

Understanding Mental Health Help-Seeking in Black-Majority Faith Communities Using the COM-B Model and TDF Framework

Dr Ope Atanda

Faith
Action

NIHR | Health Determinants
Research Collaboration
Lambeth

EST 1892
LSBU
School of Applied
and Health Sciences

Background



- Addressing inequalities in the experience of mental health difficulties (Ahmad et al. 2022)
- Black and minority ethnic communities are less likely to access mental health support through primary care services (Bignall et al., 2024)
- Pathways to mental health services are less through primary care but more via crisis care (Jeraj et al., 2015).
- Evidence suggests that discussions around mental health with cultural networks are preferred (Baskin et al. 2021).

What we currently know!

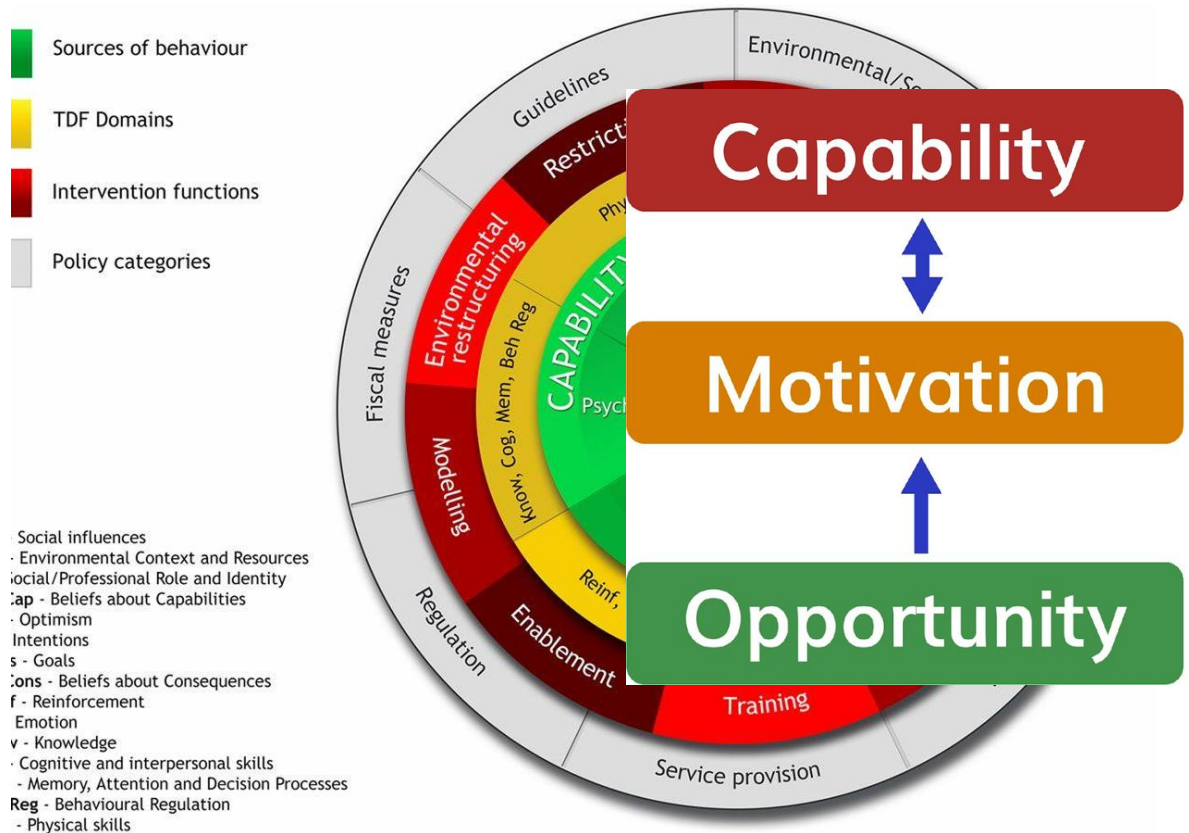


- Religious leaders or religious community as a source of help or comfort for issues affecting mental health and well-being (Hays & Aranda, 2016)
- Social support from church networks is also reported as a protective factor against depressive symptoms and overall psychological distress (Chatters et al., 2015)
- Individuals from minoritised groups are the most likely to belong to a faith-based group compared to other ethnicities (Heward-Mills et al., 2018).
- Reviews show that faith communities effectively promote health behavior changes, leading to better outcomes (Campbell et al., 2007; Mantovani et al., 2017; Codjoe et al., 2020).

What we don't know! (Gaps)

- Only a few studies have examined the role of religious leaders as gatekeepers to mental health services (Mantovani et al., 2017; Codjoe et al., 2020)
- Faith-based communities' contribution to their members' mental health and well-being.

Focus group study



• Explore the contribution of the black majority faith-based community to promoting help-seekers for mental health

Members perceive the support health, identifying the facilitators to help-seeking.

Behaviour

a qualitative approach, groups to address its aims. Behavioural Science approach (COM-B Model).

participants (n=28):

Christian, Muslim, Jewish, Rastafarian.

Michie et al. 2012

**Faith
Action**

NIHR Health Determinants
Research Collaboration
Lambeth

EST 1892
LSBU
School of Applied
and Health Sciences

Findings- What we found!

Capability

- **Low mental health literacy (B)**
 - Misconceptions and supernatural attributions (e.g., witchcraft).
 - *“Some people are stigmatised or labelled... seeing mental health conditions as sort of witchcraft and so that prevents them from seeking support.” (T2)*
- **Untrained faith leaders (B)**
 - Reliance on prayer only; delayed professional care.
 - *“I would have rather them, the leaders, have said this is out of our remit... than being willing to pray every day.” (T4)*
- **Emerging improvements (F)**
 - Churches partnering with counsellors; free sessions offered.
 - *“There is actually a growing awareness and acceptance of mental health issues, and we are making these things open discussions.” (T1)*



Findings- What we found!

Opportunity

- **Stigma in faith communities (B)**
 - Help-seeking discouraged; judged as weak faith.
 - *“In the church... people feel they will be judged and labelled and the consequences are many.” (T4)*
- **Social consequences (B)**
 - Fear of gossip, exclusion, or withdrawal of support.
 - *“People may run away from them and they may not be given the opportunity they need.” (T1)*
- **Positive social support (F)**
 - Trusted friends/family reduce shame.
 - *“The friends who I share my cultural and also my spiritual identity [with]... those are the best people I could really confide in.”*
- **Culturally appropriate care (F)**
 - Preference for providers sharing faith/culture.
 - *“It might mean that they need someone that looks like them... and that can really be the difference.” (T3)*



Findings- What we found!

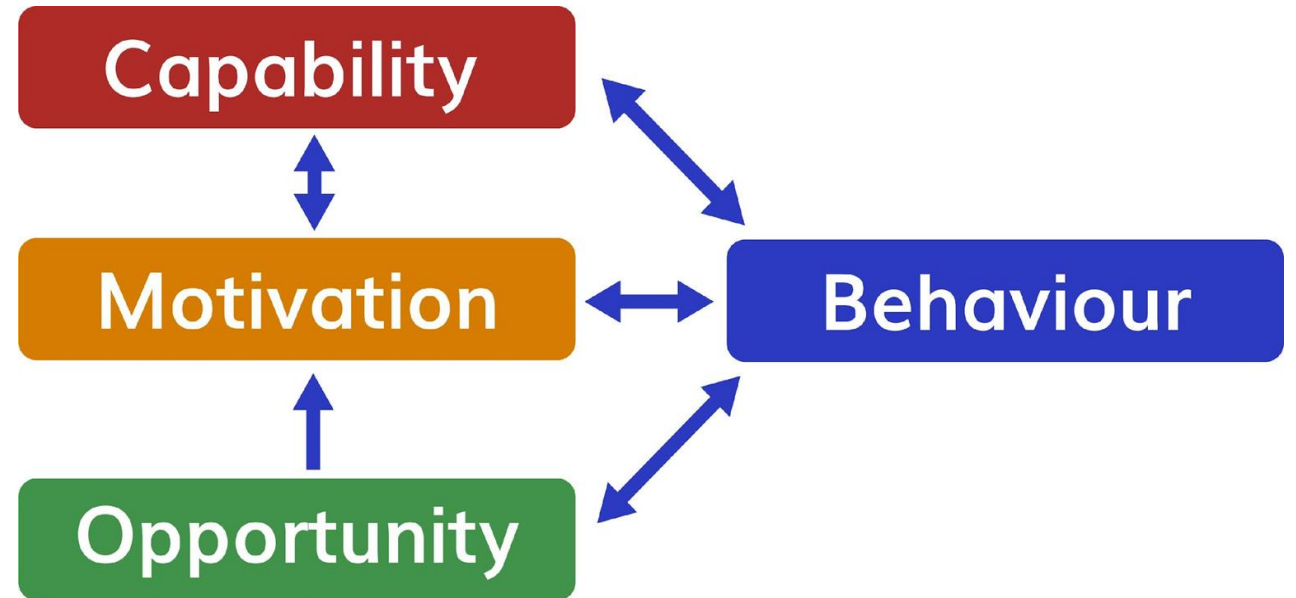


Motivation

- **Internalised beliefs (B)**
 - Caribbean: Strength/self-reliance expected.
 - *“People within the Caribbean community will believe they should be strong enough to face whatever they are facing... not sharing their problems... it’s perceived as a weakness.” (T1)*
 - African: Fear of stigma and consequences.
 - *“A lot of people would definitely treat you differently if they hear you have mental health issues.” (T1)*
- **Religious interpretations (B)**
 - Problems framed as spiritual failure; guilt and shame.
 - *“I had convinced myself that there was a spiritual thing going on... nothing physical that could be done about it.” (T2)*
- **Facilitators of change (F)**
 - Advocacy, openness, sharing recovery stories.
 - *“A bunch of other people then also sought professional support... we were all just waiting for someone to break the cycle.” (T2)*

Key Takeaways

- **COM-B lens** shows that barriers and facilitators interact.
- Need to: Build capability (literacy & training).
- Enhance opportunity (reduce stigma, provide cultural care).
- Strengthen motivation (reframe beliefs, empower advocates).



West & Michie (2020)



Many thanks for listening!

References

- Ahmad, G., McManus, S., Cooper, C., Hatch, S. L., & Das-Munshi, J. (2022). Prevalence of common mental disorders and treatment receipt for people from ethnic minority backgrounds in England: repeated cross-sectional surveys of the general population in 2007 and 2014. *The British Journal of Psychiatry*, 221(3), 520–527. doi:10.1192/bjp.2021.179
- Bignall T, Jeraj S, Helsby E, Butt J (2019) Racial disparities in mental health: Literature and evidence review.
- Jeraj, S, Shoham, T and IslamBarratt, F, 2015, Mental health crisis services for black and minority ethnic people, Race Equality Foundation,
- Baskin C, Zijlstra G, McGrath M, et al (2021) Community-centred interventions for improving public mental health among adults from ethnic minority populations in the UK: a scoping review. 11:e041102. doi: 10.1136/bmjopen-2020-041102. eCollection 2021
- Hays, K., & Aranda, M. P. (2015). Faith-Based Mental Health Interventions With African Americans: A Review: A Review. *Research on Social Work Practice*, 26(7), 777-789. <https://doi.org/10.1177/1049731515569356> (Original work published 2016)
- Chatters, L. M., Taylor, R. J., Woodward, A. T., & Nicklett, E. J. (2015). Social support from church and family members and depressive symptoms among older African Americans. *The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry*, 23(6), 559–567. <https://doi.org/10.1016/j.jagp.2014.04.008>
- Codjoe, L., Barber, S., Ahuja, S., Thornicroft, G., Henderson, C., Lempp, H., & N'Danga-Koroma, J. (2021). Evidence for interventions to promote mental health and reduce stigma in Black faith communities: systematic review. *Social psychiatry and psychiatric epidemiology*, 56(6), 895–911. <https://doi.org/10.1007/s00127-021-02068-y>
- Mantovani, N., Pizzolati, M., & Gillard, S. (2017). Engaging communities to improve mental health in African and African Caribbean groups: a qualitative study evaluating the role of community well-being champions. *Health & Social Care in the Community*, 25(1), 167–176. <https://doi.org/10.1111/hsc.12288>

References

- Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science : IS*, 6, 42. <https://doi.org/10.1186/1748-5908-6-42>
- Cane, J., O'Connor, D., & Michie, S. (2012). Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implementation science : IS*, 7, 37. <https://doi.org/10.1186/1748-5908-7-37>