

## ABSTRACT

### BLACK AMERICANS' CULTURALLY GROUNDED DECISIONS ON MENTAL HEALTH TREATMENT INITIATION AFTER INJURY: A MIXED-METHOD STUDY

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Decisions about engaging in mental health care are shaped not only by access to services but also by cultural knowledge, historical context, and structural realities that influence how individuals interpret distress and evaluate pathways to healing. Among Black Americans, treatment initiation following traumatic injury occur within sociopolitical contexts marked by racialized experiences with institutions alongside longstanding traditions of community-based healing and collective care. Traumatic injury represents a particularly important context for examining these processes, as individuals must navigate psychological distress while simultaneously engaging healthcare systems during recovery. Guided by Turner et al.'s (2019) Model of Treatment Initiation for African Americans (MTI-AA) and perspectives from liberation psychology, the present mixed-methods study examined how culturally informed and structurally grounded factors shape mental health service initiation among Black American survivors of traumatic injury.

Using a convergent parallel design, quantitative and qualitative data were analyzed to examine treatment engagement patterns and participants' decision-making processes. Quantitative analyses assessed four culturally relevant constructs representing key domains of meaning-making and institutional navigation, namely cultural distrust (institutional trust), ethnic discrimination (lived structural experiences), ethnic identity (identity-based perspectives on racialized experiences), and strength of religious faith (faith-based coping traditions). Treatment engagement with a mental health professional was rare in the sample. Individuals who engaged in treatment demonstrated higher levels of ethnic identity compared to those who did not engage, whereas cultural distrust, perceived discrimination, and religious faith were not significantly associated with treatment engagement. Longitudinal analyses further indicated that cultural distrust, ethnic identity, and religious faith remained relatively stable across recovery, whereas ethnic discrimination shifted between the earliest and latest timepoints.

Qualitative findings converged with these patterns, suggesting that decisions about mental health care reflected culturally grounded processes of discernment rather than simple reactions to distress. Participants described evaluating symptom severity, prior institutional experiences, and coping resources, including faith, relational support, and personal resilience, when determining whether professional care was necessary. Together, these findings highlight the importance of understanding treatment initiation among Black trauma survivors as a culturally situated decision-making process and underscore the need for trauma-informed mental health care that recognizes culturally grounded pathways to healing.