Original Research

Examining the Experienced Barriers to Seeking Mental Health Treatment Among Metropolitan Millennial Black Men

Demetrius Cofield[1]

[1] Counselor Education, Department of Educational Studies, The Ohio State University

Abstract

The increase in the prevalence of mental illness among Black millennials has led to more awareness and advocacy within the generation. However, Black millennial men are still utilizing counseling services at significantly lower rates than millennial Black women and men of other races. Consequently, this leads to an increase in suicide completions and undiagnosed mental health issues among Black men who experience more severe and disabling symptoms of mental illness. An exploration of racism, stigma, mental health in the Black community, and Black masculinity influenced the development of this study. Based on past reported themes, Black Masculinity and Critical Race Theory are utilized as a multi-dimensional framework for this phenomenological study to provide in-depth information on the barriers to counseling experienced by millennial Black men in a metropolitan city in North Carolina. Using Interpretive Phenomenological Analysis of the semi-structured interviews of this study, results indicated the following three themes as experienced barriers: *Black Pride, Classical Masculinity,* and *Negative Perceptions of Mental Health and Counseling*. Implications for improving advocacy efforts in similar metropolitan areas by mental health professionals, universities, and general social justice advocates, as well as future research, are provided.

Keywords: black men, mental health, social justice, millennials, black masculinity

Introduction

Mental health treatment utilization (e.g., counseling, psychotherapy) among Black men is significantly lower when compared to Black women and men of other races (Cofield, 2023; DeAngelis, 2023; Shannon, 2023). DeAngelis (2023) reported that only 26.4% of Black men experiencing anxiety and/or depression seek mental health treatment. Suicide completion rates among Black men are also rising at alarming rates, particularly when compared to other racialized or gendered groups (National Institute of Mental Health, 2023; Tate, 2022). A prominent view among men, regardless of race, is that seeking counseling shows weakness and lacks masculinity; however, this view is more prevalent among Black men (Cadaret & Speight, 2018; Thomas, 2016; Ward & Besson, 2012). Current literature on these issues and concerns is scarce (Cofield, 2023; Ward & Mengesha, 2013). Due to the scarcity, more attention should be given to the reasons for the lack of help-seeking among Black men and their attitudes toward counseling. For this article, Black will be used to address Black Americans or those of African descent who were born and/or raised in the United States.

Dimock (2019) identifies people born between 1981 and 1996 as millennials, a generation that currently represents the majority of this country's adult population. Recently, there has been an increase in mental health concerns among millennials, leading to more awareness and advocacy efforts (Harvey, 2020; Hoffower & Akhatar, 2020). However, Black millennials are still utilizing counseling services at a significantly lower rate than other races (Kim, 2018; White-Cummings, 2017). With this generation continuing to address the stigma associated with mental illness, Black men are still reluctant to express their struggles with mental illness and seek help. In older Black generations, this lack of help-seeking is normalized due to their dismissive attitudes towards mental health and its importance, but in a generation working to normalize counseling, this raises concerns about the barriers these Black men face when deciding whether to seek help (Kim, 2018; White-Cummings, 2017).

Many Black men are unable to look past the stigma associated with mental illness and appropriately seek help. Their lack of insight can lead to more severe symptoms and consequences, including suicide for those suffering from depression (American Counseling Association [ACA], 2021; Tate, 2022; Thomas, 2016). There is a great need for more attention on this phenomenon, as many scholars have previously acknowledged (Berger et al., 2012; Cadaret & Speight, 2018; Coleman-Kirumba et al., 2023; Shannon, 2023; Stare & Fernando, 2019; Ward & Besson, 2012). The purpose of this phenomenological study is to explore what factors contribute to the lack of mental health treatment engagement among Black men, particularly millennial Black men in metropolitan areas. A doctoral student at a local university conducted this study in a metropolitan city in North Carolina. Utilizing Critical Race Theory (CRT) and Black Masculinity (BM) as a multi-dimensional theoretical framework (Leonardo, 2013), the following research question guided this study: What are the experienced barriers to

seeking mental health treatment for millennial Black men? This article details the pilot study exploring barriers to mental health treatment for local millennial Black men in a North Carolina Metropolitan City (NCMC).

Subjectivity Statement

As a Black male counselor, I have witnessed the lack of advocacy toward improving the rates of Black men getting counseling. The lack of advocacy motivated me to become a counselor and pursue my passion for working with Black male clients. As a Black man who has engaged in counseling for my mental health, I understand that the decision to finally seek help is not an easy one to make. Even as a counselor, I still struggled with the stigma associated with Black men going to counseling and expressing emotions. My personal and professional experiences with this cultural phenomenon are what drives my interest in this study and similar research.

Literature Review

Mental illness continues to be a significant concern in the Black community and is considered worse for Black men specifically, yet they engage in counseling at a notably lower rate than others (Cofield, 2023; Ward & Mengesha, 2013). The current literature concerning the lack of help-seeking among Black men is limited, but certain themes are prevalent throughout (Cadaret & Speight, 2018; Shannon, 2023; Ward & Mengesha, 2013). A review of the current literature concerning Black men and mental health treatment as well as mental health treatment in the general Black community revealed themes related to racism, stigma and mental illness in the Black community, and concerns of masculinity. The following sections provide a summary of the review of literature.

Racism

Racism and oppression have burdened Black Americans since enslavement (Umeh, 2019). In our current racialized society, Black people continue to suffer at the hands of the White and privileged through the systematic racism driving this country (Johnson, 2018; Umeh, 2019). The plague of racial violence thrives in our country's current climate. George Floyd, Elijah McClain, Sean Reed, Ahmaud Arbery, Trayvon Martin, Sandra Bland, Tamir Rice, Michael Brown, Anthony Hill, Keith Lamont Scott, and so many others have suffered from the affliction of racial injustice that continues to impact the lives of those they left behind (Alang et al., 2017; Belle, 2014; Rudrow, 2019; Smiley & Fakunle, 2016). The Federal Bureau of Investigation (FBI) reported 2,755 violent hate crimes against Black people in the United States in 2020, a 40% increase from the previous year (Mangan, 2021). Black people, especially Black men, are angry, afraid, or traumatized, which adds to the historical distrust of White people, who dominate the mental health profession (American Psychological Association, 2020).

Prior to The Civil War, drapetomania and dysaethesia aethiopica were Black-specific mental illnesses created by Dr. Samuel Cartwright (Jackson, 2003; Rostain et al., 2015). The symptoms associated with drapetomania were running away, destroying property, disobedience, disrespecting their enslavers, and refusing to work (Jackson, 2003; Rostain et al., 2015). Dyseathesia aethiopica was associated with lethargic affect and behavior accompanied by lesions on the body that were logically a result of whipping (Jackson, 2003). At the time, being severely whipped was considered proper medical care for these disorders. Racist mistreatment of Black people is just one example that led to the medical distrust within the Black community (Umeh, 2019). Racism serves as a factor leading to mental health issues in Black people, which should promote help-seeking. However, it also serves as a barrier due to the distrust of professional care that continues to be present today.

Mental Health Treatment in the Black Community

Black people have more severe and disabling symptoms of depression and experience poorer outcomes in counseling (Hays & Arranda, 2016). Black people have historically suffered in silence when it comes to mental illness, as evidenced by the rise in the number of suicides completed by Black people each year (McGee & Stovall, 2015; Umeh, 2019). The popular belief that mental illness is something to be prayed away in the church has also influenced the lack of help-seeking (Kolivoski et al., 2014). Attention to the phenomenon of the underutilization of counseling in the Black community has increased over the past 30 years (Thomas, 2016). Doyle et al. (2012) found counseling use severely low for Black men, which raised questions about what prevents them from seeking the counseling they need (Ward & Besson, 2012).

Stigma

Mental health stigma is a significant deterrent in the Black community, especially among Black men (Cadaret & Speight, 2018; Holden et al., 2012; Shannon, 2023; Ward & Besson, 2012). Both social and self-stigma have been identified in literature as barriers to Black men seeking treatment (Cadaret & Speight, 2018). Social stigma is noted as more of a deterrent to counseling and plays an influential role in higher self-stigma related to help-seeking (Cadaret & Speight, 2018). The thought of being labeled with a mental health diagnosis, or the suggestion of it, leads to negative reactions from men in general, with a more negative reaction among Black men (Berger et al., 2012).

Given the current racialized climate and rise in publicized racial violence, current research supports the idea that racism is having a significant impact on the mental health of Black men (Banks et al., 2006; Goodwill et al., 2019; Hoggard et al., 2019). Recent social and political events nationwide would lead one to believe Black men are in greater need of counseling, yet

there are no current trends indicating an increase in utilization. The limited research on the lack of counseling engagement by Black men provides evidence of a gap in the literature that needs to be filled.

Theoretical Framework

With this study, I sought to fill that gap to advocate for the silent struggles of millennial Black men by allowing their stories to help improve counseling outcomes and available resources and increase help-seeking. I sought to achieve this by using CRT and BM to explore the specific influence of masculinity and racism on Black men seeking counseling (Cadaret & Speight, 2018; Woodward et al., 2011), using only Black male participants who have current symptoms or a history of a mental health diagnosis (Ward & Besson, 2012) and utilizing a Black male interviewer to provide a racial and gender connection with participants (Stare & Fernando, 2019; Ward & Besson, 2012).

The Black man is an intersection of multiple identities. A one-dimensional analysis of such a diverse marginalized population does not fully illustrate the Black male experience. Leonardo (2013) suggests that multidimensional frameworks are essential in providing holistic analyses of race work (Bryan, 2016). Hence, using a multidimensional framework to provide a more encompassing theoretical lens for this study using BM and CRT.

Black Masculinity

Masculinity is a barrier to general healthcare for men of all races (Berger et al., 2012). Masculine norms today speak to the inherent strength of the man who can never show signs of weakness (hooks, 2004). Studies have noted that seeking counseling specifically is a perceived weakness among Black men (Sellers et al., 2009; Thomas, 2016; Ward & Besson, 2012; Ward & Mengesha, 2013). Masculinity shapes the norms for managing stress, decision-making, power, and social status (Thomas, 2016). When it comes to masculinity, Black men particularly are governed by the belief that the image of the White American man is ideal (hooks, 2004). Not conforming to White norms, Black men have been labeled violent, lazy, disengaged, aggressive and hypersexual among other things (Ferber, 2007; Goodwill et al., 2019; hooks, 2004; Smiley & Fakunle, 2016). These stereotypes come with no regard for external factors of racial bias and internal factors associated with mental health.

The literature regarding the underutilization of counseling by Black men identifies common themes of masculinity and racism, but they are not explicitly explored. With the normalized perspective that showing emotions and talking about one's feelings is feminine, Black men are taught not to show such vulnerability (hooks, 2004; Thomas, 2016). Consequently, this can lead to an increase in suicide completions and undiagnosed mental illnesses (American Counseling

Association [ACA], 2021; Tate, 2022; Thomas, 2016). However, through the lens of BM alone, the intersectionality of Black men's identities and beliefs is ignored (Bryan, 2016). With a growing body of literature calling for more exploration of Black masculinity from a CRT perspective, utilizing both frameworks allows for a more thorough understanding of these barriers (Bryan, 2016).

Critical Race Theory

CRT is a movement for social justice with the goal of eliminating racial oppression (Bell, 1995, 2008; Ladson-Billings & Tate, 1995). Advocates of CRT believe racism is relentless and fluid, changing with the times and circumstances (Bell, 1995, 2008; Delgado & Stefancic, 2001; Ladson-Billings & Tate, 1995). CRT examines societal power structures, bringing attention to the White privilege and White supremacy within their foundations (Delgado & Stefancic, 2001; Johnson, 2018; Ladson-Billings & Tate, 1995). CRT considers intersectionality in its critiques of the many oppressions that face minoritized races such as gender, religion, sexual orientation, and social class, which can be impactful on one's mental health as well as influential in decisions to seek help (Bell, 1995, 2008; Brown, 2003). Through the combined lens of BM and CRT, this study seeks to answer the question: What are the experienced barriers to mental health treatment for millennial Black men?

Methodology

Qualitative research is utilized to gain a contextualized understanding of how people make meaning and interpret their experiences in the world (Ravitch & Carl, 2019). Since my interest is in understanding the specific experiences of Black men who may or may not seek counseling, a qualitative design was identified as the appropriate methodological approach. This study follows a phenomenological design to explore the experienced barriers to counseling for millennial Black men.

Phenomenology is a philosophical research design that reflects on the transcendental structures of experience and consciousness (Creswell & Poth, 2018; Mertens, 2005; Ravitch & Carl, 2019; Vagle, 2018). The phenomenon being analyzed in this study is the experienced barriers to millennial Black men seeking mental health treatment in an NCMC. This study was conducted as a smaller pilot study to assist with developing a larger study for dissertation purposes (Cofield, 2022).

Participants

Participation was limited to local eligible participants in the specified NCMC to provide a centralized focus for this pilot study. Eligible participants needed to self-identify as millennial

Black men and have current symptoms or a history of a mental health diagnosis. At the time of the study, millennials were 23-38 years old (Dimock, 2019). To determine current mental health symptoms, participants were screened using the Patient Health Questionnaire- 9 (PHQ-9) for depression and the Generalized Anxiety Disorder Screener (GAD-7) for anxiety (Kroenke et al., 2001; Spitzer et al., 2006). This study included cisgender Black American men only, regardless of sexual orientation. Purposeful sampling was used for recruitment (Ravitch & Carl, 2019).

Sample Selection

Participants were recruited through flyers posted via my professional social media accounts in counseling social media groups and the affiliated university graduate student listservs since millennial age ranges were older than traditional college-age students. Interested participants were pre-screened using a questionnaire formatted from a combination of the PHQ-9, the GAD-7, and demographic questions (Kroenke et al., 2001; Spitzer et al., 2006). The pre-screening also included a question for those who had a history of a diagnosed mental illness but may not currently struggle with symptoms due to current or previous treatment. Following the initial pre-screening, these men agreed to participate in one-on-one interviews for the study. Each participant was assigned a pseudonym for anonymity.

Originally, the goal was to recruit 10 participants. However, there was not enough interest from eligible participants. The final sample consisted of four Black men between the ages of 27-35, falling within the age range of millennials at the time of the study (Dimock, 2019; White-Cummings, 2017). The four participants were (1) Jamal, 35 years old, heterosexual, and a current doctoral counseling student, (2) Trey, 35 years old, homosexual, and a college graduate, (3) Neal, 27 years old, heterosexual and a high school graduate, and (4) Quan, 31 years old, homosexual, and a college graduate. Quan reported that he had never engaged in counseling, while the other participants reported engaging in counseling at some point in their lives. Sample demographics are shown in Table 1.

TABLE 1. Participant demographics

Participant	Age	Sexual Orientation	Education Level	Engaged in Treatment
Jamal	35	Heterosexual	Ph.D Student	Yes
Trey	35	Homosexual	College graduate	Yes
Neal	27	Heterosexual	High school graduate	Yes
Quan	31	Homosexual	College graduate	No

Data Collection

Participants were provided a list of interview questions prior to the interview to allow time to provide well-thought-out responses. I facilitated the semi-structured interviews with the participants via Zoom. Interviews lasted approximately one hour to discuss the responses to the questions and allow for discussing topics that came up from their initial answers. Being mindful of the intersectionality of race with other aspects of their identity, participants were asked questions regarding their beliefs towards mental health and counseling, issues they believe prevent Black men from seeking mental health treatment, their own experiences with mental health treatment (if applicable), how masculine norms have impacted their beliefs towards mental health and counseling, and how race has impacted their beliefs towards mental health and counseling.

Trustworthiness

In qualitative research, the researcher is considered the instrument for collecting and analyzing data (Ravitch & Carl, 2019). With this topic being so personal to me, it was important to make all necessary efforts to maintain the trustworthiness of the results. This was done using bracketing, reflexive writing, and meetings with my advisor. Bracketing is a preliminary step in phenomenological research that involves acknowledging the biases and assumptions the researcher associates with the topic to have an open-minded approach to different viewpoints and interpretations of experiences (Brinkmann & Kvale, 2015; Ravitch & Carl, 2019). This was done in the introduction section of this article, describing my connection to the topic. I used reflexive writing by keeping a journal to reflect and process any biased thinking that came up throughout the data collection process (Ravitch & Carl, 2019). I journaled following each interview to keep track of initial reactions to the data collected. Information from the journal entries was discussed with my advisor during regular scheduled meetings. I continued to utilize journaling as a method to maintain trustworthiness during the data analysis stage of this study by reflecting on my initial thoughts after reviewing each transcript and as I began identifying themes.

Data Analysis

Once data was collected, it was transcribed and coded using Interpretive Phenomenological Analysis (IPA) (Chan & Farmer, 2017; Creswell & Poth, 2018; Saldaña, 2021; Vagle, 2018). Following the principles of IPA provided flexibility in the analysis to ensure rich and thick descriptive data (Chan & Farmer, 2017). The initial round of analysis began by reading each transcript while listening to the audio recordings and noting significant statements related to the phenomenon being investigated. The second round of analysis consisted of open coding with another in-depth read of each transcript and pulling significant statements from the participant

responses. After identifying these statements, I began organizing them based on categories developed from my review of the transcripts, also known as pattern coding (Chan & Farmer, 2017). This was done for each transcript individually and then organized across transcripts. My initial round of pattern coding resulted in an extensive list of identified patterns. To get a list of patterns more specific to the research question and theoretical framework, I conducted another round of coding, which led to the identification of three themes as a response to the research question. Following this review, I met with a qualitative research expert to review my findings for accuracy and trustworthiness. It should be noted that participants declined to review the transcripts following the interviews.

Findings

Findings from the analysis of the four transcripts resulted in three themes: *Black Pride, Classical Masculinity,* and *Negative Perceptions of Mental Health and Counseling*. These themes were identified as what the participants experienced as barriers to millennial Black men seeking mental health treatment. Though some had participated in counseling, all participants admitted to struggling with the decision to seek help because of the identified barriers. Each theme is discussed in more detail with at least three quoted statements from participants in the following sections, aligning with IPA principles for sample sizes ranging from 4 to 8 participants (Chan & Farmer, 2017).

Black Pride

Black pride was present in participants' responses to what it means to be a Black man. They all exhibited confidence and pride in their racial identity. The common responses indicated that being a Black man means being strong, independent, empowering, and intelligent. Quan stated, "For me personally, it means to be intelligent, to hold yourself to a certain standard, to hold yourself accountable." When discussing why Black men do not seek counseling, Trey stated, "We're taught to be a strong gender and a strong race. We have to hold it together." Another example of this pride was self-confidence, as evident in Neal stating, "You're a Black man, and there's things that come with that…things to be proud of." Other participants discussed how much they love being a Black man and how they could not imagine life as any other race. This theme provides an initial view of an internal barrier to seeking counseling for Black men who may feel they are too strong or prideful to seek help. Ideas like this are consistent with those associated with Black masculinity.

Classical Masculinity

This theme comes from a term used by Neal to describe masculine stereotypes that often dictate the Black male experience. He stated that to be classically masculine is to "take charge, take no

shit, [and] get the job done. Regardless of your emotions, regardless of the problems, regardless of whatever is going on [or] how you feel". He went on to state "What matters is the mission. What matters is defending what's yours [and] defending your people." A summary of responses relevant to *Classical Masculinity* indicated that Black men are expected to be hardworking providers and protectors who should avoid any actions perceived as feminine. Quan supported this by stating:

> It's not seen as the masculine thing to do, to go to therapy. I think a lot of times and I hate to say it, I think a lot of times especially within the Black community, it's seen as something that women do. It's not seen as something that men should do. Men are supposed to be strong; they're not supposed to cry. They're supposed to be able to get through whatever situation, supposed to hold their family down, do whatever but they're not supposed to have feelings, they're not supposed to be hurt, they're not supposed to have things they need to work through.

The stereotypes associated with being a Black man were also discussed as Black men are supposed to be tough thugs based on media portrayals and societal expectations.

When asked why he had not been to counseling, Quan stated, "Work is the only thing that I really put above everything else. So, if I feel like I don't have time to do it, then I'll just be like, okay well, I have work to do." Similarly, Neal stated, "Something that a lot of Black men also go through is you feel like you don't have the time" he went on to state, "A lot of Black men are like, I don't have time to worry about my head space, cause if I worry about my head space, I'm not gonna get anything done." This statement aligns with societal expectations of Black men being hard workers and providers with no time for appropriate self-care. Self-care is also viewed as feminine for Black men according to Trey who stated, "For some odd reason, a man can't get a manicure, or a pedicure, or get a massage, or he can't show emotions." Which leads to the idea that masculine norms determine what is acceptable emotional expression.

Society's expectation of masculinity is that emotions make you weak unless they are perceived as masculine emotions; they are otherwise seen as feminine traits, and there is no room for femininity in the ideals associated with classical masculinity. Anger is an example of a masculine emotion which is an acceptable display of negative emotion as long as it is expressed in a healthy way according to the participants. The following response from Trey detailed what is acceptable and unacceptable emotional expression:

> Black men can only be either angry or happy; those are the only two emotions we can feel in society, but then if you're too angry, then you get the angry Black man narrative attached to you. If you're too happy, then people perceive you as being gay because you're too happy and joyous or even saying stuff like, I love you. That becomes a, oh, why did he tell another brother how he loves them.

This theme provides a description of how masculinity does not align with emotional expression and the need for counseling. Black men are too busy being providers to seek help, or they believe

seeking help would result in a display of emotion deemed unacceptable. In his explanation of Black men seeking help, Neal stated, "Black men are taught to never need help, and therapy is help." he added, "Help is equated to being a burden. Requiring help is like, 'Oh, you're too weak to handle it yourself.'" The participants concluded that Black men have to suffer in silence out of fear of being perceived as anything less than manly rather than seek necessary counseling.

Negative Perceptions of Mental Health and Counseling

Negative Perceptions of Mental Health and Counseling addresses both racial and generational differences. All participants addressed the racial differences in views towards counseling by describing how acceptable it is for White people, especially White men, to go to counseling with no one seeing anything wrong with it. Trey stated, "it's accepted in white culture. I think with white men, these white people, they've known about therapy forever...that was their thing." Quan also stated, "There's always this thing of White men really do no wrong." Participants went on to discuss the generational differences in attitudes toward counseling as it becomes more acceptable among Black millennials as opposed to the generations before them who saw it as something unnecessary, leading to negative views towards millennials who go. Trey stated:

> Our parents' generation, the baby boomers it's... We don't talk about it. You don't talk about your house problems outside the house or you give it to God. Baby boomers look at us millennials and gen Zs, like, "Y'all got it better than we did and so why are you depressed?" Well, you know, shit still gets real and you still deal with a lot of issues.

In one of his responses, Neal stated,

> In a white household, a white kid can be like, "Mom, Dad, I'm depressed. I'm gonna go paint something." And then get, "You do that, you go yeah, that's constructive." Then you say that in a traditionally Black household, "Mom, Dad, I'm really sad, I think I'm just gonna try to paint or get it out doing art." They get "I don't even know what you're sad over. I'll give you something to be sad about."

They acknowledge these generational and racial differences have been instilled in us since childhood.

All participants reported they support Black men going to counseling and see it as an issue in the Black community. However, they acknowledge their views are not consistent with the majority, and there needs to be more conversation advocating for Black men to get mental health treatment. With counseling being acceptable in White culture and frowned upon in Black culture, it leads to the expectation that going means having to see a White counselor which is understandable when considering less than 5% of mental health professionals are Black, a statistic that is not easily found (Association of Black Psychologists, 2022; West & Moore, 2015). Participants described the lack of visibility of Black counselors and Black people who have had counseling as an issue that prevents Black people from seeking it because they see it as a service for White people provided by White people. Trey stated, "What helps is having more

Black therapists out there. If people just knew there was a lot more Black therapists out there." This lack of visibility also leads to negative expectations from working with White counselors as Jamal described his experience with a White counselor stating, "I've never really truly been seen. I think unconsciously, I knew she was not gonna be able to see me." In his account of his experiences with counseling, Jamal acknowledges the fear many Black men have of not being seen or understood in sessions with a White counselor.

However, even with accurate knowledge about the availability of Black counselors and the benefits of counseling, there are still those like Quan who still find themselves wondering why they have yet to seek it. He stated, "Am I against going or am I against seeking out therapy? Absolutely not. It's probably something I really should have done years ago. I just haven't done it but I'm 100% for it, I'm not against it in any way. I just haven't gone." As someone who adamantly supports Black men going to counseling and struggles with depression and anxiety, Quan shows even those who advocate for Black men getting counseling still find themselves being dismissive of their own mental health concerns.

Discussion

This study explored the experienced barriers to mental health counseling for millennial Black men in an NCMC. The results of this study support the limited literature related to Black men not seeking mental health treatment. Consistent with the previously mentioned literature and related to the multidimensional framework of CRT and BM, elements of racism, stigma, and masculine norms are evident in the results that have been addressed. However, this study offers a more focused exploration of these previously identified barriers and explores this lack of engagement only among those who identify as needing counseling as opposed to previous studies.

The first theme, *Black Pride*, speaks to the influence of race when it comes to seeking counseling. Previous literature has identified the need to study race and racism more as potential barriers to counseling, but not from the stance of having pride in being Black (Ward & Besson, 2012; Ward & Mengesha, 2013). Participants in this study acknowledged the strength and significance of being Black as a source of confidence that can discourage Black men from seeking help and being perceived as anything less than a strong Black man. The prevalence of Black pride and self-confidence in the Black male identity aligns with CRT and BM by acknowledging the intersectionality of not only being Black but being a Black man with the perceived distinguishment that comes with the strength of being Black and male in a racist society.

The second theme, *Classical Masculinity*, as coined by a participant, speaks to the pressures of being a Black man and the fight to maintain one's masculinity regardless of societal pressures and outside factors that could prevent them from being strong protectors and providers. This

theme notes what is acceptable emotional expression and the desire to avoid any perceptions of femininity that would threaten masculinity. Participants supported the idea that showing emotions and seeking help can cause others to view you as less than a man (Berger et al., 2012; Cadaret & Speight, 2018). This theme sheds light on the fragility of Black masculinity and how more priority is given to maintaining the masculine image to avoid perceptions of femininity than taking care of one's mental health.

The third theme, *Negative Perceptions of Mental Health and Counseling*, aligns with past literature in acknowledging the negative stigma associated with seeking counseling (Cadaret & Speight, 2018; Holden et al., 2012; Shannon, 2023; Ward & Besson, 2012). However, these results focus specifically on the negativity and stigma towards counseling across racial and generational differences. Results speak specifically to negative perceptions of mental health within the Black community as they continue to suffer in silence due to self-imposed fear of seeking counseling. With all participants addressing the lack of visibility of Black counselors and Black men who go to counseling, this shows the focus should not just be on the Black men not seeking help. Black men who have had counseling often do so in secrecy and fail to help normalize it and shed light on its benefits. With the focus being on millennial Black men, this study acknowledges the increase in advocacy among Black millennials but also brings attention to the lack of influence this advocacy has on engaging more Black men in counseling. This is noted in one participant stating he is a proud advocate of going to counseling, yet he continues to struggle with a mental illness without making it a priority.

Implications

Advocacy and Recruitment

These results were meant to increase awareness and help identify ways to get millennial Black men to engage in counseling when needed. Future advocacy efforts by national and local organizations, such as the ACA or Licensed Clinical Counselors of North Carolina (LCCNC), should include a focus on Black men who have had counseling sharing their stories and changing the narrative to have pride in knowing when to seek mental health treatment. Additionally, university advocacy efforts in similar metropolitan cities can improve outreach efforts as well as form partnerships with community organizations to help promote and advocate for more (millennial) Black men to seek mental health treatment in efforts to work towards racially just community engagement (Moore et al., 2024). Particularly, counselor education programs at these metropolitan universities can form partnerships to engage their students in clinical internship placements within the community as previous scholars have noted the community benefit of such partnerships (Abell et al., 2023; Green et al., 2021; Lau et al., 2021; Smith et al., 2022). This would allow for more available resources and opportunities for more outreach specifically geared

towards millennial Black men or Black men in general. Such partnerships could be created and maintained through grant-funded community-based clinics (Sheikhattari et al., 2023).

Future advocacy should also include more diverse marketing efforts to make Black counselors more available and visible to Black communities, specifically Black men. Though some participants stated they did not feel the need to have a Black male but a Black counselor in general, more effort should still be made to recruit Black men to pursue education and careers in the counseling field. This study can influence better recruitment efforts made by counselor educators and counselor education programs.

Future Research

In addition, the results of this study provide potential guidelines and recommendations for future research. Future studies might seek to study only Black men who have not engaged in counseling to address those who may support it for others but still do not prioritize it for themselves. Scholars should also address the limitations of this study with future studies not limited to a specific city, which should make having a larger sample size more attainable, as evidenced by the dissertation study influenced by this pilot study (Cofield, 2022). Additional research could also add to these findings by exploring generational differences when it comes to counseling among participants from older and/or younger generations to help encourage Black men of all ages to seek counseling if necessary.

Limitations

However, the limitations of this study should also be considered. This study consisted of an unintentionally small sample of participants. While IPA supports studies with at least 4 participants and generalizability is not meant to be considered regarding qualitative research (Chan & Farmer, 2017), this sample size should still be considered a limitation with the hopes of a bigger sample should this study be replicated in a similar metropolitan city. While the use of CRT and BM provided a guide for looking at societal factors, the lack of consideration of income and access to affordable healthcare could also be considered limitations. Education levels were considered in this study; however, there was not enough participation or information to determine if it had any influence on the results. It is also worth noting that this study was intended to be a pilot study to influence a larger study with consideration for these limitations.

Ethical Considerations and Benefits

There was minimal risk to participants in this study, and the identified themes are intended to benefit Black men who suffer from mental illness but struggle with deciding to engage in counseling. During the pre-screening process, interested participants who received a score

indicating a potential diagnosis were provided with information about local resources to assist with seeking counseling. Participants were also informed that their pre-screening score was not an official diagnosis until a counselor assessed them. The study's results can be utilized in advocacy for counseling for Black men in the future. Results can provide a frame of reference for how to reach this population and bring more awareness to the issues of mental health among Black men, particularly in metropolitan cities.

Conclusion

In conclusion, this small yet significant study adds to the literature concerning barriers to mental health treatment for Black men. This particular study centers Black millennial men and how they perceive identified barriers to treatment. This study also begins a more in-depth conversation of how race and masculinity specifically present as barriers to treatment for Black men. Additionally, I have provided recommendations for how universities and higher education programs, particularly counselor education, can improve advocacy efforts in similar metropolitan cities, as well as how my own university (at the time) could do more to engage the community in advocacy efforts. This is my call for more attention to the necessity of more studies like it to decrease the stigma and get Black men the mental health treatment that so many secretly need as they continue to suffer in silence.

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