

A Community Engagement Toolkit for Overcoming Barriers for Black Families to Access Mental Health Services in Underserved Areas

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Abstract

This Capstone Project addresses the underutilization of mental health services by Black families in Southwest Little Rock, Arkansas, through the creation of a Community Engagement Toolkit. Grounded in macro-level social work practice and guided by Critical Race Theory in education, the project critically examines how systemic racism and other practices of inequity contribute to mental health disparities. A historical traumatic disruption report and data summary contextualize generational barriers and highlight persistent gaps in service utilization in Little Rock, Arkansas. The toolkit comprises five easy-to-read sections, providing evidence-based strategies to enhance mental health literacy, reduce stigma, and empower families to seek support. Key strategies include leveraging the influence of local churches and other community organizations, as well as establishing social work internships, to build trust and capacity. Designed for community stakeholders, social workers, and students, the toolkit promotes equity and serves as a practical guide for sustainable community engagement and transformative change.

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A Community Engagement Toolkit for Overcoming Barriers for Black Families to Access Mental Health Services in Underserved Areas

Section One: Introduction to Capstone Project

The history of Black Americans and mental health are entwined with the traumatic experiences of slavery and systemic racism. Samuel Cartwright, an American physician who practiced in Louisiana during the antebellum era, diagnosed Black people who ran away during the slavery era with drapetomania (Willoughby, 2018). His theory was the enslaved person had to have a mental illness to run away from their owner. Therefore, the treatment for the problem was to beat the Black person (Willoughby, 2018). The enslaved person would be beaten as treatment for their mental illness of running from their abuser.

The lived experiences of Black Americans must be considered when thinking about the history of Black people and their relationship and encounters with healthcare, education, and legal systems. To effectively address the underutilization of mental health services in the Black community, it is essential to acknowledge the historical trauma that Black people have faced in the United States. As enslaved people, Black people were seen as property. They were not given adequate food, had poor living quarters, were exposed to harsh working conditions, did not receive proper medical attention, and were often beaten by a whip, which caused other medical problems (Savitt, 2005). During enslavement, Black people did not trust the healthcare system and turned to other remedies when possible. If a Black person did get treatment from a physician, the treatment was based on the recommendations of the enslaver. White physicians used their practice with Black people to justify slavery, not to help them (Savitt, 2005). These factors have created significant gaps in mental health literacy among Black Americans, as historical mistrust

and discriminatory practices have led to a lack of access to reliable mental health information and services (Sampaio et al., 2022).

Social workers are essential in helping vulnerable communities and families access mental health services and advocating policies that reduce disparities within communities. The mental health crisis and the lack of access to and underutilization of services are issues that the National Association of Social Workers recognizes (NASW, 2021a). Therefore, the Community Mental Wellness and Resilience Act of 2023 was introduced to the U.S. Senate. If passed, this would provide funding and support to build interventions in underserved areas where help is needed. Under the Community Mental Wellness and Resilience Act of 2023, grant funding would establish community-based programs and support programs designed with culturally tailored interventions to meet the needs of the people in underserved areas. The new Trump administration's 2025 decision to freeze federal funds will significantly impact community support and services in already underserved areas, such as Southwest Little Rock, Arkansas (Wpab, 2025).

Historically, the trauma that Black Americans have faced for decades from slavery to Jim Crow laws, to police brutality has added to the mistrust of systems such as healthcare. Notably, Black families in underserved areas like Southwest Little Rock, Arkansas, have limited access to mental health services and underutilize mental health services more than other ethnic groups (McGuire & Miranda, 2008). The persistent stigma surrounding mental health within the Black community, coupled with a lack of culturally competent providers, limited knowledge about available resources, and historical legacy of mistrust towards the healthcare system, significantly hinders Black families in underserved areas from accessing necessary mental health treatment, perpetuating disparities in mental health care.

This project investigates the barriers that Black American families in Southwest Little Rock face in accessing and utilizing mental health services. The project includes a statement of the problem, capstone questions to guide inquiries, a literature review explaining the barriers Black families face in accessing mental health services, and the methodology for the project.

Brief Statement of the Problem

An identified problem of practice is the lack of access to mental health services and underutilization of services for Black families in underserved areas. Suicide, depression, and anxiety continue to spate youth mental health in the United States, especially post-pandemic. This has impacted Black families disproportionately as the pandemic employed more significant hardships and inequities than what these individuals faced to start with (Douglas et al., 2023). White youth are more than twice as likely to take physician-prescribed medications as Black youth; part of this is due to mistrust between Black adults and health care providers, and then there is a lack of knowledge about mental health (Codjoe et al., 2021). Historically, people who needed mental health services did not receive services as the focus seemed to be on help-seeking individuals.

Several factors and barriers prevent Black families from engaging in treatment such as lack of childcare, parents did not believe there was an issue with the child's mental health, or disbelief regarding the existence of mental health, issues or feeling the severity did not require treatment. There are also issues with lack of insurance, limited numbers of facilities, or workforce availability of providers, both nationally and in Little Rock Arkansas (Douglas et al., 2023). Regional mental health access is defined using the Access Ranking measure, which includes treatment accessibility, healthcare cost, unemployment, and special education availability (Mental Health America, 2022). In the United States, Arkansas is ranked number 40

out of 50 on this index, which indicates Arkansas provides low access to mental health treatment and insurance (Mental Health America, 2022).

In addition to the other barriers, cultural norms, religion, and history are also barriers. The relationship between Black Americans and religion is complex. For many, the firm belief in religion prevents them from engaging in mental health services; however, they engage in prayer and positive coping (Pederson & Pederson, 2023). Other barriers are the relationship between Black families and mental health providers, which could be due to the mistrust of providers, stigma, and lack of Black providers (Douglas et al., 2023). Lastly, a barrier to Black Americans utilizing mental health services is the lack of knowledge about mental health, such as diagnosis, symptoms, resources, and treatment (Codjoe et al., 2021). Alang (2019) identified how historical racism acts as a barrier to positive mental health outcomes. If Black people do receive mental health services, the quality of care is not equivalent to that received by White citizens. Furthermore, the lack of knowledge about mental health and the beliefs of the Black community that having a mental illness means that one is weak or that one has failed morally are also barriers to Black communities utilizing mental health services (Codjoe et al., 2021).

Social workers are provided with standards and guidelines for working as culturally competent providers. One of those standards emphasizes the importance of continued knowledge development when working with various cultural groups, such as mental health, race and ethnicity, and social class (NASW, 2021b). However, this complex problem is compounded by the projected shortage of mental health providers. As the social worker shortage increases, it will exacerbate the already identified problem of practice (Jackson, 2023). In summary, the underutilization of mental health services by Black families is a significant problem of social work practice, requiring well-planned, evidence-based interventions to overcome community-

level barriers. Recognizing and addressing the underutilization of mental health services in Black families is essential for social workers to promote equity, well-being, and resilience within vulnerable communities.

Purpose of the Capstone Project

The purpose of this capstone project is to address the barriers that Black families face in accessing and utilizing mental health services in the underserved areas of Southwest Little Rock, Arkansas. This complex issue requires evidence-based strategies to overcome these barriers. The project identifies key resources and community partners, educate the community on the history of Black Americans in healthcare settings, explore the role of pastors and the Black church in community engagement, and demonstrate how social workers can support this intervention. This project and the community engagement toolkit improves access to mental health services for Black families in the Southwest Little Rock area. The project will start the conversation and connect underserved people dealing with mental health, who, without this intervention, may not seek the help they need. This toolkit will not only be helpful to the Black community, it will also be distributed in churches, barbershops, restaurants, and public schools and easily accessed online by people wanting to learn more about mental health literacy in the Black community.

Capstone Questions

The capstone questions for this project address the gaps for Black families to access mental health services in underserved areas.

1. What barriers prevent Black families in the United States from utilizing mental services?
2. What community-level intervention might address the barriers that reduce Black Americans utilization of mental health resources?

3. How can a community-based intervention in Southwest Little Rock, Arkansas, be designed to build on the strengths and resources of Black families to improve their use of mental health services?

Section Two: Literature Review

This literature review focuses on five areas that support the capstone topic of overcoming barriers for Black families to access mental health services in underserved areas. The first area of interest is Black American's relationship with religion and spirituality and its connection with mental health. Then, the review focuses on the stigma of mental health that Black Americans encounter. Next, the literature review addresses the lack of knowledge about mental health and resources for mental health services in the Black community. Furthermore, the literature review discusses the historical relationship between Black Americans and mental health systems. Last, the lack of mental health providers and the impact it has on Black families is addressed in the literature review. The literature review concludes by presenting Critical Race Theory in Education as a framework guiding this project.

Black Americans and Religion

Historically, many Black Americans have turned to the church and religion when faced with challenges and see it as a moral failure when seeking professional help over seeking help from the church (Codjoe et al., 2021). Avent and Cashwell (2015) emphasize that a significant proportion of African Americans (80%) consider religion to be essential, in contrast to 50% of the general population. They utilize their relationship with God and spirituality as coping mechanisms during challenging times, engaging in activities such as Bible study, listening to religious music or recorded sermons, and meditation.

During the inception of the Black Church in the era of slavery, enslaved individuals were prohibited from assembling in groups larger than a few without the overseer's consent. To circumvent this restriction and avoid detection, they convened in unconventional locations such as swamps and woods. This practice catalyzed the development of the Black Church, which subsequently became a vital space for enslaved people to foster a sense of community (Avent & Cashwell, 2015). The Black Church became a place for the enslaved person to establish their own rituals, worship and express themselves, leading to the church being a central component of the African American Communities through slavery and the Jim Crow and civil rights eras (Dempsey et al., 2015).

A barrier for some Black Americans regarding religion and mental health is the perception that seeking mental health services outside the church is a sign of weakness or indicative of spiritual issues (Avent & Cashwell, 2015). There are beliefs by Black Americans that are negative, such as believing that God is punishing them when they are experiencing hardship or that God has abandoned them (Brown et al., 2024; Paragament et al., 2011). Researchers have documented that pastors in Black Churches hold significant influence and are often viewed as primary resources and first responders for their congregation's emotional, social, and psychological concerns (Avent et al., 2015; Brown et al., 2024). Literature indicates that African American pastors are more likely to attribute a person's issues to poor faith in God, insufficient prayer, or demonic interference, rather than recognizing mental health symptoms such as anxiety or depression (Avent & Cashwell, 2015). It is essential to recognize the significance of religion and spirituality, and to leverage the influence of Black pastors, when implementing a capstone project aimed at overcoming barriers to mental health services for Black families.

Stigma in Black Mental Health

Another barrier that the Black community face is the stigma associated with mental health and the negative attitudes that Black individuals have when seeking help for mental health issues (Alang, 2019). Stigma is the fear of being treated less than or discriminated against (Pederson, 2023; Stangl et al., 2019). Literature indicates that stigma affects people of different age groups, cultural and socioeconomic backgrounds (Carrara et al., 2020). When you add stigma to mental health, stigma then causes people to internalize feelings of shame, embarrassment, or low self-esteem. In the Black community, the stigma seems to be reinforced by historical and cultural foundations that have led to mistrust of healthcare systems.

In 1932, the federal government's Public Health Service (PHS) initiated a study on African American men in rural Macon County, Alabama. Under the direction of Dr. David Allbritton, Dr. Walter Edmonson, and nurse Eunice Rivers, the study aimed to observe the natural progression of untreated syphilis. Over more than 40 years, medical professionals deliberately withheld treatment from these men, leading to numerous deaths. This study is now infamously known as the Tuskegee Syphilis Study (Kang, 2011). Health professionals visited the men's communities throughout the experiment without obtaining informed consent. The men were given placebo treatments to monitor the effects of the untreated disease on African American men. Researchers were aware from the start that they would only fully understand the disease's outcomes upon the subjects' deaths. The study's health professionals arrived in vehicles marked with the U.S. Department of Health, Education, and Welfare. It is examples like the Tuskegee Syphilis Study that reflect the misuse of power that the healthcare system has demonstrated in African American history; nearly a century later, the repercussions of the study

persist within the Black community, manifesting as mistrust, stigma, and the underutilization of healthcare services (Hou et al., 2024; Khan, 2016).

Another example of the history of trauma that Black people have experienced in the name of healthcare treatment is documented with Henrietta Lacks, a woman of color who died in 1951 due to cervical cancer at Johns Hopkins Hospital. Mrs. Henrietta Lacks died and without her permission, her cells were used to create HeLa cells which have been since used to make significant scientific impacts for numerous medical advancements such as polio vaccine, COVID-19, leukemia, HIV/AIDS and the effects of zero gravity in outer space (Lang & Sanfins, 2023; Samuel, 2017). The Lacks case adds to the mistrust of Black people and their willingness to engage with healthcare settings.

Several factors, including stigma, the cost of mental health services, lack of representation, and mistrust, serve as barriers to mental health service utilization among Black Americans. This population is disproportionately affected by systemic issues such as over-policing, criminalization, poverty, severe psychological distress, and a higher likelihood of arrest for mental health-related issues compared to receiving treatment, relative to other ethnic groups (Pendleton, 2023). It is also documented that people of color are fearful of stereotyping and name calling associated with having a mental illness diagnosis, such as “lunatic” and “feeble” (Simpson, 2023). Black Americans are 20% more likely than other ethnic groups to experience mental illness due to socio-economic disparities, discrimination and ongoing systemic inequalities. However, only 1 in 3 Black adults seek mental health services annually (Conner et al., 2024; Simpson, 2023). This underutilization of mental health services underscores the need to address the barriers and attitudes toward seeking help when engaging Black Americans in treatment. Simpson (2023) emphasizes the importance of providing education and services to the

Black community to address the stigma that prevents them from engaging in mental health services.

Limited Knowledge and Awareness Regarding Resources in the Black Community

Black Americans face barriers that prevent them from accessing mental health services; this includes, cost of services and lack of transportation (Alang, 2019). The high cost of mental health services poses a significant barrier to utilization among Black Americans. In 2022, 11% of Black Americans were uninsured, compared to 7% of White Americans (Kaiser Family Foundation & National Alliance on Mental Illness, 2025). Even those with insurance often face substantial co-pays and out-of-pocket expenses, further limiting access to necessary mental health care. When individuals seek therapy sessions, several factors must be considered, including insurance coverage, the choice between in-person or online therapy, and whether the therapist is an out-of-network provider. These considerations significantly influence the out-of-pocket costs for mental health services, ranging from \$65 to \$250 per session, depending on the client's geographical location (Caplan, 2024).

Individuals experiencing chronic illnesses such as depression and anxiety, compounded by socioeconomic challenges and lack of transportation, often rely on others for essential activities like attending medical appointments, grocery shopping, and medication pickup. This dependency can lead to postponement or neglect of mental health appointments, establishing transportation as a significant barrier to accessing mental health services. The absence of reliable transportation indirectly affects health outcomes, resulting in missed appointments and adverse health consequences, which exacerbate symptoms of poor mental health (Heaps, 2023). These trends are most seen and impacted by 8% of Black families in low-income communities

abstaining from going to their required care appointments due to lack of transportation (Smith et al., 2023).

Recent literature highlights that limited mental health literacy is significantly marked by an inability to recognize risk factors, symptoms, or determine when to seek assistance (Sampaio et al., 2022). Beyond a lack of awareness regarding available resources, this deficiency impedes individuals from effectively engaging in mental health services such as individual, family, and group therapy, as well as medication management. To access optimal care for conditions like depression, anxiety, or anger, individuals must first comprehend the nature of these services and how to utilize them. Effective communication of their issues to mental health professionals is crucial; failure to do so can result in misdiagnosis and inadequate treatment. Therefore, for improved health outcomes, it is imperative that individuals actively participate in the treatment process (Craddock et al., 2023; Kemp et al., 2023).

Historical Inadequate Mental Health Care and Black Americans

Black Americans have had bad experiences historically with healthcare settings, which has caused them not to trust healthcare settings or providers. Due to lack of engagement by Black Americans with mental health services, there is limited information on the needs of Black Americans in clinical settings (Summers & Lassiter, 2021). Over 150 years ago, American physician Samuel A. Cartwright described enslaved Africans who attempted to escape captivity as suffering from *drapetomania*, which he classified as a mental illness. Enslaved individuals diagnosed with drapetomania were often subjected to brutal punishment, as Cartwright recommended beating the devil out of them, along with increased surveillance and stricter control measures. This diagnosis was used to justify the institution of slavery by portraying the desire for freedom as a sign of mental illness, thereby creating a narrative that mental illness was

undesirable and that remaining in bondage was preferable (Willoughby, 2018). Drapetomania reinforced harmful stereotypes about Black people, portraying them as inherently inferior and in need of control. These stereotypes have had a lasting impact on societal attitudes and have contributed to systemic racism in various sectors, including healthcare and criminal justice.

According to the 2021 National Survey on Drug Use and Health, suicide rates have disproportionately impacted Black girls and Black men (Substance Abuse Mental Health Services Administration [SAMHSA], 2023). The same research underscores that Black individuals are frequently underdiagnosed and undertreated for mental health symptoms, potentially contributing to higher rates of suicide and drug overdose. The National Alliance on Mental Illness (NAMI, 2020) emphasizes that a lack of knowledge among some people of color can lead to the description of physical ailments when they are attempting to convey symptoms of depression. This miscommunication often results in misdiagnosis and mistreatment of their condition.

Between 2018 and 2020, Black adults sought mental health care in emergency departments at twice the national average, surpassing their White and Hispanic counterparts. However, Black adults were admitted to the hospital or transferred for treatment only 15.6% of the time, a rate lower than that of other ethnic groups (SAMHSA, 2022). These barriers have added to the mistrust and lack of understanding of available resources, creating more barriers and underutilization. The mistrust between Black communities and healthcare systems, particularly mental health services, has been passed down through generations. This mistrust continues to be a barrier to accessing quality mental health services, leading to poor health outcomes, higher rates of chronic diseases, and underutilization of services.

Lack of Mental Health Providers

One of the barriers that Black families face when accessing mental health services is that there is a shortage of social workers, but there is also a shortage of Black providers in mental health services. There are gaps in knowledge when there are non-Black providers providing mental health services to Black families (Summers & Lassiter, 2021). Cultural incompetence in mental health treatment can manifest in several ways. For instance, a therapist might downplay the impact of racism on a Black individual's mental health or misinterpret cultural expressions and behaviors as symptoms of mental illness, leading to misdiagnosis. Additionally, a lack of cultural knowledge about the history of Black families can result in treatment plans that fail to address the client's specific needs. The COVID-19 pandemic significantly amplified the need for mental health providers. Consequently, mental health professionals observed an increase in mental health issues not only among adults but also among children and adolescents. This surge in demand led to heightened challenges for providers, including increased caseloads, modifications in service delivery methods, inadequate compensation, and professional burnout (Phillips, 2023).

In 1935, Black social workers and educators recognized the critical importance of leveraging the experiences of the Black community, leading to the establishment of the Howard University School of Social Work. Pioneers like Lucy Diggs Slowe, Dr. Inabel Lindsey, Dr. Dorothy Height, and Mary McLeod Bethune championed education as a means to support and uplift the Black community (Howard, 2017). They emphasized addressing the unique needs of the Black community and underscored the necessity of high-standard social work training for social work students.

White people provide more mental health treatment than any other group, with African Americans making up 2% of the American Psychological Association and about 86% of psychologists being White (Lin et al., 2018). There is a critical need for inclusive and culturally competent support to address the needs of underserved Black families. Tirrell (2023) challenges mental health professionals to address systemic barriers to reduce disparities and improve clinical outcomes for this population and highlights that the lack of diversity within the healthcare setting is a barrier.

Theoretical Framework: Critical Race Theory

Critical Race Theory (CRT) is a way of looking at how power dynamics and racial inequalities are connected (Kolivoski et al., 2014). CRT helps show how systems and institutions maintain these inequalities and how we can work toward change. A variety of scholars from many disciplines such as Derrick Bell, Alan Freeman, Kimberle' Crenshaw, Richard Delgado, Cheryl Harris, Charles Lawrence, Mari Matsuda and Patricia Williams believe that racism is a regular part of society, and that Black people and minorities experience everyday challenges because of race and ethnicity (Delgado & Stefancic, 2023). CRT dates back to 1960s and started as a topic of legal studies. Scholars developed CRT as a framework for analyzing the relationship between race, racism, and power, emphasizing systemic inequalities and the impact of race on legal and social structures. CRT highlights that race is a social construction and can be defined as studying the patterns of race, racism, and power by looking at the economics, history, and environment while also inquiring about equality, and legal and constitutional law (Delgado & Stefancic, 2023).

Critical Race Theory has five key concepts. The first is that racism is endemic. It asserts that racism is ingrained and a common feature of the U.S. sociopolitical structure. The second

concept is interested convergence, which is race-based policies and practices aligning with the material interests of White individuals. Then the third concept is intersectionality: racialization affects marginalized groups in distinct ways, both within and across these groups. The fourth concept of CRT is experiential knowledge, the lived experiences of racially marginalized groups crucial for challenging inequities. Lastly is the fifth concept of CRT, the myth of meritocracy: CRT contends that the belief in meritocracy impedes social equity (Sulé, 2020). CRT supports that racial ranking orders govern political, economic, and social domains; therefore, White people stay in power, and Black people are overlooked and seen as less than in society (Dumas and Nelson, 2016, Kolivoski et al., 2014). The theorists of CRT believe that achievements of civil rights can only be achieved when the day-to-day lives of White people are not affected and argue that it is essential that the life experiences of Black people be shared which then gives voice to those that usually do not have their voices heard (Kolivoski et al., 2014).

Gloria Ladson-Billings, a foundational scholar in the application of CRT to education and social systems, expands on these ideas in *Justice Matters* by emphasizing that racism is not an occasional deviation but a persistent and normalized feature of American life. She critiques the myth of meritocracy by showing how institutions like education and healthcare are structured to benefit White individuals while marginalizing People of Color. Her work reinforces the CRT principle that systemic racism must be acknowledged and addressed to create meaningful change (Ladson-Billings, 2023). This perspective supports the argument that CRT is a necessary framework for identifying and dismantling the barriers Black families face in accessing equitable mental health services. Without this lens, efforts to reform social systems risk overlooking the deeply embedded racial hierarchies that shape outcomes for marginalized communities.

In 1863, the Emancipation Proclamation declared freedom for all enslaved people, but did not ensure equal treatment for Black individuals (Thomas & Casper, 2019). Built into the narrative that Black people were not considered human, but instead as property, Black people did not get the medical treatment needed during or after Slavery. Research has shown that Black people's life expectancy is less than that of White people due to many risk factors; however, for years, there was no documentation on the health of Black people (Thomas & Casper, 2019). The United States has increased the length and quality of life of everyone. However, there is still a big difference in the rates of preventable deaths of Black people versus White people.

Black people in the United States experience significant barriers to health care, education, adequate housing, and resources. Critical Race Theory provides a lens that translates the systematic nature of these disparities. The Centers for Disease Control and Prevention (CDC) reports suicide rates for Black youths increased notably by 36.6% from 2018 to 2021, with rates growing faster for Black youth than any other race or ethnic group (Hill, 2023). There seems to be a pattern with Black youth as it is with Black adults with the underutilization of mental health services. Black youth are more likely to underutilize mental health services than Whites (Hill, 2023). Hampton-Anderson et al. (2023) explain the unique challenges that Black youth face daily, such as racism, microaggressions, and traumatic exposures, and because of these unique challenges, they require personalized treatment. Further, minorities across the United States have less access to mental health services than other groups (American Psychological Association, 2022), which indicates how structural racism continues to perpetuate unequal access to resources and opportunities for Black families.

Ladson-Billings also emphasizes the importance of counter-storytelling and experiential knowledge, two core tenets of CRT in education, as tools for challenging dominant narratives

that obscure systemic injustice. In *Justice Matters*, she advocates for centering the lived experiences of Black individuals, particularly youth, as a way to expose the limitations of colorblind policies and practices (Ladson-Billings, 2023). This aligns with the discussion of the underutilization of mental health services by Black youth and the need for culturally responsive care. Dumas and Nelson (2016) urge educators, researchers, and policymakers to develop frameworks and interventions that center Black boys' perspectives, which includes asking them directly about their thoughts, desires, and identities, and designing systems that allow them to thrive as children.

By validating the voices and experiences of marginalized communities, Critical Race Theory (CRT) not only critiques existing power structures but also empowers practitioners, such as social workers, to develop more just and effective interventions. This aligns with the concept of Praxis, which values the experiential knowledge of those most affected by injustice and positions them as active participants in shaping solutions (Samacá Bohórquez, 2020). Rather than relying on top-down approaches, Praxis emphasizes community-driven change, where individuals are not merely recipients of services but agents of transformation. Ladson-Billings' work provides a powerful foundation for addressing racial disparities in mental health access by supporting macro-level solutions that are grounded in the lived realities of Black families and youth. This approach ensures that interventions are not only theoretically sound but also practically responsive to the needs and strengths of the communities they aim to serve.

CRT was introduced to social work in 2002. It is a framework that brings awareness to clients' intersections and how challenges come with those intersections of race, ethnicity, and gender (Ladson-Billings, 2013). CRT examined the power structures that perpetuate racial inequities, and although social work acknowledges racial disparities, CRT addresses the role that

race, racism, and power play in maintaining these inequities (Kolivoski et al., 2014). CRT emphasized understanding the dynamic of systemic racism and discrimination, covert and overt, within social structures and institutions. The application of CRT allows social workers to address better racial disparities in areas such as welfare systems and access to mental health services. The late introduction of CRT to the social work profession results from a growing awareness of the need to advance racial equality and destroy systemic barriers (Kolivoski et al., 2014). Just as social workers are taught to be culturally competent, critical race theory aids social workers in working with vulnerable communities and individuals. CRT helps social workers see barriers to resources for their clients but also helps them identify their barriers to working with clients (Billings, 2013). If overcoming barriers for Black families to access mental health services in underserved areas is the problem of practice, then a macro theory is needed to address the issue. CRT helps to support and guide this capstone project as it seeks to solve the complex and systematic problem of addressing the barriers that Black families face in accessing mental health services.

Section Three: Methodology

Practice Setting and Audience

This project's practice setting is Southwest Little Rock, Arkansas. The area of focus is zip code 72206, which is in Pulaski County. The population is about 25,624, and the median home value is about \$85,900 (U.S. Census Bureau, 2023). About 43.5% of the population is White, and 47.5% is Black or African American. The area comprises husband-and-wife family households (38%), single guardian households (26%), and households with children (29%). In the 72206 area, 29% of people rent their homes, and 32% own their houses with a mortgage (U.S. Census Bureau, 2023). About 13% of the homes in the area are vacant and abandoned. The largest

proportion of housing income falls within the range of \$25,000 to \$44,999 in this community. Most people in this area travel 10 to 19 minutes to work. In the area, a high school education is held by 64% of the population aged 25 years and older, with 24% of the population living below the poverty line (U.S. Census Bureau, 2023).

Historically, the area is known for the intense events that took place in 1957, making world news, when nine Black students attempted to attend Central High School to desegregate public schools. This caused conflict among locals. Governor Orval Fabus ordered the state militia to prevent the Black students from entering the school. On the other hand, U.S. President Dwight Eisenhower sent federal troops to Little Rock to maintain order and help carry out the desegregation plan, which was adopted by the city school board (Gist, 2015). In Arkansas and worldwide, these brave Black students are called “the Little Rock Nine”. Another significant event that exacerbated the negative impact on this community occurred shortly after the desegregation of schools: the construction of Interstate 630. Initially conceived in the 1930s, this expressway did not commence construction until the 1960s (Woodard, 2023). Residents who grew up in the area recall when 9th Street was a vibrant hub for Black businesses, residents, and entertainment (Koon, 2024). However, the decline in resources, coupled with the deliberate placement of the interstate, led to the displacement of many individuals and the destruction of numerous businesses (Koon, 2024). Consequently, the community has never fully recovered from these disruptions. To address these ongoing challenges, developing a community engagement toolkit is crucial. Such a toolkit would help underserved populations identify available resources, understand the area's historical impact on mental health, and promote help-seeking behaviors. This intervention aims to foster resilience and improve overall well-being by empowering Black communities with knowledge and support.

The target audiences for this project are pastors of churches and their congregations within the Black community, Black-owned mental health agencies, community mental health agencies, and local social work programs. The project's artifact is the community engagement toolkit, which will have a strong, positive impact on the community when pastors bring awareness to the artifact (Hays & Aranda, 2016). Black-owned mental health agencies and community mental health agencies will better understand the barriers Black families face when seeking mental health services. In addition, stakeholders will have a tangible item to give potential clients that will allow people to educate themselves and their community, promoting self-determination and better mental health outcomes.

Student Positionality

The topic of overcoming barriers for Black families to access mental health services in underserved areas is an essential topic to me. I currently work as the Mental Health Manager at a nonprofit homeless shelter, overseeing mental health services provided to our residents and the surrounding community. My professional experience and current position allow me to see firsthand the barriers that people of color (POC) face in accessing mental health services.

As a Black male who has seen both professionally and personally the role stigma, religion, and race show up in mental health services, I must constantly be mindful of the quantitative and qualitative data that speak to the barriers that people have reported. I must not allow myself to intentionally or unintentionally seek out information that confirms my pre-existing beliefs about the barriers that Black families face, while overlooking data that contradicts those beliefs. Another related bias that could potentially hinder the project is how close I am to the project culturally and how my background and personal experiences could lead

to my assumptions that do not capture the diversity of the experiences within the Black community.

Over the last several years, I have gained experience in the mental health field, working at several different levels of practice, from being a behavioral health technician, care coordinator, therapist, and now leader. This level of experience has allowed me insight into both the micro and macro levels of social work practice. When I started this DSW process, my approach was from a micro perspective, and I saw the need to intervene with individuals through therapy. As my professional roles changed and my learning in the DSW program evolved, my focus shifted to wanting to address this problem at more of a macro level. My new position allows me to work with individuals and other organizations, stakeholders, and future social workers. As a leader with doctoral-level training, I take back to the community and the field of social work more skills to improve policy, training, and systems that engage with the Black community. Shifting to a macro level increases capacity and allows for more people who are vulnerable to be helped, not just for a short period but hopefully for a more extended period, by partnering with stakeholders and intervening on the community and organizational level.

Capstone Project Design

This capstone project is guided by three key questions. Firstly, the first question focuses on the barriers that prevent Black families in the United States from utilizing mental health services. This question will be addressed through a scholarly review of existing research and literature. Secondly, the second question of this capstone project aims to identify community-level interventions that reduce barriers to Black Americans' utilization of mental health resources. This question will be addressed through a scholarly review of existing research and literature. Finally, the third question of this capstone project aims to develop community-level

solutions to overcome barriers to mental health treatment for Black families in Southwest Little Rock, Arkansas. This question will be addressed by creating the project's artifact, with the design of the project presented in this section.

Project Typology and Educational Artifacts

The typology for this capstone project is a macro practice intervention focused on achieving changes in community attitudes, understanding, and treatment capacity among the Black citizens of Southwest Little Rock, Arkansas. This section describes the overall design for implementing the capstone project and a particular artifact that plays a central role in this community-level intervention. By using the lenses of critical race theory, the project aims to address systemic barriers and inequities faced by Black families in accessing mental health services (Delgado & Stefancic, 2023). Additionally, it acknowledges the role race-based practices have played in creating mistrust and gaps in mental health literacy within the Black community. The project's artifact is a Community Engagement Toolkit for Overcoming Barriers for Black Families to Access Mental Health Services in Underserved Areas. The artifact is a tangible item that can be printed and distribute or available online through stakeholders' websites or email. The goal is to make the toolkit as accessible as possible to the Black community, churches, mental health providers, and other stakeholders in the Southwest Little Rock area. The toolkit is designed to be easy to read and eye-catching, with evidence-based strategies and pictures that keep the readers' attention. This intervention hopes to inspire the Black community by sharing historical facts about the trauma experienced in Little Rock, Arkansas, fueled by race and power, which will give voice to those who usually do not have their voices heard (Kolivoski et al., 2014).

The toolkit offers evidence-based strategies to stakeholders on how to help Black families overcome barriers that prevent underserved people from accessing mental health services. The toolkit is divided into five sections, beginning with an introductory letter from the project's author to the community. This letter serves to convey that the intervention comes from a trusted source, as I am a mental health provider, social work leader, and a Black person who identifies as a faith believer. Tirrell (2023) emphasizes the importance of addressing the lack of diversity within healthcare settings to enhance clinical outcomes. Section 1 of the toolkit aims to bridge the gap of mistrust between the Black community and mental health services and acknowledge historical traumas in the community. Research highlights that stigma and discrimination play a key role in the underutilization of mental health services with African Americans, and that stigma leads to fear and lack of understanding. Therefore, having representation and provider engagement can promote individuals seeking help (Kemp et al., 2023). The data summary of community needs in Section 2 is critical to this capstone project because it highlights the underutilization of services among Black families and the gaps in mental health literacy in the Black community, speaking to the inability of many Black people to recognize symptoms or when to seek professional help for mental health (Sampaio et al., 2022).

Section 3 of the toolkit is the largest section of the artifact, as it raises awareness of the significant barriers that the Black community faces when accessing mental health services. This toolkit section will significantly increase awareness among all who read it while offering evidence-based strategies to address each barrier. In Section 3, the toolkit highlights Black Americans' relationship with religion historically and how we harness the power of the church to increase mental health literacy and reduce stigma (Avent et al., 2015; Brown et al., 2024). To address existing gaps in mental health understanding, mental health providers have successfully

collaborated with churches and other trusted community institutions. By implementing community-level mental health literacy campaigns, these partnerships can foster more open dialogue around mental health and increase awareness, ultimately encouraging help-seeking behaviors and reducing stigma (Craddock et al., 2023). Both Sampaio et al. (2022) and Fussell-Ware et al. (2024) emphasize the urgent need to enhance mental health literacy through accessible, community-based interventions. Sampaio et al. highlight persistent gaps in mental health knowledge and the lack of psychoeducational initiatives, advocating for the involvement of school nurses and mental health professionals in delivering literacy programs and connecting individuals—especially children—to appropriate care. Complementing this, Fussell-Ware et al. evaluate the "Beams to Bridges" program, a culturally tailored intervention for Black adults, which demonstrated significant improvements in participants' mental health literacy. Their findings underscore the effectiveness of culturally responsive, community-rooted strategies in reducing disparities and promoting equitable access to mental health education and services. Building on the importance of culturally grounded approaches, Muvuka et al. (2020) emphasize the value of co-creating mental health communication campaigns with community members and stakeholders. Their work highlights the pivotal role of faith leaders in African American communities and the effectiveness of participatory strategies in reducing stigma and fostering trust. Together with the findings of Sampaio et al. and Fussell-Ware et al., this body of research underscores the necessity of community-rooted, culturally responsive mental health literacy initiatives to bridge knowledge gaps and promote equitable access to care.

Section 4 focuses on the role of social work in the community by informing readers on the mission of social work programs in the area, how social workers can impact the delivery of mental health services in the community, and how they can close gaps of knowledge when non-

Black mental health providers provide services to Black families and communities (Summers & Lassiter, 2021). Social workers play a critical role in the artifact as we are trained to recognize clients as experts in their own culture (NASW, 2021b, Section 1.05c). One strategy is improving social work internships in the Little Rock, Arkansas region. Field education is widely recognized as the cornerstone of clinical social work training, providing students with the opportunity to integrate theoretical knowledge into real-world practice (Bogo, 2015). Bogo emphasizes that effective field placements foster the development of clinical judgment, ethical competence, and professional identity through strategies such as structured supervision, reflective practice, and competency-based assessments. Complementing this, Street and Moyle (2019) offer practical strategies—such as journaling, self-reflection, and awareness of dual relationships—that are equally applicable to students using this toolkit in community-based field placements. Together, these perspectives highlight the importance of intentional, reflective, and ethically grounded practice in preparing students for the complexities of clinical work and closing the gaps of knowledge when non-Black mental health providers serve Black families and communities.

Lastly, Section 5 provides a resource guide identifying local resources such as transportation, low—or no-cost mental health services, and insurance information. Research shows that reliable transportation, out-of-pocket expenses, and lack of insurance are all barriers that prevent Black Americans from accessing mental health services (Alang, 2019; Caplan, 2024; Heaps, 2023). The National Alliance on Mental Illness (2020) emphasizes the importance of developing mental health resource guides specifically tailored for the Black community, recognizing that accessible, culturally relevant information is essential for improving mental health outcomes. Supporting this approach, Kemp et al. (2023) advocate for community-driven efforts to compile and disseminate lists of free or low-cost mental health services, particularly in

underserved areas. Together, these perspectives highlight the critical role of targeted resource development and strategic outreach in addressing systemic barriers to mental health care.

This community engagement toolkit leverages the influence of the Black church, clergy members, and congregations to educate stakeholders and raise awareness about mental health literacy among individuals who might not otherwise engage without the involvement of the Black church. In Sections 1 and 3, the toolkit provides historical information on Black Americans and their history with healthcare systems to educate on where some of the trauma and stigma come from preventing Black Americans from seeking help for mental health concerns, confirming the use of Critical Race Theory as a framework. Critical Race Theory emphasizes the importance of understanding systemic inequities and the impact of historical and social contexts on marginalized communities. It also highlights intersectionality, recognizing how overlapping social identities, such as race and socioeconomic status, impact individuals' experiences and access to resources. The toolkit provides information on trusted allies that support Black mental health in the Southwest Little Rock area, making it easier for Black families seeking help to make the next step in Section 5. These allies are also agencies that understand the importance of providing culturally competent care. Therefore, the toolkit connects Black families to culturally competent providers but also highlights programming alternatives to traditional mental health settings, such as the churches that host mental health literacy programming or community resources. In Section 3, the toolkit reflects research that historically supports the notion that the Black church has served as a gathering place for African American people to seek safe resources, consult with their pastor about life stressors, or pray and worship, which is a form of coping (Dempsey et al., 2015).

Additionally, the community engagement toolkit will reduce stigma by educating on its origins within the Black community, highlighting local allies and resources, and offering strategies to overcome access barriers, leading to improved mental health outcomes for people of color (Coombs et al., 2022). Furthermore, research shows that people of color are more likely to engage in services by trusted institutions that provide culturally competent care (Coombs et al., 2022). To this end, the research supports Black people seeking help for their stress and emotional discomfort and seeking informal care from pastors and church members (Dean et al., 2022). Please see Figure 1 outlining the table of contents for the toolkit.

Strategies of Implementation Science

The Community Engagement Toolkit: Overcoming Barriers to Mental Health Services for Black Families in Underserved Areas, the capstone artifact, is the first step in a larger initiative related to mental health literacy in the Black community with the aid of faith-based organizations and pastors. The project's purpose is to enhance access to quality community mental health services and education for Black families in Southwest Little Rock, Arkansas, to increase the utilization of these services among families in the area. The population focus includes Black families, faith-based organizations, leaders, social workers, and other Southwest Little Rock, Arkansas stakeholders.

The National Implementation Research Network (NIRN) framework offers a comprehensive approach to implementing evidence-based practices within communities (Fixsen et al., 2005). NIRN framework is valuable for addressing the mental health needs of Black families, who often face unique barriers to accessing quality mental health services. Utilizing the NIRN framework, the larger, comprehensive project can systematically assess community needs, build necessary infrastructure, and ensure effective implementation. This process begins with the

development of the toolkit. The NIRN framework will guide community engagement efforts to improve access to mental health services outcomes for Black families, fostering stronger connections with the community and mental health agencies, and remove barriers to accessing mental health services. To ensure the program's success, we will go through four stages of implementation: exploration, installation, initial implementation, and full implementation (Fixsen et al., 2005).

Mental health in the Black community is a complex problem. However, this intervention is teachable by faith-based organizations, community members, social workers, and social work students. This intervention is feasible with the help and collaboration of pastors of faith-based organizations, congregations, the Black community and stakeholders. The implementation team is developed during the exploration phase. During the exploration phase, an agreement is reached about what is to be done, the resources required to achieve the goals, and timelines are set to guide the work (Fixsen et al., 2014). Five members are needed, including influential community members, stakeholders, and social workers. During this phase, we will identify the host church and pastor. Some of the challenges identified during this phase will include navigating complex schedules, identifying a pastor and host church that support the intervention goals, and then identifying the best way to engage the potential team members. This phase and the challenges that come with this phase are steps that will be taken after the successful completion of the doctoral program.

Another crucial phase in the post-graduation intervention framework is the installation stage. During this phase, the necessary infrastructure and support are established to ensure the successful adoption of the intervention (Brémault-Phillips et al., 2018). Key tasks include confirming the host church and ensuring the location is suitable for the program, recruiting

volunteers, organizing community resources, creating training materials for volunteers and staff, and building communication channels. Challenges associated with this phase may include securing buy-in from the congregation, signing up volunteers for program dates, researching and organizing resources, and establishing best practices for training volunteers.

After installation, the intervention enters the initial implementation phase, which focuses on refining data-based support. This phase involves collecting data on the number of people attending community outreach programs, conducted post-doctoral program. The data collected is tied to the logic model used for the current project's objectives of connecting people to resources and launching a mental health literacy campaign. During this phase, we establish data-collection systems, develop survey instruments with open-ended responses, and implement innovation (Smith et al., 2014). Potential challenges during this phase include coordinating times, schedules, and locations for meetings, ensuring volunteers are capable of reading and reporting data, and organizing community focus groups composed of church members, community leaders, and stakeholders to provide feedback on the utilization of the toolkit and the larger initiative.

Lastly, the full implementation phase involves planning for and securing the resources needed to sustain the implementation team and the intervention's use. This phase includes ongoing monitoring and evaluation of the intervention's sustainability using best practices (Smith et al., 2014). Potential challenges during this phase may include a lack of access and support from social work programs due to staff turnover, maintaining the momentum and involvement of the churches, and retaining volunteers and supporters for the program. These steps are to be taken after the rollout of the toolkit, following the completion of the doctoral program.

Theory of Change Model

The logic model defines a systematic and visual way to present and share relationships among the resources available to operate a program, the planned activities and processes, and the desired outcomes (Twombly, 2024). In the community engagement logic model for this project, (see Figure 2), there are five categories with listed inputs and resources, activities and objectives. The goal of the intervention is to enhance access to quality community mental health services and education for Black families in Southwest Little Rock, Arkansas, to increase the utilization of these services among people of color in the area. The population of focus is Black families, faith-based organizations, their leaders, social workers, and other stakeholders in Southwest Little Rock, Arkansas. It is critical to note that the logic model is the big picture of a larger innovation to be completed post-doctoral program.

The capstone project begins with developing a Community Engagement Toolkit, which serves as a primary input and resource within the logic model, alongside mental health literacy. These elements are crucial for the project's success. However, other inputs and resources listed are associated with the larger initiative from the post-doctoral intervention. The project activities include promoting mental health education within the Black community, identifying resources tailored to the specific needs of Black families, and formulating strategies to help the community overcome barriers to accessing mental health services. The expected outcomes are to reduce the stigma associated with mental health services in the Black community, improve cultural competency among healthcare professionals, educate on the history of African Americans in healthcare settings, and facilitate connections to essential mental health resources.

Ethical Considerations

During the capstone project, no human subjects were involved. Therefore, there is no need for informed consent, and no person was harmed or put in danger. I did not conduct original research for this project. As a social worker, I am responsible for working with integrity and improving the profession's integrity through appropriate study and research, as outlined in the *NASW Code of Ethics*, which states social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences (NASW, 2021b, Section 5.01d). The artifact can be used as a tool to not only teach interns but can be utilized in meetings and conferences to promote cultural competence, as social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility (NASW, 2021b, Section 1.05c).

The capstone project aligns with the ethical principle of cultural competence, which emphasizes understanding and respecting the strengths of all cultures (NASW, 2021b, Section 1.05). However, considering the trauma that Black people have historically faced in mental health research, I take pride in creating a capstone project that will help Black families overcome barriers to accessing mental health services. Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should

advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice (NASW, 2021b, Section 6.04). By demonstrating cultural competence and awareness, I aim to contribute positively to the well-being of Black families and the broader community.

Section Four: Solutions for Social Work Practice

Presentation of Artifact

The Community Engagement Toolkit for Overcoming Barriers to Mental Health Services for Black Families in Underserved Areas is a macro-level intervention developed as part of a Capstone project. The primary goal is to shift attitudes, enhance understanding, and build treatment capacity among Black residents in Southwest Little Rock, Arkansas. This is achieved by offering practical strategies to address barriers to mental health access and by strengthening social work internship programs. Guided by a Critical Race Theory in Education framework, the project confronts systemic inequities that hinder Black families from receiving adequate mental health care. The toolkit serves as a tangible, accessible resource, available both in print and online through stakeholder websites and email distribution. It is designed to be user-friendly and visually engaging, incorporating evidence-based strategies and compelling visuals to maintain reader interest. The toolkit aims to empower the Black community, local churches, mental health providers, and other key stakeholders by making mental health resources more approachable and relevant. Additionally, it seeks to inspire community engagement by highlighting historical trauma experienced by Black residents in Little Rock, fostering a deeper understanding of the context behind current challenges. The toolkit is attached to the Appendix.

Narrative Description & Reflection

I initially began my Capstone Project with the intention of implementing a micro-level intervention, drawing on my skills and professional experience. However, through consultation and reflection, it became clear that my true passion and the greatest need lay in macro-level work. The research supported this shift, highlighting the importance of community-level interventions.

I'm proud of the work accomplished through the development of the toolkit. I believe it fulfills my original goal: to spark meaningful conversations about mental health within the Black community. This project represents a foundational step in a broader initiative. Without this initial effort, the larger vision would not be possible.

Designing the toolkit was one of the more challenging aspects of my Capstone Project. I struggled with the question: How do you create something that addresses a potentially controversial topic, yet it still invites people to engage with it? Initially, I considered using black-and-white photography to evoke a dramatic tone. However, after thoughtful reflection, I shifted my approach. I opted for bright colors, abstract designs, and inclusive imagery to create a more welcoming and engaging document. Another key design consideration was my audience. I aimed to avoid dense blocks of text that might discourage readers. Instead, I focused on creating a toolkit that was visually accessible and easy to navigate. I used bold headings, concise narrative sections, and bullet points to ensure a smooth flow from one topic to the next.

The Capstone Project has significantly influenced my career. Before this experience, my professional goal was to become a clinical director at a mental health agency. However, through developing new skills in scholarly research and gaining a deeper understanding of social work education, I now envision a broader path. I see myself engaging more in community work,

stepping into upper-level leadership roles, and contributing to decision-making processes within agencies, communities, and academic programs. I now identify as an advanced practitioner, possessing not only strong clinical skills but also the ability to help shape the future of social work through education, leadership, and innovation.

During my Doctor of Social Work (DSW) program, I gained a comprehensive understanding of leadership and management within the social work profession. I explored leadership theories and team-building best practices, with a focus on strengths-based and trauma-informed approaches that promote diversity, equity, and inclusion. I developed the ability to lead across the social ecology, from individual-level interventions to organizational and structural change, while enhancing my skills in community engagement, public discourse, and the use of technology to foster meaningful connections and advocacy.

A key component of my learning involved implementation science, where I studied how to translate research into practice effectively. I learned to identify facilitators and barriers to implementation and apply strategies that are grounded in equity and justice. These skills directly impacted how I developed the community engagement toolkit. This knowledge equips me to support sustainable change in communities by ensuring that interventions are not only evidence-based but also culturally responsive and socially just. I am committed to using these skills to promote racial equity and address systemic disparities in social, economic, and environmental contexts, more specifically involving mental health access in the Black community.

In the realm of teaching, my DSW program provided a strong theoretical foundation for educating adult learners in higher education. I studied pedagogical and andragogical theories, as well as inclusive teaching strategies that support diverse learning styles. I also developed skills in facilitating critical conversations about oppression and privilege, utilizing anti-oppressive and

Indigenous teaching models. As an educator, I strive to create dynamic and inclusive classroom environments that empower students to become thoughtful, equity-driven practitioners and leaders in the field of social work.

Plans for Dissemination

The dissemination strategy for the toolkit is designed to reach a diverse audience through multiple, intentional channels. The initial phase focuses on internal distribution within the community shelter where I am currently employed, which houses approximately 150 individuals each night and serves non-residential clients through services such as a health clinic and a career center, in Little Rock Arkansas. Printed copies of the toolkit will be placed in accessible areas throughout the campus, allowing clients to read them on-site or take them home.

Additionally, the toolkit will be included in resource folders distributed during monthly open house events, which are led by the Executive Director and attended by stakeholders such as city officials, mental health professionals, church leaders, school administrators, and medical resident students. To expand the toolkit's reach into academic settings, printed copies will be provided to Master of Social Work (MSW) interns during their field placements at the agency, while digital versions will be shared with field liaisons and the School of Social Work at the University of Arkansas at Little Rock. My direct connections with program coordinators enhance the likelihood of the toolkit being shared with faculty, professors of practice, and students, supporting its integration into academic and professional development contexts.

Finally, to engage the broader community, printed copies will be distributed to local churches along with instructions for accessing a digital version and placed in high-traffic community spaces such as barbershops, post offices, and restaurants. These efforts aim to ensure the toolkit is accessible, visible, and impactful across a wide range of settings.

Social Work Practice Contributions

The project of Overcoming Barriers for Black families to Access Mental Health Services in Underserved Areas is being completed as a macro intervention. As a social worker, I uphold an ethical obligation to advance and improve the field of social work. I serve and share knowledge with my colleagues and the community. This capstone project advances social work by promoting high-quality scholarly inquiry to support vulnerable populations, aligning with the mission of the profession. It spreads knowledge that strengthens Black communities that have been historically oppressed and underserved.

As a social work community leader with extensive mental health experience and newly acquired doctoral-level skills, I recognize this toolkit as an invaluable resource for students during their practicum experiences. It prepares them to work effectively in underserved areas. Social workers use the toolkit to educate themselves about their clients' barriers and to learn practical strategies for supporting both clients and the broader community. Additionally, the toolkit serves as a training guide for students, directing them to resources that enhance their work with clients in the Black community.

This toolkit incorporates evidence-based practices to ensure that social workers and students apply the most effective methods in their work. It emphasizes collaboration with other professionals and community organizations to maximize its impact. Cultural competency remains a key component in addressing the unique needs of Black families and other underserved communities. The toolkit provides long-term benefits, including improved mental health outcomes and stronger community ties.

Limitations

The community engagement toolkit provides strategies to help the community understand and address the barriers that Black families face when accessing mental health services. The limitations identified during the development of the community engagement toolkit mirror these challenges. Cultural beliefs that view mental health issues as a weakness can hinder engagement in intervention. Additionally, historical mistrust of the healthcare system within the Black community poses a significant barrier, as building trust is essential but can be a slow and challenging process. By addressing these barriers, the toolkit aims to foster a more inclusive and supportive environment, ultimately improving Black families' access to mental health services and enhancing their overall well-being. Another limitation is that the community engagement toolkit is one intervention inside a larger, more comprehensive intervention, and due to the timeframe of the doctoral program, the larger intervention will come post-doctoral program.

Summary

In conclusion, this Capstone Project represents a critical step toward addressing the underutilization of mental health services by Black families in Southwest Little Rock, Arkansas. Grounded in macro-level social work practice, the project includes a historical traumatic disruption report to contextualize the generational and systemic barriers impacting mental health access. A data summary highlights the persistent disparities in service utilization, underscoring the need for targeted interventions. The toolkit developed through this project offers easy-to-access, evidence-based resources designed to enhance mental health literacy, address stigma, and empower families to seek support. It also serves as a practical guide for stakeholders, social workers, and social work students, emphasizing their role in closing knowledge gaps and promoting equity. By integrating trauma-informed strategies, implementation science, and

inclusive leadership principles, this project lays the groundwork for sustainable community engagement and transformative change.

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Figure 1

Table of Contents for Toolkit

Section	Content
Section 1	<p>Introduction</p> <ul style="list-style-type: none">• Section Goal: Aims to bridge the gap of mistrust between the Black community and mental health services, acknowledge historical traumas in the community of Little Rock Arkansas.• Letter to the Community: This section includes a heartfelt letter to the community, emphasizing the author's commitment to improving mental health access and literacy within the Black community.• Historical Traumatic Disruption: The report addresses the historical traumatic disruptions experienced by the community, highlighting the importance of acknowledging and overcoming these challenges.
Section 2	<p>Data Summary</p> <ul style="list-style-type: none">• Section Goal: Aim to capture readers' attention to the underutilization of mental health services in the Black community in Southwest Little Rock Arkansas with bold statistics and brief statements.• Summary and Visual Representation: This section overviews community needs and highlights critical mental health issues within the local Black community.• Data Snapshot: Includes a snapshot of recent U.S. Census data on mental health service usage by African Americans.
Section 3	<p>Overcoming Barriers and Enhancing Mental Health Literacy</p> <ul style="list-style-type: none">• Section Goal: Delineates strategies to overcome barriers to accessing mental health services in the Black community.• Strategies to address Historical Relationship with Religion: This section highlights Black Americans' relationship with religion historically and how the power of the church can be harnessed to increase mental health literacy and reduce stigma.• Strategies to Address Stigma: This section present concrete evidence-based strategies to address stigma in treating Black Americans in mental health in Little Rock Arkansas.• Strategies to Improve Mental Health Literacy in Southwest Little Rock: Provided evidence-based strategies to address gaps in knowledge and resources within the Black community.

Section 4	<p>The Role of Social Work</p> <ul style="list-style-type: none"> • Section Goal: Aims to provide a blueprint for improving social work internships in Little Rock Arkansas. • Tips for Blueprint: This section highlights the role of social work in the community, informing readers about the mission of local social work programs and how social workers can impact the delivery of mental health services. • Tips Closing Knowledge Gaps: Explains how social workers and interns close gaps of knowledge when non-Black mental health providers serve Black families and communities, by implementing the NASW <i>Code of Ethics</i>. • Tips to Build Culturally Competent Social Workers: Educates readers on specific values of social workers related to the NASW <i>Code of Ethics</i>.
Section 5	<p>Resource Guide</p> <ul style="list-style-type: none"> • Section Goal: Aims to improve access to and utilization of mental health services by fostering dialogue and linking underserved individuals to essential resources. • Connecting Families: Offers a resource guide for connecting families to local mental health agencies, transportation resources, and insurance providers. • Provide Detailed Information: Provide links, contact information, and background on services offered in the local area.

Note. The figure demonstrates the content of the artifact to be completed as a macro practice intervention focused on achieving changes in community attitudes, understanding, and treatment capacity among the Black citizens of Southwest Little Rock, Arkansas.

Figure 2

Community Engagement Logic Model

Intervention Goal: Enhance access to quality community mental health services and education for Black families in Southwest Little Rock, Arkansas, to increase utilization of these services among people of color in the area.

Population of Focus: Black families, faith-based organizations, their leaders, social workers, and other stakeholders in Southwest Little Rock, Arkansas.

INPUTS/ RESOURCES	ACTIVITIES/ PROCESSES	OUTPUTS SHORT TERM OBJECTIVES	OUTPUTS INTERMEDIATE OBJECTIVES	OUTPUTS LONG TERM OUTCOMES
<p>Community Engagement Toolkit</p> <p>Pastors of Faith-Based Organizations</p> <p>Mental Health Literacy</p> <p>Community Partners</p> <p>Allies with Black-Owned Mental Health Agencies</p> <p>Bachelor & Master Level Interns</p> <p>Social Workers</p> <p>Volunteers</p>	<p>Promote education on mental health in the Black Community</p> <p>Identify resources unique to the needs of Black families.</p> <p>Monthly group meetings at local churches on mental health topics.</p> <p>Focus groups led by Social Work interns</p> <p>Community Plan to help community overcome barriers to access mental health services.</p> <p>Launch mental health literacy campaign</p>	<p>Reduce Stigma</p> <p>Increase cultural competency to healthcare professionals</p> <p>Educate on the history of African Americans with health care settings.</p> <p>Provide continuing education to Social Workers</p> <p>Develop more allies</p> <p>Connecting people to resources</p> <p>Identify opportunities to promote acceptance and support for people with mental illness.</p>	<p>Increase help seeking behaviors of African Americans in Southwest Little Rock</p> <p>Reduce barriers to mental health services</p> <p>Increase allies of Black mental health literacy</p> <p>Increase cultural competency in Social Work practice</p> <p>Normalize mental health in the Black community by increasing awareness in the faith-based organization</p>	<p>Consistent community engagement with Mental Health Campaigns</p> <p>Strong connections with Community and Mental Health Agencies</p> <p>Removal of barriers to access mental health services</p> <p>Improved outcomes of people of color’s mental health</p>

Note. The Community Engagement Toolkit: Overcoming Barriers to Mental Health Services for Black Families in Underserved Areas, the capstone artifact highlighted in blue, is the first step in a larger initiative related to mental health literacy in the Black community. Figure 2 reflects the full post-doctoral intervention. The only inputs needed for the capstone project are community engagement toolkit and mental health literacy. All other inputs will be utilized in the larger, more comprehensive project post-doctoral program.