

# The Role of Racial–Ethnic Identity in Understanding Depressive Symptoms in the Context of Racial Discrimination Among African American Youth

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**ABSTRACT** *Objective:* The current study tested the individual associations of three dimensions of racial–ethnic identity (i.e., private regard, public regard, and racial centrality) on depression and their moderation effects on the relationship between racial discrimination and depression. *Method:* We conducted secondary data analysis using a large, nationally representative cross-sectional sample of African American youth in the United States ( $N = 810$ ; mean age = 15,  $SD = 1.44$ ; 52% female). We used hierarchical multiple regression modeling to test the moderation effects of racial–ethnic identity dimensions on the relationship between racial discrimination and depression, controlling for demographics and parental support. *Results:* Of participants, 86% reported experiencing at least one of the racial discrimination experiences on the Everyday Discrimination Scale. Consistent with prior research, racial discrimination was associated with depressive symptoms; higher levels of emotional support from parents were significantly and negatively associated with depression. Most importantly, whereas the racial–ethnic identity dimensions were positively correlated to one another, we found they have unique associations with depression. In particular, public regard (i.e., participants' evaluation of how society views the Black racial group) moderated the association between racial discrimination and depression. *Conclusions:* Although it is important to understand the independent effects of the racial–ethnic identity dimensions, the current study also suggests the need to understand their interactive effects on depression in the context of racial discrimination among African American youth.

**KEYWORDS:** racial ethnic identity, racial discrimination, depression, African American youth, parental support

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When President Lyndon Johnson signed the Civil Rights Act into law on July 2, 1964, it was intended to end racial discrimination in the United States (Anderson et al., 2018). However, more than 50 years after passage of the legislation, racial discrimination still exists—especially in the experiences of African Americans in the United States—and has adverse mental health consequences (Alexander, 2012; Anderson, 2018; Anderson et al., 2018; Bonilla-Silva, 2014; Shapiro, 2017). *Racial discrimination* is defined as individual or institutional acts that deny or restrict equitable and fair treatment to an individual or group based on phenotypic characteristics or racial/ethnic group affiliations (e.g., being an African American; Clark et al., 1999). Racial discrimination is a significant risk factor for mental health among African American youth (Neblett et al., 2016; Umaña-Taylor, 2016; Witherspoon et al., 2016). Indeed, studies from U.S. regions and nationally representative samples have shown the high prevalence of racial discrimination among African American youth and its negative impact on their mental health (Pachter et al., 2018; Seaton & Douglass, 2014; Seaton et al., 2009; Walker et al., 2017). Therefore, it is important to identify the linking mechanisms between racial discrimination and mental health and factors that can mitigate the negative impact of racial discrimination on the mental health of African American youth. In the current study, we generate insight on how racial discrimination relates to the mental health of African American youth and identify potential mitigating factors. Our study may inform practice and policy interventions that aim to eliminate some negative impacts of race-based discrimination on youth mental health.

Racial discrimination can affect the mental health of African American youth through multiple pathways (Levy et al., 2016; Neblett, 2019; Williams & Mohammed, 2013), including negative psychological (e.g., anger, fear, anxiety, depression), behavioral (e.g., academic disengagement, substance use, risky sexual behaviors), and physiological responses (e.g., headache, insomnia, and allostatic load; Brody et al., 2014; Huynh & Fuligni, 2010; Levy et al., 2016; Neblett, 2019; Roberts et al., 2012; Seaton & Douglass, 2014; Umaña-Taylor, 2016; Walker et al., 2017). For example, Pachter and colleagues (2018) found that about 90% of African American youth respondents reported experiencing at least one discriminatory experience, which was associated with major depression and anxiety. Another study of 75 African American youths found that the more they perceived discrimination, the more depressed they became both on the day of the encounter and in the following days (Seaton & Douglass, 2014). Further, in a 5-year longitudinal study, Brody et al. (2006) reported that African American youth experienced increased discrimination from early to late adolescence, and that these discrimination experiences were associated with depressive symptoms and behavior problems, such as anger, aggression, and violence. Similarly, Brody and colleagues (2014) observed that perceived discrimination predicted high allostatic load over time among African American youth. Because allostatic load is known to affect the onset of chronic diseases—including stroke, diabetes, hypertension, and cardiac disease (Brody et al., 2014)—youth appraisal and

responses to these symptoms can elicit psychological distress that negatively influences mental health (Levy et al., 2016).

Although negative associations between racial discrimination and mental health among African American youth have been reported in general (Vines et al., 2017), the association is not always evident in the literature (Neblett et al., 2016). Indeed, despite encounters with racial discrimination, many African American youths still experience good mental health (Neblett et al., 2016; Rivas-Drake et al., 2014). One possible reason is parental support, which has been shown to offset some negative effects of discrimination on depression among African American youth (Dotterer et al., 2009; Dotterer et al., 2014; Smalls, 2009; Smith Bynum et al., 2014). Parents directly support youth mental health through emotional connection and indirectly via the support they provide as their children develop global and racial–ethnic identities (Brody et al., 2014; Huguley et al., 2019; Zhu, 2018). The literature has identified the role of racial–ethnic identity development in understanding mental health in the context of race-based discrimination among African American youth. For example, empirical evidence has suggested that the extent to which racial discrimination affects the mental health of African American youth may depend on the strength of the dimensions of racial–ethnic identity in perceiving discrimination (Seaton et al., 2014; Sellers et al., 2006). However, it is not entirely clear how racial–ethnic identity influences mental health in the context of racial discrimination, especially in the social work literature.

In the section that follows, we review the racial–ethnic identity construct and its association with depression, including potential moderators in the relationship between racial discrimination and depression among African American youth. We then present the methodology for the current study, discuss findings, and conclude with implications for social work.

### Conceptualizing Racial–Ethnic Identity

*Racial–ethnic identity* (REI) is defined as the meaning and significance attached to racial–ethnic group membership in one’s conceptualization of the self (W. E. Cross, 1991; Sellers et al., 1998). REI is a multidimensional construct (Rivas-Drake et al., 2014; Sellers et al., 1998). According to Sellers and colleagues (1997, 1998), African Americans’ REI consists of three dimensions that may be situationally stable (i.e., racial centrality, racial regard, and racial ideology). *Racial centrality* is the extent to which an individual views race/ethnicity to be relevant to the self-concept. *Racial regard* refers to positive or negative views and appraisal of one’s identified racial–ethnic group. According to Sellers et al. (1998), racial regard is characterized by *private regard*, which describes a person’s positive or negative evaluation of self as part of the identified racial group, and *public regard*, which indicates an individual’s evaluation of others’ view of the identified racial group (Sellers et al., 1998). *Racial ideology* refers to an individual’s meaning-making systems and attitudes relative to the racial–ethnic group. Racial ideology has four subdomains: (a) nationalist beliefs and collective efficacy,

which underscore the sense of racial belonging; (b) an oppressed minority orientation, which centers on the similarities of oppression experienced by marginalized groups in the United States; (c) an assimilationist worldview, which espouses the need for African Americans to fully adopt mainstream American culture; and (d) humanist beliefs, which highlight the common humanity of all human beings (Sellers, 1998). In the present study, we focus on racial centrality and the two subconstructs of racial regard (i.e., private regard and public regard). Sellers and colleagues (2006) argued that racial centrality and the racial regard subconstructs are the most critical constructs for understanding the relationship between racial discrimination and mental health of African American youth.

### ***Racial–Ethnic Identity Dimensions and Depression***

Recent studies have suggested that although both racial centrality and racial regard (i.e., private regard and public regard) have an additive effect on mental health, they also interact with racial discrimination to affect the mental health of African American youth (Sellers et al., 2006; Yip, 2018). REI dimensions are thus important for understanding the extent to which racial discrimination experiences affect the mental health of African American youth. For example, using cluster analyses, Seaton (2009) found a significant association between racial discrimination and depressive symptoms for African American youths who reported low REI, but this association was not present for those who reported high REI. Similarly, Greene and colleagues (2006) found that private regard moderated the effect of peer racial discrimination on self-esteem among racial and ethnic minority youths, including African Americans. More specifically, youths with negative or moderate positive private regard reported lower self-esteem in the context of perceived racial discrimination by peers, but the effect was minimal for youths with higher private regard (i.e., those who felt strongly affirmed and a sense of belonging to their ethnic group) due to a potential buffer effect against the impact of racial discrimination on self-esteem. Contrary to findings by Seaton (2009), Greene et al. (2006) found that the moderation effects of REI were not present for depression. Further, Zapolski et al. (2019) investigated the promotive and protective effect of public regard on depression, anxiety, and substance use among African American youth. Their findings suggested that public regard was significantly and negatively associated with depressive and anxiety symptoms, although it had no moderation effects on the mental health outcomes in the context of racial discrimination. Findings by Zapolski and colleagues (2019) suggest that REI can be both protective of and a risk to psychological well-being, including depression, among African American youth.

Overall, the literature has shown that REI is an important construct for understanding the impact of race/ethnicity-related discrimination experiences on mental health outcomes for African American youth. However, what is less clear is the unique process and conditions within which REI dimensions affect the impact of race-based discrimination on youth mental health. Differences in analytical

approaches are a potential reason for this ambiguity. For example, cluster analyses by Seaton (2009) identified REI subgroups of African American youth and found differential moderation effects in the relationship between racial discrimination and mental health outcomes. However, it is uncertain how each REI dimension independently and interactively plays a moderating role (Woo et al., 2019; Yip, 2018). Further, most research testing moderation effects of REI on the psychological well-being of African American youth examined REI dimensions separately (e.g., Green et al., 2006; Smalls et al., 2007; Wong et al., 2003; Woo et al., 2019; Zapolski et al., 2019; see Sellers et al., 2006, and Seaton, 2009, for exceptions).

### Study Objectives

In the current study, we simultaneously examined interactions between racial discrimination, three dimensions of REI (i.e., racial centrality, private regard, and public regard), and depression among African American youth to better understand the relationship between racial discrimination and mental health outcomes. This more nuanced, comprehensive understanding is needed to identify clear target mechanisms and develop effective interventions to mitigate negative impacts of racial discrimination on the mental health of African American youth.

We investigated how each of the REI dimensions moderated the effect of discrimination on depression. Because previous research has suggested that parental support (which has a significant influence on REI development) is an important factor for understanding mental health outcomes among African American youth (Brody et al., 2014; Zhu, 2018), we controlled for parental support in our testing models. Drawing on previous research, we tested the following hypotheses:

- 1) There is a positive association between racial discrimination and depression, controlling for demographics.
- 2) Parental emotional support and REI dimensions are associated with depression, controlling for racial discrimination and demographics.
- 3) The extent to which racial discrimination influences depression among African American youth depends on REI.

Because prior research has produced varying findings relative to the association between REI dimensions and psychological well-being (Sellers et al., 2006; Yip, 2018), we did not specify the direction of the expected relationship between depression and the REI dimensions in the current study.

## Method

### Participants

Our secondary data analyses used National Survey of American Life Adolescent Supplement (NSAL-A) 2001–2004 data, which were collected by the University of Michigan Institute for Social Research (C. J. Cross et al., 2018; Jackson et al.,

2016). The NSAL-A is a supplemental study of adolescents within the same adult households used in the National Survey of American Life (NSAL), which consists of a multistage probability sample of African Americans, Black Caribbean, and non-Hispanic white residents in the United States. Data were collected through face-to-face interviews. To identify risk and protective factors that could generate or perpetuate a DSM-IV disorder, the NSAL-A data set measured adolescents' health, social conditions, stressors, distress, racial identity, neighborhood conditions, school, media activities, and social and psychological protective and risk factors. Several variables from the adult data set (NSAL) were merged into the adolescent data set (NSAL-A) within the same household. The current study used cross-sectional data of an African American sample ( $N = 810$ , mean age = 15,  $SD = 1.44$ ).

## Measures

### *Independent Variables*

**Racial Discrimination.** The Everyday Discrimination Scale (Williams et al., 1997) assessed perception of racial discrimination. The scale included 13 items, which captured covert, routine, and chronic experiences of discrimination, as well as discrimination by teachers (Pachter et al., 2018). Participants responded to statements that evaluated the prompt, "In your day-to-day-life, how often has any of the following things happened to you?" Sample statements included, "you are treated with less respect than other people," "you are followed around in stores," and "your teachers act as if they think you are not smart." Responses were given on a 6-point Likert scale ranging from 1 (*almost every day*) to 6 (*never*). Scores were inverted; thus, higher scores indicate more experiences of racial discrimination. Cronbach's alpha for the current study was .84. Research has found evidence of construct and predictive validity of the Everyday Discrimination Scale with varying racial groups, including African Americans and across different age groups (Kim et al., 2014; Stucky et al., 2011).

**Racial–Ethnic Identity.** Youth REI was measured by the Multidimensional Inventory of Black Identity (Sellers et al., 1997), which includes racial centrality, public regard, and private regard. Racial centrality—the extent to which being Black was relevant to participants' self-concept—consisted of four items (e.g., "Being black is important to my self-image";  $\alpha = .71$ ). Private regard—participants' affective evaluation of being Black—included four items (e.g., "I am happy that I am black, I feel good about blacks";  $\alpha = .82$ ). Public regard—participants' evaluation of others/societal views of Black people—consisted of four items (e.g., "Society respects blacks";  $\alpha = .72$ ). For each subscale, participants responded on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). A previous study confirmed construct validity of this scale with African American youth (Sellers et al., 2006). Higher racial-centrality scores indicate that participants consider being Black to be highly relevant to their self-concept. Higher scores on the private regard scale suggest that participants demonstrate high positive affect toward their racial group and themselves.

Finally, higher scores on the public regard scale indicate that participants believe the public has high positive evaluation of the Black racial group, including themselves.

**Parental Emotional Support.** Parental emotional support was measured for mother and father. Mothers' emotional support was measured with a composite score of seven items that asked how participants felt about their relationship with their mother ( $\alpha = .89$ ). Participants indicated agreement with statements including, "you and your mom can share feelings" and "you and your mom can share problems." Parallel items measured fathers' emotional support ( $\alpha = .92$ ). Responses were coded on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate stronger parental emotional support. Parental support indicators were derived from the National Survey of Black Americans study (Jackson & Neighbors, 1997).

### **Dependent Variable**

**Depression.** Youth depression symptoms were measured by a composite of 12 items from the Center for Epidemiological Studies Depression Scale (Radloff, 1977). Prompt questions asked participants to rate how often they experienced depressive symptoms over the past week. Examples included, "In the past week I had restless sleep," "In the past week I was depressed," and "In the past week I had trouble concentrating." Response options ranged from 1 (*none of the time*) to 4 (*most of the time*). Cronbach's alpha for the current sample was .69. The scale has been validated among African American youth in a previous study (Lu et al., 2017). Higher scores indicate increased depressive symptoms.

### **Covariates**

Demographic variables were included as covariates: gender (1 = male, 48%; 2 = female, 52%), age, and family income. Family income (household income before taxes in the past 12 months) was obtained from participants' parents' self-report. Table 1 provides descriptive statistics for these variables.

### **Analytic Strategy**

We first calculated descriptive statistics and conducted correlation analyses for depressive symptoms, racial discrimination, parental emotional support, and REI dimensions (see Table 1). Then, we employed hierarchical regression analyses to test our research hypotheses. First, we entered racial discrimination in the regression model to test its relationship with depressive symptoms, controlling for sociodemographic factors (Model 1). Second, we entered parental emotional support in the model (Model 2). Third, we added REI (i.e., racial centrality, public regard, and private regard) into the model (Model 3). Finally, we added the interaction terms between racial discrimination and each REI dimension (Model 4). We used mean-centered variables to reduce potential multicollinearity problems. Stata 15 was used for the analyses.

**Table 1**  
Descriptive Statistics and Correlations

Variable	n	M	SD	1	2	3	4	5	6	7	8	9
Depression symptoms	789	9.05	5.33	—	—	—	—	—	—	—	—	—
Racial discrimination	789	5.04	3.86	.144**	—	—	—	—	—	—	—	—
Mother support	772	4.28	0.74	-.242***	-.146***	—	—	—	—	—	—	—
Father support	604	3.68	0.99	-.164***	-.057	.327***	—	—	—	—	—	—
Private regard	785	3.79	0.35	-.135**	-.108**	.146***	-.037	—	—	—	—	—
Public regard	781	2.92	0.64	.024	-.142***	.112**	.079	.257***	—	—	—	—
Racial centrality	782	3.42	0.59	-.022	-.018	.143***	.085*	.495***	.234**	—	—	—
Age	789	15.00	1.44	.036	.139***	-.105**	-.080*	.048	-.010**	-.037	-.013	—
Family income	789	2.64	1.80	-.099**	.075*	-.031	.049	.012	-.032	-.013	-.006	.065

Note. Family income (household income before taxes in the past 12 months) was obtained from participants' parents' self-report (0 = none; 1 = \$1–\$1,000; 2 = \$1,001–\$25,000; 3 = \$25,001–\$75,000; 4 = \$75,001–\$100,000; 5 = \$100,001–\$125,000; 6 = \$125,001–\$175,000; 7 = \$175,000–\$200,000).

\* $p < .05$ .

\*\* $p < .01$ .

\*\*\* $p < .001$ .



## Results

The current study tested the individual association of three dimensions of REI (i.e., private regard, public regard, and racial centrality) with depression and examined their moderation role in the relationship between racial discrimination and depression by controlling for parental support among African American youth. Overall, 86% of participants reported experiencing at least one of the racial discrimination experiences on the Everyday Discrimination Scale. Correlation analyses revealed significant relationships among the study's variables of interest (see Table 1). A series of hierarchical regression analyses confirmed our research hypotheses.

The first model (see Table 2) showed that racial discrimination was significantly related to depressive symptoms after controlling for demographics:  $F(4, 783) = 6.88, p < .001, R^2 = .034$ . Racial discrimination ( $\beta = .151, p < .001$ ) was positively and significantly associated with depressive symptoms among African American youth. The second model, which added parental (mother and father) supports, significantly improved the model's relationship with depressive symptoms among African American youth:  $F(6, 582) = 8.87, p < .001, \Delta R^2 = .051 (p < .001)$ . Both fathers' and mothers' support were significantly and negatively associated with depressive symptoms ( $\beta = -.094, p = .028$ , and  $\beta = -.184, p < .001$ , respectively). The third model—which included the REI dimensions of private regard, public regard, and racial centrality—significantly improved the model:  $F(9, 572) = 7.39, p < .001, \Delta R^2 = .012 (p = .006)$ . Among the REI dimensions, private regard was significantly and negatively associated with depressive symptoms ( $\beta = -.140, p = .002$ ), and racial centrality was significantly and positively linked with depressive symptoms ( $\beta = .097, p = .033$ ). However, a similar relationship was not found between depressive symptoms and public regard ( $p > .05$ ). The final model, which included the interaction terms between racial discrimination and the REI dimensions, showed that the overall model was significant, although the change in  $R^2$  was marginally significant:  $F(12, 569) = 6.18, p < .001, \Delta R^2 = .011 (p = .067)$ . Results indicate that public regard moderated the relationship between racial discrimination and depressive symptoms ( $\beta = .094, p < .05$ ).

Results confirmed our hypotheses that increased racial discrimination was associated with increased depressive symptoms, and increased parental (fathers' and mothers') emotional support was linked with decreased depressive symptoms among African American youth. In addition, the REI dimensions were significantly associated with depressive symptoms, although each of the associations was unique despite the positive correlations among the REI dimensions. In particular, an increase in private regard—participants' affective evaluation of being Black—was associated with a decrease in depressive symptoms, whereas higher scores for racial centrality—the extent to which being Black was relevant to participants' self-concept—were associated with more depressive symptoms. Finally, although there was no direct relationship between public regard (i.e., participants' evaluation of

**Table 2**  
 Hierarchical Regression Models Predicting Depression in African American Youth

Variable	Model 1		Model 2		Model 3		Model 4	
	$\beta$	SE	$\beta$	SE	$\beta$	SE	$\beta$	SE
Gender	.030	.377	-.045	.436	-.049	.439	-.052	.438
Age	.022	.131	-.012	.152	.008	.153	.004	.153
Family income	-.112**	.159	-.134***	.185	-.123**	.185	-.124**	.186
Discrimination	.151***	.049	.113**	.058	.097*	.059	.085*	.059
Dad support	–	–	-.094*	.232	-.102*	.234	-.099*	.233
Mom support	–	–	-.183***	.321	-.191***	.329	-.194***	.328
Private regard	–	–	–	–	-.140**	.774	-.132**	.799
Public regard	–	–	–	–	.074	.365	.077	.365
Racial centrality	–	–	–	–	.097*	.417	.088	.420
DIS_PUBR	–	–	–	–	–	–	.094*	.096
DIS_PRIR	–	–	–	–	–	–	-.011	.183
DIS_CENT	–	–	–	–	–	–	-.073	.111
Overall Model	$F(4, 783) = 6.88$		$F(6, 582) = 8.87$		$F(9, 572) = 7.39$		$F(12, 569) = 6.18$	
	$p < .001$		$p < .001$		$p < .001$		$p < .001$	
	$R^2 = .034$		$R^2 = .084$		$R^2 = .104$		$R^2 = .115$	
Change in $R^2$	–		$\Delta R^2 = .051$		$\Delta R^2 = .012$		$\Delta R^2 = .011$	
	–		$(p < .001)$		$(p = .006)$		$(p = .067)$	

Note. DIS\_PUBR = racial discrimination  $\times$  public regard; DIS\_PRIR = racial discrimination  $\times$  private regard; DIS\_CENT = racial discrimination  $\times$  racial centrality.

\* $p < .05$ .

\*\* $p < .01$ .

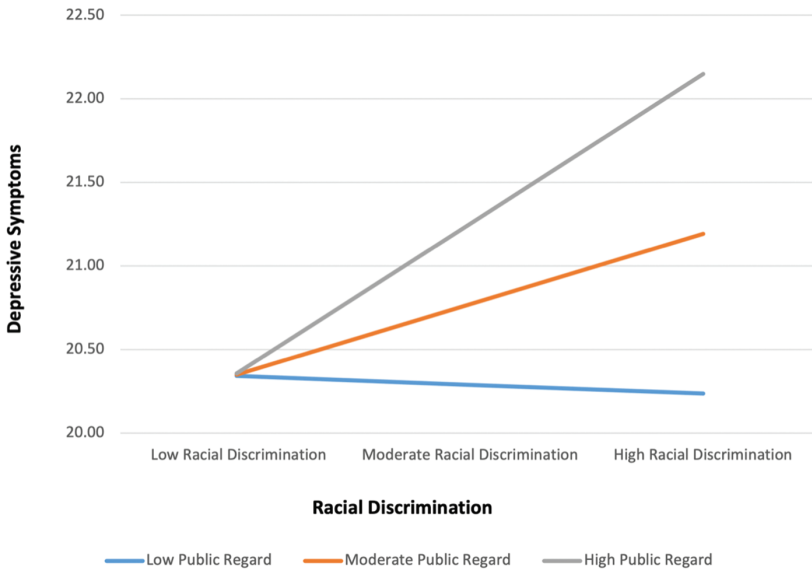
\*\*\* $p < .001$ .

society's view of Black people) and depressive symptoms, public regard moderated the link between racial discrimination and depressive symptoms. Inspection of the interaction graph (see Figure 1) suggests that racial discrimination is strongly associated with higher levels of depression for participants who espoused moderate to high public regard. Namely, those who strongly affirmed that the public positively views African Americans (compared to those who did not affirm this view) tended to experience more depressive symptoms when they were more frequently exposed to racial discrimination.

## Discussion

Using a large, nationally representative sample of African American youth in the United States, we identified the unique factors and mechanisms of each of the REI dimensions in relation to race-based discrimination and depression among African

Figure 1. Public Regard Interaction With Racial Discrimination



American youth. We also controlled for potential parental support effects, which increased generalizability of findings. The present study found a negative link between racial discrimination and depression, which is consistent with previous research. Several studies have identified racial discrimination as a proximal stressor that can negatively affect the mental well-being of African American youth (Pachter et al., 2018; Seaton, 2009; Seaton & Douglass, 2014; Walker et al., 2017). Given that our sample is nationally representative, findings from the present study strengthen prior empirical and conceptual research showing that nationally, racial discrimination is linked to depressive symptoms among African American youth and is a significant risk to their healthy development (Clark et al., 1999; Neblett et al., 2016).

The significant association between parental (fathers’ and mothers’) emotional support and depressive symptoms of African American youth is also consistent with prior research. Parental emotional support and socialization practices that support young people as they develop their global and racial identities are critical for promoting and sustaining positive psychological well-being for African American youth (Huguley et al., 2019; Rose et al., 2014). The current study affirmed this relationship, suggesting that parental emotional support is a critical resource that can respond to depression among African American youth. Emotional resources from parents toward children (e.g., showing that their children matter) foster a strong sense of emotional security that supports youth psychosocial well-being (Suh et al., 2016).

Regarding the unique associations between REI dimensions and depression, we observed that REI dimensions had differential associations with depression. More specifically, increased private regard (high positive evaluation of the self) was linked to reduced depressive symptoms, whereas increased racial centrality (the relevance of race to self-concept) was associated with increased depressive symptoms. We found no significant relationship between increased public regard (perceived positive public evaluation of the Black racial group) and depression. The negative association between private regard and depression and the nonsignificant relationship between public regard and depression observed in the current study are consistent with previous findings (Sellers et al., 2006) that only private regard was significantly associated with depression. However, the positive and significant association we identified between racial centrality and depression contradicts previous findings and presents a nuanced picture of how the REI dimensions behave when their independent associations with mental health are simultaneously estimated (Sellers et al., 2006; Yip, 2018). Our findings suggest that although efforts that foster development of positive self-evaluation are likely to minimize the risk for depression, a strong focus on race—whereby one is likely to view and interpret life stress from a racial lens without assessing the racial salience of a given encounter—can be linked to depression among African American youth. Emerging work suggests that private regard mediates the effects of racial centrality and public regard when examining the interactive role of these REI dimensions on psychosocial outcomes, such as self-efficacy, in African American youth (Kyere et al., 2021). A similar mediation relationship may also have occurred in the current study, suggesting the need to examine the association among the various REI dimensions to understand their linkage to the psychological well-being of African American youth.

Lastly, although public regard had no significant link with depression in the current study, it moderated the association between racial discrimination and depression (see Figure 1). In the context of more frequent racial discrimination, African American youths with a moderate or high perception that the public evaluates Black people in a more positive light were more likely to display increased depressive symptoms. This finding confirms that of Sellers et al. (2006) but contradicts a more recent finding by Zapolski et al. (2019), who observed a significant relationship between public regard and depression with no significant moderation effect of public regard in the relationship between racial discrimination and depression among African American youth. Zapolski et al. (2019) examined peer racial discrimination in one setting (a school), whereas the current study and that of Sellers et al. (2006) investigated racial discrimination across multiple contexts and by multiple actors (e.g., peers, teachers, store associates, etc.). Thus, examining racial discrimination experiences of African American youth in their broader social ecology may help us understand how the public regard dimension of REI can be associated with depression in this population.

The current findings suggest that African American youths who believe that others positively view Black people likely use real-life experiences to validate this belief. If young people believe the public evaluates the Black racial group favorably, they likely expect favorable treatment as members of that racial group. Therefore, the discrepancy between what youths believe and the racial realities they encounter—including police brutality toward and vigilante killings of unarmed Black people—can be very distressing (Bor et al., 2018; Moore et al., 2018). Sellers et al. (2006) observed that African American youths who believed that the public positively viewed their racial group demonstrated worsened depressive outcomes in the context of discrimination than those who were aware of the public’s negative perception of their racial group. Our finding affirms this earlier work. Moreover, given that we controlled for parental support in the current study, we extend the literature by demonstrating that this finding—that African American youths who believe the public regards them positively display increased depressive symptoms in the context of discrimination—may be widespread among African American youth nationwide (Seaton & Douglass, 2014; Umaña-Taylor, 2016). Furthermore, racial discrimination has a positive relationship with depression among our sample of African American youth despite parental emotional support.

### **Implications for Research and Practice**

Our findings have several implications for social work research and practice. First, the observed association between racial discrimination and depressive symptoms suggests that racial discrimination may affect depression among African American youth. Given the high prevalence of racial discrimination (85% of our participants experienced some discrimination) among this nationally representative sample, and discrimination’s significant direct link with depression, it is important that social workers and other systems serving children and youth (e.g., educators, child welfare providers, etc.) pay attention to potential experiences of racial discrimination in their work with African American youth. Social workers should apply race-conscious models and practice approaches (e.g., critical race theory) in their assessment of mental health among African American youth to identify and implement interventions that account for the race-related stress that young people may experience.

The current study also highlights the importance of assessing and leveraging parental support for African American youth in the context of depression. Social workers can engage parents and youth in ways that bolster parents’ competencies in offering suggestions to children, providing advocacy strategies, and providing emotional support (Smith-Bynum et al., 2014) to help youth respond effectively to psychologically distressing events. Additionally, social work research on how African American parents help children respond to psychological distress (especially in the context of racialized encounters) is needed. Such research is critical to informing social work practitioners how to engage in culturally relevant interventions

that attend to the racialized contexts within which African American parents are raising their children.

In addition, our findings show that efforts to promote more positive self-evaluation (high private regard) among African American youth can mitigate the impact of race-based discrimination on depression in this population. This positive REI is shaped by parents' racial-ethnic pride and heritage socializations through strategies such as messaging, behavioral reinforcement, relational approaches, and modeling, which collectively convey expectations, values, and behaviors to children to promote optimal functioning (Huguley et al., 2019). Social workers can encourage and support parents' racial-ethnic pride and heritage socialization; educators and other adults who work with youth in school and outside of school settings can act as socialization agents as well. It is important that all adults who work with youth understand and apply racial-ethnic heritage practices in their interactions with African American youth to support positive REI development and psychological well-being.

Finally, REI is an important mechanism for understanding the psychological well-being of African American youth. In particular, REI appears to be critical to understanding how youth conceptualize their race-related stress and the psychological outcomes associated with such stressors. Because REI is a multidimensional construct and the various dimensions have differential associations with psychological well-being, REI can entail risk, compensatory, and protective factors (Sellers et al., 2006). Attention to just a single dimension of REI can undermine researchers' ability to comprehensively understand the mechanisms underlying the REI developmental process and how to activate the compensatory and protective factors inherent in the REI dimensions to support African American children and youth development and reduce risk. Additional research using mixed methods and with attention to REI's multidimensionality and the distinct features of each REI dimension is needed to inform social work practice with African American youth.

### **Limitations**

Findings of the current study must be considered in the light of several limitations. First, we used cross-sectional data that were originally collected between 2001 and 2004. Accordingly, our study precludes causal associations among variables, and it is uncertain if the results hold over time. Nationally representative longitudinal studies are needed to ascertain the extent to which the findings hold over time across the United States. Second, although racial centrality and racial regard subconstructs have been identified as the most relevant factors in the context of racial discrimination and mental health among African American youth (Sellers et al., 2006), REI is a multidimensional construct that also includes racial ideology. Unfortunately, the racial ideology measure was not available in the NSAL-A data we used for the current study. Future work should attempt to include all REI dimensions

in testing models to provide a more comprehensive understanding of how the REI dimensions affect the psychological well-being of African American youth in the context of race-based stressors. Future mixed-methods research will also help to illuminate the mechanisms by which the facilitative and protective features of REI development can be activated in the context of risk (e.g., racial discrimination).

### Conclusion

Although racial discrimination is a common experience among African American youth and affects their psychological well-being, a negative relationship between racial discrimination and mental health is not always present. REI is one important construct to understand variations in the psychological well-being of African American youth, especially in the context of racial discrimination. REI may protect youth from, or increase, vulnerabilities associated with racial discrimination. REI is a multidimensional construct, and although it is necessary to understand the distinctiveness of the various dimensions, there is a need to also consider how the dimensions interact to affect the mental health of African American youth.

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