

## African American Parental Endorsement of Racial Socialization Beliefs and Youth Mental Health Service Use

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## INTRODUCTION

- Providing appropriate mental health services to African American youth remains a major challenge
- After controlling for barriers across populations African American youth are still less likely to receive needed care
- Major federal reports site a need to investigate *unidentified service use variables* among populations of color

## INTRODUCTION

- What is racial socialization (RS)?
  - A set of attitudes and behaviors that transmit worldviews about race and ethnicity to children (Hughes, 2003)
  - These attitudes and behaviors both directly and indirectly affect the ways children cope with the realities of a highly racialized society

## INTRODUCTION

- Specific examples of RS messages:
- Spiritual and Religious Coping (SRC)
    - Believe reliance in God/church helps thrive
  - Extended Family Caring (EFC)
    - Believe extended network of blood/non-blood related kin is useful in raising children
  - Cultural Pride Reinforcement (CPR)
    - Believe that indications of pride are needed
  - Racial Awareness Teaching (RAT)
    - Believe differences exist in US due to race

## INTRODUCTION

- Caughy et al., (2002) found that among African American parents:
- 74% emphasized messages of spirituality
  - 89% gave messages of racial pride
  - 66% emphasized messages of preparation for bias
  - 65% emphasized messages of racial mistrust

## INTRODUCTION

- In recent years African American RS messages linked to positive youth:
  - Socio-emotional functioning
  - Academic outcomes
  - Behavioral competence
  - Family processes (Maternal-child interact.)
- However, to date the presence of these messages has not been related to youth mental health service use

## OBJECTIVE

- Latest service use research focuses on the role of the parent in determining if youth receives services
- Thus, the objective of the current study focuses on how parental endorsement of RS beliefs (i.e., SRC, EFC, CPR, RAT) relates to other parenting behaviors, such as the use of mental health services for their children and adolescents

## HYPOTHESIS

- A higher degree of parental endorsement of RS beliefs will be associated with an increased likelihood of child mental health service use
- Hypothesis is based on the premise that higher levels of RS belief on behalf of parents will facilitate more effective functioning in mental health service system

## THEORETICAL FRAMEWORK

- Garcia Coll (1996) integrative model for minority child development.
  - Incorporates constructs universally relevant to developmental processes
  - Incorporates constructs salient to populations of color, such as RS

## THEORETICAL FRAMEWORK

- Integrative model emphasizes:
  - Social mechanisms (racism) produce economic, residential, social isolation
  - Leads to adaptive culture with unique behaviors to maintain functionality
  - RS is an example of adaptive behavior
  - To understand service use, understand how values that distinguish group from dominant culture relate to services

## METHODS

- The current findings are based on secondary analysis of data generated from the Knowledge about African-American Research Experience (KAARE) Project (Principal Investigator- Dr. M. McKay)
- The sample for the KAARE study was randomly drawn from participants in a larger family based HIV and mental health prevention study program

### METHODS

- **Sample**
  - 99 urban African American adult caregivers of school-age children (60% female youth; ages 9-11)
  - 93% mothers/7% were fathers
  - Mean age: 33.8 years (*SD* = 7.4)
  - 73.3% adult caregivers were not married
  - 80% high school (HS) education
  - 69% unemployed
  - 75% received public assistance

### METHODS

- *Measures- Dependent variable* Reporter
  - Child mental health service use measured Parent via the *CHAMP Service Use Questionnaire*
  - Parents were asked:
    - 1) Did you ever take your child for counseling (Yes/No)?
    - 2) If yes, where did you take your child for counseling? (all reported formal sources)

### METHODS

- *Measures- Independent variables* Reporter
  - Parental Stress measured via the *Hassles & Uplifts Scale* (Lazarus & Folkman, 1989) Parent
  - Social Support measured via the *Social Support Network Inventory* (Flaherty, 1983) Parent
  - Child mental health need measured via the Parent clinical cutoff point (yes/no) for child externalizing behavior as per the *Child Behavior Checklist* (Achenbach, 1991)

### METHODS

*Measures- Independent variables (continued)*

- Racial socialization: *Scale of Racial Socialization for African American Adolescents* (Stevenson, 1994)
- 4 continuous subscales:
  - Spiritual and Religious Coping (7 items;  $\alpha = .71$ )
  - Extended Family Caring (12 items;  $\alpha = .70$ )
  - Cultural Pride Reinforcement (7 items;  $\alpha = .71$ )
  - Racial Awareness Teaching (9 items;  $\alpha = .59$ )
- Each subscale was trichotomized in light of Frabutt et al. (2002) where moderate RS predicted strongest family processes (e.g., maternal-child interaction)

### RESULTS

**Table 4a. Description of study variables**

Variable	Possible range	Mean ( <i>SD</i> )
Parent hassles	0-90	22.7 (13.6)
Parent uplifts	0-117	74.3 (22.7)
Parent social support	6-30	9.4 (4.0)
Spiritual and religious coping	7-28	22.7 (3.1)
Extended family caring	12-48	29.8 (3.4)
Cultural pride reinforcement	7-28	23.0 (2.7)
Racial awareness teaching	9-36	22.7 (4.1)

### RESULTS

**Table 4b. Description of study variables**

Variable	n	%
<b>Significant externalizing behavior</b>		
Yes	37	39
No	59	61
<b>Used of child services</b>		
Yes	13	14
No	83	86

## RESULTS

Table 5a. Chi-square analysis examining child mental health service use by parental endorsement of racial socialization

Used Child Services	NO	Yes	$X^2$ (df)	P
<b>Spiritual and religious coping</b>				
Low SRC	26 (93%)	2 (7%)	5.99 (2)	.05
Moderate SRC	28 (76%)	9 (24%)		
High SRC	29 (94%)	2 (7%)		
<b>Extended family caring</b>				
Low EFC	32 (94%)	2 (6%)	4.43 (2)	.11
Moderate EFC	27 (77%)	8 (23%)		
High EFC	24 (89%)	3(11%)		

## RESULTS

Table 5b. Chi-square analysis examining child mental health service use by parental endorsement of racial socialization

Used Services	NO	Yes	$X^2$ (df)	P
<b>Cultural pride reinforcement</b>				
Low CPR	25 (83%)	5 (17%)	4.32 (2)	.12
Moderate CPR	30 (97%)	1 (3%)		
High CPR	28 (80%)	7 (20%)		
<b>Racial awareness teaching</b>				
Low RAT	27 (87%)	4 (13%)	.38 (2)	.82
Moderate RAT	24 (83%)	5 (17%)		
High RAT	29 (88%)	4 (12%)		

## RESULTS

Table 6. Logistic regression of spiritual and religious coping on child mental health service use (n=96)

Variable	B (SE)	OR	95% CI
Hassles	.06 (.03)	1.06	(1.01-1.12)*
Uplifts	-.01 (.02)	.99	(.96-1.02)
Social support	.01 (.08)	1.01	(.86-1.17)
Child externalizing behavior	1.09 (.68)	2.97	(.78-11.32)
Low spiritual and religious coping (Reference group)			
Moderate spiritual and religious coping	2.05 (.97)	7.79	(1.16-52.24)*
High spiritual and religious coping	.65 (1.22)	1.91	(.18-20.82)

Model =  $X^2 = 16.64$ ,  $df = 8$ ,  $p < .05$ .

## RESULTS

Table 7. Logistic regression of extended family caring on child mental health service use (n=96)

Variable	B (SE)	OR	95% CI
Hassles	.06 (.03)	1.06	(1.01-1.11)*
Uplifts	-.02 (.02)	.98	(.95-1.01)
Social support	.08 (.09)	1.09	(.90-1.30)
Child externalizing behavior	.85 (.68)	2.33	(.62-8.79)
Low extended family caring (Reference group)			
Moderate extended family caring	2.34 (1.11)	10.41	(1.17-92.33)*
High extended family caring	1.86 (1.26)	6.42	(.54-75.88)

Model =  $X^2 = 15.88$ ,  $df = 8$ ,  $p < .05$ .

## RESULTS

Table 8. Logistic regression of cultural pride reinforcement on child mental health service use (n=96)

Variable	B (SE)	OR	95% CI
Hassles	.08 (.03)	1.08	(1.01-1.14)*
Uplifts	-.02 (.02)	.99	(.95-1.02)
Social support	.04 (.08)	1.04	(.89-1.23)
Child externalizing behavior	1.34 (.07)	3.83	(.97-15.18)
Low cultural pride reinforcement (Reference group)			
Moderate cultural pride reinforcement	-2.75 (1.33)	.06	(.01-.87)*
High cultural pride reinforcement	.53 (.79)	1.69	(.36-7.91)

Model =  $X^2 = 19.60$ ,  $df = 8$ ,  $p < .01$ .

## RESULTS

Table 9. Logistic regression of racial awareness teaching on child mental health service use (n=96)

Variable	B (SE)	OR	95% CI
Hassles	.05 (.02)	1.05	(1.01-1.10)*
Uplifts	-.01 (.02)	.99	(.96-1.02)
Social support	-.01 (.08)	.99	(.86-1.16)
Child externalizing behavior	.98 (.65)	2.68	(.75-9.52)
Low racial awareness teaching (Reference group)			
Moderate racial awareness teaching	.40 (.81)	1.50	(.30-7.38)
High racial awareness teaching	.11 (.88)	1.11	(.20-6.26)

Model =  $X^2 = 10.28$ ,  $df = 8$ ,  $p = .25$ .

## DISCUSSION

- The study hypotheses (i.e., a greater likelihood of child mental health service use among parents with the highest level of endorsement of racial socialization beliefs) were not supported by these data
- Moderate levels of racial socialization were most influential in predicting outcomes

## DISCUSSION

- The findings of Frabutt et al. (2002) may have implications in the current study
- Parents who reported moderate levels of RS in the current study may have had stronger family processes similar to the Frabutt sample
- This may have contributed to better youth mental health, a reduced need for services, and a lower rate of service use as was seen in the example of CPR

## DISCUSSION

- Important to realize low/high RS cats. more/less likely to use services for different reasons
- For example, in the case of SRC and EFC, a somewhat higher or “moderate” level of RS beliefs may facilitate successful service use
- However, an extreme level of endorsement may steer one away from formal services to informal
- Whereas, a low level of RS may not be enough to facilitate service use through this venue

## DISCUSSION

- Findings of the current study, suggest parental endorsement of racial socialization beliefs plays an important role in child mental health service use for urban African American families
- This is an important finding, especially in light of the fact that research has indicated that unidentified variables exist that impact child mental health service use for African Americans

## LIMITATIONS

- Sample size is relatively small
- Current sample represents a small, homogeneous portion of the population
- Measures were somewhat limited
  - parents were only asked about attending counseling as a measure of mental health service uses
  - Source of child mental health variable was parent checklist

## IMPLICATIONS

- Current findings indicate that parental endorsement of RS beliefs is an important culturally specific variable that drives mental health service use for African American youth and warrants further study
- Future studies with mixed method designs and large representative samples should be pursued