

# The Critical Need for Research Examining Mental Health Risk and Protective Factors in Black Autistic Youth

Desiree R. Jones<sup>a,\*</sup>, PhD , Heather A. Yarger<sup>a</sup>, PhD , Elizabeth Redcay<sup>a</sup>, PhD 

**A**pproximately 1 in 31 children in the United States is diagnosed with autism.<sup>1</sup> Although autism occurs across all racial and ethnic groups, autism in Black youth is disproportionately underdiagnosed and misdiagnosed,<sup>2</sup> delaying access to services. Furthermore, research on psychosocial outcomes in autism has focused primarily on racial majority youth, limiting our understanding of how intersecting identities shape mental health.

Existing research has identified multiple psychosocial risk factors that may predispose autistic youth to poor mental health, including social isolation and peer victimization.<sup>3</sup> Indeed, autistic people face increased rates of loneliness, depression, and anxiety, particularly during adolescence.<sup>3</sup> However, little is known about how these risk factors affect autistic youth from racial minority backgrounds, including Black autistic youth. Clarifying these experiences is critical for identifying targeted protective factors and reducing disparities.

Although some risk and protective factors overlap across groups, Black autistic youth face distinct, compounded challenges that should be studied. Recent literature suggests that Black autistic people may face unique patterns of diagnostic disparities,<sup>2</sup> discrimination,<sup>4</sup> barriers to care,<sup>2</sup> and resilience.<sup>5</sup> These differences suggest that experiences of minoritization are not interchangeable. Without studying Black autistic youth specifically, critical nuances may be overlooked, and services risk disregarding community needs. A targeted approach is essential to fully understand and support the mental health of Black autistic youth.

Despite the critical need for research in this area, a scoping review conducted by our research group uncovered just 2 empirical studies explicitly examining mental health in Black autistic youth.<sup>6,7</sup> Although both studies identified disparities in mental health diagnoses among Black youth on the autism spectrum, their findings were inconsistent. One study reported an increased prevalence of depressive

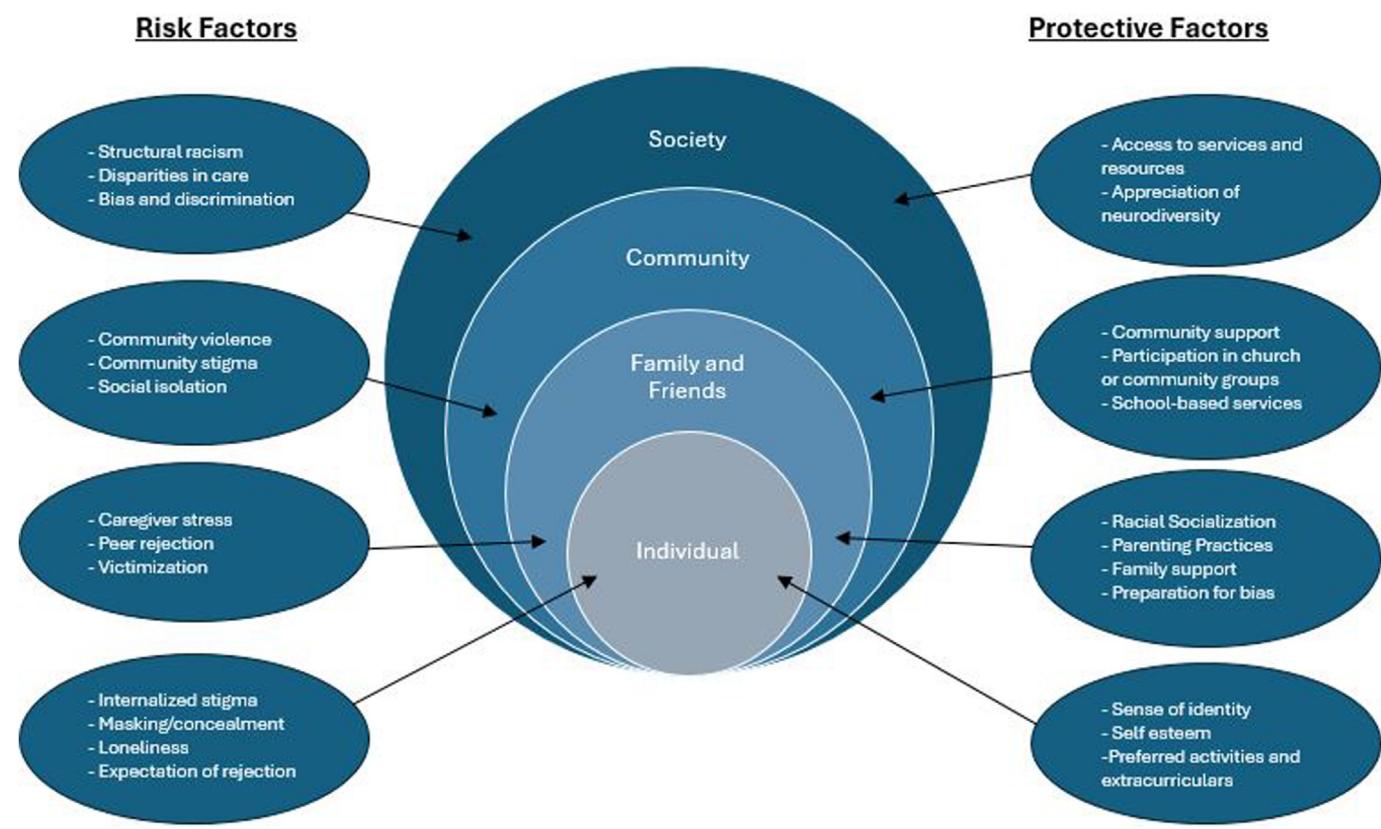
symptoms in this population,<sup>7</sup> whereas the other found decreased rates of depression, anxiety, attention-deficit/hyperactivity disorder, posttraumatic stress disorder, and substance use disorder.<sup>6</sup> These contradictory results make it unclear whether Black autistic youth experience higher or lower prevalence of mental health conditions compared to their White autistic peers, highlighting the need for further research to characterize mental health in these individuals.

This glaring scarcity of research in this population highlights a critical gap in the literature. Black autistic youth remain underrepresented in research, yet have the potential to experience unique challenges stemming from both their racial identity and autism diagnosis. These intersecting identities may influence mental health outcomes in ways that extend beyond the impact of race or autism alone. In this Commentary, we identify several potential risk and protective factors for Black autistic youths' mental health (Figure 1), and elaborate on several of these below.

## UNIQUE RISK FACTORS FOR BLACK AUTISTIC YOUTHS' MENTAL HEALTH

Black autistic youth may experience compounded risks for mental health difficulties because of their intersecting identities. Racial minority youth already face heightened exposure to minority stressors, including systemic racial biases, disparities in care, and racial discrimination.<sup>2,8</sup> When combined with the social and structural challenges associated with autism, these stressors may lead to amplified risks. For instance, stigma and discriminatory attitudes toward both race and autism can create barriers to personal and professional success.

The stigma affecting Black autistic youth persists across multiple levels of society. At a societal level, inequities in health care contribute to delayed diagnoses and limited access to care for Black children.<sup>2,8</sup> Black caregivers of autistic children have also reported encountering

**FIGURE 1** Proposed Psychosocial Risk and Protective Factors Influencing Mental Health Outcomes in Black Autistic Youth

**Note:** Risk factors include systemic inequities, experiences of stigma and discrimination, and barriers to appropriate care. Protective factors span multiple levels and include strong racial and autistic identity development, supportive family and community networks, access to school-based services (eg, individualized education plans, speech-language therapy, occupational therapy), and engagement in preferred or extracurricular activities. This bioecological model highlights the importance of considering individual, interpersonal, community, and societal influences on mental health.

stigma both within autism-centered communities, where racial discrimination may occur, and within the broader Black community, where autism may be misunderstood or dismissed.<sup>9</sup> These dynamics can exacerbate exclusion and isolation for Black autistic youth. At the individual level, experiences of stigma and discrimination may lead Black autistic youth to internalize negative beliefs about their identities.<sup>4,10</sup> Some may resort to social camouflaging (altering one's behaviors to conceal their autistic traits) or code switching (changing one's speech or dialect) to avoid discrimination and to fit into environments where they anticipate rejection, as reported by Black autistic adults.<sup>4</sup> Over time, repeated experiences of discrimination may contribute to loneliness and may reinforce expectations of social rejection.<sup>8</sup> Together, these factors highlight how systemic and interpersonal challenges intersect to heighten risks for mental health difficulties in this population.

## PROTECTIVE FACTORS FOR BLACK AUTISTIC YOUTHS' MENTAL HEALTH

Despite these risks, Black autistic youth may also experience unique protective factors that support their mental health. At the individual level, a strong sense of identity (whether related to race, autism, or both) can foster resilience. High self-esteem and positive identity development may serve as buffers against the psychological effects of discrimination. Although Black autistic youth may face challenges to positive identity development because of discrimination, practices such as racial socialization, community belonging, and affirming representations of neurodivergence may promote stronger racial and autistic identities, fostering resilience in the face of systemic stressors.<sup>5</sup> Family and cultural practices within the Black community may offer additional protection.<sup>5,11</sup> Research on Black non-autistic youth demonstrates that warm, supportive parenting and racial socialization are associated with lower rates of depression and anxiety in the

face of discrimination.<sup>11</sup> These findings suggest that similar practices may benefit Black autistic youth, helping them to navigate challenges and to build emotional resilience.

Broader community support also plays a vital role. Black caregivers of autistic youth have highlighted the importance of social networks, including support from churches and community groups, in fostering a sense of belonging.<sup>5,12</sup> These spaces may offer mentorship, emotional support, and protection against exclusion experienced elsewhere. Finally, obtaining an autism diagnosis can open the door to critical resources.<sup>4</sup> Children in whom autism is diagnosed may gain access to mental health screenings, insurance-covered therapies, and specialized support services, which may be otherwise unavailable. Expanding access to diagnosis and care is therefore essential to addressing mental health disparities in Black autistic youth.

## RECOMMENDATIONS FOR RESEARCH

To better address the mental health needs of Black autistic youth, we propose the following:

- 1. Increase diversity in research:** Include diverse populations of autistic individuals within research, ensuring that findings are representative of all racial and ethnic groups. In addition to diversifying participant pools, researchers should disaggregate data by race and ethnicity to uncover unique patterns and disparities affecting specific communities, including Black autistic youth. Prioritizing funding mechanisms that support research focused on underrepresented groups will be critical to achieving this goal.
- 2. Engage communities through community-based participatory research (CBPR):** Collaborate with Black autistic individuals, families, and community leaders to design research that minimizes harm and centers lived experience. CBPR approaches foster trust, promote cultural relevance, and enhance the validity of findings, especially in historically marginalized communities.
- 3. Adopt a bioecological approach:** Examine how individual, interpersonal, community, and societal fac-

tors interact to shape mental health outcomes in Black autistic youth. Contextualizing experiences within broader systems of inequity can yield a more comprehensive understanding of risk and resilience (Figure 1).

Black autistic youth face unique challenges and opportunities that may influence their mental health. Underrepresentation in research has perpetuated a lack of knowledge about the factors shaping their experiences. By addressing these gaps, we can better understand the risks and protective factors affecting this population. Such efforts will ultimately inform future studies and policies to better serve the mental health needs of the Black autistic community.

## CRediT authorship contribution statement

**Desiree R. Jones:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Conceptualization. **Heather A. Yarger:** Writing – review & editing, Supervision, Methodology, Investigation, Conceptualization. **Elizabeth Redday:** Writing – review & editing, Supervision, Methodology, Investigation, Conceptualization.

This article is part of a special series devoted to the subject of the mental health of autistic children and adolescents. The series was edited by Guest Editors Ellen Hoffman, MD, PhD, David Cochran, MD, PhD, Meng-Chuan Lai, MD, PhD, and Emily Simonoff, MD, FRCPsych, Consulting Editor Jean Frazier, MD, Associate Editor Robert R. Althoff, MD, PhD, and Editor-in-Chief Douglas K. Novins, MD.

Accepted June 11, 2025.

<sup>a</sup>School of Behavioral and Social Sciences, University of Maryland, College Park, Maryland

This project was funded by the National Institute of Mental Health of the National Institutes of Health under Award Number K08MH133879 to Heather A. Yarger and the University of Maryland President's Postdoctoral Fellowship Program (PI: Desiree R. Jones).

Disclosure: Desiree R. Jones, Heather A. Yarger, and Elizabeth Redday have reported no biomedical financial interests or potential conflicts of interest.

\*Correspondence to Desiree R. Jones, PhD, Department of Psychology, 4094 Campus Drive, University of Maryland, College Park, MD 20742; e-mail: drjones@umd.edu

0890-8567/\$36.00/©2025 American Academy of Child and Adolescent Psychiatry

<https://doi.org/10.1016/j.jaac.2025.06.010>

## REFERENCES

- Shaw KA, Williams S, Patrick ME, et al. Prevalence and early identification of autism spectrum disorder among children aged 4 and 8 years—Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. *MMWR Surveil Summ*. 2025;74(2):1-22. <https://doi.org/10.15585/mmwr.ss7402a1>
- Fann DK, Williams EG, Fuller M, et al. Unpacking the prevalence: a warning against overstating the recently narrowed gap for Black autistic youth. *Autism Res*. 2024;17(6):1072-1082. <https://doi.org/10.1002/aur.3168>
- Lai MC, Kassee C, Besney R, et al. Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *Lancet Psychiatry*. 2019;6(10):819-829. [https://doi.org/10.1016/s2215-0366\(19\)30289-5](https://doi.org/10.1016/s2215-0366(19)30289-5)
- Jones DR, Botha M, Sisson N. "I'm kind of stuck in the middle. I don't know where to go": race, autism, and intersectional stigma among Black and White autistic adults. *PsyArXiv*. Preprint posted online May 20, 2025. [https://doi.org/10.31234/osf.io/hnkyx\\_v1](https://doi.org/10.31234/osf.io/hnkyx_v1)

5. Davis AM, Telfer NA, Artis J, *et al.* Resilience and strengths in the Black autism community in the United States: a scoping review. *Autism Res.* 2024;17(11):2198-2222. <https://doi.org/10.1002/aur.3243>
6. Benavides TW, Jaremski JE, Williams ED, *et al.* Racial and ethnic disparities in community mental health use among autistic adolescents and young adults. *J Adolesc Health.* 2024;74(6). <https://doi.org/10.1016/j.jadohealth.2024.01.036>
7. Williams EDG, Smith MJ, Sherwood K, *et al.* Brief report: initial evidence of depressive symptom disparities among Black and White transition age autistic youth. *J Autism Dev Disord.* 2022;52(8). <https://doi.org/10.1007/s10803-021-05242-y>
8. Marks AK, Woolverton GA, Garcia Coll C. Risk and resilience in minority youth populations. *Annu Rev Clin Psychol.* 2020;16. <https://doi.org/10.1146/annurev-clinpsy-071119-115839>
9. Dababnah S, Kim I, Shaia WE. 'I am so fearful for him': a mixed-methods exploration of stress among caregivers of Black children with autism. *Int J Dev Disabil.* 2022;68(5). <https://doi.org/10.1080/20473869.2020.1870418>
10. Malone KM, Pearson JN, Palazzo KN, *et al.* The scholarly neglect of Black autistic adults in autism research. *Autism Adulthood.* 2022;4(4). <https://doi.org/10.1089/aut.2021.0086>
11. Neblett EW. Racial, ethnic, and cultural resilience factors in African American youth mental health. *Annu Rev Clin Psychol.* 2023;19. <https://doi.org/10.1146/annurev-clinpsy-072720-015146>
12. Pearson JN, Stewart-Ginsburg JH, Malone K, *et al.* Faith and FACES: Black parents' perceptions of autism, faith, and coping. *Except Child.* 2022;88(3). <https://doi.org/10.1177/00144029211034152>

All statements expressed in this column are those of the authors and do not reflect the opinions of the *Journal of the American Academy of Child and Adolescent Psychiatry*. See the Guide for Authors for information about the preparation and submission of Commentaries.