Mental Health and Black Adolescents

Adolescence has been described as a period of upheaval, characterized by "storm and stress" or significant conflict and mood swings. From this perspective, changes that occur during adolescence are seen from a deficit view and based primarily in biology. Although the emphasis on the "storm and stress" view of adolescence has been proven erroneous by scholars in the field (Arnett, 1999), the concept has remained commonplace in our everyday conversations regarding adolescence. This is most likely a result of the fact that adolescence is a critical period for physical, mental, emotional, and social well-being and development. **>>** **Ashley Hicks White, PhD**

Given these changes, adolescence is a time in which many young people may be more vulnerable to experiencing mental health concerns. Issues such as adolescent onset depression, eating disorders, anxiety, and other issues are often a cause of concern for young people and their families. In addition, the prevalence of adolescent self-harm and suicidal ideation and behaviors also increase the urgency to understand the experiences that young people face on a daily basis related to their mental health and overall well-being.

Despite increasing concern about the mental health and well-being of adolescents in general, the mental health of Black adolescents in America is often understudied and undervalued. Mental health concerns among Black adolescents are often explained away by the general public and the field at large as problems of character, a lack of motivation, or anti-social behavior. In fact, much of the research related to Black youth focuses on behavioral problems, such as violent behaviors and sexual risk. This perspective on the mental health of Black adolescents is often fueled by racism, discrimination, and ignorance. Although many people are concerned with the mental, social, and emotional well-being of America's youth today, far less are concerned with the well-being of Black youth. If we are going to provide culturally competent care for all young people, we must understand the unique challenges faced by Black adolescents that influence their mental health and identity development.

Prevalence of mental health concerns

Approximately nine percent of Black adolescents have experienced one episode of major depression in their lifetime (National Institute of Mental Health [NIMH], 2015). Of that number, approximately six percent experience severe impairment along with the major depressive episode. Black adolescents also experience anxiety at an increased rate over their White counterparts (Merikangas et al., 2010) and suicide has been identified as the third leading cause of death among Black youth (Lincoln, Taylor, Chatter, & Joe, 2012). Discrepancies exist regarding whether Black adolescents experience a significantly higher rate of serious psychological distress than their non-Hispanic White counterparts (Howard Caldwell, Assari, & Breland-Noble, 2016). However, there has been evidence that suggests that there are differences in the diagnosis and treatment of mental health concerns for Black compared to White youth. Black adolescents are significantly less likely to receive mental health intervention, receive prescription medication for a mental illness, or receive treatment for depression (U.S. Department of Health and Human Services, 2011). Black youth also experience somatization (the manifestation of psychological concerns into physical symptoms) at a greater rate than non-Hispanic Whites (Multicultural Action Center, 2012).

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Unique challenges

In spite of the lack of research on the mental health of Black adolescents, there exists a plethora of evidence regarding the disproportionate exposure to environmental stress experienced by Black adolescents when compared to their non-Hispanic White counterparts. Let us consider of few of these stressors.

Poverty and homelessness

The current unemployment rate for Blacks is 7.7% while the national average is 4.4%. The 2016 median income for Black households was $39,490 compared to the national average of $56,516 (U.S. Bureau of Labor Statistics, 2017). In 2015, 65% of Black youth under age 18 were living in low income families (National Center for Children in Poverty, 2015). In that same year, 48% of sheltered homeless families were Black.

Exposure to violence, crime and abuse

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. Examples of ACEs include experiences such as physical abuse/neglect, parental incarceration, and parental divorce. Black youth are more likely to experience three or more ACEs (15%) compared to their White counterparts (11%) (Child Trends, 2015). Black youth are also least likely to experience zero ACEs in their lifetime when compared to other racial and ethnic groups.

Black adolescents are significantly more likely to be victims of crime (such as child abuse/neglect, robbery, and homicide) than their White peers (Finkelhor, Turner, Shattuck, & Hamby, 2015). Black youth represent 24% of the public foster care population (U.S. Department of Health and Human Services, 2016). In addition, Black youth are disproportionately represented in the juvenile justice system and are four times more likely to be committed to juvenile facilities after an adjudication of delinquency than White juveniles (Rovner, 2016).

Historical trauma and racial discrimination

Historical trauma is defined as the cumulative emotional and psychological wounding extending across generations among a particular group (Heart, 1999). For Black youth in America, this trauma includes, but is not limited to, the effects of slavery, discrimination,

racism, and violence that have occurred and continue to occur throughout U.S. history. Over 80% of Black adolescents report experiencing at least one incident of racial discrimination in their lifetime (Seaton, Caldwell, Sellers, & Jackson, 2008). Evidence suggests that elevated levels of perceived discrimination are associated with greater depressive symptoms and problem behaviors among Black adolescents (Cooper, Brown, Metzger, Clinton, & Guthrie, 2013; Sellers, Copeland-Linder, Martin, & Lewis, 2006).

Examining our cultural assumptions: Environmental stress

It is clear that Black adolescents are exposed to environmental stressors at higher rates than other adolescents in our country. As mental health providers, we are aware of the impact that poverty, homelessness, trauma, and violence can have on one's psychological development. This rate of exposure makes Black youth increasingly vulnerable to social, emotional, and mental health concerns such as depression, anxiety, substance use, low self-esteem, relational conflict, and behavioral problems (Howard Caldwell, Assari, & Breland-Noble, 2016). Over the last three decades, the field of marriage and family therapy has given increased attention to the significance of culture and race in mental health treatment. However, little of this attention has focused specifically on the needs of Black adolescents and the ways in which environmental stress and racism influence their psychological, emotional, and physiological well-being.

It is important that we pause and examine the cultural assumptions that we bring into therapy as they impact how we assess, conceptualize, treatment plan and diagnose. Do we assume that the emotional and mental health concerns of Black youth are a result of character defects, poor impulse control, or a propensity toward anti-social behavior? Are we willing to step back from our habitual conceptualizations of adolescent behavior to consider how other issues may impact what presents in the classroom, the household, or the therapy room?

In order for clinicians to provide conscious and culturally-informed mental health services, it is important that we be able to recognize the manifestations of environmental stress, such as poverty or racism, and how they impact adolescent functioning. We must actively resist the dominant cultural rhetoric that assumes that Black adolescents are behaviorally challenged or inherently anti-social. We must be willing to explore how factors like environmental stress may be influencing their mental health. We need to make connections between experiences of oppression, trauma, and stress and current patterns of behavior and tailor assessment toward uncovering how stressors might be linked to current levels of functioning.

There is an ethical imperative within the field of mental health that we "first, do no harm." This often results in our efforts to maintain competence, participate in ongoing professional development, and refer clients we believe to be beyond our scope of practice. I argue that failing to examine the cultural assumptions that we hold about Black adolescents and the ways in which we treat and fail to treat Black youth is in indeed doing harm. Whether this failure is a result of ignorance or arrogance is no longer the question. The question now becomes, how much longer are we willing to contribute to the problem?

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