



Mental Health Support for Black Families

2025 Study Report | Literature Review



Child Mind Institute

About the Child Mind Institute

The Child Mind Institute is dedicated to transforming the lives of children and families struggling with mental health and learning disorders by giving them the help they need. We've become the leading independent nonprofit in children's mental health by providing gold-standard evidence-based care, delivering educational resources to millions of families each year, training educators in underserved communities, and developing tomorrow's breakthrough treatments.

About The Steve Fund

The Steve Fund is one of the nation's leading nonprofit organizations focused on transforming educational, organizational, and workplace environments to support the mental health and emotional well-being of young people of color. Building knowledge and capacity among organizations serving young people is critical to The Steve Fund's mission. The Steve Fund offers various solutions to assist colleges, universities, nonprofits, and workplaces in enhancing their capacity to promote mental health and emotional well-being among young people of color.

AUTHOR

Debbie Cohen

CONTRIBUTORS

Faith Wilkins, Child Mind Institute

Caroline Miller, Child Mind Institute

CLINICAL ADVISORS & REVIEWERS

Kimberly Alexander, PsyD, Child Mind Institute

Rhonda Boyd, PhD, The Steve Fund

Acknowledgements

We would like to thank the members of the project team, including our clinical experts at both The Steve Fund and the Child Mind Institute, and our research partners at Ipsos.

Our deepest thanks to our research participants and their families for their valuable participation in our study. Your insights and feedback contributed significantly to our research, and we are truly appreciative of your time and effort.

Finally, this study was made possible with the funding support of the Morgan Stanley Alliance for Children's Mental Health.

Learn More:

To access the full report and related materials focused on supporting the mental health needs of Black children and young adults, visit: <https://childmind.org/education/awareness-campaigns/mental-health-support-for-black-families/>

Table of Contents

4 Introduction

5 Barriers to Accessing Mental Health Care for Black Families

Individual Concerns — Child/Youth/Young Adults/Parent

Clinician/Service Issues

Community

System/Policy

11 Facilitators/Supportive Factors

Individual — Child/Youth/Young Adults/Parent

Clinician/Services

Community

System/Policy

Intervention/Prevention Strategies

19 Potential Areas for Future Research

20 References

Introduction

This review examined peer-reviewed publications addressing the barriers to mental health care and the facilitators of care for Black children, youth, young adults, and parents/families. This literature review is part of a larger effort being undertaken jointly by The Steve Fund and the Child Mind Institute.

The review focused exclusively on academic/peer-reviewed literature and was limited to studies/ research published in the last five years (2019 or later). It includes research focused broadly on a Black/African population, including Black Americans, Black people of Caribbean descent, Black individuals also identifying as Hispanic/ Latino, African immigrants, and others from the African diaspora. It only includes research based in the United States. No case studies were included.

The search was conducted using Hunter College Library database, Google Scholar, and PubMed.

Search terms included various combinations of:

- Black or African American, Afro-Caribbean, Afro-Latino,
- Youth – teen – adolescent — children — students — young adults - family — parent
- Mental health — mental illness - psychiatric — psychological distress — suicide — depression — anxiety — Trauma — racism - discrimination - disparities — race - well-being
- Mental health care — service use — barriers (to care) — access (to care) — therapy— treatment - Intervention — school-based — telehealth — help-seeking

After an initial review of more than 130 research papers, 48 were included in the review. The studies within these papers varied in participant size and efficacy. While some centered African American or Black individuals, others still included a predominantly white and/or non-Black group of participants.

Barriers to Accessing Mental Health Care for Black Families

Individual Concerns — Child/Youth/Young Adults/Parent

PARENTS/CAREGIVERS, PERCEPTION OF PROBLEMS AND DIAGNOSIS

The research identified a range of barriers at the individual level. For many parents, distinguishing between typical, expected behaviors and potentially problematic mental health behaviors among their children may be challenging. In addition, African American parents may have different expectations or perceptions of their children's behaviors leading to different perspectives on the level of problems or not identifying potential problems (Planey 2019). Among parents of younger children, for example, African American parents were significantly less likely to report specific autism symptoms compared to white parents, potentially delaying access to care and services for children with autism (Donohue 2019). Another study found that when faced with a child with emotional or developmental difficulties, African American parents who were not bothered by the behaviors were more likely to defer treatment for a year or more (Richmond 2022).

In a study focused solely on African American mothers, Plessy and colleagues (2023) found that when presented with child behavior vignettes, 52% of the participants recognized clinically significant externalizing behaviors (similar to other racial/ethnic groups). The vignettes were created based on criteria of oppositional-defiant disorder (ODD) in the DSM-5, describing the behavior of a 10-year-old child who is noncompliant, vindictive, and prone to anger outburst. Those who did recognize the behaviors were much more likely to say they would participate in behavioral parent training (Plessy 2023). In addition, among African American parents, different perspectives were noted. Parents with more traditional values (obeying elders, conforming to traditions) were more likely

to recognize oppositional behaviors compared to parents who valued agency more (Plessy 2023). Understanding these differences, “provides further support for the argument that clinician-assessed need may be incongruent with the way parents view their child’s problem and need for treatment” (Plessy 2023).

Parents may also be unaware of the symptoms or seriousness of their adolescents’ mental health challenges, presenting another potential barrier. One study found Black parents to be less likely to recognize internalizing disorders (e.g., depression, anxiety, bipolar disorders) as opposed to externalizing disorders (e.g., ADHD, oppositional defiant disorder, conduct disorders) (Lu 2021). Research comparing the perspectives of a racially diverse sample of parents and their teens (42.2% identifying as White, 22.2% Black, 17.8% Asian, and 15.6% Multiracial/other) on the youth’s mental health needs found significant discrepancies between parents and their teens in reports of suicide ideation and non-suicidal self-injury (NSSI) to be significantly greater among Black parents and teens than among whites. (Bell 2021) Parents’ lack of awareness of the presence or seriousness of their teen’s suicide ideation could delay accessing treatment. Bell and colleagues (2021) suggest that this underestimation by Black parents “could potentially be targeted to increase mental health service utilization of racial minority youth.” One possible reason for the discrepancy is youth’s desire to hide their experiences from their parents to avoid shame and stigma (both self and public stigma) especially given greater stigma in the Black community (Bell 2021).

YOUTH / YOUNG ADULTS / COLLEGE STUDENTS

One common theme in the research was that Black youth/young adults and parents wanted to be self-reliant,

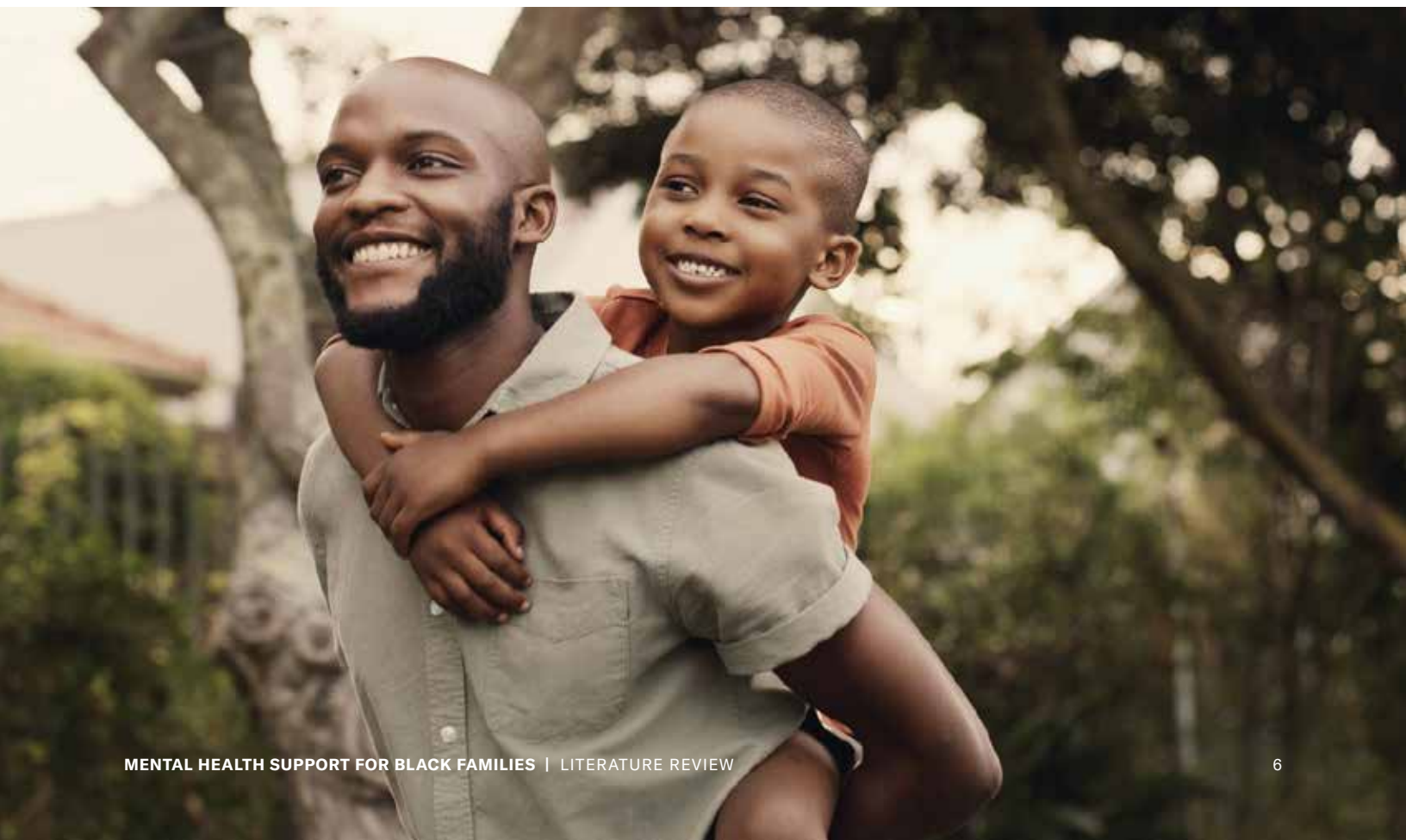
to handle problems on their own, and not reach out or seek professional help (Planey 2019, Metzger 2023).

Other perspectives among Black youth included that they didn't need services (Banks 2021) or that they had other (greater) concerns and priorities (Bauer 2023). A survey of 1,599 Black college students (71% identifying as African American/Black only, 20% identifying as African American/Black and White or Caucasian, and 9% identifying as African American/Black and one or more non-White races) found not perceiving the problem as significant or preferring to handle any problems on their own as top barriers to seeking help (Busby 2021). Similarly, in a study looking at barriers to school-based services among African American/Black males, researchers found stigma and self-reliance in handling their mental health symptoms to be significant barriers (William 2023). Notably, in this study, Black identity also included those who identified as having biracial or multiracial identities inclusive of Black as a racial identity.

For Black/African American youth and young adults experiencing symptoms of early psychosis, compounding factors such as trauma, substance use, and structural barriers — like financial strains and limited access — during the premorbid (before symptom onset) and prodromal (beginning stages of symptoms) phases of psychosis contribute to delays in treatment initiation and highlight the limited use of services for traumatic childhood experiences (e.g., sexual abuse) (Oluwaye 2021). In addition, circumstances for individuals with early

psychosis may be complicated by substance use, which can contribute to both family members misattributing symptoms and negative interactions with law enforcement (Oluwaye 2021).

Looking at the perspectives of African American and Caribbean Black adolescents, Smith and Nicholson (2022) found that while frequent discrimination was associated with increased symptoms of depression and anxiety for both groups, psychosocial mechanisms linking discrimination to health outcomes vary between the two groups. For example, the association between racial discrimination and depressive symptoms was significantly stronger for Caribbean Black adolescents as compared to African Americans adolescents. Additionally, among African American youth, exposure to discrimination events had a negative impact on their perceptions of control over important aspects of their lives and their life chances, which, in turn, negatively influenced their mental health. Researchers theorize that these results could be due to differences in cultural, racial socialization, and historical processes between African American and Caribbean Black Adolescents. The authors concluded this indicates that, “heterogeneity within Black youth populations be acknowledged and considered, particularly when developing interventions to reduce exposure to and effects of psychosocial stress among these adolescents.”



Clinician/Service Issues

A range of issues relating to providers and services were identified, such as discrimination and lack of cultural awareness, concerns about treatments, issues around diagnosis, and lack of Black/African American providers.

Prior negative experiences with mental health care (Metzger 2023, Planey 2019) and provider mistrust (Planey 2019) were identified as barriers in several studies. Perception of discrimination/prejudice (Lu 2021), racism and discrimination from providers (Planey), and lack of cultural awareness and humility and implicit bias among providers (Metzger 2023), were noted as barriers to seeking care for African American youth and young adults. The perception that treatment is not effective was also a barrier to accessing care (Planey 2019).

Fears and concerns relating to therapy, such as being coerced into doing or saying things, are a particular barrier for African American mothers (Turner 2020) and were associated with delaying seeking help for their child. Black parents were also more likely to delay treatment if they feared involuntary hospitalization of their child (Richmond 2022). Fear of negative consequences was also mentioned as a barrier among adolescents (Planey 2019).

Several potential issues relating to diagnosis/misdiagnosis and treatment were highlighted in the research. Black children are less likely to be diagnosed with ADHD compared to white youth, even with equal levels of symptoms (Glasofer 2021). Depression can also present differently in Black adolescents (such as externalizing symptoms, interpersonal conflict, and physical complaints) which can contribute to its under-identification or misdiagnosis (Lemonious 2022). Compared to white children, Black children were found to be more likely to be diagnosed with externalizing disorders and less likely to be diagnosed with mood disorders (Johnson 2020).

African American children are less likely to receive medication for ADHD compared to white children (Glasofer 2021). Several contributing factors were noted, including greater tolerance/acceptance of behaviors, lack of knowledge and exposure to information, and more concerns about medication (side effects, addiction, not effective). The study found strong cultural influence on

medication decisions, including mistrust and a perception that ADHD diagnosis and treatment are attempts at social control (Glasofer, 2021).

Poor communication also contributed to concerns. Among parents of children receiving mental health care, both African American and Haitian parents reported feeling that their input into services was not valued and that certain aspects of their child's care (use of medications, assessment of strengths) were not explained or fully incorporated into care (Johnson 2020). Overall, both African American and Haitian parents reported more barriers and worse access to care than white parents (Johnson 2020)

Because most youth suicide intervention strategies are based on risk factors for white youth (Meza 2022), they may not address risk and protective factors more common among Black youth. For example, although hopelessness and depression symptoms are considered traditional risk factors, the association is not evident among Black youths. Social anxiety symptomatology and parenting style have been shown to be important factors to consider (Meza 2022). In addition, research has "largely neglected to consider the direct and indirect effects that race-related oppressive experiences, such as racial discrimination and racial trauma, have on suicidal behaviors" (Meza 2022).

Among the themes of barriers to care identified in a focus group study of Black/African American college students (Lewis 2021) was a lack of Black mental health counselors. Focus group participants felt that non-Black counselors/psychologists would not be able to relate to their mental health needs. Black students also identified cultural sensitivity as a significant barrier to mental health service use (Horwitz 2020). Concerns about confidentiality were identified as a barrier to service among Black young adults (Bauer 2023).

The transition to adulthood is associated with a decrease in the use of mental health services across races/ethnicities (Black 2019). Among Black and white young adults, their perception of the usefulness of the treatment influenced their decision to continue as they transitioned to adulthood (Black 2019).

Community

Among the key community barriers noted were a lack of social support and stigma around mental illness and accessing mental health services.

Concerns related to mental health stigma across social networks and communities were identified among Black youth, young adults, and parents (Planey 2019, Metzger

2023, Lu 2021). In a study of urban youth and parents (Tsang 2020), social stigma about mental health services was greater among older teens, and self-stigma related to mental health treatment was higher among females than males. A lack of a supportive social network was reported by Black youth (Planey 2019)

TALKING ABOUT MENTAL HEALTH

Looking at the broader picture, even before considering seeking help, Black students expressed many reasons they didn't even talk about mental health, and overall communication about mental health in this population was found to be low (Dai 2021). Reasons for the hesitancy included lack of trust, past experience with poor quality discussion, interracial tension, minority stress, stigma, and lack of knowledge. Black students were more likely to talk with parents/siblings than friends or a mentor/advisor, and least likely to talk with a healthcare provider (Dai 2021).

Barriers to using services identified in a survey of Black college students included fear and stigma (Busby 2021). Among the community-related issues identified in a focus group study of 20 Black/African American college students (Lewis 2021) were cultural perceptions of mental health and stigmatization. Participants observed that seeking and using mental health services was associated with being "weak-minded" and would lead to negative reactions from peers and they expressed fear of being labeled "crazy" (Lewis 2021). Black college students also expressed an unfamiliarity with mental health services, not having any family experience with anyone accessing mental health services, and not knowing how to go about accessing services (Lewis 2021).

Among the barriers to care identified in the focus group, racism/discrimination on campus was the most commonly mentioned reason for not accessing mental health services. The students reported nearly daily occurrences

of racially insensitive comments, cultural appropriation, and racial mistreatment by students and faculty. Discouraged and emotionally exhausted, the participants expressed an overall sense of hopelessness and mistrust, preventing them from seeking mental health services. They were more likely to turn to a more trustworthy option for support, like fellow peers and/or older Black faculty members, rather than mental health services (Lewis 2021). Black students also found significant emotional and social support in Black student organizations on campus (Lewis 2021) — the Black Student Center and the Black SistaHood organization were important sources of emotional and social support, safe spaces to escape daily stressors and work out problems.

In addition to the challenges of other Black youth, LGBTQ+ Black youth may experience additional stigma or shame related to their identity. Also, many LGBTQ+ Black youth lack family support in coping with problems and negotiating services (Moore 2020).

Religion and spirituality were identified as both a barrier and a facilitator of accessing mental health among both Black youth and parents. Religion was identified as a barrier when there were rigid ideals in the faith community, when prayer and spirituality were used to cope with emotional distress or mental health concerns rather than seeking professional help, and when information and support for mental health care were not forthcoming from the faith community (Planey 2019).

System / Policy

A range of issues relating to treatment affordability, availability, and accessibility were identified as barriers to accessing treatment for Black families.

ACCESS/LOGISTICAL BARRIERS

Challenges to scheduling a mental health appointment were noted. For example, a secret shopper study examining access to trauma-informed mental health services for

adolescents at community mental health centers and federally qualified health centers found fewer than one in five contacts resulted in an appointment (Adams 2023).

Non-white callers (Black and Latina) were significantly less likely to be offered an appointment. In addition, the average wait time was 12 days and trauma-informed care was only available in 38% of centers (Adams 2023). Other research found a lack of providers able to provide culturally responsive services was also a barrier (Belue, Planey 2019).

In one focus group study, young Black men participants (including individuals who had already seen a provider) reported difficulty accessing care and having to get in legal trouble to have access to mental health care: “A person can’t even put themselves in anger management,

but you will find out real quick if you get an assault charge” (Bauer 2023). A lack of providers able to provide culturally responsive services was also noted (Belue, Planey 2019).

Transportation issues (proximity to public transportation), long wait times for appointments, and inconvenient times for appointments were also identified as barriers to accessing mental health care services (Planey 2019, Metzger 2023). Horwitz and colleagues (2020) found that Black students were also significantly more likely than white students to identify logistical concerns as barriers to mental health service use.

FINANCIAL/INSURANCE CONCERNS

Barriers related to financial concerns, such as treatment affordability and fear that service would be costly (Lu 2021, Planey 2019) were frequently mentioned and were exacerbated for many Black families during the pandemic (Banks 2021).

A survey of Black college students found financial concerns among barriers to care (Busby 2021). Another study found that despite having access to mental health services on campus, financial concerns were identified as an important issue for about half of all students and the odds were 64% greater for Black students (Horwitz 2020).

Insurance-related concerns among Black families included not having insurance, mental health providers being out of network, providers not taking Medicaid, or Medicaid being inadequate to cover needs (Bauer 2023, Lu 2021, Planey 2019). One study specifically found that lack of insurance was likely to lead to delayed treatment when Black parents were faced with a child with emotional or developmental difficulties. Parents were more likely to defer treatment for a year or more if they didn’t have insurance coverage (Richmond 2022).

LACK OF INFORMATION

A lack of information (among both African American teens and parents) about mental health issues and available treatments and how to access them also contributed to less access to treatment (Planey 2019). Metzger and colleagues found that lack of assistance

and information and system mistrust were barriers to accessing mental health services (Metzger 2023). In addition, some Black college students reported being unaware of the mental health services available on campus (Lewis 2021).

JUSTICE SYSTEM

Barriers to treatment were also identified within the juvenile justice system (Johnson 2022). In a large sample of youth in the juvenile justice system in Florida who had reported substance use in the past 6 months, Black youth were significantly less likely to report being

referred to substance use disorder assessment than white youth. Black females were 34% less likely to report being referred compared to white males and females (Johnson 2022).

BARRIERS TO SCHOOL-BASED SERVICES

Stereotypes and implicit bias present another potential barrier to equitable care in the school system. In one study, a group of 42 school-based clinicians (81% white, 95% female) were found to automatically attribute harmful stereotypes such as “academic failure,” “delinquency/rule-breaking,” and “anger/aggression” to both Black and Latinx youth (Liu 2022). And in a second

related study, a new group of 58 school-based clinicians with the same demographic as the first study were recruited to take four Implicit Associations Tests. They were found to hold levels of pro-white/anti-racial minority biases similar to that of the participants in the first study. The researchers concluded that the results indicated the contribution of implicit bias among mental health care

professionals contribute to the continuous misidentification of mental health conditions among Black and Latinx youth (Liu 2022).

In another study, 40% of participants (Black high school students and parents) in a high-achieving setting opted out of participating in a school mental health screening, possibly indicating reservations about school services (Goodwin 2021).

While mental health services available through the school system can help overcome many access barriers, a number of concerns were also identified. In a study looking at barriers to school-based services among

African American males, researchers found that accessibility barriers such as lack of time, insurance, and parental permission hindered students' ability to use school-based mental health services (Williams 2023). Additionally, lack of resources — including too few teachers and mental health professionals, lack of parenting classes, difficulty navigating the school system for help, and bureaucracy impeding change — were identified as significant barriers to care (Planey 2019). Teachers also identified their own concerns, such as difficulty getting parental consent and a lack of follow-up by parents (Planey 2019, Metzger 2023).

BARRIERS FOR IMMIGRANTS

Lack of available providers or providers ill-prepared to provide culturally responsive care (Belue 2021) can be barriers for African immigrants. A focus group study of

child and adolescent psychiatrists faced with a growing population of African immigrants and refugees felt they were not prepared, and they identified several needs:

- 1
- Anxiety related to the 'Parentization' of immigrant and refugee children due to deportation or fear of deportation of parents. In these cases, children experience anxiety requiring psychiatric treatment because increased responsibilities at home resulting from parental absence. (9)
 - Anxiety resulting from fear of Immigration and Customs Enforcement (ICE) raids and potential deportation of family members.
 - Fear of deportation and abuse if returned to home country resulting in behavioral issues in school.
 - Lack of understanding of cultural differences and cultural family practices, leading to challenges in explaining diagnoses.
 - Time constraints limiting the ability to implement the DSM 5 Cultural Formulation interview, as well as the limited timing in between appointments Patients struggle with refilling medication, and communicating with their providers without easy access to interpreters.)
 - Interpreter services are available; however, body language nuances can be missed if the provider is using the phone instead of video. Further, visit summaries are typically o

- 2
- Referrals for refugee children often come from schools. Due to COVID-19, school staff to observe and evaluate refugee children is limited.
 - Ongoing medical education for practicing psychiatrists focused on culturally responsive care.
 - Significant and meaningful, multi-level cultural training for psychiatrists across the career-course.

- 3
- Access to and training on use of interpretation services while in medical school.
 - Immigrant and refugee peer/community support to navigating continuum of care, insurance and pharmacy visits.
 - Training members of African immigrant and refugee communities as lay behavioral health navigators.
 - Infrastructure and processes to assist immigrant and refugee families in taking care of their child's mental health, including medications and accessing therapy/counseling in-between psychiatric visits. This may include the availability of interpreter services outside of the clinical encounter.

Facilitators/ Supportive Factors

While more research focused on barriers rather than facilitators, some studies identified specific facilitators and others offered recommendations based on identified barriers or recommendations from participants (youth, young adults, and parents).

Individual Issues - Child / Youth / Young Adult / Parent

CHILD / ADOLESCENT / PARENT ISSUES

Several factors related to child/adolescent mental health concerns were found to be facilitators of access to treatment among Black families. For example, children or teens with more severe mental health concerns, a specific mental health diagnosis, or experiencing externalizing behaviors and suicidality were associated with a greater likelihood of accessing treatment (Planey 2019, Lu 2021, Metzger). Black parents were more likely to seek care when their adolescents were having issues with extrinsic behaviors (actions that cause harm to others, such as substance abuse, impulsivity, recklessness, aggression, violence and fighting). Even if the parents observed intrinsic behaviors (actions that harm oneself, such as social isolation and withdrawal, cutting, eating disorders), it was the extrinsic behaviors that prompted them to reach out for professional help (Jon-Ubabuco 2019).

From the caregivers' perspective, previous positive experiences with mental health services increased the likelihood of their children/youth accessing care (Planey 2019, Metzger). Parents are more likely to recognize mental health concerns and seek treatment for their

teens if they have their own positive past experience with mental health care (Jon-Ubabuco 2019). Having a family member with positive experiences with mental health challenges also facilitated more rapid help-seeking (Richmond 2022).

Knowledge and confidence were associated with seeking professional help. In fact, a meta-analysis of recent literature found that African American caregivers who had high levels of perceived competence in managing their child's health needs tended to seek care (Planey 2019). Another study that enrolled African American parents of children with emerging emotional/behavioral difficulties found that parents with higher activation scores (a measure of knowledge, skill, and confidence in managing one's health and health care) were more likely to seek professional help more quickly (Richmond 2022).

African American parents/caregivers often look to teachers and educators as trusted sources of information related to behavioral health (Jon-Ubabuco 2019).

FAMILY INTERACTIONS AND RELATIONS

One study identified a specific combination of mental health factors that prompted African American parents to seek treatment for their adolescent: 1) involved a number of symptoms, 2) was impacting the youth's function, 3) and was causing increased parental stress (Tsang 2022). Tsang and colleagues found that the combination of these three factors (symptoms, impairment, and feelings of strain/inability to help) "effectively tip parents toward bringing their child to therapy." They also found that caregivers with troubled adolescents were more likely to see professionals as helpful, but they also expected more

negative reactions from their social network if they sought professional help for their teens (Tsang 2020). The adolescents' perceptions about professional help did not seem to influence decisions — parents were the gatekeepers. Tsang and colleagues also noted that "anecdotally, some caregivers reported that they felt seeking psychotherapy for young children has become more acceptable and less stigmatizing than seeking psychotherapy for adults in their communities" (Tsang 2020).

The strength of family was important in supporting Black youth's mental health and in supporting their access to care when needed (Banks 2021). In addition, parent/youth alignment on perceived need also facilitated access to care (Lu 2021). Among African-born parents, having been in the United States longer and higher education levels were associated with more positive attitudes about using mental health services for their children (Obedayi 2021).

Research looking at the period of transition from youth to adulthood (before and after turning 18) found that young adults were more likely to use services after age 18 if they were experiencing greater symptom-related problems and if they perceived the treatment as useful. (Black 2019). This highlights the importance of focusing on youth preferences and perceptions of distress and dysfunction. (Black 2019).

Clinician / Services

Several facilitators relating to providers and mental health services were identified, including a positive relationship and cultural sensitivity.

A positive therapeutic relationship and trustworthiness were identified as important for both Black youth and caregivers (Planey 2019, Lu 2021). Culturally specific rapport (Planey 2019) and provider diversity, cultural humility, understanding of critical frameworks (racial identity, antiracism) were also found to be important (Metzger 2023).

Other factors facilitating use of services by Black families included a welcoming environment and the perception of treatment effectiveness (Planey 2019). In one study, the authors suggested that therapists be aware of their patient's fears of coercion and judgment upon onset of

treatment and engage in an educational discussion about the benefits of therapy and how to combat stigma (Turner 2020).

Charles and colleagues (2021) looked at students' goals, expectations, and preferences for psychotherapy and found differences between African American and white students. The African American students were more likely to want therapy to help with coping skills and problem-solving, while white students were more likely to look for symptom reduction and returning to baseline functioning (Charles 2021). African American students also expressed preference for therapy to be structured; for the therapist to be of the same race; and for therapists to be assertive and talk more (as opposed to an expectation that the client would talk more) (Charles 2021).

CULTURAL ADAPTATIONS OF INTERVENTIONS

One common theme in the studies was the importance of culturally adapting interventions to a Black/African American community. A 2021 systematic review of existing evidence-based culturally adapted interventions with racial and ethnic minority populations analyzed 52 studies with seven targeted Black/African American youth (Arora 2021). The interventions included school-based interventions, parent/caregiver groups in the community, and others. Among the specific cultural adaptations used in the interventions targeting Black youth were:

- Incorporating culturally relevant risk factors, values, and traditions
- Incorporating culturally relevant examples, scenarios, and stories

- Using culturally informed assessment measures in evaluation
- Using culturally appropriate and syntonic language
- Incorporating culturally informed therapeutic relationship techniques
- Involving family in the intervention

Aurora and colleagues noted the lack of research in this area and suggested the need for standardized methods for determining needs and assessing cultural adaptations for target populations to identify effective approaches.

CULTURAL COMPETENCE / CULTURAL HUMILITY

Another common ask was culturally competent clinicians, and more recently a shift to focus on the concept of cultural humility (Li 2022). Based on a research meta-analysis (Hoffman 2022), researchers made several recommendations for reducing racial/ethnic disparities in pediatric mental health care including:

- Clinicians delivering care that is trauma-informed, culturally sensitive, and tailored to unique needs of specific populations
- Increased access to services in primary care, schools, communities, and in health care systems
- The promotion of systems for care linkages and service and financial parity for behavioral conditions with physical disorders
- Advancing research to analyze the effectiveness of interventions clinicians delivering care that is trauma-informed, culturally sensitive, and tailored to the unique needs of specific populations.

Research also points to the value of interventions and services that acknowledge cultural factors, such as faith and spirituality, as central to resilience (Hoffman 2022). Other studies suggest the need for clinicians' awareness of culturally related concerns that affect a Black parent's decision to get medication for their child's mental health disorder. For instance, in a study that focused on the decisions of African American parents in the treatment of their child with ADHD, they found that the following factors were the most relevant:

- Lack of knowledge about ADHD symptoms
- Higher tolerance for behavior associated with ADHD
- Mistrust of medication for ADHD symptoms

- Viewing ADHD diagnosis and treatment as forms of social control

The authors of the study suggested that a parent-centered approach should be used when treating children with mental health disorders (Glasofer 2021).

Increased training for clinicians was also frequently mentioned (Lemonious 2022), such as training to "increase awareness of cultural variability in how mental illness may present," and ensuring that "knowledge and skills are incorporated into practices" (Johnson 2020). The need for culturally responsive assessment was also mentioned (Lemonious 2022).

Yan Li and colleagues (2022) argue that a shift from a focus on cultural competency to a focus on cultural humility is necessary to meet the mental health needs of Black youth and other youth of color. Given the increasingly diverse population, "the expectation for health care professionals to master competency in knowledge of a particular cultural group is insufficient and potentially harmful" Li and colleagues argue. Rather, they suggest cultural humility, a process of lifelong learning, engagement, exploration, and self-reflection that builds toward mutually respectful and dynamic relationships with patients, communities, and colleagues (Li 2022).

In addition, trauma-informed care is an approach that has led to improved engagement and outcomes among Black children (Hoffman 2022). This approach can include integrating social and cultural factors related to intergenerational trauma and discrimination into therapy (Hoffman 2022). Other recommendations for clinicians providing mental health services to Black youth include talking to families about racial stressors and prior experiences with the mental health system and offering flexible hours (Jones 2020).

PEER SUPPORT AND MENTORING

Research supports the value of peer specialist services. Peer support services can "support youth engagement in general and reduce racial/ethnic disparities by providing culturally and developmentally appropriate supports that build on mutuality, empathy, and trust" (Ojeda 2021). In a study of young adults (ages 16 – 24) with serious mental illness, the availability of peer support services was associated with increased outpatient visits and a de-

crease in service use disparities among Black and Latinx young adults (Ojeda 2021).

For LGBTQ+ Black youth, peers with experience in the mental health system may be especially helpful in understanding mental health concerns and identifying LGBTQ+-affirming services (Moore 2020).

Mentoring programs for youth with emotional or behavioral problems may be a preferred source of mental health support for Black families. Mentoring is viewed as less stigmatizing and more culturally consistent than the formal mental health service system (Vance 2023, Vazquez 2019). In one study, Black caregivers were more

likely than white caregivers to say their child needed mentoring when they were experiencing externalizing symptoms (and less likely than white caregivers to say they needed professional mental health services) (Vazquez 2019).

Community

Another facilitator that was mentioned often was having a supportive social network. This can include parents, friends, extended family, social workers, and community members who are willing to talk, are understanding of mental health concerns, and encourage access services when needed (Planey 2019, Bauer 2023). In addition, “knowing someone with personal experience” or hearing from trusted sources (people close or community leaders, local personalities, etc.) about their personal experiences with problems and with receiving treatment and services was identified as important to considering seeking professional care (Bauer 2023). Black men participants in one focus group study also noted that if they were willing to talk about mental health issues, they would be more

comfortable if someone else brought up the topic and started the conversation (Bauer 2023).

Black college students look to their peers. One study found the strongest influencers of both intention and behavior relating to mental health care were descriptive norm referents (Dai 2021). Students were more likely to open up about mental health issues when they saw others sharing their experiences and when someone else initiated the conversation (Dai 2021). For Black parents, referrals from teachers, primary care, and the juvenile justice system were also associated with service use (Planey 2019).

RELIGION AND SPIRITUALITY

Religion and spirituality are important in the lives of many Black families, and they have been noted as both barriers and facilitators to accessing mental health care. They can facilitate when faith communities and religious beliefs include support for efforts to seek and engage in mental health services (Planey et al., 2019). In fact, one study suggests that mental health providers make connections with religious organizations to increase access to care and awareness of services for African Americans. It also cites the possible need for providers to discuss their clients’ beliefs about mental health and their religiosity

during intake and treatment planning. (Charles 2021). Another study found that the Black youth (ages 12-17) participants with a past history of suicide attempt, three-fourths said religion was an important part of their lives (Goodwill 2022). Other research found that among Black youth, prayer, religion, and faith were reported as facilitators (Planey 2019). Parents with moderate religious/spiritual values were more likely to support treatment (compared with those with high or low spiritual coping) (Planey 2019, Lu 2021).

LAY HEALTH WORKER — CONNECTING WITH THE FAITH COMMUNITY

A pilot study of a lay health worker program found it effectively addressed a number of barriers to professional help-seeking by African American parents for their children (Chakawa 2023). The program, Bridging the Gap, was designed as a culturally responsive strategy to improve access to mental health care for Black/African American families with children 5-12 years old. It brought

mental health services directly to the community working through the existing faith community. The lay health workers provided individual contact and group education. One aspect of the program that was especially beneficial was individual help in understanding the child’s symptoms and behaviors, when it might be appropriate to seek help, and where to go for help (Chakawa 2023).

COORDINATION OF CARE

Coordinating various care services, such as coordinating primary care and mental health care, and providing wraparound services were found to benefit access to mental health services (Metzger 2023).

Vance and colleagues also found that providing coordination of care services with a high level of engagement for youth with emotional and behavioral problems was associated with increased access and use of mental health and nonmental health services (Vance 2023). Their pilot study looked at service use disparities among Black youth participating in Linking Individuals Needing Care (LINC), a 90-day research-informed suicide care coordination intervention. In the LINC study, Black and white youth were both likely to engage in individual therapy, however, utilization rates for mental health services were lower for Black youth compared to white youth and

significantly lower for medication management services.

Several factors predicted increased medication management use for Black and white youth, such as having a positive outlook in life, access to other supportive services, and a history of risky or reckless behaviors and mood disorders (Vance 2023). The study findings are consistent with previous research that Black families may view mentoring as less stigmatizing and more culturally consistent than professional mental health services. Overall, the LINC intervention was found to be effective in helping to increase service use among both Black and white youth and decrease service use disparities for Black youth. It was beneficial in linking high-risk Black youth to mental health and non-mental health services and “demonstrates that [Black youth and families] are seeking help differently” (Vance 2023).

SCHOOL-BASED SERVICES

School-based services offer access to care without several of the access barriers encountered in other services, such as transportation, lack of time, and cost (Williams 2023). School-based supports and services may be especially important for Black adolescents as they were found to be more likely than others to report liking school and finding schoolwork meaningful and important (Goodwill 2022).

Contrary to research findings of stigma as a barrier to accessing services, a study of the use of school-based services by African American males found that “participants who are concerned about stigma were actively seeking support in their school, suggesting that participants may view their schools as a place of refuge and support (Williams 2023). The authors note that some previous studies support this finding.

TELEHEALTH

The use of telehealth was identified as a potential facilitator of access to care (Metzger 2023), and telehealth is widely available and can help overcome a variety of access barriers. However, preference is an important

consideration. One small study found that Black youth preferred in-person mental health services to telehealth and if using telehealth, preferred chat/text to video (Douglass 2023).

RECOMMENDATIONS FROM THE RESEARCH

Several studies reported on recommendations for improving access to mental health for Black families based on analysis of barriers or presented recommendations from focus African American focus group participants. For example, Bauer and colleagues reported on the suggestions of a group of young Black men participating in a focus group, including providing more information on mental health, options for treatment, and how to access services at community venues and providing help with care cost and transportation (Bauer 2023).

Potential policy actions to increase access to care suggested by Hoffman and colleagues (2022) include investing in a diverse workforce in school-based behavioral health, and in telehealth for mental and

behavioral health. The results of a focus group study of Black/African American college students (Lewis 2021) led the authors to make several recommendations:

- Employing more Black/African American counselors/psychologists
- Providing training faculty and staff on cultural competencies to minimize potential biases and discrimination
- Making available alternative mental health treatments for Black students, such as group discussions or group therapy



Intervention/Prevention Strategies

While there was a limited amount of information within the literature about specific resources/tools that could be used for the mental health support of Black families and youth, a few studies examined the use of certain school-based and family-centered interventions.

SCHOOL-BASED MENTAL HEALTH PROGRAM

Within the United States, Black children aged 5-11 years old have proven to have a suicide rate that's more than double that of white children ("Web-based Fatal Injury Data Visualization Tool"). And the number continues to rise.

This indicates that there is a serious need for intervention that promotes resilience among early adolescence. Exercising resilience — the exhibition of positive adaptation when faced with adversity — is theorized to serve as a protective measure against suicidal thoughts and behaviors among youth (Chandrasekhar 2023). And the existing peer-reviewed literature indicates that the role of school-based mental health interventions can contribute to an overall decrease in psychological distress and symptoms of depression among children and adolescents (Dray, 2017).

Since there is a limited amount of data on how these school-based interventions impact youth from historically marginalized groups, this study sought to examine the efficacy of the Building Resilience for Healthy Kids program within an ethnically diverse population of kids. This is a school-based intervention tool that comprises of weekly 1:1 sessions between health coaches and students to promote resilience.

The study took place at a city middle school in Colorado Springs, a region that has consistently experienced an unusually high level of youth suicides, surpassing that of the state average. Two hundred eight-five sixth-grade students (out of 330) were enrolled in the program with the mean age of 11.4 years; 69% were non-Hispanic White, 32% Black, 13% a non-Hispanic racial minority

(Native Hawaiian/Pacific Islander, Asian, American Indian, more than one race). The students were each scheduled to meet with their coach for six weeks in 5-minute 1:1 sessions. Each session incorporated motivational interviewing techniques, focusing on personalized goal setting and strategies for improving resilience in areas such as coping and developing positive relationships. All coaches received cultural humility training comprising of an initial self-assessment, didactic information, and a dedicated group discussion centered around diverse personal beliefs, values, and background prior to the start of the study (Chandrasekhar 2023).

Results found significantly larger improvements in resilience among adolescents identifying as Black, Native Hawaiian/Pacific Islander, Asian, American Indian, or more than one race compared to those identifying as non-Hispanic white or Hispanic, despite similar baseline resilience scores. Resilience had been measured via the Child and Youth Resilience Measure using Rasch analysis (CYRM-R).

The authors believed that this outcome indicates that the Building Resilience for Healthy Kids program represents an accessible support for youth from underserved communities, and the coaches serve as reliable mentors. They concluded that, "universal programs, even without specific intentional cultural adaptation, can demonstrate equal and even equitable improvements among these racial and ethnic minority youth when individualized coaching and goal-setting approaches and cultural humility are appropriately emphasized." (Chandrasekhar 2023)

FAMILY-CENTERED PREVENTION

A 2023 study examined a family-centered intervention to reduce discrimination-related depression among Black adolescents (Kogen 2023). The authors noted that the United States has a long history of social, political, and economic oppression of Black individuals, along with anti-Black racism. This has consistently undermined the mental health and well-being of Black individuals since slavery. And by early adolescence (ages 10-14 years), many Black youth have reported experiencing racially charged

encounters. They have been forced to navigate rapid biological and social changes in an environment that is shaped and influenced by racism. Adolescence is a sensitive time of development characterized by increased responsiveness to environmental inputs, heightened reactivity to stress, and neuroplasticity. And multiple studies within the literature link racial discrimination to mental health challenges among youth, citing depression as the most common disorder to be associated with discrimination.

This, Kogen et al. note, indicates the need for a specific type of intervention called *buffering*, which is characterized by the amelioration of the influence of exposure to racial discrimination on Black adolescents' mental health, particularly during the early adolescent years. And while a handful of studies have indicated the promise of early intervention family-centered programs in decreasing depressive symptoms, very few have specifically focused on young adolescents.

This study was a secondary analysis of a randomized clinical trial investigating whether participation in the Strong African American Families (SAAF) program moderates Black adolescents' depressive symptoms associated with experiences of racial discrimination. SAAF is a seven-session family skills training intervention program. Participating families had a child aged 11–12 years old who self-identified as African American or Black. 472 adolescents were enrolled and randomized to SAAF or a no treatment control. The program was administered by Black facilitators at local community centers in 7 rural counties in Atlanta, Georgia. The curriculum targeted effective parenting behavior, adolescent self-regulation, and Black pride. All facilitators underwent 20 hours of curriculum training prior to the start of the study.

Researchers measured depression symptoms by asking participants to complete the 20-item Center for Epidemiologic Studies Depression Scale for Children at the 22-month mark (13 years old) and 34-month mark (14 years old) of the study. They measured levels of racial discrimination by having participants complete a 13-item measure of racial discrimination experiences adapted from the Schedule of Racist Events.

The study found that exposure to racial discrimination at age 13 years was associated with increased depressive symptoms at age 14 years. For the control group, racial discrimination was significantly associated with depressive symptoms, while for the SAAF group, there was no association between racial discrimination and depressive symptoms. The SAAF intervention reduced the incidence of racism-associated mental health symptoms among Black adolescents.

The authors theorized that these findings suggest that “family-centered prevention programming may reduce the depressive symptoms associated with racial discrimination among Black youths,” and “support the widespread dissemination of SAAF as part of a strategy for ameliorating disparities that Black families experience.”



Potential Areas for Additional Research

Given the major shift to telehealth during the pandemic and its potential to help overcome a number of barriers, it might be worth additional research. More information on the preferences and experiences of Black families with telehealth/teletherapy might show important considerations.

Also, it might be worth looking for additional information on perceptions and experiences with a variety of other digital technologies related to mental health (chatbots or therapy, apps for relaxation, meditation, breathing techniques, mood tracking), and their use either independently or in collaboration with a mental health professional.

Similarly, the research turned up minimal information on social media use. Social media has many roles and significant part social media plays in young people's lives, including potentially harmful to mental health (overuse, comparisons, bullying, misinformation, etc.) and potentially helpful (creating connection and social support, providing information and positive role models, etc.). It also has the potential to play a role in encouraging or hindering acceptability and access to mental health treatment.

Several studies focused specifically on the perspectives and behavior of Black male youth/young adults. However, there was less focus specifically on Black female youth/young adults.



References

- Adams, D. R., Pérez-Flores, N. J., Mabrouk, F., & Minor, C. (2023). Assessing access to trauma-informed outpatient mental health services for adolescents: A mystery shopper study. *Psychiatric Services*, 75(5), 402–409. <https://doi.org/10.1176/appi.ps.20230198>
- Arora, P. G., Parr, K. M., Khoo, O., Lim, K., Coriano, V., & Baker, C. N. (2021). Cultural adaptations to youth mental health interventions: A systematic review. *Journal of Child and Family Studies*, 30, 2539–2562. <https://doi.org/10.1007/s10826-021-02058-3>
- Banks, A. (2022). Black adolescent experiences with COVID-19 and mental health services utilization. *Journal of Racial and Ethnic Health Disparities*, 9, 1097–1105. <https://doi.org/10.1007/s40615-021-01049-w>
- Bauer, A. G., Williams, J., Hambrick, E., Rempfer, M., Bennett, K., Christensen, K., & Berkley-Patton, J. Y. (2024). Mental health attitudes, norms, beliefs, and experiences with care among young Black men: A theory of planned behavior assessment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 16(4), 653–660. <https://doi.org/10.1037/tra0001462>
- Bearman, S. K., Bailin, A., Rodriguez, E., & Bellevue, A. (2020). Partnering with school providers to co-design mental health interventions: An open trial of Act & Adapt in urban public middle schools. *Psychology in the Schools*, 57(11), 1689–1709. <https://doi.org/10.1002/pits.22410>
- Bell, K.-A., Gratch, I., Ebo, T., & Cha, C. B. (2021). Examining discrepant reports of adolescents' self-injurious thoughts and behaviors: A focus on racial and ethnic minority families. *Archives of Suicide Research*, 26(3), 1505–1519. <https://doi.org/10.1080/13811118.2021.1925607>
- BeLue, R., Barnes, A., Manu, S., Luckett, C., & Adam, B. (2021). Culturally responsive psychiatric services for refugee and immigrant adolescents: Are child and adolescent psychiatrists prepared to serve refugee children? A focus on African refugee families. *Health Equity*, 5(1), 306–309. <http://doi.org/10.1089/heq.2020.0117>
- Black, S. R., Fristad, M. A., Arnold, L. E., Birmaher, B., Findling, R. L., Youngstrom, E. A., & Horwitz, S. M. (2019). Factors influencing emerging adults' use of outpatient mental health services. *Evidence-Based Practice in Child and Adolescent Mental Health*, 4(2), 113–121. <https://doi.org/10.1080/23794925.2018.1501328>
- Busby, D. R., Zheng, K., Eisenberg, D., Albucher, R. C., Favorite, T., Coryell, W., Pistorello, J., & King, C. A. (2021). Black college students at elevated risk for suicide: Barriers to mental health service utilization. *Journal of American College Health*, 69(3), 308–314. <https://doi.org/10.1080/07448481.2019.1674316>
- Chakawa, A. (2023). Bridging the gap: A pilot study of a lay health worker model to decrease child mental health stigma and promote parents' professional help-seeking for Black/African American children. *Psychological Services*, 20(Suppl 1), 64–77. <https://doi.org/10.1037/ser0000620>
- Chandrasekhar, J. L., Bowen, A. E., Heberlein, E., Pyle, E., Studts, C. R., Simon, S. L., Shomaker, L., & Kaar, J. L. (2023). Universal, school-based mental health program implemented among racially and ethnically diverse youth yields equitable outcomes: Building resilience for healthy kids. *Community Mental Health Journal*, 59(6), 1109–1117. <https://doi.org/10.1007/s10597-023-01090-5>
- Charles, N. E., Rodriguez, T. R., Bullerjahn, M. R., Simpson, L., Swygert, L. M., Finn, J. A., & Anestis, J. C. (2021). Expectations and preferences for psychotherapy among African American and White young adults. *Journal of Racial and Ethnic Health Disparities*, 8, 678–689. <https://doi.org/10.1007/s40615-020-00827-2>
- Dai, M., & Morgan, D. (2021). Talking is hard: A mixed-methods exploration of factors associated with communication about mental health issues among Black college students. *Communication Studies*, 72(4), 634–651. <https://doi.org/10.1080/10510974.2021.1953555>
- Donohue, M. R., Childs, A. W., Richards, M., & Robins, D. L. (2019). Race influences parent report of concerns about symptoms of autism spectrum disorder. *Autism*, 23(1), 100–111. <https://doi.org/10.1177/1362361317722030>
- Douglas, C. M., Richardson, L., & Evans, Y. N. (2023). Utilization of mental health services among Black adolescents during the COVID-19 pandemic: A narrative review of the literature. *Current Pediatrics Reports*, 11(1), 7–12. <https://doi.org/10.1007/s40124-023-00282-7>
- Glaser, A., Dingley, C., & Reyes, A. T. (2021). Medication decision making among African American caregivers of children with ADHD: A review of the literature. *Journal of Attention Disorders*, 25(12), 1687–1698. <https://doi.org/10.1177/1087054720930783>
- Goodwill, J. R., & Yasui, M. (2022). Mental health service utilization, school experiences, and religious involvement among a national sample of Black adolescents who attempted suicide: Examining within and cross-race group differences. *Child and Adolescent Social Work Journal*, 41, 545–560. <https://doi.org/10.1007/s10560-022-00888-8>
- Goodwin, A. K. B., Chen, G. L., & Long, A. C. J. (2021). Mental health, well-being, and help-seeking in schools among Black adolescents: The role of discrimination in high-achieving academic settings. *Psychology in the Schools*, 58, 1690–1707. <https://doi.org/10.1002/pits.22523>
- Hoffmann, J. A., Alegría, M., Alvarez, K., Anosike, A., Shah, P. P., Simon, K. M., & Lee, L. K. (2022). Disparities in pediatric mental and behavioral health conditions. *Pediatrics*, 150(4), e2022058227. <https://doi.org/10.1542/peds.2022-058227>
- Horwitz, A. G., McGuire, T., Busby, D. R., Eisenberg, D., Zheng, K., Pistorello, J., Albucher, R., Coryell, W., & King, C. A. (2020). Sociodemographic differences in barriers to mental health care among college students at elevated suicide risk. *Journal of Affective Disorders*, 271, 123–130. <https://doi.org/10.1016/j.jad.2020.03.115>
- Johnson, M. E., Lloyd, S. L., Bristol, S. C., Elliott, A. L., Cottler, L. B. (2022). Black girls and referrals: Racial and gender disparities in self-reported referral to substance use disorder assessment among justice-involved children. *Substance Abuse Treatment Prevention Policy*, 17, 68. <https://doi.org/10.1186/s13011-022-00462-6>
- Johnson, M. H., McNeish, R., & Vargo, A. C. (2020). Exploring ethnic differences in caregiver perceptions of the quality of children's mental health care. *Journal of Child and Family Studies*, 29(9), 2552–2567. <https://doi.org/10.1007/s10826-020-01750-0>
- Jones, S. C. T., Anderson, R. E., & Metzger, I. W. (2020) "Standing in the gap": The continued importance of culturally competent therapeutic interventions for Black youth. *Evidence-Based Practice in Child and Adolescent Mental Health*, 5(3), 327–339. <https://doi.org/10.1080/23794925.2020.1796546>
- Jon-Ubabuco, N., & Dimmitt Champion, J. (2019) Perceived mental healthcare barriers and health-seeking behavior of African-American caregivers of adolescents with mental health disorders. *Issues in Mental Health Nursing*, 40(7), 585–592. <https://doi.org/10.1080/01612840.2018.1547803>

- Kogan, S. M., Kwon, E., Brody, G. H., Azarmehr, R., Reck, A. J., Anderson, T., & Sperr, M. (2023). Family-centered prevention to reduce discrimination-related depressive symptoms among Black adolescents: Secondary analysis of a randomized clinical trial. *JAMA Network Open*, 6(11), e2340567. <https://doi.org/10.1001/jamanetworkopen.2023.40567>
- Lemonious, T., Codner, M., & Pluhar, E. (2022). A review on the disparities in the identification and assessment of depression in Black adolescents and young adults. How can clinicians help to close the gap? *Current Opinion in Pediatrics* 34(4), 313–319. <https://doi.org/10.1097/MOP.0000000000001139>
- Lewis, T., & Iyegbuniwe, E. (2021). Barriers and facilitators of mental health services for African-American college students: A pilot study. *HPHR*. 39. <https://doi.org/10.54111/0001/MM1>
- Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A., Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national Healthy Minds Study, 2013-2021. *Journal of Affective Disorders*, 306, 138–147. <https://doi.org/10.1016/j.jad.2022.03.038>
- Liu, F. F., McRee, E., Coifman, J., Stone, J., Lai, C. K., Yu, C. L., & Lyon, A. R. (2022). School mental health professionals' knowledge of stereotypes and implicit bias toward Black and Latinx youths. *Psychiatric Services*, 73(11), 1308–1311. <https://doi.org/10.1176/appi.ps.202100253>
- Lu, W., Todhunter-Reid, A., Mitsdarffer, M. L., Muñoz-Laboy, M., Yoon, A. S., & Lei, X. (2021). Barriers and facilitators for mental health service use among racial/ethnic minority adolescents: A systematic review of literature. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.641605>
- Metzger, I. W., Turner, E. A., Jernigan-Noesi, M. M., Fisher, S., Nguyen, J. K., shodiya-zeumault, s., & Griffith, B. (2023) Conceptualizing community mental health service utilization for BIPOC youth, *Journal of Clinical Child & Adolescent Psychology*, 52(3), 328–342, <https://doi.org/10.1080/15374416.2023.2202236>
- Meza, J. I., Patel, K., & Bath, E. (2022). Black youth suicide crisis: Prevalence rates, review of risk and protective factors, and current evidence-based practices. *Focus*, 20(2), 197–203. <https://doi.org/10.1176/appi.focus.20210034>
- Moore, K. L., Lopez, L., Camacho, D., & Munson, M. R. (2020). A qualitative investigation of engagement in mental health services among Black and Hispanic LGB young adults. *Psychiatric Services*, 71(6), 555–561. <https://doi.org/10.1176/appi.ps.201900399>
- NeMoyer, A., Cruz-Gonzalez, M., Alvarez, K., Kessler, R. C., Sampson, N. A., Greif Green, J., & Alegría, M. (2022). Reducing racial/ethnic disparities in mental health service use among emerging adults: Community-level supply factors. *Ethnicity & Health*, 27(4), 749–769. <https://doi.org/10.1080/13557858.2020.1814999>
- Obideyi, M., & Sangmin, K. (2021). Correlates of African-born parents' attitudes toward the utilization of mental health services for their children. *The International Journal of Health, Wellness and Society*, 11(1), 199–207. <https://doi.org/10.18848/2156-8960/CGP/v11i01/199-207>
- Ojeda, V. D., Munson, M. R., Jones, N., Berliant, E., & Gilmer, T. P. (2021). The availability of peer support and disparities in outpatient mental health service use among minority youth with serious mental illness. *Administration and Policy in Mental Health*, 48(2), 290–298. <https://doi.org/10.1007/s10488-020-01073-8>
- Oluwoye, O., Davis, B., Kuhney, F. S., Anglin, D. M. (2021) Systematic review of pathways to care in the U.S. for Black individuals with early psychosis. *npj Schizophrenia*, 7(58). <https://doi.org/10.1038/s41537-021-00185-w>
- Planey, A. M., McNeil Smith, S., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review*, 101, 190–200. <https://doi.org/10.1016/j.childyouth.2019.04.001>
- Plessy, K. S., Anderson, A., & Kelley, M. L. (2023). Examining influences on problem recognition and help-seeking for child externalizing behaviors among African American mothers. *Behavior Therapy*, 54(2), 418–426. <https://doi.org/10.1016/j.beth.2022.10.004>
- Richmond, J., Adams, L. B., Annis, I. E., Ellis, A. R., Perryman, T., Sikich, L., & Thomas, K. C. (2022). Rapid and deferred help seeking among African American parents of children with emotional and behavioral difficulties. *Psychiatric Services*, 73(12), 1359–1366. <https://doi.org/10.1176/appi.ps.202100553>
- Smith, N. C., & Nicholson, H. L. (2022). Perceived discrimination and mental health among African American and Caribbean Black adolescents: Ethnic differences in processes and effects. *Ethnicity & Health*, 27(3), 687–704. <https://doi.org/10.1080/13557858.2020.1814998>
- Tsang, Y. T., Franklin, M., Sala-Hamrick, K., Kohlberger, B., Simon, V. A., Partridge, T., & Barnett, D. (2020). Caregivers as gatekeepers: Professional mental health service use among urban minority adolescents. *American Journal of Orthopsychiatry*, 90(3), 328–339. <https://doi.org/10.1037/ort0000432>
- Turner, E. A., Plitt, C., Gamez, Y., & Godfrey, C. (2021). Therapy fears and help-seeking behaviors among mothers: Examining racial differences in mental health services. *Community Mental Health Journal*, 57(5), 808–813. <https://doi.org/10.1007/s10597-020-00711-7>
- Vance, M. M., Gryglewicz, K., Nam, E., Richardson, S., Borntrager, L., & Karver, M. S. (2023). Exploring service use disparities among suicidal Black youth in a suicide prevention care coordination intervention. *Journal of Racial and Ethnic Health Disparities*, 10(5), 2231–2243. <https://doi.org/10.1007/s40615-022-01402-7>
- Vázquez, A. L., & Villodas, M. T. (2019). Racial/ethnic differences in caregivers' perceptions of the need for and utilization of adolescent psychological counseling and support services. *Cultural Diversity and Ethnic Minority Psychology*, 25(3), 323–330. <https://doi.org/10.1037/cdp0000255>
- Watkins, D. C., Goodwill, J. R., Johnson, N. C., Casanova, A., Wei, T., Ober Allen, J., et al. (2020). An online behavioral health intervention promoting mental health, manhood, and social support for young Black men: The YBMen project. *American Journal of Men's Health*, 14(4). <https://doi.org/10.1177/1557988320937215>
- Williams, E. D., Lateef, H., Gale, A., Boyd, D., Albrecht, J., Paladino, J., & Koschmann, E. (2023). Barriers to school-based mental health resource utilization among Black adolescent males. *Clinical Social Work Journal*, 51, 246–261 <https://doi.org/10.1007/s10615-023-00866-2>
- Yan Li, A. S., Lang, Q., Cho, J., Nguyen, V. S., & Nandakumar, S. (2022). Cultural and structural humility and addressing systems of care disparities in mental health services for Black, Indigenous, and People of Color youth. *Child and Adolescent Psychiatric Clinics of North America*, 31(2), 251–259. <https://doi.org/10.1016/j.chc.2021.11.003>