Black Psychiatric Nursing: A Legacy of Care & Courage

- **Explores Black psychiatric nurses' history, impact, and ongoing role in advancing equitable mental health care in the U.S.**

- **Black Psychiatric Nursing: A Legacy of Care & Courage** explores the historical and contemporary contributions of Black nurses to the development of psychiatric nursing in the United States. This study uses a mixed-methods approach, combining archival research with qualitative interviews from three licensed mental health professionals to examine the evolution of the field across time. Historical analysis highlights the role of segregation-era training programs, systemic exclusion from formal education, and the emergence of Black-led institutions that expanded access to psychiatric nursing. The study also examines the impact of integration during the Civil Rights Movement and the persistence of racial disparities in mental health care. Thematic analysis of interview data revealed key patterns in modern psychiatric practice, including the importance of self-care, differences in patient populations, and variations in professional roles between psychiatric nurses and psychiatrists. Comparative findings demonstrate both significant progress and enduring challenges, particularly in areas such as representation, workplace discrimination, and culturally competent care. While Black nurses historically comprised less than 1% of the workforce, modern representation has increased to approximately 7–10%, reflecting substantial yet incomplete progress. Overall, this research underscores the foundational role of Black psychiatric nurses in advancing equitable mental health care and highlights the continued need for advocacy, support systems, and structural change within the profession.

- This project included voluntary interviews with three licensed mental health professionals conducted for educational research purposes. Participants provided informed consent to be interviewed and to have their professional perspectives included in this work. No private patient data or sensitive personal information was collected. IRB approval was not required for this project, as it did not involve human subjects research.

The beginning of mental health integration during the Civil Rights Movement (1954–1975) emerged when African American veterans from WWI (1914–1918), WWII (1939–1945), the Korean

War (1950–1953), and the Vietnam War (early 1940s–1975) returned home from deployment seeking mental health resources and therapy, including psychiatric and trauma care, only for some to be turned away. Others received racialized diagnoses—for example, many Black men were diagnosed with schizophrenia, with race being a main factor [1, 2]. This injustice led many Black nurses and nurse practitioners to step up and take the initiative for their communities.

Two hospitals that were focal points in serving Black war veterans were the Tuskegee VA Hospital (1940s–1960s) and St. Elizabeth's Hospital (1900s–1960s). In its prime, the Tuskegee VA Hospital was predominantly staffed with Black medical professionals, and the nurses who worked there often recognized PTSD symptoms before the VA officially acknowledged them [1]. However, St. Elizabeth's Hospital, the largest federal psychiatric hospital of its time, had a significant number of Black nurses. Still, Caucasian physicians and nurses often assigned them to wards with "difficult," violent, or chronically ill patients and relegated them to lower-paid or lower-ranked roles [3, 4]. Despite this, the Black nurses were far more hands-on and knowledgeable than many of their White peers. Because of this, the Black nurses at the hospital formed a community to learn from each other and share knowledge [3, 5].

Eventually, this collaboration helped spark the creation of Negro Psychiatric Nurse Training Programs (1930s–1950s) [3, 6]. Before the Civil Rights Movement, many Black nurses did not have the opportunity to attend college or mainstream nursing schools, so they created their own. Major programs included the Dixie Hospital School of Nursing (Virginia), where Mildred Smith, Patricia Taylor McKenzie, and Agnes Stokes Chisman—collectively known as the "Dixie Three"—worked and challenged segregation [3, 4, 5]; Provident Hospital (Chicago), where Dr. Jeanne Spurlock, a prominent Black psychiatrist, interned before becoming a major figure in psychiatry [6, 7, 8, 9]; and Homer G. Phillips Hospital (St. Louis), where Sophronia Reacie Williams (1929–2024) worked for a year [6, 7]. Many of these programs offered psychiatric-specialty training, which enabled graduates to break barriers by working in segregated psychiatric hospitals that were later integrated [6].

This historical context provides a foundation for understanding the contributions of key pioneers in psychiatric nursing, and it shows that African Americans faced many barriers to entering psychiatric and nursing fields—especially psychiatric nursing, which was dominated by their White peers. Today, many African Americans have the resources and opportunities to choose a career as a psychiatric nurse or nurse practitioner. By the end of this research, I aim to shed light on the growing representation of Black psychiatric nurses and nurse practitioners and the work it took to achieve this.

Mary Eliza Mahoney (1845–1926). Her guiding motto: "Work more and better the coming year than the previous year" [10].

Born a free Black woman in Dorchester, Massachusetts, on May 7, 1845, Mary knew from a young age that her calling was to be a nurse. She attended the New England Hospital for Women and Children (now the Dimock Community Health Center) and graduated from its nursing program at age 33, being the only Black woman among two White women to receive their degrees from the program in 1878 [10,11]. She became the first professionally trained Black nurse in the United States, beginning her career as a private care nurse for wealthy White families to establish her reputation (in 1879) before becoming one of the original members of the predominantly White Nurses Associated Alumnae of the United States and Canada (NAAUSC) in 1896, breaking racial barriers in nursing programs and hospitals during Jim Crow [10, 12].

Her courage opened pathways for Black women to enter all specialties, including psychiatric nursing. In 1908, she, Martha Minerva Franklin, and Adah B. Thoms co-founded the National Association of Colored Graduate Nurses (NACGN) [11, 12]. Later in her career (1911–1912), Mahoney served as director of the Howard Colored Orphan Asylum for Black children in Weeksville, Brooklyn [11]. In retirement, she was a strong supporter of women's suffrage, becoming one of the first women in Boston to vote in 1920, at 76 years old [10, 12].

Mary Mahoney battled breast cancer for three years before passing away on January 4, 1926, at age 80, in the same hospital where she trained early in her career [10, 12, 13]. A lasting part of her legacy is that, right here in Oklahoma City, there is a Mary Mahoney Memorial Health Center (opened in 1973) named in her honor [11].

Vernice Ferguson (1928–2012) Her guiding motto: "What is good enough for the doctor is good enough for me and the nursing staff... Whatever the boys have, I'm gonna get the same thing for the girls" [23].

Before becoming the trailblazing nurse administrator who broke barriers across the U.S. by leading nursing services at VA hospitals, Vernice Ferguson was born in Fayetteville, North Carolina, on June 13, 1928, to a minister father and a teacher mother. From a young age, she knew her calling was nursing, which she showed through her decision to volunteer at a hospital while in high school—she was an avid and eager learner from the beginning [15, 21, 22]. After high school, she received an undergraduate degree in nursing from NYU and a master's degree in nursing from Columbia University's Teachers College

before beginning her career as a nurse at Montefiore Hospital in its NIH-funded Metabolic Neoplastic Research Unit [16].

From 1967 to 1970, Vernice led the nursing service at the VA hospital in Madison, Wisconsin. After completing her tenure there, she transferred to the nursing department at the National Institutes of Health Clinical Center. She later returned to the VA to become the chief nursing officer in 1980, overseeing 60,000 nurses across the nation before retiring in 1992 [15]. In retirement, she was named a senior fellow at the University of Pennsylvania [15].

During her tenure, she continued to break barriers in nursing by establishing the Health Professions Scholarship Program [15]. Even after retirement, her influence endured: she served as president of the American Academy of Nursing from 1981 to 1983 and as president of Sigma Theta Tau from 1985 to 1987 [17]. Her leadership brought numerous honors, including the Mary Mahoney Award from the American Nurses Association in 1970, recognizing contributions to racial equality in nursing [18]; designation as a Living Legend of the American Academy of Nursing in 1998; and the New York University College of Nursing Distinguished Alumni Award in 2010. She was the first nurse to receive the FREDDIE Lifetime Achievement Award for excellence in medical media production [19] and was notably the second American to be named an honorary Fellow of the Royal College of Nursing in the United Kingdom.

Her leadership and advocacy for the rights of Black nurses within hospital systems set her apart from many of her contemporaries. Vernice Ferguson peacefully passed away on December 8, 2012, at her home in Washington, D.C. In her legacy, a memorial scholarship is awarded in her honor by the Nurses Organization of Veterans Affairs [20].

Esther McCready (1931–2020) Her guiding motto: “Don’t be discouraged because life doesn’t happen the way you thought it would … maybe the Lord has other plans." Set goals and never let anyone tell you that you cannot achieve your goals" [24].

Esther McCready, a civil rights pioneer and nurse, became the first Black student admitted to the University of Maryland School of Nursing after a successful legal challenge to segregation. She broke racial barriers in nursing education, opening doors for Black students in Maryland and beyond. She did not begin as a public figure; she worked hard with zeal and determination to become the advocate her community needed.

Born on January 10, 1931, in Baltimore, Maryland [25], she grew up with three siblings [26]. She attended Dunbar High School, a segregated high school, where she earned acclaim

as an honor student. She also worked as a nurses' aide at Sinai Hospital [26], and from a young age, she felt called to serve her community as a nurse.

Her journey to desegregate the University of Maryland School of Nursing began in 1949, when her case (McCready v. Byrd, 1949) was filed by NAACP lawyers Charles Hamilton Houston and Donald Gaines Murray. After an initial defeat, when the court sided with the university, she did not give up. The case then went to the Maryland Court of Appeals, where it was argued by Houston, Murray, and Thurgood Marshall. After almost two years, they finally won the case, and McCready began classes on September 5, 1950. After graduating in 1953 [27], she continued her steadfast love for nursing, working at Druid Health Center, serving as head nurse at Morgan State University, and later working at Cornell Medical Center in post-operative recovery, Harlem Hospital in the ER, and New York University.

Alongside her passion for nursing, she pursued opera singing for 20 years [28]. After a long and impactful career, she returned to Baltimore in the mid-1990s and lived there peacefully until she was laid to rest on September 2, 2020, at age 89 [28].

Hattie Bessent (1928–2015) Her guiding motto: "Be prepared to accept demands and expectations" [29, 30].

Hattie Bessent, a monumental figure in psychiatric nursing and a tireless advocate for minority representation in healthcare, dedicated her life to ensuring that the mental health field reflected the diversity of the patients it served. Born in 1928, Bessent's journey toward becoming a pioneer began at Florida A&M University, where she earned her nursing degree before pursuing her master's at Columbia University and eventually her doctorate in psychological foundations at the University of Florida [31, 32].

Her career was defined by her long-standing tenure as director of the American Nurses Association's (ANA) Ethnic Minority Fellowship Program, a role she held for 28 years [33]. During her leadership, she was instrumental in securing over $20 million in federal grants from the National Institute of Mental Health to support minority nurses in attaining doctoral degrees, effectively transforming the landscape of psychiatric-mental health nursing across the United States [31, 34]. By the time of her retirement, Bessent had directly mentored and facilitated the education of over 300 doctoral-prepared minority nurses, many of whom went on to become deans, researchers, and policy leaders [32, 35].

Her influence extended far beyond the classroom. She served as a consultant for the World Health Organization and was appointed to the President's Commission on Mental

Health by President Jimmy Carter [33, 36]. Bessent was particularly focused on the intersection of culture and care, publishing The Strategies for Recruitment, Retention, and Graduation of Minority Nurses in Colleges of Nursing, which remains a foundational text for diversifying nursing education [34]. Her relentless advocacy earned her the title of "Living Legend" from the American Academy of Nursing in 2000 and her induction into the ANA Hall of Fame for her lifelong commitment to nursing excellence and social justice [31, 37].

Even after she transitioned to professor emeritus at the University of Florida, she continued to champion "leadership for the future" by establishing scholarships that reduced financial barriers for Black psychiatric nurses [35]. Dr. Bessent passed away on October 31, 2015, at the age of 87, leaving a legacy of thousands of empowered clinicians who continue to bridge gaps in mental health equity today [33, 37].

Owing to these trailblazers—and many more who followed—Darlene Clark Hine notes in Black Women in White that Black nurses in the 1940s were professionally siloed into underfunded state asylums and segregated wards [38]. Representation was suppressed at roughly 0.5–1% during the mid-century, so the rise to nearly 10% [39] in modern PMHNP roles represents a nearly fifteen-fold increase [40] in professional presence. With the growing representation of Black psychiatric nurses and Black PMHNPs, however, come new and ongoing challenges, including discrimination, intense workload, burnout, and racially based stressors that affect Black healthcare professionals working in psychiatry [41]. These challenges underscore the need for Black psychiatric nurses and PMHNPs to establish self-care and support systems to reduce stress, depression, and other mental health risks associated with this work [41].

Self-care for Black PMHNPs requires intentional and consistent practices to manage emotional labor, day-to-day stress, and burnout. Key strategies I identified through my interviews with Black psychiatric professionals include setting firm professional boundaries by leaving work at the hospital instead of bringing the weight of the workday home. As Psychiatric Nurse 1 stated, "The outlet that I try to give myself to decompress is just communicating with friends, communicating with loved ones, to take my mind off of work. When I walk out those doors, I don't want my mind to be dwelling on work. Implementing strategies such as spending time with family, separating work life from home life, engaging in hobbies outside of nursing, and even seeking therapy with a counselor or fellow psychiatric nurse can greatly support self-care and help prevent detrimental effects on one's mental health while working in the mental health field.

Another form of self-care is participation in community groups and organizations. One example is Kirby P. Williams [42], founder of the Black PMHNP Collective of Virginia and co-founder and director of operations for PMHNPs of Color. She also has her own private practice in Virginia, Beacon Behavioral Health and Counseling. Her website [42] explains, "Her passion for mentoring and teaching psychiatric nurse practitioners (and students) led her to establish The PMHNP Source, LLC, an education and professional development company. Through this business, she has developed digital products and a membership community designed to empower, guide, and support new psychiatric-mental health nurse practitioners on their career journeys." This reflects her passion for community work and shows that one way a person can help their community is by building organizations of their own.

Another pioneer in community work is Dr. Letizia Smith [42], co-founder and director of programs for PMHNPs of Color. After completing her Master of Science in Nursing (MSN) at Vanderbilt University, she returned to her alma mater and now serves on the faculty and as interim director of community partnerships [42]. Her career path shows that one way to give back to your community is to work at the very school or college where you received your education.

A third trailblazer, Co-Founder and Executive Director of PMHNPs of Color, is Dr. Anyi Atabong [42]. Her accomplishments include co-founding Capital Multi-Health Group and being appointed Commissioner of African Affairs for the state of Maryland under Governor Wes Moore, where she chairs the Health Committee. Like Dr. Smith, she returned to her alma mater—Coppin State University Helene Fuld School of Nursing—where she earned both her undergraduate and graduate degrees and now serves as an adjunct professor. She is also a member of the American Psychiatric Nurses Association (APNA), the Nurse Practitioner Association of Maryland, and DNPs of Color, where she serves as chair of the Global Affairs Committee [42]. Her extensive service illustrates that she, like the other women mentioned, is deeply engaged in her community. Collectively, their work shows that there is always a way to make positive change in your community. Even if you can only do a little, you can still do what you can.

As part of my research, I interviewed three psychiatric professionals from different backgrounds to gain multiple perspectives on the field of psychiatric nursing. Each professional shared unique insights about the realities of working in mental health care, including the challenges, rewards, and skills required for the profession.

My first interview was with a Black female psychiatrist in her mid-40s who primarily works in medication management. I began with a psychiatrist to see how each role within the

psychiatric field might differ. The main takeaways were that you have to be okay with knowing you cannot fix everybody. Even when patients come consistently for therapy or medication, they must also do the work on their end, or the care you provide can become ineffective. Another major takeaway was that when a patient stops coming to therapy or stops taking their medication, you cannot force or coerce them to continue. Patients can and will regress; if they decide to stop, you, as the physician, can only advise them—you cannot force them. This ties back to accepting that you cannot save everybody.

You also run the risk of your own licensure and medical practice if you become emotionally involved to the point that it clouds your judgment. You must regulate your empathy so that you do not become biased toward your patients.

My second interview was with a Black male psychiatric nurse in his late 20s, who is of Guamanian descent. He primarily works in an inpatient facility and is scheduled to graduate from graduate school in a year. The main takeaways from this interview were that this career is more physically demanding than people often realize, as you will work with patients at various stages of their mental health journeys. Sometimes patients may try to physically attack you, and you may have to restrain them to protect both them and yourself. While not all patients are violent, you will likely have at least one physical encounter in your career.

Another takeaway was that when you walk out of the hospital doors—or wherever you work—you must figuratively and literally take off your work coat and leave work at work. If you bring work home, you will burden yourself and your family, especially if you are in a relationship or married. A final takeaway was that when a patient outcome is negative, you cannot let it define you as a nurse. Even if you do everything you can as a nurse or nurse practitioner, the outcome may still be negative or not what you intended. You cannot let that define you or make you depressed or discouraged. Although those feelings may be inevitable, you have to stay positive.

For my third and final interview, I spoke with a Black psychiatric nurse in her mid-40s who recently graduated from graduate school. The main lessons I took from her were that you can pursue this career and still balance being married and having a family. The key is building a solid self-care system and having support from your spouse by openly communicating your needs.

Another takeaway was that building a relationship with your patients while remaining unbiased and ethical in your practice is crucial. One challenge is dealing with sexism and racism from patients who may ask for “the real doctor” or make sarcastic comments and

microaggressions. In these situations, you must approach them with grace and let them roll off your back.

Beyond discrimination, you will encounter patients who need more intensive help, such as those with suicidal and/or homicidal ideation, those with delusions or hallucinations, and patients with sleep disorders such as sleep paralysis. Much of their struggle and trauma occurs outside of scheduled therapy sessions, which makes follow-up even more important. She shared that she keeps in contact with her patients through phone or text check-ins—something I would also like to do when I become a psychiatric nurse practitioner.

Another important point she raised is that this work can be emotionally heavy, especially when dealing with adolescents and young children. You will encounter cases of abuse at various levels and a wide range of mental disorders, all of which can weigh on you. This again highlights the importance of self-care, which may include therapy. Seeking therapy as a nurse or physician is something more professionals should consider; while you are helping others with their mental health, you also have your own mental health to care for.

Across all three interviews, multiple important themes emerged that highlighted shared experiences and important differences within psychiatric practice. While each professional worked in their own separate role, their experiences as a whole demonstrate the complexity and diversity of the mental health field.

One major theme was self-care, although each professional approached it differently. The inpatient psychiatric nurse emphasized the importance of physically and mentally "leaving work at work," highlighting the need to separate personal life from professional responsibilities. Similarly, the outpatient psychiatric nurse stressed emotional self-care through communication, therapy, and strong family support systems. In contrast, the psychiatrist focused more on **emotional regulation within clinical decision-making**, emphasizing the importance of maintaining professional boundaries to avoid bias. While all three acknowledged the emotional weight of the field, their strategies reflect how self-care is shaped by both role and work environment.

Another key difference was the **patient population and clinical setting**. The inpatient nurse described working with patients in acute or crisis states, including those who may become physically aggressive, making the role more physically demanding. In contrast, the outpatient psychiatric nurse works more closely with patients over time, including adolescents and individuals managing chronic conditions, allowing for deeper therapeutic relationships and follow-up care. The psychiatrist is primarily focused on

medication management and interacts with patients in a more structured and time-limited capacity, often centered on diagnosis and treatment planning rather than ongoing therapeutic engagement. These differences highlight how patient interaction varies significantly across psychiatric roles.

A final theme was the distinction in **professional responsibilities and the spectrum of practice**. The psychiatrist's role emphasized diagnosis, medication management, and clinical authority, while the psychiatric nurses described more direct, continuous patient interaction, including monitoring, support, and therapeutic communication. Despite these differences, all three professionals share a common understanding that **patient outcomes cannot be fully controlled**; if a patient wants help, they will keep coming to you, which reinforces the importance of resilience, adaptability, and ethical practice across all levels of psychiatric care.

Overall, these comparisons show that while psychiatric professionals share a common goal of improving patient mental health, their experiences, challenges, and approaches are shaped by their specific roles, environments, and responsibilities within the field.

And in my research, the difference between historical and modern psychiatric nursing shows both significant progress and enduring challenges, especially in the areas of access, workplace experiences, patient stigma, and self-care. While the profession has evolved in structure and opportunity, many underlying themes remain consistent across generations.

One of the most notable differences is **access to the profession**. Historically, Black nurses faced extreme barriers due to segregation and exclusion from formal nursing education programs. During the early to mid-20th century, Black nurses comprised less than 1% of the professional nursing workforce, largely due to limited access to accredited institutions and training opportunities[40]. This led to the creation of separate training programs, such as those at Provident Hospital and the Dixie Hospital School of Nursing, which served as critical entry points into the profession[5]. In contrast, modern nursing has seen a substantial increase in representation, with Black nurses making up approximately 7–10% of the U.S. nursing workforce today[43]. Although disparities still exist, access to education and licensure has significantly improved compared to the historical period.

Despite increased access, **racism within the profession** remains a shared experience across both eras. Historically, Black nurses were often assigned to the most difficult patients, denied promotions, and excluded from leadership roles[40]. Similarly, modern

psychiatric professionals continue to report experiences of discrimination, including microaggressions from both patients and colleagues, as well as being undermined in clinical settings. While the forms of racism have shifted from overt segregation to more subtle and systemic expressions, their presence continues to impact the professional experiences of Black psychiatric nurses and practitioners.

Another important distinction is in **patient populations and societal stigma**. Historically, Black patients were frequently misdiagnosed or pathologized due to racial bias[1, 44], as seen in the disproportionate diagnosis of schizophrenia among Black men during the Civil Rights era. Psychiatric care was also highly stigmatized and often inaccessible. In modern practice, while stigma surrounding mental health still exists, there is greater awareness, improved diagnostic criteria, and expanded access to care. However, Black patients continue to face disparities in treatment quality and access, indicating that stigma and bias, though reduced, have not been fully eliminated.

Finally, the role of **self-care** highlights both continuity and change. Historically, Black nurses relied heavily on informal support systems, including peer networks and community-based learning environments, to cope with the emotional and professional stress of working in segregated and often hostile conditions. In contrast, modern psychiatric professionals emphasize structured self-care strategies, such as therapy, boundary-setting, and work-life balance. Despite these advancements, the need for self-care remains just as critical, as mental health professionals continue to navigate emotionally demanding work environments.

Overall, while modern psychiatric nursing shows significant progress in access, representation, and professional liberation, the continuation of racial disparities, workplace challenges, and emotional demands emphasizes a clear connection between past and present. These similarities highlight the importance of continued advocacy, support systems, and structural change within the field of psychiatric nursing.

Ultimately, the lessons I learned from these interviews are that, as a psychiatric professional, you must maintain your own self-care and mental health outside of work to continue giving the best care possible to your patients. When you encounter stories of defeat, learn and grow from them and take pride in them just as you do with stories of success. Even if you did not succeed in the way you hoped, you still learned something and gained experience that no one can take away from you. As long as you learn and grow from negative experiences, you never truly fail—you simply do not win that particular time. In life, you will not win every time, and you will not succeed in everything. All you can

do is stay positive and continue being the best clinician you can be for each patient you encounter.

In conclusion, the legacy of Black psychiatric nurses is not only a story of survival, but of transformation—where those once excluded from the system now stand at the forefront of healing it.

References

1. Lichtenberg, J. W., & Lichtenberg, F. R. (1994). Misdiagnosis of schizophrenia in older, Black patients. *Journal of Nursing Management, 2*(3), 123–129. https://journals.lww.com/jonmd/citation/1994/09000/misdiagnosis_of_schizophrenia_in_older,_black.8.aspx
2. Rutgers University. (2022). *African Americans more likely to be misdiagnosed with schizophrenia, Rutgers study finds*. https://www.rutgers.edu/news/african-americans-more-likely-be-misdiagnosed-schizophrenia-rutgers-study-finds
3. Nursing CE Central. (2025). *Dixie Three honored for fighting segregation at Virginia Hospital*. https://nursingcecentral.com/dixie-three-honored-for-fighting-segregation-at-virginia-hospital/
4. Face2Face Africa. (2025). *Nearly 60 years ago, three Black nurses stood up for civil rights by sitting down*. https://face2faceafrica.com/article/nearly-60-years-ago-three-black-nurses-stood-up-for-civil-rights-by-sitting-down
5. WHRO. (2025, January 5). *Hampton honors three Black nurses who challenged hospital segregation*. https://www.whro.org/arts-culture/2025-01-05/hampton-honors-three-black-nurses-who-challenged-hospital-segregatio
6. Democracy Limited. (2025). *The Black nurses of Provident Hospital*. https://democracylimited.com/additional-content/the-black-nurses-of-provident-hospital/
7. Encyclopedia of Arkansas. (2025). *Sophronia Reacie Williams (1929–2024)*. https://encyclopediaofarkansas.net/entries/sophronia-reacie-williams-15651/
8. BlackPast. (2025). *Jeanne Spurlock, M.D. (1921–1999)*. https://blackpast.org/african-american-history/spurlock-jeanne-m-d-1921-1999/
9. National Library of Medicine. (2025). *Jeanne Spurlock*. https://cfmedicine.nlm.nih.gov/physicians/biography_306.html
10. New York Times. (2022, February 19). *Mary Eliza Mahoney, overlooked*. https://www.nytimes.com/2022/02/19/obituaries/mary-eliza-mahoney-overlooked.html
11. PBS. (n.d.). *Partners: African-American medical pioneers*. https://www.pbs.org/wgbh/americanexperience/features/partners-african-american-medical-pioneers/

12. American Nurses Association. (n.d.). *History Hall of Fame*. https://www.nursingworld.org/ana/about-ana/history/hall-of-fame/
13. Davis, A. T. (1999). *Early Black American leaders in nursing: Architects for integration and equality*. Jones & Bartlett Publishers. https://books.google.com/books?id=gWhf3WFS-FsC&pg=PA25
14. Community Health of Oklahoma. (n.d.). *Mary Mahoney*. https://www.communityhealthok.org/mary-mahoney
15. Faber, K. (2012, December 21). Vernice D. Ferguson, leader and advocate of nurses, dies at 84. *The New York Times*. https://www.nytimes.com/2012/12/22/us/vernice-d-ferguson-leader-and-advocate-of-nurses-dies-at-84.html
16. New York University. (2012, December). *Vernice D. Ferguson, NYU nursing alum, head of the Veterans Affairs and National Institutes of Health nursing departments, dies at the age of 84*. https://www.nyu.edu/about/news-publications/news/2012/december/vernice-d-ferguson-nyu-nursing-alum-head-of-the-veterans-affairs-and-national-institutes-of-health-nursing-departments-dies-at-the-age-of-84.html
17. Indiana University–Purdue University Indianapolis University Library. (n.d.). *Vernice D. Ferguson papers (MSS 051)*. https://web.archive.org/web/20130111141957/http://www.ulib.iupui.edu/special/collections/general/mss051
18. The Call and Post. (1973, November 10). *[Newspaper article on Vernice Ferguson]*. https://news.google.com/newspapers?nid=2205&dat=19731110&id=o0xGAAAAIBAJ
19. Robert Wood Johnson Foundation. (2008, December). *Vernice Ferguson becomes first nurse to win Freddie*. https://webarchive.loc.gov/all/20131216123338/http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2008/12/vernice-ferguson-becomes-first-nurse-to-win-freddie.html
20. Virginia Nurses Association. (2022). *2022 NOVA educational scholarships now accepting applications*. https://www.vanurse.org/blogpost/1832707/461484/2022-NOVA-Educational-Scholarships-Now-Accepting-Applications
21. U.S. Department of Veterans Affairs. (n.d.). *Vernice Ferguson*. https://department.va.gov/history/featured-stories/vernice-ferguson/
22. AARP. (n.d.). *Vernice Ferguson: She elevated the nursing profession*. https://blog.aarp.org/legacy/vernice-ferguson-she-elevated-the-nursing-profession
23. Medium. (n.d.). *Vernice Ferguson*. https://medium.com/nurses-you-should-know/vernice-ferguson-f4130048f2a2
24. Pollitt, P. (2016). *Esther McCready, RN: Nursing advocate for civil rights*. *Online Journal of Issues in Nursing, 21*(2). https://ojin.nursingworld.org/link/a6ff832101ff4350850dc5b96d9c36ed.aspx
25. McManus, T. (2020, September 9). *Esther McCready, first African American student at U-Md. nursing school, dies at 89*. *The Washington Post*. https://www.washingtonpost.com/local/obituaries/esther-mccready-first-african-american-student-at-u-md-nursing-school-dies-at-89/2020/09/09/aebfe1c6-f296-11ea-999c-67ff7bf6a9d2_story.html

26. Hobbs, L. A. (2016). *Esther McCready, RN: Nursing advocate for civil rights.* Online Journal of Issues in Nursing, 21(2). https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-21-2016/No2-May-2016/Articles-Previous-Topics/Esther-McCready-RN-Nursing-Advocate-for-Civil-Rights.html
27. Maryland State Archives. (n.d.). Esther McCready. https://msa.maryland.gov/megafile/msa/speccol/sc3500/sc3520/014200/014290/html/14290bio.html
28. University of Maryland, Baltimore. (2020, September). Remembering Esther McCready, a nursing pioneer. https://www.umaryland.edu/news/archived-news/september-2020/remembering-esther-mccready-a-nursing-pioneer.php
29. Al-Ameed University. (n.d.). [E-book on nursing/health sciences]. https://alameed.edu.iq/DocumentPdf/Library/eBook/5663.pdf
30. National Education Foundation. (n.d.). In memoriam: Hattie Bessent. https://n-e-f.org/about-us/in-memoriam/hattie-bessent.html
31. American Academy of Nursing. (2000). Hattie Bessent: Living Legend. https://www.aannet.org/about/awards/living-legends/hattie-bessent
32. American Nurses Association. (2015). In Memoriam: Dr. Hattie Bessent, nursing leader and mentor. https://www.nursingworld.org/ana/about-ana/history/hall-of-fame/hattie-bessent/
33. Bessent, H. (1997). *The strategies for recruitment, retention, and graduation of minority nurses in colleges of nursing.* American Nurses Publishing.
34. Florida A&M University. (2016). Legacy of excellence: Dr. Hattie Bessent. FAMU School of Nursing Archives.
35. National Library of Medicine. (2020). Psychiatric-Mental Health Nursing: Pioneers of the past. https://www.nlm.nih.gov/exhibition/africanyou/nurses.html
36. The University of Florida. (2015). Remembering Dr. Hattie Bessent, trailblazer in nursing education. UF College of Nursing News.
37. University of Virginia School of Nursing. (2018). Eleanor Crowder Bjoring Center for Nursing Historical Inquiry: Hattie Bessent profile. https://www.nursing.virginia.edu/nursing-history/
38. American Psychiatric Nurses Association. (2022). Psychiatric–mental health nursing workforce data report. https://www.apna.org/workforce/
39. American Psychiatric Nurses Association. (2024). 2024 APNA annual activity report. https://www.apna.org/2024-apna-annual-activity-report/
40. Hine, D. C. (1989). *Black women in white: Racial conflict and cooperation in the nursing profession, 1890–1950.* Indiana University Press.
41. Alang, S. M. (2019). Mental health care among blacks in America: Confronting racism and constructing solutions. *Health Services Research, 54*(2), 346–355. https://doi.org/10.1111/1475-6773.13115
42. PMHNPs of Color. (n.d.). Advocacy group: Our team. https://www.pmhnpsofcolor.org/advocacy-group-our-team
43. American Psychiatric Nurses Association. (2025, May 20). Mind the gap! Filling gaps in psychiatric-mental health nursing workforce data to drive change. https://www.apna.org/news/psychiatric-mental-health-nursing-workforce/
44. Blow, F. C., Zeber, J. E., McCarthy, J. F., Valenstein, M., Gillon, L., & Bingham, C. R. (2004). Ethnicity and diagnostic patterns in veterans with psychoses. *Social Psychiatry and Psychiatric Epidemiology, 39*(10), 841–851. https://doi.org/10.1007/s00127-004-0824-7