# Psychological Trauma: Theory, Research, Practice, and Policy

## Mental Health Ramifications of the COVID-19 Pandemic for Black Americans: Clinical and Research Recommendations

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Mental health clinicians and researchers must be prepared to address the unique needs of Black Americans who have been disproportionately affected by the COVID-19 pandemic. Race-conscious and culturally competent interventions that consider factors such as discrimination, distrust of health care providers, and historical and racial trauma as well as protective factors including social support and culturally sanctioned coping strategies are needed. Research to accurately assess and design treatments for the mental health consequences of COVID-19 among Black Americans is warranted.

*Keywords:* COVID-19, coronavirus, Black Americans, health disparities, race

Initial data from the Centers for Disease Control and Prevention (CDC) indicate that Black Americans are disproportionately affected by the coronavirus disease 2019 (COVID-19) pandemic (CDC, 2020a). Historically, Americans are not equally impacted by disasters and public health crises (Purtle, 2012), and COVID-19 is no exception; Black Americans experience higher COVID-19 hospitalization and mortality rates (CDC, 2020b). The losses Black Americans absorb occur against a backdrop of systemic inequities, historical traumas, disenfranchisement from the health care sys-

tem, and increasing mental health risks in Black communities (Loeb et al., 2018; Yancy, 2020). Given that rates of posttraumatic stress disorder are already higher among Black Americans compared with other racial/ethnic groups (Himle, Baser, Taylor, Campbell, & Jackson, 2009), mental health providers and researchers must urgently prepare for and address the increased mental health needs of Black Americans in the aftermath of COVID-19.

We can learn from the lessons of previous epidemics, natural disasters, and other public health crises. Although different from COVID-19 in terms of contraction and disease course, disparities in HIV/AIDS transmission rates and outcomes persist and pose significant mental health challenges for Black Americans (CDC, 2020c; Fitzpatrick, McCray, & Smith, 2004). Survivors of the Ebola epidemic in West Africa experienced increased rates of posttraumatic stress and depressive symptoms resulting from exposure to deceased bodies, social isolation, and exclusion faced after recovery (Rabelo et al., 2016). COVID-19 survivors may experience similar reactions. Compared with White Americans, Black Americans experienced increased posttraumatic stress symptoms after Hurricanes Andrew (Perilla, Norris, & Lavizzo, 2002) and Ike (Davidson, Price, McCauley, & Ruggiero, 2013) and more depressive symptoms after Hurricane Ike compared with White and Latinx Americans (Davidson et al., 2013). Among survivors of Hurricane Katrina, loss of human life was the strongest predictor of increased psychological distress among Black Americans (Lee, Shen, & Tran, 2009). Together this suggests that Black Americans are particularly vulnerable to negative mental health consequences during large-scale national crises, and targeted interventions are needed.

Despite increased need, long-standing barriers, including cost, stigma, and cultural insensitivity, prevent Black Americans from accessing and utilizing mental health treatment, even in the wake of national disasters such as 9/11 (Boscarino, Adams, Stuber, &

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Galea, 2005; Goldmann & Galea, 2014; Kawaii-Bogue, Williams, & MacNear, 2017). Healthy distrust of providers because of a history of mistreatment in medical care contexts can also exacerbate psychological distress (Kennedy, Mathis, & Woods, 2007; Wyatt, 2009). Among Flint, Michigan, residents, emotional distress was related to both water contamination and lack of trust in public health officials (Cuthbertson, Newkirk, Ilardo, Loveridge, & Skidmore, 2016). A lack of culturally validated treatments has resulted in higher dropout rates because of decreased trust in mental health treatment and providers (Hines, Cooper, & Shi, 2017; Otado et al., 2015). Revisiting the HIV/AIDS epidemic, comprehensive government funding for integrated behavioral health care increased access to care (Weiser et al., 2015). Similar programs could increase access to mental health services after COVID-19 and be highly impactful, given the historical trauma experienced by Black Americans. The psychological sequelae of COVID-19 must be met with easy to access, culturally competent treatments, and providers.

Despite high levels of exposure to psychosocial stressors, including trauma and discrimination, and systemic barriers that prevent Black Americans from having their mental health needs met, research suggests that this group displays high levels of resilience (Myers et al., 2015) via culturally sanctioned coping strategies. Africultural coping tenets, and spiritual and collective coping (i.e., group-focused activities used to manage stress), predict quality of life in Black Americans from high-risk urban communities over and above traditional indicators of coping (Utsey, Bolden, Lanier, & Williams, 2007). In the aftermath of Hurricane Katrina, spiritual and religious modes of coping contributed to well-being (Alawiyah, Bell, Pyles, & Runnels, 2011). Additionally, social support reduces depressive symptoms among Black Americans with trauma and socioeconomic stress (Lincoln, Chatters, & Taylor, 2005). Despite the inherent strengths of Black Americans and their culture, extra attention must be given to their unique needs as pertains to the behavioral health consequences of COVID-19.

To address the mental health needs of Black Americans that will arise as a result of COVID-19, providers must deliver race-conscious interventions that build upon personal strengths and resiliency to help consumers manage psychological distress. Despite not having a vaccine, the United States has successfully combatted the HIV/AIDS epidemic after a delayed initial response. Two fundamental lessons that can be drawn from the HIV/AIDS epidemic include (a) actively addressing the psychosocial influences that affect well-being as well as (b) reducing health disparities by identifying those at disproportionate risk of poor outcomes and designing targeted interventions to promote health equity (Valdiserri & Holtgrave, 2020). We make the following recommendations for mental health treatment and research:

1. At the macro level, the development of comprehensive national programs to provide integrated health care to those who are underinsured and uninsured impacted by COVID-19 would promote increased resiliency within Black American communities and reduce their vulnerability to adverse outcomes as well as long-term socioeconomic hardships.

2. Early identification and intervention for posttraumatic stress and other psychiatric symptoms in community-based settings conducted by trained mental health providers (Rothbaum et al., 2012) in areas particularly affected by the pandemic such as Detroit, Chicago, and New Orleans.

3. Mental health providers are increasingly utilizing telehealth interventions in the midst of the COVID-19 pandemic. This flexibility in method of service delivery should ultimately increase access and promote retention in mental health care for the most marginalized. Providers should continue to provide evidence-based care via these alternative methods.

4. Providers must be aware of the historical mistrust of public officials and medical providers that may heighten the emotional needs of Black Americans. Therefore, ensuring that treatment is collaborative to increase patient buy-in is vital (Hall, 2020). They must also be aware of differences in symptom expression of mental health diagnoses in Black Americans (Kirmayer & Young, 1998)—highlighting the need for cultural humility (Greene-Moton & Minkler, 2020; Tervalon & Murray-García, 1998)—in assessment and treatment approaches to enhance protective factors including racial/ethnic identity and social support. Clinicians must be willing to discuss other relevant issues such as perceived discrimination and level of acculturation (Myers et al., 2015).

5. Clinical research scientists must pay particular attention to the effective evaluation of mental health outcomes of Black Americans to ensure a valid assessment of psychosocial functioning. Thorough work in this area will highlight the need for the design and evaluation of culturally competent interventions tailored specifically for Black Americans.

Frontline medical providers have risen to the challenge of combating COVID-19, and now as mental health providers and researchers, it is up to us to address the coming second wave of mental health consequences, with particular attention toward the most disenfranchised.

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