

Black youth in racist communities fare worse in mental health treatment

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A study in the *Journal of the American Academy of Child and Adolescent Psychiatry* reports that Black youth living in communities with high (vs. low) anti-Black racism are less likely to benefit from psychotherapy

("talk therapy;" such as cognitive behavioral therapy).

Racism is a system that labels and ranks racial groups, deeming specific groups as inferior and affording them fewer opportunities and resources. Racism exists across different levels: internally (e.g., [low self-esteem](#) due to internalizing racial stereotypes), interpersonally (e.g., being called a racist slur), and structurally (i.e., attitudes and laws/policies that hinder the well-being of people of Color, such as redlining policies). Previous studies find that anti-Black racism across all three levels is related to worse mental health for Black people, though few have examined whether racism affects intervention efficacy (i.e., how beneficial an intervention, such as psychotherapy or medication, is).

This meta-analytic study—led by Dr. Maggi Price, an Assistant Professor at the Boston College School of Social Work—is the first to assess whether structural racism is associated with mental health treatment efficacy. Specifically, the research team used publicly available data on anti-Black racist attitudes to create a measure of state-level structural racism and analyzed randomized controlled trial data from youth psychotherapy studies of mostly Black youth (36 RCTs representing N=2,182 youth).

Dr. Price and her team found that psychotherapies in states with higher (vs. lower) levels of anti-Black racism were less effective.

While summarizing the study's main finding, Dr. Price said that "the extent to which racism or other prejudicial attitudes are endorsed in a given community—such as a neighborhood or a state—varies across the country. Our study found that the level of racism in one's community affects how well one does in mental health treatment."

Dr. Price and her colleagues conducted a similar study on structural sexism and found that girls living in places with more (vs. less) sexism

also fared worse in treatment. When asked about these studies' implications for mental health treatment providers, Dr. Price said that since "identity and stigma are central to an individual's well-being—and seemingly help to account for how well one responds to mental [health](#) treatment—practitioners should address stigma in treatment."

"Providers should also incorporate advocacy into their practice by recognizing and making efforts to reduce sexism and racism in their patients' environments. Some examples might include advocating for changes in school policies to eliminate racist disciplinary practices or to integrate implicit bias training to help teachers to be more aware of their biases."

Dr. Price concluded with a call to improve training and education for providers: "Many training programs don't prepare providers to adequately address stigma and identity with patients. We need to enhance training in culturally responsive care, including how to address racism, sexism, and other stigmas in treatment. Doing so is essential and will help us better serve our patients."

More information: Maggi A. Price et al, Meta-analysis: Are Psychotherapies Less Effective for Black Youth in Communities With Higher Levels of Anti-Black Racism?, *Journal of the American Academy of Child & Adolescent Psychiatry* (2021). [DOI: 10.1016/j.jaac.2021.07.808](#)

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