

Black History Month and mental health – resistance and resolve



February 2023 marks Black History Month in the USA. It is a tradition that was built on the grass-roots commemoration of the principles of tradition and reform established in Negro History Week in 1926 (ref. ¹). In the 1960s, lifted by the Civil Rights Movement, it was expanded into a month-long celebration by activists, and on college campuses by students and faculty. Born out of a yearning to better recognize the achievements of Black people in America, Black History Month also speaks to the reality that these achievements have been gained in the face of enduring hardships and the inheritance of racism and oppression.



The duality in the observance of Black History Month – accomplishment entwined with adversity – offers a pointed opportunity to reflect on how the experiences of Black Americans have too often been shaped by injustice, with profound effects on physical and mental health. At the outset of this year’s Black History Month, we are confronted with how this injustice persists. The brutal beating and killing of Tyre Nichols in January 2023 at the hands of police officers in Memphis, Tennessee², has once again spurred nationwide protests against police brutality, appeals for accountability, and the plaintive questions of why this violence against people of color, especially young Black men, continues, and how the cycle can be disrupted.

Although less graphic in nature, there is no shortage of other powerful forms of structural and institutional racism that affect Black people in the USA. Florida governor Ron DeSantis has made a series³ of recent moves under the guise of curtailing ‘wokeness’ (that is, the awareness of racism and oppression), including dismantling diversity programs and placing restrictions on ‘race-based instruction’ at Florida colleges and universities, and most recently, by challenging⁴ the content of

Advanced Placement (AP) courses in African American studies in Florida high schools. The timing and juxtaposition of DeSantis’ agenda and the commencement of Black History Month is difficult to overlook. Diminishing the significance of Black and African American people’s distinctive place within the uneven history of the USA by deeming curricula and initiatives to highlight and support their contributions is not only demeaning, but it is also an insidious hallmark of systemic racism. Targeting the truthful accounting of American history and its systems and institutions serves to undermine the mental health and wellbeing of Black people.

Keanan Joyner, Assistant Professor of Psychology at the University of California, Berkeley, whose *lab* studies mechanisms of drug and alcohol abuse and externalizing psychopathology, including in minoritized and lower socioeconomic status groups, explains, “As Black people across the country try to cope with the consequences of the legacy of systemic racism that continues to affect them and their loved ones, we’re constantly bombarded with reminders of the broken world we live in. Black people everywhere learn to live with the

continual challenge of living in a country not designed for their thriving. The toll on Black mental health is substantial, and is underemphasized and under discussed in both popular discourse and in scholarly work.”

People who identify as Black or African American in the USA make up about 13.6% of the population, the second largest minority group in the USA after Hispanic and Latino Americans (19%)⁵. Rates of mental illness among Black people in the USA have historically been lower than that of other racial and ethnic groups, potentially reflecting undercounting produced by general mistrust in the medical establishment as well as the reduced likelihood of receiving treatment for mental illness. In fact, survey data⁶ indicate that Black or African American people report feelings of sadness and that “everything is an effort” at a rate nearly double that of non-Hispanic white people. Rates of mental illness among Black Americans are also higher in those who live in poverty, with more than 20% of Black Americans living in poverty nationally, and over half of all Black Americans living in the South, with the highest regional rates of poverty⁷.

The historical context of adversity is crucial to understanding mental health and wellbeing in Black people. The weight of institutional, structural and interpersonal racism perpetuated in the USA, including slavery, segregation, voting prohibitions and violence, extends into and is compounded by contemporary burdens. For example, racialized residential segregation persists with downstream effects on educational and career opportunities (only 1% of college graduates annually are Black or African American⁸), imprisonment rates for Black men are markedly increased (five times that of white men⁹), and substantial imbalances exist in access to and quality of healthcare (12% of Black Americans are uninsured compared with 9% of white people¹⁰). Despite the centuries-long inequalities experienced by Black people in the USA, research identifying how factors coalesce into discernible social determinants that affect the mental health of individuals is at the outset of being explored.

Disparities, however, exist at all levels of the mental health research enterprise. The diversity of the mental health workforce is limited¹¹: only about one-third of psychologists in the USA are from minority ethnic groups – another factor that might discourage Black people from seeking treatment. Joyner points to empirical work¹² that demonstrates that Black researchers are also less likely to receive investigator-initiated research funding from the US National Institutes of Health (NIH), potentially owing to topic choice¹³, such as work on socioeconomic status and psychosocial risk. “One way that I can see to encourage improvement on this front is to bring parity to funding for research on Black

mental health at premier research funding agencies, such as the NIH. I personally hope for a world where not only Black lives are valued, but their suffering is cared for as well – and we as psychological scientists are uniquely positioned to champion this work in our own labs and recognize and reward scientists focusing on this topic. Not as work that belongs in specialized journals, but that is considered mainstream, important and valuable to our collective literature.”

According to Zinzi Bailey, a social epidemiologist and Assistant Professor of Medicine at the University of Miami, who [researches](#) the health impact and policy implications of structural racism, a disconnect exists in how work in this area is valued. “When journals have addressed the effects of structural racism on health, it has largely been through editorials and comments, as opposed to primary research. There now needs to be alignment among funding agencies, journal editors and reviewers about the validity of investigating the effects of structural racism and social determinants on health and mental health.” Indeed, academic publishing, societies and research journals have a pivotal role in raising awareness about these disparities and should also commit to providing outlets for disseminating research on the consequences and dismantling of structural racism.

Embedded within Black History Month is a call to action. The theme of this year's Black History Month is ‘Black Resistance’ – a powerful and apt challenge. Black Resistance is to resist a perpetual cycle of violence, to resist anything less than equality in all facets of life,

and to resist erasure. Coupled with resistance must be resolve. Resolve should not fall solely on Black and African Americans, but must also be the determination of allies, including educators, scholars, academia and industry, to champion mental health and wellbeing and to honor the integral and vital history of Black people in the USA.

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