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"YOUN EDE LÒT": HELP-SEEKING AMONG HAITIANS

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"*YOUN EDE LÒT*": HELP-SEEKING AMONG HAITIANS

by

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This dissertation was submitted by Josie A. Augustin under the direction of the Chairperson of the dissertation committed listed below. It was submitted to the College of Psychology and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Clinical Psychology at Nova Southeastern University.

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In all,

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ABSTRACT

Migration is on the rise as Haitians seek economic and educational opportunities for their progeny in the U.S. Though migration to a new country often introduces a new set of immigration and acculturation-related stressors that can lead to mental health problems, Haitians remain underrepresented in clinical mental health settings. Previous studies with ethnic minority populations have enumerated several barriers to seeking mental health services. However, research on barriers to help-seeking is sorely lacking for specific migrant groups, including Haitians. Thus, this study examined barriers to seeking help for mental health problems among Haitians. Participants were recruited using purposive and snowball sampling methods. Specifically, recruitment flyers were used to recruit participants meeting specific inclusion criteria, and these participants identified other participants who qualified for this study. Data were collected via four focus groups from 26 Haitian adults, ranging from 18 to 52 years old. A semi-structured focus group protocol developed from research literature was used to conduct these focus groups. Qualitative data analysis was used to organize focus group data into themes. Three major themes emerged: (a) beliefs related to seeking mental health services, (b) cultural values

and help-seeking, and (c) education and awareness of services and help-seeking. More specifically, participants noted that Haitian's beliefs (e.g., religious/spiritual beliefs and beliefs about therapy, therapists, social consequences, and trustworthiness of institutions), cultural values (e.g., minimization of mental health problems, accepting problems as part of life), and education and awareness of mental health and mental health services contribute to Haitians' likelihood to seek services. In addition, participants noted that these factors likely vary for first and second generation Haitian Americans, which further influences likelihood to seek services. These results suggest that both Haitians (first and second generation) and mental health professionals must take an active role to address barriers to help-seeking related to Haitians' beliefs, cultural values, and education and awareness of mental health services, and subsequently, enhance treatment engagement.

CHAPTER I

Statement of the Problem

Haitian migration to the United States (U.S.), specifically to ethnic enclaves such as South Florida, is steadily increasing. Based on information from the 2009 American Community Survey (ACS), Buchanan, Albert, and Beaulieu (2010) reported that approximately 830,000 individuals with Haitian ancestry were living in the U.S., two-thirds of which live in Florida and New York. It was estimated that about 59% of this population was foreign born, which reflects the high level of migration for this group. Haitians immigrate to the U.S. for several reasons. Among these reasons, some explain that they seek to escape political persecution and trauma from their home country; others report that they seek to escape poverty by pursuing better educational and occupational opportunities not only for themselves, but also for their children (Cartright, 2006). Despite these intentions, they often experience multiple hardships during migration and beyond, which can lead to mental health problems.

Migration to a new country proves to be a very stressful experience for many and can have profound psychological impacts (Dalton, 2014). Haitians are no exception as they experience stressors related to poverty, immigration, and acculturative stress. In addition to the inevitable acculturative stressors they encounter, immigrants may experience feelings of isolation and rejection when in a new environment (Yako & Biswas, 2014). As will be discussed, Haitian migrants are unlikely to encounter a warm reception in the U.S. given that they are often perceived as a drain on the society's resources. Thus, the Haitian population has been subjected to prejudice and discrimination and may perceive this host culture as threatening rather than welcoming

(Pierre-Pierre, 2012). All of these stressors likely are related to negative mental health outcomes, such as depression and anxiety, which Haitians might exhibit through stress-related somatization, such as headaches, stomachaches and chest pains (Nicolas et. al., 2007).

Despite significant mental health needs, Haitians are underrepresented in clinical services. Carson, Stewart, Lin, and Alegria (2011) studied the use of mental health services at a community mental health center with a sample of Haitian, African American, and non-Latino White youths. Though similar levels of mental health needs were reported, results revealed that Haitians significantly underutilized services. Many Haitians in the sample either attended for one session or stopped treatment by six months, often attending fewer than eight sessions total. Clearly, therapists find themselves at a loss when it comes to learning how to engage Haitian clients and address their needs. As a result, it becomes imperative that researchers better understand barriers to help-seeking and treatment engagement for Haitians.

Particularly, research is needed to document factors preventing Haitians from seeking professional help when warranted. Research on the Haitian population is quite limited in general, and research on help-seeking behaviors of Haitians is particularly lacking. Failure to seek help may be attributable to many reasons as research suggests that several factors may affect help-seeking behaviors in migrant or ethnic minority populations (Schwartz, Bernal, Smith, & Nicolas, 2012). Some of these barriers have been found consistently for several groups (e.g., Latino cultures, African Americans, Asian cultures, Native Americans), including the Haitian population, and include stigma, language barriers, costs/accessibility, and misinformation about therapy and lack of

familiarity with resources (Gulliver, Griffiths, Christensen, & Brewer, 2012; Pierre-Pierre, 2012; Saint-Jean & Crandall, 2005; Venner et al., 2012). Other barriers are proposed based on the culture and experience of Haitians in their home country as well as the U. S., such as institutional mistrust, conceptualization of mental health problems (spiritual conceptualizations and minimization), and cultural values such as pride, self-sufficiency, and family privacy (Nicolas et al., 2006; Pierre-Pierre, 2012; Ryan, Hawkins, Parker, & Hawkins, 2004).

The purpose of this study is to review the literature on help-seeking patterns of Haitian migrants and Haitians born in the U.S. and examine barriers to help-seeking with regards to professional mental heath resources. Therefore, this study seeks to better understand barriers to help-seeking for Haitians. This research is ultimately intended to develop a culturally- and contextually-sensitive model of help-seeking that can be tested empirically in subsequent research and to provide clinicians with information that can guide the focus of psychoeducational presentations, treatment planning, and the development of relevant, helpful treatment engagement strategies for this group. Though some may consider a culturally- and contextually-sensitive model unnecessary, multicultural perspectives have documented the importance of cultural and contextual factors in understanding help-seeking behaviors. What may be appealing to or beneficial for one group may be unappealing to or harmful for another. Thus, clinicians can utilize the information from this study to properly address client concerns or myths regarding therapy and become more culturally-competent clinicians. If clinicians are unaware of potential issues for this group, they will be ill-prepared to address them, which may negatively influence the therapeutic process and contribute to health disparities for this

already underserved group. Hence, lack of information or awareness on the part of clinicians may also come to represent a barrier to help-seeking for the Haitian population. Given the limited research on Haitian migrants, the literature review will draw on research from other ethnic minority groups as necessary.

The literature review will first seek to describe Haitian migration in context by considering the social, political, and economic conditions of Haiti during four waves of migration (first: 1957-1969; second: 1970-1979; third: 1980-1989; and fourth: 1991-1995) as well as the context of reception encountered in the U.S. These conditions will be linked to Haitians' level of acculturative stress and how social support helps minimize or buffer the effects of this stress. This study uses focus group methodology to explore what barriers to help-seeking exist among Haitians and why, as well as the conditions under which one might expect to see them. This study also seeks to help contextualize these barriers by providing brief descriptions of the history of Haitian migration to the U.S. and other stressful migrant-related experiences, particularly acculturative stress. This information will be used to identify directions for future research and provide recommendations for treatment engagement strategies that will address these barriers and improve help-seeking among Haitians.

CHAPTER II

Literature Review

This chapter reviews past research that explores help-seeking in context for the Haitian population. With regards to context, the sending context, the context of reception, and the acculturative stressors experienced by Haitians will be examined. The goal of this brief review of the history of Haitian migration is to help contextualize one's understanding of the barriers to help-seeking that follow, also discussed in this chapter.

Help-Seeking in Context

The Sending Context and Context of Reception for Haitians in the U.S.

Beginning in the late 1950s, the tumultuous political and economic climate of the nation of Haiti resulted in a number of refugees seeking asylum in the United States (Cartright, 2006). Since then, this group has emerged as one of the most prominent Black immigrant populations in America (Désir, 2007). Unfortunately, the difficult sending context endured by Haitians along with the difficult context of reception that Haitians historically have received in the United States have served to worsen their acculturation experience (Cartright, 2006; Désir, 2007).

Haitian migration can be thought of as occurring in four waves (Pierre-Pierre, 2012). The first two migration waves from the 1950s-1970s consisted of more affluent Haitian citizens from higher socioeconomic backgrounds. They often had a strong command of the French language and were better received as they migrated to the U.S. seeking political and economic relief from the oppressive Francois "Papa Doc" Duvalier (and subsequently, Jean-Claude Duvalier) political regime that was being established at the time (Cartright, 2006; Pierre-Pierre, 2012). During this Duvalier regime (1957-1986),

corruption was rampant and those who represented opposition were often dealt with by imprisonment or torture (Cartright, 2006; Desir, 2007). Some were forced to migrate as a means of reducing resistance.

The last two waves of Haitians began to immigrate to the U.S. during the 1980s. During this time, Haitian society became increasingly oppressive and corrupt, even following the coup d'etat of the Duvalier regime. The conditions of Haiti did not improve, and violence continued to escalate. Though an election was scheduled to take place in November of 1987 to establish a new government, this election was canceled due to political violence as military troops massacred between 30 to 300 people who aspired to vote that day (Whitney, 1996). Seeking to reestablish Haitian government, elections were held once again two months later in 1988 but were met with lack of participation on the part of the candidates and voters. Almost all of the previous candidates boycotted the elections and fewer than four percent of the Haitian people cast their votes (Carter, 1990). Nonetheless, Leslie Manigat, a former professor of political science, emerged as Haiti's elected president (Treaster, 1988). Many Haitians thought the elections to be rigged by the army, believing that President Manigat was to serve as a puppet president for the head of the provisional Government, Lieutenant General Henri Namphy. However, President Manigat sought to exert some independence as the new Haitian leader, and he was subsequently ousted by the military (Carter, 1990). As a result, the country continued to be characterized by instability, and violence was pervasive during this time.

As time went on, the Haitian people began developing hope as a Catholic priest, Jean-Bertrand Aristide, gained popularity as a potential leader. Haitians viewed him as someone who could identify with their struggles as he arose from the lower class and

believed he would consider the interests of the people given his priest status (Cartright, 2006; Desir, 2007). Still, there was fierce opposition to his candidacy and violence ensued as a means to prevent Aristide from coming to power. On September 11, 1988, assailants attacked Aristide's parish at St. Jean Bosco's church with approximately 1,000 parishioners inside during a morning mass congregation (Inter-American Commission on Human Rights [IACHR], 1988). Military onlookers reportedly stood by as the people were attacked and killed. Following the attacks, the church was burned down, making it impossible to determine the number of deaths that resulted from this attack (IACHR, 1988).

Despite such violent opposition, Aristide became the new democratically-elected Haitian president in December of 1990 (Pierre-Pierre, 2012). This did not last long as he was overthrown by a military coup in September of 1991 (Cartright, 2006). Soon after in October of 1991, the United Nations placed an embargo on Haiti that was intended to return Haiti to its democratic state and punish those responsible for the coup. Unfortunately, this was not the case, as the Haitian military exploited the embargo, worsening socio-economic, political, school, and living conditions for the people living in Haiti (Desir, 2007), and triggering the fourth wave of migration (1991-1995; Pierre-Pierre, 2012).

Precipated by the worsening conditions of the Duvalier regime and a series of provisional governments thereafter (U.S. Department of State, 2008), the third and fourth waves (1980-1989; 1991-1995) of migrants often represented lower social classes and did not receive a warm welcome in the U.S. Many Haitian migrants arrived on American shores desperately seeking a new life (Stepick, Stepick, Eugene, Teed, & Labissiere,

2001). However, they were often turned away. During these decades, the stigma associated with being Haitian was also strong and ever increasing. To explain further, beginning in the late 1970s, tuberculosis was thought to be endemic to Haitians (Stepick et al., 2001), which most likely impacted attitudes toward Haitians and Haitian immigration to the U.S. in the 1980s. Additionally, in the early 1980s, Haitians (among other groups such as homosexuals, hemophiliacs, and heroine drug users) were considered as one of the primary at-risk groups for AIDS (Stepick et al., 2001). Though these associations were later found to be baseless, the impact of such beliefs had already strongly affected Haitian professionals and students in America as they found themselves once again dealing with the consequences of stigma for being a part of this cultural group (Stepick et al., 2001).

Haitians were also subject to many discriminatory immigration policies (Cartright, 2006; Pierre-Pierre, 2012) that caused much discord between them and other migratory groups, such as the 1980 U.S. Refugee Act and the 1981 Haitian Interdiction Agreement. Under the 1980 Refugee Act, categories were created for the admission of refugees to the U.S., providing immigrants with resettlement services such as medical care, financial assistance, relocation assistance, employment assistance, and language training (Pierre-Pierre, 2012). Unfortunately, Haitians were deemed economic rather than political refugees, and were thereby ineligible for these additional resources. These policies have been criticized for being race-based and discriminatory in nature given the political climate in Haiti at the time (Pierre-Pierre, 2012).

Oftentimes, boatloads of migrants were shipped back to Haiti despite their requests for political asylum because of political persecution in Haiti. Some feared death.

Nonetheless, the U.S. continued to deny their claims, considering them to be economic refugees and therefore not entitled to staying in America. The 1981 Haitian Interdiction Agreement further exacerbated this oppressiveness as this agreement was an agreement between the American and Haitian government to prevent Haitians from coming to the U.S. This agreement was intended to curb illegal immigration, while also protecting Haitians from traveling through dangerous waters to come to America. As a result, some Haitians were turned back to Haiti before they even made it to the U.S., and those who made it to U.S. shores often remained undocumented (Pierre-Pierre, 2012).

These immigration policies reflected the negative sentiments of the American population towards Haitian migrants, which often affected job markets and social relationships between Haitian and American people (Stepick et al., 2001). Americans perceived Haitians to be a desperate, destitute cultural group who would be a drain on their society's resources. Thus, Haitian migrants found themselves coming from one harsh, oppressive regime they distrusted to another. Stepick et al. (2001) concluded that "During the 1970s and 1980s, no other immigrant group suffered more U.S. government prejudice and discrimination than Haitians" (p. 236).

Despite these negative sentiments, migration continued as there was a constant state of politcal unrest and violence that characterized the country of Haiti. People were harrassed or beaten for their political stance. The cost of living, malnutrition, and mortality significantly increased resulting from political conditions. This exploitation resulted in dire social and political consequences for Haiti, particularly with regards to education, which soon became a luxury rather than the norm. Educational, and subsequently, social and economic mobility was stagnant. Some students explained that

they risked their lives to go to school given the danger that awaited them for attending. They discussed that education was seen as a threat to the regime as academic progression could translate to future leaders and represent a challenge to the current authority. Thus, Haitian children found themselves in a traumatizing situation as they became targets of violence from a government that was supposed to provide them with protection because they were a representation of hope and new leadership for Haiti. Migration often was seen as the only hope for these Haitians to live and succeed (Désir, 2007).

Désir (2007) examined the sending context of Haitian immigrant children between 1991 and 1994 by exploring the educational and political events that set the stage for the traumatic hardships they endured and the implications of such hardships on Haitian immigrant children's lives and migration experiences. The author achieved this by interviewing students in Haiti to explore the sending context for Haitian immigrant children by gathering information regarding the condition of the nation during this time. Student informants described this period as a time of political upheaval and unpredictable violence, characterized by traumatic events such as killings, rape, and abuse. Additionally, students often witnessed these overt acts of violence firsthand. A few of them explained that they sometimes had to go into hiding or live with relatives to stay safe. One female participant went into grave detail with Désir (2007), describing how there would often be school lockdowns because it was more dangerous for children to be in the streets:

> The situation was very bad. In Haiti when there was a political problem, school would be closed. When I was at Luc Grimar School, they used to drop this gas on the kids- I had to put a lemon to my nose and we would run. The school would not let us leave the school grounds because it was more dangerous on the streets. . . . It was so bad I went to my aunt's home [in the countryside] to hide. I could not stay in the city. Every morning there was shooting (p. 77).

Despite these dangerous conditions in Haiti, U.S. government and policies were unfavorable toward Haitians seeking to migrate to the U.S. Unsurprisingly, the aforementioned U.S. policies (Pierre-Pierre, 2012) along with the general treatment encountered in America as described by Stepick et al. (2001) led Haitians to view U.S. host culture as threatening rather than welcoming. This population historically has been subjected to prejudice and discrimination, and accordingly, experiences feelings of isolation or rejection related to the negative reception they encounter in their environment (Benjamin, 2007; Pierre-Pierre, 2012). This experience also affects the children of immigrants, as they come to feel ambivalent about who they are as an ethnic group and reject several aspects of what it means to Haitian in America (e.g., speaking the Creole language, dressing in a more conservative fashion, cultural values emphasizing family relations, etc.). Stepick et al. (2001) and Portes and Rumbaut (2001) describe the experiences of Haitian immigrant children, noting feelings of embarrassment, isolation, and rejection related to being of Haitian descent and speaking the Creole language. Though this group often has high expectations with regards to academic and occupational achievement, they often evidence low levels of achievement, which the authors attributed to Haitian Americans' identity crisis as they struggle to be accepted in a society that rejects part of who they are (Portes and Rumbaut, 2001; Stepick et al., 2001).

Overall, these latter waves (1980-1995) of Haitian migrants left Haiti under a difficult sending context as the political, social, and economic conditions of Haiti were quite poor (Cartright, 2006; Pierre-Pierre, 2012). During this time, social and political violence led to schools being closed for weeks or months (Desir, 2007). People, particularly students, lived in a state of panic and unpredictability, never knowing what to

expect from one moment to the next. These migrants, seeking political and economic relief similar to the first couple of waves, were comprised of people from a lower socioeconomic class, desperately seeking refuge from the oppressive conditions of Haiti at the time (Cartright, 2006; Pierre-Pierre, 2012).

Naturally, given both the sending contexts and context of reception Haitians have faced as described above, one would expect that mental health issues might arise in Haitian immigrants. Indeed, they must face the usual stressors individuals encounter in daily life along with stress resulting from immigration-related transitions, economic hardship, harsh immigration policies, a difficult context of reception, acculturative stress stemming from stigma, prejudice and discrimination, and ethnic identity issues for adults and their children. Thus, the role of acculturative stress and social support for Haitians will be explored further below, and their relation to barriers to help-seeking will be considered.

Acculturative Stress and Social Support

Stress results when individuals perceive life events as being overwhelming and beyond their capacity to overcome (Cohen & Wills, 1985; Kazdin & Whitley, 2003; Morledge et al., 2013). In addition to life's general stressors, immigrant populations also experience considerable acculturative stress (Berry, 1994). Acculturative stress occurs through the immigrant's contact with the host culture in a variety of ways, including as transitioning to a new culture, learning a new language, adjusting to a new living environment, and the experiences of poverty, prejudice, and discrimination (Boafo-Arthur, 2013; Cervantes, Padilla, Napper, & Goldbach, 2013). With regards to the Haitian population, Haitians experience stressors related to discrimination,

stigmatization, dire living conditions, child rearing, and lack of English proficiency similar to other ethnic minority groups (Belizaire and Fuertes, 2011; Benjamin, 2007).

Studies on acculturative stress/distress have reported mixed findings, but generally find that acculturative stress is linked to negative mental health outcomes (Cano, Castillo, Castro, Dios, and Roncancio, 2013; Driscoll & Torres, 2013; Nair et al., 2013; Torres, Driscoll, & Voell, 2012). Few studies have explored the impact of acculturative stress on Haitian migrants specifically, but the ones that exist similarly suggest mixed findings. One study found acculturative stress to be linked to both depressive and anxious symptamatology (Chrispin, 1999), whereas some studies found that it is not a predictor of depressive symptomatology (Nicolas et al., 2009; Nicolas and Smith, 2013). Additionally, with respect to the studies that did not find a relationship between acculturative stress and depressive symptamatology, it is important to note that the authors indicated their results should be interpreted with caution given that low levels of acculturative stress were reported by their sample. Further, in these studies, there is a possibility that acculturative stress symptoms were assessed by measures that did not validly measure the acculturative experiences and stressors for Haitians. Indeed, the validity of those acculturative stress measures had yet to be tested with the Haitian community. It is important to disentangle the effects of acculturative experiences and stress for Haitians because acculturative stress can be a unique contributor to mental health problems. Moreover, failure to consider the acculturative stress that Haitians experience may contribute to Haitians being an underserved population, as mental health problems resulting from acculturative stress may go unnoticed and untreated.

Fortunately, research consistently has found social support to be a protective factor that can offset the negative effects of stress altogether (Cohen & Wills, 1985) or moderate the relationship between stress and negative outcomes (Cohen, 1988; House et al., 1988). Social support, as described by Hogan et al. (2002), is an exchange between parties in which one individual is a provider and the other a receiver of support. Perceived social support has been found to be positively associated with mental health outcomes (House et al., 1988). With regards to the role of social support for Haitians specifically, Schwartz et al. (2012) discussed how the concept of social support may already be inherent in Haitian culture, quoting the proverbs "*youn ede lòt*," and "*men ampil, cha pa lou*," (loosely translated to: "one helping another"; "many hands make the load lighter," respectively) as examples of how social support is manifested in Haitian culture (p. 2). Kaiser, Keys, Foster, and Kohrt (2015) went one step further to explore social support among Haitians living in the Dominican Republic. They found that there was a social expectation among Haitians to care for the community, participating in "*tèt ansamn*" (literally translated to "heads together") to help build solidarity among its members (p. 158). Haitians further explained how reciprocal social collaboration among neighbors was helpful for building the community. For example, rather than expecting payment after helping a member in the community with a task that requires several laborers, the expectation is that support will be provided when they themselves need help with a particular task (reciprocity). A lack of social support (a common consequence of the migration process) or failure to meet social expectations (e.g., not being able to provide enough for people back home in Haiti) led to symptoms of depression, anxiety, and mental distress (Kaiser et al., 2015). In addition, Nicholas et al. (2006) discussed how

family members and spiritual healers (e.g., priest, clergyman, *hougan, mambo*) in the community also provide social support during times of illness. Family members help take care of one another and supply herbal remedies, or may refer to a spiritual healer if this is deemed to be an appropriate step. While spiritual healers also provide herbal remedies, they additionally pray or recite religious incantations or perform Vodou ceremonies to address naturally or supernaturally induced illnesses. Derivois, Mérisier, Cénat, and Castelot (2014) also explored the effect of social support on symptoms of posttraumatic stress among children and adolescents following the earthquake in Haiti in 2010. They found social support to be significant for reducing symptoms of PTSD and fostering resiliency among children and adolescents.

Unfortunately, social support also has its disadvantages. For example, there may be reciprocity expectations one cannot fulfill (Crockett et al., 2007), fear of judgment (e.g., for being "weak") by those lending the helping hand (Pierre-Pierre, 2012), or perhaps congregational criticism related to faith-based social support. In fact, Sternthal, Williams, Musick, and Buck (2012) conducted a study with a sample of Black, Hispanic, and White American adults living in Chicago to assess whether Black and Hispanic Americans received greater mental health benefits from religious involvement than White Americans. They explored several mediators, one of which was congregational criticism. They not only found that Black Americans scored higher on congregational criticism, but also found that congregational criticism was positively associated with anxiety for this group. In addition, congregational criticism was positively associated with increased depressive symptoms among Black and Hispanic Americans. Thus, congregational

criticism may be a significant disadvantage to faith-based social support that may negatively affect one's desire to reach out to church based social support networks.

Further, Schwartz et al. (2012) explored the help-seeking behaviors of Haitian immigrants in the U.S. by having Haitian participants identify who they would turn to for 23 different needs. While they reported that they would seek help from family members, friends, and neighbors before formal sources, many Haitian participants reported lingering mental health needs even after seeking support from their social networks. In other words, while social support can offset some of the mental health consequences of stress and acculturative stress, sometimes it is insufficient for addressing mental health needs. In these cases, Haitians might benefit from additional, formal sources of support, such as mental health services. However, despite these reported lingering mental health needs, some Haitians are quite reluctant to seek out formal help. They make use of social support networks and will seek out help from family members, friends, neighbors, and spiritual leaders (Schwartz et al., 2012). However, they fail to seek help from mental health professionals when their social support networks prove insufficient to help them with their mental health problems. Some studies have attempted to identify barriers that exist for Haitians with respect to seeking help for mental health problems and have pondered the reasoning behind such barriers. These studies will be further discussed below prior to discussing the results of this present study regarding why these barriers exist.

As noted throughout this section, it is important to consider barriers to help-seeking in context, as several experiences might have impacted Haitians' formal help-seeking behaviors. Specifically, many Haitians immigrated from a difficult sending

context characterized by poor political, social, and economic conditions only to encounter a negative context of reception in the U.S. That is, Haitians were not well received by Americans, as reflected by discriminatory immigration policies, boatloads of migrants being returned to Haiti despite oppressive conditions, and attributions of stigmatizing illnesses to Haitians, among other things. Undoubtedly, the sending context and context of reception faced by Haitians has contributed to acculturative stressors faced by this group. While research suggests that Haitians seek help from informal sources of support (e.g., family, friends, neighbors, spiritual leaders, etc.) when dealing with stressors, they fail to seek help from formal sources of support (e.g., mental health professionals) for lingering mental health needs. This failure to seek help from formal sources might be impacted by the negative and oppressive contexts Haitians have faced in their home country and the U.S. Thus, it is important to consider the barriers discussed below within these contexts in order to develop a proper understanding of barriers to help-seeking for Haitians.

Barriers to Help-Seeking

It is important to emphasize the "formal" aspect of help-seeking as people are seeking help from informal sources long before they seek help from professionals, if they do so at all. People in general, including Haitian immigrants, tend to reach out to family members, friends, neighbors, spiritual leaders, and church members for help with their problems (Gulliver et al., 2012; Schwartz et al., 2012; Snowden, 1998). In cases where mental health issues are present, one would expect that help may be sought at the hand of a professional. However, in his review of studies conducted in Australia, the United States, and Taiwan, Gulliver et al. (2012) noted that even though many in the population

experience anxiety and depression, very few seek professional help. This is true with respect to Haitians as well. Schwartz et al. (2012) explored the help-seeking behaviors of Haitian immigrants in the U.S. They had Haitian participants indicate who they would turn to for 23 different needs. For 18 of these needs, the participants reported that they would seek help from family members first. Participants further noted that they would seek help from friends and neighbors before formal sources. Even in cases where emotional assistance was still required after consulting with informal sources of support, Hatians remained unlikely to seek help from professionals.

This phenomenon seems to be evident cross-culturally and for migrant populations, and several studies have indicated that help-seeking behaviors for ethnic minority groups might be influenced by several factors. One important factor found to influence formal help-seeking in Latino cultures is *familismo*, which refers to values of loyalty, reciprocity, and solidarity as well as strong identification and attachment among both immediate and extended family members (Villatoro, Morales, & Mays, 2014). Villatoro et al. (2014) examined the impact of *familismo* on mental health help-seeking behaviors using data from the National Latino and Asian American Study (NLAAS). They limited their analyses to Latino adults meeting criteria for any mood, anxiety, or substance use disorder. The authors found that high family support was positively linked to seeking help from informal or religious services. In addition, Rogers-Sirin (2013) explored whether the relationship between acculturative stress, mental health, and attitudes towards therapy was the same for White and Black immigrants using a sample composed of White, Black, Latino, and Asian immigrants. Interestingly, the authors found that acculturative stress and negative attitudes towards psychotherapy arose

concurrently for immigrants of color, but not for White immigrants; thus, immigrants of color who need help the most may be the least likely to seek it out. Venner et al. (2012) also studied barriers to help-seeking for Native Americans [referred to as American Indians in the original study], particularly with regards to alcohol use disorders. This research produced several barriers including lack of ethnic matching of treatment providers and clients; a lack of cultural interventions (e.g., traditional healing); interventions not being developed with Native Americans in mind; fears of prejudice and discrimination; lack of confidentiality; stigma and labeling; knowing or being related to treatment providers; lack of motivation; not believing that one needs outside help (trying to handle it one's self); and difficulty paying for services.

With respect to Haitians, previous research has identified several barriers to help-seeking, relevant to both medical and psychological services. Saint-Jean & Crandall (2005) found that demographic characteristics and access to health care were associated with help-seeking. Specifically, insurance coverage, a usual place of care, immigration status, socioeconomic status (e.g., educational level, household income), citizenship status, and duration of residency were associated with health service utilization among Haitians immigrants living in Miami. Moreover, Allen et al. (2013) found that language barriers, stigma, mistrust, privacy concerns, and lack of familiarity with resources all served as barriers to seeking health services among Haitians. Pierre-Pierre (2012) identified similar barriers for psychological services, adding on the lack of health insurance, immigration status, and cultural factors (including family privacy, pride, and self-sufficiency), which has been corroborated further in other studies (Nicolas et al., 2006; Saint-Jean & Crandall, 2005). For example, Nicholas et al. (2006) discussed

etiologies of illness and how this affects Haitians' help-seeking behaviors, as they tend to seek supernatural or natural solutions for illnesses believed to stem from supernatural or natural origins, respectively. Thus, Haitians' conceptualization of mental illness, if supernatural, may represent a barrier to help-seeking.

This qualitative study seeks to build on existing studies by inquiring about the reasoning behind these barriers in more depth, exploring the conceptualization of mental health problems as an additional barrier, identifying additional barriers that may not have been previously noted in the literature, and trying to understand the conditions under which these barriers predict intentions to seek mental health services. These barriers merit exploration, because a richer understanding of them can help clinicians develop culturally competent treatment engagement strategies and assess and address barriers throughout treatment. In addition, this information can spearhead psychoeducational sessions in culturally-sensitive community programs or other relevant settings. As such, the following sections will review the literature on a host of barriers to help-seeking, including: language barriers; costs/lack of health insurance; misinformation about therapy/unfamiliarity with resources; conceptualization of mental health problems (spiritual and minimization); cultural values emphasizing pride, self-sufficiency, and family privacy; stigma (mental health problems, family, group); and institutional mistrust.

Language Barriers

Lack of English proficiency is an important barrier to help-seeking for some Haitians (Belizaire and Fuertes, 2011). Though many Haitian immigrants attempt to speak the English language, often times their English is simply enough to get by and hold

a job. The proficiency level necessary to communicate fluently or at least at an adequate level often is not present (Pierre-Pierre, 2012). This is unfortunate, as it has been established in the literature that language proficiency is critical for acculturation in the U.S. It also appears to be a significant factor influencing help-seeking as many populations, including Haitian immigrants, cite language as a major barrier to help-seeking for both medical and mental illnesses as well as preventative care (Allen et al., 2013; Ryan et al., 2004; Saint-Jean & Crandall, 2005).

Language is more than a logistical barrier. Haitians may fear being further discriminated against for their Creole language and fear being misunderstood, as some things do not translate well, if at all (Allen et al., 2013; Pierre-Pierre, 2012; Ryan et al., 2004). An example of this was provided by a focus group member in a study conducted by Allen et al. (2013):

> If a Haitian goes to the hospital and says that he has 'stomach pain'—the doctor will check your abdomen because the 'stomach' is the stomach [to the doctor]. This Haitian knows 'stomach' as being the chest [pointing to chest]. Now there is a problem (p. 111).

Therefore, treatment options heavily focused on language use, such as talk therapy, are not ideal for monolingual, Creole-speaking Haitians when fluently bilingual therapists are not available. However, some Haitian immigrants have indicated that they would be more open to certain programs if professionals spoke their language and truly understood their concerns (Ryan et al., 2004). Thus, this is an important barrier to consider and address if found to be significant for mental health help-seeking behaviors as well.

Costs/Lack of Health Insurance

Researchers indicated that costs or lack of insurance served as barriers to help-seeking in the mental health arena. Many immigrants view health care and therapy as

unaffordable or unnecessary expenses. Abrams, Dornig, and Curran (2009) examined barriers to service use with a sample of low-income, ethnic minority mothers experiencing postpartum depression. In this study, African American women discussed how it is "frowned upon" to pay for psychological services: "talking to someone else and you're having to pay for that, is not seen as a smart purchase in our community" (p. 545). This belief may be present for Haitians as well, particularly given the other expenses they must meet (Saint-Jean & Crandall, 2005) and the relatively low income they typically have from the low-end jobs available to them. Further, Haitians (including those legally residing in the U.S.) report that they often do not have health insurance and fear seeking such insurance for fear of immigration-related issues such as deportation (Pierre-Pierre, 2012; Ryan et al., 2004). Financial issues surfaced in the medical arena as Allen et al. (2013) discussed how some Haitian immigrants found themselves in situations where they believed health care to be free only to be later overwhelmed by extensive medical bills, which contributed to subsequent institutional mistrust (to be discussed). Naturally, this may apply to mental health help-seeking behaviors as well because costs for therapy may be too high, making this help less accessible for this migrant and generally low-income group. Health insurance coverage that includes mental health provisions may change that as Saint-Jean and Crandall (2005) found a positive relationship between health care coverage and utilization of services. This makes it important to factor in the role of costs on accessibility of therapy for Haitian immigrants because making it more affordable may increase the likelihood that this population seeks out the help they need.

Misinformation about Therapy/Unfamiliarity with Resources

Many immigrants, including Haitians, tend to be uninformed about what therapy is and the therapeutic process in general, which may be linked to their limited knowledge of Western-based approaches and treatments (Allen et al., 2013). In fact, many are ill-informed concerning psychological services altogether and may hold stereotypical beliefs about therapy and the therapeutic process (Rogers-Sirin, 2013). Some believe that services are not truly confidential and do not feel comfortable disclosing such private information (Pierre-Pierre, 2012). Moreover, many are unaware of the services available as well as the variety of problems catered to by mental health professionals (Pierre-Pierre, 2012; Portes et al., 1992; Ryan et al., 2004). As a result, they fail to seek help for many problems, choosing rather to seek out informal sources of help or deal with mental health difficulties on their own terms (Schwartz et al., 2012). In the process, therapeutic services are neglected, and this group fails to get the help they need to combat serious psychological symptoms. Hence, it is essential to consider how misinformation or unfamiliarity with resources might negatively affect help-seeking among Haitians, as both might lead Haitians to neglect mental health services in times of need.

Conceptualizations of Mental Health Problems

***Spiritual conceptualization*.** Religion and spirituality play a strong role in the lives of many and serve many functions across cultures (Nicolas et al., 2007). Haitian immigrants are no exception as religion is very important for many people of this culture (Nicolas et al., 2007). In previous research, religion and spirituality have been found to be associated with improved health outcomes (Hill & Pargament, 2008).

Religion and spirituality appear to play an important role for the Haitian population. Previous research has found Roman Catholicism to be the most prevalent

religious affiliation followed by Protestantism and subsequently, Vodou (Nicolas et al., 2007; Pierre-Pierre, 2012). However, Haitian immigrants may also incorporate Vodou rituals and practices while ascribing to Christian religious affiliations. In their study focused on the utilization of health services by Haitian immigrants, Allen et al. (2013) emphasized the significance of religion/spirituality to the Haitian community, sharing quotes provided in their focus group: "'Physical health is a reflection of spiritual health,' 'Haitians make time for church,' and 'God first, doctors after'" (p. 112). Many Haitians consider physical illnesses as having a spiritual basis, such as being the result of strained relationships with God, offending spirits (which are referred to as "*lwa*"), or punishment for wrongdoing or offending others in the form of a curse (Nicolas et al., 2006; Schwartz et al., 2012).

This belief may extend to their conceptualization of mental health issues. One's help-seeking behaviors may be related to one's conceptualization of the etiology of the illness (Nicolas et al., 2006). For example, Ayalon and Young (2005) conducted a study focusing on racial differences in help-seeking using Black and White community college participants. The authors found that Black students sought out professional help significantly less often than White students and consulted religious services instead. This finding may be significant for Haitian immigrants as well. Conceptualization of the etiology of illness was significant in several studies as religious and spiritual beliefs contributed to how Haitians viewed mental illness, and subsequently, how they sought to treat them (Nicolas et al., 2007). For instance, Nicholas et al., (2006) discussed etiologies of illness – including supernatural illnesses (e.g., strained relationship with God, curses, offended *lwas*), naturally induced illnesses (i.e., due to environmental factors, such as

food – or lack thereof – weather/temperature, gas), and culturally-bound syndromes (i.e., illnesses experienced uniquely among Haitians, such as *Séizisman* – "state of paralysis usually brought on by rage, anger, or sadness, and, in rare cases, happiness"; p. 704) – and how perceived etiology of illness affects Haitians' help-seeking behaviors. That is, many Haitians believe that mental health problems are spiritual problems that require a spiritual solution (Schwartz et al., 2012). This spiritual solution may include prayer, fasting, attendance at church services, or Vodou rituals/ceremonies (Nicolas et al., 2007; Nicolas et al., 2006; Schwartz et al., 2012). In this sense, it appears unnecessary to seek out psychological services because it is thought that such services will not be effective against mental health issues that are believed to have spiritual roots. Thus, Haitian immigrants may seek out the help of a religious leader or authority figure instead.

Minimization of mental health problems. In the same manner that one's perceived cause of an illness determines what treatment they seek out, one's view of problem severity also affects whether treatment is sought at all. Though there is lack of research in this area for ethnic minority populations, the available research suggests that individuals may minimize problems and resign themselves to living with them (Courtenay, 2000; Mansfield, Addis, & Courtenay, 2005). This could be because feeling incapable of handling problems may feel like a threat to one's power and/or status and represent a sign of weakness for some. For Haitians, this may be the case as well, as they may have already lost status and power in their home country as well as through the process of migration to and acculturation in the U.S. Further, the spiritual beliefs described above may have led them to believe that psychological distress is perhaps "God's will" for them or something they must learn to live with and endure. Another

possibility is that each generation may compare their hardship to those before them and minimize their current problems. That is, first-generation immigrants may compare their issues to problems back home and conclude that their problems are not so bad and choose to accept or work through them. Second-generation immigrants, on the other hand, may compare their experiences to that of their parents and decide that their issues are not so bad, and they can deal with them on their own. This minimization of problems may lead to resignation as people accept to live with their mental health problems rather than address them and thus, may represent a barrier to seeking services.

Cultural Values Emphasizing Pride, Self-Sufficiency, and Family Privacy

Haitian families often pride themselves on their ability to hold their own and cope with life's problems. To seek therapy would be to take away from that sense of pride and self-sufficiency (Pierre-Pierre, 2012), which may result in feelings of low self-esteem and/or incompetence. Though these values have not been thoroughly explored with Haitians, Abrams et al. (2009) discussed how such beliefs impact African American women. Specifically, African American women in the study shared a cultural belief that they should "tough it out." They explained that the idea of strong, self-reliant African American mothers negatively impacted their desire to seek mental health services. Moreover, they noted that seeking such services may be frowned upon in the community. Thus, Haitians may also feel that they will be judged for not being able to deal with their own mental health issues.

Further, many ethnic minority groups value family privacy. Abrams et al. (2009) reported that Latino mothers in their study believed that cultural norms related to *familism* discouraged the discussion of depression or mental health problems with

"outsiders" or people outside of the family. Some indicated that they would not do so without securing permission from their husbands. Others shared that if they sought help, they would not share this with their family members for fear of potential judgment and shame related to sharing private information with people outside of the family (Abrams et al., 2009). Thus, while participants encouraged help-seeking from informal and religious sources, as noted earlier in the social support section, help-seeking from formal sources of support was discouraged. Similar to other immigrant groups (Rogers-Sirin, 2013), privacy is highly emphasized in the Haitian culture as many believe what happens in the family should stay within the family (Allen et al., 2013). It is considered unusual and even shameful to air one's issues to "strangers" (WHO/PAHO, 2010) or "*étrangers*" as it would be phrased in Creole. Thus, it places Haitians in an uncomfortable situation to which they may have a difficult time adjusting. If these values are found to significantly influence help-seeking behavior, it will be important for clinicians to be aware of these values and be culturally sensitive to them in treatment.

Stigma

Stigma is a social construct that can be defined as social judgment, devaluation, or rejection based on an attribute or characteristic (Brown et al., 2010). Stigma has been reported as one of the common reasons for failing to seek therapeutic services across the literature (Allen et al., 2013; Ayalon & Young, 2005). People fear being mislabeled as "crazy" or mentally ill. Allen et al. (2013) studied the attitudes, beliefs, and utilization of health services of the Haitian population and found stigma to be a significant factor impacting help-seeking behavior. Gulliver et al. (2012) also mentioned the consequences of stigmatization on help-seeking for mental illness, discussing how stigma has been

found to result in avoidance of seeking professional help. In a meta-analytic study, the authors assessed the results of destigmatizing efforts in intervention trials, which improved help-seeking attitudes in two out of three interventions involving samples collectively comprised of university students fulfilling a course requirement, university student volunteers and community members from specified groups (e.g., teachers, church). Clearly, stigma may represent a strong barrier as to why this population and others neglect help-seeking for psychological issues.

This is potentially even more relevant for the Haitian population as the possible implications of stigma for the Haitian individual may mean greater social consequences for the individual as well as his/her family, as has been discussed anecdotally. Specifically, given the strong family ties and cultural beliefs resembling collectivistic cultures in which an individual is a representative of the family, many Haitians may believe that association with mental health problems may lead to subsequent social ostracization of their families. For example, Haitians may avoid marrying into families where an individual or several members of the family struggle with mental health problems to prevent their own families from being associated with mental health problems. Thus, Haitians may fear not only personal, but also family-level stigma. Indeed, the stigma of mental illness may taint a family's image for years to come, thereby negatively affecting one's social experiences and reducing chances of social mobility, not only for themselves, but also for their loved ones. As a result, further research to assess the potential impact of stigma for the family is necessary.

Additionally, Haitians may fear the impact of stigma on their ethnic group. Allen et al. (2013) explained the negative impact of Haitians being historically targeted for

stigmatizing medical illnesses in previous intervention programs (e.g., AIDS, tuberculosis, etc.) and how this and other factors (e.g., the cultural stigma of mental illness) may adversely affect the use of services or programs, medical or otherwise. Moreover, in his review of the literature, Gary (2005) discussed the impact of stigma and subsequent prejudice/discrimination related to group affiliation and how this may impact help-seeking along with the stigma of mental illness with four ethnic minority populations - African Americans, Native Americans [referred to as American Indians in the original study] and Alaska Natives, Asian Americans, and Hispanic Americans. This author proposed that ethnic minority groups experience "double stigma" and explained that this may further reduce the likelihood of help-seeking behaviors in times of need. For the Haitian population, this may also be true and the stigma faced by this group is even stronger given their triple minority status (immigrants, Black, Creole-speakers) and problematic history in the U.S. (Pierre-Pierre, 2012; Saint-Jean & Crandall, 2005; Stepick et al., 2001). Negative experiences of Haitian immigrants in the U.S. have been well-documented (Stepick et al., 2001), and stigma serves as a reinforcer of the negative cultural beliefs surrounding this group. Further, these negative beliefs have historically been associated with important issues and policies, as this information has influenced labor markets, social relationships, and immigration policies (as previously discussed). Perhaps Haitians perceive themselves to finally be overcoming the stigma associated with their group and therefore choose to avoid actions that may recreate or increase the level of stigma they experience today, as they would not like to find themselves in such a situation again. This then becomes much more than simply avoiding the stigma of mental illness for the individual. Haitians may fear that their personal stigma will extend to their

family or other members of their cultural group. Taken together, the potential consequences of personal, family, and ethnic group stigma converge to make stigma a more significant variable than it would initially appear to be.

Institutional Mistrust

Institutional mistrust results when there is a perceived disconnect between the interests of individuals – in this case, ethnic minorities – and formal institutions. This disconnect then leads members of ethnic groups to question the motives of these institutions and leads them to view actions and policies as unfair and discriminatory, which fosters marginalization from the institution, and subsequently, the society (Hoyt et al., 2012; Omodei & McLennan, 2000). For Haitians, institutional mistrust can arise from a variety of sources: (a) institutional mistrust in Haiti, (b) difficult context of reception in the U.S., and (c) immigration status.

As touched upon earlier, it is clear that Haitian migrants came from a tumultuous government and harsh political regime in Haiti (Désir, 2007; Pierre-Pierre, 2012). They suffered under dictatorial governments under which they were politically persecuted, their freedom was threatened and/or taken away, and they were forced to live under dire economic conditions (Cartright, 2006). Murder, violence, and terror ruled the streets of Haiti and was often caused by the government expected to protect them. Life expectancy dropped, and the deplorable condition of Haiti continued to worsen.

Haitian migrants fled such conditions only to encounter an unwelcome and oppressive experience in the U.S. (Stepick et al., 2001). This difficult context of reception as described above made it difficult for Haitians to progress in American society. Labor markets, social relations, and immigration policies appeared to be oppressive for this

group as some migrant groups were allowed to enter the U.S. under the status of political refugees, but Haitians were denied on the basis that they were viewed as economic refugees (Cartright, 2006; Stepick et al., 2001), despite the dangerous and often life threatening conditions at home. Thus, fears of prejudice and discrimination may linger due to the difficult reception encountered by Haitians in the U.S. Similarly to Native Americans (Venner et al., 2012), these fears of prejudice and discrimination may represent a barrier to help-seeking for Haitians.

Additionally, given the level of governmental distrust in Haiti and the context of reception encountered in the U.S., some immigrants live in the United States without proper documentation and fear being deported should authorities discover their immigrant status. In fact, Saint-Jean and Crandall (2005) examined the use of preventative care by Haitians residing in Miami, FL and found immigration status to be a significant determinant of one's choice to get an annual physical. Allen et al. (2013) reported similar findings for their study with Haitians residing in Boston, indicating that fear of detainment and/or deportation was strong for this group: "When someone has no green card, he is afraid to move in the street, he does not have health care and cannot go to the hospital" (p. 110). Unfortunately, Ryan et al. (2004) found this fear to also be present in Haitians residing in the U.S. *with* legal documentation. Though seemingly unfounded, this fear in the legally residing community may be due to a lingering attitude of mistrust even after being documented in the country (Pierre-Pierre, 2012). Further, the Haitian population appears to have limited knowledge when it comes to U.S. policies with respect to immigration and given the negative reception they often receive, they are often frightful of anything that may represent possible deportation (Cedeño-Zamor,

1999). Thus, for this population, psychologists may represent an extension of that feared government and Haitian immigrants may fail to seek help to avoid the risks and consequences of being discovered.

Haitians also indicated that they do not trust professionals in the medical arena. As mentioned earlier, some Haitians shared that they were later overwhelmed with bills for medical services they initially thought to be free. Allen et al. (2013) explained how these situations have led Haitian immigrants to believe that professionals have "hidden motives and reasons" (p.110) behind helping this population, which most likely reduces the likelihood of help-seeking behavior for both medical and mental health problems.

Conclusions

As previously discussed, there is rich theory in the literature on Haitians that has described the sending context in Haiti and U.S. context of reception that Haitian migrants face. The literature for other ethnic minority groups has begun to look at risk factors (e.g., acculturative stress) for these groups, but one of the greatest limitations of this research is the total lack of studies investigating these processes for immigrant groups, particularly Haitians. While Haitians are a small population nationally, these processes are very significant in several ethnic enclaves, particularly New York, Boston, and South Florida.

Overall, the primary conclusion of this review of the literature is the dearth of studies in this area and the serious need for further research with the Haitian population. Although some research has been conducted with this ethnic group, many research questions remain unanswered and are worth exploring. With regards to this paper, previous literature suggests that Haitian immigrants experience similar stressors to other

ethnic and immigrant minority groups (e.g., economic hardship, acculturative stress) and seek social support from indigenous sources when needed (Benjamin, 2007; Belizaire and Fuertes, 2011). However, Haitians are reluctant to seek mental health services from professionals when indigenous sources are not enough, despite lingering mental health needs (Schwartz et al., 2012). Research suggests that this may be attributable to barriers to help-seeking common among ethnic minorities (e.g., stigma, language barriers, costs, etc.) but also attributable to strong cultural values, the difficult context of reception they have encountered in this country, and ensuing institutional mistrust. Unfortunately, the existing literature is insufficient to draw conclusions for this group as many of the studies pertained to other ethnic minority populations (e.g., Hispanics/Latinos, Asians, and African Americans) and sometimes produced mixed findings.

Goal of this Study

Though it is impossible to address all the issues surrounding Haitian immigration and barriers to help-seeking at once, one can start building a body of literature that will help clarify and provide answers to these questions. This study is the first step in a larger study that will examine barriers to help-seeking among Haitians including (but not limited to): language barriers; costs/lack of health insurance; misinformation about therapy/unfamiliarity with resources; conceptualization of mental health problems (spiritual and minimization); cultural values emphasizing pride, self-sufficiency, and family privacy; stigma (mental health problems, family, ethnic group,); and institutional mistrust. Using focus groups, the goal of this qualitative study is to gather information and understand why such barriers exist and under what conditions in order to address underutilization of services in the Haitian community.

CHAPTER III

Method

Introduction

This chapter will describe how qualitative research—and, more specifically, focus groups–were used to gather information on barriers to help-seeking and why this is an appropriate method to understand why certain barriers to help-seeking exist for Haitians. The selection process for participants, the instruments used, and the procedures employed for this study are explained. There is also a section delineating how the data were analyzed. Lastly, limitations of the study are discussed.

Design

For this qualitative research, focus groups were used, as it is an appropriate method for identifying issues salient for a particular community and generating information that can yield relevant intervention strategies that are culturally and contextually sound (Allen et al., 2013). In addition, it provides participants with a less threatening environment to disclose and discuss their thoughts, perceptions, ideas, and reflections with relation to a particular topic or issue in depth, and allows the researcher to collect data from several people concurrently (Krueger & Casey, 2000; Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Focus groups also allow for unanticipated responses, as participants may build upon one another's thoughts and ideas, thereby sharing information that might not have been obtained otherwise. Moreover, focus groups members can share their perspective of the problem while also generating potential solutions to solve the issue in question (Duggleby, 2005). Finally, much can also be learned from the interactions and potential debates among focus group members, as such

interactions may reveal significant information that could be missed when interviewing individual participants (Madriz, 2000). In this particular case, members of the Haitian community were recruited to provide insight as to why some Haitians may fail to seek services for mental health problems. Given the goals of this study, focus groups appeared to be the most appropriate method to gather information and explore barriers among Haitians. Specifically, focus groups allowed for in-depth exploration of previously mentioned barriers – as well as the addition of new barriers not originally considered for this study – in a less threatening social context. Further, these focus groups were helpful for obtaining personal anecdotes and experiences with mental health services, which enriched the data collected. Lastly, focus groups created an environment where participants built upon others' perspectives, thoughts, and ideas; voiced disagreement when opinions shared were misaligned with their point-of-view; and allowed for the generation of possible solutions for the issues at hand.

Participants

Purposive and, subsequently, snowball sampling methods were used for this study (Creswell, 2008; Polkinghorne, 2005). Purposive sampling involves purposefully selecting participants that can provide rich data to help the researcher learn about and understand the phenomenon in question from the perspective of participants (Merriam, 2002; Polkinghorne, 2005). Thus, certain inclusion criteria were delineated as it was necessary for focus group participants to be members of the subgroup being studied. Participants were asked to participate via a recruitment flyer (refer to Appendix A) developed and approved for this study. Participants had to be first- or second-generation Haitian adults, 18 years of age and older, who read and spoke English fluently. Although

the researcher continued to use purposive sampling as a recruitment method, snowball sampling also occurred as the researcher asked participants to identify and recommend others who qualified for and would be helpful for the study. This allowed for a larger number of participants while maintaining the homogeneity of the sample (Creswell, 2008; Yin, 2003). Overall, participants were recruited from local schools, hospitals, social media sites, and places of worship.

Four focus groups were conducted with 26 men and women, ranging from 18 to 52 years of age (M_{men} = 33.38; M_{women} = 25.33; M_{age}= 27.81). Nearly 70% (n = 18) of participants were women. Though there was a 39% (n = 10) and 61% (n = 16) split of first and second generation participants (respectively), about 73% (n = 19) identified as Haitian American. One hundred percent of participants described themselves as being fluent in both English and Creole. With regards to religious affiliation, 69% (n = 18) identified as Christian – Protestant, 19% (n = 5) identified as Christian – Catholic, 4% (n = 1) identified as both Christian – Protestant and Christian – nondenominational, 4% (n = 1) identified as Christian – nondenominational, and 4% (n = 1) identified as atheist. With respect to education, 4% (n = 1) completed 11th grade but did not complete high school, 8% (n = 2) were high school graduates or obtained their GED, 46% (n = 12) reported some college or technical training or an associate degree's, 38% (n = 10) earned their bachelor's degree, and 4% (n = 1) obtained their master's degree. Income ranged from $10,000 to more than $60,000 per year.

Instruments

A semi-structured focus group protocol was developed for this study (refer to Appendix B). Focus group questions were based on the literature and were used to

discuss issues related to help-seeking and introduce new themes not originally considered by the researchers. Open ended questions were created to explore six major areas (refer to Appendix B). The protocol was reviewed and modified by the Chair, and subsequently, piloted with three individuals who were not participants in the focus group study. No further adjustments were suggested to the protocol during pilot testing.

Procedures

The researcher along with two research assistants completed Collaborative IRB Training Initiative (CITI) for working with human research subjects, and subsequently sought approval for this study from the IRB. Once permission was granted, the researcher and research assistants attended training on how to conduct a focus group session and effectively take notes.

The researcher and research assistants began identifying potential participants for the study based on the inclusion criteria mentioned previously. These participants were provided with recruitment flyers and additional information regarding the study and what it entailed. Upon agreement to participate, four focus group session dates were provided, and participants selected the timeframe that would work best for them.

Participants sat in a circle and were provided with consent participation letters that outlined the purpose of the study, what the study entailed, the data collection process, participants' rights to withdraw at any time, their rights to privacy, and the steps researchers would take to ensure that data remained confidential. Due to privacy concerns with the Haitian group, the researcher reminded participants that no audio/video recording would take place, and any data provided would be completely anonymous. Before beginning the focus group, the researcher answered any questions to ensure all

members were at ease. Groups began with an icebreaker question asking participants what interested them about the topic being studied. Across groups, participants appeared to be at ease, responsive to questions, and engaged with other focus group members. Their shared experiences and perspectives seemed to resonate with one another. As expected, the focus group sessions ran from 60 to 75 minutes. Participants were compensated with a $25 gift card for their participation.

Data Collection

The researcher moderated each focus group while two research assistants took notes throughout the sessions based on instructions provided during the focus group training. The researcher attended to verbal responses as well as nonverbal cues (i.e., nodding, shaking one's head, facial expressions, etc.) to ensure that perspectives of all members were obtained, whether for consensus or disagreement. This led to multiple perspectives as well as the sharing of different experiences of the same phenomenon, which helped with the identification of emerging themes. Research assistants used writing tools or typed careful notes, using shorthand when necessary to capture what participants were sharing in the group. At the conclusion of each group, the research assistants filled in shorthand with whole words (in order to prevent confusion when analyzing the data), ensured identification numbers ascribed to each participant matched between note sets, and discussed any information that might have been confusing. The researcher and research assistants also examined which themes appeared to emerge in each group and, as the groups progressed, considered similarities and differences among focus groups regarding what was discussed. They also reflected on what information was lacking in order to help fill in any gaps at subsequent groups. This process was also

completed by the Chair to ensure sufficient, rich information was being collected from the groups.

Data Analysis

Data were analyzed using qualitative research strategies, specifically, organizing and analyzing data as recommended by Creswell (2012). First, research assistants organized data from each focus group by typing up written notes and filling in shorthand, as previously discussed. Subsequently, a cyclical data analysis process involving reading and memoing the data was used (Creswell, 2012). That is, the researcher read over the data from each focus group individually several times and made notes regarding what was being learned. Several codes emerged from these notes. Coding involves labeling text to help identify patterns and develop themes emerging from the data (Ryan & Bernard, 2003; Saldana, 2013). These codes gave rise to a coding scheme developed by the research team (Please refer to Appendix C).

With regards to the development of the coding scheme, this researcher initially began with some a priori codes, which were developed based on the literature regarding barriers to help-seeking, as discussed in the literature review section of this paper. When new information arose from focus groups that was not adequately captured by existing codes, new codes were developed by the researcher and added to the coding scheme. The researcher then organized the data according to the coding scheme. This process was reviewed by the research assistants for accuracy and reliability. For disagreements, this researcher and research assistants re-reviewed the data as well as the codes in the coding scheme to ascertain which code would be the best fit. On most occasions, the researchers agreed on final placement. In one instance where there was a disagreement, the

researcher classified the data under a code based on the agreement of two out of three raters.

The researcher developed memos for each focus group based on these codes. According to Given (2008), memoing involves the researcher recording reflective notes about what is being learned from research data. As such, this researcher developed notes based on data obtained from the focus groups. These four memos (one per focus group) were then used to identify patterns and develop the themes. According to Ryan and Bernard (2003), themes are "abstract (and often fuzzy) constructs that link not only expressions found in texts but also expressions found in images, sounds, and objects (p. 87). In this case, codes and patterns were reviewed by this researcher and the research assistants to determine which codes were consistently emerging across memos to understand what constructs (i.e., themes) may have been tying them together. The researcher subsequently consolidated these constructs or themes into an overall presentation of results in order to report findings.

Three broad themes emerged that encapsulated the most prominent barriers that arose in this study: (a) beliefs related to seeking mental health services, (b) cultural values and help-seeking, (c) education and awareness of services and help-seeking. In addition, generational differences in barriers to seeking mental health services were outlined. These themes and generational differences will be further discussed in the following chapter.

Trustworthiness

In order to preserve trustworthiness of this study, expert review, piloting, and member checking took place. Expert review involves having experts critique aspects of

the study that can be improved (Simon, 2011). In the present case, the Chair (who has extensive experience conducting focus groups and has worked with Haitian individuals) reviewed the focus group protocol and made adjustments to reduce bias, clarify content, reduce wordiness, avoid technical jargon, and collect appropriate information for this study.

The protocol was then piloted with three Haitian individuals. Piloting refers to a small-scale study that allows for identifying potential issues related to data collection procedures and making necessary adjustments prior to embarking on the main study (Kim, 2011). In this case, piloting was used to identify and modify potential issues with the focus group protocol. Pilot participants consisted of two females and one male, all of whom spoke and read English fluently. One individual was first generation Haitian-American, and two of them were second generation Haitian Americans. These individuals did not recommend any modifications to the protocol and indicated that procedures were clear and appropriate. Moreover, no procedural problems arose during pilot testing of the protocol.

Member checking occurred within each focus group session. This involves the process of reviewing the transcripts (in this case, researcher notes) with participants to confirm that what they said was accurately recorded and appropriate interpretations are being made by researchers (Creswell, 2008). Given that participants were anonymous and did not provide any identifying or contact information, the researcher checked in at the end of each question on the protocol in order to ensure that the proper summaries and interpretations were made. Notes were taken regarding what was accurate. In cases where participants indicated additions, edits, or disagreements, the researcher obtained more

information and confirmed that the final interpretation was what was intended by the participants. These notes were then used to make edits to the final set of researcher notes.

Ethical Considerations

Creswell (2008) discussed the importance of ethical considerations, particularly for qualitative research, given the higher level of interaction and shared responsibilities between the researcher and participants. Accordingly, for this study, steps were taken to reduce ethical issues by following IRB guidelines as well as providing consent participation letters prior to beginning the study. Participants were informed of what the study entailed, how their privacy would be protected, the risks and benefits associated with the study, and their right to withdraw at any time. They were also informed that only the researcher and members of the research team would have access to study data (which was collected anonymously). Further, participants were told that information collected during the study would be destroyed 36 months after data analysis was completed, and electronic records would be kept indefinitely. They were also offered the opportunity to ask questions prior to their participation and additional questions at any time.

The research team took care to keep data deidentified throughout the focus groups. Participants were not identified by names or any other identifying information in focus group notes. Participants were each assigned a number during each group. These numbers, along with the gender and generation of the participant, allowed research assistants to group data associated with each participant throughout the notes, but these identification numbers were not linked to participant names at any time during the study.

The researcher also informed participants that support and resources were available should anyone feel any emotional discomfort during the study, and the research team remained attentive to address any emotional discomfort should it have arisen. In the case where a participant asked for therapy resources, the researcher provided this participant with referral information to seek services.

Potential Researcher Bias

Researchers evidence a level of bias as they hold their own reasons for wanting to conduct studies on particular research topics (Creswell, 2008). The researcher, a 26-year-old Haitian female, was concerned with the lack of help-seeking among Haitians as observed in her practica rotations for her clinical psychology program. The researcher had her ideas at the time about what barriers might have prevented Haitians from seeking services when they need professional help, which influenced her literature review process. That is, the researcher developed potential barriers based on her own experiences with the Haitian community and used this as a starting point for research.

However, to help ensure the inclusion of every conceivable barrier, the researcher reviewed the barriers developed for this study with the Chair. The researcher then consulted the literature for information related to new barriers suggested by the Chair. These barriers were then reviewed by expert raters under a separate project. These expert raters identified additional barriers, which were considered and added to the existing barriers. A final step to reduce potential bias was to run these barriers by focus group participants to ensure that they encapsulated barriers faced by Haitians. Focus group discussions led to the addition of several other barriers, which were identified by the

researcher, research assistants, and the Chair. These additional barriers were included in the findings of this study.

There was also a potential for researcher bias in conducting the focus groups. In order to minimize this risk, the research team underwent focus group training prior to conducting the focus groups (Berkowitz, 2016; Dumka, Gonzales, Wood, & Formoso, 1998). This training focused on moderating the discussion appropriately, avoiding technical jargon, noticing nonverbal cues, reducing biased responses, eliminating leading questions, note-taking efficiently, and refraining from participating in the discussion. These techniques and strategies were role-played under the supervision of the Chair. Feedback was provided to the research team in order to minimize the effect of potential researcher bias in the groups.

In conducting the groups, the researcher felt a strong level of comfort discussing the topics of this study, which was also reported by the research assistants. Though this was helpful for facilitating discussion, this researcher and research assistants may have missed important areas of further inquiry which are generally considered as understood in the Haitian community. In addition, the researcher and research assistants were all of Haitian background and spoke both English and Haitian Creole. This may have led to the researcher and research assistants being perceived as in-group versus out-group members and resulted in a higher comfort level for participants with respect to discussing certain topics. Still, it is also possible that it may have resulted in participants failing to share certain types of information (e.g., seeking services in the past) because the researchers were of Haitian background (for example, if participants assumed that researchers subscribed to Haitian cultural beliefs discouraging help-seeking). Thus, having

researchers be in-group members had many advantages, but perhaps also disadvantages that must be carefully considered.

CHAPTER IV

Results

Introduction

The Results section is organized around three major themes that encapsulate the barriers to help-seeking that emerged during focus group discussions: (a) beliefs related to seeking mental health services, (b) cultural values and help-seeking, (c) education and awareness of services and help-seeking. More specifically, beliefs related to seeking mental health services included religious and spiritual beliefs (e.g., spiritual conceptualization of mental health problems) and seeking help from spiritual leaders or healers; beliefs about therapy and therapists; beliefs related to social consequences of help-seeking; and beliefs about the trustworthiness of institutions. Cultural values included minimization of mental health problems and the importance of accepting problems as an inevitable part of life. Participants also described a lack of knowledge about mental health problems and how therapy might help and a general lack of awareness of services offered in the community. Participants further described generational differences in barriers to help-seeking, noting that first and second generation Haitians likely view many of these barriers to help-seeking differently. These barriers to help-seeking will be described in turn throughout the Results section, followed by discussion of potential generational differences in barriers to help-seeking. Moreover, certain themes evidenced some overlap and interacted with each other to influence help-seeking, and these relationships will be described in the Discussion chapter.

Beliefs Related to Seeking Mental Health Services

Participants collectively indicated several beliefs related to their likelihood to seek services both from professional mental health providers and spiritual leaders. Specifically, religious and spiritual beliefs, beliefs about therapy and therapists, beliefs related to social consequences of help-seeking, and beliefs about the trustworthiness of institutions were all mentioned as possible influences on intentions to seek mental health services. These beliefs will be further explained below.

Religious and Spiritual Beliefs

Religious and spiritual beliefs were said to play a role in Haitians' help-seeking behaviors mainly through conceptualization of mental health problems. Participants shared that Haitians' conceptualization of the problem often influenced which solutions were sought out. More specifically, participants noted that spiritual conceptualizations of mental health problems led to seeking spiritual solutions and sources of support. The perceived advantages and disadvantages of spiritual solutions were also discussed with the intention of broadly extrapolating these advantages and disadvantages of spiritual solutions to the mental health arena to understand potential facilitators (advantages) and barriers (disadvantanges) that may additionally influence professional help-seeking among Haitians. Finally, the reactions of focus group members to these beliefs were also considered, as many strong opinions were voiced regarding this topic.

Conceptualization of mental health problems. Spirituality and beliefs about potentially supernatural causes of mental health problems were raised across all four focus group sessions as issues that likely influence help-seeking behaviors. Specifically, all participants indicated that Haitians tend to give many problems a supernatural

explanation and/or solution. Participants consistently endorsed this as a widespread belief, even if they did not subscribe to it themselves. One participant noted:

> They associate their problems with a supernatural dimension, and I think that's how they understand human behavior; whatever you can't explain or understand you just give it another dimension, throw it up into the sky and the sky will fix it.

Often times, this explanation relates to religious behavior and/or Vodou beliefs, which are both big parts of Haitian culture.

With respect to religious behavior, participants explained that many Haitians believe that feeling good and having a perfect life are attributable to regular church attendance and religious/spiritual behavior. One participant expressed: "Personally, for me, when I'm far away from God a lot of answers aren't answered; but when I stay in church, I feel better." Conversely, all participants also noted that mental health problems and illnesses are considered by many Haitians to be punishments from God, "payback" for living in sin, or negative consequences of sinful behavior. One participant shared that his family did not reference the New Testament (focused on grace) as much as they did the Old Testament (focused on the law) in the Bible. He explained that this referencing led them to assume that if someone had a mental health issue, something was wrong with the person or he/she did something wrong that led God to punish him/her in this way.

Across all groups, 61% of focus group members – including both first and second generation participants – shared a different perspective, indicating that sometimes problems are just a part of life or consequences of one's actions (e.g., not doing well in school because did not study enough, not because being punished for some transgression). Though many participants themselves disagreed with the perspective of mental health problems being punishment for bad behavior, they acknowledged that such

beliefs were pervasive in Haitian culture and have subtly influenced how they themselves think about problems. For example, though an example directly related to mental health problems was not provided, one participant described an illustrative experience with her brother:

> That happened to my bro. My mom said, 'Let's go to church.' He said he's going for a walk. My mom said, 'You're not going…okay [*in a warning tone*].' When we got home he wasn't there. We later found out he was hospitalized 'cause he got bit by a dog. And the first thing my mom said was '*Sa-m te di-ou*?!' [What'd I tell you?!]. I was like 'That's irrational' but another part of me said, 'You should have went to church!'

This participant describes not fully believing that her brother's hospitalization was due to failing to attend church (e.g., 'That's irrational'), yet the example above illustrates how she might nonetheless be subtly influenced by the beliefs of their community (e.g., another part of me said, 'You should have went to church'). When asked about what factors might contribute to these beliefs, participants collectively stated generational differences (to be discussed in a later section), personality differences, closed-mindedness, and one's perception of God.

Participants also discussed how many Haitians also conceptualize problems as being a result of Vodou practices. Specifically, a couple of participants mentioned that mental health problems are often thought of as a curse or a spirit being "thrown on you" as many Haitians will express statements such as "*se lwa k gate-l*" (the spirits messed him up) when symptoms of medical or mental health problems are present. Across groups, all participants discussed this concept or agreed. One participant verbally expressed her frustration with such beliefs: "Every sickness has to do with Vodou, like God don't give sicknesses anymore." An additional participant stated, "Another big thing in our culture is Vodou. So, if you're going through something they automatically think

it's a spirit that was thrown on you." One more participant shared the link between Vodou and help-seeking: "If they feel like the child has a ghost or evil spirit on them, then you can't treat that medically. You can't go to the doctor. You have to bring the child to church. Medication won't fix that." Participants also discussed the possibility of Haitians being labeled as demon possessed or victims of Vodou practices when they exhibit symptoms of mental illness, which can have fatal consequences. One participant shared an example in which a woman living in Haiti killed her two-year-old son around midnight with a machete because he would not stop asking for food because he was hungry. Though the participant conceptualized this as a potential case of postpartum depression, she noted that Haitians in the area perceived that the lady was possessed by a demon and burned her alive as a result.

Focus group members also explained that some Haitians conceptualize problems as issues that can only be addressed by God: "[Haitians] don't think other human beings can solve their problems; humans are incapable of that." This participant further indicated that only God is believed to be the solver of problems. In keeping with this belief, many participants across groups indicated that many Haitians attempt to pray their problems away: "He [God] always comes through," stated a first generation participant. One participant also shared that in some cases, it is not personal religious beliefs about God being a problem solver that impede help-seeking, but the beliefs of one's faith community. That is, members' affiliation and religious beliefs may be a barrier to seeking help from mental health professionals, to which other participants agreed. One provided an example, sharing that this could occur if the messages conveyed by preachers

influence congregational members not to seek help. Another participant also explained that some religious groups' beliefs inherently discourage particular kinds of help seeking:

> Jehovah's Witnesses refuse to take blood from others; and I've seen patients die because they refused to get donated blood. I'm not saying to set aside what you believe, but at the same time, how can you tell them 'I know you believe in this, but what about thinking this way?' But then they feel like we're saying they're wrong.

These concerns were echoed by other participants as religious and spiritual beliefs such as this have led Haitians to believe acceptance of a situation is more beneficial than attempting to address it. One participant explained how she feels like the "black sheep" of her family: "They're always saying, 'This is what it is. You need to accept it. Nothing's going to change.' So, I started to think I have to accept how things are or I'm going to go crazy." Another participant expressed: "You have to accept what life brings your way, and move on."

Some also discussed the role of spiritual beliefs and how what preachers say can lead to resignation among congregational members because they may accept certain mental health issues or illnesses as being "God's will." Some of this resignation was present among participants as one shared, "If God gives me something, rather than my sister, then it is because He thinks I can handle that. That's how I can solve that problem. I know I can handle it better than others."

Participants further discussed that in some cases, Haitians do not limit their spiritual solutions to one faith or the Christian faith, which may lead to a mixture of Vodou and Christianity. That is, participants explained that some Haitians will at first seek help through the church, prayer, or by going to a spiritual leader, but will then seek help from an *hougan* or *mambo* (Vodou priest and priestesses) and hide it if they feel like

"God is taking too long." One participant expressed that sometimes this mixture will affect Haitians' behavior if they are not balanced in their perspective:

> Like that concept, I've seen people take it to the extreme, like if you don't say your three prayers, a bullet is going to fly by outside and kill you; there needs to be a balance. Reading your Bible, praying is important, and yes the Holy Spirit can protect; but on the same hand, there could be negative things that you'll go through because it's a test or it's the consequence you have to pay.

They further explained how sometimes spiritual solutions (such as prayer) were sought for a child being gay as that is seen as shameful and as a sickness in Haitian culture. Parents might perceive and say "*M-pedi pitit mwen an*!" or "I lost my child!" and resort to prayer ("*Ma priyé pou ou*"), especially in Christian communities. However, according to one participant, Vodou communities appear to be more accepting and embracing to gay populations than Christianity.

Of particular note, there were two different schools of thought represented in this spirituality section. There were some participants who explained that Haitians tend to consider spiritual conceptualizations of mental health problems, which influences their help-seeking behaviors. They indicated that most Haitians seek out spiritual solutions to fix what they consider to be a spiritual problem. However, though some focus group members acknowledged the utility of spiritual solutions, most participants indicated that sometimes these spiritually based solutions are not enough: "There's a place for it, to speak to your pastor, but there's a practical step to it too, so I can have skills to help me process [my problem] better." One participant shared a personal experience where she felt she needed more than just spiritual help:

> A couple of months ago, I was going through stuff, and my mom couldn't understand what was going on with me. Then my mom came and said she had to pray for me cause 'something was wrong with me.' And I was depressed, so I was like, I need help.

Nonetheless, participants ascribing to this second school of thought did acknowledge there may be a level of fear to seeking out solutions that are not spiritual in nature. Some Haitians may believe they will be punished if they do not pray first and take care of their problems themselves. One participant explained that for Haitians, it is as if you cannot seek both spiritual and mental health options. If prayer to God is not the only solution, then one is considered to be weak-minded, as prayer to God should be the only solution considered. That is, seeking other solutions implies that one is not spiritually strong, lacks faith, and does not trust that God can solve their problems: "So you're saying God can't do it?"

However, in some cases, depending on symptom severity or severity of circumstances, a couple of participants acknowledged that first generation participants do realize that "you can't just pray anymore" and help at the hand of a professional must be sought. One participant explained, "So, my mom, for her, she finally kind of caved in. She didn't want him [the participant's brother] to go to counseling, but once he pulled out knives, she realized you can't just pray anymore." All participants across both schools of thought additionally indicated that they believe that you can do both (i.e., seek both spiritual guidance and mental health services) and that God has placed people with certain skills (e.g., psychologists) there to help you: "Maybe God is telling you to pray and then go get help."

In this way, participants collectively accepted that both the conceptualization of the problem as well one's religious beliefs can play a role in one's decisions to seek services. They indicated that if one's belief systems regarding causes and solutions of mental health problems are favorable towards receiving help for mental health issues,

there is a higher likelihood that Haitians will seek services. However, focus group members noted that if one's belief systems generally view mental health problems as spiritual in nature, then those individuals would be less likely to seek services.

Participants also noted the importance of spiritual leaders and healers for addressing mental health problems among Haitians. Based on accounts from first generation Haitians they know, participants explained that many Haitians view Vodou priests or religious leaders as "psychiatrists" for people living in Haiti. Participants further indicated that Haitian immigrants may transfer these beliefs and traditions to the U.S. and seek help from spiritual leaders (e.g., Catholic priests, pastors, clergymen, etc.) and Vodou priests, priestesses, and healers (e.g., *hougan, mambo*) when experiencing mental health problems, which would hinder seeking help from mental health professionals.

Overall, all participants noted the importance of understanding spiritual conceptualizations of mental health problems, which are widespread in Haitian culture. However, many participants shared that they do not fully subscribe to these beliefs. For these participants, mental health problems were not considered to necessarily be a punishment for lack of religious involvement or lack of faith. Rather, most believed that spiritual wellness (e.g., attending church regularly, praying, reading the Bible, etc.) helped them feel more equipped to handle life's circumstances. They noted, however, that this is not the case for many first generation Haitians who believe mental health problems to be spiritual in nature and related to bad behavior. Focus group members shared that as a result many first generation Haitians will default to prayer (which is said to work well) or default to a spiritual leader or healer when they need help or to handle all

kinds of problems, including emotional or mental health problems. While the perceived effect of prayer was previously mentioned, the perceived role of spiritual leaders or healers has yet to be addressed. Thus, the perceived advantages and disadvantages of seeking help from spiritual leaders or healers will be discussed below.

Seeking help from spiritual leaders or healers. Participants across focus groups further discussed advantages and disadvantages of seeking help from a spiritual leader or healer. Understanding the advantages of alternate sources of support will provide some insight into the needs and preferences of the Haitian community that might be lacking in professional mental health services and inadvertently serve as barriers to help-seeking. Thus, they merit exploration and will be included below.

Spiritual leaders (e.g., priest, pastor, clergyman) were described as helpful, not only because they could address spiritual issues, but also because they are more affordable or free; have established relationships and trust with potential clients; are generally viewed as more credible than an unfamiliar psychologist; can give good advice (e.g., pray, have faith, etc.); have the spiritual gift of perspective from God; provide guidance to truth or an honest opinion that could help people reevaluate and challenge themselves; can function as coaches who help you learn how to heal yourself; provide relief (with regards to confession with assurance of confidentiality), support, and encouragement (i.e., "magical potion" of "God will take care of it, and you'll be ok"); and can be helpful in determining whether help from a mental health professional is necessary or not, providing referral information if necessary. One participant also mentioned the placebo effect that could result from being helped by a spiritual leader: "Placebo effect is very real and very important, if you're saying the impact of the

spiritual leader. If the person thinks they're being helped, that's a good thing," said one participant. Another participant also explained that seeking help from a spiritual leader might allow Haitians to avoid negative feelings as some feel guilty if they go to the "secular world" for help rather than God. In other words, seeking help from professionals outside of God or spirituality implies that God is not enough.

When considering advantages of seeking help from a spiritual healer, such as a Vodou priest, a participant shared an experience where a friend of hers, though no longer involved in Vodou, acknowledged the importance of a Vodou priest growing up in Haiti:

> There were children dying left and right, and there was a [Vodou] priest who handled everything good and bad… You and I were born into different worlds. You had a protective environment, but mine's wasn't like that. Being sick, everything that is abnormal, seeing a priest, this is a resource for the community.

Other participants supported this statement, and one focus group member reiterated that perception is reality. Another member added to this, stating that the priest naturally takes the role of the psychologist and doctor for those who seek him out for health and mental health problems. Other advantages shared by participants regarding seeking help from a Vodou priest included the placebo effect of taking a remedy provided by a Vodou priest and how one might be positively affected by it.

At the same time, participants across focus groups described some disadvantages to seeking help from a spiritual leader. Though knowing the person one is seeking help from was previously mentioned as an advantage, this was also viewed as a potential disadvantage due to the possibility of judgment from the spiritual leader and being held to certain religious/moral/spiritual expectations: "Like if you have a sex addiction, you may not want them [spiritual leaders] to know since they preach 'don't have sex before marriage.'" There was also a fear of loss of confidentiality, as spiritual leaders are not

bound by HIPAA laws like other professional agencies, as noted by four participants. Additionally, one participant feared the entire church being made aware of her situation and trying to pray for her or "cast out demons." Lack of structure was also mentioned as a disadvantage, as spiritual leaders may not have a set method for addressing mental health problems.

Participants were also concerned that spiritual leaders might tell people something they want to hear rather than something they need to hear, preventing them from truly seeing themselves as they are:

> [I wouldn't prefer] anybody who doesn't guide me to truth. Like, I'd prefer a Christian counselor, but I've seen some of them who didn't lead me to truth. I'll take whoever will guide me to truth. I've seen a Buddhist therapist and he used the story of Balaam and his donkey to lead me to truth. So, a negative is when the person isn't truly led by the spirit, they may lead you away from the truth. So many distractions will keep us from truly looking at ourselves.

Participants were also concerned about subjectivity, as they mentioned spiritual leaders may also guide people away from the truth based on the belief systems they subscribe to:

> Another disadvantage is that it's difficult for a pastor to not give you advice based on his beliefs and how he was brought up or taught to see the world. So, there is a level of bias in their advice to you. Like a Pentecostal would give different advice than a Jehovah's Witness. Like I can go to a pastor and the advice he gave me doesn't help, but if I go to another it may help.

One participant added that spiritual leaders might only focus on the spiritual aspect of a problem rather than viewing it holistically, thereby neglecting the mental health component. As a result, this participant was concerned that people might not get the help they need (e.g., spiritual leader cannot provide medication if there is a chemical imbalance). Participants also explained that spiritual leaders might not be qualified to deal with certain problems, as some problems are mental health issues rather than

spiritual issues: “You have to know to give,” or “They may just pray over it [the issue].” In these cases, a spiritual leader might only provide scriptural advice, whereas a mental health professional could provide a broader view of things. These aforementioned reasons tap into beliefs about the spiritual leaders’ level of expertise, as participants appear to be questioning the quality of advice or guidance provided by spiritual leaders, as well as their ability to address mental health problems.

With respect to spiritual healers, one participant shared that a disadvantage may be the natural remedies recommended as a solution. This participant explained that a natural remedy obtained from a Vodou priest may be harmful if there is a chemical imbalance or other health issues (e.g., high blood pressure) present. Another participant also stated that help from a Vodou priest also may not be appropriate for every situation.

Overall, this section reported results on beliefs related to help-seeking, including religious and spiritual beliefs. To summarize, religious and spiritual beliefs influence the conceptualization of mental health problems for many Haitians and, accordingly influence what solutions are sought for mental health problems. In addition, spiritual leaders and healers may also be sought out for help with problems perceived to be spiritual in nature. Though spiritually-based solutions and leaders were reported to have their advantages (e.g., affordability, established rapport and trust, good advice, honest feedback, support, encouragement, etc.), they were also reported to have disadvantages (e.g., possibility of judgment, loss of confidentiality, subjectivity, etc.). Additionally, different perspectives were shared regarding first and second generation Haitian Americans’ use of services. Though first generation Haitian Americans were reported to generally believe in spiritual solutions alone, second generation Haitian Americans were

reported to believe in seeking spiritual solutions in conjuction with mental health services. While Haitians may reach out to spiritual leaders and healers for assistance with mental health issues, participants shared potential advantages and disadvantages to seeking help from these figures. In addition, these advantages and disadvantages reflected concerns that may be present when seeking help from mental health professionals as well. Thus, beliefs regarding therapy and therapists will also be further expanded upon below.

Beliefs about Therapy and Therapists

Participants across all four focus groups mentioned several beliefs about therapy and therapists that might shape barriers to help-seeking. Namely, beliefs about cultural competence, professional education, cost effectiveness, and therapists' ability to gauge emotional readiness were all factors that played a role in Haitians' likelihood to seek services.

With respect to cultural competence of therapists, participants either stated or agreed that it is important for a therapist to be familiar with Haitian culture when seeing Haitians for mental health services. They explained that many Haitians avoid services for fear of embarrassment, particularly if a therapist is not of Haitian background. Additionally, many participants shared (and the remaining agreed) that Haitians fear judgment from those who do not understand or cannot relate to Haitian culture and norms:

> I think the people who are providing services need to understand the culture, especially if it's a White person. They need to know something about Haitians. Like, my own dad was very ignorant; he refused to see any White person 'cause he figured they won't understand.

Thus, Haitians (first and second generation alike) do not believe that therapists will provide competent and appropriate services if they are unaware of and lack understanding

with respect to Haitian culture as Haitians tend to be set in their ways when considering culture and values. One participant shared that advice obtained in therapy is not always culturally sound and cannot always be applied to a Haitian household. For example, if advice is not consistent with Haitian culture, it could result in serious consequences, to which other participants agreed: "If I take their [psychologists'] advice, and I get kicked out of the house, I wouldn't like that."

Participants also voiced concerns about therapists being able to address the spiritual aspect of culture, which was determined to be very important, as described earlier. Participants generally agreed that psychologists who are unaware of Haitians' cultural and religious beliefs cannot be of help to a Haitian who thinks about things in a supernatural or spiritual way: "What matters to me may not matter to you, but you need to consider what shakes me, and what does not shake me," said one first generation participant. Five participants continued to explain that Haitians perceive most mental health professionals as not believing in God. This serves as a strong deterrent to seeking services because Haitians do not believe that their religious beliefs would be incorporated in treatment: "I don't think Haitians would seek their help because they [psychologists] don't base anything [psychology-related] off of religion. They base it on science." Stemming from that, some participants explained that even with medical doctors, many Haitians will seek out practitioners with a spiritual side because that helps establish trust. Specifically, they indicated that Haitians fear that they will not be treated well, with respect to courteousness and receiving appropriate treatment, if mental health professionals lack a spiritual background.

Across focus groups, several participants suggested a Haitian therapist might be helpful to resolve this issue, but others disagreed that this would completely resolve concerns of competency. Participants noted that Haitian therapists might be helpful given their shared language, shared cultural background, and the ability to empathize with Haitian experiences. Conversely, Haitian therapists might not be helpful if there is a fear of judgment with respect to presenting problems considered taboo in Haitian culture. It was also noted that Haitian therapists might not be helpful if they are providing clients with a familiar perspective, given their shared Haitian background. All participants agreed that both extremes could exist but indicated that the most important thing with respect to competency is for therapists to be familiar with and understand Haitian culture, as it is different from American culture, and to consider culture when developing therapeutic interventions.

Professional education also contributed to a positive impression of therapists as well as perceived competency. Collectively, several focus group members shared that because of therapists' education, they can provide a nonjudgmental environment conducive to venting, help Haitians see things objectively and provide unbiased advice, teach coping skills, help clients find healing for traumatic experiences, provide medication when necessary, and foster emotional wellness. One participant stated:

> It is beneficial to pour your soul out to a complete stranger. And it's not biased advice 'cause they don't know you, whereas your parents are biased. It's more genuine in a sense, they're seeing you as you are, the feedback is more effective, [more effective] than if you go to your parents who think they know you, and they'll just say 'you're stressed.' They'll minimize that stuff. And sometimes those emotions, only you can feel it. Like for Haitians, they just think to be depressed is to be sad, but in reality depression is more than that, but they don't see it that way. It's just a matter of being educated, but if you're not, you stay closed off to it.

Along those same lines, three participants voiced some concerns about unskilled therapists and incompetent therapy, particularly if results were not evident right away, to which other participants agreed. One participant in the third focus group stated:

> I have this feeling that if someone has never had anyone to talk to, and someone recommends they go see a psychiatrist, and then they're tied to the psychiatrist, then they find their sense of existence in that person and they rely on that person too much, that can be a disadvantage. Like, you shouldn't need a psychiatrist for the rest of your life unless it's a serious mental issue.

Another participant added to this thought, saying:

> I agree, cause the goal is for them [clients] to become independent at some time. Here's my pet peeve, I don't like the ones that literally, sometimes they'll sit there, and like…you don't have to take 20 sessions to get to the goal. Like, there's no traction being made, you know? [Do] whatever can make the process more efficient. Like they'll say 'Okay the hour is up,' and you can tell they're trying to drag it out. Maybe it's because they're not educated enough…the unskilled therapist. But, I don't know. The professional should be able to help the person to grow so they can eventually leave [therapy].

Thus, in this sense, therapist competency was also tied to fears of dependency on the therapist, which is considered a disadvantage. To elaborate, dependency is generally perceived as a negative in Haitian culture given Haitians' strong values of pride and self-sufficiency (to be discussed). In addition, focus group members' comments suggested a preference for brief therapy models. This information might be helpful for choosing appropriate treatment modalities for use with Haitians.

Another concern related to therapists and therapy was costs. Although participants across groups were concerned about being able to afford therapy with or without insurance, three focus group members were even more concerned about paying for services that might not be helpful, and other participants agreed. One expressed, "The results might not be seen right away […] Like they may feel like, 'I'm putting my money towards something, and I'm not seeing the results right away, so […] what's the point?'"

A couple of participants also echoed concerns that they might not be able to handle the truths that they learn in therapy or not be ready to take the next step as advised by the therapists. One participant explained that sometimes people might not be emotionally ready to deal with certain situations or cannot take practical steps toward a goal because of their situation. This participant was further concerned that in such cases, truths uncovered in therapy could push clients over the edge, indicating a lack of confidence that therapists can uncover truths in a reasonable, safe timeframe and guide clients through treatment appropriately. One focus group member also explained that some Haitians may disagree with therapists with respect to what is wrong with them, but therapists might insist on the veracity of their conclusions. One example provided by a participant explained that if a therapist believes a problem to be a mental health issue, but the problem is actually spiritual in nature, then the psychologist is limited in what they can do to help. Four other focus group members agreed, sharing that psychologists have their own domain. This suggests that there are sometimes doubts with respect to the competency of the therapist to accurately assess the problem, which likely serves as a barrier to treatment.

Overall, beliefs about therapy and therapists, particularly with respect to cultural competence, professional education, costs of services, and therapists' ability to work with clients, were reported to play a role in the use of services. Participants described similar beliefs regarding advantages and disadvantages of therapy and therapists as reported for spiritual leaders and spiritually-based solutions. Thus, these concerns appear to be shared across providers and their respective services.

Beliefs Related to Social Consequences of Help-Seeking

Labeling/stigma appeared to be one of the most prominent barriers for most Haitians according to participants across all four groups. Participants noted that people are viewed as weak if they seek out mental health services, and there is a constant concern of being labeled as "*fou"* or "crazy." All participants agreed that in Haitian culture, even doctors will label someone as "crazy" if they seek help for mental health issues, which is a strong deterrent for help-seeking as many will not seek help to avoid these labels: "In our culture [Haitian], when somebody is labeled as being crazy, they just put you in a center, and you're isolated. So, you're no longer a part of the society; there's nothing to help you overcome your problems." Another participant stressed that though a recommendation from a family member or friend is usually a facilitator for seeking services in America, Haitians will not seek treatment if someone makes them feel "crazy" when suggesting therapy.

While the previous participants discussed the role of stigma in Haiti and the U.S., one participant shared her personal experience with stigma within the Haitian community residing in the U.S.:

> I have been diagnosed with anxiety disorder and depression; I know what it is to have stigma in the Haitian community, among my family […] When they hear that word they think of crazy, but that's not true, everybody has a mind and everybody can lose their mind […] Anything can cause a psychotic break.

In this sense, stigma did not only bring social consequences for the family, but within the family as well. One participant indicated that many Haitians (particularly second generation) will not seek help to avoid making their family "look bad" in everyone's eyes and avoid judgment from their family members:

> Appearance is everything. You have to look a certain way because if one thing goes wrong with your family, everybody is going to find out. Especially Haitian mothers, they care a lot about how people are going to view you. They fear being

> judged about their skills as a mother if you turn out badly. So, they may even try to sway you from doing that [seeking help].

As a result, focus group participants across groups stressed the need for privacy in such cases. A couple of participants in two of the focus groups noted that their parents and other family members are unaware that they are seeking psychological help. They indicated that they and other Haitian Americans they know are trying to avoid the stigma and judgment they will receive for choosing to seek out and receive mental health services. These participants further asserted that if Haitians are assured that the mental health services they receive will not be shared with family members (who are opposed to help-seeking), it will increase their intentions to seek services. The other participants present in these two groups agreed.

Focus group members in one group also mentioned that Haitians fear negative labeling and judgment of their ethnic group from Haitians and non-Haitians alike. They did not really speak to the consequences of such labeling and judgment in more detail, but indicated that it is enough to prevent Haitians from seeking help because they do not want Haitians to be viewed in a negative way by other ethnic groups.

However, there was also a general consensus across two groups that the stigma related to seeking mental health services has begun to lift for Haitian Americans, and they are more comfortable talking about mental health as they are educated, exposed to mental health issues, and as they observe how mental health is considered in the U.S. These participants suggested developing U.S. policies that ensure regular mental health checkups, such as is done for doctor or dental visits, to reduce the stigma of mental health problems. Thus, though stigma is a significant deterrent to seeking services, removing the stigma via awareness and education may improve intentions to seek services.

In sum, there were strong beliefs related to social consequences as there is a strong stigma associated with seeking mental health services. This stigma not only affects the individual, but also affects the family, and to a lesser reported extent, the Haitian group overall. While participants described stigma as being a strong barrier to help-seeking, it was also noted that destigmatization efforts via awareness and education could serve to help increase intentions to seek help among Haitians.

Beliefs about Trustworthiness of Institutions

Participants across three groups explained that Haitians do not trust easily, making institutional mistrust a significant barrier to help-seeking. This general sense of mistrust was pervasive and present in several domains, particularly among first generation Haitians. Participants shared that some Haitians are afraid of jeopardizing their immigration status and getting sent back to Haiti. One participant explained how, like many islanders, Haitians think that Americans, particularly the President, are not doing anything to help them:

> I guess the relationships between any islander and America…they [islanders] don't get treated right. They always think Americans want to have all the money. They're always complaining the president isn't doing anything to help us. And it goes back to when they were trying to win independence back in 1804.

Another participant elaborated, stating that Haitians come from "a corrupt country" where the police and government are corrupt and where the wealthy are treated better than the poor. Thus, Haitians can carry that perspective to the U.S., leading to institutional mistrust:

> They come from a corrupt country, where the police are corrupt…so they can carry that mentality here. Plus, the language barrier is an issue and nobody will sit with them (Haitians) and help them understand the laws in the country. So that also plays a role in terms of how they understand medicine.

As a result, Haitians do not trust Americans and are not open to their way of life, including their food, their culture, and child-rearing. They end up carrying an "us" versus "them" mentality, to which other participants agreed: "Like they see themselves as Haitians and everybody else is *moun blanc* [white people]. It's like you're just in the other category: White, Hispanic, Asian, they're all the same."

Focus group members discussed how mistrust carries over to medical and mental health professionals as some Haitians believe that doctors are more concerned with making money rather than helping people. Accordingly, if Haitians are unwilling to trust with essentials such as food and are not open to American culture, they are less likely to seek services for mental health problems.

Participants in the third focus group explained that this general sense of institutional mistrust gave rise to multiple concerns about privacy/confidentiality. "They don't trust the system," said one participant. Seven focus group members discussed how many Haitians worry that services are not truly confidential and are afraid that people will find out and talk about them. One participant explicitly expressed, "I don't think Haitians will talk to you because of their need for privacy." Another participant also shared concerns about discussing deeper issues: "If you're going through a personal problem, you may not want to speak to someone, you may not trust to speak to someone else."

When asked about what contributes to this lack of trust, participants across three groups collectively indicated fear of judgment, fear of being talked about, feeling that the person is a stranger, and not trusting therapists' motives (i.e., therapists might only see people as their next paycheck and may not give appropriate care and/or treatment).

To help address this issue, focus group members across the same three groups stressed the need for mental health professionals to assure Haitian clients that their information would be protected because many worry they will be "exposed". Though the participants in the third group were aware of laws to protect privacy, they asserted that many Haitians do not know about HIPAA laws, and those who do know do not believe that their information will be protected. They further linked this fear of loss of privacy to how quickly information travels in the US, particularly among immigration offices and doctors' clinics:

> Because of how fast info travels, they [Haitians] don't feel their info is entirely safe because news travels so fast. So, they go through immigration…then when they go to a doctor's office, the doctor already has their information. So, that's an issue where they feel like their info is shared.

As a result, this fear of loss of privacy is a significant obstacle to seeking services because Haitians generally do not trust American institutions. A couple of participants also suggested building rapport as this helps combat the general lack of trust found among Haitians and will improve likelihood to seek services, to which other participants agreed.

In sum, institutional mistrust was reported as affecting help-seeking, as many Haitians evidence strong attitudes of mistrust. This mistrust stems from the corruption of Haitian government, distrust of Americans, a fear of deportation, doubts regarding therapists' motives, concerns about privacy, fear of judgment, and discomfort with opening up to a "stranger." Hence, a variety of concerns and longstanding issues contribute to the overall level of mistrust Haitians have developed with regards to seeking mental health services.

Summary

Overall, participants across groups noted that several beliefs may serve as barriers to help-seeking. These beliefs include religious and spiritual beliefs, beliefs about therapy and therapists, beliefs related to social consequences of help-seeking, and beliefs about trustworthiness of institutions. While these beliefs were noted among participants, participants also shared that these barriers are overcome or can be overcome in various ways, such as concurrently seeking mental health services and spiritual solutions, debunking myths about therapy and therapists, destigmatizing mental health problems and building rapport and trust in the therapy setting. In addition, participants discussed how cultural values may further impact Haitians' intentions to seek services. Thus, some of these cultural values will be further discussed below.

Cultural Values and Help-Seeking

Many participants across all four groups discussed pride, self-sufficiency, and a need for control as being cultural values that might shape attitudes toward help-seeking and represent a significant barrier among Haitians. These values feed into other areas that may play a role in help-seeking, such as discomfort with emotionality, minimization of mental health issues, and acceptance with respect to the presence of a mental health problem. These values and their roles in help-seeking will be discussed below.

Cultural Values: Pride, Self-Sufficiency, Need for Control

Participants described pride as being a significant barrier to help-seeking. They explained that many Haitians, particularly first generation Haitians, feel embarrassed by the fact that they need help. Some will not even admit to having mental health problems. One participant explained that although she acknowledged the presence of legitimate concrete barriers, many Haitians come up with different excuses (e.g., no transportation,

immigration problems) in order to avoid having to get help: "It's a pride problem." However, one participant shared a different perspective, explaining that it is not just excuses: "Some of them are scared, so it's not just pride. There's a fear of being embarrassed." When investigated further, this fear was once again of judgment, from Haitians and non-Haitians alike, but particularly from non-Haitians: "I think Haitians think everyone judges them," said one participant.

Participants also discussed how Haitians expect you to "be strong." They explained how people are viewed as weak if they seek out mental health services rather than handling problems themselves, as it is expected that people will handle situations on their own. One male participant explained the pressure he faced growing up to handle issues on one's own: "My fathers and uncles are very macho men; and we were raised […] to handle your problems on your own […] You have to sit down and think about the situation and how you could do it differently."

Thus, participants asserted Haitians highly value self-sufficiency and evidence a need for control over their problems. One frustrated second generation participant explained it as such:

> They'll tell me there's people who have it worse than you. It's a control and pride issue, I need to control this and I can handle it, and they'll say 'God has it' but they're holding on to it so God doesn't have it… I have family who would say, 'I'm going to control it myself. I don't need any help.'

Participants discussed how these cultural values of pride, self-sufficiency, and need for control contribute to discomfort with emotionality, minimization, and acceptance. Thus, the role of these cultural values on these phenomena will be further discussed below.

Discomfort with Emotionality, Minimization, and Acceptance

As mentioned above, participants in all focus groups explained that although pride and these expectations of self-sufficiency help breed resilience, they also lead to discomfort with emotionality as well as dysfunction among Haitians. That is, Haitians strongly believe they should maintain control over their emotions. Thus, many do not seek formal help when they really need it. "They [Haitians] don't show their emotions," said one participant. Another participant indicated that Haitians "keep emotions inside." One more focus group member shared, "Our culture is about being very strong, which is good but also messes you up a lot." Participants suggested that this discomfort likely affects Haitians' intentions to seek services, as they are reluctant to discuss their emotions with others, particularly mental health professionals.

A first generation participant described this self-sufficiency as both a good and bad thing as Haitians tend to be quite resilient; however, they may become desensitized to many mental health issues:

> There's a lot of dysfunction […] and we can't identify it because Haitians think they can take care of everything by themselves. But we're not, we can't! We're people just like everybody else. But we can't continue on in this century without recognizing that yes, I may be able to do this, but I could do this better with the assistance of someone else.

As a result of these values and fears, participants explained that expectations to "be strong" in Haitian culture leads many to "shake things off," even when things are very stressful. They become numb to the point where many situations that would faze the average individual no longer bother Haitians:

> Family in Haitian culture makes you think you're so strong; so as a result of that you shake things off. In a way it's a good thing […] For the amount of stress Haitians go through, it reaches a point where it doesn't faze them too much. So, that becomes a dysfunction for them, they become numb. Other people might look at it and say, "How can she be this way?" It's because we struggled with so much we had to learn what to prioritize.

Focus group members across groups explained that this way of thinking also affects Haitian children as they are expected to face problems in a similar manner. One participant noted that Haitian parents sometimes assume their children are simply "stressed" when the children go to them [parents] with their problems. As mentioned earlier, another participant shared:

> It is beneficial to pour your soul out to a complete stranger. And it's not biased advice 'cause they don't know you, whereas your parents are biased. It's more genuine in a sense, they're seeing you as you are, the feedback is more effective, [more effective] than if you go to your parents who think they know you, and they'll just say 'you're stressed.' They'll minimize that stuff. And sometimes those emotions, only you can feel it. Like for Haitians, they just think to be depressed is to be sad, but in reality depression is more than that, but they don't see it that way. It's just a matter of being educated, but if you're not, you stay closed off to it.

Additionally, some Haitians have a difficult time conceiving that something that may be normal to them may be traumatic for others and thereby not only minimize their own problems, but also the problems of others:

> Like let's say, my puppy dies. That can be traumatic to me; but for somebody else they're like "It's ok, that's nothing." They need to understand what somebody else sees as hurt is hurt; you can't tell them that's not nothing. I feel like that happens a lot.

This sometimes results in Haitians failing to acknowledge anything as mental health problems that one should seek help for: "Haitians, in general, don't believe in that stuff [seeking help for mental health problems]." Across focus groups, many participants shared that Haitians will simply make or suggest making home-brewed tea to handle life's stressors. This was also sometimes true for medical issues, which was a point of frustration for many. As expressed by one participant:

> Haitians period give you a headache! Like they don't like going to the hospital. If their finger is broken, they stay home. No! You need to go to the hospital! I feel

> like they do that for mental health stuff too. Like if it's bad, I don't think they're going to go to a psychologist.

Accordingly, participants discussed the importance of accepting that one is experiencing a mental health problem. One first generation participant in the first focus group noted that Haitians tend to have a difficult time acknowledging that there is an issue in the first place due to their values and subsequent minimization of problems. Participant agreed with him that acceptance is key as it not only helps facilitate seeking services, but it also ensures treatment compliance: "The thing is acceptance. [It] will [lead] you to comply with medication or the interview regimen."

Summary

Overall, participants expressed that Haitian cultural values of pride, self-sufficiency, and need for control lead to resilience, but also to dysfunction. Many Haitians' sense of pride leads to discomfort with emotionality, as they are reluctant to discuss emotional problems with others and are embarrassed by their need for assistance with mental health problems. Participants further explained that Haitians feel a need to be self-sufficient and in control. As a result, mental health problems are minimized in the community in order to preserve these values and uphold them for one's self. These strong values negatively influence Haitians' intentions to seek services, as seeking services might inadvertently serve to violate those values and would indicate acceptance that there is a problem outside of one's control. Accordingly, many mental health issues are banalized in order to avoid such culturally distressing thoughts, which might affect Haitians' pride and/or sense of self.

Education and Awareness of Services and Help-Seeking

Focus group members across groups shared that Haitians are unfamiliar with the concept of mental health and what resources are available. They also explained that many are not very educated about or aware of mental health issues. Participants discussed how this lack of education and awareness reduces Haitians' likelihood of seeking help.

Unfamiliarity with Mental Health and Resources

Focus group participants across three groups indicated that most Haitians do not have a concept of what "psychology" is, nor is there a system in place to explain mental health. One focus group member added that most Haitians also do not take the time to learn about mental health. Another participant explained that this was true in Haiti as well as many people did not pursue that area of expertise being cognizant of the fact that they would not have many clients; rather, there was an overgeneralization in the sense that, though most of the physicians in Haiti were general medicine doctors, some Haitians would go to them for help with mental health issues. Not surprisingly, four participants shared that physicians were generally ill-equipped to treat mental health problems and would often recommend tea for numerous issues, which is common in Haitian culture and was substantiated by other participants across focus groups.

As a result, focus group members shared that Haitians are not generally educated with regards to the purpose of therapeutic services and mental health professionals. Further, and as previously discussed, they explained that though going to counselors in America may be the norm, Haitians, particularly first generation Haitian Americans, often believe you have to be 'crazy' (i.e., have serious mental health problems) to go see a psychologist, which negatively influences their likelihood to seek help:

> Going to counselors in America is the norm; but in Haiti, because of what we believe, we think you have to be crazy to go see a psychologist. Haitian

> Americans, or people who've lived here longer will be open more to it; the older Haitians will not go so much.

One participant shared an experience where he suggested attending premarital counseling to his fiancée who saw no need for it. Rather than seeing this as prevention of future marital problems, her perception was that if they could not handle certain issues on their own, then they probably should not be getting married at all.

At the same time, participants acknowledged that although some Haitians may not know what help is out there, others do not think therapy will be effective and disregard it as a treatment option. Overall, participants concluded that there was a dire need to address lack of education among Haitians and raise awareness of mental health problems along with mental health resources. They indicated that doing so would improve the chances that Haitians would seek services for several reasons, which will be considered in more detail below.

Education and Awareness of Mental Health Problems

With respect to education and awareness of mental health issues, participants indicated that some Haitians fail to recognize and make the connection between stressors (including acculturative stressors) or traumas and negative mental health outcomes, such as depression and suicide. A couple of the participants indicated that they themselves were not sure they they would recognize the symptoms of mental health problems, particularly if that pathology was present their entire lives as they may be used to their behavior and not recognize they need help. One participant added that she would seek help if there was a departure from her usual level of functioning, but she would first have to be aware of it. As a result, participants in the first and third focus groups emphasized the importance of "connecting the dots":

> We also need to connect the dots; there's also a disconnect. Like, if someone is raped, they [Haitians] think that's bad, and they figure if they report the criminal, that's it. But, they don't recognize there's a mental consequence to that. They [Haitians] see it as separate."

To substantiate this need further, about 81% of first and second generation participants across groups indicated that they would now seek help if experiencing mental health problems due to their exposure to mental health problems and resources. One first generation participant shared her early experience with mental health professionals because of her abusive father.

> My upbringing was different. My stepdad was abusive, and DCF got involved. We were never taken away from my parents, but we had to do counseling. Like, from middle school we had exposure to that, and in the past two years, my youngest brother, his behavior was so bad, and he was pulling out knives and fighting my sister…He had to be admitted to a behavior hospital, and he's still undergoing therapy. It's been two years. So, my mom, for her, she finally kind of caved in. She didn't want him to go to counseling, but once he pulled out knives she realized you can't just pray anymore, and those were behaviors he picked up from his dad. […] My mom, she still hasn't gotten help herself, but she vents to me about feeling depressed and anxious. But she won't seek help 'cause she feels she has to keep it together for the family. So there's…like…there needs to be more exposure to that stuff. Like, there needs to be more help, not just for the women, but for the men as well.

This same participant further commented on the hopeful feelings she experienced once she gained this awareness:

> Even when I was growing up, I never knew how beneficial it [therapy] was. I'm an occupational therapist, and that's when I learned about counseling […] I loved seeing how someone with an issue like bipolar [disorder] and schizophrenia could still live a fulfilling life.

Another first generation participant added on to this, explaining her transition from her being under her parents' authority and accepting their ways of coping with things, until she was introduced to different resources in college and became more open to using them:

> When I was in elementary, middle, high school, I was more underneath the umbrella of my parents. I learned their coping skills. It was a very strict household, so we did what they wanted. Once I went to college, I learned about the other resources out there. I would still feel uncomfortable though. I don't think my parents would get upset but they'd think something spiritual was going on. In the beginning I wouldn't have tried it 'cause of what my parents thought; but now that I know about the resources [therapy], it made me more open to them. It is beneficial to pour your soul out to a complete stranger. And it's not biased advice 'cause they don't know you, whereas your parents are biased. It's more genuine in a sense, they're seeing you as you are, the feedback is more effective, [more effective] than if you go to your parents who think they know you, and they'll just say 'you're stressed.' They'll minimize that stuff. And sometimes those emotions, only you can feel it. Like for Haitians, they just think to be depressed is to be sad, but in reality depression is more than that, but they don't see it that way. It's just a matter of being educated, but if you're not, you stay closed off to it.

This resonated with another female participant who shared how she would not seek services in the past and engaged in minimization. Her mother could not understand what she had been going through, and she herself did not recognize that she was depressed and anxious because she had internalized her family's way of coping with life. But now that she is aware, she would seek out help. Another focus group member's wife was involuntarily hospitalized via Baker Act on two occasions. He further added that through this experience, both he and his mother (who was not previously open to mental health services) recognized the importance of professional help for mental health issues. He also discussed the importance of routine mental health services for prevention of mental health problems as well as marriage relationship issues.

However, three first generation participants expressed that they are still reluctant to seek help. One focus group member described his experience being raised in an environment with "macho" men where the expectation was handling problems on your own by analyzing situations and seeing what could be done differently:

> Like I hadn't been exposed to different situations, and your mind can only handle so much. Like, your mind begins to change, and when that happens it's better to go see someone. So now, I'm not at the point where I would entirely go see a counselor, but I am transitioning into it. But I'm aware that's something I need to work on to get better.

As a result, modeling negatively influenced help-seeking behaviors, in that second generation Haitian Americans tended to internalize the help-seeking behaviors of their parents or other first generation Haitian Americans. That is, they attempted to resolve problems on their own rather than seeking professional mental health services when problems were over and above what they could handle. However, nine focus group members additionally explained that seeing other family members and friends go to therapy and improve in functioning increased their motivation to seek services because they observed what seeking services could do for their relatives or friends:

> Like if they have a friend who did it they may be more open to it. Otherwise it'll be harder to get them to do it. Sometimes, you may have to go with the person until they feel comfortable going. You need support to do it for the first time.

Thus, modeling also positively influenced intentions to seek help, as it inadvertently helped participants connect the dots between negative events and resulting mental health problems, while also demonstrating the amelioration of symptoms that could occur from receiving therapy services. Moreover, as indicated in the abovementioned quote, support (even to the point of attending sessions with a family member until he/she feels comfortable) was also mentioned as something that could increase Haitians' intentions to seek services.

Recommendations from a family member or friend to seek services was also mentioned as a way of helping to connect the dots and increase intentions to seek

services. One participant shared how a friend of hers did not realize that her situation could be helped by mental health professionals until she recommended it as an option:

> Like I have a coworker who's pregnant and she hates it. She's like, "I'm done, never having a kid again." So, a friend and I (who are both Haitian) went to her and told her if she continues to feel that way she should seek help. And she said, "You really think so?" And we told her she should. So, we told her to speak to a professional because I can't help her. I've never been pregnant, so I can't help her with that.

Thus, many focus group members indicated that they believe Haitians are more likely to go at the concerned, respectful recommendation of family members or friends or other Haitians they know. This also serves to bring awareness about mental health problems and make the connection to seeking professional help to get better. However, they indicated that such a recommendation might be viewed as disrespectful and have a different effect if a child (including an adult child) says it to a parent: "If your kid tells you go see a therapist they may tell their friends 'They [the children] don't respect me. They're telling me go see a crazy psychologist.'" In line with this perspective, participants suggested that the American government develop policies to ensure all institutions, where a mass of people congregate (e.g., schools and churches), have a psychologist in place to support that particular community:

> The way I see it is we have to remove the face of psychology as a person who's 'crazy.' We want to remove that face and put it where it's more the family, family-oriented, and something that can help people.

Participants additionally stated that Haitians may be even more likely to seek help at the recommendation of a spiritual leader: "I think it's more effective when a spiritual leader refers you to a psychologist rather than [when] a family member or friend refers you. I think they would listen then because they would believe God was saying to go." Participants acknowledged that making referrals is not the norm for Haitian spiritual

leaders, but nonetheless indicated that they can have an instrumental role in educating the people and bringing awareness of mental health issues.

Summary

Overall, with respect to education and awareness of mental health problems, the general consensus was that in many cases, Haitians do not have a good notion of mental health and have a hard time connecting traumatic or unusual events to symptoms of mental health problems, both of which result in decreased intentions to seek professional help. However, gradual exposure to mental health services and increasing awareness regarding mental health problems may serve to increase help-seeking among Haitians. Thus, psychoeducation is needed to educate Haitians about what mental health is, the importance of mental health, and encourage participation in mental health services. In all, participants generally agreed that the more educated and aware Haitians are, the higher the likelihood of them seeking help when needed. Participants also expressed that modeling and recommendations from family members, friends, and spiritual leaders could increase help-seeking among Haitians. Still, focus group members noted that cultural expectations to handle one's problems on one's own and observing this self-reliant behavior in first generation family members or less acculturated Haitians could also serve to decrease intentions to seek services.

Generational Differences in Seeking Mental Health Services among Haitian Immigrants

Across focus groups, participants noted several generational differences between first and second generation Haitian Americans. While some of these have been briefly mentioned in certain sections via participant quotes and comparisons discussed within

groups, these generational differences are collectively discussed here to provide an overarching view of how first and second generation Haitian Americans may differ with respect to intentions to seek services. Participants indicated generational differences in beliefs related to seeking mental health services (specifically religious/spiritual beliefs, beliefs about therapy and therapists, beliefs related to social consequences, and beliefs about trustworthiness of institutions), cultural values, and education and awareness. Participants indicated that younger, second generation Haitian Americans were generally more likely to seek services than older, first generation Haitian Americans for several reasons. These reasons will be further discussed below.

Participants discussed generational differences in the conceptualization of mental health problems and, subsequently, help-seeking behaviors. As discussed in the spirituality section, many focus group members shared that first generation Haitian Americans tend to ascribe a spiritual or supernatural cause to many issues, which determines what solutions they seek out for their problems. As a result, a spiritual leader might be consulted over a mental health professional for many personal and emotional problems. Additionally, participants indicated that second generation and more acculturated Haitian Americans are more open to a joint approach of spiritual as well as professional mental health solutions, whereas first generation Haitians are more likely to seek God as the only solution for mental health problems and, indeed, discourage additional help-seeking because it implies that God is not enough.

With regards to beliefs about therapy and therapists, focus group members shared that first generation Haitians tended to be less acculturated and less open to American culture and subsequently, to seeking professional mental health services. One participant

described first generation Haitians as "closed-minded" with regards to seeking professional mental health services:

> Like, in Haiti, it's hard to get help. So, even when they come here (the U.S.), they stay that way; they just talk to family and friends. But the younger generation has been here longer so they're more open-minded… in Haiti they probably didn't have mental health services there; so even when they come here, they only go to family and friends.

In comparison, about 61% of participants indicated that second generation Haitian Americans tend to be more open-minded and at times want a different view on things, rather than get a perspective they have heard their entire life.

Participants further noted differences with regards to beliefs related to social consequences. Specifically, while second generation Haitian Americans may be more aware of HIPAA laws to protect privacy, many first generation Haitian Americans fear their information will be exposed. In addition, participants explained that first generation Haitian Americans who are aware of HIPAA laws do not truly believe that their information will be protected, particularly given how quickly information travels in the US. Thus, privacy concerns among first generation Haitian Americans may serve to decrease intentions to seek services.

Focus group members also discussed how beliefs about trustworthiness of institutions differed between first and second generation Haitian Americans. That is, first generation Haitian Americans were more mistrustful of U.S. government than second generation Haitian Americans. Participants explained how this mistrust may have stemmed from first generation Haitian Americans' experiences with Haitian government, as they may have felt unprotected in their home country. In addition, the negative context of reception encountered in the U.S. may have served to exacerbate preexisting mistrust

among first generation Haitian Americans. However, participants explained that second generation Haitian Americans were not exposed to the poor political and economic conditions of Haiti and were more knowledgeable and trusting of protections offered by the U.S. government and HIPAA privacy laws.

Generational differences in Haitian cultural values, as discussed previously, was also mentioned as a factor that could influence help-seeking. One participant expressed that older Haitians feel like they are a certain age and have made it this far without help: "Some of them [Haitians], it's like 'I'm this age and now I know everything.' And you can't tell them differently." Participants across groups indicated that values of pride and self-sufficiency are not as present among second generation or Americanized Haitians. Instead, more open attitudes about seeking help from others tended to be present among younger or more acculturated generations. However, there was one dissenting opinion as one second generation participant expressed her conflict with pride: "Before, I would've gone to seek help, but now I feel like I'm going into the Haitian pride. I don't want to go," said one participant. Though she indicated that she is working really hard to fight against it, she admitted she was having a difficult time overcoming those feelings as she became older.

With respect to education and awareness of mental health problems, all participants agreed that second generation Haitian Americans are more likely to seek help over the first generation because they experience some problems that may be unfamiliar to first generation Haitian Americans. For example, one participant shared that many first generation Haitian Americans do not have the opportunity to complete schooling, and as a result, sometimes cannot relate to the struggles that second generation Haitian

Americans face in that arena. In these cases, four participants agreed that it is helpful to get advice from someone successful (i.e., a professional) who has gone through what they are going through.

As mentioned earlier, participants also shared that that second generation Haitian Americans are more likely to attend therapy because of the education and awareness they receive. They explained that, although second generation Haitian Americans may seek help informally (e.g., family, church, etc.) and know to seek professional help if that is not enough, many first generation Haitian Americans do not know to take this course of action due to lack of education and awareness. One participant expressed that first generation Haitian Americans do not know they are "going crazy," and a couple of focus group members in the study admitted that they would not know if they were "going crazy" either. Three other participants added that they also felt unaware and uneducated about mental health in the past, but exposure led them to be more open to seeking professional mental health services. Thus, the education and awareness that second generation Haitian Americans receive or experience above and beyond first generation Haitian Americans increase their likelihood to seek professional help.

Summary

In sum, second generation Haitian Americans might be more likely to seek services than first generation Haitian Americans for several reasons. Participants noted that age, acculturation, open-mindedness, conceptualization of mental health problems (spiritual vs. other etiologies), Haitian cultural values (i.e., pride, self-sufficiency), education and awareness of mental health problems and services contributed to generational differences between first and second generation Haitian Americans. They

additionally indicated that second generation Haitian Americans were more likely to seek help in cases where first generation Haitian Americans were unable to relate to their problems and experiences. Thus, in cases where Haitians are older, less open-minded, ascribe to spiritual conceptualizations of mental health problems, hold on strongly to values of pride and self-sufficiency, are less educated, and less aware of mental health problems or resources, the likelihood of seeking professional help decreases.

CHAPTER V

Discussion

Despite the large number of Haitians living in the U.S., we know little about attributes that might contribute to underutilization of mental health services. Yet, Haitians appear to have similar mental health needs to other populations, particularly other ethnic minority groups. For example, many immigrants face acculturative stressors as they are adapting to a new country and new way of life, which may result in or increase mental health problems. The goal of this qualitative study was to examine barriers to help-seeking that might reduce Haitians' intentions to seek professional mental health services for mental health problems. Focus groups provided rich information on several barriers derived from the literature as well as barriers not previously considered by the literature.

Focus group data suggest that beliefs, cultural values, education and awareness, and generational differences may all play a role in Haitians' likelihood to seek services. With regard to specific barriers, focus group participants noted spiritual conceptualization of mental health problems as one of the most prominent barriers affecting the use of mental health services. Consistent with prior research affirming the importance of spirituality and the centrality of faith in Haitian communities (Nicolas et al., 2007; Pierre-Pierre, 2012), participants expressed that Haitians often attribute their problems to supernatural causes and, therefore, often consider spiritual solutions to their mental health problems (Nicholas et al., 2006; Schwartz et al., 2012). Participants explained that, as a result, Haitians may resign themselves to live with certain problems if they believe they are simply "God's will" and that you just have to accept what life brings. They further indicated that, given their beliefs about the spiritual or supernatural etiologies of mental

health problems, Haitians might perceive God as the only solution. However, focus group members further explained that while some Haitians (primarily first generation Haitian Americans) believe in seeking spiritual solutions alone – due to beliefs about God's ability to heal and, in some cases, to avoid feelings of guilt for suggesting that God is not enough– others believed that spiritual solutions could be sought concurrently with mental health services.

Focus group members also discussed the instrumental role that spiritual leaders (e.g., priests, pastors, clergymen) and Vodou healers (e.g., hougan, mambo) play in the Haitian community.They explained that while spiritual leaders and healers have their advantages (e.g., affordability, established rapport and trust, good advice, support, encouragement, etc.), they also have possible disadvantages (e.g., possibility of judgment, loss of confidentiality, subjectivity, etc.) that negatively impact Haitians' intentions to seek help.

Participants also mentioned concerns about seeking therapy services and expressed worries regarding therapists themselves. They explained that many Haitians are concerned that therapists will not be culturally competent enough to understand and be sensitive to Haitian culture and/or spiritual beliefs, and consequently, will be unable to treat their presenting issues effectively. While some focus group members shared that a Haitian therapist might address some of these concerns, others indicated that a Haitian therapist would not necessarily resolve fears related to competency (to be discussed). They explained that Haitians may fear judgment from Haitian therapists if presenting with issues that are considered taboo in Haitian communities. Participants also mentioned that Haitians may not be exposed to novel perspectives if Haitian therapists operate from

viewpoints that are prevalent in Haitian culture. Thus, participants reported the most important thing is for therapists to be familiar with and sensitive to Haitian culture, spirituality, and beliefs.

Additionally, while participants mentioned professional education as an advantage, some voiced concerns of seeing an unskilled therapist that would foster dependency on the part of clients, especially if clients feel the need to attend sessions in perpetuity. They explained how this is perceived negatively in the Haitian community given strong ideals of pride and self-sufficiency. Competency concerns also raised fears that clients would be paying for services that will be unhelpful for them, particularly given their preexisting concerns regarding the affordability of services. This is consistent with previous studies conducted with Haitian immigrants living in America, where costs were cited as a major concern for seeking health services (Allen et al., 2013; Saint Jean & Crandall, 2005). Participants further expressed concerns that therapists would push clients farther than they were ready to go or force their conceptualizations on their clients, despite voiced disagreement, which might also serve as a barrier to treatment.

Stigma also was reported as a salient barrier for Haitians. Participants explained that, given the lack of a strong mental health system in place (in Haiti) to explain the variety of problems treated by mental health professionals, many Haitians believe that those who are seeking help are "crazy." Participants described that Haitians fear being perceived negatively by others, both within and outside the family. Thus, many hide that they are seeking help. Moreover, focus group participants noted that Haitians worry about how their family and ethnicity might be perceived if they are seeking help for mental health problems. They explained that image is very important to the Haitian people and

anything that negatively influences that image is discouraged in the family and in the culture. Consequently, this stigma and subsequent labeling regarding mental health problems is a strong deterrent to help-seeking, which was supported by the literature. Specifically, Gary (2005) discussed how ethnic minority groups may experience "double stigma" due to prejudice/discrimination related to group affiliation as well as the stigma of mental illness. Thus, greater levels of stigma may decrease intentions to seek services among Haitians. In addition, participants elaborated that Haitians not only fear stigmatization from Americans, but also fear being stigmatized within their families or Haitian communities for seeking mental health services, which serves to decrease intentions to seek services. For Haitians who still choose to attend therapy services, they may conceal it from their family members to avoid shame.

Trustworthiness of institutions was a significant barrier based on Haitians' experience with the government, both in Haiti and the U.S. This is consistent with prior literature that discussed the deeply-rooted feelings of mistrust among Haitians, which possibly stems from the oppressive regime in Haiti as well as the negative context of reception encountered in America (Allen et al., 2013; Cartwright, 2006; Saint Jean & Crandall; Stepick et al., 2001). Haitians are very uncertain about who to trust and are reluctant to trust any institution because of their experience with institutions in Haiti and the context of reception encountered in the U.S. Additionally, focus group members explained that there is a lack of emphasis on explaining U.S. laws and Haitians' rights under these laws in their own language to ensure comprehension. As a result, Haitians may fear that the corruption present in Haitian government may be present in the U.S. as well. Beliefs about privacy and confidentiality were also mentioned as barriers to help-

seeking due to the general sense of mistrust among Haitians coupled with concerns about how quickly information travels in the U.S., as this results in a fear of private information not being adequately protected. Participants also reiterated the need for privacy with regard to their families, as clients might wish to keep their participation in therapy private, including with family members.

Focus group participants also noted that cultural values of pride, self-sufficiency, and need for control can shape help-seeking behaviors. For example, Haitians could minimize their problems as a result of transgenerational coping messages emphasizing being strong. This strength was reported to be related to all the negative experiences Haitians have encountered or to which Haitians have been subjected. That is, situations that would be viewed as a traumatic experience by many people might not be viewed as such by Haitian individuals, given all that they have been through (i.e., political corruption, oppressive government, poverty, starvation, stigma, trauma related to violent experiences, immigration to a new country, etc.). Haitians may minimize such events and fail to understand that these traumatic circumstances may lead to negative mental health consequences because they have become desensitized to events that would be viewed as stressful. Focus group members explained that this minimization could be tied to pride and self-sufficiency. As suggested in a previous dissertation study with Haitians, seeking therapy would detract from Haitians' sense of self-sufficiency and may lead to ego insult (Pierre-Pierre, 2012). This was supported by participants, who reported that Haitians tend to think less of themselves (and worry that others might think less of them) if they are unable to cope with their problems, as this is viewed as a weakness in the community.

Participants further suggested that lack of education and awareness contributed to

decreased help-seeking behaviors. They noted that Haitians struggle to "connect the dots" between negative events or traumas and mental health symptoms, and do not readily recognize that they can receive professional help for a wide variety of issues. Further, participants expressed that if the pathology they are experiencing has been present their entire lives, Haitians may be used to it and not recognize that they need help, which could negatively influence intentions to seek services.

Generational differences also were noted to be related to help-seeking. Second generation Haitian American participants as well as more acculturated Haitians described themselves as being more open to professional mental health services than first generation Haitian Americans, particularly since first generation Haitian Americans cannot identify with some second generation experiences. Second generation Haitian American participants also stated they were less likely to be heavily tied to spiritual beliefs and cultural values that influence help-seeking behaviors than first generation participants. Second generation participants reported being more open to American culture and were more educated and aware about mental health issues, all of which could serve to increase intentions to seek services.

Overall, several barriers – namely spiritual conceptualization of mental health problems, spiritually-based solutions, cultural values, education and awareness, and generational differences – strongly emerged across focus groups. In addition, some interrelationships were noted between these barriers during this study. This will be further examined below.

Associations across Barriers

When considering barriers collectively, the researcher noted some interactions

that might further influence likelihood to seek services. Specifically, the following barriers evidenced overlap with one another: (a) spirituality and stigma; (b) spirituality and resignation (acceptance); (c) cultural values (e.g., pride, self-sufficiency, need for control, discomfort with emotionality) and minimization; (d) minimization and resignation; and (e) awareness of mental health issues, stigma, and social consequences. These interactions will be further discussed in the paragraphs below.

With respect to spirituality and stigma, as discussed earlier, focus group participants noted that many first generation Haitians view problems (mental health, situational, and physical problems alike) as being punishment from God when Biblical principles are not followed or routines such as prayer, Bible reading, and religious involvement are neglected. In this sense, Haitians may fear stigma or shame related to what others may think they could have done or failed to do to lead to such negative consequences. For example, if someone is experiencing a series of misfortunes (e.g., deaths in the family, chronic medical illness, mental health issues, etc.), he or she may fear that Haitians in the community may perceive that they have disobeyed God, and their sin has resulted in dire consequences. This may also be true for second generation Haitians as many statements provided in the focus groups indicated that although second generation Haitians may not subscribe as strongly to first generation beliefs, they are still influenced by them (e.g., teen being bitten by the dog because he did not go to church). Thus, these fears of stigma and shame in the community may reduce intentions to seek help.

Spirituality could also lead to resignation in some cases as participants indicated that many Haitians view certain traumas or negative situations as being “God’s will” and

things that must be accepted. Some participants shared beliefs that God does not give one more than he or she can bear, and if God entrusted a burden to them, then there must be a reason for it. It was also mentioned that some problems cannot be addressed or fixed by humans and can only be addressed by God; thus, problems should be left in His hands. Participants also indicated that some religious beliefs and religious leaders encourage resignation by discouraging the use of outside interventions (e.g., Jehovah's Witness and medical interventions). In this way, spirituality, spiritual perspectives, religious beliefs, and religious leaders can all contribute to eventual resignation and decreased intentions to seek services.

Cultural values related to pride, self-sufficiency, and need for control also overlapped with minimization and discomfort with emotionality, as participants expressed that many Haitians value "being strong" and taking care of problems themselves. Specifically, participants explained that Haitians fear being viewed as weak for being unable to handle their problems or for reacting emotionally. A need for outside interventions to regulate one's emotions may be viewed as shameful and embarrasing. Thus, Haitians may avoid mental health services altogether in order to avoid confronting their emotionality, as this may significantly impact one's sense of self. Participants further indicated that it is important in Haitian culture to be seen as one who is in control at all times. If this translates to denying emotional experiences and minimizing the issues one is facing, many Haitians may opt to do so in order to uphold the values considered important for their community.

Participants also explained that Haitians have been through so much as a culture (e.g., oppression, poverty, stigma, trauma related to violent experiences, etc.) that they

tend to minimize personal and emotional problems (e.g., acculturation issues, depression, stress, anxiety, etc.). For example, participants explained that given what Haitians have faced, both with respect to the sending context of Haiti and the context of reception in America, many Haitians may believe that the acculturation, personal, and emotional problems encountered here in America are minimal in comparison.

Minimization also appeared to be tied to resignation as participants reported that many Haitians choose to live with and accept their problems as not being too burdensome or more than they can handle. For example, Haitians may experience symptoms of depression related to adapting to a new culture, but may resign themselves to live with these emotional symptoms because it is better than being in Haiti and subject to oppressive regimes. Further, their experience with trauma might have led them to believe that acceptance of a situation is more beneficial than attempting to address it. Therefore, many issues may be viewed as small problems that should be accepted and regarded as problems that are a part of life. Given this conceptualization of problems and the resignation that ensues, Haitians may be less likely to seek help for issues that others commonly present with in therapy, as these issues are considered minimal given the contexts and trauma they have experienced as a cultural group.

Finally, this researcher noted the possibility of a three-way relationship among awareness of mental health issues, stigma, and social consequences. Specifically, focus group members suggested that stigma and subsequent social consequences may be related to the way mental health problems are viewed in the Haitian community. Participants explained that Haitians label those with mental health problems as “crazy.” This stigma may breed social consequences for the individual as well as their families. Specifically,

Haitians may fear negative personal and social repercussions if they themselves or a family member is viewed as struggling with mental health problems because of the way mental health problems are perceived in the Haitian community. These negative perceptions related to family mental health problems may result in reduced chances of social mobility and fewer opportunities for significant romantic or marriage relationships, as Haitian families may discourage relationships with families in which a member is known to suffer from mental health problems. Participants noted that these potential negative consequences may decrease Haitians' intentions to seek help, as Haitians do not want to jeopardize their image, as well as their family's image, or opportunities for social mobility in both the Haitian and American communities.

In sum, while barriers may influence help-seeking independently, they also overlap with one another to further affect intentions to seek services. With regards to spirituality and stigma, Haitians may feel shame or judgment when experiencing mental health problems, as other Haitians in the community may perceive their problems as punishment brought on by God due to failure to adhere to Biblical principles or spiritual routines. Spirituality and resignation may also collide in some cases, as Haitians may perceive certain circumstances as being "God's will" and things that must be accepted rather than addressed with secular interventions. Cultural values and minimization also went hand-in-hand, as Haitians' values of "being strong" and self-sufficient (rather than appearing weak and out of control) negatively influence their desire to seek services. Haitians' negative experiences as a group also led to minimization of events that might be considered traumatic to other individuals or cultural groups. This also overlaps with resignation, as some Haitians resign themselves to live with certain issues considering

that things could be worse. Lastly, awareness of mental health issues, stigma, and social consequences may all intersect to decrease intentions to seek services. That is, a lack of awareness about other possible origins of mental health symptoms (e.g., stress or trauma) perpetuates stigma among Haitians, which may mean negative social consequences for individuals with mental health problems and their families if these problems are known in the Haitian community.

The Role of Haitian Immigrant Generational Experiences on Barriers to Help-Seeking

Generational experiences appeared to influence the significance of particular barriers for Haitians. Specifically for this study, focus group participants indicated that first generation Haitian Americans tended to carry over their conceptualization of mental health problems to the U.S. They explained that because mental health and wellness is not a well-developed construct in the country of Haiti, many first generation Haitian Americans consider mental health problems as stemming from supernatural origins, and accordingly, seek spiritual solutions over professional mental health services. Participants further added that when people experience severe symptoms of mental health problems in Haiti, they are often locked in a center and isolated from the community. Thus, first generation Haitian Americans may carry over that mentality (i.e., mental health issues present as severe and result in isolation from the community) to the U.S., which might negatively influence their intentions to seek services. However, participants reported that second generation Haitian Americans are more open to other conceptualizations of mental health problems and a joint approach of spiritual and professional mental health solutions.

Participants further shared that second generation Haitian Americans were more acculturated and open to American culture than first generation Haitian Americans, thereby making it more likely that second generation Haitian Americans would seek services if needed. They explained that, given the poor conception of mental health in Haiti, first generation Haitian Americans may be "closed-minded" with regards to mental health services and elect to seek help or support from family or friends.

Further, despite established privacy laws, focus group members indicated that first generation Haitian Americans still doubt that their information is protected and may fear social consequences (i.e., stigma, social mobility, etc.) related to private information being revealed. They explained that is most likely a result of their prior experiences with Haitian government. That is, both research literature and participants in this study indicated that Haitians either felt threatened or unprotected by Haitian government, despite Haitian laws and policies being in place. Children were not even considered safe at school. Participants explained that this mistrust of government trickles over to mistrust of other institutions (in this case, mental health institutions), potentially making first generation Haitian Americans less likely to seek help from professionals. However, second generation Haitian Americans were more confident in HIPAA privacy laws and were more trustful of American government than first generation Haitian Americans. Thus, beliefs related to social consequences also overlapped with beliefs about trustworthiness of institutions.

In addition, focus group members suggested that the sending context and context of reception encountered by first generation Haitian Americans may have further contributed to a higher level of institutional mistrust for this group than for second

generation Haitian Americans. Many participants discussed the mistrust that first generation Haitian Americans feel because they came from a corrupt government where people were mistreated by the government that they expected to protect them. In coming to America, participants expressed that many Haitians do not know what to expect from the American government but are dissuaded from trusting them given the negative context of reception Haitians encountered during the '70s, '80s, and '90s (Stepick et al., 2001) . They further explained that some Haitians fear maltreatment and deportation because many felt and continue to feel unwelcome in the U.S. (Ryan et al., 2004; Stepick et al., 2001).

Focus group members also discussed generational differences with respect to Haitian cultural values. Participants noted that Haitian cultural values of pride, self-sufficiency, and need for control were less evident among second generation or Americanized Haitians. This appears to result in second generation Haitian Americans being more open to seeking mental health services than first generation Haitian Americans, as participants described second generation Haitian Americans as being less heavily influenced by these values.

Although focus group participants noted that second generation Haitian Americans may be slightly influenced by their parents' beliefs, values, and perspectives regarding trustworthiness of institutions, protections under the law, and mental health problems, they are more open to a different point of view. According to participants, being exposed to American institutions and laws, as well as Westernized perspectives of mental health, may have led second generation Haitian Americans to be slightly more open to receiving professional mental health services. They have also witnessed the

benefits of mental health services by observing improvement in family members or friends who have sought help for their mental health issues. Thus, exposure to American institutions, Westernized perspectives of mental health, and witnessing the change that occurs in others could lead to an increased likelihood to seek services among second generation Haitian Americans.

Interestingly, this modeling appears to be helpful for first generation Haitian Americans as well. Some participants discussed how their own or their second generation family members' use of services contributed to first generation Haitian Americans viewing mental health services in a new light. They explained that seeing the benefits and improvements resulting from therapeutic services have led first generation Haitian Americans to be more aware of mental health interventions and consider the fact that they are effective for many people, thereby increasing intentions to seek professional services.

Strengths and Limitations

This study has several strengths. One strength is the qualitative nature of this study. A wealth of information was obtained using qualitative methods, which would not have been possible using other methods (e.g., surveys, questionnaires, checklists, rating scales). Though structure was helpful for guiding the interviews, allowing participants to respond to open-ended questions resulted in richer information regarding the reasons why certain barriers exist and identified new barriers that were not considered initially.

Additionally, for these new barriers, participants were able to supply reasons for their existence, providing both first and second generation Haitian American perspectives. This information would have been more difficult to obtain if a quantitative survey method was employed. To explain further, in survey research, researchers can

only examine pre-determined barriers to help-seeking (i.e., the ones they were able to identify prior to the study). Qualitative research facilitates the identification of new constructs and can provide richer information about how they operate, as was noted in this study. Moreover, this information can inform hypotheses regarding these and other barriers in future studies. Additionally, the qualitative nature of this study highlighted overlap among variables, which is worth exploring in future studies.

Lastly, there was also a fairly even split between first- and second-generation Haitians considering the English language eligibility criterion for this study. This provided for a more balanced perspective of barriers to help-seeking. Further, as mentioned earlier, this generational split enabled the researcher to obtain information regarding why barriers might exist for both first and second generation Haitian Americans, underlining the generational differences between these groups.

When considering limitations, this study required participants to speak and read English fluently. As a result, data collected in this study may not be fully reflective of Haitians' beliefs and sentiments regarding help-seeking, particularly with respect to monolingual, Creole-speakers and older or first generation Haitian Americans. Although some focus group participants were first generation, they may represent first generation Haitian Americans who are more acculturated than most. As a result, these data might best capture the perspectives of more acculturated Haitian Americans but less adequately capture the perspectives of less acculturated Haitians or monolingual Creole speakers. For instance, language barriers did not emerge consistently and literacy barriers did not emerge at all. This is likely due to the inclusion criterion pertaining to reading and speaking English fluently, as was discussed in the Methods section (Chapter 3). In

addition, several factors noted in prior literature, including family privacy, family-related stigma, and ethnic group stigma emerged but were not as consistently noted as other barriers. This may be more reflective of the eligibility of the criteria for this study, rather than the absence of these barriers for Haitians. That is, these factors may be more highly emphasized in first generation Haitians who are more closely aligned with Haitian culture (which is more collectivistic in nature), as opposed to second generation Haitians who might be more aligned with American culture (which emphasizes the individual). Unfortunately, many of the less-acculturated Haitian individuals may have been excluded from the study based on the aforementioned eligibility criteria. As such, the generalizability of this study is limited to Haitians who speak and read English fluently.

Also, given that this study consisted solely of participants residing in the South Florida area, results may not apply to Haitians living in other regions of the country. Haitians living across the U.S. might provide a different perspective on help-seeking and what influences intentions to seek services. For example, Haitians living in ethnic enclaves, such as those present in South Florida, may evidence stronger ties to Haitian culture as well as cultural values and beliefs. Thus, their concerns might reflect that of less-acculturated Haitian immigrants and might not adequately capture the viewpoints of more acculturated immigrants. This is especially salient when considering Haitians residing in areas less densely populated with Haitians. These Haitians may be more Americanized and evidence other concerns, some of which may not be captured by this study. Specifically, their concerns may reflect concerns similar to that of the majority population in the U.S. In addition, seeing a Creole-speaking therapist or therapist of Haitian background may be less salient for this group, as they may identify more readily

with American culture and prefer an American-based understanding and perspective. Conversely, it is also possible that Haitians living outside of ethnic enclaves encounter more difficulties. That is, Haitians may feel out of place or alienated in their environment if other members of their group are not present. They might additionally struggle to find a Haitian therapist who speaks their language, understands them and their culture, and can provide them with culturally-sensitive treatment.

Furthermore, this was also a highly educated sample. That is to say, this study might not adequately capture the perspectives of less educated individuals who may voice or prioritize different concerns, perhaps related to lack of schooling, inability to read and write, shame, costs, or lack of consideration for their cultural perspectives and indigenous solutions to mental health problems. Thus, focus groups conducted with less educated samples might generate important information not captured by this study or produce a different rank order with regards to barriers most likely to impact help-seeking behaviors.

This sample was also highly religious, which may be a limitation, as the perspectives of Haitian Americans who are not religious may not be fully captured by this study. Still, the strong religious presentation of this sample is consistent with previous literature that suggests religion and spirituality to be important among Haitians (Allen et al., 2013; Nicholas et al., 2007; Pierre-Pierre, 2012; Schwartz et al.). Nonetheless, future studies could seek to involve Haitians who do not identify with a religious background to capture their perspectives regarding barriers to help-seeking and provide additional information as to why these barriers exist for Haitians.

Clinical Implications

Suggestions for improving help-seeking among Haitians are two-fold in the sense

that both Haitians and mental health professionals have roles that must be filled and work that must be done. However, prior to this taking place, therapists and mental health agencies must understand and address the structural and psychosocial barriers they present to treatment, and Haitians must be willing to seek mental health services and attend treatment regularly. Thus, this section will first discuss treatment engagement strategies and subsequently address special considerations once Haitians are in treatment.

Treatment Engagement Strategies

As focus group members suggested, there is a lack of awareness and education in the Haitian community that prevents many Haitians from connecting the dots between stressors (including acculturative stressors) or traumas and mental health problems. Rather, Haitians might focus on the survival aspect of stressors or traumas (e.g., learning to be strong, resiliency, etc.) and overlook and neglect the mental health consequences of those same events (e.g., depression, anxiety, somatic symptoms, post-traumatic symptoms, etc.). Thus, mental health professionals must first help forge that connection by increasing awareness through psychoeducational presentations or videos explaining how negative events can lead to negative mental health outcomes, if not properly addressed. These videos or presentations can also focus on addressing the topic of mental health problems more generally. Haitians can learn to recognize symptoms of mental health problems and learn what resources are available to them to deal with these issues. Therapists can normalize these experiences of negative events and subsequent mental health problems via psychoeducation to help increase Haitians' comfort level, reduce minimization of issues, reduce the stigma, and eliminate stigmatizing labels (e.g., "crazy", "sin") in these communities.

This is especially important given some Haitians' beliefs regarding mental health problems being punishment from God for wrongdoing. Specifically, some Haitians believe that mental health problems are a result of sin and failure to follow religious routines, such as attending church regularly, reading the Bible on a daily basis, and praying everyday. Treatment engagement strategies could thereby focus on both reframing this perspective of mental health problems and incorporating spiritual behaviors (e.g., Bible reading, meditation, praying) that foster spiritual wellness, demonstrating that spiritual solutions and mental health services are not mutually exclusive. This can help address feelings of guilt that Haitians may be struggling with when their spiritual routines are not consistent with their beliefs. Therapists must be respectful of religious beliefs and work with them rather than against them in therapy. That is, therapists can become aware of what some of these beliefs are (e.g., God as a problem solver, supernatural etiologies of mental health problems, faith-based solutions such as prayer, emotional problems being a result of poor spiritual health or curses, mental health problems being perceived as "God's will," etc.) and be mindful of how to incorporate them in session to help Haitians feel less like they are going against what they believe by seeking help. In the same way, as suggested by Nicolas et al. (2006), therapists must not be dismissive of natural remedies, which are tradition and common back in Haiti. Suggesting additional rather than alternative solutions may be more helpful for this group.

Overall, mental health professionals must take care not to be dismissive of Haitians' conceptualization of problems. They should find ways to explain how Western society based treatments can still help provide relief and support for mental health

problems found in Haitian communities. In this way, Haitians will be more open to receiving evidence-based treatments as they do not have to dismantle their beliefs systems and culture in order to receive appropriate care.

In addition, if Haitians recognize that spiritual coping strategies can be incorporated in treatment, this may help reframe their perspective of mental health professionals. For example, Haitians may come to view therapists as conduits of spiritual solutions and consider that God may use these professionals to provide them with the mental health solutions they need. As a result, Haitians may be more willing to consider that help-seeking outside of spiritual solutions does not necessarily represents a lack of faith, which may further help assuage guilt regarding seeking mental health services.

In addition, therapists can utilize spirituality in treatment as as bridge between what is familiar and unfamiliar. That is, incorporating spirituality or faith-based solutions in treatment can help Haitians transition from a comfortable perspective to one that is different and possibly intimidating (Western-based approaches), as Haitians may feel more inclined to consider additional modalities of treatment if therapists incorporate more familiar spiritual perspectives.

Moreover, spiritual leaders were mentioned as potentially strong facilitators to seeking services, as they may represent a word from God and may increase Haitians' intentions to seek services. For example, psychologists can partner with Haitian spiritual leaders to help present mental health information to the community. That is, spiritual leaders can be educated on recognizing early signs of mental health problems (thereby raising awareness in Haitian communities). They can appropriately refer parishioners when they evidence lingering mental health needs after seeking informal help or when

they are experiencing symptoms of serious mental health problems. Spiritual leaders can further help destigmatize mental health problems as being consequences of sin. While this may initially appear controversial, spiritual leaders can take a more general approach and help translate mental health problems as being a global consequence of living in a "sinful" world (similarly to spiritual perspectives regarding death, medical illnesses, natural disasters, pain, etc.) rather than being specific consequences of one's sins.

Overall, increasing awareness, helping Haitians "connect the dots" between stressors and mental health problems, reshaping views of mental health issues and providers, reframing perspectives regarding the concurrent use of spiritual solutions and evidence-based treatments, and collaborating with spiritual leaders in the community may all represent ways to get Haitians involved in mental health services and address barriers enumerated in this study. However, if this and future studies establish the role of all these barriers and mental health professionals along with spiritual leaders address them with this group, thereby encouraging Haitian immigrants to reach out for mental health services when needed, one must reflect on whether the effort will be worth it. That is, it is important to consider whether professionals will be able to meet Haitian immigrants' needs once they are in treatment. Hence, important treatment considerations will be discussed below.

Special Considerations for Haitians in Treatment

Once Haitians begin attending treatment, certain factors should be considered in order to facilitate their continued participation in therapy. One such consideration could involve adapting therapeutic approaches to fit the needs of this community. This adaptation requires a knowledge and an understanding of what the mental health needs

are for this population as well as culturally- and contextually-specific risk and protective factors. Further, once these needs are assessed, it is not guaranteed that they will be within the professional's capacity to meet them. Specifically, for the Haitian group, Nicolas et al. (2006) discussed cultural beliefs regarding the etiology of illness, among which spiritual causes were explored along with proposed remedies. Mental health professionals do not typically receive training on how to work with such specific cultural beliefs and etiologies. Accordingly, concerns arise about whether psychologists will be able to work adequately with the Haitian group and incorporate these deeply-held beliefs into therapy in a culturally-sensitive way.

To address these cultural differences, some therapists may suggest psychoeducation and providing Haitians with information regarding possible modalities of treatment available to them. Although this is a commonly recommended approach, therapists must also consider the appropriateness of such a decision for the client and whether it would be culturally sensitive to do so, particularly given the findings of this study. That is, dismantling clients' deeply held beliefs and values may be perceived as judgment and rejection, which is what many Haitians' fear (as reported by participants). For example, as discussed earlier, Haitians may perceive certain mental health problems as having supernatural origins. Thus, they may be reluctant to believe that these issues stem from other causes (e.g., stress, cognitive distortions, trauma, chemical imbalances, etc.) and can be resolved by prevalent forms of treatment (e.g., CBT, trauma-focused therapies, or medication). To help clinicians understand this point of view, clinicians must reflect on whether such an approach would be effective for them. That is, one should examine one's own belief systems developed over one's lifetime and assess

whether psychoeducation from a new country with different belief systems would change one's own conceptualization regarding the etiology of mental health problems (e.g., mental health problems as stemming from supernatural origins rather than stress, trauma, neurological reasons, etc.). Certainly, many would agree that changing one's belief systems is not an easy task. Therefore, such an approach can actually be a strong deterrent for therapy, as Haitians may feel misunderstood by mental health professionals and hold on to a belief that therapists are uninformed and unable to meet their needs.

Thus, clinicians must not ignore the centrality of family, faith, and other strong cultural values for Haitian immigrants. Rather, they must research these values to develop a richer understanding of Haitians and Haitian culture and ascertain appropriate treatment adaptations for Haitians to increase likelihood of seeking mental health services. Such research could also ensure preparedness on the clinicians' part should Haitian immigrants decide to seek professional help, which will help reassure Haitians that therapists are equipped with the proper information and tools to meet their mental health needs and ensure that clinicians themselves are not a barrier to help-seeking behaviors.

However, even with the use of appropriate interventions, therapists must be cognizant of Haitians' cultural values and how these values may impact treatment. With regards to discomfort with emotionality, therapists must consider Haitians' reluctance to discuss emotionally charged issues and appropriately lead them to open up during sessions. Pushing clients too quickly can result in immediate treatment disengagement. Accordingly, it is important to conduct further research in this area in order to assess the best way to reduce this discomfort in the therapeutic environment and to prevent ruptures in therapy. One way might be focusing on developing solid rapport with clients by

getting to know them, their culture, and the extent to which they identify with Haitian and American culture. A thorough understanding of where the client is coming from and being able to demonstrate that in session may gradually result in an increased level of comfort with respect to expressing emotions with the therapist. Therapists can also attempt to use slower pacing or allow clients to set the pace for exploring emotional content, which may increase clients' level of comfort in processing these issues. Another option is choosing not to pathologize culturally-bound syndromes (e.g., *Seizisman*, as discussed in the literature review chapter; Nicholas et al., 2006) or symptoms of distress. As mentioned by participants, Haitians may fear being misunderstood by therapists who do not share their cultural background or are unfamiliar with their beliefs and culture. Thus, attributing certain emotions or culturally-bound syndromes to clinical diagnoses may deter Haitians from seeking services altogether. Rather, these emotional expressions or culturally-bound syndromes must be considered within the context of Haitian culture and what would be considered extreme for this group as opposed to what is considered pathological for American culture.

Along this same line, therapists may want to consider treatment modalities that allow for acceptance of Haitians' cultural beliefs and values rather than treatment options such as cognitive therapy that recommend challenging irrational thoughts and beliefs (Beck, 2004), as this may be off-putting. That is, therapies that emphasize values and living in accordance with one's values and beliefs might be more appropriate for Haitians. One such example might be acceptance and commitment therapy (ACT), as this intervention encourages acceptance of one's values as well as subsequent commitment and behavior based on those values (Hayes, Luoma, Bond, Masuda, Lillis, 2006). This

type of intervention may allow Haitians to uphold their values, be nonjudgmental of psychological events, and dismantle the undesired functions of negative thoughts they experience.

While selecting potentially culturally-consonant interventions and/or culturally adapting existing interventions could be worthwhile goals, it is possible that cultural adaptations would be extensive enough to warrant developing a novel, culture-specific intervention that incorporates Haitians' belief systems into treatment from the ground up. To this end, future research is needed to identify promising treatment engagement strategies as well as beneficial aspects and treatment and factors negatively impacting treatment. This information could be gathered via studies quantifying significant barriers to treatment and by conducting studies assessing intervention techniques and strategies that appear to engage Haitians in treatment and help them attain desired outcomes and treatment goals. In doing so, Haitians, and perhaps similar ethnic minority cultures, may feel at ease receiving culturally- and contextually-sensitive care.

Moreover, it is important to reassure both first and second generation Haitian Americans that mental health professionals will take careful measures to protect their privacy if entrusted with their (Haitians) care. Should Haitians present to treatment, they may be more likely to engage if therapists address their fears and demonstrate a special interest in their privacy. This can lead to increased treatment participation as well as an increased number of Haitians seeking services.

Further, although modeling does not automatically propel first generation Haitian Americans to seek services, participants noted that it would be helpful for clinicians to consider such an approach when working with Haitians. That is, when treating Haitians

for mental health problems in the community, it could be helpful to document presenting problems and the progression of other de-identified clients in treatment. In this way, clinicians can help demonstrate the wide range of problems that can be addressed with mental health resources and give Haitians an idea of what is involved in therapeutic interventions with the hope that this will lead them to be more open to receiving and recommending others for mental health services.

Overall, these implications derived from feedback regarding spiritual leaders appear to encompass many of the considerations addressed in this section. While psychoeducation is undoubtedly essential, clinicians must also consider cultural and spiritual beliefs, supernatural or spiritual conceptualization of mental health problems, discomfort with emotionality and the process of therapy, overpathologizing clients, and privacy concerns. Clinicians must also consider which therapeutic approaches might work best with Haitian clients, particularly those who are less acculturated and more tied to their beliefs and values, as an approach heavily based in Westernized culture (e.g., CBT) might be more challenging for these Haitians.

Future Directions for Research

Given the eligibility criteria of this study (as discussed previously), namely that participants speak and read English fluently, future work should be conducted to seek the perspectives of monolingual, Creole-speaking Haitians. This could be helpful toward assessing whether barriers related to literacy, language, family privacy, family-related stigma, ethnic group stigma will emerge (as previously discussed) and also toward identifying additional barriers specific to Haitians who are monolingual Creole speakers and, perhaps relatedly, those who are less acculturated. Moreover, considering the lack of

research on barriers to help-seeking for Haitians and the qualitative nature of this study, future research is needed to develop measures of barriers to help-seeking relevant to Haitians. Researchers can seek to test barriers that emerged in this study via a hypothesized model to assess whether these barriers are predictors of intentions to seek services among Haitians, and additionally, test some of the interactions among barriers noted in this qualitative study. If these barriers are found to predict intentions to seek services, future studies can also explore strategies or approaches that moderate the effects of such barriers (e.g., generational differences, gender) in order to increase treatment engagement among Haitians across various aspects of diversity. The findings of these studies may be used to develop strategies for increasing Haitians' participation in services.

In addition, considering that spirituality was suggested to be a strong influence for Haitians and that spiritual leaders and healers are often consulted for mental health problems in the community, it might be helpful to explore what factors predict seeking help from spiritual leaders and to test whether such factors might generalize to clinicians and thus increase intentions to seek professional mental health services. That is, some of the same factors that influence decision making for seeking out a spiritual leader for assistance might also impact one's decision to seek professional mental health services and perhaps help identify additional potentially important pathways to help-seeking.

Similarly, measures assessing preferences for a spiritual leader versus a psychologist might be helpful for understanding what might lead Haitians to prefer one over the other (spiritual leader vs. psychologist) and under what conditions, as many advantages/disadvantages listed for psychologists were also present for spiritual leaders.

It might also be helpful to conduct a focus group with spiritual leaders and healers in the Haitian community and obtain their perspectives on help-seeking among Haitians. Information obtained from these studies can help identify constructs that did not emerge in this study and provide further insight regarding spirituality in the Haitian community and how this influences help-seeking behaviors.

While future research can serve to educate mental health professionals about the Haitian community and how to best address their needs, this does not preclude mental health professionals from doing the best they can to address certain issues or barriers among this community today. Though it would be impossible to prevent all of these barriers from existing for Haitians, mental health professionals can address barriers related to themselves and the services they provide to Haitians. For example, mental health professionals can use information that emerged in this study and in the literature to address Haitians' concerns about treatment (e.g., what therapy entails, privacy concerns, problems addressed by therapy, concerns related to culture and/or spirituality, etc.). Mental health professionals can also consider generational differences in their approach to treatment, recognizing that Haitians may present differently based on levels of acculturation. This information can then be used to decide which interventions would be best and how to tailor said interventions to increase treatment engagement and improve treatment outcomes.

Overall, it is not enough to acknowledge that these barriers exist for Haitians. Mental health professionals must do their best to use information gathered from this and prior research to reach beyond these barriers and provide the Haitian community with the help they so desperately need. As part of the human race, Haitians share many of the

same struggles, failures, disappointments, and negative emotions that plague us all. Nonetheless, Haitians also experience different cultural, spiritual, and socioeconomic risk and protective factors that impact their mental health that must be incorporated into treatement. Indeed, they too are entitled to culturally-competent care. This study is an early step to identifying barriers to help-seeking among Haitians that—pending replication and extension—can and should be assessed and addressed in order to ensure that Haitians living in the U.S. have access to high-quality, culturally competent mental health services.

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Appendix A: Recruitment Flyer

INTERESTED IN PARTICIPATING IN A RESEARCH STUDY BY HAITIANS, FOR HAITIANS???

Please join with us to understand help-seeking among Haitians in a research study entitled:

"Youn Ede Lòt":
Help-Seeking among Haitians

This research study seeks to understand barriers that prevent Haitians from seeking mental health services, when needed.

Eligibility: Must be adults of Haitian descent, 18 years of age and older. Must speak English fluently.

This research study is conducted through:

Nova Southeastern University

College of Psychology

$25 Publix gift card available for participation!!!

For more information, please contact Josie Augustin by phone or email:

(954) 947-1343 | ajosie@nova.edu

NOVA SOUTHEASTERN UNIVERSITY
Institutional Review Board
Approval Date: MAY 1 0 2016
Continuing Review Date: MAY 0 9 2017

Appendix B: Focus Group Protocol

Focus Group Questions

Instructions: We are now beginning the focus group discussion. Please remember to answer these questions not only for yourselves, but also based on your experiences with other Haitians you know. Please consider all of the following under the umbrella of mental health professionals: psychologists, counselors, mental health counselors, social workers, behavior therapists, psychiatrists, and psychiatric nurses. Please also remember to consider mental health problems as including depression, anxiety, seeing or hearing things other people do not see or hear, anger issues, behavior problems, and/or addiction, among other things. Please note that although Dyona and Natacha will be taking notes on your comments, these comments are not linked to your name in any way.

1. What does everyone think about these questions? Did they touch upon things that would prevent someone here or any other Haitians you know from seeking help for mental health problems?
    (08c). Please share.
2. Describe some symptoms of spiritual disturbance, either from your perspective or other Haitians you know.
3. Describe some symptoms of mental illness, either from your perspective or other Haitians you know.
4. If you were experiencing some of the symptoms we just discussed, would you consider seeing a psychologist?
    (08c). Why or why not?
    (08c). Benefits (if necessary)
    (08c). Disadvantages (if necessary)

5. If a family member or a friend were experiencing some of the symptoms we just discussed, do you think they would consider seeing a psychologist?

    (08c). Why or why not?

6. When completing the spiritual items (p. 19), what things were familiar based on your experiences or other Haitians you know?

    (08c). Has someone here, or other Haitians you know, sought out help from a spiritual leader for any mental health problems they experienced?

    (08c). What might be the benefits of seeking help from a spiritual leader instead of a psychologist for mental health problems?

        i. Any disadvantages?

7. Did you have trouble understanding any of the questions?

    (08c). (If so) Which questions were problematic?

    (08c). How might we change the questions to make them clearer or more understandable?

8. Were there any questions that might be sensitive or offensive to someone?

    (08c). (If so) Please share if comfortable: What is the issue?

    (08c). How could we rephrase?

9. Are there any questions that seem like they would be difficult to translate to Haitian Creole?

10. Are there any other concerns not considered here that would prevent someone from seeking help from a mental health professional?

    (08c). (If so) Please share.

Any lingering concerns or suggestions?

Appendix C: Coding Scheme for Barriers to Help-Seeking Study

Coding Scheme for Barriers to Help-Seeking Study

(01) Literacy Barriers:

Barriers related to being unable to read or write, complete paperwork, etc.

(02) Language Barriers:

Barriers related to not speaking the English language fluently or at all; preference to speak with a Creole-speaking therapist

(03) Costs/Lack of Health Insurance:

Barriers related to being unable to pay for or afford mental health services; being unable to acquire health insurance due to SES or immigration/citizenship status

(04) Misinformation about Therapy/Unfamiliarity with Mental Health Resources:

Lack of knowledge or education regarding what mental health services address, what therapy services entail, what falls under the scope of mental health problems and mental health services

(05) Conceptualization of Mental Health Problems – Minimization:

Barriers related to minimizing one's symptoms or problems

(05a). Resignation:

Barrier related to accepting to live with one's mental health problems or symptoms

(06) Conceptualization of Mental Health Problems – Spiritual:

Beliefs that mental health problems are related to various spiritual/religious causes (e.g., punishment for one's sins; failure to adhere to religious routines

such as going to church, reading the Bible, praying; curses for offending lwas (i.e., spirits) or other individuals, etc.)

(07) Help-Seeking from Spiritual Leaders or Healers:

Pastors, priests, Vodou priests, clergymen, etc.

07-ADV:

Advantages of seeking help from spiritual leaders or healers

07-DISADV:

Disadvantages of seeking help from spiritual leaders or healers

(08) *Help-Seeking from Therapy and Therapists:

Beliefs about therapy and therapists (e.g., cultural competence of therapists, professional education of therapists, effectiveness of therapy, etc.)

08-ADV:

Advantages of attending therapy/seeing a therapist

08-DISADV:

Disadvantages of attending therapy/seeing a therapist

(09) Cultural Barriers:

Barriers related to cultural values held by the Haitian population

(09a). Pride/Self-Sufficiency:

Barriers related to values of pride in taking care of one's self and one's own problems, including mental health problems, without the assistance of others

(09b). Need for Control:

Barriers related to values of being in control of one's self and one's

problems without the assistance of others

(09c). *Acceptance:

Barriers related to refusing to accept that one is experiencing symptoms of mental health problems or mental illness(es)

(09d). *Discomfort with Emotionality:

Barriers related to feeling uncomfortable with experiencing one's emotions and discussing one's emotions or emotional problems

(10) Stigma:

Barriers related to stigma and the resulting social consequences of such stigma for the Haitian population

(10a). Mental Health Problems:

Stigma related to experiencing mental health problems

(10b). Stigma – Family:

Stigma that a family experiences as a whole due to having (a) family member(s) who is(are) experiencing mental health problems

(10c). Stigma – Ethnic Group:

Stigma applied to an ethnic group (in this case – Haitians) related to members of the group experiencing mental health problems

(11) Institutional Mistrust:

Barriers related to a perceived disconnect between the interests of individuals – in this case, Haitians – and formal institutions (e.g., government, mental health, medical, etc.)

(12)*Generational Differences:

Barriers related to differences between first and second generation Haitian Americans (e.g., age, openness, education, awareness, variations in spiritual beliefs, differences of cultural values, etc.) that impact one's decision to seek mental health services

**Denotes new codes that emerged during the focus groups; the remaining codes were developed in advance based on prior literature.*

Appendix D: Table 1 – Display Matrix of Barriers Emerged Across Focus Groups

Display Matrix of Barriers Emerged Across Focus Groups

	Focus Group 1	Focus Group 2	Focus Group 3	Focus Group 4
Language Barriers			II	III
Costs/Lack of Health Insurance	III	IIII	II	IIIII
Misinformation about Therapy/Unfamiliarity with Resources	IIIIII		IIIII	IIII
Spiritual Conceptualization of Mental Health Problems	IIIIII	IIII	IIIIII	IIIII
Minimization of Mental Health Problems	IIII	IIII	IIIIII	IIIII
Cultural Values Emphasizing Pride & Self-Sufficiency	I	IIII	IIIIII	IIIII
Cultural Values Emphasizing Family Privacy	I	IIII		
Stigma – Mental Health Problems	IIIIII	III	III	IIIII
Stigma –Family	IIII			
Stigma – Ethnic Group				I
Institutional Mistrust	III	IIII	IIII	
Cultural Competence of Therapists	IIII	IIII	II	IIIII