



Mental Health Support for Black Families

2025 Study Report



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.

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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 literature review and other 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/>

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Introduction

In recent years, efforts to raise awareness and destigmatize mental health challenges within the Black community have encouraged more Black families and young adults to seek care. But across America, Black youth and their families continue to face a multitude of barriers when attempting to access mental health information and care. At the same time, quantitative research focusing on Black youth mental health is limited. And amid the current youth mental health crisis, it has become clear that Black children are in dire need of mental health support.

In the most recent National Survey on Drug Use and Health conducted by the U.S. Department of Health and Human Services Office of Minority Health, Black and white adults ages 18 and above reported similar rates of serious psychological distress (11.9% and 12.7%, respectively) and similar rates of suicidal ideation (16.9% and 19.1%, respectively).¹ But only 37% of Black respondents received mental health care, as compared to 52% of white respondents. In addition, Black high school students attempted suicide at 150% the rate of white students. By 2020, the death rate from suicide for Black or African American males was more than four times higher than for Black or African American females.²

The Child Mind Institute and The Steve Fund have teamed up to conduct a literature review and nationally representative survey of Black families' views and experiences with mental health care for children and young adults. Our goal was to understand the core issues faced by Black families and youth struggling with mental health concerns, and the types of resources and engagement vehicles necessary to meet their needs.

The Literature Review Summary

The first phase of the study was the literature review, which analyzed research in peer-reviewed publications addressing the barriers to mental health care and the facilitators of mental health care for Black children, adolescents, young adults, and parents/families. Limited to studies conducted in the United States and published after 2019, the research included Black Americans, Black people of Caribbean descent, those who identify as Afro-Latino, African immigrants, and others from the African diaspora.

[The full literature review is available as a separate document.](#)

Several key themes were found in the literature:

Systemic Barriers

Cost of treatment

- Parents expressed a need to focus on more immediate concerns — such as ensuring they have a place to live — rather than their child’s mental health
- In a recent survey of United States college students, Black students reported that financial concerns kept them from seeking care

Insurance

- In several studies, participants cited lack of insurance, available mental health care providers being out of network, and inadequate funding from Medicaid as reasons for delays in treatment

Logistical issues

- In several studies, participants cited lack of transportation, inconvenient appointment times, long wait times for scheduling appointments, and no access to childcare as reasons for not seeking care

Mental Health Care System

Racial bias/discrimination

- In several studies, Black parents and youth reported negative past experiences and discrimination as a reason for avoiding mental health care services
- A study of school-based clinicians found that stereotypes such as “delinquency/rule-breaking” and “anger/aggression” were more likely to be attributed to Black students, resulting in poor treatment and potential misdiagnosis

Deficits in cultural understanding

- In one study, child and adolescent psychiatrists working with a growing population of African immigrants and refugees cited a lack of understanding of cultural differences and cultural family practices as a major barrier to providing care

- Different populations within the Black community — such as African American and Afro-Caribbean adolescents — may have different trauma responses to racial discrimination

Differences in diagnosis and treatment

- According to scientists, because a large portion of mental health studies has typically only included white participants, risk factors and symptoms specific to Black youth are more likely to be overlooked
- When compared to white children, Black children were more likely to receive diagnoses for externalizing disorders (e.g., oppositional defiant disorder (ODD), attention-deficit hyperactivity disorder (ADHD) and less likely to be diagnosed with anxiety and mood disorders such as depression

Culture and Family

Religion and spirituality

- Religion can be a barrier to care when caregivers turn to prayer or spirituality to cope with emotional distress instead of seeking professional help for their child
- Religion is often a facilitator of care when mental health providers work with religious organizations to increase access to care and awareness of mental health services

Family and stigma

- Black youth listed lack of support from their family as a barrier when attempting to access care
- Black caregivers considered less formal mental health services — such as mentoring programs — to be less stigmatizing

Self-reliance

- Studies involving Black college students found higher percentages of young Black men opting out of mental health care, saying they could handle mental health challenges on their own
- Study participants who chose to handle their mental health on their own were significantly less likely to benefit from campus mental health resources and displayed higher rates of mental health challenges

Intervention Initiatives

Considering trauma caused by racial discrimination

- Several studies highlighted the significant psychological toll that exposure to racial discrimination has on Black youth
- Researchers have suggested the use of initiatives such as the Strong African American Families (SAAF) program, which aims to address depressive symptoms associated with experiences of racial discrimination through a seven-session skills training for Black adolescents and their families

Family-centered intervention

- Mental health care providers can improve quality of care by informing parents about mental health disorders and treatment options, addressing their fears about coercion and involuntary hospitalization, and including the entire family in therapy sessions

School-based interventions

- Studies have shown that schools offer more access to care by providing transportation, designated time, and low costs; therefore, many parents may be more inclined to rely on school-based mental health care for their children
- School-based sessions between culturally sensitive mental health coaches and students, with the goal of improving emotional resilience, can provide children with helpful social-emotional tools to use when facing racism and discrimination

Cultural adaptations and considerations

- Considering culturally relevant risk factors, values, and traditions during therapeutic practices
- Using culturally informed assessment measures in mental health evaluation
- Employing more Black/African American mental health care providers
- Training faculty members and campus staff on cultural factors and mental health

While the information found in this literature offered some valuable insights, it also raised several questions and presented opportunities for further research. For instance, it did not cover the preferences and experiences of Black families who engage with telehealth or teletherapy — their input might show important considerations. And it indicated the need for more studies that acknowledge the heterogeneity of the Black community to provide more insight on the diverse mental health needs of Black families and youth. The literature review also incorporated several studies that included fewer than 20 participants, which may have reduced the efficacy of the results.

Therefore, we aimed to use our survey to add more relevant information to the existing literature by including a more robust sample of Black parents and youth, with detailed questions regarding their experiences and attitudes towards mental health care. As a result, our study has been able to both contribute to existing research and raise more questions regarding the unique experiences of Black families and youth in mental health care.



The Survey

A nationally representative sample of 1,000 Black parents (of children under 18) who have had concerns about their child's emotional and/or behavioral well-being, filled out a questionnaire about their experiences seeking mental health care for their child and the barriers they encountered in accessing and receiving care. And 500 Black young adults, ages 18 to 24, filled out the same questionnaire about their own experiences seeking care for themselves.

Participants in the survey reflected a range of ethnicities within the Black community. Of responding parents, 86% were African American, 11% Afro-Latino, 3% Caribbean, and 2% Sub-Saharan African. The ethnic breakdown of young adults was similar: 84% African American, 10% Afro-Latino, 3% Caribbean, and 6% Sub-Saharan African.

All data in this study are properly weighted to reflect demographic characteristics for these groups from the 2022 American Community Survey (ACS) from the U.S. Census Bureau (gender, age, region, household income).

In the survey, completed between July 30 and August 22, 2024, participants were asked about:

History with mental health challenges

Attitudes about mental health and mental health care

Experiences with mental health challenges and seeking care

Experiences with racism, discrimination, and lack of cultural understanding in mental health care

Barriers to getting effective care

Several Black mental health professionals working with the Child Mind Institute and The Steve Fund were asked to comment on the results. Their observations are included throughout this report.

History With Mental Health Challenges

Multiple mental health challenges

When asked what kinds of mental health challenges children and young adults have experienced, parents reported three, on average, on behalf of their children. Young adults reported a similar number for themselves. But respondents indicated that, on average, they did not receive treatment for all of the challenges they reported, demonstrating unmet mental health needs.

- **The average number of mental health challenges reported was 2.8 by parents and 3.6 by young adults**
- **The average number of mental health challenges treated was reported as 1.8 by parents and 1.7 by young adults**

It's common for people to have multiple mental health challenges, notes Rhonda Boyd, PhD, a mental health advisor for The Steve Fund and psychologist in the Departments of Child and Adolescent Psychiatry and Behavioral Sciences at Children's Hospital of Philadelphia. "It's helpful that people acknowledge that they had several concerns. For instance, anxiety and depression often co-occur and for a segment of the population that can lead to suicidal thoughts," says Dr. Boyd. "And these challenges can vary over time. With younger kids, you see more ADHD and disruptive behaviors and developmental delays. As adolescents, these kids may have challenges in social interactions, which can make them anxious or depressed."

Most common mental health challenges

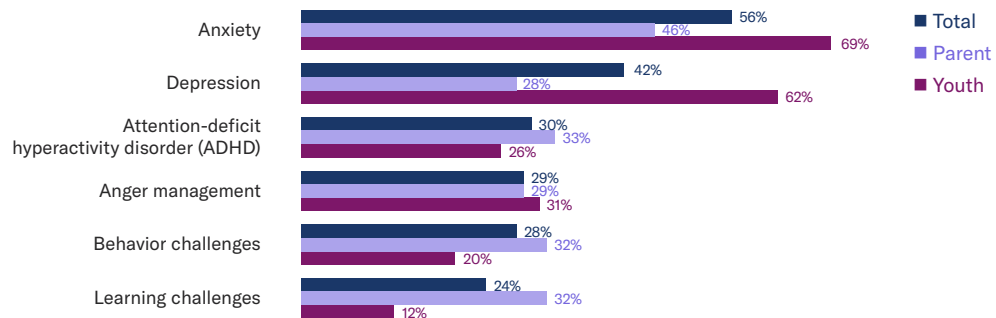
Anxiety was the most common mental health challenge reported by both parents seeking care for their children and young adults seeking care for themselves. This was followed by depression, ADHD, anger management, behavior challenges, and learning challenges.

- **Anxiety and depression were cited significantly more often by young adults than by parents (69% to 46% for anxiety; 62% to 28% for depression)**

Mental Health Challenges Experienced (% Selected)

Average # of health challenges treated

Total: 3.1
Parents: 2.8
Young Adults: 3.6

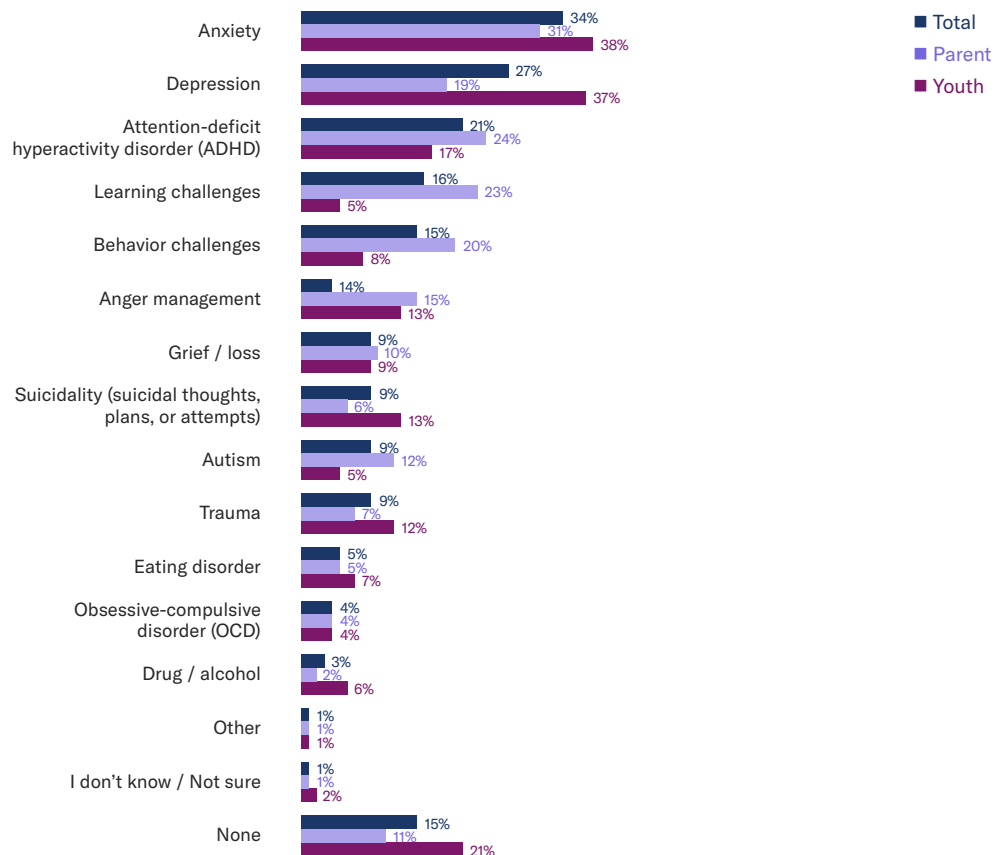


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Mental Health Challenges Received Treatment (% Selected)

Average # of health challenges treated

Total: 1.8
Parents: 1.8
Young Adults: 1.7



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Most common mental health treatment

Treatment for anxiety was the most common mental health treatment reported by both parents seeking care for their children (31%) and young adults seeking care for themselves (38%).

This was followed by treatment for depression, which was twice as widely reported by young adults (37%) as parents (19%).

Treatment for ADHD was lower in young adults (17%) than in children (24%). Similarly, treatment for learning challenges and behavior challenges was lower in young adults than children:

- **Learning challenges: 23% of parents to 5% of young adults**
- **Behavior challenges: 20% of parents to 8% of young adults**

Key Differences Among Young Adults by Gender

Among young adults, females more commonly report experiencing depression, eating disorders, suicidality, and trauma, while males more often experience ADHD and anger management.

Significantly more females than males receive treatment for suicidality, with significantly fewer receiving treatment for ADHD and anger management.

History with mental health challenges	Male (M)	Female (F)	Indicates significant difference between respondent types: Male (M); Female (F)
Ever experienced depression	55%	69% M	
Ever experienced eating disorder	7%	26% M	
Ever experienced suicidality (suicidal thoughts, plans, or attempts)	17%	36% M	
Ever experienced trauma	23%	35% M	
Ever experienced ADHD	32% F	20%	
Ever experienced anger management	37% F	25%	
Ever treated suicidality (suicidal thoughts, plans, or attempts)	7%	19% M	
Ever treated ADHD	23% F	11%	
Ever treated anger management	19% F	8%	
Ever treated depression	36%	38%	
Ever treated eating disorder	3%	11% M	
Ever treated trauma	10%	15%	

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Key Differences Among Young Adults by Gender

Compared to females, young adult males more strongly agree they have been able to find a Black mental health professional; however, males more often prefer to seek help from religious leaders, friends, and family rather than a mental health professional.

Assuming no barriers, individual therapy sparks greater interest among young adult females, while males are more open to medication treatment.

Statement agreement (% strongly/somewhat agree)	Male (M)	Female (F)	Indicates significant difference between respondent types: Male (M); Female (F)
I have been able to find a Black mental health professional	53% F	38%	
I prefer to seek help from my religious leader rather than a mental health professional	37% F	24%	
I prefer to seek help from a family member or friend rather than a mental health professional	44% F	31%	
Services of Interest			
Individual therapy	51%	65% F	
Medication treatment	42% M	29%	

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Mental health disparities between young Black male and female participants

Significant differences were found between male and female young adult respondents regarding mental health challenges and experiences.

Female young adults reported experiencing substantially higher rates of the following mental health challenges:

- Depression: 69% of females compared to 55% of males
- Eating disorders: 26% of females to 7% of males
- Suicidal thoughts, plans, or attempts: 36% of females to 17% of males
- Trauma: 35% of females to 23% of males

Male young adults were more likely to report experiencing the following mental health challenges:

- ADHD: 32% of males to 20% of females
- Anger management issues: 37% of males to 25% of females

And in terms of treatment, male young adults were more likely to report receiving treatment for ADHD and anger management issues.

- Treatment for ADHD: 23% of males to 11% of females
- Treatment for anger management issues: 19% of males to 8% of females

The reasons behind these results remain unclear, raising several questions that indicate the need for further research. The high percentages of eating disorders, depression, and trauma among young Black female respondents hint at a potentially larger issue that goes beyond the limits of this survey. For instance, studies indicate that rates of eating disorders among Black women are similar to their white counterparts.² But harmful stereotypes could be keeping them from receiving proper treatment and diagnosis. Additionally Black women are more likely to experience lifetime trauma than many other race/ethnic groups.³ And yet, there is a deficit in the amount of research available on these subjects.

“We’re looking at a number of factors that contribute to this issue. It can be societal assumptions that female-identifying people can be more expressive about their emotions, and that male people are socialized to conceal their emotions,” says Kimberly Alexander, PhD, a psychologist in the Mood Disorders Center at the Child Mind Institute. “And if we’re talking about race, how does it come into play here? So, I think it’s hard to identify a singular reason.”

Gaining a better understanding about the ways these disorders manifest and affect those in the Black community specifically — including potential differences in experience between young Black women and men — could have a significant impact on the mental health field.

Another noticeable difference arises within the reports of depression and suicidality. As of 2020, young Black males have been dying by suicide at significantly higher rates than their female counterparts.¹ And yet in this survey, young Black female participants were more likely to experience and seek treatment for suicidal thoughts, plans, and attempts. Meanwhile, a higher percentage of young Black men reported experiencing ADHD and anger management.

These results offer a complex portrait of the Black youth experience with mental health and treatment, particularly for young Black men. Our clinical experts offered some insight to better illustrate the experiences of some young Black men:

“When a person sees a Black man who’s emotional, they automatically see us as angry, out of control beings who can’t sit still. This can lead to the ADHD diagnosis and the anger management,” explains Jonathan Shepherd, MD, a board-certified child, adolescent, and adult psychiatrist, and chief clinical officer at DC Department of Behavioral Health. **“The thing about men is that when we express our anger,**

many times it can be due to depression. It can be due to a mood disorder. It’s not just ADHD. Some of the symptoms overlap. For instance, a person with depression can have poor coordination. That’s a cardinal symptom of ADHD. And so, you need to be working with a skilled mental health professional who can tease out the difference between ADHD and a mood disorder.”

Negative perceptions and stereotypes often make it difficult for young Black men to come forward with their mental health challenges, Dr. Shepherd says. They can feel isolated and judged as they “try to navigate a society that already puts them at the bottom of the barrel.”

Results also show that young Black male participants were more likely than young women to seek help from family members, friends, and religious leaders, further indicating some hesitation in seeking care from mental health professionals. And when asked what mental health services they would be interested in, they were more likely than their female counterparts to opt for medication rather than individual therapy.

“Some studies have revealed that Black men see professional mental help-seeking as a sign of weakness,” adds Annelle Primm, MD, MPH, senior medical director at The Steve Fund and licensed psychiatrist. “And with high rates of misdiagnosis of schizophrenia among Black males and involuntary inpatient hospitalization, help-seeking through informal sources may be seen by Black males as a safer alternative.”

“Black men need to have safe, confidential, and peaceful areas to express themselves. Otherwise, they’re not going to share,” Dr. Shepherd says. “So, it makes sense that they might feel more comfortable with a friend, family member, or religious leader. They don’t feel like they’re going to be judged. There is a common bond there already.”

Speaking as both a mental health professional and a prominent member of his local church, Dr. Shepherd highlights the importance of mental health professionals working with trusted allies, including religious organizations, to encourage young Black men to seek care. **“We have to work with those frontline workers. The family, the friends, the faith-based leaders, and say, ‘Hey, we want to work with you. We’re not trying to deter them from sharing with you because men need to be able to share.’ But we need to show you what the warning signs are. We need for you to let us know when you see something that you know you can’t handle or is way out of your scope of practice.”**

Attitudes About Mental Health and Mental Health Care

As noted in the literature review, both positive and negative experiences with mental health professionals can impact one's attitude towards mental health. The survey included several questions to further understand how history and experience shape current attitudes about mental health and treatment in the larger Black community.

Positive view of mental health care and mental health professionals

More than three-quarters of respondents (both parents and young adults) expressed an overall positive view of mental health care and mental health professionals, though parents were slightly more likely to see the benefits of professional treatment for their children than young adults were for themselves. Parents were also more likely to view mental health professionals as trustworthy and express satisfaction for the care their children have received in the past.

- **87% of parents and 72% of young adults agreed with the statement:** *Professional treatment that focuses on my/my child's mental health would be beneficial*
- **75% of parents and 56% of young adults agreed with the statement:** *Mental health professionals are trustworthy*
- **77% of parents and 59% of young adults who have received mental health treatment agreed with the statement:** *I am satisfied with the mental health treatment my child or I received in the past*

These results indicate a positive shift in attitudes towards mental health care within the Black community, says Dr. Boyd. "In the years since the COVID pandemic, there's been a lot more discussion about mental health — particularly among the younger generation," she says. "This generation wants to talk about mental health. They want their needs addressed."

Despite the positive trend in attitudes, the results do show a discrepancy in satisfaction levels between young adults and parents. This could mean that young adults have higher expectations for mental health professionals, or there could be an entirely different reason. Regardless, more research that focuses specifically on the feelings of young Black individuals around mental health and the care they receive could provide better insight.

Stigma is an issue, but it doesn't prevent all people from seeking care

Since stigma has been largely recognized as a significant barrier to care within the Black community,⁴ the survey included several questions meant to gauge how stigma may still impact care today. The survey results also suggest that stigma around mental health disorders does not prevent people, particularly parents, from seeking care.

Nearly half of respondents — both parents and young adults — felt that stigma around mental health disorders can cause problems for a child:

- **46% of both parents and young adults agreed with the statement:** *It would harm my child/me to be labeled as having a mental health problem*

But parents were less likely to view stigma as a deterrent when seeking treatment for their child. The response from young adults was more complicated.

- When given the prompt, *The negative stereotypes around mental health challenges prevent me from seeking out professional treatment for my child/myself*
- **28% of parents agreed, while more than half disagreed**
- **42% of young adults agreed and 35% disagreed, suggesting that stigma may still be a significant issue among younger members of the Black community**

An open-ended question in the survey invited respondents to talk more about stigma and mental health care, revealing nuances within the data.

- **"I'm worried about the stigma and negative stereotypes that follow mental health challenge labels on a child through adulthood."**
— Parent
- **"The biggest issues I face when trying to receive mental health care for myself is the social stigma towards the mental health of males."**
— Young Adult

But again, Dr. Boyd views these results as part of a larger positive shift, suggesting a diminishing role for stigma in Black parents' decision-making. **"I think less-than-expected concern about stigma goes hand-in-hand with mental health being discussed more frequently within the Black community," she says. "And I think because of the pandemic, racial tensions in the country, and mental health needs increasing, people are more willing to talk about it and take advantage of opportunities."**

Why might young adults seeking care be more deterred by stigma than parents seeking care for their children? "Parents' goal is to have healthy children. And so many times they're willing to do things for their children that they may not be willing to do for themselves," Dr. Boyd observes. "That's part of caring for their child, and they know that starting early, not waiting until they're older, makes a difference."

Dr. Alexander adds that young adults might be less likely to risk judgment. **"Developing distress tolerance is one of the bigger goals in life, and young adults may not have as much experience practicing those skills," she says. "They might not have the tools to be able to tolerate judgment or difficult situations."**

Dr. Boyd also points out there are differences in what mental health care looks like for adults and children. "I think mental health care in adult settings is very different than places that offer care for children, which are very nice and child friendly. Some of the settings for adult mental health treatment may be much more stigmatizing, where you see people with more severe mental illness."

While this data looks promising, it still highlights the need for further studies on this topic. "When you think about there being potentially no stigma or stigma not being a significant issue, we're also keeping in mind that it's not that there's not an issue," Dr. Alexander reasons. "It's that it didn't reach a level of statistical significance for this population and size. Whereas in general, there are people who identify stigma as being a serious challenge."

Experiences With Mental Health Challenges and Seeking Care

In the survey, respondents were asked several questions about their experiences in seeking mental health care. Their responses were generally positive. But in both quantitative and qualitative responses, respondents expressed mistrust around the use of medication as treatment.

Positive experiences with mental health care

A majority of respondents reported positive experiences with mental health care, though parents were more likely to report positive experiences than young adults:

- **67% of parents and 53% of young adults agreed with the statement: *I've had previous positive experience with the mental health system***

Some respondents reported differences in experience based on insurance coverage. Respondents covered by Medicare and commercial insurance were more likely to report positive prior experiences as compared to those who were on Medicaid:

- **Medicare: 72% reported positive experiences**
- **Commercial: 68% reported positive experiences**
- **Medicaid: 59% reported positive experiences**

According to Dr. Boyd, the difference in experience is most likely influenced by coverage cost. People who are unable to afford commercial health care could be made to jump through more hoops when seeking care. “Insurance issues on mental health care can be very difficult. When people go through their insurance company, there’s a separate line for who they call for their mental health coverage, oftentimes. And even for middle-income families, the co-pays can be expensive, especially if kids have a lot of mental health needs and require multiple appointments with different people. There could be three different needs that have to be met as well as any other health concerns that may be present.”

These results open a larger conversation around the ways insurance can be both a facilitator and a deterrent to Black families and youth receiving mental health care. More research needs to be done on how coverage costs within different types of insurance can impact access to mental health services.

Concerns about overuse of medication

Some respondents are concerned that mental health professionals are too quick to put people on medication:

Half of both parents and young adults agreed that mental health professionals are too quick to put people on medication.

- **50% of parents and 48% of young adults agree with the statement: *Mental health professionals are too quick to put people on medication***

Concerns about medication also appeared in the qualitative responses to the open-ended question, “What have been the biggest issues you’ve faced when trying to receive mental healthcare for your child/yourself?”

- **“I am deeply concerned that mental health services will rely too heavily on medication rather than seeking the root cause.” – Parent**
- **“They always try to put my child on medication on the first appointment.” – Parent**

Similar concerns also appeared in responses to the open-ended question, “Describe the experiences you/your child have had with mental health professionals. How has that either encouraged or discouraged you from seeking further treatment?”

- **“They tend to force you to take medication, and I don’t feel it’s right for me.” – Young Adult**
- **“I’ve only ever had one experience with a ‘mental health professional’ before and it**

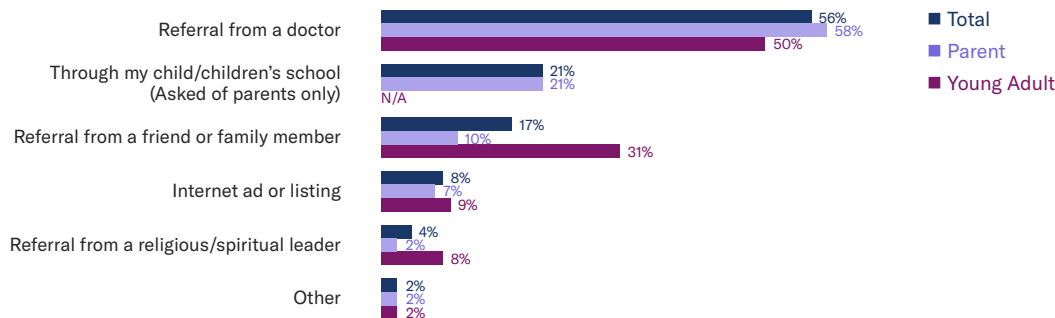
was online during the pandemic. Which, I understand was a very trying time in itself. But I feel like I hadn’t even spoken a sentence about what was going on with me, and I was being prescribed medication.” – Young Adult

These responses reflect findings in the literature review. In a 2021 review of African American caregivers deciding on whether to give children with ADHD medication or not, caregivers were less likely to trust the efficacy of the medication and were more concerned about side effects and addiction than white caregivers.⁵

Dr. Boyd says such concerns are typical across her practice — and aren’t unfounded, especially for Black patients. “I work in an integrated mental health system, which includes psychiatry. So, concerns about medication come up a lot. Black families in particular want to start with therapy first and see how it works before considering medication if therapy is not working.”

She acknowledges that fears around medication stem from a long history of abuse of Black patients in the health care system. But it can cause problems when medication is the best option. “Negative perceptions about medication can delay treatment longer than you want,” she explains. “If someone has severe depression, for instance, what is recommended is both therapy and medication at the same time to get the kid out of that episode. I understand exactly why parents have concerns, but it can be frustrating.”

Method Used to Find Mental Health Professionals (% Selected)



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Differences between parents and young adults in methods for seeking mental health treatment

While the majority of both parents seeking care for their children and young adults seeking care for themselves said a referral from a doctor was the preferred way to find a mental health professional, young adults were more likely to rely on a friend, family member, or religious leader.

- **31% of young adults who received mental health treatment and 10% of parents whose child received mental health treatment** reached out to friends and family
- **8% of young adults who received mental health treatment and 2% of parents whose child received mental health treatment** reached out to their religious/spiritual leader

These results suggest Black youth may have more involvement in their religious communities than previously believed. As mentioned in the literature review, religion is a prominent part of the Black community. But it is often associated with the elders of the community rather than youth. More research can be done on how religion plays a role in the lives of young Black adults, and why they might be more inclined to seek mental health support from their religious/spiritual leaders.



Experiences With Racism, Discrimination, and Lack of Cultural Understanding in Mental Health Care

Historically, racism and discrimination within the mental health care system has had a significantly negative impact on access to care for Black patients.⁶ Not only has this led to poor quality of care, but it has also served as a deterrent to seeking care. Therefore, the survey included several questions meant to investigate how it may still be impacting patients today.

Survey results suggest this is still a problem, despite the general positive shift in attitude towards mental health within the Black community. A sizeable number of respondents (both parents and young adults) reported that race and discrimination were an issue when seeking effective mental health care whether it was for their child or themselves, including a lack of understanding of the effects of on mental health.

Discrimination in the mental health care system

Just over a third of parents reported having experienced racial discrimination in the mental health care system.

I have experienced racial discrimination in the mental health care system

- **35% of parents and 28% of young adults agreed with the statement:**

Afro-Latino respondents were significantly more likely than other groups to report negative experiences in the mental health care system:

I've had previous negative experiences with the mental health system

- **47% Afro-Latino agreed**
- **33% African American agreed**

Mental health professionals talk down to me

- **31% Afro-Latino agreed**
- **21% African American agreed**

I feel like my/my child's mental health professional dismisses symptoms or behaviors that seem unusual to me

- **39% Afro-Latino agreed**
- **29% African American agreed**

And within the qualitative answers, respondents suggested that microaggressions and harmful stereotypes impacted their care.

- **"I feel that some white professionals believe if the mother is single that she is of low income and lack of insurance. I am divorced but my child's father is very prominent in her life. Too quick to judge without gaining better insight."**
– Parent

Dr. Alexander notes that both overt and covert racism are at play within the mental health care system and undermine Black families' access to treatment. **"When I think of discrimination and the history of prejudice, of slavery in our country, I think it's quite complicated and nuanced for each individual who identifies as Black," she says. "There is explicit or overt racism and discrimination. But there are also layers that are covert racism or microaggressions. There is also the issue of microaggressions being sometimes widely unintentional and still having an impact."**

Lack of understanding among white and non-Black mental health professionals

About half of respondents (both parents and young adults) said that white and non-Black POC mental health professionals misunderstand or underestimate the effect of racism on mental health.

- **50% of parents and 48% of young adults agreed with the statement:** *Mental health professionals who are white don't understand the effect racism has had on my/my child's mental health*
- **48% of parents and 40% of young adults agreed with the statement:** *Mental health professionals who are non-Black people of color don't understand the effect racism has had on my/my child's mental health*
- **51% of parents and 42% of young adults agreed with the statement:** *Mental health professionals who are white underestimate the effect racism has had on my/my child's mental health*
- **48% of parents and 42% of young adults agreed with the statement:** *Mental health professionals who are non-Black people of color underestimate the effect racism has had on my/my child's mental health*

Respondents were then asked the open-ended question, "What have been the biggest issues you've faced when trying to receive mental healthcare for my child/myself?" Frustrations with providers' lack of cultural and racial understanding were reflected in their responses:

- **"Finding culturally competent care has been my biggest hurdle. Many therapists I've seen just don't get the intersectionality of my experiences. They'll focus solely on depression or anxiety, missing how my racial identity and learning challenges compound everything."**
– Young Adult
- **"The biggest issue we have faced is finding a Black mental health care professional in the area. Most of the professionals are white, and I am concerned anyone non-Black will not fully understand the depth of what we are trying to explain."**
– Parent
- **"The biggest problem we have is the difficulty of finding mental health professionals who understand black culture and experience."** – Parent

“Whether you are from one particular area of the country or another or an immigrant, an individual person’s understanding and experience of racism and prejudice can be different,” Dr. Alexander observes. “In meeting with a provider, a patient may not feel very connected and understood if they’re wondering, ‘Does this provider understand my specific relationship with this history?’ How that provider approaches that conversation with curiosity is crucial. And the provider may identify as Black but may not have the same shared understanding and experience as the patient.”

The literature review also identified a need for more research on how racism affects children’s mental health, as well as a need for more specialized, trauma-informed care. A recent study of risk and protective factors for suicide in Black youth noted that 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.”⁷



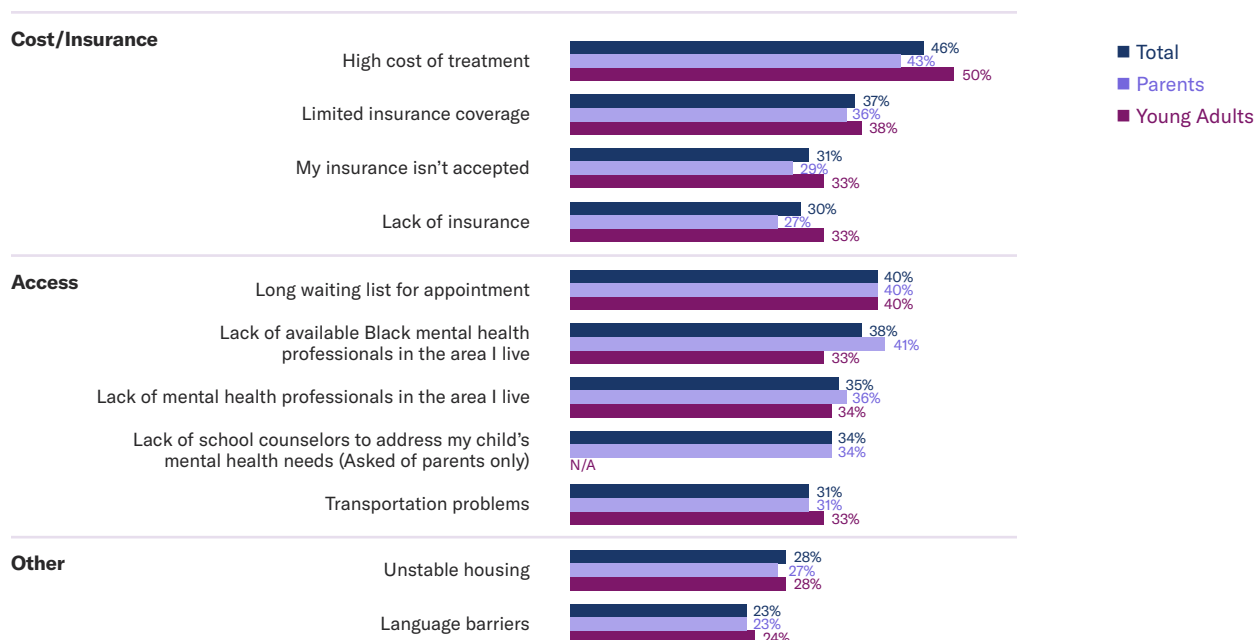
Barriers to Care

Respondents cited a range of systemic issues that interfered with their ability to access treatment. Top barriers to accessing mental health care included treatment cost, limited insurance coverage, long wait lists, and a lack of local mental health care providers.

For parents seeking care for their children, the top barriers were:

- 43% High cost of treatment
- 41% Lack of available Black mental health professionals in the area I live
- 40% Long waiting list for appointment
- 36% Limited insurance coverage
- 36% Lack of mental health professionals in the area I live

Barriers to Mental Healthcare



For young adults seeking care for themselves, the top barriers were:

- **50% High cost of treatment**
- **40% Long waiting list for appointment**
- **38% Limited insurance coverage**
- **34% Lack of mental health professionals in the area I live**

Other barriers cited by a quarter to a third of respondents were:

- **My insurance isn't accepted**
- **Lack of insurance**
- **Lack of school counselors [Asked only of parents]**
- **Transportation problems**

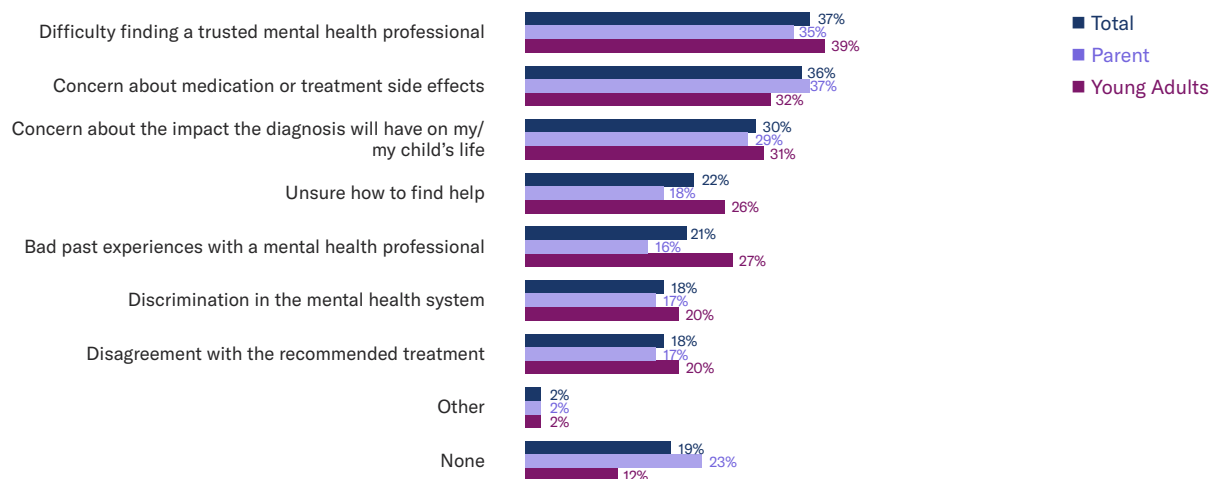
In qualitative answers, respondents highlighted issues with cost, long wait lists, and problems with transportation. This occurred when they were asked the open-ended question, "What have been the biggest issues you've faced when trying to receive mental healthcare for your child/yourself?"

- **"The financial burden is heavy, and we can't afford the high cost of psychological counseling."** – Parent
- **"The wait is very long when I'm trying to find decent mental health care."** – Young Adult
- **"Not having my own car means having to let someone know where I'm going at all times, and I want it to be a private thing before I find my place."** – Young Adult
- **"All of the available services are in inconvenient locations and far proximity from my home."** – Parent

When asked what factors contributed to delays in getting mental health treatment, about a third of both parents and young adults cited:

- **Difficulty finding a trusted mental health professional: 35% of parents and 39% of young adults**
- **Concern about medication or treatment side effects: 37% of parents and 32% of young adults**
- **Concern about the impact the diagnosis will have on my/my child's life: 29% of parents and 31% of young adults**

Delays to Finding Mental Health Treatment



Income influences access to care

Breaking respondents down into low (<\$50K), middle (\$50K-\$149K), and high* (\$150K+) household income groups showed a direct correlation between income and access to effective care. The higher a respondent's income, the more likely they were to say they had access to care and confidence in the trustworthiness of mental health providers.

I have sufficient access to mental health resources:

- **75% of high-income* respondents agreed**
- **67% of middle-income respondents agreed**
- **58% of low-income respondents agreed**

Mental health professionals are trustworthy:

- **79% of high-income* respondents agreed**
- **67% of middle-income respondents agreed**
- **64% of low-income respondents agreed**

But the higher a respondent's income the more likely they were to say that the effect of racism is underestimated.

Mental health professionals who are non-Black people of color underestimate the effect racism has on my/my child's mental health:

- **56% of high-income* respondents agreed**
- **47% of middle-income respondents agreed**
- **39% of low-income respondents agreed**

*Low number n=90

Suggestions for Overcoming Barriers

In the literature review, researchers suggested several interventions to preemptively combat barriers commonly faced by Black families and youth when trying to access care. Research has found that racism and discrimination lead to a specific type of trauma in Black children, resulting in the development of specialized interventions. These included school-based resilience training for kids, family-centered therapy workshops, cultural training for mental health professionals, and working with religious organizations to promote the importance of mental health care.

In the survey, respondents were asked to answer the open-ended question, What, if any, suggestions do you have regarding what can be done to make mental health-care more accessible?

Parent

- **Cost needs to decrease.** My insurance covers the first 20 visits and then it is out of pocket. That adds up extremely quickly and just becomes another source of stress and anxiety. It would be nice if insurance covered more visits or if health care, including mental health care, was free for all.
- **Try to facilitate a collaboration with churches and inform people that mental health services are available** and there is no stigma associated with seeking them out. God gave us this body, so why not treat all of it like a temple?
- **We need more therapists to specialize in adolescent mental health.** More Black and brown therapists would also be nice. There are so many kids that could benefit in these services. Many have had trauma in their lives and having access to mental health services may change a few lives.
- **Crack down on bad mental health providers** that contribute to the mental health stigma by abusing their status.

Young Adult

- **Integrate mental health screenings into routine checkups.** Make it as normal as checking blood pressure.
- **Overhaul insurance coverage.** The current system of limited sessions and high co-pays is a joke for treating chronic conditions.
- **Invest heavily in community mental health centers, especially in underserved areas. Staff them with professionals from diverse backgrounds who understand local cultural contexts.** We should also explore alternative delivery models. Why not mental health food trucks that bring services directly to neighborhoods? Or partnerships with libraries to offer counseling in a familiar, nonclinical setting?
- **We need to address the shortage of mental health professionals.** Offer loan forgiveness for those willing to work in high-need areas. Create accelerated licensing paths for people with relevant life experience but nontraditional education backgrounds.
- **Let's get creative with technology.** Develop AI chatbots for initial screenings or between session support. But don't use tech as a Band-Aid – use it to augment human care, not replace it. The goal should be making quality and personalized mental health care as accessible as grabbing a cup of coffee.



Conclusion

This study sought to investigate the barriers faced by Black families and youth when trying to access mental health care, as well as provide some suggestions for how to overcome those barriers. In both the literature review and the survey, we have been able to highlight the complexities of the Black experience within the mental health care system.

The results suggest a general positive shift in attitudes towards mental health. This can, in part, be attributed to individuals like the clinicians noted in this report, who remain committed to destigmatizing mental health and creating more positive care experiences for Black families and youth. Additionally, prominent Black actors, athletes, artists, and politicians have helped normalize discussions around mental health within the Black community by speaking openly about their own mental health struggles.

But it has opened the door to a larger conversation around the steps that still need to be taken to make mental health care more accessible to Black families and youth. And within the mental health research field, studies that focus solely on Black people and their experiences are few and far between.

While the results of this study have added important information to the existing literature, future research needs to be done on the following:

1. A longer survey would provide a wider range of perspectives and allow researchers to form a better understanding of the barriers faced by Black families and youth nationwide.
2. Since the COVID-19 pandemic, telehealth has become more popular. This survey could have contained more questions regarding telehealth and how it can effectively improve the accessibility of mental health care.
3. Throughout the survey, there were some significant differences between male and female respondents regarding attitudes toward mental health care and treatment. These differences raised more questions about young Black men and their attitudes towards mental health care. Additionally, the survey did not address how differences in gender identity beyond male or female could impact mental health challenges and experiences. More specialized gender-based surveys can be useful for informing care.
4. In both the literature review and the survey, there were some observable differences in responses among ethnicities within the Black community. But there wasn't a large enough sample size of Sub-Saharan African and Caribbean participants to break out their responses in this report. More specialized studies focused on specific Black ethnic groups can be useful for informing more specialized care.

Endnotes

- 1 Office of Minority Health. "Mental and Behavioral Health – Black/African Americans," n.d. <https://minorityhealth.hhs.gov/mental-and-behavioral-health-blackafrican-americans>.
- 2 UNC Nutrition Research Institute, "Eating Disorders in the Black Community Are More Common Than You Think," November 10, 2022, <https://uncnri.org/2022/11/10/eating-disorders-in-the-black-community-are-more-common-than-you-think/>.
- 3 Mia Ann Xu, et al., "Association of Trauma History with Current Psychosocial Health Outcomes of Young African American Women," *Youth* 4, no. 1 (March 3, 2024): 316-31. <https://doi.org/10.3390/youth4010022>.
- 4 Kevin Rivera, et al., "A Narrative Review of Mental Illness Stigma Reduction Interventions Among African Americans in the United States," *Journal of Mental Health and Clinical Psychology* 5, no. 2 (June 30, 2021): 20-31. <https://doi.org/10.29245/2578-2959/2021/2.1235>.
- 5 Amy Glasofer, et al., "Medication Decision Making Among African American Caregivers of Children With ADHD," *Journal of Attention Disorders* 25, no. 12 (June 6, 2020): 1687-98. <https://doi.org/10.1177/1087054720930783>.
- 6 Kyle M. Smith, "Discrimination and Racism in the History of Mental Healthcare," *National Alliance of Mental Illness*, July 6, 2020. <https://www.nami.org/african-american/discrimination-and-racism-in-the-history-of-mental-health-care/>.
- 7 Jocelyn I. Meza, et al., "Black Youth Suicide Crisis: Prevalence Rates, Review of Risk and Protective Factors, and Current Evidence-Based Practices," *Focus: The Journal of Lifelong Learning in Psychiatry* 20, no. 2 (April 1, 2022): 197-203. <https://psychiatryonline.org/doi/10.1176/appi.focus.20210034>.