Racial and Ethnic Representation in Clinical Psychotherapy Research

Grace McGaughey, Maya Hareli, Dr. Colleen S. Conley
IMPACT Lab at Loyola University Chicago
Overview

● Background
  ○ Research Question
  ○ Why it Matters
  ○ (4) Possible indicators of low mental health utilization
    ■ Discrimination
    ■ Stigma
    ■ Feelings of alienation
    ■ Lack of representation

● Recommendations/Implications

● Sources
Context:

● The IMPACT lab (Improving Mental-health and Promoting Adjustment through Critical Transitions) is focused on researching interventions that promote wellbeing and researching developmental patterns of adjustment.

● The lab currently has six ongoing intervention projects:
  ○ Interpersonal Psychotherapy for College Students (IPT-CS)
  ○ Students Taking on Effective Post-Graduate Skills (STEPS)
  ○ Supported Mindful Learning (SMiLe)
  ○ Wellness Advising with Motivational Interviewing (WA/MI)
  ○ Supportive Accountability in Mental-health Mentoring of Youth (SAMMY)
  ○ Supportive Accountability in Mental-health Mentoring of Young Adults (SAMMY-A)
As a cis white woman, my perspective comes from a place of extreme implicit privilege. I acknowledge that while the current research project has made efforts to highlight the voices of all marginalized groups, my identity as a cisgender white woman limits the ability to truly capture participants' experiences.

With this, it is important that health care equity research strays away from dilutions of research that only come from the perspective of white scholars and does not hold space or come from community members with real life experiences (Lett et al., 2022).
Background

- There is a mental health crisis surrounding and affecting young adults. Auerbach and colleagues (2018) found that 35% of their screened first year college students across 19 colleges had at least one mental disorder as defined by the DSM-IV (major depression, mania/hypomania, generalized anxiety disorder, panic disorder, alcohol use disorder, and substance use disorder).

- In a study examining college-aged students with identified mental health problems, utilization rates of on-campus mental health services ranged from 37.1%- 47%, leaving a large unmet mental health need among college students (Auerbach et al., 2018).
  - Furthermore, in a study that specifically looked at college-aged marginalized groups, it was noted that these groups have a high rate of internalizing mental disorders and low rates of utilizing external mental health resources (Hartley, 2010).
This leads to the research question: Why do racially and ethnically minoritized college students tend to have a low utilization of psychotherapies?

There are various reasons to explain the low utilization of psychotherapy among marginalized individuals, four of which will be explored in this literature review:

- Discrimination
- Stigma
- Feelings of alienation
- Lack of representation
Why it Matters

- Discrimination, stigma, feelings of alienation, and poor-representation impact students’ mental health, which directly affects their academics, general success in college (and after college), and overall wellbeing.
  - Lipson (2015) demonstrated that mental health is a necessity for the wellbeing and academic success of college and university students.
  - In terms of academics, Kivlighan and colleagues (2021) demonstrated that students’ GPAs increased after counseling.
  - In terms of wellbeing, an interpersonal psychotherapy study showed that college-aged participants have significantly reduced depression after counseling (Rafaeli et al., 2021).
Discrimination

- Research has supported that marginalized groups constantly face discrimination when attempting to access mental health treatments, specifically psychotherapies. Through a qualitative meta-synthesis of 20 different articles, Lamb and colleagues (2017) found that racially and ethnically minoritized individuals disproportionately have limited resources and more frequent experiences of stigma when it comes to seeking mental health care.
  - Spencer & Chen (2004) reported that marginalized racial and ethnic groups felt outwardly discriminated against because of this salient identity when attending different psychotherapies.
  - This discrimination can often involve clinician bias and stereotyping (Abreu, 1999).
- The summarized literature shows that this experience of discrimination pushes individuals of marginalized identities out of psychotherapy spaces, resulting in poor representation of diverse individuals in these settings.
Stigma

- Stigma within mental health care and psychotherapies is pervasive for all, though this experience is particularly salient for racially and ethnically minoritized individuals. Through a meta-analysis that looked at the effects of stigma on the mental health of racially and ethnically minoritized groups, Winnie (2007) found that there is correlation between stigma and mental health. It was also found that this correlation was strong enough to say that this stigma is present in everyday life for marginalized groups.
  - Stigma accounts for the majority of the feeling of deterrence regarding seeking mental health services (Stefl & Prosperi, 1985). Further, Komiya and colleagues (2000) found that people felt more positive about seeking treatment when there was less perceived social stigma.
  - In terms of marginalized racial and ethnic groups, these groups were found to face increased concern of and actual stigmatization for participating in mental health care for their psychological problems (Cheng et al., 2013).
- Overall, the literature shows that the experience of stigma can account for the lack of utilization of psychotherapies among minoritized groups.
Feelings of Alienation & Lack of Representation

- In a survey of 14,000 college students, racially and ethnically minoritized students were not as likely as white students to seek mental health treatment (Miranda et al., 2015). Furthermore, “…White teens (31%) were more likely than Black (16%) and Hispanic teens (17%) to have used outpatient mental health services.” (Miranda et al., 2015, p. 292).
- The Center for Collegiate Mental Health’s Annual report found that 73.8% of providers at participating collegiate counseling centers were White (2016).
- Asbury and colleagues (1994) found that when the patient and provider are racially similar, there is a greater likelihood for continued participation in psychotherapy.
  - Furthermore, marginalized groups have reported feeling that the majority of therapists do not consider non-westernized cultural norms or standards (Sue et al., 1990).
- It can be deduced that feelings of alienation and lack of racial and ethnic representation partially account for the lack of diversity of individuals participating in psychotherapies.
Overview of the Recommendations

Given that the previous literature emphasized discrimination, stigma, feelings of alienation, and lack of representation for marginalized groups when attempting to access mental health care, there is a high need for fundamental changes to be made within clinical research and practice such as:

1. Integration of cultural norms and perspectives outside of westernized ideas in psychotherapies.
2. Scales and Measures for clinical research that take into account marginalized identities and their specific experiences within psychotherapies.
3. Increased diversity among psychotherapy providers.
4. Explicit inclusion of racially and ethnically minoritized individuals and other marginalized groups as clinical trial participants for psychotherapy trials.
Recommendations

1. Integration of cultural norms and perspectives outside of westernized ideas in psychotherapies.
   a. Hays (1995) found that it is vital to outline key cultural influences in order to properly train providers to care for all identities. Some of these cultural influences involve:
      i. Age or generational differences
      ii. Disability
      iii. Religion
      iv. Ethnicity
      v. Social status
      vi. Sexual orientation
      vii. Indigenous heritage
      viii. Nationality
      ix. Gender
   b. These eight key cultural influences force providers to look outside of westernized ideas and dissect how cultural norms and intersectionality of identities affect the lived experiences of racially and ethnically minoritized individuals (Hays, 1995).
Recommendations

2. Scales and measures for clinical research that take into account marginalized identities and their specific experiences within psychotherapies.
   a. There is a multitude of stigma and discrimination scales that assess specific experiences such as the “Self Stigma of Seeking Help Scale” and the “Racism and Life Experiences Scale,” but there is a lack of scales that assess stigma for specific identities in a psychotherapy setting (Harrell, 1997 & Vogel, 2009).
   b. These scales would allow for the perspectives of specific identity groups to be measured, thus their experiences would be considered in evaluations of therapies and would help shape future iterations and improvements to these therapies and interventions. This allows for more intentional assessment and tailoring of interventions to specific individuals when scales have been normed along these important identities.
3. Increased diversity in psychotherapy providers.
   a. Barriers to this include high cost of secondary education, and a generalized focus on teaching multicultural competency within therapy without much focus on how to diversify the demographics of psychotherapy providers (Weinrach et al., 2002).

   1. Increasing diversity among providers allows for a decreased chance of discrimination and minimized feelings of alienation for racially and ethnically minoritized individuals. This diminished feeling of alienation directly improves utilization rates of mental health care as summarized in prior literature.
      a. Flaskerud (1986) found that “language match of therapists and clients, ethnic/racial match of therapists and clients, and agency location in the ethnic/racial community” (p.2) significantly improves the dropout status of patients seeking mental health treatment.
         i. With this, we can suggest that matches between clients and providers along these important identities decrease feelings of alienation among clients, and in turn, increase utilization of mental health resources.
Recommendations

4. Explicit inclusion of racially and ethnically minoritized individuals and other marginalized groups as clinical trial participants for psychotherapy trials.
   a. A review of trials that studied interpersonal therapy in young adults found that there was a lack of explicit inclusion of racially and ethnically minoritized individuals. This can be seen in trials done by McBride and colleagues (2010) and Rees and Maclaine (2016) where there was a lack of specific demographic information available, suggesting that explicit inclusion of racially and ethnically minoritized individuals was not a necessity to the researchers.
      i. White people have historically represented the majority of research participants in the United States (Behl et al., 2001; Miller and Cross, 2006; Sugden and Moulson, 2015; Yancey et al., 2006).
      ii. Efforts must be made to improve representation of minoritized groups to match national statistics.
   b. Lack of diversity is found to have a direct impact on treatment efficacy for racially and ethnically minoritized individuals (Woods-Burnham et al., 2021).
Sources


