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.


Boys Do(n't) Cry: Addressing the Unmet Mental Health Needs of African American BoysMA Lindsey, DR Brown, M Cunningham. American Journal of Orthopsychiatry 87 (4), 377-383


Sean Joe, Daniel Romer, and Patrick E. Jamieson (2007). Suicide Acceptability is Related to Suicide Planning in U.S. Adolescents and Young Adults. Suicide and Life-Threatening Behavior: Vol. 37, No. 2, pp. 165-178.

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


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


Race and unhealthy behaviors: chronic stress, the HPA axis, and physical and mental health disparities over the life course. JS Jackson, KM Knight, JA Rafferty. American journal of public health 100 (5), 933-939

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

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


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:


