

# Culturally Responsive Services for Youth of Color

## ACCESSING PREVENTION SERVICES

Youth of color continue to experience disparities in receiving care in health care settings. In comparison to white children, Youth of Color show significant unmet mental health and prevention services needs<sup>2</sup>.

Effective strategies for increasing access starts with the perspectives of services and providers. Strategies steeped in an intersectional lens such as the [“Cultural Humility Framework”](#) and [Racial Identity Development](#) models focus on identity creation for Youths of Color, and the intersections of family, historical, community, social, and national factors that have created barriers between youth who are marginalized and care services.

Young people who are culturally marginalized may be conditioned to hold a [subdominant cultural lens](#) and may not trust or seek out mental health services. Also, Youth of Color and their families may view these services as unhelpful or retraumatizing if the agencies and providers fail to recognize unfair power dynamics and [microaggressions](#).

## VOICES OF YOUTH OF COLOR

“Stigma from the African American community is a big problem, and I don’t want to be looked at any differently by my family.” – Black Youth

“Mental illness is ignored/frowned upon in Hispanic/Latino communities because of pride issues that are tied to families.” - Latinx LGBTQ Youth

An Asian American/Pacific Islander youth mentioned both “cultural stigma” and “racism” as reasons why they haven’t sought out care.

“Free counseling is offered by the [Tribal] Nation, but there are three counselors for my entire county, so actually getting an appointment is rare.” – Indigenous American Youth

“No creí entenderian mi cultura.” - Latinx LGBTQ Youth

“Not enough immigrant Black counselors.” - Black LGBTQ Youth

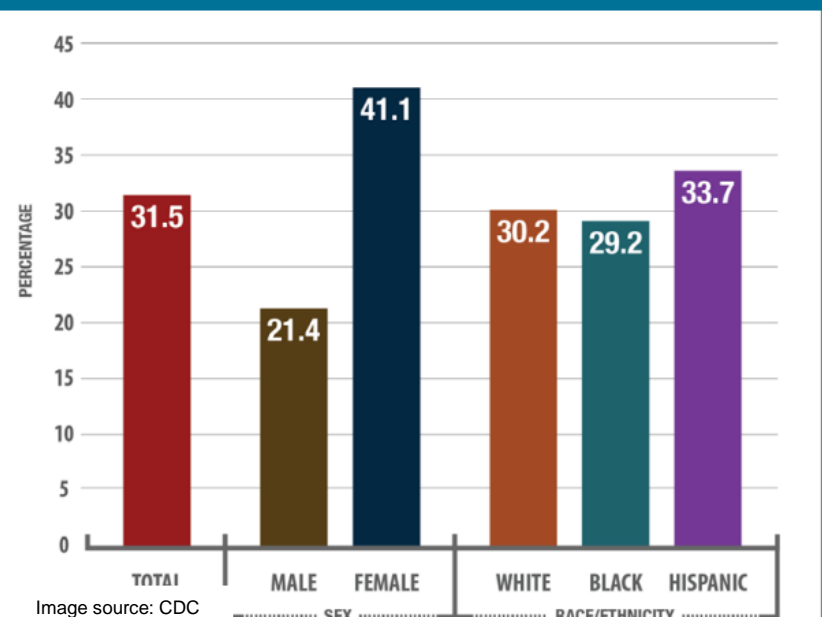
## DISPARITIES IN DISTRESS

Suicidality By Race, [2019 National Youth Risk Behavior Survey<sup>1</sup>](#)

- Youth who seriously considered suicide:  
**Overall 17.2%**  
White: 19.1%; Black: 16.9%; Hispanic: 17.2%
- Ideation among male students:  
White: 13.8%; Black: 10.7%; Hispanic: 11.4%  
no racial difference among females.
- Youth who made a suicide plan:  
**Overall 13.6%**  
White: 15.7%; Black: 15.0%; Hispanic: 14.7%.
- Youth who attempted suicide:  
**Overall 7.4%**  
White: 7.9%; Black: 11.8%; Hispanic: 8.9%
- Attempts among female students:  
White: 9.4%; Black: 15.2%; Hispanic: 11.9%  
no racial difference among males.

## PERCENTAGE OF HIGH SCHOOL STUDENTS WHO EXPERIENCED PERIODS OF

### PERSISTENT FEELINGS OF SADNESS OR HOPELESSNESS IN THE PAST YEAR, BY SEX AND BY RACE/ETHNICITY, UNITED STATES, YRBS, 2017



Central East (HHS Region 3)

PTTC

<sup>1</sup> National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, & Division of Adolescent and School Health. (2020, October 27). YRBS. Centers for Disease Control and Prevention.

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

## SPOTLIGHT: LGBTQ YOUTH OF COLOR

A 2020 [survey](#) by the Trevor Project<sup>2</sup> found significant racial differences in mental health care utilization among LGBTQ youth.

Asian American/Pacific Islander and Latinx LGBTQ youth reported a previous negative experience as a barrier at higher rates compared to LGBTQ youth overall.

Asian American/Pacific Islander LGBTQ youth reported greater levels of barriers related to parents, including not wanting to get parental permission and parents not allowing them to go to therapy.

Both Asian American/Pacific Islander and Latinx LGBTQ youth both expressed greater concern about being outed about their LGBTQ identity as a barrier in seeking care.

American Indian/Alaskan Native LGBTQ youth expressed greater levels of concern that none of the available providers were LGBTQ, yet were also more concerned that a provider would only focus on their sexual orientation or gender identity compared to LGBTQ youth overall.

2 Green, A.E., Price-Feeney, M. & Dorison, S. (2020). Breaking Barriers to Quality Mental Health Care for LGBTQ Youth. New York, New York: The Trevor Project.

3 Keuroghlian, A. (2018) Suicide Risk and Prevention for LGBTQ People, Webinar for The Fenway Institute

4 Shaia, Wendy & Avruch, David & Green, Katherine & Godsey, Geneen. (2019). Socially-Engineered Trauma and a New Social Work Pedagogy: Socioeducation as a Critical Foundation of Social Work Practice. Smith College Studies in Social Work. 89. 1-26.

5 Cohen, JA, Mannarino, AP, Wilson, K & Zinny, A (2018): Trauma-Focused Cognitive Behavioral Therapy LGBTQ Implementation Manual. Pittsburgh, PA: Allegheny Health Network.

## EFFECTIVE THERAPEUTIC APPROACHES

### Socioeducation Interventions

Socioeducation is a process of “demystifying” socially engineered trauma through raising awareness of oppressive macro systems

- Connecting clients with grassroots social justice movements
- Providing education on economies or political movements
- Referring to local advocacy groups

### “Minority Stress” Treatment Principles<sup>3</sup>

- Normalize adverse impact of targeted group (“minority”) stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of the targeted group
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

### SHARP Framework<sup>4</sup>

- **S**tructural Oppression – Identify systemic impacts
- **H**istorical Context – Consider impact and implications
- **A**nalysis of Role – Service Provider’s purpose and attitude
- **R**eciprocity and Mutuality – Identify and share strengths and gifts
- **P**ower – Access to changing policies and structures

### Emotionally Focused Therapy (EFT)

- Originally designed for short-term treatment in relationship therapy
- Focuses on underlying thoughts, feelings, and unmet attachment needs within relationship bonding in the present moment
- EFT allows individuals to process internal shame, as well as providing psychoeducation on positive uses of emotions
- “Pride is Anger aligned with Joy”

### LGBTQ Affirmative Therapy<sup>5</sup>

The [Family Acceptance Project](#)’s framework provides a resiliency-focused, strengths-based approach to families of LGBTQ youth.

- Most parents love their children and want them to be healthy and happy.
- Parent hopes and aspirations for their children are influenced by their culture, religious beliefs and other values that may be at odds with their child’s sexual orientation and/or gender identity.
- Support parents’ needs to be heard from the perspective of their culture, values, beliefs and faith traditions.
- Strive to meet the family where they are, at the parents’ current level of knowledge, attitudes, expectations and beliefs.