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A Colorless Nature: Exploring the Mental Health (Help-Seeking) Experiences of Pre-
Adolescent Black American Children

by

Christopher Ashley Burkett

A dissertation submitted in partial fulfillment of
the requirements for the degree of

Doctor of Philosophy
in
Social Work and Social Research

Dissertation Committee:
Julie Rosenzweig, Chair
Eileen Brennan
Michael Taylor
Samuel Henry

Portland State University
2020

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Abstract

Black American children and adults seeking help for mental health concerns face countless obstacles rooted in systematic oppression, institutional inequalities, and structural disparities; consequentially, accessing essential services at much lower rates than their White American counterparts. The unidentified and untreated mental health issues of Black American children and youth can have catastrophic life outcomes for them. Some researchers have cited barriers such as stigmatization, negative attitudes toward mental health services, and a lack of culturally relevant treatment models as explanations for these impediments to mental health (help-seeking). It is my contention that these analyses are arguably incomplete, despite having accurate elements. I propose a more realistic topography of the mental health (help-seeking) experiences (MHHSES) for Black American children and their families using the lens of four major theoretical concepts: 1) historical trauma, 2) environmental toxicity, 3) culturally bound economic insecurity, and 4) cultural mistrust.

This dissertation presents important results from a photo-elicitation interview (PEI) research study designed to gather knowledge about the MHHSES for pre-adolescent Black American children through the voices of 8 public school-based professionals. This arts-based research examination was grounded in an anti-oppressive stance. I identified 12 core themes and 10 major sub-themes focusing on the ecological, economic, and socio-cultural factors that influence the MHHSES of pre-adolescent Black American students living in an urban community on the east coast of the United States. These outcomes offered support for using my major theoretical concepts identified above

to expand, comprehend, and fully articulate a unique narrative lived by pre-adolescent Black American children and their families seeking mental health assistance. It is clear that this framework emerging from my study outcomes deserves further investigation despite a small sample size and the specific study location.

Finally, I assert that we social workers have an obligation to support and implement anti-oppressive methods when working with Black American children, youth and their families; create more culturally appropriate mentor programs for this population, especially Black American pre-adolescent boys; and craft sound scholarship that deepens an evolving knowledge base about the ecological, economic, and socio-cultural factors that determine their mental health (help-seeking) experiences.

Dedication

This work is dedicated to my late older sister Cynthia Denise Burkett.

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I must first assert my praises to the most beneficent and munificent one. I would like to thank my parents Frank and Angelois Burkett. I would like to extend my gratitude to each one of my irreplaceable siblings (Corey Valeriani, Cynthia Denise, Coretta Rechelle, and Chad Franklin Burkett). I want to express a great deal of appreciation to my incredible dissertation committee. Still, I must acknowledge my irreplaceable partner Kristin Soderquist Andrés for her unwavering support throughout this indescribably arduous journey. It is also important to recognize the Portland Art Museum (Portland, OR), the Museum of Modern Art (MOMA) (New York, NY), and the DIA: Beacon (Beacon, NY). The various collections within these incredible spaces provided me endless inspiration when crafting this work. I appreciate you for allowing me to sit on your floors to engage with these pieces. Finally, I would like to thank all my study participants and the entire Location Z community for trusting me.

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Chapter 1

Introduction

The narrative that interweaves both historical and contemporary experiences of Black American children, youth and adults in need of mental health services has been described as being intricate and could benefit from an inclusion of additional concepts that represent a more complete story. Research studies that have examined the utilization patterns of mental health services among Black Americans indicated that they seek mental health services at much lower rates than their White American counterparts (Children's Defense Fund, 2010; Garland et al., 2005; Holden & Xanthos, 2009; Katako, Zhang, & Wells, 2002; Stagman & Cooper, 2010). Still, the body of scholarship within this has identified "barriers" such as stigmatization, fear, negative attitudes, and the absence of culturally-sensitive treatments as explanations for low rates of seeking mental health services by Black Americans (Burkett, 2017; Copeland, 2006; Thompson, Bazile, & Akbar, 2004; Holden & Xanthos, 2009; Whaley, 2001a, 2001b). The previous analyses were not invalid; yet they could be deemed incomplete. Snowden (2001) noted that the pathways and methods by which Black Americans enter and participate in mental health services may be determined less through clinical and administrative decision-making, but rather more by social structures and community traditions. The objective of this examination is to articulate and illustrate how under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods experience public school-based mental health services. A principle aim is to extract, explain, and reconfigure their historically based and culturally-candid visual and verbal narratives of mental health experiences for this population.

Black Americans must navigate a maze of obstacles that are built of systematic oppression, institutional inequalities, and structural disparities when seeking formal mental health services. The research study presents a set of key elements to offer an improved historically anchored and culturally candid description of the mental health (help-seeking) seeking experiences of Black Americans. The unpacking of four theoretical concepts: historical trauma, environmental toxicity, culturally bound economic insecurity, and cultural mistrust is intended to provide a more realistic topography of this route encountered by Black Americans when they seek help from mental health services.

The mental health (help-seeking) experiences for Black American children residing in environmentally toxic urban places are examined in this literature review. The term environmental toxicity includes those unnatural physical and unseen environmental hazards that continue to plague urban under-resourced neighborhoods. Environmental toxicity refers to those intangible and physical (chemical) pollutants that engulf many of these places. The concept under-resourced describes the challenging daily living conditions that are visible and hidden within those disadvantaged and distressed neighborhoods for many Black Americans who reside in them. Persons that are under-resourced lack essential life tools. These individuals have not been afforded appropriate social and economic resources such as: access to suitable mental and health treatment, adequate housing, functional and productive schools, reasonable transportation options, suitable food choices, etc. Natural environments consist of parks, forests, lakes, oceans, rivers, creeks, hills, mountains or beaches. I use the built environment to describe

bridges, roads, highways, factories, homes, schools, and other man-made structures.

These three terms have been clarified within my literature review.

The central questions for this examination are: (a) What ecological, economic, and socio-cultural factors impact or influence the mental health (help-seeking) behavior of preadolescent Black American children? and (b) How do public schools and urban neighborhoods inhibit or contribute to their emotional well-being (mental health)? The specific research questions that guide this photo elicitation interviewing study are threefold:

1. How do public school-based professionals perceive the influence of ecological factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?
2. How do public school-based professionals perceive the impact of economic factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?
3. How do public school-based professionals perceive the effect of socio-cultural factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?

My focus is solely on school-based services because I wanted to target a space where kids spend most of their day. Another reason for this specific target rested in an

assertion that the school represented the usual place where disadvantaged and vulnerable children generally received free mental health assessment and treatment. The school symbolizes an institution that must strive to foster a healthy mental well-being among all of its students. This doctrine has been argued to be an inherent part of the overall mission of schools. These institutions should provide adequate and culturally informed mental health care in concert with sound educational instruction. Mills et al. (2006) suggested that “school and community-based education and training efforts should direct attention, using clear descriptions and examples, to effective school mental health programs and highlight the relationship of these programs to academic and social success” (p. 158).

Leaf et al. (1996) noted that both schools and primary care health settings have been shown to serve as an integral space for the mental health service delivery to our children in this nation. Researchers reported that minority adolescents most frequently indicated using school-based services and medical providers for mental health services (Barker & Adelman, 1994). For example, the Great Smoky Mountain Study found that schools were the principal place where youth received mental health help (Burns et al., 1997). Power et al. (2005) state that “there is no dispute that schools are a major player in service provision for children with mental health problems” (p. 188)

Relevance for Social Work

The public school is a common point of entry to mental health services for many children in the United States (Berzin, O’Brien, Frey, Kelly, Alvarez, & Shafer, 2011). Essentially, this institution can serve as a space for mental health care for its students (Atkins, Graczyk, Frazier, & Abdul-Adil, 2003; Atkins, 2006; Atkinson & Hornby, 2002;

Foster, et al., 2005; Rones & Hoagwood, 2000; Committee on School Health, 2004). The responsibility of a school is to provide positive reinforcement to its pupils, thus ensuring their healthy physical, emotional, and mental development. Moreover, I argue that school-based mental health services must be inclusive, collaborative, productive, culturally sensitive, and preventative.

School-based social workers maintain a crucial role for vulnerable populations of students that often times slip through the cracks. Teasley (2005) suggests that social work education programs and postgraduate training should be proactive and vigilant about monitoring the preparation of these professionals for culturally competent practice in urban settings, particularly with Black Americans. Openshaw (2008) asserts that a major objective for these practitioners is to ensure a productive learning atmosphere on the micro, mezzo, and macro levels for all their students. Another important goal of these professionals is to provide every child with said opportunities and tools that will allow them to thrive academically and socially within a both secure and healthy school environment (Openshaw, 2008). The aforementioned aim can be majorly important when delivering mental health care for under-resourced, preadolescent, Black American children residing in the environmentally toxic urban place.

School-based social workers function as a link or connective tissue between the home, school, and community through their provision of direct and indirect services to students, families, and school personnel. Berzin et al. (2011) noted that the sample of school social workers who responded to the National School Social Work Survey reported “engaging in the facilitation of communication between home, school, and

community followed by collaboration through consultation” (p.498). Brener, Martindale, and Weist (2001) reported that these mental health practitioners must care about building relationships, conducting evaluations, working with multidisciplinary teams, and helping school-aged children to sufficiently tackle many of the challenges that interrupt their academic progress.

The guidelines followed by school-based mental health providers inform their relationships with individual students. Previous research has mentioned that mental health practitioners, specifically school-based social workers, must recognize the value of *multicultural counseling competency* which acknowledges the potential existence of racism, discrimination, and prejudice within clinical interactions between Black American consumers and White American mental health providers (Buser, 2009; Holden & Xanthos, 2009). School social workers must understand and own that their personal cultural bias can negatively impact a therapeutic relationship (Atdjian & Vega, 2005). Anglin, Alberti, Link, and Phelan (2008) urged for a renewed focus on teaching mental health-based practitioners, individuals, and various communities about the continuum and spectrum of mental illness or disorders in general, but particularly for Black Americans.

School-based mental health professionals are the principle audience for this research examination. However, the intention of this project was to articulate a sense of urgency surrounding the importance of ensuring the positive mental health development of the focal population upon those eyes, ears, hearts, and minds of many individuals. I crafted this work for a vital or core audience of school-based mental health practitioners, especially social workers to bolster their concern about the mental health (help-seeking)

experiences of the focal group of Black American children. The present research examination helps to inform physicians with their formal and informal service delivery, school-based psychologists with family therapy or pharmacological intervention, school counselors with therapy sessions and health education, student volunteers with tutoring, and faith leaders social skills training (Power et al., 2005).

Current Research Study

The findings of this study offer valuable perceptions about how a select group of Black American children may experience mental health services in their public schools. Moreover, I provide salient cultural insights for school social workers on how to minimize re-traumatizing under-resourced, preadolescent Black American children dwelling in environmentally toxic urban neighborhoods while working for (with) them. The purpose was to uncover the many structural, environmental, and societal barriers that impact the mental health (help-seeking) experiences of the noted children through their lenses. The numerous obstacles faced by this population coalesce with a cumulative force that makes significant indentations on their overall mental health mental health (help-seeking) experiences.

Chapter 2

Literature Review

Mental Health Service Use and Needs among Black Americans

Research investigations concerning the use of mental health services among different ethnic/racial populations have revealed a significant underutilization specifically among Black Americans (Anglin et al., 2008; Bailey, Blackmon, & Stevens, 2009; Cooper-Patrick et al., 1999; Garland et al., 2005; Holden & Xanthos, 2009; Marrast, Himmelstein, & Woodhandler, 2016; Nickerson et al., 1994; Redmond, Galea, & Delva, 2009; Whaley, 2001). Planey, Smith, Moore, & Walker (2019) asserted that nearly three-quarters of Black American children do not receive mental health services when they need these resources. Thompson et al. (2013) mentioned that Black Americans tend to have higher rates of underuse when compared to other groups. The National Comorbidity Survey (NCS) and the Epidemiology Catchment Areas Survey both reported that Black Americans receive mental health services at a rate that is one-half of their White American counterparts (Swartz, Swanson, Burns, George, & Padgett, 1998). The National Survey on American Life noted that only 32% of Black Americans are shown to use professional mental health services; whereby the youngest and oldest participants were least likely to obtain help (Neighbors et al., 2007). Still, research has suggested that Black Americans, regardless of gender and age, use mental health services at much lower rates than do other ethnic groups (Angold et al. 2002; Planey et al., 2019; Thompson et al., 2013).

There have been three major nationally representative household surveys (the National Health Interview Survey, the National Survey of American Families, and the Community Tracking Survey) focused on the use of mental health services among children from 3 to 17 years of age and conducted with large samples (i.e. ranging from 9,000 to 29,000 families) between the years of 1996-1998 (Kataoka et al., 2002; Power et al., 2005). The findings from these examinations were remarkably similar; each reporting that 6% to 8% of children in this age range received mental health services (Power et al., 2005). Those “children (6 to 17 years) were nearly three times more likely to obtain mental health services when compared to preschool children (3 to 5 years)” (Power et al., 2005 p. 188). Black and Latino Americans were reported as obtaining less mental health help (Power et al., 2005).

A few other national studies indicated that almost one in five youth ages 9 to 17 have a diagnosable mental disorder (Auger, 2013; Children’s Defense Fund, 2010; Chow, Jaffee, & Snowden, 2003; Katako, Zhang, & Wells, 2002; Snowden, 1999; Stagman & Cooper, 2010; U.S. Department of Health and Human Services, 1999). The National Comorbidity Survey-Adolescent Supplement reported that practically half of the Black American participants endured a mental health issue before they were eighteen years old (Planey et. al, 2019; Merikangas et al., 2010). Power et al. (2005) noted that preschoolers, girls, minorities, and the uninsured are at the greatest risk for being underserved. Mennen & Trickett (2007) reported that less than half of “urban” populations of children and adolescents receive mental health services. An estimated 20% of children and teens have mental health problems that create at least mild impairments and about 10% have

moderate to severe disorders that need intervention (Duchnowski, Kutash, & Friedman, 2002; Power et al., 2005). Wu et al. (2001) noted that Black American children and adolescents are undertreated for depression. Sadly, well below 50% of these children actually receive mental health services, and far fewer get the quality of care required to effectively reduce their impairments (Power et al., 2005, p. 187).

Power et al. (2005) noted that mental health issues are quite common among both children and adolescents. Unfortunately, the situation of children who need mental health services was reported as being like that of adults as many of them receive inappropriate services or no treatment at all (Auger, 2013; Wu et al., 2001). The Surgeon General Report on Mental Health from 1999 described those mental health disparities faced by groups of racial and ethnic minorities as a “great burden of unmet need” (Lippman, 2010, p. 823). Disturbingly, the rates of unsatisfied needs have not improved in 25 plus years for this vulnerable group (Pescosolido et al., 2008). The Surgeon General Report on Mental Health report estimated that 70% of those children in need of mental health help do not receive services (Lippman, 2010).

Arguably, many Black American youth and adults face an innumerable and formidable disparities surrounding their perceived need of and access to formal mental health services (Cauce, 2002; Copeland, 2006; Neighbors et al., 2007; Snowden, 2001; Thurston & Phares, 2008; Woodward et al., 2015). Black American children, youth and adults who actually access mental health care have been reported to prematurely drop out of this treatment completely or often as early as the second appointment (Chow, Jaffe, & Snowden, 2003; Copeland, 2006; Holden & Xanthos, 2009; Snowden, 2001). The

frequency of abrupt termination only exacerbates these consistently reported high levels of unmet need for Black American children, youth, and adults.

The patterns of underuse and unmet need of mental health services have been said to be apparent among Black American children and youth (Planey et al., 2019). Garland et al. (2005) mentioned that there is a significant racial/ethnic difference in the use of some forms of mental health services among high-risk youth and their parents despite considering the multitude of integral determinants for mental health (help-seeking). Thurston and Phares (2008) found that Black American mothers and fathers compared to White American parents believe that more obstacles exist to mental health (help-seeking) for themselves and for their children.

These elevated rates of untreated mental health needs among Black American individuals, especially for those children have been mentioned as producing a range of negative outcomes including an increase of educational, economic, and social hardships for instance poverty, substance abuse, joblessness, or low levels of educational attainment (Children's Defense Fund, 2010). The symptoms associated with untreated mental health disorders can interfere with the healthy development of children, including disturbances in learning, interacting and socializing with peers, and overall engagement in the school (Children's Defense Fund, 2010). Committee on School Health (2004) stated that the mental health disorder that receives no or improper attention increases the frequency of school drop-out, juvenile imprisonments, substance abuse, unemployment, and an overall disruption of family.

Various issues contribute to those disparities in help seeking for racial/ ethnic minority groups including cultural factors like mistrust of mental health professionals, inconsistent rates of referral and reliance on informal types of treatment such as social networks, community assistance and help from their church (Lippman, 2010; Mennen & Trickett, 2007; Snowden, 2001; Williams, Neighbors, & Jackson, 2003). Planey et al. (2019) asserted that the barriers or obstacles to mental health care use for Black Americans “across all ages have included individual, clinical, and systematic factors such as self-reliance, cultural stigma, mistrust of providers, lack of accessible services, lack of transportation, and economic difficulties” (p. 191). I decided to concentrate on those cultural obstacles. I have identified five key summative elements that describe specific disparities in the access, need, and use of mental health care among Black Americans most notably for children: (a) an internalized fear of multi-stigmatization, (b) a persistent cultural misdiagnosis, (c) a punitive pathway to authoritarian care, (d) misinformation: a fissured knowledge base and (e) a conditioned overreliance on alternative treatment.

An internalized fear of multi-stigmatization. Several factors can be linked to the diminished levels of mental health service utilization by Black Americans, including a fear of treatment, the fright of hospitalization, and overall negative expectations (Whaley, 2001a, 2001b). Moreover, many Black Americans encounter various barriers to their mental health help seeking such as: (a) cost of treatment, (b) stigma associated with mental health care, and (c) cultural mistrust (Copeland, 2006). It is my belief that stigmatization linked to mental health disorders or treatments are debilitating and plays an integral role in the mental health (help-seeking) experiences of Black Americans.

“Stigma is described by Erving Goffman as an actual/inferred attribute that damages the bearer’s reputation thus relegating him/her to a socially discredited status” (Mukolo, Heflinger, & Wallston, 2010 p. 93; Yang et al., 2007; Hinshaw & Stier, 2008). Some research examinations have described stigma as a formidable hindrance to the mental health (help-seeking) behavior for Black American children, youth, and adults (Anglin et al., 2006; Copeland, 2006; Mukolo, et al., 2010; Thompson et al., 2004). The actual fear of being stigmatized can stem from possessing this simple label of being mentally ill (Anglin et al., 2006; Wright, Jorm, & Mckinnon, 2011). This circumstance may be more severe for under-resourced preadolescent Black American children residing in environmentally toxic urban places (U.S. Department of Health and Human Services, 2001).

Black American children, youth, and adults must contend with the reality of a dual stigmatization from society at large. Stigma is perhaps worse for Black Americans due in part to the social factors that determine, shape, and characterize their lives (Bailey et al., 2009; Moran, 2004). The commonly adopted representation of the Black American person is holistically submissive, passive, beaten, and weakened. The stigma assumes a different appearance when it is combined with an already fragile and marginalized existence. The disproportionately amplified burden that is characteristic of mental health problems visible in poverty and racial/ethnic groups produces behavioral issues and diminish treatment use particularly for Black American children (Pescosolido et al., 2008). Mukolo et al., (2010) mentioned that stigma may compound the strain of caring for an individual suffering from a mental illness and influences the help-seeking behavior

of a caregivers. Thompson et al. (2004) reported that those focus group participants who had received mental health services and those persons with no prior experience with such care mentioned that the stigma, shame, and embarrassment associated with mental illness served as a significant barrier to their actual treatment-seeking for mental health issues. Bailey, Blackmon, and Stevens (2009) stated that stigma can influence the actual diagnosis or lead to a misdiagnosis of Black Americans.

A persistent cultural misdiagnosis. Black Americans are more often erroneously diagnosed with a mental health ailment when compared with White Americans (Bailey et al., 2009; Borowsky et al., 2000). This misdiagnosis is often the result of a communication breakdown between two individuals from different cultural backgrounds. It constitutes a severe interaction gap thus preventing White American mental health providers and Black American mental health consumers from engaging in a productive exchange during their mental health experience. The mental health practitioner must comprehend that cultural context is essential to evaluating Black Americans for mental health issues (Bailey et al., 2009; Pescosolido et al., 2008; Quimby, 2006). An invalid judgment and specious mental health assessment ultimately skews and artificially shape the mental health (help-seeking) experiences for under-resourced preadolescent Black American children and their families living in environmentally toxic places. Cultural misdiagnosis causes the Black American person or family to search for alternative methods of coping with their mental health issues and producing counterproductive behavior. Specifically, an erroneous evaluation of the mental health issues plaguing under-resourced pre-adolescent Black American children manifests into negative

behavior (i.e. bullying, substance and alcohol abuse, inappropriate sexual behavior, limit testing, academic failure and eventual dropout or subjugation to exclusionary disciplinary tactics such as expulsion and suspension (Children's Defense Fund, 2010). I argue that these previous deleterious behavioral expressions are by-products of having to cope with the frustration of sustained mental anguish that heightens as these children maneuver environmentally toxic urban spaces.

I argue that the aggression displayed by under-resourced preadolescent Black American children residing in environmentally toxic urban neighborhoods can be linked to hunger, boredom at home, disinterest in class material, exposure to neighborhood violence or a physical ailment (i.e. the common cold). A hostility resulting from legitimate hardships is perceived as disorderly conduct if the teacher fails to consider the environmental circumstance of these children. Furthermore, punitive disciplinary tactics exclude these children from proper mental health evaluations and subsequent diagnoses. The perceptions of their instructors lead to cultural misdiagnoses and an overrepresentation among Black Americans in involuntary hospital admissions (Lowe, 2006; Whaley, 2001).

A punitive pathway to authoritarian care. The small percentage of Black American children, youth, and adults that receive mental health services are often introduced to them within a non-mental health institution. Bailey et al. (2009) mentioned that Black Americans often receive mental health care while in emergency room settings. This non-volitional initiation to mental health care is devastatingly prevalent for under-resourced and poor neighborhoods (Chow et al., 2003). There can be an arguably increase

in the possibility that any mental health treatment received will be involuntary when one resides in an impoverished area.

Black American children, youth and adults troubled by social and emotional disorders are more likely to enter mental health care through law enforcement or an involuntary commitment (Cauce et al., 2002). An overwhelming proportion of the children and youth, approximately 70%, who are involved with the juvenile justice system have a diagnosable mental health condition (Stagman & Cooper, 2010; Auger, 2013; Osterlind, Koller, & Morris, 2007). Jails and prisons have emerged as the largest institutions that house the mentally ill (Dumont, Brockmann, Dickman, Alexander, & Rich, 2012; Spinney et al., 2016). Sadly, a large proportion of Black American youth and adults receive initial treatment for mental health conditions from departments of corrections and social services rather than mental health providers (Cauce et al, 2002; Lowe, 2006; Snowden, 1999, 2001). These penal institutions are disproportionately populated with Black Americans and other groups of minorities. Spinney et al. (2016) pointed out that there are overt racial disparities within the juvenile justice system, particularly for Black American children and youth. Furthermore, researchers reported that there is strong evidence within the literature from 1967-1999 and 2002- 2010 that demonstrated the latter assertion (Cohen et al., 2011; Engen, Steen, & Bridges; Spinney et al., 2016). An introduction to mental health care in this coercive manner can agitate and amplify levels of distrust held by Black Americans towards formal mental health service sectors. The stringent tactics associated with authoritarian and punitive-based treatment are a less than ideal approach for those with mental illness.

Misinformation: A fissured knowledge base. Black Americans when compared to White Americans tend to reject genetic explanations for mental illnesses, but do not deny justifications that attribute mental disorders to a chemical imbalance (Anglin et al., 2008; Schnittker, Freese, & Powell, 2000). These persons are more likely than White Americans to refuse the rationalizations surrounding mental disorders that blame family background, but not those that point to life strain (Schnittker et al., 2000).

Black Americans have been reported to be more likely than White Americans to maintain several fallacies about the nature and origins of mental illness, therefore contending that these problems are a direct result of character flaws which can be overcome through avoiding morbid ideations (Schnittker et al., 2000). Alberti et al. (2008) found that a greater percentage of Black Americans when compared to White Americans believed that mental health disorders will mend by themselves. Furthermore, many Black Americans may have difficulty in deciding when their mental health condition has worsened to the point of requiring formal treatment (Thompson et al., 2004). Black American children and youth received lessons about mental health issues (informal or formal), mental health literacy or awareness from their parents through racial socialization. The concept has been explained and unpacked in the latter half of this chapter. A lack of knowledge among the general public, cynicism, and misinformed beliefs about mental health issues will be continually problematic for children, parents, and mental health providers (Pescosolido et al., 2008).

A conditioned overreliance on alternative treatment. Numerous Black Americans regularly substitute spiritual guidance for formal care even when they contend

that treatment can be effective (Atdjian & Vega, 2005). The Black American church has historically served as an important element to the development and survival of its children, youth and adults. The church has been defined as a “trusted central institution in many Black American communities that has been used as a setting for the delivery of health, social, civic and political services” (Hankerson & Weismann, 2012, p. 244; Lincoln & Mamiya, 1990). This cherished institution can operate as a “therapeutic house” where the Black American individual may address potential, emergent, or plaguing mental health problems. The Black American church has been identified as delivering *de facto* mental health care for its congregation (Fox, Merwin, & Blank, 1995; Hankerson & Weismann, 2014). Historically Black American preachers and pastors have been uniquely positioned to play two critical roles for their congregations: the primary mental health treatment source and a gatekeeper or referral source to specialty care (Neighbors, Musick, & Williams, 1998).

Researchers have noted that Black American children, youth, and adults use social networks coupled with the church as an alternative to formal help as well as a supplement for professional help utilization (Lippman, 2010; Neighbors & Jackson, 1984). I think it may be advantageous to explore to explore using the combination of prayer in concert with formal mental health care. Black Americans were shown to be least likely by far when compared with other study participants to have sought mental health help from a therapist in private practice (Snowden, 1999; Neighbors et al., 2007). The Black American church provides a different coping mechanism to unfamiliar, uncomfortable, and pricey formal mental health care overloaded with arguably subpar

attentiveness. I assert that the only cost for treatment in the church is your faith. This institution has appropriate, but arguably limited reach for its Black American children, youth, and adults. There are some matters that the spiritual experience may not be able to alleviate alone. Hankerson and Weisman (2014) suggested that the Black American church can potentially be distinctly situated to aid its members in surmounting obstacles to mental health care such as limited access, mistrust, and stigma. According to a survey commissioned by the National Mental Health Association in 1996, nearly two-thirds of Black Americans mentioned that prayer and faith alone would successfully address their depression issues “almost all of the time” or “some of the time” (Bailey et al., 2009, p. 1086).

The decreased amount of formal mental health care used by Black Americans should be of chief concern for mental health practitioners, policymakers, researchers, and scholars (Neighbors, 2007). The statistics surrounding those mental health services needed and received by children and youth in this nation points to a necessitated reconsideration of policies and practice (Burns et al., 1995; Kataoka, et al., 2002; Leaf et al., 1996; Mills et al., 2006). This trend has been shown to be more prevalent for children from racial/ethnic minority populations, which makes the latter suggestion even more crucial (Children’s Defense Fund, 2010; Garland et al., 2005; Katako et al., 2002). The unmet mental health needs and service underutilization disparities have been clearly observed among Black American children and youth.

Despite the sizeable volume of scholarship about mental health service use for Black American youth (Alergia et al., 2008; Cauce et al., 2002; Copeland, 2006) and

adults (Wu et al., 2001; Snowden, 2001). These trends remain insufficiently comprehended by many researchers, scholars, etc. (Thompson et al., 2011, 2013). Shim, Compton, Rust, Druss, & Kaslow, 2009, asserted that it is vital to obtain a more refined and thorough comprehension of deterrents to their actual seeking of mental health care given these alarmingly reduced rates of mental health service use among Black American individuals. My aim was to conduct an examination that could possibly expose a more culturally candid and historically based representation of the mental health (help-seeking) experiences in public school settings for a purposive and convenient sample of under-resourced, pre-adolescent, Black American children residing in environmentally toxic neighborhoods.

Mental Health Experiences for Black American Children in Public School

Environments

The public school operates as a legally mandated haven that fosters holistic maturation for every student. Both private and public schools assume a bulk of the responsibility for providing an endless stream of unfettered positive reinforcement for children until they reach a certain developmental stage. This mission held by most educational institutions leads to the healthy mental, physical, and emotional development of each child. Sadly, the public-school systems within this country have oftentimes failed to suit the needs of under-resourced, preadolescent Black American children and their families residing in environmentally toxic urban areas. Tragically, research examinations report that Black American students are overrepresented in suspensions and expulsions, exhibit alarming rates of drop-out, academic failure, and other unfavorable educational

outcomes (Flannery, 2015; Long, 2014; Losen & Skiba, 2010; Skiba et. al, 2011). The existing duties of teachers and other school officials can be overwhelming (Flannery, 2015). However, their principal focus must be on providing culturally appropriate care to all students, particularly the vulnerable ones.

School-based mental health care. Beginning in the 1890s, the school has a perplexing history of involvement with mental health (Committee on School Health, 2004). Generally speaking, the public or private school system holds an immense responsibility for providing a nurturing and supportive learning environment for children. They should ensure the healthy social, cultural, emotional, physical and mental development of all students. The school itself acts as an actual mental health care center for its students and their families (Atkins, 2006; Atkins, Graczyk, Frazier, & Abdul-Adil, 2003; Atkinson & Hornby, 2002; Foster et al., 2005; Rones & Hoagwood, 2000; Committee on School Health, 2004). However, there are not always a varied array of options for the mental health care, curricula, preventative programs or services within schools (Committee on School Health, 2004). Perhaps even more troubling is that Black Americans have been reported as being less willing to seek advice from teachers, while parents are resistant to consulting instructors and mental health practitioners (Pescosolido et al., 2008).

The mental health direct practice positions within the public-school settings vary. I am concerned with three of these notable mental health roles: school guidance counselors, school psychologists, and school social workers. These mental health professionals are overseen by their respective governing bodies and directly responsible

for providing positive mental health help for student populations (Brener, Martindale, & Weist, 2001). An essential standard that directs school-based mental health practitioners involves respecting the cultural background, identities, lives and truths of their students. (Brener et al., 2001). The guidelines followed by school-based mental health providers inform their relationships with individual students. These standards can potentially dictate student levels of engagement or their patterns of mental health service use. Moreover, these regulations could also serve to reinforce counter-productive forms of discipline. The school-based mental health provider must exhibit cultural empathy while fervently searching for cultural comprehension (Teasely, 2005).

The first school-based mental health professionals to be discussed are school counselors. They were initially devoted to addressing vocational concerns for students. However, the role of many school counselors has evolved dramatically. They now assist students with resolving various personal issues. School counselors are also responsible for inciting a desire within these pupils to enhance personal decision-making skills around their academic abilities, interactions with peers or others, and general development (Brener et al., 2001).

The next mental health-based practitioner of focus is the school psychologist. One duty of these school-based mental health providers was to evaluate the psychological well-being and needs of each student. Brener et al., (2001) note that these professionals should consult parents, teachers, principals, and other school professionals about the emotional, social, behavioral, and tutorial issues that may hamper the student.

The final school-based mental health practitioners of note were social workers. I specifically concentrated on gaining the attention of these practitioners. Openshaw (2008) suggested that the school-based social worker functions as a link or connective tissue between the home, school, and community through a provision of direct and indirect services to students, families, and school personnel. The school social worker should be dedicated to developing sound relationships with students, evaluating their behavior, working collaboratively with multidisciplinary teams, and arming children and youth with the vital emotional and mental tools to combat those institutional obstructions or disturbances to their academic success (Brener et al., 2001). School-based mental health practitioners should be more proactive about increasing the mental health literacy of its students and their parents.

Many school officials and educational policy makers have placed a greater emphasis on issues concerning general instruction or academic outcomes (Flannery, 2015). Therefore, this focus could cause the mental health of public-school students to be neglected or forgotten. This disregard is detrimental to the social, emotional, physical, and mental development of every student. It undermines a notion that mental health stability is an instrumental component in fostering positive academic outcomes for these children. Public school-based professionals must assume a more substantial role in the psychological development of those under-resourced, preadolescent Black American children and their families residing in environmentally toxic urban neighborhoods. The school should provide eight to ten hours of culturally appropriate physical, psychological, emotional, and intellectual support for the maturing child per day (Blank & Berg, 2006).

The educational institution can be a place where the levels of damaging stress endured by Black American children residing in urban environmentally toxic spaces are actively reduced. The public school affords students with several integral tools that help them to circumvent natural and artificial obstructions (Blank & Berg, 2006). The development of a child occurs mostly at home, but this process is enhanced and manicured within an educational environment. I maintain that public schools are frequently the only place within an environmentally toxic urban neighborhood where under-resourced pre-adolescent Black American children can access positive mental health care. This institution has a responsibility to identify those students in need and integrate suitable programs into the curriculum (Blank & Berg, 2006; Lagana-Riordan et al. 2011)

Zero tolerance: Re-traumatizing Black American Children.

The public schools in our nation have begun to function as boot camps or training grounds for future incarcerations based on their disciplinary practices and policies (Flannery, 2015; Giroux, 2003; Rocque & Snellings, 2018). They serve as cultivation these institutions have emerged as centers for the surging corrections business, especially for the under-resourced, pre-adolescent Black American children residing in environmentally toxic urban places. The problem begins with poorly formed and biased labels assigned to these children and their families. This debilitating stereotyping manifests into presumptive reactions to many cultural behaviors expressed by these students. These behavioral actions are arguably distinctive to their specific cultural group. An inappropriate overuse of punitive and exclusionary forms of discipline has been noted

as a common outcome once assumptions are made about the cultural behaviors displayed by these children. Researchers have mentioned that stern and non-therapeutic tactics can propel the child on a destructive and disruptive pathway to juvenile justice facilities whereby they eventually graduate to working within one of our fine prison industrial complexes (Alexander, 2011; Flannery, 2015; Giroux, 2003; Rocque & Snellings, 2018)

According to Alexander (2011) three out of four Black American men in the District of Columbia have a criminal record. These rates of incarceration were incredibly disturbing especially since it was occurring in the capital of this nation and temporary home for our first Black American president at that time. The result of this reality can cause re-traumatization or new traumas most notably for under-resourced, preadolescent Black American children living in environmentally toxic urban spaces. There are few arguments against an idea that the most common images in our society associated with discipline is punishment, specifically the castigation of children (Kajs, 2006).

Unfortunately, Black American children disproportionately face restrictive, exclusionary, or punitive school disciplinary responses to assumed disruptive and negative behavior (Flannery, 2015; Kupchik & Eillis, 2008; Losen & Skiba, 2010; Skiba et al., 2011). Skiba et al. (2011) reported that Black American students are suspended at three times the frequency of White American pupils. Moreover, Black American children constitute about 18% of pre-school students, but make up for 48% of suspensions at this developmental level (Gilliam, 2014; Flannery, 2015). Some individuals speculated that these gross rates exist because Black American children presumably demonstrate more disruptive behavior, misbehavior, or conduct problems when compared to White

American groups of students. However, there has been no concrete evidence that supports this hyperbolic assertion (Fenning & Rose, 2007). Sadly, the classmates of these Black American children clearly observed this trend. Skiba et al. (2002) discovered that students perceive their low-income classmates to be unjustly treated because they are unnecessarily subjected to egregious discipline for minor incidents. Kupchik and Ellis (2008) discovered that Black American students declared that school rules are inequitable, inconsistent, and unjustly applied. The stringent approaches can have severely adverse effects on under-resourced preadolescent Black American children residing and attending schools in environmentally toxic urban neighborhoods.

Zero tolerant errors. I was especially interested in the implementation and application of zero tolerance policies that were crafted by U.S. Attorney Peter Nunez in San Diego (Skiba et al., 2006, p. 23). Specifically, these regulations arose from those federal drug policies that were adopted during the 1980s. Zero tolerance approaches mandated that ships, boats, and other sea vessels discovered with any remnants of illegal narcotics to be seized while the boat operators would be charged with federal drug crimes (Skiba et al., 2006). Furthermore, The Reagan Administration Attorney General Edwin Meese “highlighted the policy as a national model in 1988 and urged that any vehicles crossing our borders with even trace amounts of narcotics to be stopped and persons arrested for a federal offense” (Skiba et al., 2006, p. 23). The newly coined ideology of zero tolerance became a widely accepted disciplinary practice by our public schools. In fact, prior research examinations mentioned that zero tolerance policies were embraced by more than ninety percent of U.S. public schools (Casella, 2003; Verdugo, 2002).

These guidelines were utilized in order to deter or combat the falsely presumed escalating levels of school violence and gang activity (Giroux, 2003). Zero tolerance policies obtained great approval following a passing of the Gun-Free Act of 1994. Congress developed this legislation during the administration of former U.S. President Bill Clinton. This act called for the expulsion of any student in possession of a gun for an entire school year (Browne, Losen, & Wald, 2001; Skiba et al., 2006; Verdugo 2002). The interpretation and application of zero tolerance policies has not been uniform despite their universal adoption. The inconsistent and whimsical translation of this punitive-based strategy has generated some controversy.

According to Skiba et al., (2006), zero tolerance policies beg for the application of predetermined penalties that are largely severe and negative in order to address student behavioral disruptions or other conduct concerns regardless of the severity of each action, any mitigating situations, or overall environmental context. The blanket application of stern punishments for minor behavioral interruptions or issues pose several possible consequences (e.g. untreated illness, drop-out, or academic failure) for under-resourced, preadolescent Black American children and their parents living in environmentally toxic urban spaces. Verdugo (2002) these zero tolerance disciplinary techniques appear frequently in big urban schools that have an amplified concentration of low-income, under-resourced minority students (Verdugo, 2002). The zero tolerance policies are a part of a larger set of “federal school violence prevention initiatives, which are divided into three particular categories, development of conflict resolution programs, gun control legislation, and the application of punitive and judicial forms of discipline” (Casella,

2003, p. 874). The measures uphold a philosophy akin to our criminal justice system. The use of such reactionary approaches creates school environments that mimic penal institutions, hence a rapidly evolving prison industrial complex fed by this school - jail pipeline (Casella, 2003; Flannery, 2015; Losen & Skiba, 2010). The correctional industry arguably aims to punish rather than comprehend, assist, and rehabilitate. Skiba et al. (2000) suggested that zero tolerance disciplinary policies were adopted less for the effectiveness, but instead more for their symbolic value with an intention of reassuring parents, school teachers, administrators, and other professionals that deliberate strategies are being employed to counter perceived school disorder (for example violence and misconduct).

Authoritarian, punitive, or exclusionary forms of discipline are conservative and guided by an assumption that fear of punishment among the students would thwart their violent, aggressive, or disruptive behavior (Nickerson & Spears, 2007). The punitive tools of discipline include the presence of police officers, metal detectors, video surveillance cameras, backpack rules, and zero tolerance policies (Kupchik & Ellis, 2008; Lesane-Brown, 2006). The proponents of using punitive-based methods professed that metal detectors and police officers will make students, teachers, and other staff feel more secure within their school environments (Stader, 2006).

Upon careful review, one may realize that the evidence base surrounding zero tolerance disciplinary policies and their effectiveness was inconstant, incomplete, or limited (Skiba & Peterson, 2000; Skiba et al., 2002; Skiba et al., 2006; Verdugo, 2002). A few investigations noted that Black American students are more likely to be removed

from school because they seem to be threatening relative to actual acts of violence (Verdugo, 2002). There is a cause for concern when a student is labeled as disruptive or troublesome if s/he may be exhibiting signs of an emergent or untreated mental health issue. Browne, Losen, and Wald, 2001 stated that “when punishment is necessary it should not be harsh and traumatic for minor incidents...[overly harsh punishment] either destroys a child’s spirit, has no effects at all, worsens the problem or makes it more difficult to work with the child in school as he or she no longer trusts you” (p. 76).

The school can be a place of re-injury for under-resourced, pre-adolescent Black American children living in environmentally toxic urban neighborhoods. These institutions often incite or even replicate the culturally traumatic memories maintained by these children. For instance, zero tolerance policies arguably re-traumatize the under-resourced, preadolescent Black American child residing in environmentally toxic urban neighborhoods because they resemble deliberately prejudicial, discriminatory behavior or a racially micro aggressive act. This mistreatment leads to cultural misdiagnosis or non-diagnosis, misinformation, a forced reliance on punitive or involuntary care within schools and increasing levels of mistrust for the school and its contents among this group of children. Some recent scholarship surrounding the school-prison pipeline has begun to explore this previous relationship (Rocque & Snellings, 2018).

The mission of a school should be to provide a cooperative, pro-social, nurturing, and encouraging learning environment for all students. Zero-tolerance, punitive, authoritarian disciplinary tactics interrupt or impede this overall objective. Again, these policies rely primarily on school exclusion via expulsion, suspension and school security

measures like metal detectors, retired or current police officers on-site, video surveillance, and locker searches to universally punish both major and minor behavioral disruptions. Zero tolerance has been applied to deter fighting, off-campus behavior, and homework completion (Skiba & Peterson, 2000). Specifically, these punitive tools (i.e. dress codes or book bag restrictions) have been implemented to deter or “send a message” about student behavioral disruptions (Skiba & Peterson, 2000).

This methodology drastically alters the bonds that a child may develop to their schools an otherwise secure place. These approaches by-pass potentially helpful mental health assessment or screening, remove vulnerable children from safe developmental spaces, create trauma or re-traumatizes those disadvantaged students (Skiba & Peterson, 2000). The pre-adolescent Black American child living in an environmentally toxic urban space is more susceptible to these methods of discipline. This rejection can be re-injurious for zero tolerance disciplinary strategies ignores the possible presence of a mental illness or an emerging mental disorder, and the harmful impacts of living in a toxic place. These children and their parents may subsequently resist, avoid, or be excluded from school-based mental health treatment. I previously described five elements that summarize the mental health disparities endured by Black American children, youth and adults. I further proposed four more major concepts of historical trauma, environmental toxicity, culturally bound economic insecurity, and cultural mistrust as the larger components that capture and illustrate those culturally candid and historically-based narratives of mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic places.

Black American Historical and Cultural Trauma

The term *historical trauma* describes collective psychological and emotional injuries that happen throughout a lifespan and across generations from traumatic events directed at a specific cultural group (Sotero, 2006). Historical trauma for Black Americans includes the racial, cultural, psychological, and intergenerational trauma stemming from their enslavement in this country. Traumatic experiences in the daily lives of an individual have historical roots, especially for the Black /American beginning with forced servitude (Sotero, 2006). Historical trauma has produced a succession of noxious consequences for individuals and communities, including: (a) diminished community solidarity due to prolonged oppression, (b) impeded and compromised psychological development or mental health well-being, (c) sustained skepticism towards formal mental health service sectors, and (d) marginalized comprehension of complex traumas (Bullard, 2005; Eyerman, 2004; Nickerson et al., 1994; Phelps, Taylor, Gerrard, 2001; Randall, 1995; Suite et al., 2007; Washington, 2006).

The history of enslavement along with its traumatizing outcomes has been intensely wounding for Black Americans which is evident across generations. The first twenty Africans were brought to Jamestown Virginia by a Dutch ship and sold as involuntary laborers to British colonies in the year of 1619 (Horton & Horton, 2005). This event marks only the start of a horrifying and brutal system of institutionalized servitude and the emergence of an incredible trauma presently endured by Black Americans.

The convergence of racism and medical practice in the United States has a powerful history. While at a Tulane Medical School gathering, Harry Bailey, M.D. ranted, ‘[It was] cheaper to use Ni***rs [rather] than cats because they were everywhere and cheap experimental animals’ (Washington, 2006, p. 10). It is simple to illustrate the line from one trauma to another when examining American medical history as it pertains to Black Americans. Many of these horrific injustices occurred during the very recent past. The latter served as a transparent rationale for why a Black American person may fear and mistrust both health care professionals and mental health care providers.

Beginning in the 1800’s Black Americans were used as test subjects for numerous unethical and harmful documented scientific examinations (Randall, 1995; Suite et al., 2007; Washington, 2006). The malicious practice continued well into the 1900s, as evidenced by Thomas Murrell’s, a public health service physician, 1940s declaration: “the future of the Negro lies more in the research laboratory [rather] than in schools...when diseased, he should be registered and forced to take treatment before he offers his diseased mind and body on the altar of academic and professional education” (Washington, 2006, p. 10). The examples of this ghastly experimentation on Black Americans are varied and innumerable. For instance, Dr. Walter F. Jones used a group of slaves to test a remedy for typhoid pneumonia that entailed pouring five gallons of boiling water on the spine (Randall, 1995; Reverby, 2001). The Tuskegee Syphilis debacle occurred from 1932-1972. Moreover, in the year of 1963 a few doctors injected approximately 22 chronically ill Black American patients with live cancer cells (Corbie-Smith & Jacob Arriola, 2012; Randall, 1995; Reverby, 2001). During the 1970’s and

1980's public assistance workers duped by physicians Black American welfare recipients into having their teenage daughters' sterilized (Randall, 1995; Suite et al., 2007).

Washington (2006) reports that between 1992-1997 researchers administered the harmful drug fenfluramine to Black American and Black Latino American children with the intent of exploring links between violence and genetics. Half of fenfluramine was later discovered to contain the notoriously cardio toxic Fen-Phen a substance which has been associated with heart valve damage in adults (Washington, 2006).

Collective cultural traumatic memory. *Cultural trauma* is an emblematic event that affects a specific group of people across time (Eyerman, Alexander, & Bresse, 2013). A memory is a socially transmittable neurobiological synapse. The legacies of historical trauma continue across generations, embedding in the collective memory, and experienced daily in the lives of individuals, families, and communities. Historical trauma is an umbrella term that includes the concept of cultural trauma. This form of mental and physical scarring is recalled through the shared and collective memories held by a certain cultural group. Cultural trauma incites internal hindrances for Black American children residing in environmentally toxic urban neighborhoods such as self-doubt, self-depreciation, and pessimistic outlooks. Cultural trauma signifies a supportive isolation; typifies reflective and reciprocal confusion; fosters self-loathing; and surmises a poignant pain.

The collective cultural memory represents a pool where traumas are acknowledged, translated, and addressed by an individual or group. Collective cultural memory is a set of recollections that are shaped and shared by a specific group.

According to Assman (2008), cultural memory is “exteriorized, objectified, and stored away in symbolic forms that, unlike the sounds of words or the sight of gestures, are stable and situation-transcendent” (p. 110-111).

The argument can be made that cultural trauma is an unprecedented set of incidents faced by a specific cultural group. The concept is based on a traumatic event or a series of moments experienced by an individual or group of people. The exposure to these traumatic periods can be direct or indirect. They are transmitted through the narratives and stories passed across generations through family memory sharing and via media sources. Those events that are associated with the cultural trauma are often mediated through newspapers, radio, or television, and more recently digital media (Ostertag & Orwitz, 2013). The use of inaccurately hyperbolic characterizations from these informative sources may inadvertently compound or contribute to both cultural and psychological trauma. Moreover, when traumatic events are recounted through media sources or literature over longer periods of time, often to younger generations, there is an imparting of temporal distance between this incident and the direct recipient cultural group; therefore, many Black Americans may not be cognizant of the scope or presence of a cultural trauma in their current lives (Eyerman, 2001).

The notion of *collective memory* continues to be examined by researchers and better understood as a useful concept (Hirst & Menier, 2008). Scholars agreed that collective memory includes sharing of information within a group about past events and co-constructing meaning. The legacies from slavery and segregation are included in the collective knowledge for Black Americans and their families. Eyerman (2001) notes that

the collective memory illustrates what has happened and will occur in our lives in addition to the reasons for our present condition. The shared recollection of historical traumas epitomizes the collective cultural traumatic memory for many Black American. This strain continues to give a shared meaning to their past and present experiences.

Intergenerational trauma transmission. The intergenerational transmission of trauma or traumatic stress is becoming better understood as a multidimensional process. This transmission from one generation can range from the biological (Shonkoff, 2012) to a tradition of storytelling that imparts lessons (Denham, 2008). For example, older generations of Black Americans communicate their experiences of physical, mental, and emotional violence to their children in the form of personal narratives. “Personal encounters with ... traumas during the formative years (late adolescence and early adulthood) tend to have a disproportionate effect on any given generational unit” (Neil, 1998, p. 204). The institution of slavery, while being immeasurably horrific, has also instigated a sense of solidarity within the Black American community (Eyeran, 2001). Even though many Black Americans may not be able to describe any egregious acts of historical experimentation and abuse, these elements shape their collective consciousness and inform responses to the health and mental health care system by this population (Randall, 1995).

The concept of historical trauma includes those actual traumatic events that are intentionally aimed at the destruction and degradation of Black Americans, cultural trauma theory, the science of collective memory formation, and traumatic stress transmission. Historical trauma effects mental health (help-seeking) experiences for

Black Americans by persistently triggering their fears of institutional and systemic racist behavior and attitudes. This terror is associated with potential re-traumatization or new trauma experiences, thereby deterring the use of formal mental health care among Black Americans.

A racially socialized traumatic memory. Racial socialization is a complex concept that has been explored in depth through various research examinations (Caughy et al, 2006; Dotterer, McHale, & Crouter, 2009; Harris-Britt, Valrie, Kurtz-Costes, & Rowley, 2007; Hughes et al., 2006; Lesane-Brown, 2006; Neblett, Jr., Smalls, Ford, Nguyen & Sellers, 2009; Neblett, Jr., Rivas-Drake & Umaña-Taylor, 2012). Racial socialization has been described as an adaptive protective mechanism designed to promote racial pride, enhance self-esteem, and prepare Black Americans for eminent prejudice, discrimination, or racism (Caughy et al. 2006; Harris-Britt, Valrie, Kurtz-Costes, & Rowley, 2007; Hughes et al., 2006; Stevenson, Jr., 1994). Several researchers noted that racial socialization is a tool by which parents or guardians communicate overt or indirect information (both verbal and non-verbal) about the significance of race and an importance of being included in a racial group that is intended to assist their children and youth with circumventing racism, discrimination, and other prejudicial behavior (Hughes et al., 2006; Lesane-Brown, 2006; Neblett, Jr. et al., 2009; Neblett, Jr. et al., 2012). Moreover, the term has been defined as the “tasks Black [American] parents share with all parents-providing for and raising their children...but include the responsibility of raising physically and emotionally healthy children who are Black [American] in a society in which being Black [American] has negative connotations” (Peters, 1985, p.

161; Stevenson, Jr., 1994, p. 447). Black American parents use racial socialization to establish psychological well-being and physical health among all their children (Coard & Sellers, 2005). Parents and the family have been noted as an indescribably crucial element for the socialization of children and youth (Dotterer et al., 2009; Lesane-Brown, 2006; Neblett, Jr et al., 2012). The Black American family has a vital and special role in buffering the effects of racism while instilling a sense of cultural pride (Stevenson, Jr., 1994).

Our initial perspectives and philosophies about life are co-created within the family structures. The way we comprehend the integral instances that mold our varied and complicated histories begin within the family. Adults (parents or grandparents) transmit messages to younger generations that are geared towards fostering strong cultural values, attitudes, behaviors, and perspectives surrounding the meaning of race, racial identity, intergroup and intragroup relations, or racial categorization (Caughy et al, 2006; Lesane-Brown, 2006). Essentially, one learns who they are beginning with the lessons and messages bestowed upon them by their parents and/or relatives. Black American children and their families remember and understand the historical traumas endured by their predecessors. The Black American child is slowly reared to overcome or cope with immeasurable and inexplicable institutional inequalities. Systematic disparities interfere with their emotional, physical, or mental maturation. The actions, responses, behaviors, or attitudes of a person develop from those values, beliefs, and adaptations held by their primary caregivers. For instance, how Black American children experience school-based mental health services is predicated on the way they are socialized by their

family members. The parents of under-resourced, preadolescent Black American children teach them about healthy and protective responses (e.g. cultural mistrust) to potential racist or discriminatory behavior.

Micro-aggression: A trauma re-activator. Black Americans are subjected to daily dubiously prejudicial and discriminatory verbal and nonverbal actions. This treatment appears within the countless interactions (both casual and formal) between Black Americans, White Americans and other cultural groups. The subtle, seemingly innocuous but slimy reactions towards Black Americans by these groups is surreal and confounding. The racial micro-aggression (unconscious racism) has been defined as “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (Buser, 2009, p. 100; Sue et al., 2007, p. 273).

The impact of these incessant tensions is exponentially damaging to the psyches of this population. The accumulated impressions of racial micro-aggressions produce trauma (Sue et al., 2008). The collective cultural memory of historical traumas is aggravated through these micro-aggressive acts. The amount of stress endured by Black Americans when encountering these ambiguously discriminatory actions is immense and devastating. Ultimately, this strain turns into a dread and distrust of people who treat them with casual disrespect. Notably, the formal or professional title of “doctor” does not prevent this fear.

Expressions of racial micro-aggressions can seem inane or inconsequential, but they have profoundly negative effects on Black Americans for they represent the modern racist action (Buser, 2009; Sue et al., 2008). The cumulative impact of irrational racism and phobic-laden discrimination illustrated by racially micro-aggressive behavior is enervating for under-resourced, preadolescent, Black American children living in environmentally toxic urban neighborhoods. Preadolescent children have been reported to actively perceive racial/ethnic discrimination (Brody et al., 2006; Coker et al., 2009; Simons et al., 2002; Szalacha et al., 2003). Researchers have suggested that the cumulative discomfort and pain elicited from the racial and ethnic discrimination observed by Black American children can produce symptoms of internalizing (e.g., depression) and externalizing (e.g., conduct disorder) disorders (Brody et al., 2006; Coker et al., 2009). Those children who report perceiving racial/ethnic discrimination were found to be more likely to have symptoms of all four of the mental health conditions of interest (conduct disorder, ADHD, ODD and depression) when compared with children not reporting discrimination (Coker et al., 2009). The gravity of culturally bound economic insecurity, environmental toxicity, and historical trauma is compounded by this behavior.

Racial micro-aggressions appear in multiple forms. Microinvalidations and microinsults constitute two types of this toxic strain. Microinvalidations are described as actions that invalidate, negate, and diminish the psychological thoughts, feelings, and racial reality for Black Americans (Sue et al., 2008). For example, the notion that we live in a colorblind society amidst the election and term of our first Black American president.

Microinsults symbolize the rude, condescending, dismissive and apathetic behavioral and verbal expressions designed to demean the racial identity of a person (Sue et al., 2008). For instance, when an instructor makes an overt comment about the Black American student being incredibly articulate can be insulting for this person. In sum, racial micro-aggressions towards Black Americans produces non-productive therapeutic relationships, decreased ratings of cultural competency, and diminished satisfaction with services (Constantine, 2007; Sue et al., 2008).

Cultural Mistrust: An Adaptive Response

Cultural mistrust has been often identified as a contributor to the low rates of mental health utilization by Black Americans (Gonzalez, Alegría, Prihoda, Copeland, & Zeber, 2011). Accordingly, the collective cultural memory of historical trauma has produced a conditioned cultural resistance to formal mental health services within the Black American community. Cultural mistrust has been considered as a “healthy reaction” of Black Americans to the historically perpetuated institutional inequalities as well as a sound cultural response to copious amounts of unsolicited prejudice (Nickerson, Elms, & Terrell, 1994; Terrell & Terrell, 1981; Terrell & Terrell, 1996; Townes, Chavez-Korell, & Cunningham, 2009; Whaley, 2001).

Cultural mistrust was initially labeled as “healthy cultural paranoia” (Grier & Cobbs, 1992, p. 161; Townes et al., 2009; Whaley, 2001) while resting on a rationale that cultural aspects of paranoia can be considered as non-clinical; thus, being a healthy expression (Nickerson & Elms, 1994; Phelps, 2001; Whaley, 2001a, 2001b). This idea of healthy cultural paranoia eventually evolved into cultural mistrust due to a debate about

the actual definition of paranoia (Nickerson & Elms, 1994; Phelps, 2001; Whaley, 2001a). Grier and Cobbs (1992) concluded that Black Americans have developed an immense level of resiliency amidst the prolonged impacts of institutional racism. The adoption of a severely skeptical response to historical oppression has produced this elasticity, thus freeing Black Americans from being labeled as paranoid (Greir & Cobbs, 1992). Cultural mistrust can be understood as an adaptive response to trauma exposure when viewed in a context of historical trauma and the neurobiology of toxic stress.

Black Americans are petrified to seek formal mental health care because of a history of negative experiences within mental health service institutions (Nickerson, Elms & Terrell, 1994; Phelps, Taylor, & Gerard, 2001; Suite, La Bril, Primm, & Harrison-Ross, 2007; Terrell & Terrell, 1981; Whaley, 2001a, 2001b). Townes et al., (2009) found that high levels of cultural mistrust predicted participants' preference for Black American mental health practitioners. Disturbingly, Black Americans only account for a minute 2% of psychiatrists, 2% of psychologists, and 4% of social workers (Holden & Xanthos, 2009). The proportion of clinically trained personnel are similar in emergency room settings where a large percentage of Black Americans are initially treated for mental health issues (Bailey et al., 2009).

The Black American individual who is leery of interactions with White American individuals within the broader society is presumed to possess an equal level of mistrust for a White American therapist (Whaley, 2001a, 2001b). This presumption emerges because a Black American person anticipates that formal mental health systems of care along with their mental health practitioners (i.e. psychologist, psychiatrist, social worker,

or counselor) will replicate the prejudice or oppression which has been engrained in our larger societal fabric.

Cultural mistrust can influence Black American attitudes and behavior about mental health service use (Holden & Xanthos, 2009; Whaley, 2001a, 2001b). Cultural mistrust is said to potentially elicit negative attitudes among Black Americans about the initiation or continuation of a therapeutic relationship with a White American mental health provider or seeking formal mental health help (Anglin et al., 2008; Nickerson, et al., 1994; Suite et al., 2007). This less than favorable attitude may reflect the Black American trepidation that the help that they receive from a White American mental health provider would be less important, influential, or satisfying (Nickerson et al., 1994).

When considering potential strategies for addressing mental health service seeking experiences of many under-resourced, preadolescent Black American children living in environmentally toxic urban neighborhoods it is important to grasp that this process is trauma informed. Some necessary criteria for mental health practitioners when treating Black American mental health consumers who are displaying amplified levels of cultural mistrust is acknowledging its presence and accepting that racism and discrimination are catalysts for this response (Suite et al., 2007; Holden & Xanthos, 2009; Whaley, 2001). Cultural mistrust often directly dictates the mental health (help-seeking) behavior and experiences of Black Americans. They are fearful that seeking formal mental health help will subject them to further scrutiny and discrimination; a gamble that is not worth taking. Cultural mistrust is a protective response that is transferred through racial socialization from Black American parents to their children.

Environmentally Toxic Urban Neighborhoods

The place where we live is beyond telling. It speaks of our presence even when we are silently dwelling or loudly absent. This is no more (boisterously) apparent than in the under-resourced and environmentally toxic urban neighborhoods of preadolescent Black American children and their families. Environmental toxicity is on display in the very nature of places and spaces that are occupied by a large percentage of Black Americans. The historical collective memory of cultural trauma is represented through environmental toxicity. The physical appearance and general condition of countless Black American urban neighborhoods reflect these torrid recollections. The noted areas are concrete reminders, tangible remnants, and legacies of historical trauma (Barbarin, 2015; Wandersman, 1998).

Environmental toxicity includes the unnatural physical and unseen hazards that continue to plague urban under-resourced neighborhoods. (Bullard, 2005; Li & Lewis, 2014; Pomar, 2005). The concept refers to those intangible and tangible physical (chemical) pollutants and contaminants that engulf many urban areas. Environmental toxicity consists of all the water, land, and air pollution caused by the daily activities of living or our personal human impression (Bullard, 2005; Li & Lewis, 2014). There is a bevy of dangerous (toxic) elements that are visibly pronounced within urban places. Specifically, Greenberg and Schneider (1996) identifies four general types of environmentally harmful and individually perilous elements that characterize under-resourced urban communities: massive technology sites (i.e. factories, landfills, and airports); local activity spaces (i.e. liquor stores, fast-food places, and gasoline stations);

blight (i.e. abandoned houses, litter, broken sidewalks); or crime and other behavioral issues such as violence, rude neighbors, and the presence of feral animals (p. 14). Basically, environmental toxicity is defined by these categorical distinctions and their components.

Many urban places were once home to vast industrial centers that used most of the surrounding waterways as their personal sewers, thus releasing a steady stream of endless and immeasurable toxicants (such as polychlorinated biphenyls (PCBs), dioxins, arsenic, gasoline) into them. Cooke (2016) reports that 80,000 chemicals, including petrochemicals are currently used by industries in the United States. Children are especially vulnerable to environmental hazards and pollutants for instance lead (Li & Lewis, 2014; Spencer, Garratt, Hockman, Bryant & Kohn-Wood, 2011). Air pollution alone is a significant concern, contributing to seventy thousand deaths each year, nearly double the amount of people killed in traffic accidents (Bullard, 2005). The contamination emitted from vehicles gives rise to significant rates of illnesses and hospitalization (Bullard, 2005, 2008; Gee & Payne-Sturges, 2012). Gasoline is one of the most toxic and dangerous substances that we regularly encounter (Cooke, 2016). According to the Environmental Protection Agency (EPA) one gallon of gasoline can pollute 750,000 gallons of water.

The presence of everyday trash is equally hazardous. The deluge of beer bottles, soda cans, fast food wrappers, and discarded tobacco products, etc. that sheaths an environmentally toxic urban area is both representative of its blight and the various mental health and health issues its residents experience. The number of environmental

hazards is quite high within environmentally toxic urban neighborhoods (Black & Krishnakumar, 1998; Bullard, 2005; Greenberg & Schneider, 1996). Bullard (2008) asserts that race dictates how the government responds to environmental toxicity, essentially that Black American neighborhoods experience less rapid, if any response, to public health threats, factory accidents, or weather-related disasters (Bullard, Warren, & Johnson, 2012). The remaining blight from Hurricane Katrina is a primary example as areas of New Orleans remain devastated from this horrific natural catastrophe (Bullard, 2008; Cooke, 2016; Ostertag & Ortiz, 2013; Wright & Bullard, 2007).

Previous studies have noted that environmentally toxic neighborhoods and communities are associated with more social problems (Hayward, 2012; Li, Nussbaum, & Richards, 2007; Wandersman, 1998). An environment that is saturated with substandard housing, depleted or limited resources, or troubling rates of crime, creates a physically and emotionally stressful life for under-resourced Black American families residing in such neighborhoods (Black & Krishnakumar, 1998; Chow, Jaffee, & Snowden, 2003; Holden & Xanthos, 2009) and pose threats to the well-being of their developing children.

Accumulated toxic strain. The environmentally toxic setting can also be considered mentally paralyzing and psychologically traumatizing. A compounded toxic strain surfaces due to this physical and mental scarring created by the environmentally contaminated urban neighborhood. Williams Shanks and Robinson (2013) describe stress as any observed undesirable situation that disturbs a child, parent, or household ranging from a task for homework to the loss of a relative. Furthermore, this term denotes an

individually based condition of the mind and an element of expression that reflects not only major life events, but also those realities and pressures of daily life that amplify psychological functioning or well-being (Williams Shanks & Robinson, 2013).

Toxic strain is viewed as the most dangerous form of psychological tension, which results from a persistent and sustained triggering of the stress response systems of the human body, particularly when support and protection is absent or supportive and protective relationships are overwhelmed by this type of poisonous pressure (Franke, 2014; Shonkoff et al., 2013). Environmentally toxic impoverished urban neighborhoods potentiate the vulnerability to dangerously unhealthy stress by its residents. Prior scholarship suggest that toxic stress is associated with negative physical and mental health outcomes for children and adults (Black & Krishnakumar, 1998; McLoyd, 1990, 1998; Williams Shanks & Robinson, 2013). For example, Stagman and Copper (2010) mentioned that children who live in low-income households are at an increased risk for mental health problems. Atkins et al., (2006) noted that most impoverished children in this nation reside in under-resourced urban places. These conditions can ultimately disrupt academic achievement and increase depression and behavioral issues among this population of kids. I call for a closer examination of the presence and frequency of toxic stress that is experienced while residing in environmentally toxic neighborhoods.

Environmentally racist behavior. Environmental racism entails the purposeful relegation of impoverished, vulnerable, and disadvantaged Black Americans to heavily distressed neighborhoods that are largely polluted, near regional landfills and riddled with traffic choked streets using tools of residential segregation, gentrification, and red-lining

(Bullard, 1993; Agyeman, Bullard, & Evans; 2003; Faber & McCarthy, 2003; Pomar, 2005; Powell, 2007).

This form of racism is an environmental injustice that has been characterized by “certain minority populations being forced through their lack of access to decision-making and policy-making processes, to live with a disproportionate share of environmental ‘bads’, suffer related public health problems and quality of life issues” (Agyeman et al., 2003, p. 6)

Environmental racism appears in the daily lives of many Black Americans as they are consistently exposed to a “greater concentration of polluting industrial facilities and power plants, increased rates of hazardous wastes sites and disposal/treatment centers, including landfills, incinerators, and trash transfer stations and lower rates of environmental enforcement and clean-up” (Faber & McCarty, 2003, p. 47).

An unreasonable segregation of residences. Black Americans who reside in environmentally toxic urban neighborhoods have been strategically steered towards these substandard communities through residential segregation, or rather their comfortable areas were subjugated to vast disinvestment (Leung & Takeuchi, 2011). Residential segregation is a divisive tool employed by realtors, businesses, policymakers, and other relevant professionals to ensure an inequitable distribution of resources to one racial or ethnic group (Gee & Payne-Sturges, 2012; Massey, 2004; Kramer & Hogue, 2009; Williams & Collins, 2001). Kramer and Hogue (2009) describe the process of residential segregation and the degree to which those persons who are classified by various demographic elements (e.g. race, ethnicity, and income) occupy different urban

neighborhoods. Moreover, residential segregation symbolizes a historically deliberate and calculated restriction of the spatial mobility for many Black Americans (Massey, 2004). The policy has devastatingly adverse outcomes for this population (Kramer & Hogue, 2009; Massey, 2004; Massey & Denton, 1993; Williams & Collins, 2001; Yinger, 2001). Residential segregation inhibits social mobility, diminishes the capacity of Black Americans to accumulate wealth, and displaces employment opportunities by fostering the “spatial mismatch” between residential locations and job settings (Massey, 2004, p. 15).

Black Americans have been purposefully assigned and systematically directed to these environmentally toxic neighborhoods for several decades. Nearly 60% of Black Americans resided in highly segregated urban environments at the turn of the 21st century (Massey, 2004). According to Bullard (2007), many “in-town Black American neighborhoods have been redlined, abandoned and targeted for locally unwanted land uses” (p. 22). Black Americans have withstood a greater proportion of the negative outcomes of this forced separation. Massey (2004) states that Black Americans are the only group in this nation throughout its history to have encountered such extreme levels of race-based segregation. The residential segregation of Black Americans and White Americans remains, despite the infrequent marginal fluctuation. According to Massey and Denton (1993) this condition has existed so long that it appears to be a natural part of the social order or a normal and unremarkable feature of America’s landscape (p. 17). The urban neighborhoods for Black Americans have consistently been ruptured by disinvestment, disinterest, and environmental disasters. More privileged residents from

all communities have neglected the urban place through a mass desertion at the expense of its most disadvantaged inhabitants.

Governmental policies have historically used spatial segregation as a tool to control and disrupt many Black American families based on a goal of dismantling areas with high concentrations of poverty (Bullard, 2007; Leung & Takeuchi, 2011). The “current legislation still presses to organize neighborhoods, cities, or communities in a racially restrictive manner” (Powell, 2007, p. 53). Gentrification is one form of these methods that has removed urban neighborhoods of unwanted minority populations through purposeful displacement. Ultimately, these families are priced out of their communities under the guise of urban renewal, rediscovery or revitalization. (Bullard, 2007). Essentially, gentrification succeeds in ousting Black American from under-resourced places through allowing or encouraging more privileged, young, single, White Americans to take over their neighborhoods (Bullard, 2007). These persons are guided by a pretense of improving devastated and unsightly places. Gentrification is readily visible in our present society spanning across this country “from Bayview point in San Francisco to West Harlem, New York black renters have been (are being) forcibly pushed out of their residences” (Bullard, 2007, p. 22).

The negative by-products of industrialization are visibly buried underneath the highways; submerged within contaminated water sources or plastered inside the walls of the abandoned factory. Finally, it can be argued that residential segregation produces and heightens a culturally bound economic insecurity as it is seamlessly interrelated to poverty (Massey, 2004; Yinger, 2001). A person who is relegated to an environmentally

toxic urban place through residential segregation is consistently reminded of this deliberately orchestrated state of being.

Culturally Bound Economic Insecurity

Economic security can be immensely beneficial for the livelihood of an individual or community, because the outcomes of economic distress are endlessly disruptive (Williams Shanks & Robinson, 2013). Economic insecurity can be described as the general anxiety, stress, and strife that comes from an inability to pay bills and afford adequate sustenance or housing. Economic insecurity involves the risk of unforeseen financial loss suffered by employees and their households, abrupt unemployment, undesirable jobs, and economic strain (Catalano, 1991; Western, Bloome, Sosnaud, & Tach, 2012). The concept of a culturally bound economic insecurity is slightly different than the term of poverty, for it concerns the perception and emotion surrounding an economic condition. A more comprehensive definition of economic insecurity is the fear of facing financial circumstances that are seemingly impossible to overcome (Bossert & D'Ambrosio, 2013). The true essence of being impoverished is indescribable to those individuals who are economically secure and suitably resourced. The road to eradicating those tensions that epitomize culturally bound economic insecurity is complex in nature mainly because its pathway is not one of linearity.

Culturally bound economic insecurity is the continual feeling of financial hopelessness, helplessness, strain, and confusion. The individual who endures this situation is handcuffed or chained to a fear of financial collapse, therefore causing many chaotic outcomes in their lives. Economic insecurity is a near debilitating phobic

response to presumably insurmountable monetary hindrances. The term describes the anguish that parents hold because they are unable to provide their child with vital resources. The overwhelming frustration that characterizes economic insecurity can consume the modern impoverished family. One cost of economic insecurity is the emergence or worsening of mental health problems and perhaps a decrease in family functioning.

Economic insecurity is far greater in more recent times (Western et al., 2012). Shapiro, Meschede, and Osoro (2013) reported that the gap in total median wealth existing between Black Americans and White Americans had more than tripled from \$85,000 (1984) to \$236,500 (2009) upon tracking the wealth accumulation (based on years of home ownership, family income, college education, or inheriting funds) among a sample of families for 25 years.

[Black] Americans have been denied access to traditional methods of wealth accumulation such as home ownership beginning with the wholesale theft of their labor in slavery, Jim-Crow restrictions on hiring, the economically exploitative system of share cropping, housing discrimination, the redlining of [Black] American neighborhoods, confiscatory lending practices by banks, disparate education and access to health services. (Barbarin, 2015, p. 49; Coates, 2014)

This ever-widening chasm of wealth inequality causes the anxiety that is typical of culturally bound economic insecurity. A crude mixture of baseless policies, systematic barriers and limited opportunities exist within educational institutions, places of employment, and communities that reinforce the profoundly entrenched racial nuances of

gathering and building wealth (Shapiro, Meschede, & Osoro, 2013). Mckernan, Ratcliffe, Steuerle, and Zhang (2013), noted that White Americans had nearly six times as much wealth when compared to their Black American counterparts. Black America has been shown to have some of the lowest incomes among groups in the United States (Barbarin, 2015; Holden & Xanthos, 2009). The latter circumstance has emerged due in part to a seemingly predetermined trajectory for Black Americans rigged with systemic and widespread societal inequalities.

Bullard (2005) states that poor individuals and impoverished communities are provided the erroneous option of having, on the one hand, no employment coupled with an absence of development and, on the other hand, risky low-paying jobs and suffocating levels of pollution. The absolute recuperation from various concerns about their past, present, or future economic condition is unlikely to occur for many Black Americans. (p. 42)

The Children's Defense Fund (2014) reported that one in three minority children (11.2 million children) are impoverished, with Black children comprising the poorest group at around 40%. Furthermore, there are six states (Kentucky, Michigan, Mississippi, Ohio, Oregon, and Wisconsin) where half or more of their Black American children were poor. Astonishingly, 39% of Black American children are maturing in homes with incomes below the poverty line (Barbarin, 2015). A staggering 57% of the children who have a mental health problem reside in homes below or at the federal poverty level (Howell, 2004; Stagman & Cooper, 2010). "Poverty affects children through increased exposure to a variety of trauma at home, in neighborhoods, and in schools. This increased

exposure to trauma produces often unrecognized psychological injuries that can affect behavior, agitation, emotion, and disengagement with school” (Barbarin, 2015, p. S47)

The financial costs associated with physical or mental health care can be overwhelming. Economic insecurity for Black Americans is culturally bound and further obstructs their consideration of using formal mental health care, be that for themselves or their children. Being insecure about economic conditions forces this community to prioritize expenditures. Black American parents for example, consistently forego mental health care in order to provide food, shelter, clothing, and medications for physical illnesses suffered by their children.

Guiding Theories

Ecological theory. Ecological theories are focused on the relationship between individuals with their built and natural environments. Urie Bronfenbrenner crafted one of the more seminal (integral) pieces about ecological theories (Bronfenbrenner, 1979; Gutkin, 2012). There has been an immense amount of scholarship that explicates and expands these suppositions (Bandura, 1978, 1986; Gutkin, 2009, 2012; Trickett & Rowe, 2012; Ysseldyke, Lekwa, Klingbeil, & Cormier, 2012) Researchers have examined ecological approaches and various matters that concern children and youth (Gavazzi, 2011). Several studies urge using ecological theories to illustrate relationships between the environment and children particularly regarding health promotion (Trickett & Rowe, 2012); their academic outcomes (Doll, Spies, & Champion, 2012); and mental health well-being (Ysseldyke et al., 2012). However, there seems to be a lack of literature that explicitly uses ecological theory to explain or articulate the components which influence

the mental health experiences of under-resourced, preadolescent Black American children residing in environmentally toxic urban neighborhoods. Gutkin (2012) discusses the benefits of using an ecological model rather than the traditional medical approach when developing and implementing preventions, interventions, or treatments for mental health issues that plague school-aged children.

Ecological theory contains five components that collectively help sculpt an individual person. The categories vary in size and are as follows: microsystem, mesosystem, macrosystem, exosystem, and chronosystem (Gavazzi, 2011; Gutkin, 2012). The systems are described as being nested inside one another similar to Russian dolls (Bronfenbrenner, 1979; Doll et al., 2012). The microsystem simply comprises the influence of family on a developing human. Mesosystems is the next level and serves as a connective matter between microsystems (e.g. environmental condition and the social circle of a child). An exosystem primarily concerns the impact of a neighborhood or community on human development. Our nation or larger societal fabric is classified as the macrosystem. Finally, the chronosystem deals with how time affects a person.

Individual behaviors result from an intricate interaction between the attributes of a person coupled with microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1979; Gutkin, 2012). The behavior of a child is certainly molded by the latter (Bronfenbrenner, 1979; Ysseldyke et al., 2012). I focused on both macro and micro environmental elements that inform the mental health (help-seeking) experiences for under-resourced, preadolescent Black American children and their

families dwelling in environmentally toxic urban areas. The starting point is the larger societal fabric.

The influence of toxic space or place can be understood through a lens of ecological theory (Richard, Gauvin, & Raine, 2011; Stokols, 1995). Environmental considerations are based on the concepts of feedback, reciprocity, and the primacy of individuals as active agents in constructing their ecological setting based on systems theory (Black & Krishnakumar, 1998; Richard, Gauvin, & Raine, 2011). According to those tenets of ecological theory, environmental space presents a host of physical, cultural, and social influences on the physical health, developmental maturation, emotional well-being, and social cohesion of its inhabitants (Stokols, 1995). Health status is defined as an interaction between environmental circumstances along with a variety of personal attributes (e.g., genetics, psychological dispositions, and behavioral patterns). An argument can be made that the collective cultural memory of historical trauma and traumatic strain resulting from experience is also an integral factor for Black Americans.

Ecological models have an extensive history emerging from various fields and disciplines (Richard, Gauvin, & Raine, 2011). These frameworks hinge on an idea that the environmental condition of either a built or natural place is instrumental in human functioning, definition, motivation, and behavior. The interrelationship can assist me in framing the mental health (help-seeking) experiences for under-resourced, preadolescent Black American children residing in environmentally toxic urban places. Ecological theories suggest that children are engaged as active participants who contribute to interactions within their environment rather than merely as passive recipients (Black &

Krishnakumar, 1998, p. 637). Richard, Gauvin, and Raine (2011) note that the ecological methodologies also entertain constructionist presuppositions on building “ecological knowledge”, collaborative techniques and social processes which was one desired outcome of this proposed study. I used the ecological model in order to construct and explain a culturally candid and historically based narrative of the mental health (help-seeking) experiences for under-resourced, preadolescent children residing in environmentally toxic urban places.

Each component of the ecological theory clearly impacts those mental health (help-seeking) experiences of under-resourced, preadolescent Black American children residing in environmentally toxic neighborhoods. Every element can be used to overtly illustrate their routes to care, while establishing an understanding about the contribution of those dimensions. Ecological theory is used to compartmentalize the four concepts of (1) historical trauma, (2) environmental toxicity, (3) culturally bound-economic insecurity and (4) cultural mistrust. The system of this malleable theory congeals to impact the development of Black American children residing in environmentally toxic urban neighborhoods. The interruptions of barriers are apparent and ripple throughout each system, thus inhibiting or promoting positive mental health (help-seeking) experiences. The theory specifically pertains to all humans. I utilized it as a general and sound frame for theoretically characterizing those relationships that the noted group of children may have with their environment and how it may impact these experiences. Ecological theory can clearly demonstrate the roles of macrosystem (institutionalized racism producing historical trauma), microsystem (family structure interrupted through punitive care), mesosystem

(parental and child relationship with school and job), exosystem (neighborhood condition) or chronosystem (environmental changes and mental health use patterns over time) can dictate their mental health (help-seeking) behavior.

Constructivism or constructionism? A co-created cultural narrative

Constructivism or constructionism are ideologies that have been subjected to extensive examination and explication by an esteemed group of scientists such as Jean Piaget, Lev Vygotsky, Nelson Goodman, Ernst von Glasserfield, Egon Guba, and Yvonna Lincoln (Godfrey-Smith, 2009; Guba & Lincoln, 2005; Kafai & Resnick, 1996; Shaw, 1996; von Glasersfeld, 1996). I will use both iterations interchangeably, but mainly constructivism. The latter ideological standpoint originated with psychologist George A. Kelly and his personal construct theory (Kelly, 2003; Raskin, 2002). The objective of a constructivist is to gather a firm comprehension of the (co) constructed realities (Grbich, 2013; Guba & Lincoln, 2005, 2011). According to a constructivist, researchers individually and collectively mold meanings of a focal phenomenon (Teddle & Tashakkori, 2009). A constructivist contends that it is impractical for a scientific theory to explain the world as it exists independent of thought because actual reality is dependent on those words we utter (Godfrey-Smith, 2009).

Constructivism defines learning through the individual's interactive process of developing and constructing meaning through experiences (Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009). The research of a constructivist is concerned with exploring how people understand their experiences in their worlds and contexts of events or situations within this realm, particularly how their placement within broader social

environments have influenced constructed insights (Gribich, 2013). Many researchers who employ qualitative methods of inquiry can be considered constructivists (Teddlie & Tashakkori, 2009).

Constructivism represents a culturally sensitive standpoint. According to (Harley, Hunn, Elliot, & Canfield, 2015) constructivism is an appropriate method for gathering the salient cultural truths of vulnerable or oppressed populations, namely Black Americans. The ideological stance focuses on collecting, crafting, and articulating the genuinely lucid and candid narratives of those study participants using their lenses and experiences. The latter objective is crucial for assessing or exploring the mental health (help-seeking) experiences of under-resourced, preadolescent Black American children living in environmentally toxic urban neighborhoods through a photo elicitation interview.

Constructivism is a culturally competent philosophical stance that is “congruent with those basic tenets of an Afrocentric paradigm which includes, an importance of the participant’s perception regarding the nature of reality and the importance of context in the assessment of human emotion, cognition and behavior” (Harley et al. 2015, p. 34). This point is integral when examining those mental health (help-seeking) experiences of under-resourced, preadolescent Black American children residing in environmentally toxic urban places. I will construct a historically based and culturally candid visual and written narratives of the mental health (help-seeking) experiences for a certain group of Black American children. These existing and emerging stories, in part, must be fashioned and analyzed using the vantage points of the selected group of school-based officials.

Constructivism embraces empowering individuals to create and relate their narratives, which is vital when addressing sensitive issues. I used photo elicitation interviewing to tackle the focal research questions based on this contention. This method of qualitative research is culturally based and sensitive as it focuses on the worldview of its participants by amplifying their voices (Harley et al., 2015). It allows for a strict concentration on the unique experiences of Black Americans. Constructivism offers a flexible template to communicate and explicate the historically rooted, culturally candid tales about the mental health (help-seeking) experiences of under-resourced, preadolescent Black American children living in environmentally toxic areas.

The previous theories coupled with vital information contained within this literature review helped to justify and supported my examination of the mental health (help-seeking) experiences of under-resourced, preadolescent Black American children residing in environmentally toxic urban neighborhoods. This material is instrumental for framing the problem of interest and establishing each research question. Finally, this literature section begins to paint a culturally candid, historically based, yet contemporary picture of the mental health (help-seeking) experiences of under-resourced, preadolescent Black American children residing in environmentally toxic urban neighborhoods. *Note: Some of the material in this first chapter has been published in the following work: Burkett, C. A. (2017). Obstructed Use: Reconceptualizing the Mental Health (Help-Seeking) Experiences of Black Americans. Journal of Black Psychology, 43(8), 813-835*

Chapter 3

Methodology

Introduction: Anti-Oppressive Social Work Research and Practice

I have been driven by an anti-oppressive stance from my initial conception, implementation, and construction of this manuscript. One essential tenet of anti-oppressive research and practice is the empowerment of the focal community while maintaining a solid ethical foundation (Rogers, 2012; Strier, 2007). An anti-oppressive examination is intended to spur emancipation, spark self-discovery, and present a catalyst for social change through the lenses of equality and social justice (Potts & Brown, 2005; Rogers, 2012; Strier, 2007). The approach is a more advantageous strategy than conventional research methods for collecting non-spurious information from historically muted populations. An anti-oppressive research approach can be used in many contexts such as community building, economic development, policy analysis, and general practice (Anderson, 2010; DeMontigny, 2011; Rogers, 2012; Rush & Keenan, 2012; Strier & Binyamin, 2013). Reflexivity is a vital dimension of anti-oppressive practice and research according to various researchers (See e.g. Clifford, 1994; Humphries, 2017). I particularly focused on this element of anti-oppressive research while planning, executing, analyzing and now reporting on the process of my photo elicitation study.

Clifford (1994) synthesized a list of descriptive terms such as “historically significant, thoroughly analyzing difference, internationalist, and combining personal and political work” that can define anti-oppressive practice and research based on the literature from Black American feminists (p. 104). Still, this researcher mentioned that

“the author or observer is accountable for the methods used and the knowledge claimed – they do not exist at some neutral value-free point outside the framework but are part of the social action” (Clifford, 1994; Humphries, 2017, p. 104). I actively considered my position within the target community throughout this study to ensure that my research was conducted in an anti-oppressive manner. Most importantly, I remained aware of my role in the mental health (help-seeking) experiences of those pre-adolescent Black American children living in this area.

Some mental health and health care professionals arguably use their credentials to force or forge relationships with their research participants, thus illustrating the “white coat effect” (Corbie-Smith & Ariola, 2012). This term describes how many scholars, researchers, or scientists assume that they will be automatically and assuredly well-received by study participants simply because of their scholarly acumen. Corbie-Smith and Arriola (2012) mention that a white coat is synonymous with inappropriately assumed cultural credibility – medical racism.

Rogers (2012) urges that future social work curriculum embrace, promote, and contain anti-oppressive values. This ardent approach can help elicit the development of more culturally salient programs, policies, and therapeutic approaches for the noted Black American population. The anti-oppressive researcher asks a community if they are comfortable enough to turn on their lights and speak their cultural truths. The control must rest with the community members no matter how dimly lit the space.

Research Design: Qualitative Inquiry

A qualitative method of inquiry was used to collect the perceptions from a purposive sample of school-based professionals about the mental health experiences of preadolescent Black American students residing in Location Z (pseudonym for actual community). This method of research refers to a set of techniques which are associated with collection, analysis, interpretation, and presentation of narrative information (Teddlie & Tashakkori, 2009). Qualitative methods represent an inductive methodology that uses a research question of interest to advance from observations (instances) towards actual conclusions, usually through comparisons to existing theories or constructs (Grbich, 2013). Teddlie and Tashakkori (2009) stated that most qualitative researchers subscribe to constructivism. Subjectivity is considered while the power is shared with research participants because they are viewed as the experts on their topic of interest (Grbich, 2013). The participant sample of school-based professionals lived in the same district as of their Black American students. Grbich (2013) noted that qualitative methods of inquiry include one (or in this case a set of) exploratory questions, thus producing data that are generally narrative in form (Grbich 2013; Teddlie & Tashakkori, 2009). The described outcome of qualitative analysis is the “development of explanatory concepts or models: appropriately theoretically underpinned, whereby uniqueness is favoured and widespread...generalization is avoided.” (Grbich, 2013, p. 26).

Arts-based methods of qualitative inquiry. “When we create artistically to learn more about ourselves, we open to laughter, tears, anger, fear, excitement, and wonderment. Rarely are we left empty-handed or untouched” (Barry, 1996, p. 412).

Specifically, an arts-based research design was implemented as a form of qualitative research. Arts-based qualitative methods of inquiry are a viable research approach for unveiling untainted perspectives or experiences while functioning as an anti-oppressive approach to generate candid depictions of both individual and collective beliefs, intentions, and behavior (Leavy, 2009; McNiff, 2008). McNiff (2008) defined arts-based research as the “systematic use of artistic process, an actual making of artistic expressions in all of the varying mediums, as a primary manner of comprehending and investigating by both researchers and their study participants” (p. 29). The real power within an arts-based approach lies in its potential to collect essential and genuine information from traditionally silenced or oppressed populations. Leavy (2009) asserted that the methodology helps a qualitative researcher discover and present wide-ranging standpoints that are often made imperceptible through conventional forms of investigation. Moreover, arts-based methods of qualitative inquiry are useful for descriptive or exploratory research examinations aimed at revealing certain phenomena (Leavy, 2009). Various mediums of art behave as sound (culturally informed) mechanisms that can measure complex concepts. This method was used to gather and communicate the visual and verbal narratives from school-based professionals reflecting on their perceptions of crucial influences on Black American children living in Location Z.

Photo Elicitation Interviewing (PEI)

Images are ‘everywhere’. They permeate our academic work, everyday lives, conversations, our imagination and our dreams. They are inexplicably interwoven

with our personal identities, narratives, lifestyles, cultures and societies as well as with definitions of history, space and truth (Pink, 2007, p. 21)

Photo elicitation interviewing (PEI) is a specific application of an arts-based approach to qualitative research. Barry (1996) mentioned that symbolic constructivism represents an eliciting method of research that uses “non-routine art-like portrayal (i.e. paintings, performance, sculpture, or photographic images) to catalyze alternative knowings of conscious, tacit, and nonconscious beliefs and feelings” (p. 411). PEI was used to unpack the core constructs of this study: collective cultural memory of historical trauma, environmental toxicity, culturally bound economic insecurity, and cultural mistrust. “Photographs allow participants to feel more comfortable...The photo can serve as an anchor point or as a springboard and represents a sort of safety net for the participant as well as the researcher... The burden is not on them to come up with a response completely on their own, because they can use the photo to help them craft their answers” (Hatten, Forin, & Adams, 2013, p. 2). Our society has fully embraced technologically based methods of communication, thus justifying the increased use of arts-based methods (Knoblauch, Baer, Laurier, Petschke, & Schnettler, 2008; Leavy, 2009). More children and adults alike are using photos or videos to share their daily lives with families, friends, peers, and even strangers. Harper (2004) notes, “The portions of the brain that handle visual information are evolutionarily older than the parts that compute verbal material, thus photographic images evoke deeper elements of human consciousness than do words; exchanges based on words alone utilize less of the brain’s capacity than do interactions whereby the organ is processing images as well as words”

(p. 14). This is debatably an essential consideration when asking participants to access emotionally difficult memories and current experiences.

Photo elicitation is an image-based qualitative method of inquiry. Specifically, it is an interviewing method that uses photographic images, drawings, and other visual based materials as prompts during the discussion (Cannuscio et al., 2009; Cannuscio, Weiss, & Asch, 2010; Grbich, 2013; Harper, 2002; Hurworthh, Clark, Martin, & Thomsen, 2005; Jupp, 2006; Knoblauch et al., 2008). The technique has been described as a variation on the technique of open-ended interviewing (Prosser, 1998). The fundamental difference lies in that an interviewer introduces photographic images to a discussion in order to garner knowledge (tangible and intangible) beyond the scope of a language-based interview (Clark-Ibáñez, 2007; Hatten et al., 2013). Those pictures selected for each discussion can either be captured by a researcher, the participant, or a collaborative effort between these parties (Drew, Duncan, & Sawyer et al., 2010; Pink, 2004, Prosser, 1998). The researcher may also use photographic images taken from magazines, museum archives, or family albums. A major goal of photo elicitation interviewing is to reduce discomfort among those study participants through using a familiar third-party object. According to Drew et al. (2010) “photographic images are introduced to a research interview based on assumptions about the role and utility of photographs in promoting reflections that words alone cannot” (p. 1678; see Clark-Ibanez, 2007, p. 171). The pictures that are viewed by participants “are not necessarily the center of the interview; rather, they are used as a departure point to understand their perceptions” (Hatten, Forin, & Adams, 2013, p. 2). Moreover, it is said that photographic

images make it easy to represent a situation and how it relates to a phenomenon – they are not just “of” something but also “about” something” (Hatten et al., 2013, p. 2; see Carlson, 2001). Miller (2016) mentioned when conducting a photo elicitation interview examination, the “focus was less about the visual product and more about how families explained and interpreted the meaning of the imagery” (p. 265).

Photo elicitation interviewing was introduced by Collier and Collier in 1957. This methodology initially emerged from a mental health study conducted by these researchers and their multi-disciplinary team in Canada. They administered these interviews using the aid of photographs to increase overall rapport with their participants (Banks, 2007; Cannuscio et al., 2009; Hatten et al., 2013 Lapenta, 2011; Pink, 2004). These researchers discovered and reported that their photo-led discussions were more precise and at times even encyclopedic when compared to the typical control interviews (Cannuscio et al., 2009). Many researchers mention this examination as their model for understanding and employing photo elicitation interviewing (Cannuscio et al., 2009). Photo elicitation interviewing “opened up 'emotional revelations' and 'psychological explosions and powerful statements of values’” otherwise possibly unobtainable (Edgar, 2004, p. 94)

Photo elicitation has accumulated several labels which are largely differentiated by whomever captures the visually based prompts for each interview (Hatten et al., 2013). The symbiotic methods that have developed from photo elicitation are photovoice (Cannuscio et al., 2009; Wang & Burris, 1997); auto driving (Heisley & Levy, 1991); photo-language (Bessell, Deese, & Medina, 2007); and reflexive photographs (Douglass, 1998). The qualitative method of photovoice is characterized as a participatory process

by which persons (study participants) can “identify, represent, and enhance their community according to their specific concerns and priorities through a particular photographic technique” (Catalni & Minkler, 2010, p. 424; Wang & Burris, 1997 p. 374).

Photovoice is a community based participatory research (CBPR) methodology which has garnered a great deal of attention in various fields and is rooted in the notion that people are experts on their own lives (Catalni & Minkler, 2010; Harley et al., 2015; Hergenrather, Rhodes, & Bardhoshi, 2009; Strack et al., 2004; Wang et. al., 2004).

Photovoice gives power through photographic images to persons who are vulnerable, disadvantaged, oppressed, or muted (Necheles et al., 2007). Spencer, Garratt, Hockman, Bryant and Kohn-Wood (2011) performed a photovoice project with twenty Black American Head Start mothers who were asked to capture photographs of aspects within their neighborhoods that promote the healthy well-being of their children or cause adverse outcomes for them. Each individual or set of participating parents was able to observe how place can impact both the physical and mental well-being of their children.

Photolanguage is a method “that utilizes black-and-white photographic images that have been carefully selected for their aesthetic qualities, their ability to promote thoughtful reflection within the viewer, and their overall strength in stimulating memory, emotions, and the imagination” (Bessell et al., 2007, p. 558). Auto driving describes an interview that is said to be “steered by those informants who are observing their own behavior” (Hurworth et al., 2005, p. 53; Miller, 2014). Finally, the photographs taken by Black American students regarding their impressions about a predominantly White

American university for subsequent interviews were called reflexive photos (Douglass, 1998; Hurworth et al., 2005 p. 53)

Hurworth et al. (2005) reported that “psychologists have used photo elicitation to understand behaviors, (Akeret, 1973; Entin, 1979; Wessels, 1985), to see if it assists in memory retrieval (Aschermann et al., 1998) and to carry out studies of group response (Harper, 1984; Stokrocki, 1984)” (p. 53). Hatten et al. (2013) noted that photo elicitation has been widely applied in both social and health sciences; specifically, in the areas of education, psychology, anthropology, and sociology. Photo elicitation and photovoice have been used with groups of Black American children (Epstein et al., 2006; Wilson et al., 2007) and adults (Cannuscio et al., 2009; Miller, 2004; Spencer et al., 2011) to explore the relationship between health disparities and food choices (Cannuscio, Weiss, & Asch, 2010); and to evaluate programs (Hurworth et al., 2005). Photo elicitation has been utilized “methodologically in a variety of ways and readily adopted by researchers who are interested in vulnerable or underserved populations such as inner-city children, cancer patients, and individuals struggling with gender and immigration issues” (Hatten et al., 2013, p. 3). The Health of Philadelphia Photo-documentation Project (HOPP) served as a model examination for me as it explored the many causes of urban health disparities utilizing photographic images taken by both researchers and city residents (Cannuscio et al., 2010). The study used photographs to record and examine those countless physical and social environmental contexts for the physical well-being of Philadelphia residents (Cannuscio et al., 2009; Cannuscio et al., 2010).

Cannuscio et al., (2009) states that “Philadelphia first represents a locus of ill health, with elevated rates of total mortality, infant mortality, and violent crime; second, health varies dramatically across the city’s 136 square miles” (p. 553). I will focus on a densely urban area in the north eastern part of this country that mirrors this characterization and condition of Philadelphia. One objective of HOPP was to obtain an understanding about how residents perceive the relationship between place and their overall health (Cannuscio et al., 2009). I have generated and used similar photographic images to unpack the mental health (help-seeking) experiences within public school settings of under-resourced, preadolescent Black American children

Photo elicitation interviewing can be helpful in tapping into social memories, tacit material, cultural truths or other sensitive (subverted) information from vulnerable and disadvantaged populations (Banks, 2007; Epstein et al., 2006; Hatten et al., 2013). A camera is “the mirror with a memory” (Collier, 1967, p. 5; Collier & Malcom, 1986). “Photography is one of the first steps in evidence refinement that turns raw circumstances into data that is manageable in research analysis” (Collier, 1967, p. 5). The method can induce the emotive engagement from a study participant. Photo elicitation challenges the authority of a researcher while redefining an examination into a more collaborative search for significance rather than simply mining for information (Harper, 2004; Clark-Ibáñez, 2007).

A photographic image can innocuously illuminate the culturally authentic narratives of those mental health (help-seeking) experiences endured by under-resourced, preadolescent Black American children and their families living in environmentally toxic

urban places. Harper (2004) mentioned that the adulation discovered in a photographic image surfaces from the onrush of memory. “Lived experience can be difficult to articulate because it can be an unconscious process, but photos aid to extract these perceptions out into the open thus getting beyond the limitations of a spoken or written word” (Hatten et al., 2013, p. 2). The photographic image represents an important piece of cultural knowledge. The latter assertion will inspire school officials, especially mental health practitioners to implement culturally appropriate supplemental programming, culturally empathetic primary preventions, and culturally enmeshed (anti-oppressive) interventions.

Finally, a researcher who is interested in using photo-elicitation must tackle three key questions (Epstein et al., 2006; Lapenta, 2011): (1) Who is going to make or select the images to be used in all interviews? *I captured all photographs used during the interviews.* (2) What is the content of those images going to be presented to the audience? *The photographs depicted those social, physical, and environmental attributes of a few urban neighborhoods in Location Z.* (3) Where are the images going to be used, and how? *A select set of seven images were shown to each participant to elicit reflections and guide the interview questions.*

Research Questions

There were two core questions that framed this study. First, what are the elements in the environmentally toxic urban community of under-resourced, preadolescent Black American children that impact their mental health (help-seeking) behavior? How do

public schools and neighborhoods inhibit or contribute to the emotional well-being (mental health) of these children?

The specific research questions that have directed the PEI application to this study are threefold:

1. How do public school-based professionals perceive the influence of *ecological* factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?
2. How do public school-based professionals perceive the impact of *economic* factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?
3. How do public school-based professionals perceive the effect of *socio-cultural* factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?

Research Setting

Location Z is a compact (sq. ft. = 5.23 square miles) and densely populated (N = 55,223; White = 25,000; Black = 8,861; Latino = 27,558; Non-Latino = 27,665) community with a disproportionate amount of low-income, working class Black American and Latino American families, and with a fluctuating (temporary) group of university students, faculty, and staff (U.S. Census Bureau, 2010).

The student population of focus resides within only a few neighborhoods in Location Z. Importantly, many of these students participate in two complimentary and supplemental programs. The Kids Group Services (pseudonym) (K.G.S.), the Little Explores Program (pseudonym) both offer necessitated and wide-ranging after school and summer programming for school-aged children attending the Location Z Public School System. The K.G.S. after school program and the Little Explorers summer camp are operated at area public schools, parks, and recreational centers in the Location Z area. This program provides resident children and families an opportunity to engage in a wide variety of educational and recreational activities at no cost. The primary objective of these programs is to organize local business leaders and constituents, social service agencies, community groups, educators, researchers, and administrators from area universities and colleges to provide solid, beneficial and comprehensive supplemental recreational and educational programming to local school-aged children. The program staff delivers culturally appropriate activities, consisting of most importantly homework assistance and tutoring students in numerous subjects; directing various athletic teams (i.e. basketball, indoor soccer, etc.) and other recreational activities; and conducting workshops in music, drama, along with countless other art mediums.

Participants

I selected school-based professionals as participants in this study because that they have an informed perspective and clear insight into the lived experiences of my PEI focal population of Black American pre-adolescent children living in Location Z over a sustained period. I defined a school-based professional as an individual who has been serving in any role within the public school (e.g. teacher, after-school staff,

administrative assistants and a custodian). These persons have a direct daily contact with Black American children living in Location Z. Many of these individuals have worked within the Location Z school district and overall community for decades. Therefore, these professionals can speak in-depth about the elements that most likely positively or negatively shape the mental health (help-seeking) experiences of these Black American children.

The typical number of participants to sample in an exploratory qualitative study is highly debatable (Baker & Edwards, 2012; Fugard & Potts, 2015). However, some scholars suggested that the number range from 12-101 (Baker & Edwards, 2012); others noted that a single case could also be an adequate sample size for your project (Fugard & Potts, 2015). Also, the scope (small, medium, or large) of a project determines how many interviews must be conducted by a researcher (Fugard & Potts, 2015). I conducted a smaller scale photo elicitation interview examination.

Recruitment criteria and process. The criteria for sample recruitment was three-fold: (1) having a history of working with pre-adolescent (9 -10 years old) Black American children in Location Z for at least 10 years; (2) sharing a racial and ethnic identity of those children who attend the K.G.S and the Little Explorers summer camp; and (3) working directly and indirectly to inform the mental health (help-seeking) experiences of these children, particularly in school-based settings. The aim was to include a racially, ethnically, gender, and fiscally diverse sample who live within or outside the city of Location Z school district. (See Figure 3.1, Appendix E)

I compiled a list of 12 potential participants. I then contacted them through telephone, electronic mail, and face to face interactions to determine interest in participation. Please see Appendix B for my recruitment script. I forwarded every person an explanatory e-mail detailing the proposed study. Two potential interviewees encouraged me to solicit participation from a couple of their school-based colleagues. These professionals served the population of students at one of the main institutions that most pre-adolescent Black American children attend in this community. I called and left messages for each of these individuals. Unfortunately, these two persons from the initial list did not follow through to my final scheduling of interviews.

Sample description. The final sample was composed of 8 participants (See Table F1, Appendix F). Four participants identified as female and four as males. Four participants classified themselves as Latina or Latino American; three as Black American and one person Caucasian American. All participants had a direct affiliation with the schools that most Black American children attend in their community.

Instrumentation

Development of PEI instrument. The interview schedule was constructed to explicitly address the research construct within each of the 3 research questions. The interview schedule contained 10 open-ended major questions with approximately 16 prompts and 2 sub-prompts. It was quite important to devise these queries void of indecipherable jargon. The aim was to make this instrument understandable to these school-based professionals and to promote productive engagement while honoring their levels of educational preparation (See Appendix D).

Capturing interview photographs. I generated all the photographic images used in the interviews. There are specific advantages of a researcher taking the photographic images, such as “not relying on participants to follow through on the requirement to bring their own photos which adhere to assigned categories; having control over being able to generalize the study’s results; and ensuring a baseline for comparison” (Hatten et al., 2013, p. 4). The photos depicted various ecological, economic, and socio-cultural elements of Location Z that I perceived may negatively or positively influence those mental health (help-seeking) experiences of under-resourced preadolescent, Black American children living there. The act of capturing these images was guided by my three research questions. The photographs reflected various parks, roadways, waterways, vacant lots, warehouses, schools and other buildings that constitute this urban place. There were no building monikers or business names projected within any image. I created these pictures during hours where there was little to zero-foot traffic around the identified locations in Location Z.

I captured images of the environment that surrounds each elementary school within the town, focusing on generating pictures of the buildings, streets, institutions, parks, waterways, and businesses that comprise this uniquely intimate community. The overall process occurred daily for about 4 months as I commuted from my studio by bus and various trains 8 hours per day to collect this precious data. I methodically archived these pleasantly arduous trips. I did not take any photographs of people or their likenesses to protect all identities and respect their privacy. Moreover, there is a sizeable amount of criminal behavior that takes place in this community. I have a responsibility and the trust

of these persons not to accidentally or purposefully reveal their activities. Candidly, I wanted to present the subjects with a picture of a perceived “inactive” or “empty” environment to have them envision their presence within these spaces. I believed that the inclusion of people would have been an unnecessary distraction for the interviewees. Lastly, I have a cultural and racially socialized objection to taking photos of actual people. I (we) was (were) taught as children that this act rob takes a piece of person’s soul.

Selecting interview images. I carefully reviewed all images after every photo-making exercise. The pictures were downloaded to an external hard drive. The total 21,944 color images collected was reduced to 109 images. I had eliminated photographs based on clarity, subject matter, absence of human figures, presence of identifying information, depth of field, vantage point, and relevance to research questions. I literally selected the pictures that were the clearest representation of the selected area. These pictures reflected a series of ecological, economic, and socio-cultural factors that impact the mental health help-seeking experiences of these Black American children. I then categorized these remaining photographs according to the major concepts from my research questions. My final selection was 7 photographs for the PEI (Dempsey & Tucker, 1994). The pictures were labeled on the back with a number for identification purposes and to keep track of them during these discussions (See Table J1, Appendix J).

Pilot Study

I conducted two pilot interview sessions with PEI A (an after-school program coordinator and social work researcher) and PEI B (a visual artist and teaching aide).

They both have a combined 27 years of experience working with the target population of Black American students in Location Z. The primary purpose of administering these interviews was to determine what types of responses or elicitations might arise during the actual sessions. It was important to examine if the selected images were appropriately engaging while generating cogent, tangible, and informative insight.

Both pilot participants A and B were asked to perform the same exercise using a set 109 of pictures. I used the results from both tasks to select specific photographs that represented those central concepts in my research queries. I selected a total of 12 images to be employed in the various interviews. These photographs were focused on the primary neighborhood where my target population resides in this city. The remaining pictures were picked to depict those spaces where the individual participants work in this school district.

Photo elicitation interview schedule. An informed consent document was provided to each participant at the beginning of the interview for review and confirmation by signature or decline. The participants completed a brief demographic form after signing the informed consent form. The photo elicitation interview schedule (See Figure 3.2, Appendix G) was administered to my final sample, including sorting of the 7 photographs I picked seven photos that would resonate with the specific participant. Each of them only viewed this number of pictures.

Data Collection

Photo elicitation interview procedure. The actual interview process was quite enjoyable, insightful, and enriching. However, I felt a great deal of anxiety while conducting each PEI session. This feeling was a combination of excitement and fear. I

was very elated to embark on these informative dialogues with a dynamic sample of participants. There existed a sizeable, yet not debilitating amount of trepidation about the outcome of these sensitive and revealing conversations (fact finding forays). This trauma triggering has been articulated in my discussion section.

Photo elicitation interview setting. The physical location of the interview was determined by each participant. I presented them with an alternative option if they expressed indifference towards the interview setting. My goal was to make the participant more comfortable. I was permitted to use the library at the Institute for Physical and Mental Health (pseudonym) at Location Z University, which was generally empty due to the summer break. All interviews occurred after normal work hours. Four interviews were held in this setting. One other interview took place in a secure study room at the main library at Location Z University and 2 were conducted in the homes of the participants. Finally, I administered one interview at a participant's work office. Interestingly, the home-based discussions lasted the longest of all sessions (See Appendix M, Table MI). Candidly speaking, I was much more comfortable in these environments. There was a different ease to these dialogues due their settings. Another session was held at the office of my participant within a community center. Our interaction was the most soothing for me. The faint noises of children playing and arguing in the background as we talked was quite calming. I possessed an increased level of attentiveness and engagement during this interview. Our shared cultural background along with his paternal delivery shaped the latter experience. The shortest PEI session was about 43 minutes;

while my most lengthy dialogue lasted for 3.5 hours. All the interviews were audio recorded using two iPhone devices.

Photo sorting process. The participants were presented with the 7 color photos. Each interviewee was asked to place a small green post-it on the picture that they saw as positive. They were told to put a red post-it on the image they perceived as being negative. I also instructed them to leave one of the photographs as neutral. This image did not receive a label. Three interviewees (PEIs 2, 3, & 8) decided to place a rating on all 7 of their images. They decided to ignore the instructions and rate all pictures. I did not restrict them from doing the action. (See Table K1, Appendix K and Table L1, Appendix L).

Transcript Production Process

I personally transcribed each audio-recorded interview verbatim by hand using a few small and large composition notebooks. It was important for me to complete this task personally and without the input of other parties. I also did not use a qualitative computer software package to input my interview data. The objective was to keep an intimate relationship with this sensitive material. I argued that these warehousing programs can create an artificial distance between myself and the information. Several qualitative researchers and scientists have noted that these qualitative software packages fail to offer an actual evaluation of the transcripts (Rodik & Primorac, 2015; Zamawe, 2015). The researcher is still responsible for identifying and explaining the connections. This was my first attempt at developing a PEI examination in this fashion. Therefore, I

wanted to assume as much control as possible over this entire thematic analysis. Finally, I did not develop or use a transcription key.

The act of transcribing these PEI sessions was brutally taxing. It was so incredibly time consuming to complete even the shortest interview. The largest issue for me was hearing my own voice. The sound was grating and annoying at the outset of listening to these recorded dialogues. An unbelievable amount of anxiety hit me each time I heard my recordings or read the transcripts. I was instantly placed back in the room with my participants. I could recall the sounds, smells, weather, room temperature, and reactions, when listening to these interviews. They were immensely provocative and evocative.

The future objective is to conduct a separate analysis of all photographic images, this entire research process, and the audience reaction. This was not feasible within the scope of the present dissertation. It was important for me to amplify the diverse perceptions of these professionals through this photo elicitation study.

Data Analysis

The analysis began within the first interview and continued throughout the data collection process and after the data gathering was completed. This approach is typical of data analysis for the chosen method of data collection. Grbich (2007) describes a few important steps to administering a qualitative analysis of text.

1. The process is iterative or recursive one that consists of the researcher becoming familiar with the completed database (in this case transcriptions) by moving backwards and forwards across it, reading, re-reading and comparing aspects until the researcher is

utterly saturated. This researcher will ultimately be able to grasp what is contained in this pool of data.

2. The researcher should go through their transcribed database and block/underline/color crucial and salient parts. S/he should then write descriptive comments alongside in the margins. The researcher must consistently consider their aim, the specific research questions and any relevant theoretical frameworks that were previously identified in the literature review. The goal is to allow the data speak for itself, thus permitting you to classify those statements made by each participant surrounding their perceptions, beliefs, attitudes, perceptions, behavioral actions, motivations, and ideologies. The resulting identified parts should then be matched with appropriate and similar segments throughout the entire database and then grouped together.
3. Overarching labels are attached while sub categorizations are identified among these groupings.
4. The groupings are then conceptualized and linked more directly with literature and theory as you move to data display and writing up. (p. 261)

Hatten et al, (2013) commented that a researcher must “show unconditional respect for the participant and their voice and realize their own positionality in the interviewing process” (p. 3). Again, as standard the analysis process was iterative or

recursive (Hseih & Shannon, 2016; Padgett, 2016). The researcher must become familiar with the completed transcriptions by moving backwards and forwards across them, reading, re-reading, and comparing aspects until one is utterly saturated (Padgett, 2016; Bengtsson, 2016). I was ultimately able to grasp the information that was contained in my data. Also, I examined my transcriptions and noted the salient portions using underlining, bolding, and simply circling techniques to classify this crucial material. I then wrote descriptive comments alongside in the margins of these documents in addition to recording them in a separate notebook. I remained consistently focused on my aim, specific research questions, and the relevant theoretical framework that were previously identified in the literature review. The objective was to permit the data speak for itself, thus permitting me to sufficiently classify those statements made by each participant. The resulting coded portions were then matched with appropriate and similar segments among all PEI transcripts. Lastly, I identified all overarching themes and sub-themes after synthesizing the most prevalent, re-occurring, and important codes. Finally, the core themes were linked more directly with literature and theory as I advanced to write up and present these data. I then began to sew up the link between the literature and my outcomes. The closing steps included me crafting this write-up and presenting these results. Three overall categories (environmental, economic, and socio-cultural factors) were used to organize the resulting set of themes. I specifically utilized the method of thematic analysis to examine the interview data.

Steps of Thematic Analysis. I used the method of thematic analysis (TA) in order to evaluate all transcribed data. Thematic analysis emerged during the 1970s but

was employed inconsistently and sporadically (Braun & Clarke, 2014). The approach gained a wider appeal and application particularly within the social and health sciences after a seminal publication in 2006 by Braun and Clarke (Braun & Clarke, 2014).

Alhojailan (2012) noted that main objective of coding in thematic analysis is to create linkages between various parts of the data.

Braun and Clarke (2006) stated that thematic analysis is a qualitative method used for uncovering a collection of themes, ‘some level of patterned response or meaning’ (p. 82) within a dataset. It goes beyond word or phrase counting to analyses involving “identifying and describing both implicit and explicit ideas” (Guest, MacQueen, & Namey, 2012, p. 10). Themes tend to emerge when answering the question, “What is this expression an example of?” (Ryan & Bernard, 2003, p. 87; Furgard & Potts, 2015)

Braun and Clarke (2014) mentioned that thematic analysis is a theoretically elastic methodology that can be utilized in a realist or descriptive manner. This technique provides a robust, systematic framework for approaching qualitative data, and for then using that coding to identify patterns across a dataset in relation to the research question (Braun & Clarke, 2014, p. 1). I aimed to extract, describe, and articulate this narrative through performing a thematic analysis on the data collected. Thematic analysis “offers a really useful qualitative approach for those doing more applied research, which some health research is, or when doing research that steps outside of academia, such as into the policy or practice arenas” (Braun & Clarke, 2014, p. 1-2).

The method of thematic analysis advances beyond tallying overt words and phrases, but rather centers on identifying and detailing both implicit and explicit

ideas. Codes developed for ideas or themes are then applied or linked to raw data as summary markers for later analysis, which may include comparing the relative frequencies of themes or topics within a data set, looking for code co-occurrence, or graphically displaying code relationships (Alhojailan, 2012, p. 40; see also Namey et al., 2008)

Alhojailan (2012), mentioned that thematic analysis has an ability to detect, identify, and capture those factors, variables, or any issue created by the participants. Thematic analysis can be applied inductively or deductively (Alhojailan, 2012; Braun, Clark, & Weate, 2016; Crowe, Inder & Porter, 2015). The deductive stance is one that is driven by theory. It is often described as a more “top down” tactic. An inductive approach is slightly different. This method involves starting with precise content and then moving towards larger theories or generalities (Alhojailan, 2012; Braun, Clark & Weate, 2016). The content of my data steers the overall analysis (Braun et al., 2016; Crowe, Inder & Porter, 2015). I used both inductive and deductive techniques during my thematic analysis. This was the more ethical approach because it honored my prior relationship with the community of Location Z. This method also acknowledged my overall position within this research examination.

Thematic analysis is highly adaptive in research studies that rely only on participant perceptions and justifications. I used those perspectives from a purposive sample of school-based professionals to construct a narrative about the mental health (help-seeking) experiences of under-resourced, pre-adolescent Black American children residing in environmentally toxic urban places. Each statement uttered by these

participants contributed to developing and crafting a sound comprehension of the problem of interest, thereby generating a broader picture (Alhojailan, 2012).

The thematic analysis was pleasantly exhausting. This process began immediately after the first photo elicitation interview. I assigned one overall word or code to the dialogue after each session. I specifically wanted to describe my experience in a single word. These phrases ultimately helped me to build the main themes. I also continually crafted reflections upon completing each discussion with the participants. Candidly, I have been maintaining a written and visual journal of every step of this examination. I have consistently documented my thoughts, perceptions, emotions, reactions, responses, and experiences surrounding these interviews. This archival exercise began the first day approval was given to proceed with my project. These notes were aided in the construction of my codes and themes. Many of my memos appear within the conceptual definitions of the themes. I will revisit this sensitive material in another examination.

Code development

I generated the codes using inductive, deductive, and constructive approaches (See Figure 3.3, Appendix H and I1 in Appendix I); implementing a priori methods (theory-driven),; utilizing raw data (data-driven); and applying my overall research questions and goals (structural) (DeCuir-Gundy, Marshall, & McCulloch, 2011). The focus on only one tactic for creating these essential and summative concepts was not suitable for the research goals. The impetus and purpose of this examination is conceptual in nature; therefore, it is virtually impossible to ignore the influence of particularly those key constructs that comprise the focal research questions or constitute my principal

argument. I decided to not deny this reality, while still allowing the participant perceptions to drive the code and theme-making processes.

The codes were created based on the criteria noted in the *Qualitative Methods of Social Work in Research* (Padgett, 2016). I relied a great deal on this body of literature as a guide during the analysis. I used the actual words and phrases stated by each participant to help determine my specific code names. I meticulously, thoroughly, and repeatedly read the final transcripts to identify the most salient thoughts or perspectives from each interviewee. This laborious exercise was undoubtedly enlightening as it introduced me to a finer level of insight into the mental health (help-seeking) experiences of the community's youth.

I collapsed the most relevant and descriptive codes into a group of broader themes. The purpose was to construct a concept that encapsulates those shared, dominant, and repetitive codes. Interestingly, I did not find any significantly opposite, contradictory, or competing ideas amongst the sample. I selected key thoughts that demonstrated each theme in the clearest form. These specific perceptions represented and highlighted the voice of each participant.

Data reduction is considered as a first stage to conducting any form of data analysis (Alhojailan, 2012; Miles & Huberman, 1994). The rich interview data was reduced through note taking, outline making, and examining the detailed versions of interview transcripts. Essentially, I used visual data displays to assist with this crucial process (Jarrett et al., 2016; Miles & Huberman, 1994). The various hand-written charts and tables were color-coded to facilitate my organizing, conceptualizing, and choosing

the most comprehensive themes and sub-themes. These constructions helped me identify patterns across the perceptions and codes from my sample of participants. Finally, I wrote countless analytic memos throughout the thematic analysis. This helped in the further creation of my codes and themes (Charmaz, 2003; Jarrett et al., 2016).

Self as Researcher

I formed a well-developed knowledge base surrounding the most suitable ways to minimize harm and reduce risk while conducting research with those selected school-based professionals. This occurred as I worked in various research roles within this community over the years (i.e. photo-based apprenticeships and visual based research (pilot) examinations, self-esteem assessment via small survey instrument, follow-up telephone interviews with adolescents). I have previously served as a research assistant at two esteemed research institutions at Location Z University for numerous years. Specifically, a significant amount of my training and experience (i.e. individual face-to-face and telephone interviews, focus groups, survey development and administration, etc.) has been received by me while working on countless qualitatively and quantitatively driven projects aimed at promoting the positive health and mental health well-being care use and an access to quality mental health care for those disadvantaged minorities residing in the city of Location Z. It was within these positions that I began to determine and comprehend which data collection techniques were least restrictive methods when conducting research with this community of Location Z. Particularly, I have conducted a few pilot photovoice studies with several populations of Black and Latino American children. The lessons obtained from these experiences inspired me to craft and implement

an exploratory photo elicitation examination that would satisfy dissertation requirements. In essence, I had been planning and designing the current study for the last fifteen years.

I embraced my position and role in this research from the outset of developing this project. It was imperative for me to remain consciously reflexive and reflective throughout the overall process of this dissertation to ensure that I honored the anti-oppressive approach. Most importantly, I consistently self-reflecting in an attempt to acknowledge my presence and protect the participants. Holloway and Biley (2011) note that researchers cannot remove themselves from the data collection, analysis, and final presentation of the outcomes.

I was both reflective and reflexive while conducting this PEI examination. I have taken an even more critical position about my involvement within this project using reflection (Holloway & Biley, 2011). Finally, I was quite aware and methodically archived my personal reactions, positionality, and the setting for my PEI study. I was most sensitive to the change in relationships between the participants and me.

Voice. The most delicate issue of this present examination involved voice. A crucial tenet of anti-oppressive research/practice entails the possibility of empowering populations by unmuting them, thus amplifying of community voice. Some researchers urged we other scientists to be cautious in making these claims (Holloway & Biley, 2011). However, I argue that one can strengthen often forgotten, overlooked, and vulnerable populations through conducting a qualitative examination. Furthermore,

Planey et al. (2019) the realities of those mental health (help-seeking) experiences for Black American children remain incomplete and void of integral information.

There was an uncomfortable dynamic that emerged related to voice, particularly my own, which emerged during this PEI study. Candidly, I endured an indescribably heightened level of stress every time when listening to each interview recording. The sound of my voice re-triggered an arguably natural and expected anxiety that presented itself during every interview. An inevitable tension surfaced because I had to face the reality that my role within the community would change instantly during these interview sessions. The participants will likely begin to change their perception of me from after-school educator to an academic researcher. I was also fearful about vicarious and secondary trauma that would emerge from the interviews. One of the reasons that these issues surfaced was because I had to re-examine, recognize, understand, and accept my role in the overall mental health experiences of Black American children.

One other vital idea that emerged from the data analysis was a re-occurring reference by all participants to those mental health experiences of Black American *boys and men*. I was reminded that the mental health concerns of Black American young males are quite prevalent (a predominant issue) among this sample. The fact is that a Black American man administered this interview schedule. Each participant perhaps envisioned me as they reflected on the questions which is an unintentional prompting or priming. The media presents exaggerated and untrue notions that an uncontrollable aggression is inherent within Black American boys and men in the form of behavioral outbursts. Also, Black American boys are suspended, expelled, and removed from the school fabric at a

greater rate than many of their counterparts (Gilliam, Maupin, Reyes, Accavitti, & Shic, 2016).

Vicarious trauma/re-traumatization. This PEI examination was traumatizing and retraumatizing for me to conduct over this span of time. I endured this pain each time while listening to these in-depth interviews at any moment or phase of this project.

Vicarious trauma is considered “the cumulative effect on the clinician of being exposed to the material presented in clinical sessions by traumatized clients” (Cunningham, 2004, p. 306). Newell and MacNeil (2010) further explain the concept as “a process of [cognitive] change resulting from [chronic] empathic engagement with trauma survivors” (p. 60). Secondary trauma is defined as “natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other [or client] and the stress resulting from helping or wanting to help a traumatized or suffering person [or client]” (Newell & MacNeil, 2010, p. 60). There was a great deal of anxiety evoked by the words, images, sounds, emotions, reactions, and barriers apparent during every interview. The photographs sparked a similar feeling as I painstakingly and methodically documented these complicated journeys. Photo elicitation interviewing can be described debatably as a truth extracting mechanism or viable tool to incite candor or produce an honest narrative from the researcher and their participants. The methodology is messy, yet this flexibility allows for a more in-depth exploration or exposing of cultural truths.

Enhancing trustworthiness and managing data quality

Qualitative research is generally described in terms of its trustworthiness in order to support the assertion that your study outcomes are valuable and plausible (Healy & Perry, 2000; Lincoln & Guba, 1985; Miller, 2016). I engaged in five casual conversations about my emerging results with PEI participants to assist this process and as way of informal member-checking. These dialogues were largely prompted by the participants. Candidly speaking, the interviewees were less concerned with the outcomes or my results. Each of them displayed more focus on when I would graduate; thus, allowing me to address the problems or issues that impact those mental health (help - seeking) experiences of our preadolescent Black American students. They reminded me that my work and presence is needed in Location Z. I also had an extensive dialogue with an area newspaper editor who writes a column about the mental health experiences of Black American children and youth in California.

I used the trustworthy strategies or techniques outlined by Lincoln and Guba (1985). I created a reflective video and written journal as a part of my archival process (McGowan, 2017). This was also designed to chronicle my continual internal dialogue about conducting this PEI examination. The potential for researcher bias was minimized through recognizing or reflecting on my positionality, epistemological stance, and overall worldviews (McGowan, 2017; Miller, 2016;).

I crafted this PEI examination based on 21 years of experience working in Location Z with this select group of Black American children. A Black American male interviewer with firm roots within the community as an educator, coach, researcher, and

student conducted these sessions that were “non-judgmental, conversational, unbiased, and driven by active listening” (Jarrett et al., 2017).

Chapter 4

Findings

The final themes have been presented in relation to each of my three primary research questions and the core concepts of ecological factors, economic factors, and socio-cultural factors effecting the mental health (help-seeking) experiences of under-resourced, pre-adolescent Black American children residing in Location Z. The major themes that emerged from an extensive data analysis are displayed with supporting and illustrative quotations from the participants. Pseudonyms are used for the participants' names, locations, and structures. The numbers that are bracketed at the end of sentences indicate my total amount of participants (8 total) who noted this specific theme in their interviews. I used actual PEI images coupled with some representative participant quotations to enhance my presentation of the resulting themes.

Research Question 1:

How do public school-based professionals perceive the influence of **ecological factors** on those mental health (help-seeking) experiences of under-resourced pre-adolescent Black American children residing in environmentally toxic neighborhoods.

Ecological-Based Themes

There are approximately (N = 10) public elementary schools within the Location Z school district. A resounding majority of my interviewees (8/8) noted that the pre-adolescent Black American population of children attended Public Elementary/ Middle School A. The participants mentioned these two institutions have a predominately Black American student population. Additionally, all the interviewees (8/8) mentioned that

Public Elementary School B in Location Z was another school attended by this group of students.

Figure 4.1. Public Elementary/ Middle School A & Public Elementary School B

PEI # 4: It has nothing to, to, to really say anything other than if you're livin' in that area, that's the way I get home. And um, you don't walk down there late at night. It's not an inviting place. It's not a place that, that says anything.

PEI # 2: Yeah, this is the one I was really, really, considering and, um I know that this is the pathway... to Public Elementary/ Middle School A. I never liked this area for a school because again it's industrial... You've got this big water tower here, I don't understand why that's right directly near a school, but ok I have let that go, right. Because I did consider that behind School A there's the park, right... But I never really liked this strip in all my years of driving there, even before I started working there because it's so industrial. You've got trucks in and

out, in and out. Um, but I let that part go. What I don't like is on the other side of this fence is that warehouse that they continuously use as a school and that's what I know is behind this fence...and talk about depression. And the sad part about it is that I know that right now, they have School B in that school, that... You know Public Elementary School B, the Black school, right cause Public Elementary/ Middle School A and Public Elementary School B are always the Black schools, just about in population in Location Z... About 10 years ago you put Public Elementary School B in there, and you tell them their building is going to be repaired they stayed in there, this is crazy, industrial building with no windows right, and, no air. It's just air circulating from some vent system. No playground. This is a k-5 school, these kids need playgrounds! So, they're stuck in this building there's nothing but pavement, cause that's for all the trucks comin' out or cars or all the other stuff and...there's no place for these kids to stretch their legs, nothing! So, you take 'em out and you send 'em back to their home and it wasn't not a thing done, not a thing was done. They didn't even repair the building. They sent 'em back to the building and there were no repairs done. It was still totally messed up. So now, you get this great idea, ooh, we're gonna fix the building again. So, they take that same school and move 'em back to the same building, but this time they pretty it up. What do they do? They put up a big colorful sign with the kids' hand in front of it in front of the building. You know with the primary colors. Public Elementary School B and now this their temporary home. But we've been here before. So, what are you saying to these

children? Now my prayer is that this time they actually do as they say, and they fix the building... but what are you saying to these children? And again, this is the school that is predominately Black. It didn't happen to any of the other schools, but this one it happened to.

Question 2: How would you describe the physical characteristics of these neighborhoods in which preadolescent Black American children live in Location Z?

Theme # 1: Concentrated Deteriorating Infrastructure. The concept describes a neighborhood filled with old and poorly kept homes, schools, and apartments. Ultimately, the physical condition of an urban place can determine (shape) the mental health experiences of pre-adolescent Black American children (8/8).

PEI # 6 commented: I think it's like I said most of them...like in the central part Uh, of Location Z. and you got a cluster that live in the UHH, southern part of Z. That's where they are at, they are spread out like that near Public Elementary / Middle School A, Dutch, New York City I mean New York Avenue. That whole corridor, right there. And then you have the ones that live in this ah... area. Over the Oak, Oak Street. And down lower part of downtown.

PEI # 8: [Brief Pause] Uh, I mean I would predominantly say Tubman Place and the Town. I mean because there are a lot of... Yeah, I guess I would say that Sir Franklin is more Hispanic, too. There's a good mixture at Public Elementary School B. I would say, yeah. I would say, yeah, Tubman Place and, and whatever that village is, it's, it's the Town. Um, hm. That's what they call it the Town...But

what's it?... I forget, oh my gosh! Carver Village? Is it Carver Village? ... I think so.

Finally, *PEI # 4* mentioned after taking a contemplative pause: Ahh, I'd say a lot of it would be up by Public Elementary/ Middle School A, right. So, that, Tubman Place... There is a population at least when I was at Public Elementary/ Middle School A, right, who were there in the other part, over there by the Location Z apartments down by 99. So, I would say those are two, you know uptown, downtown kind of thing.

The homes, apartments, or other residences of these children were described largely as under-resourced, unappealing, dilapidated, or decaying. The entire sample of interviewees (8/8) noted this characterization.

Theme # 2: Substandard Housing. All participants stated that the children and their families of concern live in dilapidated and deteriorating apartments or homes. These structures are considered low-income units that were grossly overcrowded. This theme describes how the living conditions are inadequate and lacking the suitable resources necessary for survival (8/8).

PEI # 2 very sternly and confidently stated: Um, Run down. That's what I would say. Yeah.

Still PEI # 4 asserted: Um, I'd say tense. Um, there's, there's like this natural tension between the different dynamics happening in those neighborhoods. Right. Um, I think also, you know those are [not] thought of as being the safest areas.

So, safety is not necessarily something, you'd immediately associate with, right
so...

Theme # 3: Colorless Nature. The term signifies a broader physical environment that is riddled with devastating amounts of multi-varied forms of pollution. This is a universal experience within the community. The environment, particularly surrounding Public Elementary/ Middle School A are largely unappealing or aesthetically repulsive to the un-intimate eye (culturally blinded view) (5/8). All participants (8/8) concurred that these neighborhoods where Black American children live are indeed polluted on various levels.

PEI # 5 interestingly noted: The Town, I think it's not a positive area. Everything is really bland there. Um, the architecture of the area isn't the most exciting. Moving on to Tubman Place almost the same thing. [Makes a smacking sound] It's a little better because there's a big park there. The kids do have a little bit better, if you wanna take even Tubman Place going down to Miller Avenue. I don't think it's as negative because there's a lot of single-family homes there. And um, when you, think of that you think more unity. I think that they have more terrain for themselves, more lands to themselves in each house; there's a little bit more positive, um going downtown. The, there are more apartments. So that's a plus compared to the other one. Again, it's bland. Nothing really exciting in those apartments. Um, but it's a step better than the apartments on 13 which are really old.

Figure 4.2. Toxic Gym

PEI # 3: It doesn't look like anything appealin' to them at all. Just for them to walk by concrete, concrete jungle there with fences. No trees, no green, and this is coming from my perspective. I mean somebody might wanna hop the fence and go skateboarding and all that type of stuff, but...So, but, I just see it all fenced in and not appealin' to do, except concrete unless you put a basketball hoop in there, I'm not gonna wanna go in there. And I don't really, they would really wanna go in there. Liked we talked about; I know that this is an environmental problem area that they haven't constructed anything on.

PEI # 2: And this, wow! Oh, this is where, where the boxing gym is. Wow! This is just depressing. Yeah, to live in a neighborhood like this is. I mean when I see this, I think toxic waste. That's what I think immediately. Um, it's just, it's, it's

just broke down, nobody cares. And even if this is in a residential area, care enough to just clean it up so that people don't have to pass by and potentially harm themselves, hurt themselves some way. It's just, it's, it's look at the fence. It's all broken up. It's like I don't care. So I know this area too...

PEI # 6: This one is New York Avenue? New York Avenue plighted, it's plighted. Yea, plighted. You go down there and it's just like what is this place? It's not a place where I can play at! Right? It's not a place, I wanna be around there. If I'm going down this street, I'm not going to be out. My mother, definitely, not and I wouldn't even go down that street late at night, you know what I mean? It's dark, so it really is, it really is a very negative, negative, uh, feeling. It's cold. Even though this isn't the wintertime it's a cold place. When it was thriving, it was a beautiful place... The latter of the 60s, probably before then this...down here, this whole corridor from Thrifty Street on New York Avenue all the way to Planter Lane. Number one, if you was looking for a job, you wouldn't make it no further than probably this area. You'd have a job, it was a place called Cambridge Chemicals, they made plastic, um, tablecloths. And you could get a job there (snaps fingers) like that. If you could, you couldn't even make it down to...Tools Lane because you'd already have a job. That's how much factory, how many, how many factory... This was originally CAB motors. Both of this, yeah both sides were all CAB motors. Uh, all of this was CAB motors, this going back in the 30s. All this, my uncles used to work there. All used to work over here. That was all CAB motors. They made the trucks...when

CAB motors moved out in the 50s, then it became Cambridge Chemicals and the other side, I don't remember what that was. But then all the way down you had WICK Battery. You had uh, Circle Cable. You had Thomas Steel. They had steel, All that, there's still a chemical place on the corner of Dutch and ... You had MOTH, that was another chemical place. That was on the other side of the street. MOTH, the whole property is still contaminated, in fact this whole corridor is contaminated. All of it. All the way going up to, Tools Lane is contaminated. All of it, that's where all the factories were at, that and over here. This was uh, this was uh like a factory and then um, further down was Oscar Oats. Note: All the names of these companies are pseudonyms.

Prompt: Would you characterize them as being polluted? If so, can you describe in what way?

Sub-Theme #1: Pervasive and Intricate Pollution. The term points to the elevated levels of environmental contaminants within the community (land, air, and water toxicity) (8/8).

Firstly, *PEI # 4 commented:* I'd say that could be a fair word in multiple different ways. So, you're thinking of just garbage or are you thinking of mental, emotional, physical, other stuff, right? Um, because yeah, I mean, the those are in some parts the throw aways of the city, right? Or the, the leftovers of the city...Ummm, so that there is some physical pollution, right?

PEI # 5 noted: Yes. There's not a lot of green space when you walk into those areas. Again, it's the same repetitive, the same brick houses. Um, especially the

Town. That's the probably the area again, where I say it's the most bland. Again, when you move into Tubman Place. Um, yes you have the park there but again there's not, there's no color in the nature. Downtown it's, it's a little bit better. Again, they're newer. They do have some park. But not enough. Never enough...

Sub-Theme #2: Broken Resources. The concept describes the myriad less than suitable options for living (i.e. green play spaces and sustainable programming) (8/8).

PEI # 2 said: Um, yeah polluted in the sense of like um, garbage everywhere? ... Um broken, broken resources... Yeah, like, like the playgrounds are broken, there's graffiti everywhere. Um, I have seen where the city has repaired some of these areas and the people of the neighborhood continue to break. So...

Figure 4.3. Warehouse Park

PEI # 6: This is an outlet, even though it's in a very, really, really difficult. You go here, maybe just for the kids to go on the swing and play. It's not a lot of room,

but it's nice until round bout late at night. The, then you get outta here. You ain't gonna be out there long. When the light is up, you gonna be out. Sun goes down, you outta there. But if you wanna take a kid over there, and just let 'em run around. The young one, like 3, 4, 5, 6 yeah you take 'em over there. You ain't gonna let them go up there to the park by themselves. Not that park, no.

PEI # 2: The reason why I say this negatively impacts the emotional well-being of um, African American students is because I know where this is and um, this area. I've been here before and I have seen, like a lot of glass on the ground. I see that the fence is all broken. Um, there's a very little playground area. And I've been over there it's a mess. This area when I think of it, behind here I know that, there's like stagnant water... Yea um, what does this say about where you live? I mean you got stagnant water. I can imagine the stench on a hot summer day. You've got, everything is all broken up. Look at the fence. What does this say? And then, this one lonely tree, like what is this?! How does this make you feel?

The PEIs described the homes and apartments of this target population as unattractive and decaying.

Prompt: How would you describe the condition of their homes or apartments?

Sub-Theme # 3: Void of Visual Appeal. This term details how the physical appearance of the neighborhood is worn down, outdated, or breaking from an architectural standpoint. Their structures are not redeeming to the eye nor produce any positive responses from the senses of an outsider (5/8).

PEI # 4 adamantly described the neighborhood where the Black American children live in Location Z: SHITTY, I mean you know. You know these are what people call the projects. You know, the ghettos of the area. So, um they aren't necessarily the nice apartments. Ahm, that you sometimes see in the area. Right? Um, they're, shitty. Mostly, public housing, yeah.

PEI # 2 noted: Um, ok, I have been in a few homes. It just seems to me that this, like when I see this internal, it seems like the people were doing the best that they can. Um, with the resources that they have. My concern is like infestation, like. Like with the uh, bed bugs and the cockroaches, things like that. That's, that's an issue.

PEI # 5 mentioned: Not adequate. At all!

PEI # 7 asserted: I'm sure the inside reflects the outside, some of the outside. Obviously, there's valuables inside and stuff, but you know, well if you mean like the physical, like the walls, paint on the walls, walls. I think, you know their homes, I mean, I think it reflects the out, the, you know, water pollution and like old paint.

Prompt: How do you think these elements influence the emotional well-being of these kids? Do you think that these children understand the potential effect of contamination on their emotional well-being?

All participants agreed (8/8) that these children don't comprehend the impact of pollution on their emotional well-being. The elements influenced this group of students in numerous mostly negative manners.

Figure 4.4. Electric Playground

PEI # 3: This one I thought could go both ways, but this playground is in a horrible spot. Um, you got basically next to a parking lot. And you have a train that runs back there which is probably loud, noisy, scary for kids that are playing on a playground. I'm like listen, if you're a kid playing and growing up on this thing here, watching a train go by all loud and noisy can, um you'd probably sleep really well at night if you had a lot of noises and stuff... (sarcastically mentioned). You might get used to the train, but uh, I don't see how playin' in a playground and having a loud train near you would be enjoyable. You can't even hear each other talk or say anything to each other.

PEI # 2: Ok, this too me is absolutely depressing. This is depressin' because, yeah, you have a train track here. And I'm guessing where this might be. You got

cement. This reminds me of, like some place in New York, where you have kids running around near cement. You know and then the train. How safe is that? What will that say to as a kid, what does that say to me? You know my safety isn't important. You just threw together a uh, a playground for me. I'm assuming it must be a day care center here... Oh this is the back of the Kids' Community center. And this is where they have to play? That's crazy. No this is really bad! This! No, and then you've got this container here. It's like what does this area want to be? Leave it commercial. Don't throw the kids in there. So, they're not the priority, their self-esteem and well-being is not being considered here, at all.

Sub-Theme 4: Environmental Unconsciousness. The term denotes a willful abuse of your community through littering, breaking, or destroying playgrounds. An unawareness about the rates of environmental contaminants due to more pressing and toxic structures (8/8).

PEI # 2 noted: I don't think that they understand it. I think that's how, that's the life that they're living. What I think is, um, I think, it doesn't uh, uh, it doesn't impact them positively. I think that, um they're not even aware consciously, but they, they know that. But consciously they don't, they're not aware that you know like, this not how I'm supposed to be living. But deep down inside they know something's not right.

PEI # 7 commented: Um, I, I think it's a huge factor. I think if you live in, I mean you, you're a product of your environment. So, if you live in uhh, in a [an]

environment you know, I'm sure they could have a great home life and great parents. But if you have like, you don't have clean water, or you know they're always testing the water so your mom's like don't drink it! Or you know, you're, these just buildings are all grey and ugly. If you know no matter how much love and support, they get it'll effect you emotionally living in this you know. Uh! Children? No! I didn't think a lot of them, I, I think they have some sort of of...Slight, you know, but I don't think, but I don't think the parents even know. That like, Oh, you know living in... I'm sure that if this was nice an colorful, we'd be in a better mood. But I don't think that they see that correlation.

Sub-Theme #5: Conditioning Environmental Apathy. This concept describes the frequency of toxic stress becoming normal after a long period of sustained neglect. (8/8).

PEI # 6 responded: I don't, you know that's that. I don't think so. I'll be honest with you. Because if you're used to that type of lifestyle and how do you know what good is? You know what I mean. They are accustomed to that. It looks like the norm to have garbage all over the place. So, they may not have that understanding of, in like squalor like conditions, as you say polluted. Ah, environment, which is why the places look the way they look. This is the norm. You drop trash on the street, the side, whatever, you know.

PEI # 5 asserted: There's no inspiration. Kid walks out his house every day sees the same thing. Doesn't see any open spaces. There's really no, how do I want to say this? It's hard for them to create an open mind of things, you know. It's easier

for them to get influenced by the negative things. Because those negative things, there's more of that than there is positive things in that area. Um, like they more exposed to ma, more syringes than flowers. They're exposed to more people seeing drugs, maybe than to uh, a rose garden, you know we have to outweigh the positives. [The subject then emphatically exclaimed to my second question about whether these children understand the potential effect of contamination of their emotional well-being?] No, not at all!

PEI # 8 asserted: I think that a lot of times this is not the discussion that's happening. You, we have this social, emotional learning. Now, that SEL, that's being pushed and I think it's great, but I don't think that we, we have the right people trained to do it. You know a lot of them are not taking enough time to do it and they can't relate themselves. So, it's difficult for them, [Brief Pause] for some, some educators in Location Z to properly teach it...

Research Question 2:

How do public school-based professionals perceive the influence of **economic factors** on those mental health (help-seeking) experiences of under-resourced pre-adolescent Black-American children residing in environmentally toxic neighborhoods.

Economic-Based Themes

This section presents the salient themes that capture those invaluable participant perceptions about various **economic factors** which arguably influence the mental health (help-seeking) experiences of their Black American students.

Question #3: How would you describe the financial situation, such as income or parental employment, of these Black American children and their families living in this city?

Many participants mentioned job concerns or parental problems to describe or label the financial circumstances of the population of interest.

Figure 4.5. New Development

PEI # 2: While I don't like the way it looks, right now, it is hope for me that this means that they're going to bring new industry, maybe more empowerment for people, maybe more recreation for the children. That is my prayer, that it's not just this big capitalistic, um idea to make more money, you know for the people that aren't really invested in the children of Location Z. That it's something for the community that will mean, that will be something meaningful. You know

maybe their parents can get jobs. Maybe, I'm just, it just represents hope.

Although, I don't like the way it looks right now, it's hope.

PEI # 3: Another construction site or site that has construction on it. It used to be uh, a parking deck. And everything is blocked off. Not able to go in there so, um, that's number one. Number two is it's just not appealin' in any way, visually unless you're like my son who likes excavators; but you're thinking like my town in a mess, like there's just a bunch of rubble hangin' around. So, it's not like anything great to look at or um or make you happy.

Theme # 4: Employment Instability. This theme means the unreliable, fluctuating, and limited low-paying positions that are held by the parents of the target population of Black American children. These jobs are quite taxing and ultimately damage the mental and physical health of this group (8/8).

PEI # 8 fervently declared: They're, they're below poverty level. I wouldn't say just even poverty. I think that they are below the poverty level. I think most of them, like I said most of the parents, they're, it's their jobs fluctuate... a lot of parents, you know that work at factories or Walmart... Most of the parents that I know don't have a job consistently for 12 months and if they do it's...in a factory.

Theme # 5: Absence of Active Parenting or Parenting Inactively. This theme speaks to the reality that many Black American parents must maintain several unreliable jobs to support their children. This requirement forcibly restricts their ability to be present at home (6/8).

PEI # 2 said: Ok. The children I work with, I see two different sides. I see the children that their parents are just on public assistance. And, then I see the children where their parents are working a lot of, um, minimum wage jobs, several. So, they don't have a chance to spend time with their children and kind of direct and guide them.

PEI # 7 stated: I think Location Z is a considered a low-income neighborhood. So, I would, you know, I guess the parents of these children have, I don't know if you could call it, like a low-income job or whatever the correct term for that is, I guess.

PEI # 6 mentioned: They're low-income. They're working. If they're working, they're working multiple jobs. And in many cases, I won't say all cases. I think the issue is...in some cases, [they] don't have the skills to, to um, move t themselves up to a better job. So, in other words they have to do temp, temp jobs. A lot of them go on temp jobs and if they're lucky, if they have the transportation, and if the place is close, they'll succeed.

Theme # 6: Second – Shift Parenting. This theme describes a circumstance whereby a parent must endure exhaustively laborious hours at their jobs while maintaining an overcrowded household by themselves (5/8).

PEI # 4 stated: I see, I mean you see a lot of single – parents, single mothers, particularly, usually, ah, um often struggling, right? Like I was saying, a lot of that's public housing. A lot of people on Section 8 or receiving help. So, I'd say income is very rough. You have some kids jumping into to get, you know

working fairly early to help support their kids or younger siblings or take care of younger siblings, cooking, you know and so on and so forth. All these things. You see that...

PEI # 5 noted: Ok. Um, I work, I currently work, Uh, for a program in the city. So, I do know a lot. I actually work near the area where it provides programs for Tubman Place and, The Town, as I said earlier. Um, so I do know a lot of the families are from single parent homes, either single dad or single moms. Their grandmas are taking care of them. A lot of these kids have had one parent that has passed away. Um, so there's a big financial burden on that one single parent that might have three or four kids; it's enough that I notice to feed the kid. But it's, it's and, and maybe buy them clothes. But I feel like, it's not enough to ensure maybe a better, giving their child maybe an even better opportunity for progression. I'm comparing those kids maybe to somebody that's, that lives in the suburbs, or that lives in a better part of the city or their parents have a higher income.

Research Question 3:

How do public school-based professionals perceive the influence of **socio-cultural factors** on those mental health (help-seeking) experiences of under-resourced pre-adolescent Black-American children residing in environmentally toxic neighborhoods.

Socio-Cultural based Themes

Question # 4: How would you describe the mental health needs of these pre-adolescent Black American children living in Location Z?

The participants largely noted that these needs are unmet by the public schools attended by these pre-adolescent Black American families. The following themes will articulate this in more detail.

Theme # 7: Under-Serving Needs. This theme details the unintentional inadequate addressing of an emergent or current mental health problem endured by this group of Black American students (5/8).

PEI # 2 replied: They're great. Um, I'm just thinking in my mind of several students that I have. Um, my concern is that their needs aren't being addressed. You, I'm in a school where the social worker is there part time and there's nobody there to deal with the needs of these students. And there used to be um, UMHLL used to have a person come in. I haven't seen that person this whole year at all. So, the social worker is there half, half school week. Their needs aren't being met. And, and these kids have, they have serious problems. You know like his mom passed away. What did he see the school social worker maybe once or twice a month if that? And this is after she passed away. He should have been in her office, I would say daily at least for, you know a temporary period of time. But he's left to deal with this on his own. You know his family isn't able to support him emotionally, you know? They're dealing with their own issues. So, uh, their emotional, mental health is not being dealt with at all because people don't like to label them as mental disorders or mental, mental disabilities, or whatever. So, of course there's, there's no resources and you know let's compare that to a kid in the suburbs. It's probably the same exact kid! The same exact kid.

The same exact age group. Umm, and there's an abundant amount of resources for that kid in the school, in a school where all, there's, there's a lot of poverty. Where there's you know to the kid of the city there's not a lot of resources. Because the counselors constantly just kind of mask it as a behavioral problem like I said earlier.

PEI # 6 stated: Well, let's see how to put this one. Um, It's serious! Um, and I think a lot of it comes from, from family. That's what it is.

Figure 4.6. The Board

PEI # 6: Ok, number one, they have no idea what the building is...They have no idea what this building is because number one it's off the beaten path that's one thing. It's not a place that's out there where they can see everybody, unless you're in that community. It's on a dead-end street. It's on a railroad. It's not even the only reason it's there, if you're in the park you look at it, but you don't understand

what the building is. So, they have no idea. So, it's not a positive thing. Because if I looked at it and said yeah that's the, that's the Board of Ed and it's also, the adult learning center. And they have that, they don't understand, they don't know that.

Theme # 8: Avoiding Treatment Due to Stigma. This theme addresses the demoralizing impacts of mental health labels that cause Black American parents to hesitate in sending their children for mental health help from the schools. This stigma complex is ferocious within the Black American community. A cultural resistance to care is an attempt by Black Americans to remain or be viewed as whole and strong. Mental illness has always been perceived as a weakness within our community that needs to be kept a secret (4/8).

PEI # 4 stated: Mental health neeeeds? You know to put in words, to put it actually into words is a little hard, right? I think that largest, the largest part of it is sort of empowerment... The biggest thing is empowerment or Umm, I think the idea of, ah, there is a stigmatization in general in these areas, right? So, the fact that you're not feeling to even going, um, reach out for services. So more than the need of the physical service, I think that there is a need for, um education, information, resources! Before anything, right? Before we even get to the specifics of mental health services. I think they need... they are aware and feel ok with using them, yeah.

Theme # 9: Misjudging Symptoms or Signs. The theme details an unconscious or conscious incorrect diagnosis of emotional or mental health issues among Black American children (5/8).

PEI # 5 replied: I think it's masked. I think a lot of the time, especially in African American children, we're, we tend to not think of mental illnesses. We a lot of the times, we think that they're behavioral problems. And that's the mask a lot of them, they kind of paint it over. We see a child and we just assume all the kids are just acting up or he just wants to look cool in front of his friends or the kid just doesn't care. Um, and it's masked to the point where the child gets to 13, 14, 15 years old and then it's, there's no turning back. Because we don't pay attention to that when they were little. I have a child that um, he has, he has what many may say anger problems. That's the basic term to it. But I have sat down, and I have talked to this child ... it's beyond that because he doesn't comprehend what he's doing is wrong. And then I go back and start learning about the things that he's been through in his life. His dad is not around. His dad is incarcerated. What, ah, how did dad going to jail affect him? ... I think the thing about living in the hood is these kids...everybody knows that, that they see things on a regular basis that they are not supposed to see... Me growing up I have seen 3 people get shot. You know, luckily it, it never affected me mentally. But anybody seeing that at any moment can lead, ta, ta, ta, ta potentially messing with their heads a little bit. Um, and a lot of times just because we hear in the media so many times that we expect for these kids to kind of get used to it. Um, and we

have to go back and just think about it... And we can't just mask everything with behavioral problems or just the kids' problem. We have to get down and see if it is a mental problem. Resources wise of course it's gonna be, uh, an inadequate, uh, resources.

Question # 8: Who within the public school do preadolescent Black American students reveal those personal issues that are affecting their emotional well-being or mental health?

The participants noted that pre-adolescent Black American students discuss these concerns with their peers.

Theme # 10: Building Peer Bridges or Peer Disclosing. This theme describes the reliance of Black American children on their peers as natural mental health ears. The school-based professional uses this relationship to link kids to services thus improving their understanding of the emotional and mental health composition through supplemental programming or group activities. Specifically, the Black American pre-adolescent students at Public Elementary/Middle School A use their friends to talk about their mental health problems. The theme points to the value Black American students place on their peers to articulate those mental health concerns or an opportunity for schools to eliminate disparities in mental health service use among this group (6/8).

PEI # 8 asked and mentioned: Who do they do it? When they do have them, the counselors, the social workers, they open up to the, them.

PEI # 2 similarly replied: Teachers, but more specifically other students... Yeah, they don't; they may talk to us from time to time, but they talk to their peers,

which isn't going to help them because they don't have the maturity to guide them properly.

PEI # 7 stated: I think, uh, who do they reveal? I think to each other sometimes. And I think to a really cool teacher. You know, teachers you can tell a lot of students flock to. And everybody wants to talk to this teacher. You know, I guess someone who's more open and can relate or even it can be like a security guard. If you have, you know super strict mean teachers nobody wants to, nobody wants to tell them what's going on...

Theme # 11: Informal Liaisons to Care. There are countless persons in different roles that should be held accountable and responsible for the mental health or emotional well-being of Black American children (e.g. teachers, after-school staff, lunchroom workers, coaches, janitors). They can serve as a link to school-based mental health help. These professionals and school staff are instrumental in impacting the mental health experiences of these Black American children (8/8).

PEI # 5 exclaimed: ANYONE! Um. You know I think, the first thing people think are the teachers. But I knew, it's ANYONE that reaches out to that person. That's gonna be the it, the biggest influence on the person. I knew growing up, a, a lot of kids their [listener] well even me, um, was, was the custodian to sit down with us for 3 minutes, 4 minutes, 5 minutes, and just talk to us. And just, just talk and have a conversation with the kid, um, the teachers just as well. Again, it's, it's anyone it could be the security guard. It could be, um, the custodian, the principal just, anyone can have that...ANYONE!

PEI # 8 mentioned: I think the[y] open up to ah, gym teachers a lot and coaches. I felt like they're close with their coaches and stuff, um, and then you said who? I think any of the, anybody, any educator. I think that if you're a teacher, if you're anybody, a volunteer. I think they're all responsible. I think that teachers, principals, administrators. Anybody should be responsible within their educational system.

The resounding response from most subjects (7/8) was that everyone within the school setting must assume this role.

Interviewer Prompt: Who is responsible for listening to and helping them with these problems?

Sub-Theme # 6: A Shared Obligation. This theme refers to the idea that all persons working for or with pre-adolescent Black American students in a school are responsible for their emotional well-being (8/8).

PEI # 2 replied: Who should be responsible is some sort of in school social worker or you know there should be like the people that came from UMHL (University of Mental Health, Location Z). Like there should be some sort of center where those people are that are culturally sensitive.

PEI # 7 replied: Um, eh...I think we all are. I mean, I think if, you know the custodian sees something and they can't be like well I'm not a teacher so it's [no] problem. You know, so I think everyone in that building. In these schools we all have a responsibility. And I think even the kids do if they know that something's going on. You know, so, yeah, it's on everybody. It's a communal...

Figure 4.7. The Garden

PEI # 6: The fact that they can see something growing, right. Now if I'm living in a really um, tight, dense, uh neighborhood, this uh, this brings something else. I have never seen a garden in my whole life. What's the likelihood they gonna go outside and go to South Location Z, some place? None!

PEI # 2: And this as well a community garden... Yeah, yeah I like that. I like that the uh, idea, of a community. I don't even know there was a community garden in Location Z. I never knew this, and I wonder how many other people don't know. Yeah, yeah, I like this. You know the community coming together and... growing something and doing something together. You know, um, just um a break from just the commercialism of Location Z.

Question #10: Do you feel that preadolescent Black American children in this city experience any form of trauma?

Each interviewee (8/8) noted that this population of pre-adolescent Black American children who live in Location Z and attend Public Elementary/ Middle School A endure some form of trauma.

Theme # 12: Experiencing Complex Trauma. There are a series of trauma forms that are experienced by this population of Black American students and their families (8/8).

PEI # 6 stated quite seriously: I think they do.

PEI # 7 quickly stated: Um, yes.

PEI # 8 exclaimed: Uhhh, absolutely!

PEI # 5 uttered: All the time.

Prompt: If so what type?

Sub-Theme # 7: Home-Based Trauma or Family-Based Trauma. This theme signifies that the strain experienced by Black American children at home can be rooted in family structure (i.e. abuse, neglect, lack of emotional support, and disappearing families). The concept includes domestic violence, family disruption, and community violence (8/8).

PEI # 7 stated: A lot of the trauma that I see is coming from what is going on inside the home...

PEI # 6 asserted: I think, uh, physical abuse. I think, uh, verbal abuse. I think the dynamics in, in the area that they live in. That, that all adds up to that whoooole, behaviorism. And yet they are inclined to either, accept it. They don't know anything else.

PEI # 7 retorted: I mean, I'm sure there's personal traumas because every kid kinda has to go through that. But I think, as a general, ah, growing up in a low-

income...neighborhood trauma. They go out to a softball game, you know, at a different school district and they're like, "Oh my God, look at this nice building." And we don't have any of these nice things. And I think that's, I mean granted it's not like uh, you know crazy, but it's a little traumatic. Um, you know...

PEI # 8 said: Trauma would be, umm, I mean, there's violence. I mean, I think ...I think one, a lot of trauma would be um, number one would be domestic violence. Um, either the mother to the father, father to the mother. It's I think it's, nowadays it's about 60/40!

PEI # 5 commented: Again, um, uh, crimes going on every day and they're just thinking, that's just a normal day of life. You know, um, again we, we might not look at it as trauma, but they're living it every day. When they're growing up in a family, that's not I guess suitable. Um, I'm not, I'm not knocking down, uh, a single ah, mom, I've, I know kids, I have friends, you know, I have family that were raised by single mothers, by single fathers and they grew up better than I, but, you know, I think statistically it's harder for that person to raise that child. Um, and, and not even the family structure but the area that they're in. I know a lot of families that they're financially suitable. Families never had any, any kind of and no, no type of problems at all, but that child might be exposed, or they're surrounded to other children in the school that do have those problems and, and.

How does, how, we have to question this, is that child may be getting an influence, you know or looking up to somebody that's older that might not be the best role model or anything like that.

Figure 4.8. Green Space

PEI # 1: So, the positive ones I selected like, I'm thinkin' like, cause you said it's African American adolescents, pre-adolescents, um. I'm thinking of what they'd enjoy. Like, I see my kids in the field here, playing ball. I see them playing some games here, football, playin' catch, doin' somethin' and they enjoy doin'. It's not even about the river or anything. It's about the open field.

PEI # 2: I say that this is positive because it's an open area. It's freedom for the mind. Um, and ... my students living (brief pause) in the quarters that they live so closely with each other. Uh, why not have a break and be able to go somewhere and just, open your mind up... I can hear in my mind, but it's still a mental break. If, if this is one of the best areas then you know, we'll go with it.

Interviewer Prompt: What are the causes?

Sub-Theme # 8: Lacking Adequate Resources. This theme describes the absence of reliable, non-toxic, sustainable, and restorative tools that could aid in eliminating the complex traumas faced by this group (4/8).

PEI # 5 iterated: Pretty much what I said.

PEI # 8 noted: You know, eh, a, another trauma I wanted to say was um, Uhhh, I mean I think it's traumatic too, like uh, I think for a lot of kids it's that lack of, of emotional connection, of love. I think and I think that even though it may not seem like this traumatic post, you know, post traumatic thing ahh, from violence. You, they lose people, loved ones from horrific accidents and violence, gun violence, but I don't. I think that more, which people are not focused on right now, more traumatic incidents that occur is [that] they're not having a mother who is loving them or father. And I think that really does affect these children. I mean they don't know how to love.

Interviewer Prompt: How do they deal with this issue?

Sub-Theme # 9: Acting Out. This theme captures the notion that Black American children inarguably cope with trauma or denote a traumatic experience, better still their frustration with trauma, through defiance or negative behavioral outbursts. The latter are rooted in fear and pain from not being able to control their traumatic exposure (6/8).

PEI # 2 responded: They don't. I mean the way deal with it. They focus on teachers making sure that these kids are getting their education and when we say to them, how am I gonna educate somebody who's got all of this emotional turmoil going on? Who didn't even eat breakfast this morning...They cope the

best way they can. Some kids they just internalize, other kids like the kid that ran into me in the hall. There's a lot going on in his house. A whole, whhhoolle lot and he just acts out in school. This is the same kid that, you know... That cursed out, that was cursing with the, yeah, The security guard. Yeah, so he acts out in school, really, really, really badly...

PEI # 6 replied: Several ways. They can be very disruptive. They could be, uh, even disruptive outside of school because they are associated with some of these other people. Whoever is out there. They'll use that as their model. Right? So, they'll say ok if so and so is selling drugs and he's doing good, I'm gonna do good.

PEI # 7 mentioned: Um, I, um I don't know. I think it's ah, effects people differently. I think, um. I don't know. I think a lot of kids in turn stay in what they're comfortable in. So, we don't get a lot of people leaving Location Z.

Sub-Theme # 10: Numbing from strain. This theme describes how the frequency of toxic stress becomes normal after a sustained period of neglect (6/8).

PEI # 5 stated: They just think it's a normal part of life. They're, they're getting, how do you say, um. The way they grow up thinking about life or how life is supposed to be. Um, it's, it's becomes normal to them. And I get, I go back to that, you know, if they grew up in a neighborhood where you know, ok, I'll use me as an example. I think back to my second-grade class and I think about all my classmates and where they are now. Ninety percent of them are not in good standing. A lot of them are locked up [Taps on the table]. They're living in

poverty. They're dead! And I'm thinkin' back to my, when I was in the second-grade class, and to where those people are now. And it's beca, you know, you have to think about that... They, they grow up thinking that it's normal that they don't have no, no there's no they don't set no high expectations for themselves because again, if, if they walk outside and they have nothing to say, to look forward to everyday.

Again, I used three overall categories (environmental, economic, and socio-cultural factors) to organize the previously mentioned set of themes and subthemes. I developed 12 themes and 10 sub-themes from this photo-elicitation interview examination. The following section will describe some outcomes from my image sorting portion of each PEI.

Results of Photographic Sorting Task

Each participant was presented with a set of 7 color photos. They all did not review the exact same set of photographs. I selected those images that illustrated familiar spaces around each participant's specific school. Most of the interviewees worked for the schools attended by predominantly Black American children. There were only two participants who reviewed any differing images. One of these individuals had not worked directly for the previously mentioned schools.

The coding process had many levels. I assigned labels to salient portions of text while administering, after conducting, throughout transcribing, and during the act of checking my transcripts for accuracy. You may find a brief summary of my coding process in the form Figure 3.3 within the Appendix H. The culmination of these

descriptive terms produced the most comprehensive themes. Many of the subjects used the images as visual points of reference throughout the interview. The objective was to enhance the coziness and richness to our exchanges. Please see Appendix L Table 5.

The photo, my participants, and me. The images incited visceral recollections and responses. These sessions were rich with deep reflective exchanges. The photo arguably acted as an additional safe space for researching information about the mental health help-seeking experiences of pre-adolescent Black American and families living in Location Z. It is quite tempting to dissect and analyze the role of an actual picture within interview setting. I may explore this in a future examination. The goal of capturing these specific pictures for my dissertation was to provide another frame of reference during what emerged as highly engaged interactions. These photographs were primers like the Rorschach dots. I will assess the visual representation later and the responses now. It will be quite advantageous for me to heal after this exercise, not within it. A certain distance will yield richer accounts and perspectives.

All participants agreed that these images depicted both positive and negative elements within the environment of these Black American children (8/8). For example, both Figure G: Electric Playground (6/7) and Figure J: Toxic Gym (6/7) were rated as negative. However, Figure F: The Garden (6/7) and Figure H: The Green Space (6/7) were rated as positive. (Please see Appendix L, Table 4 for more details).

Conclusion

I developed 12 themes and 10 sub-themes from this photo-elicitation interview examination. There were 3 (concentrated deteriorating infrastructure, substandard

housing, and colorless nature) themes and 5 sub themes (pervasive and intricate pollution, broken resources, void of visual appeal, environmental unconsciousness, and conditioning environmental apathy) that were crafted under the distinction of ecological components. I developed 3 themes (employment instability, absence of active parenting, and second-shift parenting) that were classified as economic factors. Finally, there were 6 themes (under-serving needs, avoiding treatment due to stigma, misjudging symptoms or signs, building peer bridges or peer disclosing, informal liaisons to care, and experiencing complex traumas) and 4 sub-themes (home-based trauma or family-based trauma, lacking adequate resources, acting out, and numbing from strain) which were given the categorization of socio-cultural.

These thematic concepts aid in shaping the evolving narrative about the mental health help-seeking experiences of those pre-adolescent Black American children living in Location Z. This story has been constructed using the perceptions from a purposive sample of school-based professionals who have worked with this specific group of Black American children for at least 10 years.

The culminating themes and sub themes simply contribute to an emerging narrative about the mental health help-seeking experiences of these pre-adolescent Black American children living in Location Z. It is very important to iterate that these results came from the perceptions gathered from a purposive sample of school-based professionals. I contend that my themes allowed me to further explain the possible circumstances endured by these kids and their families. I will discuss this more in-depth within the next chapter.

Chapter 5

Discussion

Photo-elicitation interviewing methodology (PEI) was used to gather perceptions from a purposive sample of school-based professionals about the mental health help-seeking experiences of pre-adolescent Black American children within a specific neighborhood. This chapter provides a brief summary of key findings, describes the study's limitations, discusses implications of social work policy and practice, and recommends areas for future research.

Summary of Key Findings

Two core research questions anchored in anti-oppressive principles guided the examination:

Question 1: What ecological, economic, and socio-cultural factors impact the mental health (help-seeking) behavior of preadolescent Black American children?

Question 2: How do public schools and urban neighborhoods inhibit or contribute to their emotional well-being (mental health)?

The following 3 sub-inquiries are specific to my sample of public-school based professions and organized photo taking, photo-elicitation interviewing, data analyzing and report of key findings.

1. How do public school-based professionals perceive the influence of *ecological* factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?

2. How do public school-based professionals perceive the impact of *economic* factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?
3. How do public school-based professionals perceive the effect of *socio-cultural* factors on those mental health (help-seeking) experiences for under-resourced, pre-adolescent Black American children residing in environmentally toxic urban neighborhoods?

Question 1: What ecological, economic, and socio-cultural factors impact or influence the mental health (help-seeking) behavior of preadolescent Black American children?

The narratives of my sample participants illuminate that poor housing quality, clear and widespread neighborhood pollution; and decaying or broken resources are present and may adversely impact the mental health (help-seeking) experiences of the pre-adolescent Black American children and their families living in Location Z. These problematic ecological-based components are harmful. The PEI participants reveal that this group are numbed to these perilous conditions. This population is conditioned to suppress the consciousness about their living circumstances. Their environmental unconsciousness can impact the mental health (help-seeking) experiences of these Black American children. They are unaware that an absence of safe playgrounds, quality housing, or reliable resources can determine available coping mechanisms for their mental health concerns. For instance, participants mention that there was a lack of green space or suitable play areas within Location Z. They note that these conditions become

normal to the pre-adolescent Black American children living in this environmentally toxic, under-resourced urban place.

Question 2: How do public schools and urban neighborhoods inhibit or contribute to their emotional well-being (mental health)?

The voices of my participants and resultant themes indicate that the public schools (Public Elementary/ Middle School A and Public Elementary School B) that most preadolescent Black American children attend in Location Z are not serving the needs of these children. Participants agree that these public schools have an obligation to promote the development of a positive emotional well-being or mental health of their pre-adolescent Black American students. They urge that this role must be universally shared by everyone in the school from custodians, coaches, or student peers, along with their teachers and school-based mental health practitioner. The sample have witnessed the children often enduring misdiagnosis. This is consistent with previous research examinations (Bailey, 2014; Baker, 2009). Their fear of stigmatizations can be an influence on the underuse of school-based mental health care (Mukolo, Heflinger, & Wallston, 2010; Wright, Jorm, & Mackinnon, 2011). These institutions should capitalize on peer relationships or the inherent involvement of non-teaching or administrative school-based professionals (lunch workers, security guards, coaches, etc.) to foster the emotional well-being of these Black American children (Darensborg & Blake, 2014). It is key for schools to acknowledge the complex traumatic experiences faced by these children. This may potentially combat the negative behavioral responses of these Black American children to untreated mental health issues and poorly assessed diagnoses.

Ecological-based Factors

The participants remarked that the neighborhoods where most pre-adolescent children live are overwhelmed with physical contamination (litter, bad water quality, and overcrowding) (Atkins et al., 2006; Leung & Takeuchi, 2011). These conditions are so pervasive that it becomes the standard for this group of kids and their families. They ignore their reality of living in shoddy, bug infested, run-down apartments or homes. This vulnerable population is surrounded by broken resources (dilapidated parks, environmentally toxic playgrounds, polluted schools) in a historically highly contaminated corridor of this densely populated city. The notion of having to play on gym equipment next to train tracks or walk through a park notorious for daytime violent crime may cause or worsen the toxic strain faced by these children (Williams Shanks & Robinson, 2012). These circumstances can create tension instead of joy. Again, participants assert that these Black American children are arguably anaesthetized to these circumstances. The participants commented about a presence of several ecological-based components that could potentially influence the mental health help-seeking experiences of pre-adolescent Black American children living in Location Z. Researchers, as well, comment on the relationship between environmental condition and mental health disparities for Black American adults (Leung & Takeuchi, 2011; Trickett & Rowe, 2012). There must be an increase of studies that focus on this connection for Black American children (Planey et al., 2019). The present dissertation offers a contribution to this specific knowledge base using the perceptions of a sample of school-based professionals working with pre-adolescent Black American children.

Economic-Based Factors

After listening to the participants, it is clear that parents of pre-adolescent Black American children express serious concerns about an ability to provide for their families. The participants mention that these persons are forced to rely on multiple jobs to rear their families (Gonzalez, Alegría, Prihoda, Copeland, & Zeber, 2011). The workload prevents them from spending time with children, monitoring their progress, identifying issues, or addressing mental health concerns. This can increase the emotional stress endured by these Black American children and their families.

Several salient studies suggest that adverse social conditions such as housing insecurity, high-demand work, low-control employment, poor neighborhood quality, and limited education are associated with the development of many mental health issues for both children and adults (Assari & Caldwell, 2017; Compton & Shim, 2015; Fisher & Baum, 2010; WHO, 2014). Compton and Shim (2015) mention that both advantageous and detrimental aspects of the family play “a central role in mental health and risk for mental illnesses for an individual” (p. 420). Moreover, one examination suggests that “family building and parenting influence children’s mental health and physical health and a range of other outcomes throughout their lives...” (WHO, 2014, p. 27). The challenges faced by Black American parents in rearing (socializing) their young children can certainly impact the mental health experiences of this vulnerable group. Many of them are not able to enhance the mental health literacy of their children because of personal untreated or unaddressed mental health problems. Black American parents must sacrifice or ignore these concerns to tackle more pressing socio-economic concerns. The severity

of unresolved historical trauma can incur increasing levels of cultural mistrust. This unproductive response can cause a Black American parent to dismiss the possibility of seeking any type of mental health help for their children prevents them from being able to formulate an opinion about this form of care.

Socio-Cultural Based Factors

The narratives of my study participants both explicitly and implicitly, reveal the presence of trauma within the home or school environments of pre-adolescent Black American children living in Location Z. The sample often reflected on how this trauma exposure creates negative behaviors (Chambers, Pohle, Beall, & Lucksted, 2013). These behavioral outbursts become exacerbated when they are not afforded the appropriate resources to productively tackle or cope with their traumatic experiences of witnessing gun violence, domestic abuse, or drug dealing and spend time within the polluted parks that are not safe to play in during certain hours of the day (Crusto et al., 2010). This problem is made worse when the instability that you experience in your home is replicated at school. I contend that this can produce or enhance toxic stress (Williams Shanks & Robinson, 2012).

It is essential for public schools to assume their share of responsibility for nurturing the mental health and emotional well-being of pre-adolescent Black American children living in under-resourced, environmentally toxic urban places. The participants confirm that the Black American children they have worked with reside in these types of spaces. The entire sample of participants note that pre-adolescent Black American children and their families live in an environmentally toxic space. Environmental toxicity

can be used to house the three other core concepts (historical trauma, culturally bound economic insecurity, and cultural mistrust). It is the most universally experienced and arguably an easier way to begin understanding the mental health (help-seeking) experiences (MHHSE) of this group of children. The tangible or physical environments act as places where the historically traumatized are consistently (negatively) triggered or reminded of their past experiences of horrendous prejudice and dogged discrimination. The environmentally toxic place is a persistent stressor that creates a sense of culturally bound economic insecurity. There is a visible gap between those who have adequate resources, stable employment, or discretionary income funds compared to the people who are simply surviving in their urban areas. Finally, the sustained condition of under-resourced environmentally toxic places reminds Black American children and their families to distrust the White American mental health professionals who may represent those persons that have maligned and relegated them to these areas. Therefore, a disconnect surfaces when these White Americans appear as mental health practitioners in their public schools.

Contribution to the Literature

The current dissertation contributes to the scholarship about the mental health experiences of Black American children. There is a small body of literature that is concerned with the mental health help-seeking experiences of this population (Planey et al., 2019). The perceptions from a sample of school-based professionals identifies the presence of several adverse ecological, economic, and socio-cultural factors that could possibly impact the emotional well-being or mental health of pre-adolescent Black

American children in this specific urban area (Assari & Caldwell, 2017; Compton & Shim, 2015; Fisher & Baum, 2010; WHO, 2014). The narrative that surrounds mental health (help-seeking) experiences for Black American children remains incomplete. The current findings are a crucial expansion of existing literature in this area. They provide an essential springboard for future research, policy and practice.

Limitations of PEI Examination

A major limitation of this research study surrounded the use of a purposive sampling technique. This strategy limits my ability to generalize for different populations of Black American children residing in other environments. I contend that the structure and condition of environmentally toxic urban neighborhoods are varied, yet dramatically similar throughout our nation (i.e. spaces in Detroit, MI mirror those in Philadelphia, PA). Therefore, many of the observations or outcomes discovered from an examination of their roles in the mental health experiences for Black American children can be applied to other groups or communities. I am not overly fixated on obtaining generalizability. This is consistent with the principles of qualitative methods of inquiry from a constructivist standpoint. The position that I have maintained within the Location Z community could potentially be one limitation of this photo elicitation study. I have worked in the community for twenty years. Selection bias could have possibly hindered the examination in some manner as I have worked in the community for two decades.

Disadvantages of photo-elicitation interviewing. A few concerns can surface from utilizing photo elicitation interviewing. Some issues may arise related to “appropriate photo selection; failing to present negative images; photos only portraying

partial reality; the potential to be confrontational; ethics; and problems in recruitment.” (Hurworth et al., 2005, p. 60). However, the potential difficulties with using this qualitative approach appear to be outweighed by its positive attributes (Hurworth et al., 2005). I actively accounted for the possible deleterious hurdles. The latter notion is clear from the study procedure. Firstly, I captured all the PEI images for this study. I selected the most relevant (both negative and positive) pictures for each interview session through a brief pilot examination. I kept a self-reflective journal to capture my thoughts, ideas, conclusions, and overall processing of this project. Finally, I refrained from pressuring participants to engage within this investigation at any time while recruiting or interviewing them. They were reminded of their freedom to not even participate in a session or halt the interview.

The key to anti-oppressive social work research involves equality between researcher and participant. Again, I presently hold the vantage points of both insider and outsider vantage points within the proposed study. The previous distinction created a delicately complicated power dynamic, although an important objective of this examination was for the participant to have as much authority in creating and expressing the cultural knowledge base as possible. My training and preparation as a scholar can incite social distance when working with vulnerable and oppressed groups. The equalizer is transparency, candor, and collaboration. I promoted agency and empowered participants through honoring their entire cultural voice.

The possible re-traumatization of each participant by viewing images focused on their neighborhoods could be one study limitation. I did not want to foster highly pessimistic and defeatist views among these participants about their neighborhoods.

Advantages of photo-elicitation interviewing. The few authors who write about health, photography, education, evaluation, and research mention several advantages to photo elicitation interviewing including that it is a way to get people to talk about more difficult, abstract concepts, using a cathartic and therapeutic strategy (Hurworth et al., 2005).

Photo elicitation interviewing is quite useful to the actual interviewee because it (a) bridges psychological and physical realities; (b) allows for a combination of visual and verbal language, as well as (c) reduces or negates the need for written literacy (Hurworth et al., 2005, p. 54). Still this method of inquiry can be employed at any and disputably all stages of the research or evaluation process (Hurworth et al., 2005). Photo-elicitation is quite valuable because it bridges “the culturally distinct worlds of the researcher and the researched” (Drew et al., 2010). Photo elicitation interviewing can also assist with laying the foundations of trust and rapport (Hurworth et al., 2005). Many researchers have noted that one important advantage to photographic elicitation interviewing lies in its ability to promote lengthier and more sustained dialogues (Collier, 1979; Grbich, 2013, Hurworth et al., 2005). This is certainly evident in my present study. “Picture interviews were flooded with encyclopedic information, whereas in the exclusively verbal interview, communication difficulties and memory blocks inhibited the flow of information” (Collier, 1979, p. 281). Hurworth et al. (2005) reports that photo elicitation interviewing

“challenged their participants, provided nuances; triggered memories; motivated respondents to provide perspectives and explanations; assisted to guard against researcher misinterpretations; and overall led to useful data for each project” (p. 60).

There were many benefits to using photo elicitation interviewing for this study. The data obtained from the photo elicitation interviewing examination offers valuable knowledge to relevant school officials about how to facilitate, manage, and improve the relationship between under-resourced, pre-adolescent Black American children and their school-based mental health practitioner. The richness of data garnered from these salient photographic image-making activities, coupled with dialogues, provides information about alternative methods of promoting positive mental health for these children. Moreover, the data shall fuel further discussions about improved prevention and intervention programs designed to reduce the frequency of mistreated and untreated mental illnesses amongst this student population.

There was one grand lesson garnered from conducting this PEI examination. The results were inexplicably traumatizing for me. I had a difficult time hearing and listening to his recorded voice. In fact, there were a few other issues surrounding voice that may be explored at a different time. The material was quite draining and stressful to hear again. It was essential to space the coding of the photographic elicitation interview sessions. The level of intimacy, familiarity, and overall relationship that I have with this community is much more powerful than he initially understood or recognized.

Implications for Social Work Practice & Policy

There are some important suggestions from conducting this photo elicitation examination, particularly for those school-based mental health practitioners (social workers, psychologists, or psychiatrists) who work with Black American children living in environmentally toxic spaces. First, there is a need to acknowledge that factors which influence those mental health help-seeking experiences of this group of children are complicated and unique. Next, it is crucial to adopt an anti-oppressive approach when working with this population to understand how we can enhance their mental health experiences.

It would be beneficial for mental health practitioners to concentrate on the value of peer bonds and informal links to mental health care services in schools. The development of alternative, culturally sensitive approaches to helping those Black American children receive help for their devastating presenting or emerging mental health problems is a priority. Finally, trauma informed practice could be a solid modality for school-based mental health providers to undergo training at the start of their academic programming. The primary core concept associated with trauma-informed practice is that these horrific encounters are complex (Saxe, Ellis & Brown, 2016). This could serve as justification for considering the relationships between the particular factors (ecological, economic, and socio-cultural) that instigate or aggravate traumatic experiences faced by Black American children living in under-resourced, environmentally toxic urban areas.

Scholarly products, research examinations, and advocacy efforts on the Black American family structure and its role in determining the mental health (help-seeking)

experiences their marginalized children needs to be significantly expanded and integrated in services. Lastly, there must be more of an effort placed towards developing culturally salient and informed preventative programs to eliminate the mental health disparities endured by Black American children and their families residing in under-resourced environmentally toxic places.

Social Work Practice. School-based social workers can greatly benefit by collaborating with coworkers as support systems to help them identify, prevent, or intervene the mental health issues that plague pre-adolescent Black American children. These professionals should truly consider the home lives of this population in how they address these students. School-based social workers should develop or participate in mentoring programs for Black American children. These programs have been associated with reduced health-risk behavior and improved academic, outcomes, social-emotional wellbeing, mental health, interpersonal relationships, and racial identity (Cooper et al., 2013; Sánchez, Hurd, Neblett & Vaclavik, 2017). Black American youth in general (i.e. without consideration of gender) were significantly more likely to have a natural or formal mentor when compared with White and Latino American youth (Bruce & Bridgeland, 2014; Sánchez et al., 2017). Finally, the findings suggest that “mentoring relationships may be a fairly common occurrence among Black boys, even though natural mentoring relationships may be less prevalent among Black boys in comparison to girls.” (Sánchez et al., 2017, p. 2)

Social Welfare Policy. The policy implications are varied. “Black [American] preschoolers are 3.6 times as likely to receive one or more suspensions relative to White

[American] preschoolers...Black [American] children make up only 19% of preschool enrollment but comprise 47% of preschoolers suspended one or more times...Boys are three times as likely as girls to be suspended one or more times (Gillam et al., 2016). According to a report constructed by Advocacy & Communication Solutions (2017) “suspended or expelled students are more likely to fall behind in their studies, drop out of school, interact with the juvenile justice system, and ultimately, may end up committing crimes in their communities that result in some the type of incarceration”. School social workers should address their potential implicit bias when working with Black American children. They should become fervent advocates for adopting alternative methods of punitive discipline used with Black American young boys (Pitlick, 2015). My participants unconsciously or overtly mentioned that we should focus on this most vulnerable group.

I assert that we must allow practice to inform how legislation, regulations, and rules are created and aimed at working with Black American children. It is essential to develop, propose, and implement policies that are specifically geared to this unique group of kids. Social work programs should make a concerted effort to admit more Black American students in their institutions. Our public schools should develop policies to also improve the presence of Black American social workers. Finally, it would be useful to create more mental health literacy programs for the parents (Jorm, 2012; Kelly, Jorm, & Wright, 2007). This may increase the amount of trust that they and their children have in school-based mental health services.

It is crucial for we social workers to acknowledge that Black American children living in environmentally toxic urban places encounter endless and complex trauma. The general daily dialogues and interactions with their oppressors are arguably filled with unconscious and deliberate incivility, rudeness, or apathy. This amplified level of toxic strain does not bode well for how these Black American children can cope with their mental health issues. Policies need to be constructed and adopted to mandate that trauma-informed practice should be implemented within more school settings. We must work relentlessly at eliminating this pathway to the penal system through our public schools for many Black American kids. It is crucial to continue exploring the complex variables that creates to this horrific cycle. A zero-tolerance approach to behavioral concerns weakens the bonds that Black American students maintain with their schools.

Lastly, there is an indisputable benefit for school-based mental health practitioners to recognize the strengths within these relationships that Black American children inherently have amongst one another. Their protective or buffering interactions can be useful in improving the link pre-adolescent Black American children have with the mental health clinicians working in public schools. The participants in my photo-elicitation interview examination participants consistently note the power of these connections.

Recommendations for Future Research

The most important next step is to systematically design and implement research that includes hearing the narratives directly from pre-adolescent Black American children living in environmentally toxic urban areas. These examinations will help to further

understand their personal experiences and recommendations for improving mental health service use. This idea seems most useful, considering the roles that peers play in linking these pre-adolescent Black American children to school-based mental health care. The mental health (help-seeking) experiences of pre-adolescent Black American children are unique, complicated, and crucial to comprehend. The unmet need and these overall disparities can have devastating effects on their adult lives. This combination of factors produces even more toxic strain. I think that it is important to highlight actual voices of these children within the process of building a culturally authentic narrative about their mental health (help-seeking) experiences. The themes of environmental toxicity, environmental literacy, or ecological education can be very useful when assisting these children in describing the actual factors that determine their MHHSE.

Again, the act of conducting this examination was brutal for me. I urge researchers who hold an anti-oppressive stance and are engaging with their own community to be prepared for an emotional toll. It was hard to be reminded of the struggles of these Black American children and their families. I remain encouraged to know that people care about this vulnerable group in Location Z. Candidly speaking, the most difficult part about conducting this PEI study was being a Black American man while doing so. The incessant scrutiny, passive aggressive commentary, and dubious dispositions displayed surrounding the relevance of my topic has bruised and scarred me. The single greatest challenge about studying Black American children is being a Black American adult.

Conclusion

The overall goal of this PEI examination is to offer candid and intimate knowledge about the mental health (help-seeking) experiences of pre-adolescent Black American children living in a certain urban area. The process unveiled a sizeable amount of useful insight about this issue. The mental health (help-seeking) experience remains problematic, particularly within public school settings. The greatest concern seems to surround Black American boys. The analysis of the interviews speaks to creating more sound, culturally sensitive approaches to addressing the mental health needs of this group. We must design, develop, and implement interventions that embrace and tackle these specific social, cultural, economic, and environmental determinants of their mental health well-being. “Given the current scale and social costs of mental illness, there is good reason to work towards a more coherent theoretical view of these relationships, taking into account of multiple forms of evidence which can inform improvements in treatment, prevention, and health promotion strategies.” (Fisher & Baum, 2010, p. 1062)

I would be remiss not to state that pre-adolescent Black American children and their families living in environmentally toxic urban areas display unwavering and remarkable resiliency despite the deleterious visible and intangible factors (ecological, economic, and socio-cultural) that help determine their mental health (help-seeking) experiences. We Black Americans have adopted many culturally driven survival techniques that allow us to navigate historical and incessant incivility.

Researchers, clinicians, advocates, and policy makers should use the internally socialized cultural strengths, protective factors, and coping mechanisms to develop more appropriate preventative efforts for this group. Our responsibility lies in actively

curtailing, interrupting, or eliminating the devastating impacts of enduring adverse by-products of unattended and untreated mental health problems among Black American children. This effort will allow for these kids to progress and achieve in the face of more manageable levels of strife typically associated with child development rather than negotiating the obstructive force from complex trauma and toxic strain.

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Appendix A

Informed Consent Form

You are invited to participate in a research study conducted by Christopher A. Burkett, a doctoral student at Portland State University, School of Social Work. This project is intended to gather information about those school and community-based influences on the emotional well-being (mental health) of Black American preadolescent children.

This particular form will help explain the overall research project in addition to those possible risks and benefits to you. You are encouraged to speak with your family and friends before deciding to participate in this research study. I can answer any questions should you have them.

Given your consent, you will be asked to engage in a photo-based interview about those factors influencing the mental health well-being among pre-adolescent Black American children living in Location Z. The total session will last about an hour and fifteen minutes. The audio portion of this interview will be recorded. Upon signing this form, you will be given 5 minutes to complete the demographic sheet, which will not include your name. Then, you will be asked a series of questions for about 30-45 minutes. Next, there will be a 15-minute photo viewing exercise. Third, we will have a debriefing period for about 10 minutes where you can express any concerns or issues. All stages of this photographic elicitation interview including the debriefing will be audio recorded.

Any information that is obtained in connection with this interview that can be linked to your personal identity will be kept private. However, the results of this research project will be shared in a final presentation and subsequent publications. The material will not be made public beyond the aforementioned methods. The information will be kept confidential by me not mentioning any identifying content about you, students, and/or your associates during the recorded interview sessions. Most importantly, your name will not appear on any forms aside from this document.

There are a few risks to participating in this research project. These potential hazards may include some stress, emotional discomfort, discussion of sensitive material, invasion or loss of privacy and confidentiality. I urge you to please stop participating in this interview should it become emotionally or psychologically distressing. I shall provide you with a packet containing information about local health care and mental health services upon request. Again, all of the contents of each interview will remain confidential. Your identity will never be revealed nor those of any persons mentioned during our conversations. In fact, the recorded material will be kept in a locked cabinet at my home office until destroyed. Please ask me for more information about these risks or stressors and protections.

Although, you may not receive any direct benefit from taking part in this study. You will be rewarded with a \$25 gift card from a local, art museum, or bookstore. This will be given even you decide to stop the discussion.

Your participation can also be quite advantageous for the larger society. You will provide immensely valuable insight that can help foster a more enhanced and authentic narrative about the mental health (help-seeking) experiences of a vulnerable group of Black American children. Your perspectives will certainly help to incite the emergence of more culturally informed preventions, interventions, mental health policies, and other alternative programs geared towards building a positive emotional well-being for Black American children. Please remember that your participation is absolutely voluntary. You can request to end the interview at any time should you feel uncomfortable.

Please reach out to Mr. Christopher A. Burkett via e-mail at cburkett@pdx.edu or telephone at (201) 663-5520 if you have questions or concerns about your participation in this study. Finally, you may contact The PSU Office of Research Integrity, 1600 SW 4th Ave., Market Center Building, Suite 620, Portland, OR 97201, (503)-725-2227 or 1 (877) 480-4400, if there are any concerns about your rights as a research subject.

Your signature indicates that you have read and understand the above information. Also, it means that you agree to take part in this project. Mr. Burkett will provide you with a copy of this form for your own records.

Participant Signature:

Date:

Investigator Signature:

Date:

This research project has been explained to the participant and all of his/her questions have been answered. The subject understands that the information described in this consent form and freely agrees to participate in said study.

Name of Investigator/ Research Team Member

(Signature of Investigator/ Research Team Member):

Date:

Appendix B

Brief Recruitment Script

Hello sir or madam,

How are you doing? I'm fairing quite wonderfully. I have called to see if you would be interested in helping me out with my final dissertation study (school project) which focuses on the access, need, and use of mental health services in public school settings by preadolescent Black American children. Specifically, I'm interested in how these institutions combined with conditions of those neighborhoods that surround them impact the mental health experiences for these children.

I would like to interview you for about an hour using some photographs. Your insight and perspectives would be quite beneficial in helping to comprehend the unique mental health (help-seeking) experiences for pre-adolescent Black American children.

Would you like to participate? You don't have to make a decision just now. Please take some time to think it over. Do you have any questions about the overall project?

I will contact you within the next day to schedule our session and provide other relevant information if you agree. I truly thank you so much for helping me with this study. I look forward to speaking and meeting with you soon.

All the best,

Christopher

Appendix C

Demographic Instrument

INSTRUCTIONS: *I ask that you please do not write your name anywhere on this form. The goal is to keep your identity confidential. This information is being collected in order to provide an accurate description of all project participants. The document will be stored in a locked filing cabinet and a file on a password protected computer and an additional external hard drive. Your name will not be connected with this project.*

*Please fill in the blank when necessary and select **one** response from the below set of questions that describes you best.*

1. Where do you live? _____

2. How old are you?

☐ 18-25 years ☐ 26-49 years

☐ 50-64 years ☐ 65 and older

3. What is your gender?

☐ Female ☐ Male

4. Do you have children living with you under the age of 18?

☐ Yes ☐ No

5. What is your marital status?

☐ Single

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

6. What is your job title? _____

7. Are you employed in Location Z? _____

8. If so, for how long? _____

9. What is your annual income (or combined annual income if you have a spouse)?

- ☐ *Less than \$60,000*
- ☐ *\$60,001 to \$70,000*
- ☐ *\$70,001 to \$80,000*
- ☐ *\$80,001 to \$90,000*
- ☐ *\$90,001 to \$100,000*
- ☐ *Greater than \$100,000*
- ☐ *Decline to say*

10. With which racial or ethnic category do you identify?

- ☐ *Black/African American (non-Hispanic)*
- ☐ *Latino/Hispanic American*
- ☐ *American Indian/Indigenous American*
- ☐ *Asian/Pacific Islander*
- ☐ *Asian Indian*
- ☐ *Caucasian/White American*
- ☐ *More than one race (please specify): _____*
- ☐ *Other: _____*

Appendix D

Interview Schedule

Overall introduction:

I would like to extend my sincerest and most earnest gratitude for your participation in this interview. Time is quite precious for us all as we work quite diligently at providing guidance, support, and wisdom to the students that attend our schools and participate in your programming. I greatly appreciate your time and dedication. Today we are going to discuss factors that influence the emotional well-being (mental health) of our students. I will first give you the informed consent form which you must read carefully and sign in for us to proceed with our discussion.

This interview has four components and will last for about one hour. First, you must complete the brief demographic form (5 mins). Second, I will show you a preselected group of photographs (15 mins). Third, the interview questions will be asked (30 mins). Finally, you can express any observations or concerns in our 10-minute debriefing session. If you feel the slightest bit uncomfortable about any of these queries you can refrain from answering. You are certainly free to request to stop this discussion at any moment that the interview becomes too uncomfortable. Again, I thank you so much for your participation. So, to start I will have you complete this demographic form.

I. Photograph Viewing Exercise Script

Since you have filled out the demographic form we can move on to the photograph viewing. I would like to show you seven photographs before we proceed with my asking you any interview questions. The pictures are of varied highways, buildings,

and places here in Location Z. You should review each image carefully for about ten minutes. Next, I want you to choose three photographs that represent positive elements that influence the emotional well-being or mental health of pre-adolescent, Black American children living and attending school in this area. *[The label for each of the three pictures will be noted]*

You will now select three pictures that symbolizes negative factors which impact the emotional well-being or mental health of pre-adolescent Black American children living and attending school in Location Z. *[The label for each of the three pictures will be noted]*

The final images will help guide our discussion. Again, I'm interested in gathering your perceptions about the mental health (help-seeking) experiences, mental health or emotional well-being of pre-adolescent, Black American children residing here. They will serve as visual points of reference for the remainder of the interview. Please feel free to refer to them during this dialogue. That being said, do you have any questions for me?

[Answer possible questions]

We will begin with my first question if your answer is no. I thank you so much for assisting me with this project. Let us now begin our discussion. I would like to know...

II. Interview Schedule

1. In what neighborhoods or areas do most preadolescent Black American children live in this city?

2. How would you describe the physical characteristics of these neighborhoods in which preadolescent Black American children live in Location Z?

Prompt: Would you characterize them as being polluted? If so, can you describe in what way?

Prompt: How would you describe the condition of their homes or apartments?

Prompt: How do you think these elements influence the emotional well-being of these kids? Do you think that these children understand the potential effect of contamination on their emotional well-being?

Have their neighborhoods changed in the past 10 years? 20 years?

3. How would you describe the financial situation, such as income or parental employment, of these Black American children and their families living in this city?

We have discussed some characteristics that characterize the pre-adolescent Black American children living in Location Z and describe this area. Now let us explore how these attributes relate to the emotional well-being or mental health of this group of kids. The next question is....

4. How would you describe the mental health needs of these pre-adolescent Black American children living in Location Z?

5. How would you characterize the contributions that a public school has made (both positive and negative) to the emotional well-being (mental health) of its preadolescent Black American students?

6. Do you think that zero tolerance policies (e.g. video cameras, security guards, metal detectors, etc.) used by public schools influence preadolescent, Black American children?

Prompt: Can you tell me in what ways?

Prompt: Can you give an example of this impact?

7. Is the public school responsible for providing and/or helping preadolescent Black American children locate culturally appropriate mental health care?

Prompt: Why or why not?

8. Who within the public school do preadolescent Black American students reveal those personal issues that are affecting their emotional well-being or mental health?

Prompt: Who is responsible for listening to and helping them with these problems?

So, we should now specifically talk about the more formal mental health resources offered in these schools...

9. Can you give me your opinion about the typical relationship that preadolescent Black American students have with their school counselor, psychologist or social worker, or any other professional that is identified to provide mental health services?

Prompt: Do you think that preadolescent Black American children trust these professionals enough to reveal their emotional or mental health issues? Sub-prompt: Can you describe why and why not?

Prompt: Do these children generally know who this person is in their public schools?

Sub-prompt: Why or why not?

Prompt: Who would you recommend that these students discuss their personal problems within a public school?

Sub-prompt: Why this person?

10. Do you feel that preadolescent Black American children in this city experience any form of trauma?

Prompt: If so what type?

Prompt: What are the causes?

Prompt: How do they deal with this issue?

So now I would like to revisit your photo selections. Can you tell me how and if they reflect factors that impact the emotional well-being of Black American pre-adolescent children living in this city? [This researcher will make a note of their selections on the interview schedule] What types of pictures would you have captured for this project? Do you have anything else you would like to add or ask me? [pause, wait for answer, and move to debriefing portion].

III. Debriefing

I truly thank you again for answering my questions. You have provided a wealth of knowledge. Do you have any concerns or questions for me? How would you describe your experience with this interview session? Who would you recommend that I interview in the future about the mental health experiences of the pre-adolescent Black American children in the city of New Brunswick?

Final wrap up:

Fantastic, this was indeed a very rich and wonderful discussion. **[The gift card will be presented at this moment.]** I thank you so much for devoting your time to assisting me with understanding some school and community-based factors that have an

impact on the emotional well-being or mental health of pre-adolescent, Black American children living in Location Z. I hope that you did not feel uncomfortable at any moment. Thank you again. I hope that you have a great rest of the day.

Appendix E

Figure 3.1. Summary of Sampling and Recruitment Steps

1. *I generated a list of 15 probable participants based on the above criteria.*
2. *I personally e-mailed and then called each possible interviewee to gauge interest (see Appendix C for script). I obtained their telephone numbers from key informants consisting a few former supervisors of Mr. Burkett.*
3. *The final sample of 12 participants was derived from the follow-up phone calls made by each potential interviewee directly to me. Then, I compiled a final list of committed participants. It is important to note that four subjects did not follow through with the interview.*
4. *Study participants were contacted by telephone to schedule the photo elicitation interview.*

Note: The locations or settings were determined by those interviewees. I secured a neutral space to conduct interviews at the Mental Health Research Institute. I offered to provide childcare for each participant when necessary, however, no one needed this resource.

Appendix F

Table F1. Participant Demographic Details

<i>PEI</i>	<i>Age</i>	<i>Race</i>	<i>Gender</i>	<i>Kids</i>	<i>Marriage</i>	<i>Position</i>
PEI Pilot A*	26-49	Black American	Male	No	Single	Recreation Aid
PEI Pilot B*	26-49	Caucasian American	Female	No	Single	Elementary School Instructional Aid
PEI # 1	65+	Black American	Female	No*	Married	Elementary School Secretary
PEI # 2	50-64	Black American	Female	Yes	Divorced	Special Education Teacher
PEI # 3	26-49	Caucasian American	Male	Yes	Married	Teacher
PEI # 4	18-25	Latino American	Male	No	Single	Mental Health Clinician [LCSW]
PEI # 5	18-25	Latino American	Male	No	Single	Recreation Leader/Police Cadet
PEI # 6	65 +	Black American	Male	No	Married	Superintendent of Recreation & Board of Ed VP
PEI # 7	18-25	Latina American	Female	No	Single	Site Facilitator
PEI # 8	26-49	Latina American	Female	Yes	Divorced	Teacher

Note. The pilot participants have an asterisk (*) by their pseudonym.

Appendix G

Figure 3.2. Summary of Interview Protocol

First, I presented the informed consent form to each interviewee before beginning the session. They were given a moment to read said document and decided whether they would like to sign it or not. Next the participants completed a brief demographic form. The photo elicitation interview schedule was administered to the final sample of 8 participants. The interviewees viewed seven photographs taken by me that depicted various ecological, economic, and socio-cultural characteristics of Location Z. The interviews conducted at the Mental Health Institute, two participant homes, a participant's office and a university library study room. I did not conduct any of these sessions at or on any school premises or program sites. I completed the following steps after scheduling all meetings.

- 1. Concise explanation of study*
- 2. Informed consent form (see Appendix A) was provided, a brief explanation given, and then it was signed if the participant agrees.*
- 3. Demographic information sheets were distributed and completed by participants before administering interview schedule for five minutes (see Appendix D)*
- 4. Seven distinctly relevant color photographic images were shown to the interviewee. The pictures were presented all participants in a stack in no particular order. Each photograph was labeled with a number for record keeping and organizing them during the interviews. I allowed the participant to sort, arrange, and display the photographic images according to their preference. I provided red and green 3x3 post-its so that the participants can indicate which image represents a positive or negative factor.*
- 5. They were given 10 minutes to analyze these pictures and separate the images into two categories (positive and negative factors that impact the mental health (help-seeking) experiences of Black American children (see Appendix J & K) for outcomes of this task).*
- 6. The entire interview session (all phases) was audio recorded using two iPhone devices for future transcription. The longest discussion was 3.5 hours, while the shortest last 43 minute. Again, the name is a pseudonym for my focal town of study for this dissertation.*
- 7. A short 10-minute debriefing occurred at the close of each discussion. The subjects were given an opportunity to express any issues or concerns that may have arisen during this extended discussion. I offered information about local health and mental services if needed.*
- 8. The participants were presented with a \$25 gift card for use at a local theater, art museum, or bookstore by me. This process happened at the close of each interview regardless of total completion. I funded all phases of this examination out of pocket.*

Appendix H

Figure 3.3 Synopsis of Coding Process

1. *Created an inductive table with codes arranged according to PEI question*
2. *Examined these codes for salience, similarities, differences, patterns, and frequencies*
3. *Developed a list of most common codes by each query*
4. *Used paper, pen, and pencil to generate a refined list of shared codes and reduce that list to preliminary themes*
5. *Selected the most comprehensive and telling themes*
6. *Formulated definitions for themes. The codes were instrumental in forming these conceptualizations*
7. *Established and re-traced the link between themes and 3 major research questions.*

Appendix I

Table I1. Codebook: Major Themes with PEI Query

THEME #	CORE & SUB THEMES	ASSOCIATED PEI QUESTION
TH	Concentrated Deteriorating Infrastructure	PEI QUERIES 1 & 2
TH	Substandard Housing	PEI QUERIES 1 & 2
TH	Colorless Nature	PEI QUERIES 1 & 2
SBT	Pervasive and Intricate Pollution	PEI QUERY 2, PROMPT 1
SBT	Broken Resources	PEI QUERY 2, PROMPT 2
SBT	Void of Visual Appeal	PEI QUERY 2, PROMPT 3
SBT	Environmental Unconsciousness	PEI QUERY 2, PROMPT 4
SBT	Conditioning Environmental Apathy	PEI QUERY 2, PROMPT 5
TH	Employment Instability	PEI QUERY 3
TH	Absence of Active Parenting or Parenting Inactively	PEI QUERY 3
TH	Second Shift Parenting	PEI QUERY 3
TH	Underserving Needs	PEI QUERY 4
TH	Avoiding Treatment Due to Stigma	PEI QUERY 4
TH	Misjudging Symptoms or Signs	PEI QUERY 4
TH	Building Peer Bridges	PEI QUERY 8
TH	Informal Liaisons to Care	PEI QUERY 8
SBT	A Shared Obligation	PEI QUERY 8, PROMPT 1
TH	Experiencing Complex Trauma	PEI QUERY 10
SBT	Home Based Trauma	PEI QUERY 10, PROMPT 1
SBT	Lacking Adequate Resources	PEI QUERY 10, PROMPT 2
SBT	Acting Out	PEI QUERY 10, PROMPT 3
SBT	Numbing from Strain	PEI QUERY 10, PROMPT 4

Note. The following abbreviations indicate: **TH** = *THEME* & **SBTH** = *SUB-THEME*.

Appendix J

Table J1. PEI Photo List

Picture Labels
Photo 1. Schools C & D (N= 1)
Photo 2. New Development (N=8)
Photo 3. School B (N=1)
Photo 4. Parked Bus (N=1)
Photo 5. The Lot (N=1)
Photo 6. The Garden (N=8)
Photo 7. Electric Playground (N=7)
Photo 8. Green Space (N=7)
Photo 9. School A & B (N=7)
Photo 10. Toxic Gym (N=7)
Photo 11. Warehouse Park (N=7)
Photo 12. The Board (N=7)

Appendix K

Table K1. Rating Results of Photo Exercise

Picture Label	Positive Rating	Negative Rating	Neutral Rating
<i>Photo 1. Schools C & D (N= 1)</i>		<i>1/1</i>	
<i>Photo 2. New Development (N=8)</i>	3/8	4/8	1/8
<i>Photo 3. School B (N=1)</i>		<i>1/1</i>	
<i>Photo 4. Parked Bus (N=1)</i>		<i>1/1</i>	
<i>Photo 5. The Lot (N=1)</i>		<i>1/1</i>	
<i>Photo 6. The Garden (N=8)</i>	6/8	2/8	
<i>Photo 7. Electric Playground (N=7)</i>	1/7	6/7	
<i>Photo 8. Green Space (N=7)</i>	5/7	1/7	1/7
<i>Photo 9. School A & B (N=7)</i>	2/7	3/7	2/7
<i>Photo 10. Toxic Gym (N=7)</i>	1/7	6/7	
<i>Photo 11. Warehouse Park (N=7)</i>	3/7	3/7	1/7
<i>Photo 12. The Board (N=7)</i>		<i>1/1</i>	

Appendix L

Table L1. Outcomes of Photo Sorting Task by Figure

Participant	Image Ratings
1	Photo 1: Schools C & D Photo 2: New Development Photo 3: School B Photo 4: Parked Bus Photo 5: The Lot <i>Photo 6: The Garden</i> Photo 7: Electric Playground
2	<i>Photo 6: The Garden</i> <i>Photo 2: New Development</i> <i>Photo 8: Green Space</i> Photo 9: School A & B Photo 10: Toxic Gym Photo 7: Electric Playground Photo 11: Warehouse Park <i>* All images rated.</i>
3	<i>Photo 9: School A & B (n)</i> <i>Photo 8: Green Space</i> <i>Photo K: Warehouse Park</i> <i>Photo 6: The Garden</i> Photo 2: New Development Photo 7: Electric Playground Photo 10: Toxic Gym <i>* All images rated.</i>
4	Photo 8: Green Space (n) <i>Photo 7: Electric Playground</i> <i>Photo 9: School A & B</i> <i>Photo 6: The Garden</i> Photo 2: New Development Photo 11: Warehouse Park Photo 10: Toxic Gym
5	<i>Photo 9: School A & B (n)</i>

	Photo 8: Green Space Photo 7: Electric Playground Photo 11: Warehouse Park <i>Photo 2: New Development</i> <i>Photo 6: The Garden</i> <i>Photo 10: Toxic Gym</i>
6	Photo 2: New Development (n) Photo 10: Toxic Gym Photo 12: The Board Photo 9: School A & B <i>Photo 8: Green Space</i> <i>Photo 6: The Garden</i> <i>Photo 11: Warehouse Park</i>
7	Photo 11: Warehouse Park (n) <i>Photo 9: School A & B</i> <i>Photo 8: Green Space</i> <i>Photo 2: New Development</i> Photo 10: Toxic Gym Photo 6: The Garden Photo 7: Electric Playground
8	<i>Photo 6: The Garden</i> <i>Photo 8: Green Space</i> <i>Photo 11: Warehouse Park</i> Photo 9: School A & B Photo 10: Toxic Gym Photo 2: New Development Photo 7: Electric Playground

Note. The positive rated photos are in bold. The negative images are in italics

Appendix M Table M1. Photo Elicitation Interview Durations

Participant	Duration of Interview	Length of Photo Exercise (PT.1)	Length of Photo Exercise (PT.2)
Pilot PEI A	1:2:11	2:21	6:49
Pilot PEI B	0:30:30	2:15	2:38
PEI # 1	3:22:29*	1:21	2:00**
PEI # 2	1:03:00	1:11	7:34*
PEI # 3	0:53:11	1:52	4:06
PEI # 4	0:56:37	1:01**	5:29
PEI # 5	1:08:00	1:11	2:17
PEI # 6	1:12:00	2:31*	4:36
PEI # 7	0:43:00**	2:08	4:36
PEI # 8	2:13:00	1:38	6:09
Average w/o pilot	1:26:29	1:37	4:36
Average w/ pilot	1:18:24	1:45	4:37
*Longest	3:22:29	2:31	7:34
**Shortest	0:43:00	1:01	2:00