Overview

On September 27, 2022, The Center for Advancing Policy on Employment for Youth, in collaboration with the White House Office of Public Engagement, hosted a virtual roundtable discussion on “Improving Mental Health Service Delivery for Youth and Young Adults with Marginalized Racial Identities.” The event highlighted how mental health policies can help states promote positive long-term outcomes, such as higher employment rates, for youth and young adults (Y&YAs), including Y&YAs with disabilities who belong to marginalized racial groups.

Participants — including policymakers, practitioners and people with lived experiences — discussed the challenges Y&YAs face in accessing mental health care when they belong to a marginalized racial group and how these challenges can impact their education and employment outcomes. Participants highlighted three critical policy areas for states to address to promote positive mental health for Y&YAs:

1. Expanding Culturally Responsive Mental Health Care.
2. Increasing Access to Mental Health Supports.
3. Embedding Mental Health Programs and Supports into Workforce Systems.

Below is a summary of the various ideas and strategies participants raised during the roundtable discussion.
Policy Area 1 – Expand Culturally Responsive Mental Health Care

States can better meet the needs of Y&YAs with marginalized racial identities by fostering culturally and linguistically responsive mental health care systems. Cultural responsiveness encourages mental health professionals and the systems they operate in to create individualized and holistic mental health care plans incorporating multiple factors influencing individual experiences. By being sensitive to the cultural considerations of marginalized populations, professionals can gain a more complete and accurate assessment of the person’s needs and better align treatment recommendations with personal values.

Strategy 1: Connect Y&YAs with providers who seek to understand and validate their cultural identity.

Y&YAs with marginalized racial identities may be less likely to engage in counseling or other mental health services when the provider has a racial identity that differs from their own because they may have concerns that the provider will not understand their needs. However, research has shown that when mental health providers use culturally responsive practices and take time to build rapport and trust, they can provide effective service delivery to the youth they serve regardless of racial differences.

States can:

1. Support mental and behavioral health agencies by embedding culturally responsive training and professional development opportunities into their onboarding and professional development framework.
2. Explore inclusive practices related to recruitment, training and retention of mental health care professionals to reflect the population served.
3. Provide basic mental health training for youth service professionals and paraprofessionals who have already built relationships with Y&YAs.
4. Produce high-quality mental health resources, available through websites and other online portals, that are easily accessible by professionals working with Y&YAs.
5. Create culturally responsive health care provider networks to meet the cultural and health needs of Y&YAs with marginalized racial identities.

Strategy 2: Bridge culture and language gaps between mental health care providers and Y&YAs with marginalized racial identities.

Culture and language barriers can complicate a mental health care provider’s ability to meet the wide range of needs among those they serve. This can lead to challenges in accessing and utilizing services for Y&YAs belonging to marginalized racial groups. For example, providers may be unable to gather an accurate medical history or adequately communicate with youth or their families due to a lack of translation services. Breaking down these barriers is crucial to equitable service delivery for Y&YAs with marginalized racial identities.
States can:

1. Provide mental health care resources in languages that reflect the diversity of local communities.

2. Invest in multilingual liaisons and staff, including community health workers, to help Y&YAs and their families navigate complex mental health care services.

3. Review current policies and procedures, such as the intake process, to identify potential barriers to eligibility and engagement for Y&YAs from diverse backgrounds.

**Policy Area 2 – Increase Access to Mental Health Supports**

Policymakers can support Y&YAs with marginalized racial identities by restructuring the delivery of mental health care services to increase the availability of and access to resources in historically underserved and diverse communities. States can leverage federal and state funding — including [School-Based Mental Health Services Grants](#) — to expand mental and behavioral health care services in school and community settings to increase the accessibility of care for all Y&YAs. State and local agencies applying for funds can include information about cultural responsiveness in grant applications.

**Strategy 1: Establish additional community-based mental health supports.**

Cultural beliefs and norms, including stigma, associated with mental health conditions or services can impact the recognition of symptoms or comfort level in accessing mental health services for some Y&YAs. Making mental health information and resources available within specific communities can reduce stigma and encourage Y&YAs with marginalized racial identities to access supports.

States can:

1. Allocate recovery, relief and stimulus funds to community-based organizations for programs that increase the number of mental health care counselors with experience serving Y&YAs with marginalized racial identities.

2. Offer mental health training to community members providing services to Y&YAs.

3. Convene task forces and working groups to identify barriers and develop community-centric programs to improve access to mental health supports for Y&YAs with marginalized racial identities.

**Strategy 2: Integrate school health centers and local mental health facilities.**

Youth are more likely to receive mental health care in schools compared to local mental health care facilities, yet only 3 percent of American schools have school-based health centers. Developing holistic mental health programs in schools helps students — particularly those with disabilities, marginalized racial identities or both — address trauma, build social skills, attain higher education and enter the workforce. This can also address the stigma students face when accessing health services.
States can:

1. Contract with local mental health and behavioral health facilities to provide equitable health care access and education in schools.

2. Coordinate with school-based health centers to increase telehealth services, helping to alleviate barriers and stigma Y&YAs with marginalized racial identities may face when seeking mental health supports.

3. Train educators, paraprofessionals and other school staff to build skills in supporting students with marginalized racial identities and reduce stigma around mental health.

Policy Area 3 – Embed Mental Health Programs and Supports into Workforce Systems

Y&YAs with marginalized racial identities who experience mental health conditions are employed at lower rates than their peers without marginalized racial identities and with mental health conditions. Unemployment can have a significant impact on a person’s physical and mental health; unemployed Y&YAs are at a higher risk of depression, anxiety and substance use. Programs and supports in the workplace can help mitigate employment disparities and encourage more Y&YAs from marginalized racial groups to work and contribute to their well-being.

Strategy 1: Encourage workforce systems to incorporate supports to promote positive mental health.

Providing expanded supports to promote positive mental health can help improve general well-being, address worker shortages, increase employee retention and reduce health care costs. These supports allow Y&YAs entering the workforce to establish a sense of connection and belonging, which can benefit people who experience marginalization.

States can:

1. Partner with local workforce systems to provide resources and training to educate employers, managers and employees about how mental health symptoms can impact employees.

2. Provide workplaces with resources that can be shared with Y&YAs and their families for accessing free mental health screening tools, which Y&YAs can then share with a doctor or mental health professional.

3. Engage with local workforce systems to incorporate activities that promote positive mental health into ongoing business practices through telehealth, employee assistance programs, and free or subsidized screenings.

Strategy 2: Address stigma through workplace culture.

Y&YAs with marginalized racial identities are significantly more likely than their counterparts without marginalized racial identities to delay or forego mental health care. Stigma around mental health creates barriers to employment and prevents employees from seeking accommodations; education in the workplace is critical in reducing this stigma.
States can:

1. Provide education for employers and employees to build awareness and reduce stigma around mental health.

2. Help workplaces identify and address systemic barriers faced by Y&YAs with marginalized racial identities when accessing mental health supports at work.

3. Offer technical assistance to employers to develop integrated approaches for mental health programs that reduce stigma for Y&YAs with marginalized racial identities.

Conclusion

Y&YAs from marginalized racial groups often experience barriers when accessing mental health care services, which can in turn impact their ability to obtain and maintain employment or successfully transition to postsecondary settings. By understanding and addressing the needs of Y&YAs and increasing access to more culturally responsive services, states can strengthen economic advancement for Y&YAs from marginalized racial groups, increase their opportunities for successful employment and build a more robust workforce with a wider array of skills and capabilities to meet the needs of employers.

Acknowledgments

The authors would like to offer special thanks for the leadership and contributions of the Office of Disability Employment Policy team in the development of this publication.

Preparation of this item was fully funded by the United States Department of Labor’s Office of Disability Employment Policy in the amount of $7.5 million under Cooperative Agreement No. 23475OD000001-01-00. This item does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Government.