




An Online Behavioral Health Intervention Promoting Mental Health, Manhood, and Social Support for Young Black Men: The YBMen Project

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Abstract

Conventional definitions of mental health, manhood, and social support create barriers to accessing behavioral health care for Black men ages 18 to 30. Targeted behavioral health interventions sensitive to culture, social norms, and gender that circumvent these barriers are desperately needed to improve access and integrated care for this group. This article reports mixed methods findings from the 2017 iteration of the Young Black Men, Masculinities, and Mental Health (YBMen) project, a social media–based, psychoeducational program that promotes mental health, progressive definitions of manhood, and sustainable social support for Black men. Young Black men ($n = 350$) across two universities in the Midwest completed baseline surveys on their mental health, definitions of manhood, and social support. Forty of the men participated in the YBMen intervention and at postintervention reported experiencing fewer depressive symptoms on the Patient Health Questionnaire (PHQ-9, $Z = -2.05$, $p < .01$) and the Gotland Male Depression Scale (GMDS; $Z = -1.76$, $p < .05$). There were also changes on the Conformity to Masculine Norms Inventory (CMNI) for Self-Reliance ($Z = -0.34$, $p = .26$) and Heterosexual Self-Presentation ($Z = -0.18$, $p = .59$), though these changes were not statistically significant. A qualitative review of postintervention interviews revealed participants' appreciation of the YBMen project and its influence on their mental health, manhood, and social support. Programmatic efforts that support the behavioral health, positive development, and social relationships of Black men translate into positive families, communities, and experiences as they live, learn, love, and work over the life course.

Keywords

Intervention, manhood, gender, masculinity, mental health, social support, psychosocial and cultural issues, social media

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Black men in the United States confront oppression, discrimination, negative interactions with the justice system, and significant economic, neighborhood, and social hardships over the life course (Pieterse & Carter, 2007; Watkins, 2012, 2019). While the United States has wrestled with social injustices imposed on members of various marginalized groups over different periods of time, young

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Black men continue to be targeted by systems of power, oppression, and inequity. Sociopolitical incidents underscore the social and cultural barriers young Black men face (Hudson et al., 2016), barriers that are both complicated by traditional masculine norms and reinforced by unhealthy race and cultural ideologies (Griffith et al., 2012). For young Black men, these barriers may preclude them not only from successfully navigating justice and educational systems but also from receiving health care and social services they need to thrive (Griffith, 2015; Watkins, 2019).

For Black men ages 18 to 30, stressors are compounded by developmental challenges associated with transitioning to and through young adulthood (Bowman, 1989; Coll et al., 1996; Dowd, 2016; Gaylord-Harden et al., 2018; Lindsey & Xiao, 2019; Rowling, 2006). The accumulation of these stressors places young Black men at risk for developing poor mental health and related challenges (Assari & Caldwell, 2018). Early and effective interventions are necessary to address issues related to stress and distress among young Black men (Powell et al., 2017; Watkins & Jefferson, 2013). Few mental health support services and interventions engage men, and even fewer engage young Black men (Regehr et al., 2013; Williams & Justice, 2010). This is unfortunate because evidence suggests culturally sensitive and gender-specific interventions may be more effective at engaging this subgroup of men and addressing their mental health challenges (Watkins, 2012, 2019; Watkins et al., 2017; Watkins & Jefferson, 2013), especially those that address their unique behavioral health needs and experiences (Watkins, 2019; Watkins et al., 2015). Interventions are needed that target distinctive obstacles young Black men may face in efforts to improve their behavioral health and overall well-being. The purpose of this study is to report the findings from a social media-based, psychoeducational program that aims to promote mental health, progressive definitions of manhood, and sustainable social support for young Black men.

Mental Health Challenges Among Young Black Men

All young adults face major life changes in their physical development, social relations, identity, independence, and educational demands (Brittian, 2012; Bronfenbrenner, 1992; Lerner et al., 2003). These changes can sometimes trigger health problems that create barriers to coping and limit their access to resources. When compared with other racial/ethnic men, young Black men experience disproportionately higher levels of mental health challenges due to their exposure to a greater frequency and severity of psychosocial stressors (Dowd, 2016; Assari & Caldwell, 2018; Gaylord-Harden et al., 2018; Lindsey & Xiao, 2019;

Ward & Mengesha, 2013). Yet, young Black men's specific mental health challenges are rarely discussed in the Black community itself, making them almost invisible. Additionally, high mortality rates for young Black men may mask other health challenges and behaviors, making it difficult to monitor their health as they transition to and through adulthood. For example, recent studies report high suicide rates among Black youth, and Black males occupy a high percentage of those rates (Centers for Disease Control, & Prevention, National Center for Health Statistics, 2016; Joe et al., 2018; Lindsey et al., 2019).

Social determinants may place young Black men at increased risk for mental health challenges (Watkins, 2012). Early adulthood is often a stressful developmental stage, as it is characterized by major changes in independence, housing, family and social relationships, identity, and work demands (Bowman, 1989; Coll et al., 1996; Dowd, 2016; Gaylord-Harden et al., 2018; Lindsey & Xiao, 2019; Rowling, 2006; Watkins, 2012). For Black men, early adulthood is a period when they become increasingly cognizant of how restricted educational, economic, and social opportunities are socially patterned by race and gender (Watkins, 2012). Many young Black men also face structural barriers that contribute to low educational attainment, unemployment and underemployment, poverty, and homelessness—all of which have been linked to increased risk for deleterious mental health outcomes (Hudson et al., 2016; Ward & Mengesha, 2013; Watkins, 2012).

In addition to developmental milestones and challenging social determinants, mental health issues among Black men have been linked to factors related to their unique social positioning. Empirical evidence suggests racism and discrimination are major sources of stress in many Black men's lives (Assari et al., 2015, 2017; Chae et al., 2014; Griffith et al., 2013; Hudson et al., 2016; Powell et al., 2017). Young Black men report experiencing racial slights, hostility, unfair treatment, and threats to dignity and sense of self on a daily basis (Harper, 2013; Patton & Garbarino, 2014; Payne, 2011). They must contend with narrow stereotypes that suggest young Black men lack heterogeneity and are dangerous (Brooms & Perry, 2016; Payne, 2006, 2011). Despite their promise for a bright future and positive contributions to society, young Black men are subject to surveillance and policing (Geller et al., 2014) and negative interactions with the justice system (Brunson, 2007).

Social inequities (e.g., income, gender, health care, and social class) make fulfilling socially and culturally important gender roles challenging for Black men (Ellis et al., 2015; Griffith et al., 2013). Stigma surrounding mental illness in Black communities, combined with beliefs regarding masculinity, may doubly discourage Black men from seeking care and support for their mental

health challenges (Clement et al., 2015; Griffith et al., 2011; Lindsey et al., 2010). Those desiring care may encounter barriers, as studies suggest Black Americans have less access to mental health services relative to White Americans (Alegría et al., 2015). Furthermore, when Black men receive mental health services, they are more likely to receive poor-quality care (Alegría et al., 2015).

Masculine Norms for Young Black Men

Men are expected to endorse hegemonic masculine norms, so it is no surprise that Black men are pressured to also adhere to these norms to prove their manhood (Travers, 2019). Hegemonic masculinity is the most honored and desired form of masculinity (Connell, 2003) though there are multiple masculinities constantly being produced (Coles, 2009). Black men may endorse some hegemonic masculine norms (e.g., stoicism, dominance over women, and not showing weakness), but are often conflicted by the cultural contexts of masculinities within their own racial group (Hammond & Mattis, 2005). For example, aspects of Black masculinity such as Interconnectedness with family (Hammond & Mattis, 2005) go against rigid hegemonic masculine norms in the United States such as Primacy of Work (Hammer et al., 2018), which pressures men to put work before anything else, including family. This would mean Black men not only have to deal with living up to masculine norms, they also need to decide which masculine norms (Black or hegemonic) to follow in order to be considered a man.

In addition to the stress of deciding which hegemonic masculine norms one must follow, Black men frequently face discrimination that targets their intersecting identities of being both Black and male. For example, Black men are often negatively stereotyped as hypermasculine, hypersexual, and dangerous, and these forms of discrimination target Black men uniquely because of their racial and gender identities. The stress of having to constantly prove their manhood, reconcile which masculine norms best align with the type of man they want to be, and face discrimination due to their racial and/or gender identities is detrimental to men's health (Wade & Rochlen, 2013). Black men facing these stressors may disproportionately experience mental health challenges compared to those who do not. Thus, it is important to consider the ways in which masculine norms influence the mental health of Black men.

Previous research suggests that adverse mental health outcomes are associated with the pressure to adhere to hegemonic masculine norms (Wong et al., 2017). For example, in a large meta-analysis of the relationship between conformity to masculine norms and mental health-related outcomes, Wong et al. (2017) reported

specific masculine norms such as Self-Reliance, Power over Women, and behaving like a “Playboy” as all been consistently and robustly associated with negative mental health outcomes. Meanwhile, some masculine norms, like Primacy of Work, did not have the same poor mental health outcomes for men. Conformity to masculine norms was strongly correlated with negative social functioning and with psychological indicators of negative mental health (Wong et al., 2017). Many aspects of hegemonic masculinity (such as not showing weakness or being excessively self-reliant) conflict with help-seeking values and expect men to “man up.”

Psychological help seeking is often perceived as a feminine act and studies suggest men seek help for mental health issues (e.g., depression)—either formal or within their social networks—only when they perceive it to be severe (Branney et al., 2012; Rice et al., 2017), rather than as a preventative measure. Therefore, conformity to *some* masculine norms may not be advantageous for young Black men. Rather, adherence to some masculine norms may result in emotional distancing and lack of trust within interpersonal relationships, which in turn has critical implications for the development and cultivation of healthy relationships over the life course (Hammond & Mattis, 2005; Matthews et al., 2013).

Social Support for Young Black Men

Social support involves social networks of relationships with others; it is often a reciprocal process that helps to regulate thoughts, feelings, and behaviors in everyday life (Oh et al., 2014). Social support among Black men is grossly understudied, yet research suggests men who obtain higher levels of social support have better health status, role functioning, psychosocial adjustment, coping behaviors, quality of life, well-being, and self-actualization (Cooper et al., 2013). Formal help-seeking often leaves Black men feeling “invisible” (Franklin, 1999) and lacks anonymity that may prevent them from being stigmatized (Watkins & Jefferson, 2013). This is important considering the negative impact that stigma has on help-seeking behaviors. In fact, some studies suggest Black men often practice self-concealment in which they withhold symptoms of distress out of fear of being stigmatized (Lindsey & Marcell, 2012; Masuda et al., 2012). Seeking support, both formal and informal, would require them to reveal potentially stigmatizing symptoms (e.g., anger, vulnerability, and agitation), making confidentiality and “safe spaces” pertinent parts of providing support for Black men.

Social support groups for young Black men should reflect the “closeness” they receive from their peers to be effective while also offering a sense of security and confidentiality. This has been proven in previous interventions

where young Black men realized the importance of building relationships with other men to feel better supported and connect on deeper levels (Watkins & Jefferson, 2013; Watkins et al., 2017). Support groups developed with the specific needs of young Black men in mind can also include mental health discussions around masculinity, as they are able to relate to this topic and may receive new information about the cultural implications of masculine norms that they have not received before (Watkins et al., 2017).

The use of online (i.e., internet-based) social support groups has quadrupled in the past decade (Ellison et al., 2014; Oh et al., 2014), and the anonymity and confidentiality they offer has the potential to increase the number of men who utilize these services. Self-disclosure encourages honesty and intimacy among participants when discussing stigmatizing topics, such as those related to health (Kernsmith & Kernsmith, 2008). Online support groups provide this service and are typically self-help in nature. Studies have reported positive outcomes from their use, most notably, that they decrease depression over the life span (Oh et al., 2014). Another appealing feature of online support groups is the interactions among participants are less spontaneous than face-to-face encounters, thereby allowing participants more time to think about their responses before sharing them (Ellison et al., 2014; Oh et al., 2014; Watkins & Jefferson, 2013).

The Young Black Men, Masculinities, and Mental Health Project

The Young Black Men, Masculinities, and Mental Health (YBMen) project (Goodwill et al., 2018; Watkins, 2019; Watkins, et al., 2017) was launched in 2014. This psycho-educational, behavioral health intervention was delivered as a 5-week, social media-based mental health education and social support program for young Black men. It uses gender-specific, age-appropriate, and culturally sensitive prompts from popular culture (e.g., song lyrics, photos, YouTube videos, news headlines) to educate participants about mental health, progressive definitions of manhood, and social support (Watkins et al., 2017). Since the project's inception, Facebook has been the primary platform used to deliver the intervention to Black men.

The YBMen Intervention Curriculum. The YBMen intervention curriculum is grounded in delivery techniques that allow the team to focus on helping participants develop action plans, participate in group problem-solving, and evoke individual decision-making strategies to improve their mental health, masculine norms, and social support outcomes (Watkins, 2019; Watkins et al., 2017). These techniques are guided by the YBMen intervention team, which includes project managers, content developers,

recruiters, data collectors, intervention moderators (who oversee daily content and curriculum delivery), and group managers (who manage posts, likes, and replies). Intervention moderators deliver daily content while group managers engage with the participants by initiating group discussions on the shared content.

During Week 1, participants are introduced to the YBMen group and oriented to the style and format of the intervention; this is to get participants acclimated to the social media platform and begin building an online "community." During Week 2, participants receive content on Black masculinity and are familiarized with the idea that multiple masculinities exist for men and boys beyond rigidly defined gender roles. During this week news media and popular culture articles about Black masculinity are shared, along with popular images, music, and other media content that challenge traditional masculine norms. During Week 3, mental health education and awareness materials are shared to increase participants' mental health literacy. Similar to the previous week, relevant content that speaks to the topic of Black men's mental health is shared in the groups. Group managers encourage participants to interact and engage with the content as well as invite them to share any additional content they feel is relevant to the topic.

Week 4 covers social support, wellbeing, and coping. Participants are asked about their experiences with social support as well as their views on how to seek support. Additional content is shared that speaks to both formal and informal support Black men use. Each week the intervention moderators post articles and other resources that provide differing perspectives on each topic. Though the intervention moderators and group managers are particularly careful not to challenge any one participant's views, they do challenge the men to expand their thinking and to weigh the pros and cons of different views. Week 5 reviews content from previous weeks and aims to establish individual and group plans moving forward. Throughout the intervention, participants are encouraged to generate their own conversations and initiate posts without being prompted by the intervention moderators or group managers.

Conceptual Framework

The conceptual framework for the YBMen project was developed using grounded theory and systematic reviews that synthesized previous literature on the social determinants of mental health for Black men (Watkins, 2012, 2019; Watkins et al., 2010, 2011, 2017). This framework was applied to the YBMen project design, implementation, and evaluation, and is used as the lens through which social cognitive theory (SCT; Bandura, 2005) and theories of social networks and social support (SNSS;

Heaney & Israel, 2005) are applied. With SCT, designing, implementing, and evaluating behavioral change depends on the environment, individuals, and behavior because each one is constantly influencing the others. Behavior is not simply the result of the environment and the person, just as the environment is not simply the result of the person and behavior (Bandura, 2005). SCT is operationalized in the YBMen project in the way intervention participants learn through their own experiences and by observing the actions of others. Personal factors include a participant's capacity to symbolize behavior, to anticipate the outcomes of behavior, to learn by observing other participants in the group, to have confidence in performing a behavior (including overcoming any barriers to performing the behavior), to self-regulate behavior, and to reflect and analyze experiences (Watkins, 2019).

Also guiding the YBMen project are theories of social networks and social support (SNSS; Heaney & Israel, 2005), which examine the effect of social relationships on health. This is represented by (a) social network approaches incorporating characteristics of social relationships beyond those of social support, (b) including both theories of social networks and social support so that there can be a focus on one relationship at a time (i.e., social support) as well as on how changes in one relationship affect other relationships (i.e., social network), and (c) enabling the exploration of how structural network characteristics influence the quantity and quality of the social support exchanged between the people involved (Watkins, 2019). The YBMen project tests the core tenants of SCT and theories of SNSS, and advances theory by adapting and applying them to a technology-based intervention specifically designed and implemented for young Black men across college settings.

The conceptual framework for the YBMen project has been used to test the efficacy and effectiveness of the intervention and used as a medium to help circumvent social and cultural barriers that impede their openness and comfort during face-to-face intervention settings (Watkins & Jefferson, 2013; Watkins et al., 2017). The YBMen conceptual framework and other foundational work on the social determinants that influence Black men's mental health are published elsewhere (Watkins, 2012, 2019; Watkins et al., 2010, 2011, 2017). For the purposes of this study, the conceptual framework for the YBMen project focuses on understanding young Black men in the context of their lived experiences and how these experiences influence mental health, manhood, and social support.

The Current Study

When developing mental health promotion programs for young Black men, psychoeducational interventions have

considerable advantages over other types of interventions (Watkins, 2019; Watkins et al., 2017; Watkins & Jefferson, 2013). This is because young Black men often hold negative opinions about clinical interventions, which, when coupled with the fact that they may lack health insurance to offset the cost of medical evaluations (Zuvekas & Taliaferro, 2003), stand as formidable obstacles to the provision of care for this group. A culturally adapted, no-cost (to participants), educational intervention for Black men delivered through a platform that is already integrated into their lifestyle (i.e., social media) is likely to be more acceptable than other modes of health education. Furthermore, psychosocial interventions have been found to serve as a gateway to more formal support in previous studies (Chan, et al., 2017).

Since its inception in 2014, more than 500 Black men have completed the site scan surveys (i.e., one-time, baseline, cross-sectional surveys) and over 150 of these men have elected to participate in the YBMen intervention. For the purposes of this study, only data from young Black men collected during the 2017–2018 academic year are reported. As such, survey responses and qualitative interviews collected from Black men attending two Midwestern universities were analyzed. Additional information describing previous iterations of the YBMen project can be found elsewhere (Watkins et al., 2018). The purpose of the current study is to examine the mental health, masculinity, and social support outcomes of young Black men in college and assess their experiences as participants in the YBMen intervention.

Method

Study Design and Sample

This study is part of a larger intervention—the Young Black Men, Masculinities, and Mental Health (YBMen) project—which aims to address the mental health pressures and social needs of young Black men (ybmenproject.com). To date, a mixed methods quasi-experimental, pretest–posttest design has been used when implementing the intervention. For the current study, Black college men were recruited from two large university campuses in the Midwest (USA). A total of 350 Black male participants completed the baseline site scan survey, during which they responded to self-report measures of mental health, masculinity, and social support. Of the 350 survey respondents, 50 men also completed baseline interviews. Of those, 40 men elected to participate in the intervention and in turn were randomly assigned to 1 of 6 private social media (e.g., Facebook) groups (Table 1). After the intervention, these 40 participants were assessed using the same self-report measures of mental health, masculinity, and social support and were interviewed a second time.

Table 1. Study Participants Demographics ($n = 350$).

| | University #1 | University #2 | Total |
|-----------------------------|---------------|---------------|-----------|
| <i>N</i> | 178 (50.86%) | 169 (48.29%) | 350 |
| Age | | | |
| Mean | 20 | 21 | 20.5 |
| Minimum–maximum | 18–29 | 18–30 | 18–30 |
| Sexual Orientation | | | |
| Straight/heterosexual | 73 (41%) | 69 (41%) | 144 (41%) |
| Gay/homosexual | 4 (2%) | 5 (3%) | 9 (3%) |
| Bisexual | 7 (4%) | 7 (4%) | 14 (4%) |
| First-generation student | 41 (23%) | 35 (21%) | 77 (22%) |
| Spouse or significant other | 27 (15%) | 21 (12%) | 49 (14%) |
| Student athlete | 7 (4%) | 8 (5%) | 16 (5%) |

Participant Eligibility

This study focused on university-enrolled Black men aged 18 to 30. Although there are different developmental challenges and transitions among individuals in this age category, university enrollment provides a unique context, with many structural and cultural similarities, for Black men of different ages across campuses. Study participants needed to meet the following criteria at the time of the study: (a) identify as an African American/Black male, (b) be 18 to 30 years old, (c) be enrolled at one of the participating institutions, and (d) have never been diagnosed with a mental health disorder. It is important to note that the YBMen project was not designed to provide therapeutic treatment and instead was designed for young Black men whose symptoms have not reached clinical severity. Moreover, the intervention works to increase participants' openness to receiving treatment.

Recruitment

The YBMen intervention participants were recruited using a two-phase, purposive sampling technique. During the first phase, a YBMen team member (i.e., project manager) was assigned to each of the two university sites and contacted campus groups and organizations that serve Black males. Then the project managers worked with university administrators to send an email blast to all Black male students on campus and invite them to complete the site scan survey. Next, the project managers arranged between one and three visits to each campus for the YBMen intervention team to recruit participants in person. The team set up tables in common spaces at each campus and discussed the project's eligibility criteria with passers-by. These recruitment efforts helped to generate a large email list of eligible Black men from each campus, to which the YBMen team sent invitations to complete the YBMen site scan, (a cross-sectional, baseline survey). The second phase of recruitment involved

inviting YBMen site scan survey respondents to participate in the YBMen intervention.

Data Collection

Quantitative demographic, mental health, masculinity/manhood, and social support data were collected using the site scan survey. The site scan survey was delivered online and participants completed the survey on average between 10 and 15 min. At the end of the survey, participants were invited to participate in the YBMen intervention, and those who expressed an interest in the intervention were invited to complete a baseline interview. Some interviews were completed in person, while most were completed using an online videoconferencing program (e.g., Blue jeans).

Qualitative interviews were audio- and/or video-recorded and were held with intervention participants at both Time 1 (after participants opted into the intervention, and upon completion of the site scan survey) and Time 2 (after participating in the 5-week YBMen intervention). Interviews were conducted by multiple members of the YBMen team, who represented multiple races and genders; the majority identified as Black men and women. After baseline interviews were completed, participants were screened again to confirm eligibility and then were randomly assigned to a private Facebook group with other men from their university. All site scan participants were entered into a drawing to win ten \$25 Amazon gift cards (five at each university). Participants who opted into the intervention received \$15 gift cards for completing the baseline interview and another \$15 gift card after completing the postintervention survey and interview.

Measures

Quantitative

Demographics. Measures included participants' race, age, university, sexual orientation, first-generation college student status, relationship status, and student athlete status.

Patient Health Questionnaire. Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001; Spitzer et al., 1999) scores (0–27) were examined to assess participants' self-reported depressive symptoms. With the PHQ-9, all nine depressive symptom items are coded with respect to frequency in the past 2 weeks from 0 (*not at all*) to 3 (*nearly every day*). To meet criteria for depression symptoms with the PHQ-9, respondents must report at least one of two "mood" symptoms occurring more than half the days, as well as other symptoms occurring more than half the days, and functional impairment. Improved mental health was determined by a 1-point enhancement at follow-up on the 4-point PHQ-9 functional impairment scale (0–3). Standardization of the total symptom score is: 1–4 (*minimal depression*), 5–9 (*mild depression*), 10–14 (*moderate depression*), 15–19 (*moderately severe depression*), and 20–27 (*severe depression*). The Cronbach's alpha for the PHQ-9 in this sample was $\alpha = .83$.

Gotland Male Depression Scale. The Gotland Male Depression Scale (GMDS; Zierau et al., 2002) was administered to participants at baseline and postintervention. The GMDS consists of 13 items, each on a 4-point Likert scale from 0 (*not present*) to 3 (*present to high degree*), with a range of scores between 0 and 39. Standardization of the total score is: 1–12 (*no depression*), 13–26 (*probable depression*), and 27–39 (*definite depression*). The Cronbach's alpha for the GMDS was $\alpha = 0.88$.

Conformity to Masculine Norms Inventory. The purpose of the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003; Parent & Moradi, 2009) is to assess men's conformity to various hegemonic masculine norms that are widely endorsed in dominant American culture. It has a 46-item self-report instrument that uses a 4-point Likert scale with possible responses ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). Three subscales had low Cronbach's alphas during the YBMen pilot (i.e., Risk-Taking, Violence, and Dominance over Women), and therefore were excluded from the study and the 31 items from the remaining six subscales remained: (a) Winning (six items; e.g., "In general, I will do anything to win"); (b) Emotional Control (six items; e.g., "I tend to keep my feelings to myself"); (c) Playboy (four items; e.g., "If I could, I would frequently change sexual partners"); (d) Self-Reliance (five items; e.g., "It bothers me when I have to ask for help"); (e) Primacy of Work (four items; e.g., "My work is the most important part of my life"); and (f) Heterosexual Self-Presentation (six items; e.g., "I would be furious if someone thought I was gay"). Some items were reverse coded; higher scores denoted higher levels of conformity to masculine norms. Parent and Moradi (2009) reported measure validity based on the CMNI-46 and its subscales being positively correlated

with the corresponding scales of the full CMNI-94. Reliability for the CMNI-46 was verified in previous studies by coefficients ranging from .77 (Primacy of Work) to .91 (Heterosexual Self-Presentation). Cronbach's alphas for the subscales in the current study were Winning ($\alpha = .78$), Emotional Control ($\alpha = .88$), Playboy ($\alpha = .79$), Self-Reliance, ($\alpha = .82$), Primacy of Work ($\alpha = .72$), and Heterosexual Self-Presentation ($\alpha = .87$).

Interpersonal Support Evaluation List. The Interpersonal Support Evaluation List (ISEL; Cohen et al., 1985) was used to assess participants' perceptions of social support within their interpersonal relationships. The modified version of the ISEL was used, consisting of 12 items divided into 3 subscales (i.e., Appraisal, Belonging, and Tangible) with 4 items in each. Response options ranged from 1 = *definitely false* to 4 = *definitely true*. Participants were asked to select *definitely true* if they were sure the statement was true about them and *probably true* if they were not completely sure. Similarly, participants were asked to select *definitely false* if they were sure the statement was false and *probably false* if they were not absolutely certain. The total number of Appraisal items (numbers 2, 4, 6, 11), Belonging items (numbers 1, 5, 7, 9), and Tangible items (numbers 3, 8, 10, 12) were summed to calculate the scores for each subscale. Cronbach alphas were $\alpha = .78$ (Appraisal), $\alpha = .88$ (Belonging), and $\alpha = .68$ (Tangible).

Qualitative

The full qualitative protocol for the YBMen project asks participants to share their ideas and beliefs about mental health, masculinity/manhood, and social support. During the postintervention interview, however, participants are also asked to reflect upon their experiences in the YBMen intervention (i.e., the Facebook group). For the purposes of this study, the qualitative review focused on questions in the last section: participants' experiences with the YBMen intervention. Questions in this section of the qualitative protocol asked participants, "How did you feel about the YBMen Facebook program?"; "What did you think about the content of the YBMen Facebook program?"; "How else could the YBMen program messages be delivered? What's the best way?"; and "If your job were to improve the current YBMen Facebook program for Black men, what would you include?"

Data Analysis

Quantitatively, the association between baseline and postintervention assessments was evaluated, comparing demographic factors for the overall sample ($n = 350$) and then the intervention subsample ($n = 40$). First, a

Mantel–Haenszel test was used to compare the demographic variables between men enrolled at the two universities and found no statistically significant differences, thus allowing the combining of survey responses across the academic institutions during other steps in the analyses. Next, focusing solely on men in the intervention ($n = 40$) the mean, standard deviation, and range of scores for major study outcomes of interest (i.e., depressive symptoms [PHQ-9 and GMDS], masculinity/manhood [CMNI], and social support [ISEL]) were calculated. The Wilcoxon signed-rank model test was used to examine whether scores at baseline were significantly different from scores collected postintervention. Analyses were conducted using SPSS version 17 and SAS version 9.1.

Qualitatively, a systematic data review strategy to gauge Black male participants' experiences with the YBMen intervention was employed. This data review strategy is a preliminary step of the full Rigorous and Accelerated Data Reduction (RADaR) technique offered by Watkins (2017) for qualitative data management and analysis. For the preliminary qualitative data review, two three-person teams worked individually and then collectively to review all of the transcripts, first, to gain some understanding of what was expressed by interview participants. Team members also watched YBMen intervention participants' videos and listened to audio recordings to help identify meaningful quotes that best illustrated participants' experiences.

The qualitative data teams worked iteratively, over the course of several weeks to collect and then choose the most meaningful quotes from major sections of the interview protocol (i.e., mental health, masculinity/manhood, social support, and the YBMen intervention). The quotes presented in the current study were selected because they either represented a feeling/thought that was expressed by multiple YBMen intervention participants or expressed something particularly unique or profound. The qualitative data teams met regularly throughout the selection process, to discuss the quotes identified, and eventually came to consensus about which ones best represented what the participants conveyed. The qualitative review presented in this article is preliminary; thus, we present the results as preliminary constructs, not themes, which will be accomplished during the next, deeper level of qualitative analysis (Watkins, 2017). For the mixed methods analysis, a convergent mixed methods design was used to examine qualitative and quantitative data from the YBMen intervention group at baseline and postintervention to compare how participants' scores on the major study outcomes (i.e., mental health, masculinity/manhood, and social support) were influenced by their experiences with the YBMen intervention. Analysis focused on a preliminary review of the feedback offered

Table 2. Study Variable Descriptive Statistics ($n = 350$).

| | Mean | SD | Range |
|-----------------------------------|------|------|-------|
| PHQ-9—Depressive Symptoms | 6.73 | 5.22 | 0–27 |
| GMDS—Depressive Symptoms | 8.99 | 7.28 | 0–39 |
| CMNI | | | |
| Winning | 8.55 | 2.00 | 0–18 |
| Emotional Control | 8.72 | 1.35 | 0–18 |
| Self-Reliance | 8.11 | 1.53 | 0–15 |
| Playboy | 4.26 | 1.96 | 0–18 |
| Primacy of Work | 6.06 | 1.93 | 0–12 |
| Heterosexual Self-Presentation | 8.68 | 2.20 | 0–18 |
| ISEL—Social Support (Total Score) | 9.64 | 2.69 | 0–48 |
| Appraisal Support | 3.27 | 1.24 | 0–16 |
| Belonging Support | 3.24 | 1.16 | 0–16 |
| Tangible Support | 3.15 | 1.18 | 0–16 |

Note. PHQ-9 = Patient Health Questionnaire; GMDS = Gotland Male Depression Scale; CMNI = Conformity to Masculine Norms Inventory; ISEL = Interpersonal Support Evaluation List.

by the YBMen intervention participants. Future reports will include a more systematic qualitative data management and analysis process (Watkins, 2017).

Results

Quantitative Results

Site Scan Survey Results. Among the 350 participants, ages ranged from 18 to 30 ($M = 21.5$) and 22% reported being first-generation college students (Table 1). Nine reported being gay/homosexual and 14 were bisexual. Fourteen percent of participants reported having a spouse or significant other. Sixteen participants reported being student athletes. With regard to the study outcomes (Table 2), the average PHQ-9 score for site scan survey participants was 6.73 ($SD = 5.22$) and the average GMDS score was 8.99 ($SD = 7.28$). Though ranges were slightly different for the CMNI subscales, the highest means were for Emotional Control ($M = 8.72$, $SD = 1.35$), Heterosexual Self-Presentation ($M = 8.68$, $SD = 2.20$), and Winning ($M = 8.55$, $SD = 2.00$). Mean scores for Self-Reliance ($M = 8.11$, $SD = 1.53$) and Primacy of Work ($M = 6.06$, $SD = 1.93$) were also noteworthy. ISEL subscales at baseline were Appraisal ($M = 3.27$, $SD = 1.24$), Belonging ($M = 3.24$, $SD = 1.16$), and Tangible ($M = 3.15$, $SD = 1.18$).

Intervention Demographics and Outcomes. Of the 350 Black male study participants, 40 participated in the 2017 iteration of the YBMen intervention. The age of participants in the intervention group ranged from 18 to 30 ($M = 20.25$; Table 3). The number of first-generation college students at University #1 was similar to the number of

Table 3. Intervention Participants Demographics ($n = 40$).

| | University #1 ($n = 20$) | | University #2 ($n = 20$) | | Total ($n = 40$) | |
|-----------------------------|-------------------------------|------|-------------------------------|------|-----------------------|--------|
| Age | | | | | | |
| Mean | 20.45 | | 20.05 | | 20.25 | |
| Minimum–maximum | 18–26 | | 18–25 | | 18–26 | |
| | N | (%) | N | (%) | N | (%) |
| Sexual Orientation | | | | | | |
| Straight/heterosexual | 17 | (85) | 16 | (80) | 33 | (82.5) |
| Gay/homosexual | 0 | — | 1 | (5) | 1 | (2.5) |
| Bisexual | 3 | (15) | 3 | (15) | 6 | (15) |
| First-generation student | 9 | (45) | 7 | (35) | 16 | (40) |
| Spouse or significant other | 7 | (35) | 3 | (15) | 10 | (25) |
| Student athlete | 4 | (20) | 1 | (5) | 5 | (12.5) |

first-generation college students at University #2 (45% and 35%, respectively). Of the intervention participants, one reported being gay and six reported being bisexual. Only twenty-five percent of participants in the intervention group reported having a spouse or significant other. Twelve percent of participants in intervention group were student athletes.

At baseline, the average score for depressive symptoms was higher among intervention participants (PHQ-9, $M = 7.55$, $SD = 4.75$; GMDS, $M = 10.15$, $SD = 6.45$) compared with site scan survey participants (PHQ-9, $M = 6.73$, $SD = 5.22$; GMDS, $M = 8.99$, $SD = 7.28$). A Wilcoxon signed-rank test (Table 4) comparing baseline and postintervention data showed that YBMen intervention participants experienced fewer depressive symptoms at postintervention when analyzing scores from both the PHQ-9 ($Z = -2.05$, $p < .01$) and the GMDS ($Z = -1.76$, $p < .05$). Though not statistically significant, changes in CMNI scores for the specific subscales Self-Reliance ($Z = -0.34$, $p = .26$) and Heterosexual Self-Presentation ($Z = -0.18$, $p = .59$) were observed. The CMNI Playboy scores increased between baseline and postintervention; the difference in scores was statistically significant. Though not statistically significant, scores for ISEL subscales (Appraisal, Belonging, and Tangible) all increased postintervention.

Qualitative Results

For the purposes of this study, the qualitative analysis focused on the participants' experiences with the intervention. Three preliminary constructs from the review were identified: relatable content, awareness, and anonymity. When the men were asked if they enjoyed participating in the YBMen intervention, a common response that emerged was the shared experiences many of the men realized they had. One of the men shared:

Yeah, definitely 'cause other people were feeling the same way I was feeling . . . but they were saying it in different ways. So that was . . . more refreshing, too . . . I never thought about it in that way. . . everyone's thinking the same things, but we're all having, different experiences with what we're thinking. So, it—gives you a little bit more perspective.

In similar statements many of the men found that connecting with other Black men and communicating about their shared experiences was “therapeutic.” For example, a young man stated:

Yes, it really is, cause like I said before, it's a group filled with like-minded people. So you can really get a lot of helpful advice that you can use in your life that will help you succeed, and help you through things you're going through. So it is a good group to be a part of.

Relatable Content

The relatability of the content shared in the groups also emerged as a common construct. Participants enjoyed the popular culture content and felt it was not only relevant in terms of current popular media but also relevant and relatable to them and their lives. A participant noted,

It was content that was relevant to today. It was content that was, social media based and things like that, so it was more relevant to me and my life or my time period. . . a lot of times I feel like when you're learning about . . . things like that in school— they give you a lot of older information, older statistics, and so, like, the information they were providing us with in the group was a lot more relevant to today than [the] past. . .

Participants shared their thoughts about the topics and the YBMen program format, noting “. . . the topics are really great. . . it wasn't so formal that I felt like I had to have the perfect answer every time.” Participants also appreciated

Table 4. Wilcoxon Signed-Rank Model Test ($n = 40$).

| | Baseline | | | Postintervention | | | Z-Statistic |
|-------------------------------------|----------|-------|------|------------------|------|------|-------------|
| | N | Mean | SD | N | Mean | SD | |
| PHQ-9—Depressive Symptoms | 40 | 7.55 | 4.75 | 38 | 5.50 | 4.26 | -2.05** |
| GMD5—Depressive Symptoms | 40 | 10.15 | 6.45 | 38 | 8.11 | 6.42 | -1.76* |
| CMNI—Winning | 40 | 8.55 | 1.76 | 38 | 8.50 | 1.78 | 0.03 |
| CMNI—Emotional Control | 40 | 8.88 | 1.38 | 38 | 9.13 | 1.42 | 0.32 |
| CMNI—Self Reliance | 40 | 8.50 | 1.39 | 38 | 8.03 | 1.53 | -0.34 |
| CMNI—Playboy | 40 | 3.98 | 1.67 | 38 | 4.58 | 1.63 | 0.47* |
| CMNI—Primacy of Work | 40 | 6.13 | 1.96 | 38 | 6.29 | 1.83 | 0.16 |
| CMNI—Heterosexual Self-presentation | 40 | 8.25 | 2.28 | 38 | 8.18 | 2.31 | -0.18 |
| ISEL—Social Support | 40 | 8.93 | 2.64 | 38 | 9.50 | 2.77 | 0.72 |
| ISEL—Appraisal Support | 40 | 3.00 | 1.15 | 36 | 3.22 | 1.17 | 0.36 |
| ISEL—Belonging Support | 40 | 2.90 | 1.15 | 36 | 3.19 | 1.21 | 0.31 |
| ISEL—Tangible Support | 40 | 3.02 | 1.25 | 36 | 3.08 | 1.18 | 0.06 |

Note. PHQ-9 = Patient Health Questionnaire; GMD5 = Gotland Male Depression Scale; CMNI = Conformity to Masculine Norms Inventory; ISEL = Interpersonal Support Evaluation List.

* $p < .05$. ** $p < .01$.

the probes delivered by the YBMen intervention team, noting “. . . it was different, and it got you to think on a deeper level or even simply just . . . hearing the different point of views. . .” Over the course of the intervention, group managers encouraged participation, affirming the importance of everyone's responses to the content and the probes. Participants appreciated this encouragement and positive engagement as one shared:

I liked it a lot because we actually had valuable discussions, and I liked how when, sometimes we weren't as active as we were supposed to be, [the YBMen team] would kind of, push to share our thoughts, which was good because, a lot of times people who weren't that active, when they were pushed to share the thoughts, they actually ended up contributing really good things to the group. . . So, yeah, I really enjoyed it.

Awareness

Increased awareness was also found to be a relevant construct. Many of the participants spoke about the ways in which the YBMen intervention helped them wrestle with their thoughts about mental health promotion, progressive definitions of manhood, and social support. In doing so many of the participants felt they became more aware of differing perspectives but also were able to better articulate their own thoughts on the topics. On the topic of mental health, one participant shared “. . . what you guys are doing, the actual program and trying to spread awareness about mental health to Black men. I think it's really good. . .” While on the topic of masculinity, a different participant shared,

[I'm] more aware that every Black man goes through this. Not everybody is, you know, all macho and tough, that even men like Tyrese and the NFL players, they cry, and that we all need to just try and be more hands-on and [take] initiative towards developing African American males and not just [in] college but the entire world.

Anonymity

Several participants spoke about the importance of having a safe space where they felt they could share their views and experiences without fear of being judged. Furthermore, they felt that being in a private group with other Black men that they did not know provided them some sense of relief and comfort allowing them to be more open with their feelings and views. When asked directly about the privacy of the social media group and his comfort with sharing private information in that space, one participant responded:

. . . the [YBMen private group] was definitely a safe space. . . where you could talk about your ideas as Black men at [the university]. And talk about your opinions on things without judgement, without backlash. Because this was a private group, only we could see what we were saying. It just felt good, and— it showed me what having a social support group would be like. . .

Another participant said:

. . .cause, like, since they're people I didn't know, I felt pretty open to share, like, my opinions 'cause, like, I'll probably never see them.

These emerging constructs speak to some of the key aspects of the YBMen intervention and its role in supporting Black men, by providing them with a program that considers their unique context in all of its elements. The intervention not only provided a space where the participants could connect with others who have shared experiences, but it also shared relatable content that spoke to the men's lives, styles, and preferences. YBMen intervention participants felt encouraged to interact with one another and be open about their views and experiences and they used the YBMen intervention space to share new and different perspectives about mental health, masculinity/manhood, and social support. They also reported feeling a sense of anonymity and security while they explored these perspectives.

Mixed Methods Integration

This study used a convergent mixed methods design; therefore, integration occurred during data analysis and interpretation (Creswell, 2015; Watkins & Gioia, 2015). Qualitative and quantitative data from the YBMen intervention participants, at baseline and postintervention, were used to compare how participants' scores on the major study outcomes (i.e., mental health, masculinity/manhood, and social support) were influenced by their experiences with the YBMen intervention (Table 5). The qualitative responses about mental health, masculinity/manhood, and social support from postintervention data offered insight as to why there were no statistically significant changes in postintervention scores on the ISEL subscales and many of the CMNI subscales. Rather, the quantitative data were used to examine the change in outcome scores, while the qualitative data were used to explain the context in which these changes occurred.

Discussion

The purpose of this study was to report findings from the YBMen project, a social media-based, psychoeducational intervention that aims to promote mental health, progressive definitions of manhood, and sustainable social support for young Black men. Overall, intervention participants experienced changes across the three study outcomes as determined by their baseline and postintervention scores. First, depression symptoms (i.e., the PHQ-9 and the GMDS) decreased over the course of the intervention. Average depression symptom scores for intervention participants at baseline were higher than those of the site scan survey participants. This might suggest that Black men who opted into the YBMen intervention had some indication that additional resources might be useful for them. Previous studies have found that Black men tend to describe depression

and stress synonymously (Hudson et al., 2018; Watkins & Neighbors, 2007), that racism is directly linked to depression (Assari et al., 2018; Goodwill et al., In Press; Watkins et al., 2011), and that targeted interventions can reduce depressive symptoms for Black men (Plowden et al., 2016; Watkins, 2012; Watkins & Jefferson, 2013). One of the aims of the YBMen intervention is to decrease depression symptoms, so preferred results were achieved in this study. The men in the study also discussed how the mental and emotional health of celebrities play a role in how they, as Black men, view themselves. This has also been reported in previous studies (Goodwill et al., 2018) and speaks to the importance of mainstream media when engaging Black men in health promotion programs.

Another aim of the YBMen intervention is to teach Black men about more progressive definitions of masculinity/manhood. When evaluating changes in their masculine subscale scores (i.e., the CMNI), it was noticed that scores for two subscales (i.e., self-reliance and heterosexual self-presentation) decreased over the course of the intervention. Though not statistically significant, this could imply that over time, participants felt they no longer needed to rely on themselves during times when they really need help. Previous studies found that self-reliance was positively related to depressive symptoms for Black men (Goodwill et al., In press) and that John Henryism mediated the relationship between self-reliance and depressive symptoms (Matthews et al., 2013). Specifically, among Black college men, previous studies have also found that sexuality influenced Black men's mindsets around self-reliance (Travers et al., 2018). Future studies should use mixed methods to examine the relationship between self-reliance and depressive symptoms for Black men who participate in targeted interventions like the YBMen project.

In addition to Self-Reliance, scores on Heterosexual Self-Presentation decreased over the course of the intervention, which might demonstrate the program's ability to expose participants to progressive definitions of masculinity (beyond hegemonic norms). As a result, participants reported being less concerned about being mistaken as gay to others. A previous study on Black queer and straight men found that straight Black men held more negative attitudes toward same-sex relationships than queer or sexual minority Black men did (Travers et al., 2018). Other CMNI subscales (i.e., Winning, Emotional Control, and Work) experienced slight increases, though none were statistically significant. The Playboy subscale had a statistically significant increase postintervention, which raises a question about macho self-presentation among participants. Did the YBMen intervention and their interactions with more Black men result in higher scores on the Playboy subscale? More research is needed

Table 5. Joint Data Display of Major Study Outcomes and Black Men's Responses to the YBMen Intervention

| Study Outcomes | Coefficients | YBMen Intervention Quotes | Mixed Methods Interpretation |
|--------------------------------|--------------|---|---|
| Mental Health | | | |
| PHQ-9 | -2.05** | “. . . what you guys are doin', the actual program and tryin' to spread awareness about <u>mental health</u> to black men. I think it's really good. . .” | Participants reported the intervention helped increase their awareness of mental health (Qualitative) AND their depression symptoms decreased over the course of the intervention (Quantitative). |
| GMDS | -1.76* | | |
| Masculinity/Manhood | | | |
| CMNI: | 0.03 | “[I'm] more aware that every Black man goes through this. Not everybody is, you know, all <u>macho and tough</u> , that even men like Tyrese and the NFL players, they cry, and that we all need to just try and be more hands-on and [take] initiative towards developing African American males and not just [in] college but the entire world.” | Participants referred to Black male celebrities who express vulnerability and emotion; it opens the door for Black college men to do more to support one another (Qualitative). ADDITIONALLY, their scores on the masculinity subscales changed over the course of the intervention, with improvements on self-reliance and concerns about heterosexual self-presentation (Quantitative). |
| Winning | 0.32 | | |
| Emotional Control | -0.34 | | |
| Self-Reliance | 0.47* | | |
| Playboy | 0.16 | | |
| Primacy of Work | -0.18 | | |
| Heterosexual Self-Presentation | | | |
| Social Support | | | |
| ISEL: Total | 0.72 | “. . . the [YBMen private group] was definitely a safe space. . . where you could talk about your ideas as black men at [the university]. And talk about your opinions on things without judgement, without backlash. Because this was a private group, only we could see what we were sayin'. It just felt good, and— it showed me what having a <u>social support</u> group would be like. . .” | Participants acknowledged the YBMen intervention was a safe space for them to express themselves (Qualitative) AND their scores on the social support measures increased over time (Quantitative). |
| Appraisal | 0.36 | | |
| Belonging | 0.31 | | |
| Tangible | 0.06 | | |

Note: The coefficients column reflects the mean differences between YBMen intervention group baseline and postintervention scores. Negative coefficients means there was a decrease in participants' scores between baseline and postintervention. YBMen = Young Black Men, Masculinities, and Mental Health; PHQ-9 = Patient Health Questionnaire; GMDS = Gotland Male Depression Scale; CMNI = Conformity to Masculine Norms Inventory; ISEL = Interpersonal Support Evaluation List.

* $p < .05$. ** $p < .01$.

with Black men at baseline and postintervention to further understand the implications of programs like the YBMen project on these other dimensions of hegemonic masculinity.

A unique contribution of the YBMen project is the way masculinity is linked to mental health for young Black men. There is a dearth of literature examining how masculinity affects Black men's physical health and mental health (Griffith et al., 2012; Hammond, 2012; Watkins & Neighbors, 2007). Researchers posit that being a Black male in the racially stratified United States can cause distress and negatively influence men's coping, health behaviors, and health outcomes (Bowman, 1989; Griffith et al., 2011; Watkins, 2012). Consistent with this, study participants described Black men as ignoring or hiding mental health struggles and avoiding help seeking—because these actions undermine their Black masculine identities.

The third major outcome for the YBMen project involves increasing social support. This concept is

imperative for Black men to thrive because the stigma associated with mental health challenges may discourage young adult Black men from seeking help (Watkins, 2019). Slight increases across three dimensions of social support (i.e., Appraisal, Belonging, and Tangible) for the intervention participants were found, though these changes were not statistically significant. Previous studies on Black men and social support have focused primarily on Black men who have sex with men (Hermanstyn et al., 2019; Quinn et al., 2018). A few studies have focused on straight/heterosexual Black men (see Hack et al., 2017 for exceptions) and those without chronic illness (i.e., Rogers et al., 2015). More mixed methods research is needed to understand what formal and informal social support means to young Black men and how they connect with family and friends during challenging times.

Looking ahead, the connection young Black men experience as participants of the YBMen intervention has implications for promising interventions. The ability to

access the online community at any time of the day or night and feel truly connected to other Black men was beneficial for participants. Since young Black men already confront major challenges to success at all levels of education and are subjected to lowered expectations by educational professionals, researchers are working to determine what factors facilitate success for this subgroup of men (Causey et al., 2015; Helling & Chandler, 2019). Such factors might counteract oppositional and counterproductive behaviors by young Black men in educational settings, thereby enhancing their likelihood of retention and obtaining job skills and requisite training for employment after graduation. Attending to the variability of young Black men's perspectives is critical for developing age-appropriate, gender-specific, and culturally sensitive mental health interventions that are salient, engaging, and accepting of Black men with divergent viewpoints. This study demonstrates that the YBMen project is a promising vehicle for achieving this goal.

Limitations

Though the study findings are noteworthy, they should be interpreted in light of some limitations. First, we did not report postintervention outcomes for all 350 Black men who completed the baseline site scan survey. Instead we focused on the 40 men that had baseline and postintervention data in order to test the effectiveness of the intervention. In the future, we will move from a quasi-experimental pre-post design to one that includes a randomized controlled trial to more effectively assess the changes associated with the intervention for participants. A larger intervention sample size would strengthen the power for this work and will be the focus of future studies and provide more support for mixed methods interventions.

Second, differences between Black ethnic groups (e.g., African American vs. Afro-Caribbean) or age groups (younger than 18 years, within the 18–30 age group, and older than 31 years) were not accounted for in this study. We recognize that Black men across the diaspora and in different age-related life stages may have different experiences with mental health, masculinity/manhood, and social support. Future studies should explore these subgroups, then tailor and evaluate interventions accordingly. Third, the qualitative analysis strategy involved a systematic process of reviewing and then identifying dominant constructs (not themes) in the data associated with the current study objectives. While the review procedures were systematic and allowed us to identify prevalent constructs, it was preliminary and conducted for the purposes of this study. Furthermore, we did not include additional qualitative findings, such as participants' definitions of mental

health, masculinity/manhood, and social support. These findings will be reported in future studies.

Finally, this study reports findings from Black college men, a unique subgroup of Black men ages 18 to 30 whose experiences may be unlike those of their noncollege peers. Given the experiences of some Black students in college and the unique occurrences during this developmental period (Helling & Chandler, 2019), it may be an oversimplification to assume Black men not enrolled in college would report similar findings. Additionally, factors such as social class, social networks, and professional affiliations are often different than those of community-dwelling and working-class Black men. Future iterations of YBMen will explore the relationships of such factors on the reported outcomes.

This study elucidates the diversity of young Black men's perceptions of their experiences with mental health, masculinity/manhood, and social support. In addition to confirming the importance of risk factors for poor mental health among Black men (i.e., racism) thereby assuming these men would be "at-risk," the current study takes a strengths-based approach by also highlighting factors (e.g., characteristics of the social environment and conceptions of Black masculinity) that underscore the many ways these young Black men are "with promise," and warrant greater attention and additional research. This study has implications for the design, implementation, and refinement of more gender-specific and culturally sensitive programs for young Black men, like the YBMen project, thereby addressing a critical gap in behavioral health resources for Black men.

Conclusion

The need for targeted health interventions sensitive to culture, social norms, and gender that help circumvent the barriers young Black men experience is dire. Such targeted interventions involve developing low-cost, high-impact programs that promote healthy behaviors and increase self-efficacy. Health promotion interventions designed for young Black men as they transition to and through adulthood provide a unique opportunity to intervene at a time when they are susceptible to stress, depression, and substance use and abuse that contribute to early morbidity and mortality. Challenges exist when engaging young Black men in face-to-face interventions, but social media offers a promising alternative. Using social media to promote mental health, progressive definitions of manhood, and increase social support has implications for policy and practice efforts aimed at implementing low-cost, high impact internet-based interventions for young Black men using a platform that is already a part of their daily lives: s.

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