

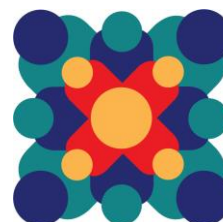
Improving Mental Health Outcomes for Vulnerable Black Children and Youth

A Toolkit for Practitioners



**African American Behavioral Health
Center of Excellence**

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Behavioral Health**

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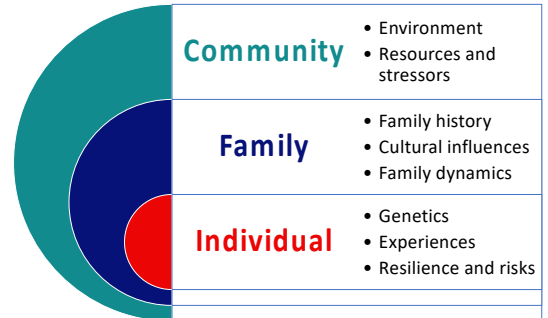
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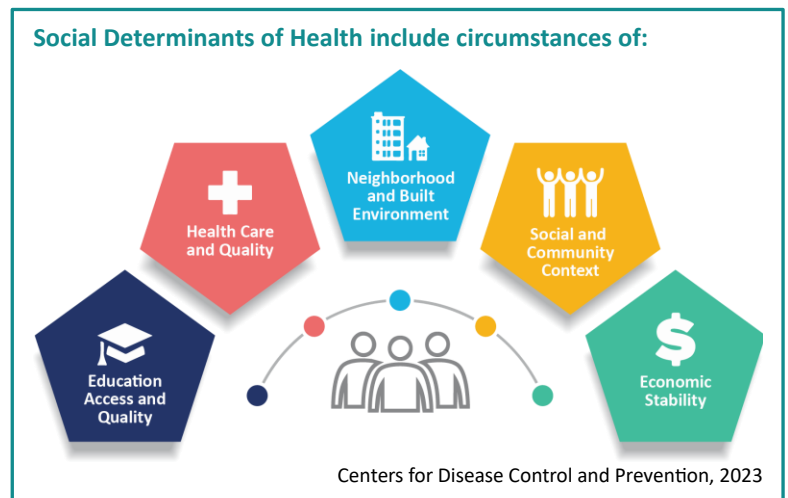
Introduction to the Toolkit

Mental health practitioners have many factors to consider when they look at the risk or the reality of serious emotional disturbance in the children and youth they serve. All those factors—genetics, family functioning, life experiences—are also at play in the mental health of African American children and youth. But they are best understood and addressed in a larger context, against a backdrop that:



- reaches far back in history and encompasses the individual, the family, and the community; and
- includes all the social determinants of health, “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life” (e.g., circumstances of education access and quality, health care and quality, neighborhood and built environment, social and community context, economic stability).¹

Improving Mental Health Outcomes for Vulnerable Black Children and Youth was compiled from a series of one-page briefs developed by the African American Behavioral Health Center of Excellence. Whether practitioners are located in Black communities or only serve the occasional Black child or family, the need for engaging and culturally responsive services is equally important. So the eight topics addressed in this toolkit include important considerations for all practitioners who serve—or might ever serve—African Americans of any age. They are:



Challenges

- Historical trauma (Page 2)
- How racial trauma affects African American families (Page 3)
- Supporting Black children and youth in a challenging world (Page 4)
- Suicide among African American children and youth (Page 5)
- Challenges in screening and diagnosis (Page 6)

Resources

- Creating safe, welcoming, and inclusive spaces (Page 7)
- Skills of cultural humility (Page 8)
- Transformative conversations among Black youth and young adults (Page 9)

Historical Trauma

Historical trauma is not a preoccupation with the past or a failure to “forgive and forget” the oppression of slavery, Jim Crow, and the host of other past and present abuses of African Americans. It is a form of intergenerational trauma rooted in all those atrocities,² and it includes elements of fear, grief, shame, anger, and moral injury inflicted during centuries’ worth of betrayal. It may not be in the Diagnostic and Statistical Manual of Mental Disorders, but a basic understanding of historical trauma is essential to equitable and effective mental health services for African Americans.³

Historical trauma is less likely to be identified through any specific memory or preoccupation, and more likely to be reflected—often subtly—in many patterns of speech, behavior, and affect. It is often carried from generation to generation, through:

- epigenetic changes that alter the way DNA expresses itself in generations to come;⁴
- chronic fear-based interaction patterns that can instill parents’ fears in their children and affect children’s stress reactions and attachment and relationship patterns;⁵
- the physical and psychological effects of lifelong patterns of environmental threat, deprivation, injustice, and “othering”;⁶
- automatic bodily reactions to stress (e.g., “fight,” “flight,” “freeze,” and “fawn” responses and chronic high levels of stress hormones and immune chemicals) passed down through the generations;⁷ and
- the high levels of vulnerability to infectious illnesses and chronic physical and behavioral health conditions that these kinds of experiences and physical reactions often produce.⁸

Healing History: Where History Meets Behavioral Health Equity for African Americans

Developed by the African American Behavioral Health Center of Excellence, the *Healing History* Self-Study and Discussion Guide is written for behavioral health practitioners. Its narrative and workbook sections explore ways in which:

- history and ongoing inequities have contributed to behavioral health challenges among African Americans,
- a deeper understanding of history can help behavioral health practitioners provide more effective services, and
- the cultural strengths of African Americans can be used to help promote healing and recovery.

For mental health practitioners who are not used to taking a historical perspective, it can be hard to know how to use the concept of historical trauma to deepen clinical insight, identify potential areas of risk and need, and identify resources that will address the full range of family, community, and cultural vulnerabilities that many Black children and youth carry. A few places to start include:

- recognizing these layers of vulnerability and taking care not to activate them,
- respecting the strengths that have allowed children and youth to carry these burdens,
- teaching children and families to modulate their stress reactions,
- developing and practicing the skills of cultural humility in all your interactions, and
- exploring the growing number of resources available on this topic.

How Racial Trauma Affects African American Families

In his 1963 classic, *The Fire Next Time*, James Baldwin wrote at length about his childhood in Harlem and his struggle to escape the dangers and the stifling limitations that surrounded him. The brilliant child of an embittered father whom racism had all but broken, the young Baldwin had many times defied his father's will.

*The fear that I heard in my father's voice, for example, when he realized that I really believed I could do anything a white boy could do, and had every intention of proving it, was not at all like the fear I heard when one of us was ill or had fallen down the stairs or strayed too far from the house. It was another fear, a fear that the child, in challenging the white world's assumptions, was putting himself in the path of destruction.*⁹

For centuries, African American parents have struggled to manage the many effects of trauma that historical, systemic, and interpersonal trauma have placed on them. At the same time, they have somehow had to create safety for the children they love—children who are clearly at risk of trauma, failure, significant loss, and even death because of the color of their skin. Whether or not a Black family has adopted corporal punishment as a desperate attempt to save their children from harm in White society,¹⁰ the need to protect children on such primal levels can place enormous strain on normal child and family development and functioning.

Racial trauma has been defined as “...mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes” and as “a mental injury that can occur as the result of living within a racist system or experiencing events of racism.”¹¹

- Racial trauma and the incidents that inflict it leave adults and children at greater risk of chronic physical and mental health conditions, regardless of socioeconomic status.¹²
- Many families and children are also deeply affected by a number of health and economic disparities, including high rates of low birthweight and infant mortality,¹³ mass incarceration of African Americans,¹⁴ and disproportionate removal of children by Child Protective Services.¹⁵

Mental health practitioners who work with African American children and youth may have many opportunities to provide information, skill training, referrals, and ongoing peer and professional support to families whose lives, relationships, and ability to cope have been worn thin by racial trauma. Their contributions might resonate for generations to come.



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Supporting Black Children and Youth in a Challenging World

For African American children and adolescents coping with the risk or reality of serious emotional disturbances, the world we live in can be a particularly painful and dangerous place. Along with the normal developmental struggles and social/emotional turmoil of childhood and adolescence, many of these children and youth are also experiencing:

- painful and frightening neurochemical symptoms associated with their emotional disturbances;
- the impact of historical trauma on children, families, and communities;
- the cumulative effects of years' worth of overt, passive, and systemic racism;
- stigma, shame, and discrimination from their own family, community, and/or peer groups because of their behavioral health conditions or their sexual or gender identity or orientation;
- the feeling—and for some the reality—of being a target for violence because of their race, their gender, their identification as LGBTQIA+, and/or the neighborhood where they live;
- inequity and deprivation along the social determinants of health;
- an awareness that they are considered “high risk” because of their identity or circumstances;
- communities still struggling to return to normal after a pandemic that claimed lives, jobs, and livelihoods and deprived children of school, play, and connection with their peers;
- immersion in peer and social media cultures that are increasingly divisive, bullying, drug-obsessed, and violent; and
- news of a surrounding world that is more and more frequently disrupted by violence, polarization around issues of race and culture, natural disasters, and ecological instability.



Photo courtesy Francois B. Arthanas on Unsplash

Many Black children and adolescents really do carry the weight of the world on their shoulders, and their developing minds and bodies are not prepared to handle it all. Along with the many responsibilities associated with clinical, case management, and support services for young African Americans with serious emotional disturbances, here are some things for practitioners to remember:

- Children and youth really do need to be heard and comforted, and their experiences validated.
- Many are longing for someone to hear them, see them, and value them just as they are.
- Young people are meaning-makers, and empathic adults can respect and support that process.
- Most of us—even adults—need training, coaching, and reminders to breathe slowly and deeply, “get our heads back in the present,” and practice being in the here-and-now.

Compassionate adults cannot take away these burdens, but we can be respectful witnesses.

Suicide Among African American Children and Youth

The literature reveals disproportionately high and rising rates of suicidal ideation, suicide attempts, and death by suicide among Black youth. For example, between 2000 and 2019, increasing percentages of Black youth considered suicide, made suicide plans, and/or attempted suicide. Black male children and youth accounted for the majority of suicide deaths in children less than 19 years of age, though the tendency not to disaggregate data by gender might make it harder to see the full shape of this crisis.¹⁶

For practitioners who serve African American children and youth at risk of serious emotional disturbances, the suicide crisis among Black youth is more than just an alarming national trend. It is also a growing threat to the success of their efforts and the well-being of the children they are pledged to protect. However, public health data on these suicide rates are seldom disaggregated by diagnosis or even by clinical vs. non-clinical populations, so practitioners are left wondering how much higher the risk might be for children who struggle with serious emotional disturbances.

Clearly, all the cultural stressors described in this toolkit contribute significantly to the distress of African American children and youth. Given the links between severe distress and risk of suicide, one option would be to consider every tool in this document—and in the host of other resources available that address these challenges—a resource for suicide prevention.

Practitioners might also:

- Bridge the existing gaps in support through cultural humility and culturally sensitive approaches in mental health services for Black children and youth.¹⁷
- Increase awareness within clinical and provider networks to address the bias, internal and systemic racism, and conscious and subconscious discriminatory notions and preconceptions that contribute to the burdens of stigma, shame, and hopelessness in Black communities.¹⁸
- Provide information on peer support groups, positive religious affiliations, and community care models that offer a sense of belonging and connection, to mitigate the isolation, shame, and hopelessness that many Black children and youth experience.
- Develop partnerships and request training and information from national and local 988 offices, to offer resources for family awareness.¹⁹



Challenges in Screening and Diagnosis

No matter how effective psychiatric services might be, many African American children and youth do not receive the services they need. Obstacles in two areas—screening and diagnosis—deserve special attention.



The stigma toward mental health conditions, particularly in Black communities, seriously hampers evaluation of the risks and signs of these conditions before they progress. Marketing screening and referral opportunities and co-locating them in multi-use community-based locations can normalize these services and help families maintain their privacy.

In terms of diagnosis, a number of challenges exist. Here are a few examples.

- It is difficult for most White people to imagine how often African Americans experience those subtle but unmistakable everyday insults and injuries often called “microaggressions,” or how heavy a burden is the stress of a day’s, a week’s, a year’s, or a lifetime’s worth of those wounds. Many Black children carry this along with the weight of hunger, chronic pain, the trauma of exposure to violence in the community, and deprivation of opportunities and resources.²⁰
- For many White clinicians, a combination of unconscious bias and lack of knowledge of and immersion in African American culture (e.g., in ways of expressing emotional distress) can make it harder to interpret the affect and behaviors of Black children and youth.²¹ For example, “clinicians may unconsciously assume that a Black child who won’t participate in class is being defiant, while they might diagnose a white child with the same symptoms with depression.”²²
- Studies show that African American children and youth with ADHD, anxiety disorders, or depressive disorders (including bipolar) are more likely to be misdiagnosed with disruptive behavior disorders or schizophrenia,²³ and youth with PTSD are less likely to receive a PTSD diagnosis or appropriate treatment for it.²⁴ Even when they are diagnosed correctly, African Americans are less likely than the general population to receive guideline-consistent care or to be offered evidence-based medication or psychotherapy.²⁵

According to Russell and Bernstein (2022), less than 15 percent of psychologists are people of color.²⁶ They describe four approaches that help clinicians work effectively with Black youth:

- “They consider systemic stressors,” staying aware of the effects of these stressors on youth;
- “They look at the whole picture,” including medical issues and social determinants of health;
- “They listen to [children and youth] without jumping to conclusions,” seeking and listening to information from the child, and not relying on the conclusions of authority figures; and
- “They use evidence-based methods based on up-to-date research.”²⁷

Creating Safe, Welcoming, and Inclusive Spaces

Many Black children and youth have been deeply wounded by physical and/or psychological adversity, silencing, “othering,” and exclusion. For their well-being, and to foster trust and collaboration, therapeutic spaces should be safe, welcoming, and inclusive spaces. Here are a few ideas.²⁸

Safety measures include, for example:

- making sure the buildings and grounds (including parking lots and sidewalks) are safe and well lighted, in good repair, not blocked by snow in winter, etc.;
- adopting a trauma-informed organizational culture that recognizes that anyone—including staff—might be affected by trauma, respects all racial/cultural groups, recognizes the risks and consequences of conscious and unconscious racism, and educates all staff in recognizing and addressing their own biases;
- having children and youth adopt “group agreements” to ensure physical, social, and psychological safety, and making it safe for them to talk about race and racism and tell their experiences of discrimination, racial trauma, and “othering”; and
- training all staff to lead children and youth in brief grounding and stress modulation exercises, and coaching them in using these exercises whenever they experience anxiety or distress.

There are also many ways of communicating welcome and inclusion, and some of them are:

- keeping facilities comfortable, clean, neat, warm in Winter, cool in Summer, and well maintained, with welcoming spaces for confidential conversations;
- warm and welcoming décor, with artwork that reflects the cultures of the community, including culture-specific crafts and/or paintings/photos, culturally appropriate music and beverages in waiting rooms, and nothing that looks or feels cold or “institutional”;
- a warm, friendly, welcoming, compassionate, and accepting tone in the words, actions and attitudes of all staff members and volunteers, including reception, security, and auxiliary staff;
- having a multidisciplinary and multicultural team at all organizational levels (including outreach, peer support, counseling, supervisory, administrative, and auxiliary staff), many Black staff members, and training and mentorship for all staff in cultural humility; and
- addressing (through therapy and peer support) the sense of alienation and “unbelonging” that can follow repeated experience of racial and cultural othering, and creating opportunities for cross-cultural learning, sharing, and belonging.

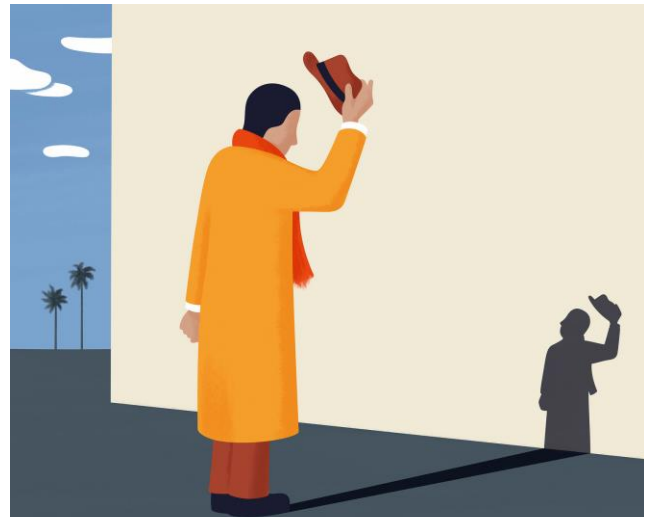


Above and Beyond Family Recovery Center on Chicago's West Side.

Skills of Cultural Humility

Many adults get a little bit lost in the cultures of childhood and youth. With additional cultural differences in the mix, and uneven levels of power between cultures, the terrain can be even harder to navigate. One essential resource is an approach called “cultural humility,” based on an understanding that:

- no culture is superior, and no culture should be held up as the standard that others have to live up to;
- we are all very limited in our awareness of how our own cultures have affected our unconscious beliefs, our perceptions of people, and our attitudes toward other cultures;²⁹
- we are all biased, sometimes speaking or acting out of bias without even being aware of it;³⁰
- there is no formula or body of information about a culture that will make us experts on its members—much less tell us what is important in the life or identity of any individual;³¹ and
- each of us is responsible for learning how to show respect and courtesy across cultures—but we should never hold members of disempowered cultures responsible for being our cultural teachers or guides, or ask them to represent or “speak for” their cultures.³²



In a world where differences can lead to challenge and conflict, cultural humility is an important tool for keeping our hearts and minds open to learning new things. Humility is often described as being “teachable,” seeing ourselves as no greater than, or less than, others. Skills of cultural humility include:

- curiosity about the ways in which anyone might surprise us by defying our expectations and preconceived notions about them;
- attention to signs (even subtle signs) of our own biases and automatic judgments,³³ forgiving ourselves for those long-conditioned attitudes, but working to put them aside and look at the larger pictures that our present-day knowledge, compassion, and perception might show us;
- a focus on identity and experience as each individual defines and values them,³⁴ including a willingness to suspend what we think we know about people and instead listen for information that might teach us how they understand themselves and their experience;³⁵
- a willingness and ability to recognize and challenge power imbalances,³⁶ even when that means challenging our own power in situations where that power makes us more comfortable;
- the courage to notice and learn about ways in which our own words and actions may have been experienced as disrespectful by people of less empowered cultures, and to address those experiences honestly, directly, respectfully, and without excuses;³⁷ and
- a “lifelong commitment to self-evaluation and self-critique.”³⁸

Transformative Conversations Among Black Youth and Young Adults

One of the most powerful sources of resilience, healing, and long-term well-being is trustworthy, compassionate human connection. A new model called Transformative Conversations offers Black youth with behavioral health challenges a framework for safe and respectful communication, relationship-building, and constructive action. It was developed in 2022 by a collaborative of grassroots and educational organizations embedded in Black communities in three states (Georgia, Louisiana, and Texas), under a grant from the Robert Wood Johnson Foundation.

Engaging in transformative conversations with youth and young adults who are experiencing mental health challenges can help foster and sustain healthy individuals, families, and communities. The process of developing the Transformative Conversations model included a number of experiential exercises in which the developers learned that:

- These activities allow young people to identify and take action as individuals and communities to mitigate the environmental and societal factors that keep them from reaching whole health.
- Youth and young adults can achieve better emotional and mental health through active listening and mutual support.
- Participants often build deep, sustained relationships over time, offering collective support and holding one another accountable for taking action to reduce harm and increase equity and wellness for Black Americans.
- Being meaningfully engaged can help young people build skills such as self-confidence, effective decision-making, self-regulation, and self-esteem.

Among the tools and strategies in the Transformative Conversations model is a series of guidelines, including the following:

- Create a list of questions before the conversation
- Set guidelines for the conversation
- Demonstrate compassion
- Be aware of your own “triggers”
- Don’t make this about your personal issues or your pain
- Demonstrate compassion
- Provide a space for each individual to be heard
- Be optimistic
- Engage in shared conversation
- Practice effective listening
- Be non-judgmental



More information about this model is available from the African American Behavioral Health Center of Excellence.

Endnotes

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