrant populations (Kang et al., 2010; Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011). Unfortunately, there is limited research discussing the gender differences and the length of stay in the U.S. among African immigrants' attitudes on seeking mental health services, particularly seeking mental health services for children.

### **Purpose of the Study**

A few studies discussed that more research needs to examine African immigrant populations and their mental health/use of mental health services (Thomas, 2008). Thomas (2008) discussed in the study "West African Immigrants' Attitude Toward Seeking Psychological Help" that further research should look into African immigrants and their willingness to seek formal, Western mental health services. The purpose of the study was to

assess the relationship between the acculturation of older foreign-born African immigrant parents in the United States and their attitude towards the utilization of mental health services for children.

### **Research Questions**

This study attempted to answer the following research questions:

1. Is there any association between older foreign-born African immigrant parents' acculturation scores and their attitudes towards utilizing mental health services for children as measured by the PATPSI?
2. Does level of education have an effect on older foreign-born African parents' attitudes towards utilizing mental health services for children as measured by the PATPSI?
3. Are there gender differences when it comes to older foreign-born African parents' attitudes towards utilizing mental health services for children as measured by the PATPSI?
4. Does the length of stay in the U.S. have an association to older foreign-born African immigrant parents' attitudes towards utilizing mental health services for children as measured by the PATPSI?

### **Hypotheses**

Hypothesis #1: There is a positive association between older foreign-born African immigrant parents' acculturation scores and attitudes towards utilizing mental health services for children as measured by the PATPSI.

Null hypothesis #1: There will be no positive association between older foreign-born African immigrant parents' acculturation scores and attitudes towards utilizing mental health services for children as measured by the PATPSI.



Hypothesis #2: Older foreign-born African immigrant parents' attitudes towards utilizing mental health services for children as measured by the PATPSI will differ by level of education.

Null Hypothesis #2: Older foreign-born African immigrant parents' attitudes towards utilizing mental health services for children as measured by the PATPSI will not differ by level of education.

Hypothesis #3: Older foreign-born African immigrant parents' attitudes towards utilizing mental health services for children as measured by the PATPSI will differ by gender.

Null Hypothesis #3: Older foreign-born African immigrant parents' attitudes towards utilizing mental health services for children as measured by the PATPSI will not differ by gender.

Hypothesis #4: The length of stay for an older foreign-born African immigrant parent in the U.S. has a positive relationship on attitudes towards utilizing mental health services for children as measured by the PATPSI.

Null Hypothesis #4: The length of stay for an older foreign-born African immigrant parent in the U.S. does not have a positive relationship on attitudes towards utilizing mental health services for children as measured by the PATPSI.

## **Method**

### **Design**

A cross-sectional design was used to examine the relationship between the acculturation of older foreign-born African parents in the United States and their attitudes towards utilizing mental health services for children. Between June and July 2019, primary data was collected from predominantly African churches and community centers in the Inland Empire region (San Bernardino and Riverside County). Research agreements were obtained from lead pastors and community center leaders to allow the surveys to be conducted at their facilities.

The study was approved by the Institutional Review Board (IRB) at California Baptist University on May 22, 2019 (see Appendix A). Before the completion of the survey, all participants were first given an informed consent form to know about their rights and the risks associated with participating in the study. After the informed consent was read aloud, participants then signed the informed consent form. Participants were informed of the fact that they could choose to withdraw from the study at any time.

A self-administered, four-page survey questionnaire was given to each participant, and participation in the study was completely voluntary. The survey questionnaire consisted of two different measures that asked participants questions concerning their historical background/behaviors related to their cultural identity and their attitudes towards utilizing mental health services for children. These scales were the Suinn-Lew Asian Self-Identity Acculturation Scale developed by Suinn, Ahuna, and Khoo in 1992 and the Parental Attitudes Toward Psychological Services Inventory (PATPSI) developed by Turner in 2012. Both scales have been tested in other studies and reported to be valid and reliable (Phillips et al., 2016; Turner, 2012). The Suinn-Lew scale measured participants' level of acculturation into the United States and

consisted of a total of 26 items with five response options. Turner's PATPSI scale measured participants' attitudes towards mental health services for children and consisted of a total of 21 items with six response options. The PATPSI questionnaire is divided into three sub-categories: (1) eight questions on help-seeking attitudes which shows a person's acknowledgment that a psychological problem exists and he/she is open to the option of seeking professional help, (2) five questions on help-seeking intentions which shows a person's willingness and ability to seek professional psychological help, and (3) eight questions on stigmatization which shows a person's concern about how others might view him/her if they knew that he/she was seeking professional help because he/she had a psychological problem (Turner & Mohan, 2016).

## **Procedures**

A research agreement was needed from the head pastors of the predominantly African churches and leaders of the community centers in the Inland Empire prior to beginning the study. Research agreements were obtained by phone calls to the head pastors/leaders who were asked to meet with the primary researcher at their facilities to discuss the nature of the study, informed consent, the available days and time the surveys can be distributed, and the designated area in which the study could be conducted. On the day and time allotted for the study to be conducted, announcements about the study were given by the leaders to allow members of the churches/community centers to become aware of the study. The study was primarily conducted after meeting times in the area where members of the churches/community centers met (i.e., a sanctuary hall or community room). Members who were interested met in the designated area and were all given a copy of a consent form. The informed consent was read aloud and a time for questions/clarifications was given to the members. Members who signed the informed consent form were then given a survey to complete and a copy of the informed consent to keep. This

study was a 15-20 minute, self-administered paper and pencil survey which included 54 questions on demographics, historical background/behaviors related to cultural identity, and parental attitudes towards utilizing mental health services for children.

### **Participants**

A non-probability sample of 104 African immigrant participants who resided in the Inland Empire region (San Bernardino and Riverside County) were recruited for this study. The inclusion criteria for this study were foreign-born African immigrants between the ages of 40 and 99 who live in the in the Inland Empire region. Individuals who met these criteria and who provided consent were eligible to partake in the study. The required sample size for this study was determined by the sample size calculation for cross-sectional survey studies to obtain a minimum sample of 169 participants, and factors used to calculate the sample size was a margin error of 5%, a confidence level of 95%, a study population size of 300, and a response distribution of 50%.

### **Independent Variables**

Gender, level of education, length of stay, and help-seeking attitudes were the independent variables in the study. The gender of the participants was assessed to compare group means to the dependent variables. The question for the gender variable was written as, "*What is your gender? (please circle),*" with two response options, "Female = 1" and "Male = 2." The ordinal variable, level of education, was used as a 7-item response scale asking participants the highest degree they have completed. Response options to the question were "Less than high school = 1," "High school graduate (includes equivalency) = 2," "Some college, no degree = 3," "Associate's degree = 4," "Bachelor's degree = 5," "Ph.D. = 6," and "Graduate or professional degree = 7." The length of stay was assessed by having participants numerically write down their

response to the question, “*How long have you stay in the United States? (E.g. months or years).*” Help-seeking attitudes were analyzed by the 21-question survey instrument Parental Attitudes Toward Psychological Services Inventory (PATPSI) (Turner, 2012). The PATPSI survey instrument included a 6-point Likert scale options of “Strongly Disagree = 0,” “Disagree = 1,” “Somewhat Disagree = 2,” “Somewhat Agree = 3,” “Agree = 4,” and “Strongly Agree = 5.” A Cronbach alpha coefficient for the PATPSI survey instrument was reported to have a range from .70 to .90 (moderate to high) when it was used in the parent sample study conducted by the author of the survey instrument (Turner, 2012).

### **Dependent Variables**

The dependent variables were acculturation and help-seeking attitudes. Level of acculturation was examined by the Suinn-Lew Self-Identity Acculturation Scale (Suinn et al., 1992), which has been proven to have a Cronbach reliability score ranging from .62 to .97 in previous studies (Phillips et al., 2019). Twenty-six questions assessed participants’ level of acculturation into the U.S. Help-seeking attitudes were analyzed by the 21-item survey PATPSI. The PATPSI survey instrument included a 6-point Likert scale response options of “Strongly Disagree= 0,” “Disagree = 1,” “Somewhat Disagree = 2,” “Somewhat Agree = 3,” “Agree = 4,” and “Strongly Agree = 5.”

### **Data Analysis**

An analysis of variance (ANOVA) was used to test the difference among group means of level of education. An independent samples t-test was used to test the difference among group means by gender. A Pearson correlation was used to test for the correlation between length of stay and attitudes towards utilizing mental health services for children. Acculturation scores and attitudes towards utilizing mental health services for children were also analyzed by a Pearson

correlation test. The IBM Statistical Package for the Social Sciences (SPSS), Version 25, was used to analyze the data in this study.

## Results

### Demographic Information

Of the total of 104 participants, 65.1% ( $n = 67$ ) were female and 34.9% ( $n = 37$ ) were male. The minimum age of participants in the study was 40 years old and the maximum age of participants was 80 years old ( $M = 51$ ,  $SD = 8.98$ ). Participants identified their country of origin as Ghana (16 %), Nigeria (67.9 %), Kenya (2.8 %), Ethiopia (4.7 %), Sierra Leon (3.8 %), Tanzania (0.9 %), Togo (1.9 %), Haiti (0.9%), and mixed race from Ghana and Nigeria (0.9 %). The highest degree or level of education frequently reported by participants was a Bachelor's degree (31.7%) and graduate or professional degree (30.8%). About 70.8% of participants in the study were employed for wages or salary, 13.2% were self-employed, and 8.5% were retired. All other reported employment statuses by participants were less than 1% (0.9 %). Additionally, an income level between \$50,000 to \$74,999 (19.4%) or \$75,000 to \$99,999 (17.3%) were most commonly reported by participants. The average length of stay in the U.S. for participants in the study was 19 years ( $SD = 10.52$ ). Please see Appendix B: Table 1 for further details of participant demographics.

### Major Findings

Foreign-born African immigrant parents' acculturation scores were summarized into four categories including gender, country of origin in Africa, level of education, and length of stay. By gender, female participants' mean level of acculturation score was 2.39 ( $SD = 0.47$ ) and male participants' mean level of acculturation score was 2.44 ( $SD = 0.30$ ). The total mean score of participants' level of acculturation was 2.41 ( $SD = 0.42$ ).

When looking at the mean acculturation score by country of origin in Africa, participants who were Ghanaian had a mean score of 2.47 ( $SD = 0.39$ ), Nigerian participants had a mean

score of 2.42 ( $SD = 0.44$ ), Kenyan participants had a mean score of 2.18, ( $SD = 0.23$ ), Ethiopian participants had a mean score of 2.29 ( $SD = 0.17$ ), Sierra Leonean participants had a mean score of 2.36 ( $SD = 0.5$ ).

The mean acculturation scores of participants by their level of education were: High school graduate (includes equivalency) mean score was 2.02 ( $SD = 0.60$ ); some college, no degree mean score was 2.37 ( $SD = 0.46$ ); Associate's degree mean score was 2.43 ( $SD = 0.33$ ); Bachelor's degree mean score was 2.32 ( $SD = 0.35$ ); Ph.D. mean score was 2.31 ( $SD = 0.24$ ); and graduate or professional degree mean score was 2.57 ( $SD = 0.46$ ).

The mean total acculturation scores of participants by their length of stay in the United States was 2.40 ( $SD = 0.42$ ). Between gender, country of origin in Africa, level of education, and length of stay of the participants, all scores show an approximate mean score of 2, which can be considered as moderate to low acculturation into the United States.

The PATPSI total score is presented below based on gender and country of origin in Africa. When analyzing the total PATPSI score for all participants in the study, the total mean PATPSI score was 60.32 ( $SD = 8.14$ ). Female participants had a mean total PATPSI score of 60.28 ( $SD = 8.69$ ), and male participants had a total mean PATPSI score of 60.40 ( $SD = 7.20$ ). The total mean PATPSI scores between the different country of origin in Africa of participants was: Ghanaian ( $M = 60.31$ ,  $SD = 6.10$ ), Nigerian ( $M = 60.40$ ,  $SD = 7.10$ ), Kenyan ( $M = 67.33$ ,  $SD = 2.31$ ), Ethiopian ( $M = 62.33$ ,  $SD = 11.67$ ), and Sierra Leonean ( $M = 48.50$ ,  $SD = 18.93$ ).

The PATPSI score consists of three scores from its subscales which are help-seeking intentions, stigmatization, and help-seeking attitudes. The analysis of the scores and their interpretation according to the author's scale/description of scores are listed below. Firstly, the help-seeking intentions mean scores of participants was 19.79 ( $SD = 4.27$ ). The help-seeking



intentions score of participants in this study inclined more to a higher score of its range and can translate as participants having a higher tendency to seek mental health services. Secondly, the stigmatization mean scores of participants was 13.07 ( $SD = 8.18$ ). The stigmatization score of participants was much lower and can indicate less stigma towards mental health services.

Thirdly, the help-seeking attitudes mean scores of participants was 27.71 ( $SD = 7.57$ ). The help-seeking attitudes score among participants was on the lower end of the score range, which can indicate participants had less positive attitudes toward mental health services children.

Lastly, a Pearson correlation test was performed to examine the relationships between the subscales of the PATPSI scales and level of acculturation among participants. It was found that a positive relationship exists between the level of acculturation and help-seeking intentions scores ( $r(93) = .23, p < .05$ ). This analysis proposes that the level of acculturation among participants relates to their help-seeking intentions for mental health services for children. The other subscales of the PATPSI scales did not show any statistically significant relationship to the level of acculturation.

**Research question #1.** The first research question investigated was, *“Is there any association between older foreign-born African immigrant parents’ acculturation scores and their attitudes towards utilizing mental health services for children as measured by the PATPSI?”* The alternative hypothesis was, *“There is a positive association between older foreign-born African immigrant parents’ acculturation score and their attitudes towards utilizing mental health services for children as measured by the PATPSI.”* A Pearson correlation was used to test for the relationship between participants’ acculturation score and their attitudes towards utilizing mental health services for children (total PATPSI score). No statistical significance was found ( $r(86) = .08, p < .05$ ), showing an exceptionally weak relationship. The

acculturation score of participants is not related to their attitudes towards utilizing mental health services for children.

**Research question #2.** The second research question that was analyzed was, “*Does level of education have an effect on older foreign-born African parents’ attitudes towards utilizing mental health services for children as measured by the PATPSI?*” The alternative hypothesis was, “*Older foreign-born African immigrant parents’ attitudes towards utilizing mental health services for children as measured by the PATPSI will differ by level of education.*” A one-way ANOVA was used to compute the participants' PATPSI scores by the mean levels of education. A statistical significance difference was found among the education levels ( $F(5,89) = 2.68, p < .05$ ). A Bonferroni test was used to determine the nature of differences among the education levels. The analysis displayed that participants who had a graduate or professional degree had a higher PATPSI score ( $M = 64.10, SD = 4.97$ ) than participants who had an Associate's degree ( $M = 56.82, SD = 10.46$ ). Participants who had a high school diploma (includes equivalency) ( $M = 56.75, SD = 4.50$ ); some college, no degree ( $M = 62.22, SD = 10.96$ ); Bachelor's degree ( $M = 59.25, SD = 7.78$ ); or PhD ( $M = 56.00, SD = 3.46$ ) were not statistically significant from the other two education levels.

**Research question #3.** The third research question was, “*Are there gender differences when it comes to older foreign-born African immigrant parents’ attitudes towards utilizing mental health services for children as measured by the PATPSI?*” The alternative hypothesis was, “*Older foreign-born African immigrant parents’ attitudes towards utilizing mental health services for children as measured by the PATPSI will differ by gender.*” An independent samples t-test was used to compare the mean total PATPSI scores of female and male participants, and there was no significant difference ( $t(94) = -0.070, p > .05$ ). The total mean score of females ( $M$

= 60.28,  $SD = 8.69$ ) was not different from the total mean score of males ( $M = 60.40$ ,  $SD = 7.20$ ). There was no difference in parental attitudes towards mental health services for children between women and men.

**Research question #4.** The last research question was, “*Does the length of stay in the U.S. have an association to older foreign-born African immigrant parents’ attitudes towards utilizing mental health services for children as measured by the PATPSI?*” The alternative hypothesis was, “*The length of stay for an older foreign-born African immigrant parent in the U.S. has a positive relationship on their attitudes towards utilizing mental health services for children as measured by the PATPSI.*” A Pearson correlation was used to calculate for the relationship between the length of stay in the U.S. and the total PATPSI scores of participants. The result shows that there was a significant correlation between the two factors ( $r(90) = .22$ ,  $p < .05$ ). The length of stay in the U.S. for the participants relates to their attitudes towards utilizing mental health services for children.

## Discussion

### Summary of Major Findings

The purpose of the study was to analyze the relationship between the acculturation of older foreign-born African immigrant parents in the United States and their attitudes towards utilizing mental health services for children. Results from the study proposed that there is a relationship between length of stay in the United States and attitudes towards mental health services for children. The older foreign-born African immigrant parents' length of stay in the United States has influenced their attitudes toward mental health services for children. Not many research studies have looked into the length of stay among immigrants and how that relates to their attitudes toward mental health services for children. The results from the study provided data to support the relationship and create a bridge to the gap in literature concerning this topic.

It was also found that the education levels of older foreign-born African immigrant parents influence their attitudes towards utilizing mental health services for children. Parents who had a graduate or professional degree had higher PATPSI scores than parents who had an Associate's degree. These observations indicated that education impacts the perceptions and attitudes of foreign-born African immigrant parents towards mental health services, supporting previous research (Kang et al., 2010; Gonzalez et al., 2011). However, there were no differences among gender and foreign-born African immigrant parents' attitudes. The results proposed that when it comes to older foreign-born African immigrant parents' attitudes toward mental health services for children, they are the same. No one gender of the study population had a better attitude towards mental health services for children than the other gender. Results are inconsistent with literature that have found that gender differences exist among immigrants' attitudes toward mental health services (Division of Diversity and Health Equity, 2017; Fortuna,

Porche, and Alegria, 2008). Lastly, results from the study found that acculturation into the United States for older foreign-born African immigrant parents does not relate to their attitudes towards mental health services for children. These results are inconsistent with previous research and literature that found a correlation between immigrant acculturation into the U.S. and their attitude towards mental health service (Bauldry & Szaflarski, 2017).

Nevertheless, additional tests on the subscales of the PATPSI instruments (help-seeking intentions, stigmatization, and help-seeking attitudes) were conducted in the study and a relationship between the level of acculturation among older foreign-born African immigrant parents and their help-seeking intentions was found. The results from the study suggested that foreign-born African immigrant parents have a willingness and ability to seek professional psychological help. The results are consistent with previous literature that reported attitudes influencing help-seeking intentions of using mental health services (Turner, 2012). The study's findings were also consistent with the literature that mentions the Theory of Planned Behavior, which states that an individual's intention towards a specific behavior influences him/her to engage in a behavior (Ajzen, 1991).

### **Public Health Implications**

Many studies extensively discussed the other variables mentioned previously, but there is little literature that looks into length of stay and attitudes towards mental health services, particularly among African-born immigrants. Future research studies should look into the following variables: differences in length of stay of foreign-born African immigrants and its effects on their attitudes towards mental health services. This particular angle would allow researchers to see if average length of stay and acculturation among this population can lead to

positive attitudes towards mental health services and if immigrants are more willing/accepting of utilizing mental health services for children if needed.

Furthermore, this study did not test for the differences in age and its association with African immigrants' attitudes towards utilizing mental health services for children since the study was specifically aimed at older African immigrant parents who were age 40 and over who might be parenting an adolescent. Studies interested in this population may want to look at the differences of length of stay and age to see if these independent variables affect this population's use of mental health services. Research on these topic areas can give health programs and educators a basis for how/when they should provide the appropriate education on mental health to this population.

It is important to note that gatekeeper trainings on mental health need to be provided for older foreign-born African immigrants and for all immigrants in the U.S. Gatekeeper trainings on mental health help participants to obtain mental health literacy so that they are able to recognize the signs that accompany a mental health disorder (Lam, Jorm, & Wong, 2010; Subedi et al, 2015). For example, a research study was conducted by Lam et al. (2010) to evaluate the Mental Health First Aid (MHFA) training on the Chinese immigrant community in Melbourne, Australia and see if the training decreased their attitudes toward people with mental health disorders as well as increase their knowledge of mental health. Lam et al. (2010) found that the MHFA training helped to increase participants' identification of depression and decreased their negative attitudes toward people with mental health disorders. Another study found that the MHFA training given to the Bhutanese refugee community in the U.S. helped to give this population the assurance to provide help/resources to a person who might be showing signs of depression or any other type of mental health disorder (Subedi et al., 2015).

Lastly, health programs need to be established to care for the African-born immigrant population and their children. Culturally appropriate mental health care is highly needed to be in place for this population, so that they are able to recognize and understand the mental health necessities that their children might need (Kaltman, Pauk, & Alter, 2011). A collaborative care model in primary care clinics is highly encouraged to be implemented by health providers and encouraged to be utilized by immigrant populations in the U.S., especially foreign-born African immigrants. For example, Kaltman et al. (2011) wrote a research article on the adaptation and implementation of an evidence-based collaborative care model in the Montgomery Cares Behavioral Health Program for low income uninsured immigrants living in Montgomery, Maryland. Kaltman et al. (2011) discussed that the collaboration of mental health providers, like social workers and primary care physicians, allows for health care workers in a primary care clinic to provide effective help that treats/educates immigrants on mental health concerns. The program was proven to be cost-effective and easily accessible by immigrant populations (Kaltman et al., 2011). Authors of the research article advised that other primary care clinics across the nation should adopt a collaborative care model to provide an inter-professionally approach to delivering the best care to their patients (Kaltman et al., 2011).

### **Study Limitations**

This study has several limitations. Primarily, there was a limitation on the generalizability of the study's sample size to the population. The calculated optimal sample size for this study was 169. After the data collection of the study, the sample size was 104, causing the study to be underpowered. A Type II error occurred due to the sample size being too small and may have negatively affected the results of the study. In addition, the study had more female participants than male participants. This study found that that gender differences do not exist when it comes

to foreign-born African immigrants and their attitudes towards utilizing mental health services for children. However, future research studies are advised to collect an even sample size of the genders to give effective results that can be generalizable to the population (Turner, 2012).

Moreover, the study did not ask participants if they had previously used mental health services. Research in this topic area among this population would help to provide information and analyze if previous use of mental health services among African immigrants is greater than among African immigrants who have not used mental health services. Lastly, future studies should use a better data collection instrument that is made specifically for African immigrants in the U.S. to appropriately test for their levels of acculturation. Even though the Suinn-Lew Self-Identity Acculturation Scale has been shown to be reliable and valid, it has previously only been used on Asian populations in America because it was created specifically for this population (Phillips et al., 2016). The authors of the survey instrument gave the researcher permission to change aspects of the instrument as long it was in consultation with an advisor who had experience in data collection. Using a survey instrument that is specific to the African immigrant populations in the U.S. would supplement the few existing studies that focused their research on acculturation and mental health.

Lastly, the PATPSI instrument has not been widely used in literature and is a fairly new instrument of measurement. The PATPSI instrument shows high internal consistency among European Americans, African Americans, Hispanic Americans, and Asian Americans (Turner, 2012). However, it does not show much of an internal consistency across immigrant populations since only a few studies have used the scale to look at foreign-born immigrant populations' attitudes towards mental health services for children, but these studies have reported its consistency among these populations (Mohan, 2010; Selles et al., 2015).



## **Conclusion**

In conclusion, further research around this health topic and on the African population and their children in the U.S. is needed. Research on this health topic will help by providing more literature to bridge the gap and thus give health providers and educators the necessary knowledge of how to properly help this population by creating culturally appropriate mental health education training and collaborative care model approaches (Kaltman et al., 2011; Lam et al., 2010; Subedi et al., 2015).

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## Appendix A: IRB Approval

### IRB 103-1819-EXP Approval



Institutional Review Board

Wed 5/22/2019 12:35 PM

Institutional Review Board; Mary Ikeola Obideyi; Sangmin Kim



**RE:** IRB Review

**IRB No.:** 103-1819-EXP

**Project:** The relationship between utilization of mental health services and the acculturation of older foreign-born African immigrants in the United States.

**Date Complete Application Received:** 4/29

**Principle Investigator:** Mary Obideyi

**Faculty Advisor:** Sangmin Kim

**College/Department:** CHS

**IRB Determination:** Expedited Application Approved – Student research interviewing foreign-born African immigrants between the ages of 40-99; no minor participants being used; no more than minimal risk/risk appropriately mitigated; no deception utilized; consent procedures and documentation are acceptable; acceptable data protection procedures. Data examination may begin, in accordance with the final submitted documents and approved protocol.

**Future Correspondence:** All future correspondence about this project must include all PIs, Co-PIs, and Faculty Advisors (as relevant) and reference the assigned IRB number.

**Approval Information:** In the case of an unforeseen risk/adverse experience, please report this to the IRB immediately using the appropriate forms. Requests for a change to protocol must be submitted for IRB review and approved prior to implementation. At the completion of the project, you are to submit a Research Closure Form.

**Researcher Responsibilities:** The researcher is responsible for ensuring that the research is conducted in the manner outlined in the IRB application and that all reporting requirements are met. Please refer to this approval and to the IRB handbook for more information.

**Date:** May 22, 2019

## Appendix B: Table 1

### Participant Demographic Details ( $n = 104$ )

		<i>n</i>	%	<i>M</i>	<i>SD</i>
Age		104		51	8.98
Gender					
	Female	67	65.1	50.4	9.07
	Male	37	34.9	52	8.86
Country of Origin					
	Ghanaian	17	16		
	Nigerian	72	67.9		
	Kenyan	3	2.8		
	Ethiopian	5	4.7		
	Sierra Leonean	4	3.8		
	Tanzanian	1	0.9		
	Togolese	2	1.9		
	Haitian	1	0.9		
	Ghanaian and Nigerian	1	0.9		
Overall				2.33	1.43
Education Level					
	Less than High School	0	0		
	High School Graduate (includes equivalency)	5	4.8		
	Some College, No Degree	11	10.6		
	Associate's Degree	18	17.3		
	Bachelor's Degree	33	31.7		
	Ph.D.	5	4.8		
	Graduate or Professional Degree	32	30.8		
Overall				5.13	1.52
Employment Status					
	Employed for Wages or Salary	75	70.8		
	Self-Employed	14	13.2		
	Out of Work and Looking for Work	3	2.8		
	Out of Work but Not Currently Looking for Work	1	0.9		

Table 1 continued

	<i>n</i>	%	<i>M</i>	<i>SD</i>
Homemaker	1	0.9		
Student	1	0.9		
Military	1	0.9		
Retired	9	8.5		
Unable to Work	1	0.9		
Overall			2.03	2.19
Income Level				
Less than \$20,000	5	5.1		
\$20,000 to 34,999	11	11.2		
\$35,000, to \$49,999	22	22.4		
\$50,000 to \$74,999	19	19.4		
\$75,000 to \$99,999	17	17.3		
Over \$100,000	24	24.5		
Overall			4.06	1.52
Length of Stay				
	101	100	19.01	10.52

Note: *n* = sample size; % = percentage; *M* = mean; and *SD* = standard deviation.