

The Health Equity Research Lab's work on mental health care disparities is indebted to, informed and grounded in the research of generations of Black scholars, clinicians, and public health leaders. Below are a subset of these research studies by David Williams, Camara Jones, Sean Joe, Chandra Ford, James Jackson, Lisa Cooper, Michael Lindsey, and others.

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Family matters: The role of mental health stigma and social support on depressive symptoms and subsequent help seeking among African American boys MA Lindsey, S Joe, V Nebbitt. *Journal of Black Psychology* 36 (4), 458-482

Gilbert GC, Ford CL. STRUCTURAL RACISM AND HEALTH INEQUITIES: Old Issues, New Directions. *Du Bois Review: Social Science Research on Race*. 8(1). Spring 2011 , pp. 115-132

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Social Meaning and the Unintended Consequences of Inclusion. M Creary, D Thiel, A Eisen. *The American Journal of Bioethics* 17 (9), 63-65

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Racial/ethnic discrimination and health: findings from community studies. DR Williams, HW Neighbors, JS Jackson, *American journal of public health* 93 (2), 200-208

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Racism as a stressor for African Americans: A biopsychosocial model. R Clark, NB Anderson, VR Clark, DR Williams. *American psychologist* 54 (10), 805

Discrimination and racial disparities in health: evidence and needed research. DR Williams, SA Mohammed. *Journal of behavioral medicine* 32 (1), 20-47

Racial residential segregation: a fundamental cause of racial disparities in health. DR Williams, C Collins. *Public health reports* 116 (5), 404.

Race, socioeconomic status, and health the added effects of racism and discrimination. DR Williams. *Annals of the New York Academy of Sciences* 896 (1), 173-188

Stress, coping, and black mental health: Preliminary findings from a national study. HW Neighbors, JS Jackson, PJ Bowman, G Gurin. *Prevention in Human Services* 2 (3), 5-29

The influence of racial factors on psychiatric diagnosis: A review and suggestions for research. HW Neighbors, JS Jackson, L Campbell, D Williams. *Community Mental Health Journal* 25 (4), 301-311

Race, gender, and partnership in the patient-physician relationship. L Cooper-Patrick, JJ Gallo, JJ Gonzales, HT Vu, NR Powe, C Nelson, et al. *JAMA*. 1999;282(6):583–589. doi:10.1001/jama.282.6.583

Patient-centered communication, ratings of care, and concordance of patient and physician race. LA Cooper, DL Roter, RL Johnson, DE Ford, DM Steinwachs, NR Powe *Annals of internal medicine* 139 (11), 907-915

The associations of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. LA Cooper, DL Roter, KA Carson, MC Beach, JA Sabin, AG Greenwald, et al. *American journal of public health* 102 (5), 979-987

These foundational scholars and their bodies of work are the keystone to our ongoing research. Our recent publications have partnered with community members to identify, measure, and address disparities in mental health care. In summary, the state of mental health care for Black communities is bleak. To summarize:

- **Black individuals living with depressive symptoms experience greater discrimination in the healthcare system than their white counterparts and this influences their preferences for treatment (Sonik 2020).**
- **Black populations are less likely to be screened for depression than white populations (Hahm 2015);**
- **Black communities are less engaged in mental health treatment than whites (Cook 2012);**
- **Expansions to the Affordable Care Act failed to improve access to behavioral health care for Black adults (Creedon 2016);**
- **Despite a high density of mental care providers in neighborhoods with more Black residents, Black people were less likely to start mental health treatment (Cook 2017);**
- **Black communities were more likely to have unmet behavioral health needs (Mulvaney-Day 2012);**
- **Expenses for mental health care for Black patients were consistently lower than those of white patients, regardless of income (Cook 2014);**
- **Biased first responders misconstrue mental health crises among Black patients as violent or dangerous behavior (Merino 2018);**
- **When engaged in care, Black patients who had experienced healthcare discrimination found it more difficult to establish a meaningful, successful therapeutic relationship with providers (Progovac and Cortés 2020).**

The root cause of these health disparities is not genetic or individual behavior; it is structural and systemic anti-Black racism.

Citations for the above summary:

Sonik RA, Creedon TB, Progovac AM, Carson N, Delman J, Delman D, Cook BL, in co-authorship with the Health Equity Consortium - Soffer, TF, Chambers V, Rodriguez Quinerly C, Mann Z, Nabisere R, Shaikh FN, Jordan D, Moradi A, de Castro S, Abolaban H, Lee E, Hou S, Busch S, Carle AC, Cortes DE, McCormick D, Flores M, Sanchez Roman MJ, Lu F, Anjuli Kaushal N. "Depression treatment preferences by race/ethnicity and gender and associations between past healthcare discrimination experiences and present preferences in a nationally representative sample." *Social Science & Medicine* (2020): 112939.

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