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| **RESEARCH ARTICLE**

# Black Barbershops: Exploring Informal Mental Health Settings Within the Community

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| **ABSTRACT**

The barbershop is a landmark in the Black community, providing a site for cultural exchange, discussion forums and a point of psychological connection for African American men. Barbershops offer safe spaces for culturally responsive engagement, discourse, and guidance without stigma. Researchers and service providers have utilized Black barbershops for physical health outreach, understanding Black masculinity, exploring intersections of sexuality, and informal mental health support. The Black barbershop offers a nuanced, culturally relevant perspective of African American men, which is valuable to current and future human service providers, educators, and stakeholders in formulating effective interventions and practices with Black men. Utilizing video voice participatory action research (PAR) qualitative methodology, this study explored the experiences of African American (or Black) men using community barbershops as informal mental health care settings. The study explored the experiences of ten (N = 10) African American men, ages 18-75, from either the San Bernardino County or Los Angeles County areas who utilized Black barbershops as informal mental health care settings. The results suggested that African American men were willing to embark on conversations about their mental health within their barbershops, reporting that these experiences yielded them significant psychological, emotional, and social well-being. The authors recommend future collaboration efforts to join with existing informal mental healthcare settings such as Black barbershops to support community-based, culturally relevant healing spaces for African American men.

| **KEYWORDS**

African American men, Barbershops, Mental health, Informal healthcare, Video voice

## 1. Introduction
### 1.1 Black Barbershops:
### 1.1.1 Opportunities for Community Mental Health and Healing

African American (or Black- these terms will be used interchangeably in this article) men are a consistently underserved population in relation to mental and behavioral health. African Americans experience disproportionality and disparities in mental health; they make up 13% of the United States population, yet 18.7% are affected by diagnosable mental illnesses (US Census Bureau, 2014; Ward, Wiltshire, Detry & Brown, 2013). Adult African Americans are 20% more likely to report serious psychological distress, are more likely to have feelings of sadness and hopelessness than White adults and are twice as likely to be diagnosed with schizophrenia or other psychiatric disorders (Alang, 2016; American Psychological Association, 2016; Lipscomb, Ashley & Riggins, 2019; US HHS Office of Minority Health, 2016). Further, mistreatment and misdiagnosis are pervasive in the Black community. People of color are misdiagnosed with more serious psychological conditions even when they have similar symptoms as Whites. Americans were more than two times as likely to experience a psychiatric hospitalization as their White counterparts after controlling for the severity of mental illness and other variables (Snowden, 2009). African American men, in particular, face unique challenges that can negatively influence their well-being and healthy development. When compared with White counterparts,

Black males are more frequently exposed to and victimized by trauma and violence, meeting the clinical diagnostic criteria for post-traumatic stress disorder (PTSD) and other mental health disorders (American Psychological Association, 2016; Harris, 1995). While depression is identified as low and sporadic in the Black community (as compared to White people), the methods of engaging and assessing African American men to obtain depression specific data has had minimal representation in the research literature (Alang, 2016; Ward & Mengesha, 2013).

African American men frequently do not seek mental health treatment, underutilize mental health services, and are absent from research trials. In fact, Black males are less likely to seek psychotherapy and counseling services to treat mental health-related challenges, including anxiety, clinical depression, post-traumatic stress disorder, marital and familial conflicts (Harris, 1995; Lipscomb, Ashley & Riggins, 2019). Ward and Mengesha (2013) indicated that 30% of African American men with major depressive disorder used outpatient mental health and substance use services, as compared with 51% of their non-African American counterparts, while Plowden, Adams and Wiley (2016) found that 70% of African American men do not seek mental health services at all. Black males express significant concern about stigma, which may reinforce their lack of representation in treatment and research (Ward, 2013). Unfortunately, the consequences of mental health disorders are more disabling in African Americans when compared with other racial groups, resulting in lower quality of life, higher severity of symptoms, psychological distress, maladaptive coping and lower rates of treatment (Moore et al., 2016).

Historical trauma appears to be a substantial barrier to the utilization of mental health treatment for Black men. Less than 50% of African American men affected by mental illness actually seek treatment (Ward & Mengesha, 2013). Historical trauma includes slavery, racial injustice, discrimination, systemic oppression, police brutality and race-based exclusion, resulting in socioeconomic disparities and inequities for Black people, which increase their likelihood of experiencing poverty, homelessness, incarceration, substance misuse or addiction and poor mental health (Lipscomb, Ashley & Riggins, 2019). Black healthcare has been tremendously impacted by distrust of White providers that reflect a value system of medical malice, poor ethics and systemic racism. The legacies of the Tuskegee Syphilis Study, Henrietta Lacks and Elaine Riddick demonstrate historical human rights violations by healthcare organizations that have contributed to barriers in Black help-seeking and participation in health, mental health and research (Corbie-Smith, Thomas, Williams, & Moody-Ayers, 1999; Hammond, 2010). Stigma may also be associated with decreased help-seeking and utilization of mental health services.

Research reflects that Black men may avoid mental health treatment due to provider mistrust, stigma, and a lack of culturally informed care. Black men prefer treatment providers that look like them, viewing non-racialized, privileged practitioners as ill-equipped to navigate Black issues in therapeutic spaces (Lipscomb, Ashley & Riggins, 2019; Turner et al., 2016). Additionally, the intersectionality of race and gender may be a factor that influences how African American men experience mental health stigma. Gayman and colleagues (2017) found that African American men underreported information pertaining to their mental health because of the gendered expression and stigma they encountered. Similarly, Alvidrez, Snowden and Kaiser (2008) indicated that African American men receiving mental health treatment expressed concern that symptoms of anxiety and depression would be interpreted as "crazy" within their communities and disclosed feelings of discomfort with sharing "their business" with outsiders. Previous research indicates that mental health practitioners are not equipped nor knowledgeable of the challenges, lived experiences or unique coping strategies utilized by Black males in dealing with distress in the United States (Harris, 1995; Lipscomb, Ashley & Riggins, 2019). Thus, African American males' history of medical mistrust, ongoing structural inequities and experiences with stigma necessitates culturally relevant service delivery within trusted environments.

Engaging with African American men in settings in which they organically congregate is an important element in designing solutions and interventions to combat health disparities (Hess et al., 2007). The Black barbershop is a cornerstone in the Black community, which promotes social, emotional, and political involvement beyond haircuts (Baker et al., 2017; Releford et al., 2010). Hair and hair care are significant to Black men; haircuts and grooming are often reflections of group membership (natural hair, Rastafarian dreadlocks, buzz cuts) or cultural consciousness (afro, fades, braids) within a context of White supremacy that explicitly and implicitly determines Black hair respectability (Johnson & Bankhead, 2014; Mbilishaka et al., 2021). As a result, the weekly or biweekly ritual of getting a haircut and a shave is instrumental to the racialized, gendered lived experiences of Black men. Further, many clients maintain a long-lasting, personal relationship with their barbers, illustrating the tremendous roles barbers play in providing social and emotional support (Mbilishaka et al., 2021). Barbers and their clients form intimate relationships, using the setting's cultural relevance, style, passion, and safety to share stories, experiences, and positions that reflect gendered and racialized tragedy and triumph (Baker et al., 2017).

Because barbershops have established credibility as forums for discussion, information gathering and shared experiences, they also provide an opportune venue for health outreach for African American men (Moore et al., 2016; Releford et al., 2010). The barbershop model (established in the 1980s) has effectively provided outreach, information and medical care for Black men regarding prostate cancer, colorectal cancer, cardiovascular disease, diabetes, obesity, blood pressure control for hypertension, violence reduction, sexual health and HIV prevention (Ellis et al., 2015; Hess et al., 2007; Moore et al., 2016). While the primary task

of the barbershop is a haircut, these spaces operate as venues with the potential to yield meaningful dialogue solely related to the black experience (Harris-Perry, 2004). Further, because the Black barbershop provides culturally relevant representation in the form of Black men providing guidance to other Black men, stigma is minimal in this context.

Community-based interventions appear to be powerful methods of engaging people of color. Health education provided in a culturally relevant manner has been used effectively within churches, community fairs, beauty salons and schools within African American communities; however, these contexts primarily target women and children (Moore et al., 2016). Barbershops provide a safe, culturally relevant context that provides Black men with the opportunity to be guided and educated by those with similar lived experiences. The increase in barber knowledge pertaining to topics in healthcare has resulted in increased participation in health-seeking among African American men (Fraser et al., 2009). In addition, the efficacy of participation increases substantially when health-related services are brought to informal barbershop arenas (Fraser et al., 2009).

However, the majority of barbershop literature is focused on targeting the physical health of Black men. There is limited research that suggests barbers are willing to utilize their leadership skills to educate and encourage their customers to make informed decisions regarding their mental health (Daniel, 2019). While talk therapy has the potential to aid African American men in confronting their traumas, African American men are traditionally less comfortable talking in a therapeutic context (McNeir, 2010). Organizations such as Project Brotherhood Inc or the Confess Project have successfully facilitated mental health workshops in barbershops to get black men talking (Daniel, 2019; Moore et al., 2016). Ashley and Brown (2015) found that hair care can provide a venue to create a dynamic, culturally relevant, strengths-based intervention to improve self-esteem and promote healing within the African American community. This research supports the idea that Black barbershops allow for the creation of a racialized space that permits its members safety, support, and guidance where they are not considered "the other" (Harris-Perry, 2004). Space in this context can be incredibly healing. The barbershop could potentially provide a stigma-free space that would facilitate comfort and vulnerability for Black men to bond, talk, argue or heal (Daniel, 2019; Harris-Perry, 2004).

There is a great need for additional research that delves into the mental health experiences of African American males in barbershops (Holden, McGregor, Blanks, & Mahaffey, 2012). Research on Black male mental health is limited; African American males' perspectives on mental illness and coping strategies is largely unknown. However, the knowledge of the amount of historical trauma, ongoing systemic inequities, and stigma regarding mental health care position Black men as marginalized, disenfranchised and incredibly vulnerable. Because African American men access and utilize mental health services at a substantially lower rate as compared to individuals from different ethnic backgrounds, we know traditional mental health approaches are not working (Ward & Besson, 2012). Barbershops, which are critical venues for connection and support, have been effective settings for health promotion (Moore et al., 2016; Victor et al., 2011). The positive results yielded from health promotion provide hope for non-traditional mental health contexts and interventions with Black men.

This project was an exploratory qualitative research study, utilizing cross-sectional data from in-person qualitative interviews to examine the experiences and preferences of African American men who received informal mental health support in barbershops. In addition, the barriers which impaired these individuals from addressing their mental health in more formalized mental health contexts was explored. The data will also be used to provide information regarding the unique mental health needs of Black men and highlight effective provision of culturally relevant engagement, assessment, and intervention with this population.

## 2. Methods

The purpose of this study was to explore the experiences of African American men who received informal mental health support in community barbershops within Los Angeles or San Bernardino Counties and their preferences regarding informal and traditional forms of therapy. This was an exploratory participatory action research (PAR) study that endeavored to produce an equitable, collaborative, liberating, and anti-oppressive form of conducting a qualitative inquiry that is grounded in respecting the voices and experiences of the participant (Gibson, 2002). Video Voice methodology was utilized to facilitate social action through the PAR intentions of this research. This method asks participants to create their own videos in response to prompts provided by the researchers, allowing the full participant control over the content, narration, and imagery used as primary study data (Piredda, Bertolotti & Venditti, 2017). The intention of employing this method was to allow participants to speak freely and maintain complete autonomy in producing and submitting whatever they deemed reflective of their experiences with informal mental health care in the barbershop. In addition, to create social action and change related to Black men and mental health in the community.

### 2.1 Participants

Sample inclusion criteria were designed to enhance recruitment and allow for a representative sample of African American men. Inclusion criteria were (a) male, (b) between the ages of 18 to 75 years of age, (c) from San Bernardino County or Los Angeles County, and (d) self-identification as an African American or Black. A total of 15 slots were open for individuals to sign up and submit their respective video narratives. All participants were self-identified as Black or African American, male, between the ages 18 to 75 years and patrons of barbershops. The participants were recruited through snowball sampling, which involves participants'

invitation of others with ideas about the issue being studied (Ward & Besson, 2012). Purposeful sampling was also utilized, which permits decisions about who should be sampled, what form sampling will take, and how many people should be sampled (Ward & Besson, 2012).

### 2.2 Measurements and Definitions

An open-ended semi-structured questionnaire was developed by the investigator to guide and prompt participants on ways to reflect on their experiences during the self-interview (Appendix A). The questionnaire was comprised of a series of ten questions, which cover topics regarding informal healthcare, traditional therapy, and mental health. In this study, traditional therapy is defined as having a trained professional assist an individual who is suffering from stress, anxiety, depression, negative behavior patterns and other various medical conditions. The participants were asked have they ever considered traditional therapy and whether the barbershop grants what traditional therapy would provide them? The goal was to explore if African American men have thought about this resource within their community, and if not, have they resorted to other venues to gain support in their community. The objective of the questionnaire was to allow the participants to grant outsiders an inside perspective into an informal arena about their lived experiences.

This study best defines informal healthcare as providers and systems who generally do not work through formal institutions. Participants were asked if there were other reasons which they frequent the barbershop; are there any aspects of seeking support in a barbershop that may be missing from traditional healthcare systems, and what the experiences were with receiving support in these types of "traditional" settings. Mental health is defined in this study as an individual's psychological, emotional, and social well-being. Participants were initially asked to give their definition of mental health and if they have ever discussed topics relating to their own mental health at the barbershop. In addition, were those conversations about mental health organic in nature or purposeful with intent. These concepts were explored and measured according to the frequency in themes yielded from the data sample.

### 2.3 Procedures

Pre-recruitment strategies comprised of the researcher connecting with the owners of organizations in the communities of both San Bernardino and Los Angeles counties (i.e., barbershops, local coffee shops, pastors, directors of community agencies) to explain the study, present the recruitment criteria and ensure that it had relevant information and was appropriate in its attempt to reach those in the African American community. The researcher also wanted to gain trust within the African American community by first going to the barbershops to see what African Americans refer to as "*Feel the brotha out*". Recruitment strategies included advertisements on both Facebook and Instagram, flyers strategically placed in barbershops, local neighbourhoods, churches, meetings with the owners of informal settings and email correspondence in order to promote the study. Being that the inclusion criteria were very specific, all 10 participants who expressed interest in the study were included.

Once recruited, participants were provided with the study questionnaire and instructions on how to submit responses in the form of videos to the researchers. Participants were also presented with information that allowed them the ability to review and edit their submission data. It was anticipated to take between several minutes to several hours in the completion of data collection from the participants, who had 2 weeks to send in their submissions. Once the videos were submitted, the researchers transcribed any audio aspects of the videos and utilized these transcripts as the primary data source for data analysis.

### 2.4 Thematic Analysis

Thematic content analysis was utilized to explore the participant's responses (Braun & Clark, 2006). The researchers checked the transcripts back against the original audio recording for accuracy, repeatedly read the data, and took notes for coding the participants' experiences. Initial codes were produced of the interviews that were submitted, which called for coding as many potential themes/patterns as possible and keeping surrounding data if relevant. The researchers then organized the different codes into potential themes, reviewed the coded extracts and assessed if they were coherent with the themes. They then synthesized and defined the codes into final themes, giving a clear understanding as to what they are and what they are not. The stories contributed by the individual members allowed the researcher to formulate conclusions about African American men's experiences within barbershops.

### 3. Results

Ultimately, 10 self-identified Black adult males from San Bernardino or Los Angeles counties who are patrons of barbershops were recruited to participate in this study. Table 1 provides a summary of the participants. Each participant took the full allotted two weeks to send in their submission, which allowed them time to think and reflect before submitting. The average age was 31 years old (range: 21-50), and the average time of the combined sample was 19 minutes. Seven of the ten who identified as Christians, one identified as spiritual, and two did not answer. Of the 10 self-identified Black adult males, 5 of them were from San Bernardino County, and the other 5 were from Los Angeles County. Even the data from this study shows that the participants have been building a relationship with the barbershop (17 to 46 years). The majority of the participants (90%) chose to collect their data

through sit down interviews which involved them sitting and looking directly in the camera while expressing their thoughts, while one of the participants decided to express his thoughts while standing. Pseudonyms were utilized in order to honor the participant anonymity.

**Table 1.** Submission data inclusive of age, length of the interview, time attending barbershop, county, and video type

| Participants (n=10) | Age (n=10) | Interview Time Expressed in Minutes (n=10) | Length of Time Attending Barbershop | County |
|---|---|---|---|---|
| Deon | 31 | 14.5 | 27 years | Los Angeles County |
| Trey | 31 | 4.57 | 25 years | San Bernardino County |
| Marcus | 21 | 11.08 | 16 years | Los Angeles County |
| Ahmad | 28 | 15.38 | 25 years | San Bernardino County |
| Rashad | 31 | 12.21 | 25 years | San Bernardino County |
| Ray | 50 | 4.57 | 45 years | San Bernardino County |
| Terrell | 34 | 12.30 | 29 years | San Bernardino County |
| Jermaine | 50 | 20.5 | 46 years | Los Angeles County |
| George | 34 | 10.25 | 30 years | Los Angeles County |
| Clarence | 21 | 85.0 | 17 years | Los Angeles County |

### 3.1 Emergent Themes

Utilizing Braun and Clarke's (2006) thematic content analysis, a total of five themes were identified by participants, which include: (1) understandings of mental health; (2) the black man's country club; (3) vulnerability in the chair; (4) healing in the shop; and (5) informal healthcare vs. traditional therapy (Table 2). These themes are described below, along with significant concepts that were captured in each.

**Table 2.** Themes expressed by participants

| Major Themes | Deon | Trey | Marcus | Ahmad | Rashad | Ray | Terrell | Jermaine | George | Clarence | Percentage |
|---|---|---|---|---|---|---|---|---|---|---|---|
| The Black Man's Country Club | X | | | X | X | | X | | X | X | 60% |
| Vulnerability in the Chair | X | X | X | X | X | X | X | X | X | X | 100% |
| Maintaining Social Bonds | X | X | X | X | X | X | X | X | X | X | 100% |
| Healing in the Shop | X | X | X | X | X | | X | X | X | X | 90% |
| Informal vs. Traditional Therapy | X | X | X | X | | | | X | X | X | 70% |

**Understandings of Mental Health**. This theme accounted for 6 of the participants (60%) who described their definition of mental health and what it means to them. Each participant had his own unique definition of mental health, but they all shared the same notion of psychological and emotional well-being, although uniquely different. Clarence stated that for him, it was about "*peeling layers*" and "*becoming better*" in himself. Marcus focused on coping strategies and gave brief examples of how he manages his mental health. Deon talked about the concept of feeling good and being mindful of oneself. Ray shared about healthy as being able to address yourself and not getting stuck. Another participant, Rashad, paused and really took some time to give his definition. He questioned what he thought the definition was for him, expressing that it "*is the state of your mind and how it affects how you view yourself and the world around you.*"

**The Black Man's Country Club.** This theme reflects a re-framing of the barbershop as an exclusive space designed for black men. It is a setting in which the members within believe that services rendered are specifically for the purposes of their well-being, a safe space. This theme was shared by all 10 participants. There was a mention from each participant on the community, culture, accessibility, and convenience that the barbershop provided for them on a daily basis. One participant particularly captured an expression of this theme, saying:

> "*You can kind of like let your shoulders down and be present with people who look like you, feel like you, you're comfortable with... enough to let them put razors next to your head... it's almost like a living room... it feels like family.*"

Another element in regard to the safe space was the presence of culture that many of the participants stated they experienced in the barbershop. Trey recounted that when he walks into a barbershop, familiar elements exuding black culture (black music, black men, and women) provide comfort and aid in him expressing himself. Ray described his experience as "*meeting up with the boys*" and "*shooting a breeze*". Terrell brought up the fact that the barbershop is very easy to access for him, convenient and affordable, stating that "*it's inexpensive, you're just paying for the cut*". This same sentiment was expressed by many other participants who emphasized how easy it was for them to access a barbershop, how convenient it was to get to one and how affordable they were.

**Vulnerability in the Chair**. As discussed by all 10 participants, this refers to the participants becoming vulnerable and expressing themselves once it is their turn to get their hair cut. Of the 10 participants who spoke on the topic of vulnerability, one exclaimed that he was not vulnerable in the shop. Ray spoke about the barbershop not really being a place where he would necessarily be vulnerable. Although he did offer that he would speak about *"family, marital issues and friends."* As a collective, the participants expressed that they had all known their barbers for extended amounts of time, indicating that they had developed a substantial amount of rapport. One participant expressed that he had known his barber for "over 15 years." Ahmad expressed his vulnerability in the chair as not having to explain his blackness to *"individuals that may not get it"*, making it easier for him to open himself up in the barbershop. What stood out amongst all participants was that they all shared the same belief that there's an understanding of confidentiality in the barbershop. Jermaine spoke on this topic, taking his time to formulate the words, expressing: "*You got that barber, client confidentiality. You know you don't; you don't talk about other people's issues because those, those are their issues, not anyone else's."*

**Healing in the Shop**. Present for 9 out of the 10 participants (90%) refers to the willingness that participants had with disclosing their own mental health and/or mental health-related topics within the barbershop. Of the ten respondents, all but one said that they would not have conversations related to their own or others mental health within the barbershop. A typical response was, *"Um, I do personally discuss topics about my mental health, depression, anxiety, stress and all that... the barber is definitely your therapist and the barbershop a place where I can open up."* This sample shows that a significant theme to African American men's experiences within an informal setting, such as a barbershop, is addressing their mental health and having conversations that are healing in nature. However, not everyone agreed with this response. Ray instead stated that:

> *"The barbershop is not really a place where we would discuss mental health because it is just a place where we go to meet up with our boys, friends, even our barber, and just shoot the breeze."*

Although not representative of the majority of the sample (10%), there is a lack of agreement on the topic of healing in the shop. Other participants offered that the barbershop was a please to go, "*at times... when I have something on my mind, just knowing that I'll be able to have conversations that will be thought-provoking and potentially therapeutic*", which yielded healing for them within the barbershop. The process of getting a haircut in the barbershop with others that were representative of their culture, the safety that the environment exuded, the rapport built all allowed them to feel as if they *"can conquer the world"*. Jermaine, in particular, talked about when coming into the barbershop, African American men often come in feeling down, depressed and upset—receiving a haircut and being *"cleaned up"* amongst others in their community, within the barbershop, allowed for disclosure about one's mental state.

**Informal healthcare vs. Traditional therapy**. Respondents were asked to reflect on whether they would prefer informal healthcare in a barbershop setting or traditional therapy by a mental health professional. Of the complete sample of respondents, five of them (50%) had revealed that they have participated in traditional therapy. Of the five (50%), only two (20%) of the individuals have considered continuing traditional therapy. Out of the total ten participants, all but three (70%) stated that they had preferred informal healthcare when addressing their own mental health (Appendix L, Table 5). Out of the seven participants who said they preferred informal healthcare, one of the respondents divulged:

> *"I've actually done therapy twice... the first with a white woman, the second with a white man, and both of them were outwardly listening. It didn't seem like they understood where I was coming from... seeing people who look like me use the same slang, cultural references would've made it easier to open up, but I ended up not doing it."*

The based sample represented in this study indicated that the participants (70%) preferred having their experiences regarding their mental health in informal spaces instead of traditional. However, not everyone agreed with this response. Three of the respondents said instead that *"I would probably choose an actual practitioner"*, "*I participate in traditional therapy, and it is wonderful*", and *"I was able to get help, and I would encourage other men to try counseling."*. Although the majority of participants preferred informal healthcare, these responses show that there is a lack of agreement regarding the theme of informal healthcare and traditional therapy.

## 4. Discussion

The purpose of this study was to explore the lived experiences of African American men within an informal healthcare setting, such as the community barbershop. Through social action (i.e., PAR), these videos provided a platform to enact change in their lives and provided an avenue to solve the problems that are important in their communities—empowerment around informal therapeutic spaces. The participants' vulnerability yielded major themes, regardless of having varied unique experiences at the barbershop, which allowed for an understanding of a group of individuals within an informal healthcare setting regarding mental health. This study suggests that African American men are willing to embark on conversations about their mental health within informal healthcare settings. They were more willing to disclose because of the informal environment, community, culture, and rapport obtained in the setting. In addition, these settings are safeguarded from stigma, discrimination, racism and bigotry. Non-traditional locations, such as barbershops, have been researched as significant arenas in which to provide outreach by healthcare providers (Bryant-Bedell & Waite, 2010). Furthermore, the African American men participating also expressed that they would want their future sons and nephews to experience vulnerability in the setting as it related to healing for them. Understanding mental health was a theme that depicted what the participants defined and understood mental health to be for themselves and not from the dominant western culture. The *black man's country club* was a theme that expressed a safe space for African American men who felt a part of the *in-crowd* due to the lingo, community, and culture that the shop exuded. All of the participants spoke on vulnerability in the chair, which was representative of how comfortable they felt with disclosing personal information within the barbershop setting.

A large portion of participants spoke about healing in the shop and focused on those mental health conversations that they would venture into at the barbershop. The informal healthcare vs. traditional therapy theme indicated that the African American participants preferred the informal healthcare setting, which was associated with comfortability and being able to let one's guard down. For the most part, the participants felt that they were on "equal footing" with those in the informal healthcare setting who looked like them. These five themes suggest that a majority of the participants have had experiences where they sought out the barbershop as an informal healthcare service.

This video voice study involved imagery that was submitted by the participants and was of great significance. As previously mentioned, all the participants utilized cameras in recording their interviews. Given that they had the option to not directly record themselves, it was quite interesting to see how all of them chose to record themselves. The creative nature in which the participants presented their videos was quite interesting. The self-determined method of this approach resulted in videos that emanated power and voice, as those participating were taking their time, thinking about each question first and responding as they deemed appropriate. The edited video style selected by Clarence displayed well-planned and calculated responses. The video created by Trey revealed intimacy and thought-out responses. The video put together by Jermaine allowed for entry into his personal experiences over a period of many generations. The compassion and care that was presented while he operated his own barbershop was an amazing story to hear.

This study's key finding that the barbershop serves as an important and relevant setting for informal mental health support is congruent with previous research, highlighting the barbershop's importance as a potential site for community health promotion (Hess et al., 2007; Victor et al., 2011). While there is scant literature on African American men's experiences within informal healthcare settings, what evidence does exist calls for creative therapeutic approaches to engaging with this group of individuals (Bryant-Bedell & Waite, 2010). Thus, the findings of the current study suggest the great practical value of developing mental health

interventions specifically designed for this setting, as the common experience of understanding mental health and healing in the shop with the participants within this study provide further insight into African American men's informal mental health help-seeking behaviors (Holden, McGregor, Blanks, & Mahaffey, 2012; Daniel, 2019).

The results from this study reveal that within these informal settings, African American men are willing to open up because of the barbershop environment. Studies lack in-depth research on the outreach within these informal healthcare settings, making this one unique in nature, and the evidence suggests that mental health education and screenings in the barbershop could be an extremely promising approach to support Black men. Also, due to significant mistrust that African American men have with the traditional medical system (Ellis et al., 2015), the fact that this population appear more willing to be vulnerable in these spaces suggests targeted use of these environments could potentially overcome significant barriers to accessing mental health services for Black men.

## 5. Limitations
This study was qualitative and therefore cannot be generalized to a whole population of individuals based on the small sample yielded but reflects an in-depth look at the experiences of those who participated in the study. Secondly, the researcher was unable to ask follow-up questions. When answering the question regarding addressing one's mental health, the researcher would have liked to ask what kind of mental health-related illnesses they had discussed in the barbershop. As a video voice study, most of those participating decided not to include creative imagery in their videos but instead chose to be interviewed on camera. Ultimately, this reduced the impact of the visual information in the analysis of the video; however, this allowed for video submissions that yielded the major themes captured. Having only one researcher coding/theming data did not provide for a check on his personal bias; future research could potentially include multiple coders. Another element to consider is that thematic analysis has limited interpretative power beyond description if not used within an existing theoretical framework that anchors the analytic claims made (Braun & Clark, 2006); however, there are advantages to utilizing this instrument.

## 6. Recommendations
The following are five recommendations practitioners serving Black adult men could take on in an effort to provide an actionable bridge between this research and improving mental health services for this population.

## 1. Provide Psychoeducation
Having trained professionals with the same lived experiences providing education and information to African American men within the barbershop about mental health is paramount to decreasing the stigma associated with mental illness. The safe environment of the barbershop will allow for a flowing conversation. Providing both the education and contact by a representative from the mental health community will yield more long-standing impacts on stigmatizing attitudes (Haynes et al., 2017). An understanding of mental health conditions and disorders will be developed by African American men and barbers alike. Psychoeducation will provide African American men with information pertaining to finding out what to expect, what they can do, and how to improve their conditions. One organization that is doing this work in Los Angeles, California, is the Black Emotional and Mental Health (BEAM) collective. BEAM's mission is to remove the barriers that Black people experience getting access to or staying connected with emotional health care and healing through healing justice-based organizing, education, training, grant-making and advocacy.

## 2. Create Barber/Human Service Professional Collaborative Relationships
Have social workers with the same lived experiences that come from the same community the barbershop resides in entering these informal spaces and work in tandem with barbers in addressing the mental health needs of African American men. A multitude of training (Motivational Interviewing, Mental Health First Aid, SafeTalk) in the arena of mental health can be implemented by social workers to assist the barber in becoming a mental health advocate to African American men in the informal setting. *Mental Health First Aid* is a national program to teach the skills to respond to mental illness and substance use signs. *SafeTalk* is a training program that educates those participating on recognising and engaging individuals who may be having thoughts of suicide. *Motivational Interviewing* is an evidence-based approach that helps those to make positive behavioral changes to support their health. A mental health advocate is anyone who is a voice from those suffering from anxiety, depression, or any other disorder – who hopes to trumpet a message of hope and support. This will help to build upon the strengths that barbers already possess within the barbershop. The participants in this study expressed that they were willing to open up to barbers. If the barbers are properly equipped and have an arsenal of tools to identify mental illness, they can utilize it to assist their clientele; this will help dismantle the stigma of mental health that has been held tightly throughout generations in this community.

## 3. Develop Community Partnerships with Barbershops
Partnerships with for-profit, non-profit and government-led bodies with barbershops can help to pool resources and leverage the impact of informal mental health settings. Rebalanced-Life Wellness Association (RLWA) is an organization that received a grant to collaborate with the Black barbershops in order to promote health and wellness. These partnerships will help to build and sustain a positive relationship with African American men in the community and build upon their trust while allotting them resources to address their well-being. This will allow the African American men to be informed of the resource's organizations offer within their

communities that are relative to mental health and address their mental health needs. It allows for access to information and the creation of groups, programs and services that would improve the continuum of care for African American men's psychological and emotional well-being.

### 4. Design Interventions for the Shop

Bringing mental health interventions to the shop can help African American men to recognize and treat mental health issues. It is important to note that in doing so, interventions must honor the sacred spaces of the barbershop to not impose, hijack or gentrify the spaces altogether. The intervention is not to change or enhance the space but rather to collaborate to provide mental health-related resources and tools. Specifically, the interventions are to increase knowledge and raise awareness for African American men regarding mental health and healing. Because of their willingness to open up within informal spaces, it is paramount that we meet them where they are at. These interventions will be utilized to address the mental health challenges that African American men face. Interventions that are catered specifically to this community of individuals will help to dispel the stigma that mental health carries amongst African American men.

### 5. Facilitate Collaboration between Community Keyholders

Collaborating with prominent figures or representatives of the community could further improve support of African American men's mental health in barbershops. Practitioners could facilitate this by working on setting up meetings with prominent members of the community and barbershop professionals to work collaboratively to streamline services and community health messages. Such partnerships could lead to community events centered on the idea of community health, which in turn would help streamline services, increase mental health awareness, and reduce the stigma often associated with mental health services among Black men. One way to do so could be to explore partnerships with local chapters of groups such as Black Lives Matter, which work to redress the systemic inequities prevalent in Black communities regarding mental health. Furthermore, facilitating such community collaborations would allow for a more self-sustaining, long term, culturally relevant, community-driven approach to mental health support that would help avoid any resistance to the practitioner or externally influenced mental health campaigns.

### 7. Conclusion

The findings of this study suggest the value of informal mental health settings among African American men and provide insight into why places such as barbershops are safer places for this population to engage in mental health-seeking behavior. Based on these findings, the authors concluded this paper with five recommendations that practitioners serving Black adult men could adopt in an effort to provide an actionable bridge between this research and improving mental health services for this population. It is hoped that implementing these recommendations will both improve the quality of mental health services provided to Black communities and increase efficacy in service provision with African American men.

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