A Cut Above the Rest: A Qualitative Study to Evaluate the Feasibility of Implementing Early Childhood Mental Health Interventions into Boston Black/African American Barbershops and Beauty Salons

Journal of Health Disparities Research and Practice

Volume 15
Issue 3 *National Maternal Health Research Network Special Issue #2*

Article 4

© Center for Health Disparities Research, School of Public Health, University of Nevada, Las Vegas

2022

A Cut Above the Rest: A Qualitative Study to Evaluate the Feasibility of Implementing Early Childhood Mental Health Interventions into Boston Black/African American Barbershops and Beauty Salons

Lauren Ansong-DePass , lansong@hria.org

Follow this and additional works at: https://digitalscholarship.unlv.edu/jhdrp

Part of the Maternal and Child Health Commons, and the Women's Health Commons

Recommended Citation

Ansong-DePass, Lauren (2022) "A Cut Above the Rest: A Qualitative Study to Evaluate the Feasibility of Implementing Early Childhood Mental Health Interventions into Boston Black/African American Barbershops and Beauty Salons," *Journal of Health Disparities Research and Practice*: Vol. 15: Iss. 3, Article 4.
Available at: https://digitalscholarship.unlv.edu/jhdrp/vol15/iss3/4

This Article is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Article in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Article has been accepted for inclusion in Journal of Health Disparities Research and Practice by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

A Cut Above the Rest: A Qualitative Study to Evaluate the Feasibility of Implementing Early Childhood Mental Health Interventions into Boston Black/African American Barbershops and Beauty Salons

Abstract

Objective: This qualitative research aimed to fill a gap in literature by determining the feasibility of implementing early childhood mental health tools into Black/African American barbershops and beauty salons in three Boston neighborhoods: Dorchester, Mattapan, or Roxbury.

Methods: Qualitative data collection included key informant interviews with two African American pediatric mental health clinicians who worked with children and families that lived in Mattapan, Dorchester, and/or Roxbury neighborhoods (n=2), a barber who worked in Mattapan (n=1), and a focus group of an active parent council hosted by the city of Boston (n=9). Data was analyzed using descriptive and simultaneous coding methods and reviewed to identify key themes.

Results: Participants shared that a parent-centered intervention would be most effective and feasible in a barbershop or beauty salon venue. This intervention should address the following challenges: parental stress (individual and social), parental isolation, and resource access and support.

Conclusion: Barbershops and beauty salons may be a feasible health promotion site for early childhood mental health by targeting parents of young children.

Keywords

Early Childhood Mental Health; Barbershop; Beauty Salon; Black American; African American; Parent; Intervention

This article is available in Journal of Health Disparities Research and Practice: https://digitalscholarship.unlv.edu/jhdrp/vol15/iss3/4

Journal of Health Disparities Research and Practice
Volume 15, Issue 3, Summer 2022, pp. 19-35
© School of Public Health
University of Nevada, Las Vegas

A Cut Above the Rest: A Qualitative Study to Evaluate the Feasibility of Implementing Early Childhood Mental Health Interventions into Boston Black/African American Barbershops and Beauty Salons

Lauren Ansong-dePass, MPH
**Corresponding Author:* Lauren Ansong-dePass, ansong.lauren@gmail.com

ABSTRACT

Objective: This qualitative research aimed to fill a gap in literature by determining the feasibility of implementing early childhood mental health tools into Black/African American barbershops and beauty salons in three Boston neighborhoods: Dorchester, Mattapan, and Roxbury.
Methods: Qualitative data collection included key informant interviews with two African American pediatric mental health clinicians who worked with children and families that lived in Mattapan, Dorchester, and/or Roxbury neighborhoods (n=2), a barber who worked in Mattapan (n=1), and a focus group of an active parent council hosted by the city of Boston (n=9). Data was analyzed using descriptive and simultaneous coding methods and reviewed to identify key themes.
Results: Participants shared that a parent-centered intervention would be most effective and feasible in a barbershop or beauty salon venue. This intervention should address the following challenges: parental stress (individual and social), parental isolation, and resource access and support.
Conclusion: Barbershops and beauty salons may be a feasible health promotion site for early childhood mental health by targeting parents of young children.

Keywords: Early Childhood Mental Health; Barbershop; Beauty Salon; Black American; African American; Parent; Intervention

INTRODUCTION

Defining Early Child Mental Health

Mental health is an important component of overall health and well-being that includes emotional, psychological, and social well-being. The state of one's mental health determines how one thinks, feels, acts, responds to stress, relates to others, and makes choices (Office of Early Childhood Development, 2020). Mental health, however, is not simply the absence of mental

illness or pathology, but is intrinsically connected to one's physical health and behavior (Herman, 2011). Most of one's brain development occurs from birth to age five. During this time, a young child's environment and relationship with caregivers influences the formation of the brain and lays the foundation for developing cognitive abilities. In the developing brain, more than one million new neural connections are formed every second (Center on the Developing Child, 2017b). The brain is the most flexible or "plastic" in these early stages of life (National Scientific Council on the Developing Child, 2012). From birth to age five, the brain can accommodate a diversity of environments and interactions but is less capable of reorganizing and adapting as it matures (Center on the Developing Child, 2017b). Early childhood mental health is defined as:

> The young child's capacity to experience, regulate, and express emotions, from close and secure relationships, and explore the environment and learn. All of these capacities will be best accomplished within the context of the caregiving environment that includes family, community, and cultural expectations for young children. Developing these capacities is synonymous with healthy social and emotional development (Zeanah & Doyle, 2012).

Simply, infant and early childhood mental health focuses on the development of a child's ability to identify and understand their feelings, accurately comprehend the emotional state of others, manage strong emotions, manage their expression constructively, regulate their own behavior, develop empathy, and establish and maintain healthy relationships from birth to age five (Early Learning and Care Division, California Department of Education, 2021). From birth to age five, a child's environment (physical and social), including caregiver relationships, directly affect their long term and short-term cognitive abilities, and thus their mental health (Center on the Developing Child, 2017a). The strategic targeting of early childhood mental health can improve the likelihood for a child to have healthy long-term development (Zeanah, 2012).

Positive social and emotional development in young children helps them to build positive relationships, develop trust, empathy, compassion, and a sense of right and wrong. Furthermore, the experience of loving relationships gives young children a sense of comfort, safety, and confidence which has direct effects on their experience of mental health (Zero to Three, 2022). Risk and protective factors for early childhood social and emotional development often co-occur and interact with one another (Zeanah, 2012). A few key risk factors for poor early childhood mental health include poverty, exposure to violence or trauma, and single mother-headed households (National Scientific Council on the Developing Child, 2012; Zeanah, 2012). Experiences of poor mental health during infancy or early childhood can lead to increased risk for more severe mental and physical health outcomes as a child matures into adolescence and adulthood. (National Scientific Council on the Developing Child, 2012). Examples include more likely to engage in risky behavior, developmental delays, and to be diagnosed with disorders such as depression, alcohol use disorder, substance use disorder, heart disease, cancer, chronic pulmonary disease, obesity, and diabetes (Zeanah, 2012).

Risks for Black/African American Children and Early Childhood Mental Health

Black/African American children in Boston are at greater risk for poor early childhood mental health outcomes in comparison to their White counterparts. It's important to name that these risk factors arguably stem from systemic racism and inequities experienced by Black/African Americans, not necessarily a genetic predisposition. The effects of racism (e.g. segregated neighborhoods, financial hardship, excessive stress, incarceration of family members) can increase exposure to early childhood mental health risk factors (Center on the Developing Child, 2022).

Although race is a social construct, in the United States, the inequitable distribution of resources, access, and power are real in their biological consequences.

Poverty is one of the most discussed risk factors for early childhood social emotional development because it often co-occurs with other risk factors. Poverty often contributes to inequitable access to resources in addition to straining the emotional well-being of parents (Zeanah, 2012). Parents who live in poverty struggle to purchase stimulating tools (games, books, toys, etc.) for their children to engage with, cannot afford higher quality child care (and later private school), cannot always purchase or rent a home in a safe neighborhood, or have limited leisure time to engage in activities with their children (Zeanah, 2012). In Massachusetts, 11.4% of the population live below the federal poverty level. Of that population, 16.7% of them are children (n=358,037) under the age of five. In Boston, 21.1% of the total population lives below the federal poverty level. 21.1% of those living under the poverty line in Boston are children under the age of five (United States Census Bureau, 2016). In 2015, Black Bostonians were 22.9% of Boston's population (Boston Public Health Commission, 2018a). Most Black American children in Boston live in the Mattapan, Dorchester, and Roxbury neighborhoods (Boston Public Health Commission, 2018a) In these neighborhoods respectively, 27.3%, 49.2%, and 34.4% respectively, of children live in poverty (Boston Public Health Commission, 2013).

Secondly, exposure to community violence is another risk factor for early childhood mental health. Repeated exposure to violence has been associated with "developmental delays, depressive symptoms, social cognition impairment, and behavioral problems (Boston Public Health Commission, 2015). In Boston overall, 56% of residents felt their neighborhood was either somewhat safe or not safe (Boston Public Health Commission, 2018b) In comparison, 70% of Black residents in Boston said they felt their neighborhood was somewhat safe or not safe (Boston Public Health Commission, 2018b). Mattapan, Dorchester, and Roxbury have higher rates of reported violent crimes, homicides, and child maltreatment cases when compared to greater Boston (Boston Public Health Commission, 2015). The repeated exposure to community violence and/or feelings that your neighborhood is unsafe can contribute to poor early childhood social emotional development.

Lastly, single parent (mother-only) households are a risk factor for early childhood social emotional development because of inconsistent caregiving from either one or both parents. In Massachusetts, 21.8% of all households are single mother-headed (United States Census Bureau, 2017b) Of those households, 10.5% have children ages five and younger (United States Census Bureau, 2017b). In 2010 in Boston, 23.7% of all households with children ages 0-17 were single mother-headed households (United States Census Bureau, 2017a). Of those households, 12.6% had children five years and younger (United States Census Bureau, 2017a) Although having caring adults and a well-functioning family environment are important to a child's well-being, children in single parent (mother-only) households are at greater risk for poorer mental health outcomes in comparison to children living with two biological married parents (Boston Public Health Commission, 2013). Black Bostonians have a higher percentage of mother-only households at nearly 50% overall (Boston Public Health Commission, 2013). In Mattapan, Dorchester, and Roxbury, 65.8%, 67.1%, and 78.5% respectively have children who live in single parent households (Boston Public Health Commission, 2015).

Strategic Venues for Health Promotion

Because early childhood mental health occurs within the context of a physical environment, cultural expectations, and social environment, it's important for interventions to occur in the same

contextual framework (Zeanah & Doyle, 2012). Considering the increased risk that Black/African American young children have for poor early childhood mental health outcomes, culturally safe and relevant venues will be important to address this health issue.

Traditional health promotion settings have struggled to reach the Black/African American community due to barriers such as lack of trust of the medical community (Corbie-Smith et al., 1999). Barbershops and beauty salons may be a viable alternative venue for delivering health education and promotion programs to reach Black/African Americans. Historically, barbershops and beauty salons served as an important social, political, and economic force within the Black community (Linnan et al., 2014; Shabazz, 2016). Often functioning as "third spaces[1]," barbershops and salons are gathering spaces for patrons to not only receive cosmetic services, but to network and socialize with other community members. These sites provide settings that are culturally familiar, comfortable, and relaxing for customers (Sutton et al., 2021). Not surprisingly, barbershops tend to be a gathering space for men, as beauty salons tend to be a gathering space for women. Although they have relatively gender specific target populations, the roles barbers and beauticians play in the lives of their clients mirror one another. Stylists are often considered respected community members or leaders and maintain intimate relationships with their clients. Often functioning as lay health educators, barbers and beauticians have considerable influence in the lives of their customers because of their trusted relationships (Lieberman & Harris, 2007).

Health promotion programs implemented in barbershops and beauty salons have successfully improved health outcomes and education among Black/African American men and women. Examples include improving cancer screening outcomes (Luque et al., 2011) educating patrons on sexual health (Baker et al., 2012; Jemmott et al., 2017), increasing physical activity and fruit/vegetable intake (Hood et al., 2015; Johnson et al., 2010) and lowering systolic blood pressure (Bryant et al., 2020; Sutton et al., 2021). Beauty shops and arguably barbershops support a unique oral tradition of exchanging family histories and information, functioning as a preserver of cultural and social interaction.

Gaps in Research

Barbershops and beauty salons have shown success in improving health outcomes for adult patrons, but there is no literature on interventions in this venue that target adult caregivers with young children or young children who attend these venues with an adult with early childhood mental health tools. This qualitative research aimed to fill this gap in literature by determining the feasibility of implementing early childhood mental health tools into Black/African American barbershops and beauty salons in three Boston neighborhoods: Dorchester, Mattapan, and Roxbury. This research was made possible by trusting the expertise of community members and local mental health clinicians. This research was conducted to inform the development of a program plan for the Boston Public Health Commission, Child and Family Health Bureau, Early Child and Family Health Department.

[1] The concept of "Third Spaces" is a sociological theory coined by Ray Oldenburg. He describes home as the first place and work as the second place. Third spaces are "between and beyond the home and the work place—provide vital anchors for community life, providing for broader, more creative interaction which in informal but intentional". Other examples of third spaces include cafes, coffee shops, books stores, and bars (Myers, 2012).

METHODS

Context

This study utilized a qualitative data collection method (key informant interviews and focus group) to inform a program plan for Boston Public Health Commission. This program plan aimed to implement early childhood mental health tools into barbershops and beauty salons in Mattapan, Dorchester, and Roxbury. Interviews included two African American pediatric mental health clinicians who worked with children and families that lived in Mattapan, Dorchester, and/or Roxbury neighborhoods (n=2) and a barber who worked in Mattapan (n=1). Additionally, this study included a focus group of parents from an active parent council hosted by the city of Boston (n=9). This research was exempt from IRB review by the Northeastern University Institutional Review Boards.

Interview Data Collection

This study used a semi-structured interview guide for the mental health clinicians based on gaps in the existing literature on early childhood mental health tools in Black/African American barbershops and beauty salons. This ensured the conversation focused on the interviewee's area of expertise within early childhood mental health. The semi-structured interview guide for the barbers focused on the role of the barber as the interventionists and feasibility of incorporating an early childhood mental health tool into barbershops and beauty salons. Staff from Northeastern University's Institute Urban Health Research and Practice and from the Boston Public Health Commission, Child and Family Health Bureau, Early Child and Family Mental Health department recommended the key informant for interviews. Each key informant had either professional training as a mental health clinician (e.g. Licensed Clinical Social Worker or Medical Doctor) or as a licensed and practicing barber. The interviews ranged from thirty minutes to one hour based on the availability of the key informant. Due to availability of interviewees, one interview was in person and others were via phone call. With participant permission, interviews were recorded with the "Easy Voice Recorder" phone application and later transcribed in Microsoft Word before being transferred to NVivo.

Focus Group Data Collection

This study utilized a focus group guide for the parent council based on gaps in existing literature on early childhood mental health tools in Black/African American barbershops and beauty salons. The parent council was comprised of caregivers (parents and grandparents) who are currently raising children and have an interest in advocating for parental resources that support the mental health of young children. The focus group guide focused on parental understanding of early childhood mental health, the role of the caregiver, and an ideal tool to aid parents in supporting their young child's mental health in the barbershop and beauty salon setting. The parent council had one group facilitator (City of Boston employee), two male caregivers and seven female caregivers. They had been meeting monthly since December of 2017. The focus group occurred after their third monthly meeting on February 26, 2018 at 10:00a.m. With participants' permission, the focus group was recorded using the "Easy Voice Recorder" phone application and then transcribed in Microsoft Word for analysis before being transferred into NVivo.

Analysis

After each key informant interview, a contact summary form was completed to summarize information from the target questions. This aided in identifying initial themes and findings from the interviews. Similarly, after the focus group, a summary form was completed to identify initial

themes and findings in the focus group. Following transcription, each interview or focus group was reviewed for errors before being coded.

Utilizing NVivo software, transcripts were reviewed several times using field notes to incorporate tonal emphasis and body language. Relevant text segments were then highlighted. Using descriptive and simultaneous coding methods, initial themes and data in responses were highlighted that may or may not be present in literature. These themes informed the development of a formal codebook (Figure 1) that was used to robustly review the data in the second coding cycle. Transcribed interviews were then coded during the second cycle which revealed additional themes and patterns.

Table 1: Qualitative Analysis Codebook

Code	Node or Subnode	Definition
Venue	Node	Descriptions of the specific venue
Attendants	Subnode (Parent: Barbershops and Salons)	People and characteristics of people who do or do not attend the barbershop or salon (e.g. Parents, children,).
Child in Venue	Subnode (Parent: Barbershops and Salons)	Descriptions of children in venue and their actions
Business Function	Subnode (Parent: Barbershops and Salons)	Processes, characteristics, and priorities that relate to the venue's primary role as a business
Barriers	Subnode (Parent: Barbershops and Salons)	Specific barriers to using this venue for child related tool
Parent Drop-Off	Subnode (Parent: Barbershops and Salons)	Action when parents leave their children in barbershops without their presence or supervision
Movie: Barbershop	Subnode (Parent: Barbershops and Salons)	Any reference to the movie Barbershop
Stylist	Node	Description of barber or stylist
Interaction	Subnode (Barber)	Interactions and conversations the barber has with the parent or the child
Community	Subnode (Barber)	Descriptions of experiences, roles, influence the person has within their community
Parenting	Node	Related to experience of parenting
Skills/Aids	Subnode (Parenting)	Related to specific skills and support parents do or do not have to parent their child in support of their social/emotional development or the holistic health of their child
Child Outcomes	Subnode (Parenting)	Results of parents skills or lack of parental skills
Experience	Subnode (Parenting)	Description of past parenting experiences
Barriers	Subnode (Parenting)	Description of barriers to parenting or accessing needed resources for child
Intervention	Node	Interventions, tools, or models that focus on early childhood mental health, mental health, parenting,

		or related topics that were mentioned during the interviews
Existing Tools, Models, or Examples	Subnode (Intervention)	Existing tools, models, or examples that were mentioned by any participant during qualitative data collection that contribute to parenting, mental health, or child development
Parent Centered Intervention	Subnode (Intervention)	Suggested interventions that focus on the parents, parentings, or skills for parents
Child Center Intervention	Subnode (Intervention)	Suggested interventions that focus on children, child development
Research Design	Node	Any discussion of the actual research design of the qualitative data collection, analysis, and/or the program plan
Evaluation	Subnode (Research Design)	Discussion of the evaluation of the program plan
Clear Goals	Subnode (Research Design)	Identifying clear goals or outcome for the research design and/or program plan
Project Support	Subnode (Research Design)	Discussion of the support for the project: Boston Public Health Commission, Northeastern
Sample Population	Subnode (Research Design)	Discussion of who or where the sampling will occur: specific barbers shops
Target Population	Subnode (Research Design)	Discussion of the targeted population among African American people
Stigma of term "Mental Health"	Node	Discussion of the word(s) "mental health" or "mental illness" as not palatable for the target community
Alternative Terms	Subnode (Stigma of term "Mental Health")	Alternative words, terms, or ideas for "mental health" or "mental illness"
Toxic Stress	Node	Toxic stress, its source, its effects, those affected
Parent Stress	Subnode (Toxic Stress)	Discussion of parents who are stressed, actions related to their stress, or consequences of their stress related to parenting and/or parenting within their environment or circumstances
Child Aid	Node	Specific experiences, resources, tools that aid in supporting early childhood mental health
Child Barrier	Node	Specific experiences, resources, or tools that are a barrier early childhood mental health

Quality of Conclusions

Boston Public Health Commission, Child and Family Health Bureau, Early Child and Family Mental Health department provided feedback for interview and focus group guides to improve conclusion quality. In addition, at the end of each interview and focus group, participants heard a summary of responses to ensure a strong understanding of what they shared. Lastly, each interview and focus group was digitally recorded and transcribed verbatim. When writing results,

direct quotations from the transcript were used and there is a trail of evidence (e.g. field notes) to support conclusions.

RESULTS

The following results represent information from three key informant interviews and one focus group. Participants included mental health clinicians, a barber, and caregivers from the parent council. The results describe overarching themes that include mental health priorities for children from Dorchester, Mattapan, and Roxbury, advantages, and disadvantages of using a barbershop as an early childhood mental health promotion site, and parental needs to support the mental health of young children. These findings were collected to inform an intervention to implement tools into Black/African American barbershops and beauty salons in Dorchester, Mattapan, and Roxbury. Some findings that emerged from qualitative data collection and analysis are paraphrased for clarity. Anything in italics and quotations represents the participants' actual words.

"Mental Health" as Stigmatizing Language

Both mental health clinicians described the importance of not using the term "mental health" when drafting a program plan or working with Black/African American community members. Although neither the parents nor barber stated this as explicitly as the mental health clinicians did, it is important to note that none of the parents or barbers who participated used the term "mental health" when discussing children. The mental health clinicians listed other terms such as "development" and "wellness" to use to describe early childhood mental health.

"The term mental health might be challenging" –Interview 1 February 14, 2018

"So I think that phrase that you have, "social-emotional wellness" is really the lens that you want to go into this with when talking to parents and family members. That it is not about mental health, especially when you say mental health to black folk, like right away you're like losing people." –Interview 2 February 16, 2018

Existing Models and Resources

All participants discussed existing models and resources that either 1) provided support for parents to aid in their children's mental health or 2) used a structure that may be feasible within the barbershop or beauty salon setting. Mental health clinicians described similar models or programs that could be adapted to implement in the barbershop and beauty salon setting. For example, the barber described a community organization she's a member of that supports mothers, often inviting clients and community members to attend with her. The parents described resources to one another in response to questions or needs that surfaced during the focus group. Although there was discussion of the need for more resources in the community to support parents to aid in the social emotional development of their children, parents and clinicians named several potential resources that other parents may not know exist.

"And one reason why I started with the [Boston] Basics is because those five basic principles that we're encouraging parents to do with their kids are daily practices that they can do. Those are the things that are going to improve a kid's brain capacity. They're social-emotional. So when I think about intervention, I'm always thinking about what can parents do with kids. So, those five things, loving your kids, hugging them, touching them, you know with little kids, managing their own stress. Just being the first one, and then it's you know talking, singing, pointing, counting, grouping, comparing, you know playing activities."-Interview 2 February 16, 2018

"I wonder…I mean and this is maybe looking at um maybe looking at like a parenting approaches around circle of security... [Reading from phone] Work with parents and caregivers to help them understand their child's emotional world by learning to read emotional needs. Assist with managing emotions, engage in the development of their child's self-esteem, and honor the innate wisdom of their child in order for them to be more secured."—Interview 1 February 14, 2018

"So actually there's a social skills group for children who have autism called the Garret Presley Autism Resource Center. Deborah Presley is the founder of that and she has her groups at the Hyde Park YMCA so and her group meets, I believe she's still doing it every Saturday. I don't know the time, but she has a website and everything. She is a mother that has autism, her son is Garret and he's in a residential but she started her own nonprofit and she's been doing it for years. She has the walk and everything in Franklin Park. I went once and it was good." –Focus Group February 26, 2018

"'Exceptional lives' has a website that's great. You can look up so much information on mass health and um where to go for services. Jay O'Bryant, which he's no longer there, they actually came up with that online to help families to have that go to place. Because when you google things some of this information is like overwhelming." –Focus Group February 26, 2018

Venue

All participants discussed, from their own perspective, 1) child behavior within the venue, 2) attributes, and/or 3) barriers to using the venue as a health promotion site specifically for children.

1. Young Children in Barbershop or Beauty Salon Setting

All participants shared that they did not believe that a salon or barbershop was an ideal place for young children. Parents shared specifically that they did not believe this setting was the safest place for young children nor did they think that young children were welcome in those spaces.

"I just always felt like hair salons and barbershops were never like child friendly, um. I know for me if I was going to the hair salon, if my child wasn't being serviced, I couldn't bring her or there's always a sign saying 'no children'—Focus Group February 26, 2018

"You don't really see, or for me going, you don't really see a lot of children playing around, running around getting their hair done. I mean you're going around, going in the back to wash or whatever the case may be, so I always didn't see it as a place for children. And I don't know, it would be interesting if they had child care at the hair salon but I've never seen that before. And I don't usually see kids running around at the hair salon. They're very strict now about the chemicals"—Focus Group February 26, 2018

The interviewed mental health clinicians also shared that they did not think it was a good place for a young child to be free to engage in child-centered activities (e.g. playing, running, being loud).

"I think what's interesting is the salon or barbershop is that it's not the ideal place for a child to be a child… and some of them have signs for no kids"—Interview 1 February 14, 2018

Lastly, the barber shared the behavior she witnessed in her barbershop and the setting of the barbershop for young children. When asked to describe what young children do in the barbershop, the barber replied:

"Climb the walls, screw up on the floor, run outside the door. "—Interview 3 March 19, 2018

2. Venue Attributes:

All participants described attributes of the barbershop or beauty salon setting that would support it as a health promotion site. Participants shared that clients spend a substantial amount of time at the beauty salon or barber shop when they attend. One mental health clinician and the barber described the role of the stylist as one who can influence their clients toward positive health decisions. Both responses describe how stylists and patrons view stylists as (potential) health leaders in their community.

"You have people who are going to be [in the barber shop or beauty salon] for a least two hours." –Interview 1 February 14, 2018

"And this is one thing that I do believe, people in their community, professionals in the community want to see their community grow and get better so I see no reason that barbers and beauticians wouldn't want to do this." –Interview 2 February 16, 2018

"See, I've been doing this work [as a barber] for a long time, but I just got with the mothers for justice and equality because I lost my two sons to street violence. So I've been doing this ever since I've been cutting hair and doing hair for women. I've been uh touching people lives in my community, men, women, boys, girls, drug addicts, alcoholics, all of them know me in my community, all of them know my name in our community"—Interview 3 March 19, 2018

"But those that do come in there I talk to them about their children and talk to their children too. But whoever bring their children in there to me now, they allow me to have control of their child."—Interview 3 March 19, 2018

3. Venue Barriers

All the participants described potential barriers of using the venue as space to provide health promotion, specifically for young children. They described barriers of the physical venue space:

"Men [male barbers] mostly, they don't like to be bothered with children because children aren't quiet and they don't got the time. I know the barbers I worked around for them many years, they don't like to be bothered with children. They just give the children to me." –Interview 3 March 19, 2018

"There's so much used in there and the profanity and all those things. So you got to be real careful about taking your children. And people that own those businesses, they don't particularly care for children to be in there. Because they want to do what they want to do. They have the television on and everything. They don't really want the children in there."—Focus Group February 26, 2018

Parents also described the potential financial barriers for stylists that would be associated with using a barbershop or salon as a young child health promotion site. They recognized that willingness to host an intervention may not be the main barrier for stylists to participate in this intervention, and that hosting an intervention specifically for children could affect stylists' businesses.

"So the bulk of your business, everything that you own is going to cost you, so you gotta look at it another insurance that covers children, so that's why financially things start to get tricky for hair salons and barbers"—Focus Group February 26, 2018

"Financial could be a barrier because sometimes they don't own their own spaces. They rent them out, so having to create another [space for children]. That's adding money and it's not even their space."—Focus Group February 26, 2018

Lastly, both mental health clinicians discussed that although barber shops and beauty

salons have cultural significance, not all Black/African American people attend them, limiting the scope of a potential intervention.

"I don't know if you want venues that are relevant to large segments of African American community. Because there are a lot of like you know… like Afro-dread lock people who you know just don't do barbershops"—Interview 2 February 16, 2018

Parental Experience

All participants described in detail the parental experience, barriers, and need for support. Parents shared that their past experiences, and networks (e.g. pediatrician, family members, friends, and community centers) aided in their being able to support their young child's mental health. Major barriers for parents included parental stress (individual or community level), social isolation, and lack of resources and support.

1. Parental Stress (community level):

"discrimination and also uh immigration issues. Maybe 0-5 they can't understand that issue, but the parents, if the parents are suffering that kind of things in their environment, they [the children] can feel their [parents'] feelings too."—Focus Group February 26, 2018

"I can't even remember, I think the kid had ADHD and I was like oh you know it might be good to get some of that energy out in the playground or something and she was like we don't go to the playground…We can't. It gets dark early. It's not safe. We live in the projects."—Interview 1 February 14, 2018

2. Parental Stress (individual level), Parental Isolation, and Lack of Support:

"And sometimes those moms, you know what I mean, they're so isolated, you know what I mean. You have nowhere to bring your child and sometimes, you know, you need that five minute break. You know what I mean, you have no where to go. Like I wish there was like a place for child here, mom goes here. She needs that break and that, I envision that one day, you know what I mean.."—Focus Group February 26, 2018

3. Lack of Resources:

"That's a whole other issue. There's not enough in the community… They feel like Boston because we're a city, we have a lot of resources but we really don't."—Focus Group February 26, 2018

During the barber interview, the participant shared that poor parental decision making affected their ability to work efficiently. Parents often dropped their children off in the barbershop in hopes of that she would babysit while they ran errands. She described this experience as frustrating and wanted to see resources that taught parenting skills.

"Yea, they drop em off, but I get em understood…, I'll tell em in a minute, don't leave your kids in here. You have to take your children with you. I'm not a babysitter. I say it that bluntly because I truly want them to know because they make up all kinds of excuses, "oh, I'll be right back, " but I don't even know your child, I don't even know your child's name but you want me to do a service to your child." –Interview 3 March 19, 2018

Potential Interventions

When asked about potential interventions, the participants emphasized a need for parental support and resources. Although some of the suggested interventions targeted children, they were often attached to resources that also targeted parents. Parental interventions included resource guides, parent education, support groups, and a drop-in center.

"I think support groups are a great resource. Parents go around the room and they just give each other support and resources. It helps a lot." –Focus Group February 26, 2018

"Just a basic guide. It would be nice to just have a book, where we could just open up that section. This is the problem to this and this is the problem for that. Of course it would always be changing…like the pregnancy book [What to Expect When You're Expecting]."—Focus Group February 26, 2018

Child centered interventions focused on activities that children could engage with in the barbershop or beauty salon space. The key child centered interventions mentioned were a separate play space for children that have stationary interactive activities and that were staffed.

"I used to think about a recreation room for the children, but that depends on the barbershop or the salon. They got to have another section." –Focus Group February 26, 2018
They're not allowed to do any of those things [run and play], so if you're looking for interactive ways to get them engaged and things like that, you know you do a simple thing, get tablets and create programming for them that helps them learn or tools. –Focus Group February 26, 2018
"And you know how you said the coloring sheets and tablets. So if there was a section of the beauty salon where the children could sit with the headphone on and they could do things, you know, so they're not listening to what's going on back there." –Focus Group February 26, 2018

DISCUSSION

To date, there have been no studies that explore the feasibility of integrating early childhood mental health tools into the Black/African American barbershop and beauty salon setting in Boston. This study intentionally gave voice to three groups of key stakeholders: mental health clinicians, parents, and barbers with variance in perspective and priority.

Based on the study findings, implementing early childhood mental health interventions into beauty salon and barbershop settings may provide unique opportunities for consistent engagement with tools that support the social and emotional development of young children. Interviewees and focus group participants named three important challenges that a proposed intervention should address: parental stress (individual and community), parental isolation, and resource access and support.

Early Childhood Mental Health

This study's findings support existing research in identifying key challenges for parents and caregivers that can negatively affect early childhood mental health. Individual parental experiences such as parental stress (individual) and parental isolation can negatively impact the mental health of a parent and thus the mental health of their young child (Center on the Developing Child, 2017). Additionally, challenges such as community level parental stress (e.g. immigration, community violence), access to resources, and access to parental support can stem from poverty, exposure to community violence, family structure, and systemic racism. All of these challenges are risk factors for early childhood mental health (Center on the Developing Child, 2022; National Scientific Council on the Developing Child, 2012; Zeanah, 2012). Future studies should explore how these community level factors contribute to experiences of parental stress, access to resources, and access to parental support in Dorchester, Roxbury, and Mattapan.

Barbershop and Beauty Salon Venue

This study supports existing research in affirming the value of barbershop and beauty salon stylists as community leaders who can function as health leaders in their communities and can influence clients in healthy decision-making (Jemmott et al., 2017; Lieberman & Harris, 2007, 2007; Luque et al., 2011; Sutton et al., 2021). These findings add to existing literature by demonstrating the use of barbershops and beauty salons as culturally relevant health promotion

sites (Bryant et al., 2020; Hood et al., 2015; Jemmott et al., 2017; Lieberman & Harris, 2007; Luque et al., 2011; Shabazz, 2016; Sutton et al., 2021). Specifically, this study finds that barbershops and beauty salons may be effective health promotion sites to target parents and caregivers with tools to support early childhood mental health. Existing literature found that barbershops and beauty salons can be effective health promotion sites for older youth (Jemmott et al., 2017; Lieberman & Harris, 2007), but this study's findings do not support barbershops and beauty salons being an effective health promotion site for young children. This study found that most barbershops and beauty salons are designed for adult clientele and may not be appropriate spaces (e.g. use of mature language) for young children. Additionally, hosting an intervention for young children in this venue may incur additional financial expenses (e.g. additional insurance, space modifications) that may deter stylists from participating.

Recommendations for Interventions

Based on the key informant interviews and focus group data, a parent-centered, early childhood mental health intervention may be well received and most effective in this setting by both stylists, caregivers, and mental health clinicians. The recommendations below are reflective of the recommendations shared with Boston Public Health Commission, Child and Family Health Bureau, Early Child and Family Mental Health department after the completion of this research.

1. Parent-Centered or Caregiver-Centered Intervention

While a child-centered intervention may not be the most effective or desired resource in this setting, a parent-centered intervention may be well received in the barbershop or beauty salon setting by both stylists and caregivers. Targeting parents is a strategic and effective intervention for supporting healthy early childhood mental health (Center for the Developing Child: Harvard University, 2017). Three challenges that participants identified in this research that affect early childhood mental health outcomes were: 1) parental stress (individual and community level), 2) parental social isolation, and 3) lack of resources and support.

Challenges managing parental stress and social isolation can contribute to poor parental mental health which can negatively affect early childhood mental health outcomes (Center for the Developing Child: Harvard University, 2017). A parent-centered or caregiver-centered intervention that provides participants with tools to manage stress would be beneficial in reducing parental stress. Lastly, parent-centered interventions should be mindful of language that may be stigmatizing and utilize terms such as "development" and "wellness." Further research should explore key components necessary for an effective early childhood mental health intervention to support Black/African American parents and the key challenges participants identified.

2. Barbershop and Beauty Salon Venue

Participants shared that the barbershop and beauty salon setting could be an effective health promotion site for early childhood mental health. Clients spend substantial amounts of time in these spaces and stylists view themselves as leaders who can positively influence clients toward positive health decisions. That said, the barbershop and beauty salon venue is typically designed as a gathering space for adults, not young children. This further supports the recommendation to target parents with early childhood mental health tools instead of children in this venue.

During data collection, parents named social isolation as an important challenge for an intervention to address. Because the barbershop and beauty salon venue is a culturally familiar, relaxing, and comfortable third space, it could support organic community building in hopes of reducing parental isolation. Parent-centered interventions in this venue should prioritize partnering well with stylists and compensating them equitably for their time and expertise. Future studies

should explore the training needed to support stylists as early childhood mental health educators and efficacy of holding support groups in this space. Additionally, an observational study of a cohort of barbershops and beauty salons in Dorchester, Roxbury, and Mattapan could provide more insight into the attributes and barriers of the venue (e.g. size, accessibility), the number of children who attend and their respective ages, and conversations about parenting and parental education.

3. Resource Access

Lastly, parents identified lack of resources and support as an important challenge for the intervention to address. Lack of resources and support for parents can create barriers to accessing important information and networks to support their young child's mental health. Although participants named resources available in Boston, parents and clinicians felt that resources can be difficult to navigate and often parents don't know these key resources exist. During data collection, parents shared effective and up-to-date resources with one another and had great expertise in available and unavailable resources within the community. Resource sharing should be a consistent component of this intervention. Future studies could utilize a community needs assessment to identify specific resources and needs of caregivers who attend barbershops and beauty salons to support the mental health of their young children.

Limitations

This study has several limitations. Firstly, due to time and scheduling constraints, data was collected from a small number of participants. There were only two mental health clinicians and one barber interviewed. In addition, there was only one parent focus group (n=9), and not all the parents were Black/African American or attended Black/African American beauty salons or barbershops. All participants were recommended by the Boston Public Health Commission, so it is possible that their responses about an intervention implemented by the Boston Public Health Commission are not generalizable. As those who are recommended by the Boston Public Health Commission may be different than those who are not.

No beauticians or male barbers were interviewed. Although the interviewed barber has been working in the industry for several years, it is possible that her responses are not representative of the stylist community in Dorchester, Mattapan, and Roxbury. In addition, scheduling challenges caused limitations in hosting focus groups for barbershop and beauty salon patrons. It is possible that the responses from the parent focus group will not be representative of all caregiver patrons in the barbershop or beauty salon setting.

Lastly, it cannot be assumed that barbershops and beauty salons provide the same advantages or challenges. Although the stylist role and the services provided mirror one another and are relatively gender-specific, it cannot be assumed that using both venues will be equally advantageous.

CONCLUSION

The results of this qualitative investigation revealed a desire from parents and caregivers, barbers, and mental health clinicians to implement a parent-centered early childhood mental health intervention into barbershops and beauty salons. This intervention should include identified important topics such as parental stress management, parental isolation, support parental skill-building, parental support, and resource sharing. These tools and skills ultimately support their young children's mental health. Further research would provide a more comprehensive understanding of specific needs of parents and an understanding of the needs and barriers of

utilizing the barbershop and beauty salon venue as an early childhood mental health promotion site.

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to Boston Public Health Commission, Child and Family Health, Early Child Mental Health Department. I would not have been able to complete this research without my site supervisor, Christina Moulin, IMH-E. Additionally, I'd like to thank Northeastern University's Bouvé College of Health Sciences. I would like to offer special thanks to my Capstone committee chair, Dr. Alisa Lincoln, PhD, MPH for encouraging to pursue this novel project. Additionally, I am grateful to Dr. Collette Ncube, DrPH, MPH, MS for the endless advice she shared throughout the research process. I'm especially grateful for all the research participants and the vital knowledge, wisdom, and expertise they brought to this work. Lastly, I'd like to thank God, who provided me strength and wisdom to complete this work, Howard dePass Jr., Edward Ansong III, Brenis Ansong, Edward Ansong IV, and my loved ones for all their support.

REFERENCES

Baker, J., Brawner, B., Cerderbaum, J., White, S., Davis, Z., Brawner, W., & Jemmott, L. (2012). Barbershops as Venues to Assess and Intervene in HIV/STI Risk Among Young, Heterosexual African American Men. *American Journal of Men's Health*, *5*(6), 368–382. https://doi.org/10.1177/1557988312437239

Boston Public Health Commission. (2013). *Health of Boston's Children, Boston Survey of Children's Health: Parent and Caregiver Perspectives*. Boston Public Health Commission. https://www.bphc.org/healthdata/Documents/HBC_Final_103113_ForWeb.pdf

Boston Public Health Commission. (2015). *Health of Boston's Children, Child Health Assessment Mapping Project*. Boston Public Health Commission, Research and Evaluation Office. Health of Boston's Children: Child Health Assessment Mapping Project.

Boston Public Health Commission. (2018a). *Health of Boston Report: Chapter 1 Demographics* (pp. 86–105). Boston Public Health Commission. https://www.bphc.org/healthdata/health-of-boston-report/Documents/4_C1_Demographics_Pages%20from%2016-17_HOB_final-4.pdf

Boston Public Health Commission. (2018b). *Health of Boston Report: Chapter 12 Injury and Exposure to Violence* (pp. 498–563). Boston Public Health Commission. http://www.bphc.org/healthdata/health-of-boston-report/Documents/15_C12_injury%20_%20Violence_16-17_HOB_final-16.pdf

Bryant, K., Blyler, C., & Fullilove, R. (2020). It's Time for a Haircut: A Perspective on Barbershop Health Interventions Serving Black Men. *Journal of General Internal Medicine Volume*, *35*, 3057–3059. https://doi.org/10.1177/0021934716629337

Center on the Developing Child. (2017a). *InBrief: Early Childhood Mental Health*. Harvard University. https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health/

Center on the Developing Child. (2017b). *InBrief: The Science of Early Childhood Development*. Harvard University. https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/

Center on the Developing Child. (2022). *Moving Upstream: Confronting Racism to Open Up Children's Potential* (pp. 1–10). Harvard University.

Corbie-Smith, G., Thomas, S., Williams, M., & Moody-Ayers, S. (1999). Attitudes and beliefs of african americans toward participation in medical research. *Journal of General Internal Medicine*, *14*, 537–546. https://doi.org/doi:10.1046/j.1525-1497.1999.07048.x

Early Learning and Care Division, California Department of Education. (2021). *Social-Emotional Development Domain, California Infant/Toddler Learning & Development Foundations*. California Department of Education. https://www.cde.ca.gov/sp/cd/re/itf09socemodev.asp

Herman, H. (2011). Promoting Mental Health. In *The SAGE Handbook of Mental Health and Illness* (pp. 405–429). SAGE Publications Ltd. https://dx.doi.org/10.4135/9781446200988

Hood, S., Linnan, L., Jolly, D., Muqeeth, S., Hall, M., Dixon, C., & Robinson, S. (2015). Using the PRECEDE Planning Approach to Develop a Physical Activity Intervention for African American Men Who Visit Barbershops. *American Journal of Men's Health*, *9*(4), 262–273. https://doi.org/10.1177/1557988314539501

Jemmott, L., Jemmott, J., Lanier, Y., Thompson, C., & Baker, J. (2017). Development of a Barbershop-Based HIV/STI Risk Reduction Intervention for Young Heterosexual African American Men. *Health Promotion Practice*, *18*(1), 110–118. https://doi.org/10.1177/1524839916662601

Johnson, L., Ralston, P., & Jones, E. (2010). Beauty Salon Health Intervention Increases Fruit and Vegetable Consumption in African American Women. *Journal of the American Dietetic Association*, *110*(6), 941–945. https://doi.org/10.1016/j.jada.2010.03.012

Lieberman, A., & Harris, D. (2007). Acknowledging Adult Bias: A Focus-Group Approach to Utilizing Beauty Salons as Health-Education Portals for Inner-City Adolescent Girls. *Health Promotion Practice*, *8*(2), 205–213. https://doi.org/10.1177/1524839906289819

Linnan, L., D'Angelo, H., & Harrington, C. (2014). A literature synthesis of health promotion research in salons and barbershops. *American Journal of Preventative Medicine*, *47*(1), 77–85. https://doi.org/10.1016/j.amepre.2014.02.007

Luque, J., Rivers, B., Gwede, C., Kambon, M., Green, B., & Meade, C. (2011). Barbershop Communications on Prostate Cancer Screening Using Barber Health Advisers. *American Journal of Men's Health*, *5*(2), 129–139. https://doi.org/10.1177/1557988310365167

Myers, P. (2012). *Going Home: Essays, Articles and Stories in Honor of the Andersons Southgate*. lulu.com.

National Scientific Council on the Developing Child. (2012). *Establishing A Level of Foundation for Life: Mental Health Begins in Early Childhood Working Paper 6.* (p. 16). Center on the Developing Child, Harvard University. https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2008/05/Establishing-a-Level-Foundation-for-Life-Mental-Health-Begins-in-Early-Childhood.pdf

Office of Early Childhood Development. (2020). *Birth to 5: Watch Me Thrive!* https://www.acf.hhs.gov/archive/ecd/child-health-development/watch-me-thrive

Shabazz, D. (2016). Barbershops as Cultural Forums for African American Males. *Journal of Black Studies*, *47*(4). https://doi.org/10.1177/0021934716629337

Sutton, V., Hites, L., Graham, J., Karimi, M., Dove, C., Walls, T., Wilson-Simpson, F., McGuire, A., Zhang, L., & Dobbs, T. (2021). Working with Rural Barbershops to Identify Hypertension and Encourage Treatment. *Journal of Health Care for the Poor and Underserved*, *32*(1), 258–270. https://doi.org/10.1353/hpu.2021.0023.

United States Census Bureau. (2016). *Poverty Status in the Past 12 Months: 2012-2016 American Community Survey 5-Year Estimates*. U.S. Department of Commerce, Economics and Statistics Administration. https://census.gov/library/visualizations/2016/comm/cb16-192_living_arrangements.html

United States Census Bureau. (2017a). *Households and Families: 2010, 2010 Census Summary File 1*. U.S. Department of Commerce, Economics and Statistics Administration.

United States Census Bureau. (2017b). *MA Households and Families: 2010 Census Summary File 1*. U.S. Department of Commerce, Economics and Statistics Administration. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

Zeanah, C. (2012). *Handbook of Infant Mental Health* (Third). The Guilford Press. 978-1462506460

Zeanah, C., & Doyle, Z. (2012). Development and Context: The Scope of Infant Mental Health. In *Handbook of Infant Mental Health* (Third, pp. 5–22). The Guilford Press.

Zero to Three. (2022). *Social and Emotional Development*. Zero to Three. https://www.zerotothree.org/early-development/social-and-emotional-development