

Bridging the Mental Health Care Gap for Black Children Requires a Focus on Racial Equity and Access

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Black children and families in the United States experience direct,¹ indirect,² and intergenerationally transmitted³ stressors that result from systemic racism, many of which have been exacerbated by the COVID-19 pandemic.⁴ Compared to pre-COVID mental and emotional health outcomes, data since the onset of the pandemic show that Black children's and adolescents' reports of anxiety and depression have worsened.⁵ As the nation navigates the recovery phase of the pandemic, it is time for practitioners and policymakers to focus greater attention and resources on the specific mental health and wellness needs of Black children and youth. This includes addressing the social determinants⁶—i.e., the economic, educational, environmental, and other nonmedical factors that impact Black children and youth's well-being⁷—linked to higher levels of stress and more negative health outcomes.

One way in which social determinants influence health outcomes for Black children and youth is through their access to care. Black people face longstanding disparities in health care coverage⁸ and in receiving mental health services and diagnosis. At the family and community levels, these social determinants of health also impact Black children and adolescents. Compared to their peers in other racial and ethnic groups, young Black people are at greater risk for adverse childhood experiences (ACEs) that include exposure to systemic racism; 10 relatedly, they have less access to protective resources 11 in their communities (e.g., safe schools, high-quality out-of-school-time activities, stable housing). 12

As laid out in Child Trends' National Agenda for Children's Mental Health, ¹³ an equity-focused approach to advancing child and family wellness is both necessary and possible. To address the specific mental (and overall) health and wellness needs of Black children and youth, this approach relies on strategies that bridge the racial gap in access¹⁴ to high-quality health care and health care providers. These strategies require diversifying the mental health field¹⁵ and ensuring that mental health professionals have the capacity and preparation to leverage social networks, extended family relationships, and other cultural assets that exist in many Black communities¹⁶ to maximize mental health care utilization and satisfaction among Black youth.¹⁷

To be most effective, prevention and treatment efforts using an equity-focused approach—as presented in Child Trend's National Agenda¹⁸—cannot be colorblind, a practice that minimizes the impact of race on life experiences and outcomes in the United States.¹⁹ Rather, these efforts must be grounded in an understanding of how racism and racial trauma affect²⁰ mental health and wellness in Black communities and the need to dismantle systemic policies and practices²¹ that perpetuate unequal outcomes for Black people at all social and economic levels. Interventions that embody the elements of this new approach include youth mobile response services²² that provide an alternative to using law enforcement to respond to mental health and social crises and expanded community- and school-based mental health and behavioral services using an equity-informed framework.²³ As such, these and similar interventions hold promise for reducing the mental health care gap between Black children and youth and their peers.

Suggested citation

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