

Executive Summary

"I Want to be the Help that I Never Received."

Barriers to BIPOC Representation in the Helping Professions & Recommendations to Address Them

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INTRODUCTION

Roughly 60 percent of the U.S. population identifies as non-Hispanic white, 14 percent as Black, 19 percent as Hispanic/Latine, 6 percent as Asian, and 3 percent as some other race. Yet, an overwhelming majority of practicing psychologists identify as white (81 percent), with only 8 percent identifying as Hispanic/Latine, 5 percent as Black/African American, and 3.7 percent as other non-white racial/ethnic groups.

The underrepresentation of Black, Indigenous, and People of Color (BIPOC) people in the helping professions³ has profound consequences for the well-being of BIPOC communities and for society's well-being writ large. Whereas data indicate similar rates of mental health disorders between whites and BIPOC individuals broadly, disorders experienced by BIPOC people tend to last longer and are more likely to go untreated. Access to care falls along predictable and entrenched structural divides. A study published in 2015 noted that nationally, Black, Latine, and Asian people were less likely to access mental health services than white people.4 Looking deeper into these disparities, numerous studies have documented the discrimination pervasive in the helping profession disciplines. For instance, Black mental health patients presenting with the same symptoms as white mental health patients are more likely to be

diagnosed with a severe and highly stigmatized mental health condition (e.g., schizophrenia),⁵ and are hospitalized more than any other racial group when seeking care.⁶ Conversely, Black people are less likely to be offered evidence-based medication therapy or psychotherapy.^{7,8} Historically, BIPOC people have encountered structural obstacles that deter them from entering the helping professions, particularly those requiring more advanced degrees.

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In the second half of 2023, the CUNY Institute for State & Local Governance (CUNY ISLG) was approached by a funder with the goal of learning about the reasons for the underrepresentation of BIPOC communities in the helping professions, with the goal of developing recommendations for investments designed to address them. Specifically, this process focused on the barriers to becoming a helping professional, as well as remaining and advancing as one.

METHODS

First, researchers conducted a literature review of barriers and strategies for addressing them across different disciplines/professions (i.e., social work, psychology, and psychiatry). Once they identified the necessary terminology for each profession, CUNY ISLG used online search engines and educational libraries to locate relevant journal articles, association websites, and other sources.

Second, researchers spoke with 133 individuals who were willing to share about their own experiences. CUNY ISLG and partners developed a stakeholder map that consisted of groups, organizations, and people with critical insight into the field, and then reached out through their networks to members from the seven groups identified through this process:

- Government agencies
- Community-based organizations (CBOs)
- Professional associations
- University leaders
- Clinicians and thinkers from the helping professions
- Community members
- Other organizational stakeholders

After obtaining consent from participants, CUNY ISLG conducted 60–90-minute confidential interviews and focus groups exploring these topics. Researchers asked participants a series of questions based on three themes: realization (what brought them to pursue the helping professions); recruitment (pathways into the helping professions); and retention (remaining and advancement within the helping professions). They also asked participants about how they would address underrepresentation in the

helping professions "if they had a million dollars". Each conversation was coded for key themes and included representative quotations in this report to convey how participants experience these barriers in their own words

Critical to this process was the creation of an Advisory Group, which CUNY ISLG convened monthly to provide direction to the project and to learn about their own experiences of barriers as well as strategies they were aware of or had been part of to address them. Advisory Group members reviewed a draft list of recommendations to indicate priorities and, conversely, areas where the landscape is already saturated or investments would be less impactful.

FINDINGS

The findings enumerate the barriers experienced at every step along the way to becoming and remaining in the helping professions:

- Lack of access to and awareness of the helping professions as a career option, or prior negative experience with the helping professions that dissuade pursuit of them as a career option
- Deficiencies in rigor and lack of opportunities for advanced secondary school coursework
- Structurally biased admissions exams and difficulty gaining entry to higher education
- Collateral consequences of criminal legal and other system involvement
- Exclusionary curricula that do not reflect the experiences and values of BIPOC people
- Microaggressions and tokenism in education and workplace settings
- Financial burdens of coursework and unpaid field placement hours

- Unsupportive or even hostile field placement settings
- Lower rates of licensure exam passing and access to test preparation resources
- · Compassion fatigue and burnout

- Exposure to trauma and insufficient support to deal with trauma experienced while working in the profession
- Limited opportunities for advancement and paper ceilings particularly for people without advanced postsecondary education and/or who have criminal legal histories

RECOMMENDATIONS

Yet, this research also revealed strategies that BIPOC people and allies have used to surmount these obstacles. These strategies, as well as the other themes from the literature review and suggestions from our interviews and focus group participants, inform a comprehensive set of recommendations that emerged from the three prongs of inquiry. They include 43 specific recommendations that would achieve the following:

- 1 CREATE A CONTINUUM OF EXPOSURE OPPORTUNITIES FOR FUTURE BIPOC HELPING PROFESSIONALS
- 2 ASSISTANCE TO NONPROFIT AND UNIVERSITY LEADERSHIP ON HOLISTIC, EQUITABLE ADMISSIONS AND HIRING
- OFFER FINANCIAL SUPPORT AND
 WRAPAROUND SERVICES TO BIPOC
 PEOPLE WHO ARE PURSUING CAREERS IN THE
 HELPING PROFESSIONS
- 4 PROGRAMS AND WORKPLACES
- CREATE MORE INCLUSIVE CURRICULA AND APPROACHES AT LEARNING INSTITUTIONS
- OFFER FOUNDATIONAL AND REMEDIAL COURSES FOR UNDERREPRESENTED STUDENTS AND PRACTITIONERS

- 7 OPPORTUNITIES FOR BIPOC HELPING PROFESSIONALS
- CREATE PATHWAYS FOR NON-CLINICAL PROFESSIONALS SEEKING EMPLOYMENT IN THE HELPING PROFESSIONS
- PROVIDE MENTORSHIP AND
 INTERPERSONAL SUPPORT DURING
 DEGREE PROGRAMS, INTERNSHIPS,
 PLACEMENT, AND IN SECURING AND
 ADVANCING IN PERMANENT POSITIONS
- 10 HELP STUDENTS PREPARE FOR PLACEMENT AND LICENSURE EXAMS
- 11 IMPROVE INTERNSHIP PLACEMENT EXPERIENCES
- 12 IMPROVE WORKING CONDITIONS
- PROMOTE REFORMS TO ORIENT THE FIELD TOWARD JUSTICE AND EQUITY

Endnotes

- U.S. Census Bureau Quickfacts (United States Census, 2020), https://www.census.gov/quick-facts/fact/table/US/POP010220#POP010220.
 Please note, these are estimates and it is possible certain groups (i.e., Black, Latinx, American Indian and Alaska Natives, and some other race) may be undercounted while non-Hispanic White and Asian populations may be overcounted.
- American Psychological Association. (2019).
 Demographics of the U.S. Psychology Workforce.
 https://www.apa.org/workforce/data-tools/demographics.
 Totals may not sum to 100 percent due to rounding.
- 3. Defined as 1) careers aimed to support/address people's well-being that do not require a higher education degree, advanced degree or clinical license, including community health workers and credible messengers, and 2) those that do require a higher education degree, advanced degree and/or clinical license including social workers, psychologists and psychiatrists.
- 4. "A New Look at Racial and Ethnic Disparities in Mental Health Care", (American Psychological Association, 2016), https://www.apa.org/monitor/2016/01/publication-disparities.

- 5. Mental Health Disparities: African Americans, (American Psychiatric Association, 2017), https://www.psychiatry.org/File percent2oLibrary/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf.
- 6. Maura, J., & Weisman de Mamani, A. (2017).

 Mental health disparities, treatment engagement, and attrition among racial/ethnic minorities with severe mental illness: A review. Journal of Clinical Psychology in Medical Settings, 24, 187-210
- 7. Coleman, K. J., Stewart, C., Waitzfelder, B. E., Zeber, J. E., Morales, L. S., Ahmed, A. T., ... & Simon, G. E. (2016). Racial-ethnic differences in psychiatric diagnoses and treatment across 11 health care systems in the mental health research network. *Psychiatric Services*, 67(7), 749-757.
- 8. Ibid.



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