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A Theory-Driven Exploration of Black Canadians' Psychological Help-Seeking Intentions
Exploration fondée sur la théorie et portant sur les intentions de Canadiennes et de Canadiens de race noire quant à la recherche d'aide psychologique

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abstract
The present study aimed to use the theory of planned behaviour (TPB) to explain Black Canadians' underutilization of mental health services. The sample consisted of 294 community-based Black Canadians (84.7% female, 13.6% male). Participants completed self-report measures of relevant factors such as attitudes toward help-seeking, stigma against mental illness, and cultural mistrust. Path analyses revealed that the TPB model fits the sample data. Results also showed that integrating relevant psychological and cultural variables improved the explanatory power and fit of the model. These results provide insight into critical factors to be addressed for improving mental health service utilization among Black Canadians.

résumé
Cette étude vise à utiliser la théorie du comportement planifié (TCP) pour expliquer la sous-utilisation des services de santé mentale par les Canadiens de race noire. L'échantillon se composait de 294 Canadiennes et Canadiens noirs vivant dans la communauté (84,7 % de femmes et 13,6 % d'hommes). L'autodéclaration remplie par les participants a permis de mesurer des facteurs pertinents comme les attitudes à l'égard de la recherche d'aide, la stigmatisation de la maladie mentale et la défiance culturelle. Les analyses des pistes causales ont révélé que le modèle TCP est compatible avec les données d'échantillon. Les résultats ont indiqué également que le fait d'intégrer les variables psychologiques et culturelles a permis d'améliorer la portée explicative et l'adéquation du modèle théorique. L'étude donne donc un aperçu des facteurs cruciaux à prendre en compte pour améliorer le recours aux services de santé mentale chez les Canadiennes et les Canadiens de race noire.

Black Canadians face several social and economic challenges that have negative implications for their mental health (Public Health Agency of Canada, 2019).

The importance of mental health and well-being cannot be overstated. Thus, it is no surprise that efforts are being made in Canada to understand better the challenges that hinder mental well-being (Mental Health Commission of Canada, 2016). Despite Canada's diversity, there is a paucity of research about the use of mental health services among Black Canadians (Taylor & Kuo, 2019). One study that surveyed over 8,000 Ontario residents found that Black Canadians reported significantly more stressful life events and less mental health service use than White Canadians (Grace et al., 2016). However, it is currently unclear why Black Canadians underutilize mental health services. The first step toward resolving this issue is understanding the factors that contribute to this problem.

Currently, very little research exists about factors that influence psychological help-seeking among Black Canadians. Therefore, the following literature review is supplemented with relevant research conducted in the United States (U.S.). Black American help-seeking literature is relevant to Black Canadians because although Canada and the U.S. have different histories of slavery, slavery still existed in Canada in the 1700s and 1800s (Walker, 2015). Like Black Americans, Black Canadians live in a White majority country where they experience prejudice, discrimination, and anti-Black racism (Palmer & Driedger, 2015). Also, although Canada and the U.S. have very different health care systems, it has been found that in North America, being an ethnic minority is associated with a reduced likelihood of seeking psychological help (Evans & Sheu, 2019; Roberts et al., 2018).

Factors Affecting Mental Health Service Underutilization

Previous research has identified several factors that likely hinder Black Canadians' use of mental health services. A review of the literature suggests that the following factors are particularly salient for explaining the lack of mental health service use in this population: (a) inaccessibility of mental health services, (b) unfavourable attitudes toward mental health service use, (c) mental illness stigma, and (d) cultural mistrust.

Inaccessibility of Mental Health Services

Much of the perceived difficulty of using mental health services seen in the Black community stems from factors that limit this population's access to mental health services. Black Canadians have reported that they lack the financial resources to afford most mental health services, which they consider to be too expensive (Taylor, 2018). Black Canadians have also reported that limited mental health literacy, which includes a lack of awareness about mental health services and a lack of education about mental illness, is a major barrier for seeking mental health services (Njiwaji, 2012; Taylor, 2018). In addition, the under-representation of Black professionals in mental health services is a common obstacle that

impedes access to mental health treatment in the Black community (Taylor & Kuo, 2019).

Evans and Sheu (2019) found that, among Black Americans, perceived discrimination is a barrier to mental health service utilization. Other research has shown that Black Americans have expressed greater comfort with disclosing their psychological and emotional concerns to a Black counsellor compared to a White counsellor (Alang, 2019; Taylor & Kuo, 2019). Mental health services are perceived as inaccessible because of the logistic barriers discussed above, which makes Black Canadians feel less capable of seeking mental health treatment. However, feeling capable of using mental health services is of little consequence if Black Canadians have unfavourable attitudes toward mental health service use.

Unfavourable Attitudes Toward Mental Health Service Use

Research has found that negative attitudes about psychological help-seeking are another factor that deters Black people from using mental health services (Cadaret & Speight, 2018; Fripp & Carlson, 2017; Neely-Fairbanks et al., 2018). These negative attitudes are thought to be caused by Black individuals' negative experiences with mental health services. Black Americans have reported having negative experiences in psychotherapy that have included practitioners assuming that the presenting problem was related to their culture, practitioners being reluctant to discuss culture in the therapy session, and practitioners not having enough competence about Black culture (Venner & Welfare, 2019). Similarly, a Canadian study found that previous use of mental health services predicted less favourable attitudes toward psychological help-seeking among Black Canadians (Joseph, 2010). Negative attitudes about using mental health services not only are fuelled by negative experiences within treatment but also are driven by negative experiences outside of treatment—experiences associated with being labelled mentally ill.

Mental Illness Stigma

Mental illness stigma is one of the most cited barriers to psychological help-seeking within the Black community (e.g., Cadaret & Speight, 2018; Fripp & Carlson, 2017). Mental illness stigma involves stereotypes, prejudice, and discrimination associated with being labelled mentally ill (Corrigan et al., 2014). Most stigma research distinguishes between two types of mental illness stigmas: public stigma and self-stigma.

Public Stigma

Mental illness public stigma refers to how one's community views and treats people with mental illness. A study evaluating mental illness stigma among Black American men and women found that a quarter of the sample believed that having mental illness reflects poorly on a person and their family (Neely-Fairbanks

et al., 2018). This same study found that 83% of these respondents would feel uncomfortable seeking help from a mental health professional because they were concerned about negative judgment from others. Research has also found that discrimination is commonly perpetrated against Black individuals who decide to seek help for emotional and psychological concerns from within the Black community. Among Black individuals living in the United Kingdom, it has been reported that Black individuals who have mental illness tend to be rejected and ostracized by other members of the Black community (Mantovani et al., 2017). Consequently, these Black individuals with mental illness tend to be isolated and are less likely to engage with available mental health services.

Qualitative studies in the U.S. have shown that, within the Black community, individuals who display any indication of mental illness are considered crazy and unhinged and are thought to belong in an institution (e.g., Campbell & Mowbray, 2016; Conner et al., 2010). Similarly, public stigma was found to predict significantly fewer intentions to use mental health services among Black individuals living in Canada (Taylor, 2018).

Self-Stigma

In addition to experiencing negative judgment from their community, Black individuals with mental health concerns often face negative self-judgment, known as self-stigma. Corrigan et al. (2014) define *self-stigma* as the internalization of stigmatizing ideas that are widely endorsed by the public. It has been suggested that Black individuals experience greater self-stigma than members of other racial and ethnic groups (DeFreitas et al., 2018; Mantovani et al., 2017). This is thought to be because the societal stereotypes related to being mentally ill are discordant with stereotypes associated with being Black.

For example, research has found that Black individuals often associate having a mental illness and using mental health treatment with weakness (Campbell & Mowbray, 2016; Mantovani et al., 2017). Also, the belief that Black individuals must always exhibit strength and conceal vulnerability is widely perpetuated within the Black community (Campbell & Mowbray, 2016; Mantovani et al., 2017). Thus, Black people who need mental health care internalize these beliefs and consequently blame themselves for not being strong enough to handle their problems on their own (Campbell & Mowbray, 2016; Taylor 2018). This results in feelings of shame and personal inadequacy.

Also, several qualitative studies in Canada and in the U.S. have found that there are Black individuals (with and without mental illness) who believe that Black people are not affected by mental illness (Campbell & Mowbray, 2016; Taylor 2018). For Black people who endorse these beliefs, experiencing symptoms of mental illness is especially distressing because their lived experience is in direct conflict with their identity as a Black person. Seeking professional help for a mental health concern is a very stigmatizing experience for this population; therefore,

a great deal of trust is required for Black clients to disclose their emotional and psychological hardship.

Cultural Mistrust

Unfortunately, it has been found that Black people's lack of trust in mental health professionals is another factor that prevents them from using mental health services (Brooks & Hopkins, 2017; Njiwaji, 2012). This mistrust is thought to stem from a general distrust of White society (Whaley, 2001). Since most mental health professionals in Canada are White, this mistrust extends to mental health professionals. Terrell and Terrell (1981) proposed that, over time, Black people have developed a distrust of White people through having experienced direct or vicarious mistreatment by the White community. Research shows that higher levels of cultural mistrust among Black clients are associated with reduced likelihood of using mental health services (Brooks & Hopkins, 2017; Taylor, 2018).

Integrating These Factors Into a Comprehensive Theoretical Framework

Merely knowing the barriers that prevent Black Canadians from using mental health services is insufficient for understanding fully why people in this community use mental health services less than people of other racial/ethnic groups. A theoretical model is needed to integrate these variables and to demonstrate how they influence and interact with each other. However, a review of existing help-seeking literature for Black Canadians shows that very few of these studies are grounded in established help-seeking theories. One of the most common theoretical models used to explain health-related behaviours, including mental health service use, is the theory of planned behaviour (TPB; Ajzen, 1991; Hagger et al., 2016). A study using meta-analytic path analysis found that the TPB has nomological validity, predictive power, and reliable model processes and that each component of the model has unique effects that are independent of past behaviour (Hagger et al., 2016).

The TPB asserts that if an individual can and intends to perform a behaviour, they are very likely to perform the behaviour. According to the TPB, intention is predicted by three key factors: attitudes toward the behaviour, subjective norms, and perceived behavioural control. The TPB is an ideal model for explaining psychological help-seeking among Black individuals, given that it integrates many of the variables that influence this population's intentions to use mental health services. According to the TPB, Black people's unfavourable attitudes toward psychological help-seeking causes them to have less intention to use mental health services. The public stigma associated with using mental health services creates subjective norms or social pressure within the Black community to avoid using

mental health services. Lastly, obstacles like financial cost, poor mental health literacy, and the unavailability of Black mental health professionals make mental health services less accessible and more difficult to use, thus reducing Black individuals' levels of perceived behavioural control.

The TPB was constructed to be able to explain a wide range of behaviours for a wide range of people (Ajzen, 1991). As such, it might miss nuances that are unique to specific populations and specific behaviours. For example, self-stigma is a powerful barrier to psychological help-seeking for Black individuals, but it is not sufficiently accounted for in the TPB model. Similarly, cultural mistrust is a variable that is uniquely relevant for explaining mental health service use in this population, but it, too, is not specified by the TPB. Therefore, using the TPB as a foundation and building on it by including variables such as self-stigma and cultural mistrust should yield a theoretical framework that begins to explain mental health service underutilization among Black Canadians.

The Present Study

The current study investigated the extent to which expanding the TPB to include mental illness stigma and cultural mistrust improved the model's ability to explain Black Canadian help-seeking intention. At present, no published research has used theoretical models to understand the variables that hinder mental health service use among Black Canadians. As such, the findings from this study will enhance the current knowledge about psychological help-seeking in this population. Also, the findings will provide mental health practitioners and policy-makers with directions for addressing Black mental health service underutilization.

Three models were tested in this study. The first model (Model 1) tested if attitudes toward help-seeking, subjective norms, and perceived behavioural control led to greater intentions to seek psychological help, as theorized by Ajzen (1991) in the TPB.

The second model (Model 2) included all the components from Model 1 in addition to public stigma, self-stigma, cultural mistrust, and preference for a Black mental health professional. It was hypothesized that public stigma and self-stigma would affect attitudes toward help-seeking negatively. Public stigma was also expected to influence subjective norms, given that it has been found to hinder psychological help-seeking due to a fear of negative social judgment (Corrigan et al., 2014). It was also hypothesized that, as found in previous research (Joseph, 2010), preference for a Black mental health professional would increase participants' intentions to use mental health services. Lastly, cultural mistrust was expected to lead to unfavourable attitudes about help-seeking, subjective norms against psychological help-seeking, lower intentions to seek psychological help, and a greater preference for a Black mental health professional. Gender and

psychological distress were included as control variables because they have been found to predict intentions to use mental health services (Compton & Esterberg, 2005; Kuo et al., 2015; Mo & Mak, 2009). Previous experience using mental health services was also included as a covariate as it has been found to predict unfavourable attitudes toward psychological help-seeking among Black individuals (Joseph, 2010; Venner & Welfare, 2019).

Finally, considering that few studies have tested theoretical models to understand psychological help-seeking among Black individuals, it was expected that Model 2 would have to be modified to fit the data adequately. Consequently, a third, respecified model (Model 3) was derived after the fact from Model 2. Thus, this study used an exploratory approach to find a configuration that was a good fit for the data.

Method

Participants

A total of 294 participants were recruited from various Canadian regions, including Southern Ontario (77.6%), British Columbia (11.2%), Québec (6.8%), Alberta (3.7%), and Nova Scotia (0.7%). The total sample consisted of 293 individuals [249 females (84.7%), 40 males (13.6%), and four individuals who self-identified as agender, both male and female, genderqueer, or did not respond]. The participants were community-based adults between 18 and 80 years of age (*M* age = 36.38 years, *SD* = 12.46). Their self-identified racial/ethnic backgrounds included Caribbean/West Indian (38.4%), Black (34.0%), African (13.9%), African Canadian (7.1%), African American (2.0%), multi-ethnic (1.0%), and other (2.0%).

Approximately half of the participants were born in Canada (52.7%). Of the total sample, 19% of participants were born in Jamaica, 5.8% in other Caribbean countries, 5.4% in West Africa, 4.1% in East Africa, 4.1% in the United Kingdom, 3.4% in the U.S., and 2.3% in other countries. Participants reported that they were employed full-time (61.2%), employed part-time (17.3%), or unemployed (9.2%), were students (18.0%), or were retired (4.1%). Regarding highest level of education achieved, participants reported completing graduate or professional school (25.9%), university (37.8%), a 2-year college program (20.4%), high school (15.3%), or elementary school (0.3%). 0.3% of the sample did not report their highest level of education. Hence, the participants in the current study represented a diverse sample of Black Canadians.

Procedure

Before beginning the study, the study's protocol and procedures received clearance from the Research Ethics Board at the University of Windsor (protocol #17-197). A community sample of Black Canadians was recruited using a variety

of recruitment methods. Participants were recruited through Black community organizations, religious organizations, and social media. Adults who self-identified as Black or being of Caribbean or African descent were eligible to participate in the study. Before starting the study, participants read a letter of informed consent outlining their rights as participants, the risks, and the terms of the research study. Those who consented to participate were then asked to complete a 15- to 30-minute questionnaire containing measures obtained from publicly available, published articles. Upon completion of the questionnaire, participants were debriefed and compensated by being given the option of being entered into a draw for one of two $50 Walmart gift certificates (which were mailed to winners of the draw).

Measures

What follows is a description of the measures used in the present study. The Cronbach alphas for each measure were calculated for the present sample.

Demographic Information

Participants provided information about their age, their gender, their educational attainment, their country of birth, their generational status, the age of their migration, their religion, their level of religious involvement, their employment status, and their previous mental health service use.

Psychological Distress

Psychological distress was measured using the Hopkins Symptom Checklist-21 (HSCL-21; Green et al., 1988). This scale is an abbreviated version of the Hopkins Symptom Checklist (Derogatis et al., 1974). Participants were asked to rate 21 items ($\alpha = .92$) such as "nervousness," "feeling low in energy," and "sleep disturbances" on a scale from 1 (*not at all*) to 4 (*extremely*).

Theory of Planned Behavior Questionnaire

The theory of planned behaviour components (intention, attitudes, subjective norms, and perceived behavioural control) were measured using the Theory of Planned Behavior (TPB) Questionnaire by Mo and Mak (2009). As a part of the TPB questionnaire, participants were asked to imagine themselves in a hypothetical situation in which they were experiencing significant psychological distress and were directed by their family doctor to seek mental health services.

Intention

The psychological help-seeking intention was measured by having participants rate three items ($\alpha = .91$) indicating their likelihood of seeking mental health services using a 6-point Likert scale ranging from 1 (*unlikely*) to 6 (*likely*). A sample item on this three-item scale is: "I intend to seek mental health service."

Attitudes

Attitudes about psychological help-seeking were assessed by having participants rate the statement "For me to seek mental health service is" using five items (α = .85) with 6-point Likert scales ranging from 1 to 6. The five items used to rate this item included *very useless – very useful*, *very worthless – very worthwhile*, *very bad – very good*, *very foolish – very wise*, and *very rare – very common*.

Subjective Norms

For this scale, respondents rated three items (α = .67), which included the following: "Most people who are important to me think that I should seek mental health service," "Most people who are important to me view mental health service very negatively," and "Most people who are important to me will seek mental health service if they are in need." These items were measured with a 6-point Likert scale, ranging from 1 (*strongly disagree*) to 6 (*strongly agree*).

Perceived Behavioural Control

Three items (α = .65) were adopted to assess the extent to which participants felt that seeing a professional for psychological problems was within their control. A sample item for this scale is "I can seek mental health service if I like to do so." The items were rated on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*).

Public Stigma

Public stigma was assessed using the Perceptions of Stigmatization by Others for Seeking Help (PSOSH) scale (Vogel et al., 2009). The scale instruction for the respondents was adopted from Kuo et al.'s (2015) help-seeking study with Latin American Canadians, and it read as follows: "Imagine that you had a problem that needed to be treated by a mental health professional. If you sought mental health services for this issue, to what degree do you think that people you interact with would …" Following this instruction, the participants read and rated the five PSOSH items (α = .91). One of the items ends with "think bad things about you." Participants responded to these items using a 6-point Likert scale, ranging from 1 (*not at all*) to 5 (*a great deal*).

Self-Stigma

The 10-item Self-Stigma of Seeking Help scale (α = .86) (SSOSH; Vogel et al., 2006) was administered to measure participants' self-stigma for seeking help from a mental health professional. Items were rated on a 5-point Likert scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A sample item of the SSOSH is "I would feel worse about myself if I could not solve my own problems."

Cultural Mistrust

Cultural mistrust was measured using the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981). The Interpersonal Relations subscale was used to assess the extent to which participants held a mistrusting attitude toward White people. The measure includes 14 items (α = .88) rated on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample items included the following: "It is best for Black people to be on their guard among White people," "White people are usually honest with Black people," and "Black people should not confide in White people because they will use it against you."

Preference for a Black Mental Health Professional

Participants were asked to rate, on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), the following statement adopted from Joseph's (2010) dissertation: "If I were experiencing serious personal or emotional problems, I would be more willing to seek mental health services if I knew the mental health professional would be Black."

Data Analysis

Path analyses were performed using the SAS University Edition software. Missing data analyses revealed that less than 2% of data were missing per item and suggested that the missing data occurred randomly. The full information maximum likelihood estimation was used to analyze the data because previous research has shown that this method was more advantageous in estimating incomplete data than traditional deletion and imputation methods (Peters & Enders, 2002). Furthermore, before the analysis, the data were checked to ensure the assumptions for structural equation modelling (SEM) were properly met.

Path analyses were used to explore and compare the three models. The hypothesized path models included psychological distress, previous help-seeking experience, and gender as covariates. Covariances among select variables were permitted where appropriate. The following fit indicators were used to assess model fit: chi-square, comparative fit index (CFI), non-normed fit index (NNFI), and root-mean-square error of approximation (RMSEA). It has been suggested that CFI and NNFI values greater than .90 and RMSEA values below .08 represent acceptable model fit (Pituch & Stevens, 2015). Non-significant chi-squares suggest a good model fit, but this index is sensitive to sample size (i.e., it is usually significant with large samples). The fit indices for each model are displayed in Table 1.

Results

Table 2 shows the means, standard deviations, and zero-order correlations for the study variables. All variables correlated with help-seeking intention were in

Table 1
Fit Indices of Study Models

	χ^2	*df*	*p*	CFI	NNFI	RMSEA		
Model 1	120.79	4	< .01	.70	.70	.16	[.13	.18]
Model 2	163.72	27	< .01	.78	.73	.11	[.09	.13]
Model 3	98.67	19	< .01	.89	.88	.08	[.06	.09]

Note. Model 1 = theory of planned behaviour; Model 2 = expanded TPB model; Model 3 = respecified model. χ^2 = chi-squared statistic, with degrees of freedom and p-value; CFI = comparative fit index; NNFI = non-normed fit index; and RMSEA = root-mean-squared error of approximation. RMSEA values in brackets represent 90% confidence intervals.

the expected directions. Unexpectedly, however, psychological distress, cultural mistrust, and preference for a Black mental health professional showed no significant relationships with help-seeking intention. No significant difference was found in intention to seek help between participants who reported significant psychological distress (M = 2.24, SD = 0.68) and those who reported no significant psychological distress (M = 2.33, SD = 0.82, $t(281) = 0.87$, $p = .36$). Hence, psychological distress was deemed unnecessary as a covariate and was removed from subsequent analyses.

Model 1. Theory of Planned Behaviour

Figure 1 shows the results of testing Model 1, the TPB model. The model fit appeared to be subpar, $\chi^2(4) = 120.79$, $p < .01$, (CFI = 0.70; NNFI = 0.70; RMSEA = 0.16; 90% CI [0.13-0.18]). However, consistent with the TPB and our hypotheses, attitudes ($\beta = 0.72$, $p <.01$), subjective norms ($\beta = 0.12$, $p <.01$), perceived behavioural control ($\beta = 0.14$, $p <.01$), and gender ($\beta = 0.06$, $p = .03$) all significantly predicted help-seeking intention. Furthermore, previous experience seeking help significantly predicted attitudes toward help-seeking in a negative direction ($\beta = -0.51$, $p < .01$). Lastly, this model explained substantial variance in help-seeking intention ($r^2 = 0.61$; see Table 3).

Model 2. The Expanded TPB Model

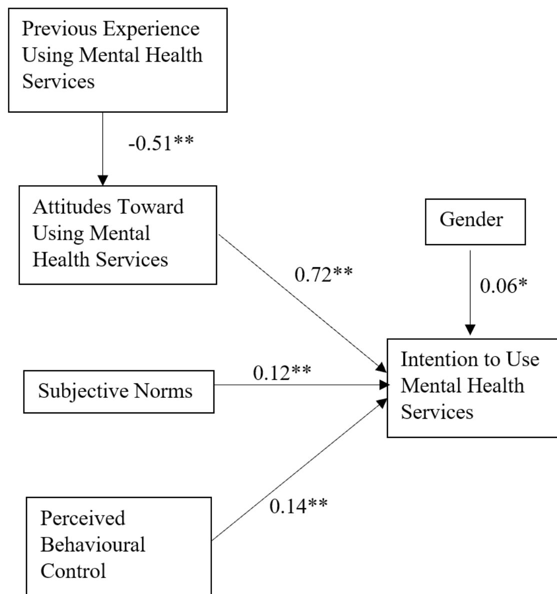
The fit indices for Model 2 pointed to a better fit with the data than Model 1, $\chi^2(27) = 163.72$, $p < .01$, (CFI = 0.78; NNFI = 0.73; RMSEA = 0.11; 90% CI [0.09-0.13]). Interestingly, the effects of gender and subjective norms became non-significant after self-stigma, public stigma, cultural mistrust, and preference for a Black mental health professional were added to the model (see Figure 2). As expected, greater self-stigma predicted less favourable attitudes toward help-seeking ($\beta = -0.36$, $p < .01$). While public stigma significantly predicted subjective norms in a negative direction ($\beta = -0.33$, $p < .01$), it did not predict

Table 2
Means, Standard Deviations, and Pearson Correlations Among Model Variables

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	M	SD
1. Gender[a]	-	-.20**	.11*	.14*	.19**	.07	.07	-.05	-.13*	.22**	.12*	n/a	n/a
2. PMH		-	-.29**	-.30**	-.30**	-.14*	-.03	.10	.22**	-.12*	-.14*	1.36	.48
3. PD			-	.01	.03	.06	-.11*	.27**	.12*	.24**	.20**	40.47	12.10
4. Intention				-	.76**	.32**	.37**	-.12*	-.49**	-.04	.05	12.77	3.82
5. Attitude					-	.28**	.30**	-.14**	-.43**	-.04	.08	22.98	4.91
6. SN						-	.03	-.09	-.20**	.02	.05	9.72	2.11
7. PBC							-	-.09	-.26**	-.02	-.07	14.46	2.63
8. PS								-	.36**	.14*	.00	9.92	4.70
9. SS									-	.06	-.02	22.63	7.11
10. CM										-	.43**	35.20	9.00
11. PBMHP											-	3.67	1.31

Note. [a]Gender (1 = male, 2 = female)
PMH = previous mental health service use; PD = psychological distress; SN = subjective norms; PBC = perceived behavioural control; PS = public stigma; SS = self-stigma; CM = cultural mistrust; PBMHP = preference for a Black mental health professional
* $p < .05$, ** $p < .01$

Figure 1
Model 1: Theory of Planned Behaviour



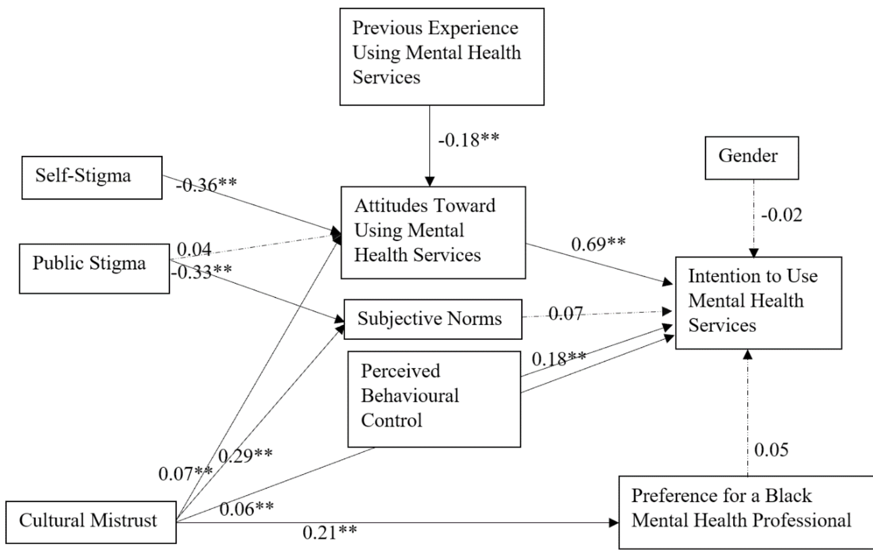
Note. Standardized path coefficients are shown.
*$p < .05$, **$p < .01$

Table 3
Squared Multiple Correlations (R^2) for Endogenous Variables

Endogenous Variables	R^2		
	Model 1	Model 2	Model 3
Intentions	.61	.55	.58
Attitudes	.26	.16	.23
Subjective Norms	-	.15	.15
PBMHP	-	.05	.10

Note. PBMHP = preference for a Black mental health professional; Model 1 = theory of planned behaviour; Model 2 = expanded TPB model; Model 3 = respecified model.

Figure 2
Model 2: Expanded TPB Model



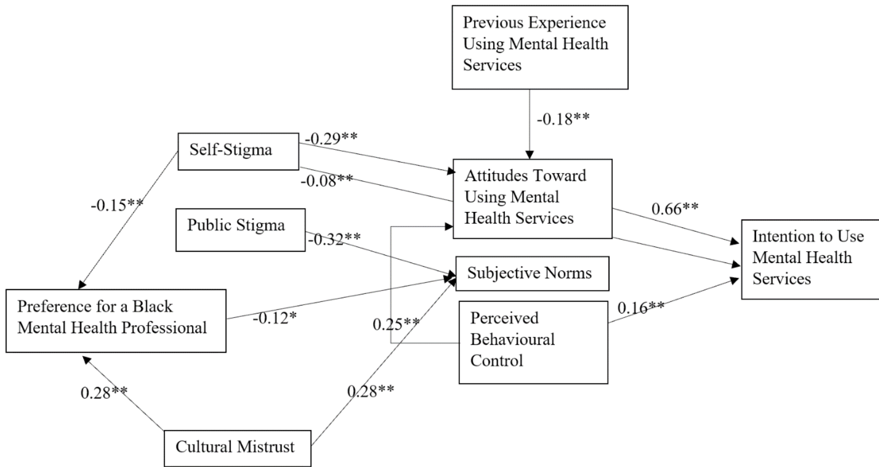
Note. Standardized path coefficients are shown. Solid black lines represent significant pathways, while dashed lines represent non-significant pathways.
$^{**}p < .01$

attitudes toward help-seeking. Also, while cultural mistrust significantly predicted greater preference for a Black mental health professional (β = 0.21, $p < .01$), as hypothesized, it also unexpectedly predicted more favourable attitudes toward help-seeking (β = 0.07, $p < .01$), subjective norms (β = 0.29, $p < .01$), and greater help-seeking intention (β = 0.06, $p < .01$). Preference for a Black mental health professional did not significantly impact help-seeking intentions. Table 3 shows that Model 2 also explained considerable variance in help-seeking intention ($r^2 = 0.55$).

Model 3. The Respecified Model

Unsurprisingly, Model 2 did not provide an adequate fit for the sample data; therefore, the model underwent model respecification. The Wald test and the Lagrange Multiplier (LM) test were used to determine which parameters could be deleted and added to the model, respectively, to improve model fit. Following Kline's (2016) guidelines, the parameters recommended by the LM test were first added in a stepwise fashion. Stepwise deletions were then conducted based on the results of the Wald test. Changes in the model were made only if they were supported by existing literature and theory.

Figure 3
Model 3: Respecified Model



Note. Standardized path coefficients are shown.
$^{*}p < .05$, $^{**}p < .01$

Figure 3 shows that the following paths were added to the model: self-stigma to intention (β = -0.08, $p < .01$), self-stigma to preference for a Black mental health professional (β = -0.15, $p < .01$), preference for a Black mental health professional to subjective norms (β = -0.12, $p = .01$), and perceived behavioural control to attitudes toward help-seeking (β = 0.25, $p < .01$). The following paths were removed from the model: gender, subjective norms, and preference for a Black mental health professional to intention; public stigma to attitude; and cultural mistrust to intention and attitude. The fit indices for this model showed that the model was approaching a good fit, $\chi^2(19) = 98.67$, $p < .01$, CFI = 0.89, NNFI = 0.88, RMSEA = 0.08 (90% CI [0.06-0.09]). Lastly, as seen in Table 3, Model 3 explained more variance in help-seeking intention among Black Canadians than Model 2 ($r^2 = 0.58$).

Discussion

Although Black Canadians have long been under-represented in the use of mental health services, there is limited understanding of why this is so. The present study used the theory of planned behaviour (TPB) as a theoretical foundation upon which culturally relevant variables were added to explain why Black Canadians use mental health services less than other racial/ethnic groups. This

is the first theoretically driven study to investigate the roles of culturally relevant variables such as cultural mistrust, public stigma, and self-stigma in explaining psychological help-seeking intention among Black Canadians.

The results of Model 1 indicated that, as stipulated by the TPB, attitude, subjective norms, and perceived behavioural control significantly predicted intentions to use mental health services among Black Canadians. It was also found that having previous experience with mental health services led Black Canadians to have more negative attitudes toward psychological help-seeking. This supports the assertion that people in the Black community who seek mental health services tend to be dissatisfied with the care they receive (Joseph, 2010; Venner & Welfare, 2019), suggesting that more needs to be done to address the needs of this population better.

In Model 2, self-stigma had a considerable influence on Black Canadians' attitudes toward using mental health services. This finding supports the literature that points to the great deal of shame and embarrassment experienced when Black individuals seek professional psychological help (Campbell & Mowbray, 2016; Mantovani et al., 2017; Neely-Fairbanks et al., 2018). Public stigma had no significant influence on attitudes toward using mental health services but significantly predicted subjective norms that opposed using mental health services. Public stigma is heavily rooted in the opinions of important others (Corrigan et al., 2014); therefore, it is linked to how much friends and family would encourage or discourage psychological help-seeking.

As expected, greater cultural mistrust predicted a greater preference for a Black mental health professional. However, counterintuitively, greater cultural mistrust significantly predicted more favourable attitudes toward using mental health services, positive subjective norms, and greater intentions to use mental health services. It is possible that individuals with higher levels of cultural mistrust are also more dispositionally untrusting and may feel more socially isolated. Furthermore, public stigma makes it very difficult to discuss mental health concerns with friends and family. As a result, Black Canadians may decide reluctantly that seeking professional help is their best option because there are few more desirable alternatives. Future help-seeking models should investigate the effects of dispositional mistrust and social isolation on the relationships between cultural mistrust and other help-seeking variables.

Similarly, a preference for a Black mental health professional was found to have no significant effect on intentions to use mental health services. This result could be caused by participants not believing they have access to Black mental health professionals because there are so few of them available. This present sample is also relatively well-educated, as most of the sample has obtained post-secondary education. Therefore, they may have more knowledge about the training and qualifications of mental health professionals and thus view the race/ethnicity of the mental health professional as a relatively unimportant factor in their intention

to seek services. Future research should explore how levels of education influence the relationship between preference for a Black mental health professional and help-seeking intention. Whether the belief that Black mental health professionals are available and accessible moderates the relationship between preference for a Black mental health professional and help-seeking intention should also be explored.

In the final stage of analysis, the new respecified model (Model 3) was found to fit the sample data better than the previous two models. Since this model was statistically derived and generated after the event, future replication of this model is needed to determine the validity of the model and its various pathways.

Model 3 included a path from perceived behavioural control to attitudes toward using mental health services. That is, greater perceived ease of using mental health services led to more favourable attitudes toward using mental health services. Variables such as poor mental health literacy and financial cost perhaps cause Black individuals to view mental health services as a waste of time and money. This model also introduced a new path from self-stigma directly to intentions. As such, it seems that Black Canadians' intentions to use mental health services are directly affected by the extent to which they feel ashamed about needing psychological help. Within this model, self-stigma and perceived behavioural control each had a path that led directly to intention and a path that led indirectly to intention via attitudes. This underscores the importance of these variables in understanding intentions to use mental health services within the Black community.

The respecified model also included a new path from self-stigma to preference for a Black mental health professional, where greater self-stigma predicted less preference for a Black mental health professional. This result could be due to the perception that needing professional psychological help is contrary to Black cultural ideals (e.g., people being strong enough to handle problems on their own), and perhaps seeking help from someone who potentially embodies those ideals amplifies further the shame and the embarrassment associated with seeking help for a mental health concern.

A new path was also added that indicated that participants with a greater preference for a Black mental health professional were more likely to believe that their friends and their family would be opposed to the idea of using mental health services (i.e., negative subjective norms). This result may have occurred because Black people with a greater preference for a Black mental health professional likely have generally negative attitudes toward using mental health services and are likely surrounded by people with similar attitudes.

Lastly, the path from subjective norms to intentions to use mental health services was removed. Among Black Canadians, external social pressures (subjective norms) had no apparent effect on deciding whether or not to seek professional mental health services. Previous studies that have tested the TPB have found that

within a Black American sample (Compton & Esterberg, 2005) and a White American sample (Bohon et al., 2016), subjective norms showed no significant effect on psychological help-seeking intention.

In contrast, research with Latin American Canadians (Kuo et al., 2015) and with Chinese individuals (Mo & Mak, 2009) has found that subjective norms had a significant effect on intention. It is possible that subjective norms carry less weight for cultural groups who embody more individualistic cultural ideals such as Black Canadians than those who place a greater emphasis on collective, interpersonal relationships such as Latin American and Asian populations.

Future studies should test if varying degrees of individualism and collectivism change the extent to which subjective norms influence intentions to use mental health services. Consistently, all the significant predictors of subjective norms (i.e., public stigma, preference for a Black mental health professional, and cultural mistrust) are variables that are founded on the opinions and the perceptions of others. Like subjective norms, these variables had no direct or indirect effect on Black Canadians' intentions to use mental health services. However, like the other variables in this model, they helped develop a more comprehensive understanding of the cognitive processes Black Canadians employ when deciding whether or not to use mental health services.

Implications for Counselling Practice

The results of the present study have implications for mental health practitioners and policy-makers. What mental health practitioners can take away from this research is that Black individuals' negative attitudes toward using mental health services are fuelled at least partially by their negative experiences with mental health services and mental health practitioners. This highlights that changes need to be made by mental health service providers to ensure that Black clients achieve positive treatment outcomes. Taylor and Kuo (2019) suggested approaches that practitioners can use to encourage mental health service use in the Black community, such as reducing mental illness stigma through psychoeducation, discussing the influences of race/ethnicity and culture in therapy, and preventing and addressing microaggressions in therapy.

What policy-makers can conclude from the findings is that Black Canadians feel that mental health services are not accessible to them and that therefore they have fewer intentions to use them. The Canadian government has begun recently to recognize that Black Canadians face significant social and economic challenges that have negative implications for their mental health (Public Health Agency of Canada, 2019). In response, the Public Health Agency of Canada has launched the Promoting Health Equity: Mental Health of Black Canadians Fund to support more culturally focused knowledge, capacity, and programs that address mental health concerns for Black Canadians (Public Health Agency of Canada, 2019). The present research provides policy-makers and Black Canadian mental health

advocates with recommendations on how to improve Black Canadians' access to mental health services. Resolving disparities in mental health service use ensures that all people can achieve optimal mental health and well-being, regardless of race/ethnicity.

Limitations and Conclusions

The study has several limitations that should be noted when interpreting the results. First, the cross-sectional design prohibits us from concluding actual help-seeking behaviour. A longitudinal design is needed to determine if the variables of interest have any influence on Black Canadians' use of mental health services. Second, the current sample is composed mostly of Black, Canadian, educated, employed females who have relatively favourable attitudes toward using mental health services and who believe that Black Canadians' underutilization of mental health services is an issue that needs addressing. Therefore, it is unclear to what extent the results are generalizable to all Black communities across Canada. Third, the results may not be generalizable to Black communities in different countries with different health care systems, racial/ethnic compositions, and/or histories of Black slavery. However, the results of this study coincided with numerous findings from studies conducted with Black Americans, so these results are likely relevant to large Black communities residing in predominantly White majority societies such as Canada and the U.S.

Despite these limitations, this study uniquely contributes to advancing research on Black mental health service use in several ways. First, this study demonstrated that the TPB model was useful for explaining intentions to use mental health services within a Black Canadian population. The TPB has been used to explain numerous behaviours for various populations, and this study further exemplified the utility of this versatile model. Second, literature about Black Canadian mental health is scant. There are currently no published studies that have examined the determinants of help-seeking intention among Black Canadians quantitatively. Lastly, and most importantly, this study successfully integrated multiple factors that contribute to Black mental health service underutilization into a single explanatory model. This study has taken a much-needed step forward in the journey to understanding better why Black Canadians are not receiving the mental health services they need.

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