

STRUCTURAL RACISM IN MENTAL HEALTH: CHALLENGES AND OPPORTUNITIES

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LEARNING OBJECTIVES

- 1 | Define key concepts associated with structural racism and mental health
- 2 | Evaluate the evidence base of the impact of structural racism on behavioral health outcomes
- 3 | Identify solutions to dismantle structural racism in psychiatry

- This is a difficult and uncomfortable topic
- Complex feelings often emerge, including guilt, anger, resentment, and defensiveness
- You may perceive me of accusing you of being racist/sexist/etc.
- You may feel I have a specific political agenda or that I lack objectivity

**“I’M NOT INTERESTED
IN ANYBODY’S GUILT.**

**GUILT IS A LUXURY THAT WE
CAN NO LONGER AFFORD.**

**I KNOW YOU DIDN’T DO IT, AND
I DIDN’T DO IT EITHER, BUT I AM
RESPONSIBLE FOR IT BECAUSE
I AM A MAN AND A CITIZEN
OF THIS COUNTRY AND YOU
ARE RESPONSIBLE FOR IT, FOR
THE VERY SAME REASON.”**



TALKING ABOUT SOCIAL INJUSTICE IN MENTAL HEALTH

- We have been socialized to believe that it is not polite to talk about race, racism, and oppression

This begins early, as children in the US (and elsewhere)

- Health professionals have not been taught about the connection between oppression and health

Medical school has a long tradition of teaching biological determinism

- Are the times a-changin'?

Some feel that there is an overemphasis and over-correction happening now

THE PROBLEM WITH RACE-BASED CLINICAL CARE

- Race is a **social and political construct**
- Race is a **rough and imprecise proxy** for culture, genetics, and socioeconomic status
- Race cannot be accurately biologically categorized
- Yet, we use race to confirm assumptions/prejudices/biases about our patients

“AFRICAN AMERICANS HAVE HIGHER INCARCERATION RATES, HIGHER UNEMPLOYMENT, LOWER INCOMES, LOWER HOME AND BUSINESS OWNERSHIP, LESS EDUCATION, LESS HEALTHCARE, MORE DISEASE, AND LOWER LIFE EXPECTANCY THAN WHITES.

IF YOU BELIEVE BLACKS ARE NATURALLY DUMB, SICK, CRIMINAL, YOU HAVE YOUR ANSWER FOR THESE DISCREPANCIES.

IF, HOWEVER, YOU RESIST USING STEREOTYPES TO MAKE SENSE OF YOUR WORLD, INSTITUTIONAL RACISM PROVIDES A VERY PRACTICAL (AND VERY TRACEABLE) EXPLANATION FOR THE INFERIOR SOCIETAL POSITION OF AFRICAN AMERICANS.”

HOW DID WE GET HERE?



*“We hold these truths to be self-evident, **that all men are created equal**, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness.”*

HISTORICAL ORIGINS OF PSYCHIATRIC PSEUDOSCIENCE

Drapetomania

“If any one or more of them, at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good requires that they should be punished until they fall into that submissive state which was intended for them to occupy. They have only to be kept in that state, and treated like children to prevent and cure them from running away.”

Dysaesthesia Aethiopica

“The disease is the natural offspring of negro liberty - the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.” After the prescribed “course of treatment” the slave will “look grateful and thankful to the white man whose compulsory power...has restored his sensation and dispelled the mist that clouded his intellect.”

HEALTH DISPARITIES:

**DIFFERENCES IN HEALTH STATUS AMONG DISTINCT
SEGMENTS OF THE POPULATION INCLUDING
DIFFERENCES THAT OCCUR BY GENDER, RACE OR
ETHNICITY, EDUCATION OR INCOME, DISABILITY,
OR LIVING IN VARIOUS GEOGRAPHIC LOCALITIES**

HEALTH INEQUITIES:

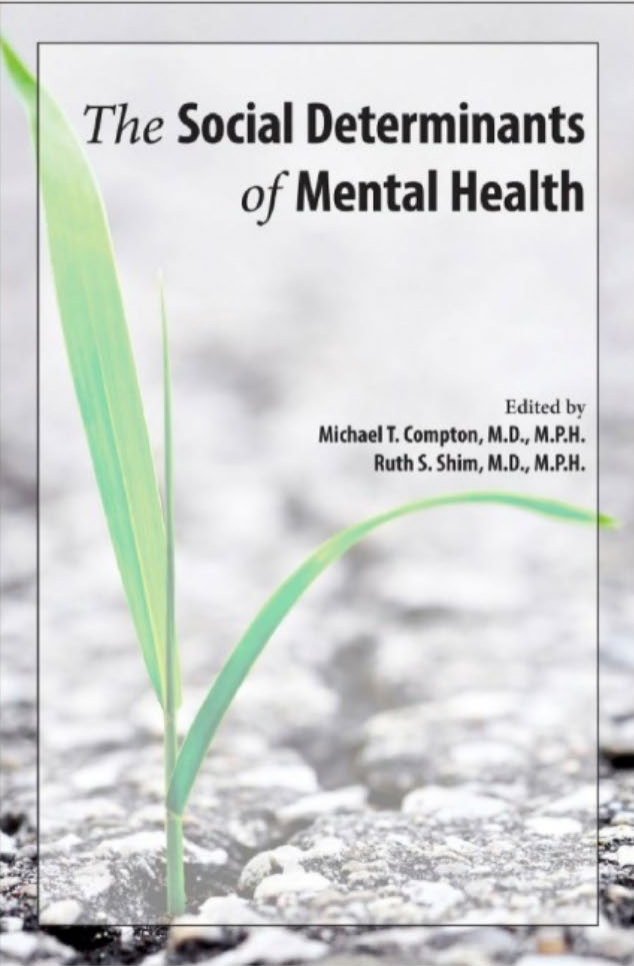
**DISPARITIES IN HEALTH THAT ARE A RESULT OF
SYSTEMIC, AVOIDABLE, AND UNJUST SOCIAL
AND ECONOMIC POLICIES AND PRACTICES
THAT CREATE BARRIERS TO OPPORTUNITY**

THE SOCIAL DETERMINANTS OF MENTAL HEALTH

The **societal, environmental, and economic conditions** that impact and affect mental health outcomes across various populations

These conditions are **shaped by the distribution of money, power, and resources** at global, national, and local levels, which are themselves influenced by policy choices

The social determinants of health are **prominently responsible for health disparities and inequities** seen within and among populations

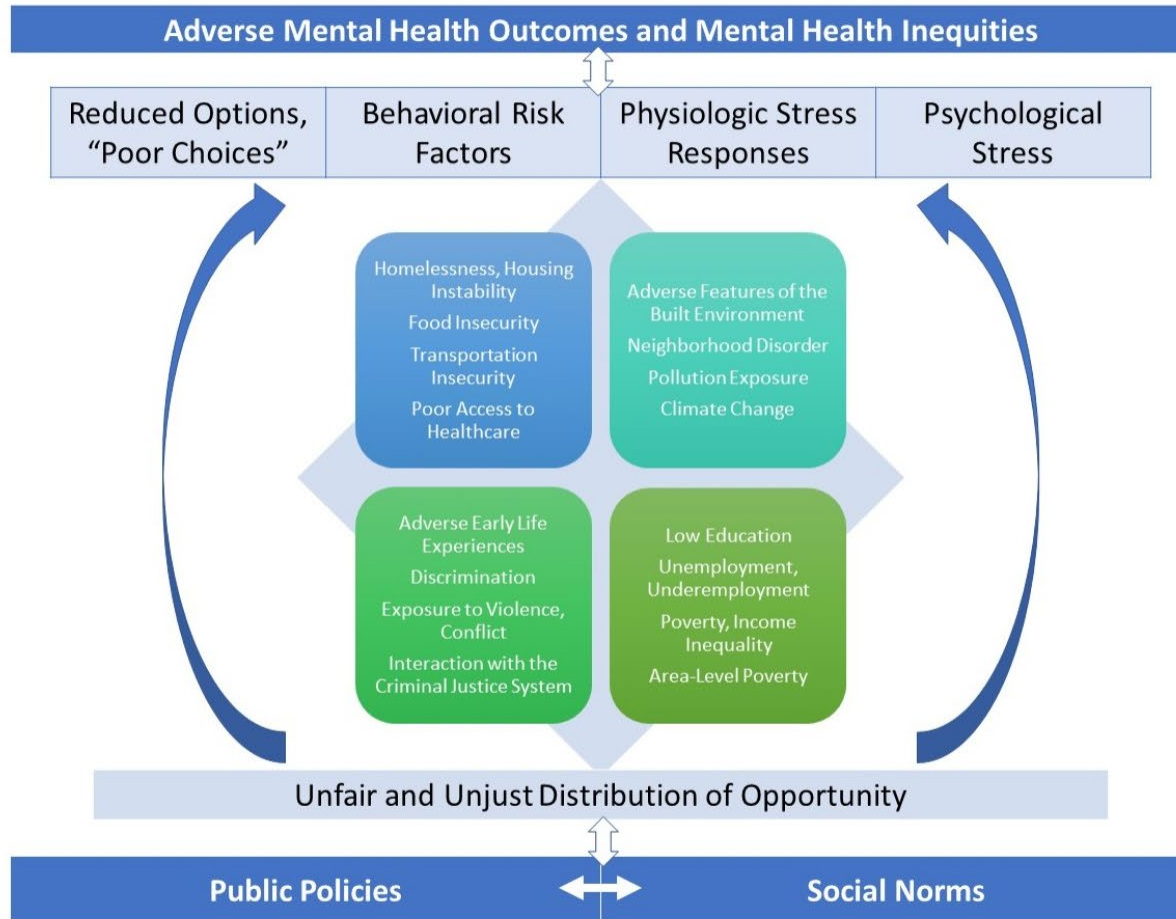


The **Social Determinants**
of **Mental Health**

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SOCIAL (IN)JUSTICE
AND
MENTAL HEALTH

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“THE FUNDAMENTAL CLINICAL ACCOUNTABILITY OF DRUG TREATMENT PROFESSIONALS TO INDIVIDUAL PATIENTS HAS BEEN SUBORDINATED TO THE GOALS OF THE CRIMINAL JUSTICE SYSTEM.”

ERNEST DRUCKER, A PLAGUE OF PRISONS



The Washington Post

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

Children of the Opioid Epidemic

In the midst of a national opioid crisis, mothers addicted to drugs struggle to get off them — for their babies' sake, and their own.

By JENNIFER EGAN MAY 9, 2018



KEY CONCEPTS

TYPES OF OPPRESSION

Exploitation

The unequal exchange of one group's labor and energies for another group's advantage and advancement

Cultural Imperialism

Establishing the ruling class culture as the norm; othering of groups that are not part of the dominant culture

Powerlessness

Oppressed groups lack power and are blocked from routes to gaining power

Marginalization

Expelling specific groups from meaningful participation in society

Violence

Threats and experiences of physical and structural violence

PRINCIPLES OF SOCIAL INJUSTICE IN MENTAL HEALTH

- **Essentialism**

The belief that there are distinct, unchanging, and natural characteristics that define social groups and facilitate their categorization

- **Erasure of Context**

Failure to consider sociohistorical context when seeking to understand the etiology of inequities

- **Biological Determinism**

The false belief that racial groups are biologically and genetically different

- **Cultural Determinism**

The false belief that differences in racial groups are the result of cultural factors

TYPES OF DISCRIMINATION



Legal



Illegal



Overt



Covert



Interpersonal

(Individual)



Institutional

(Organizational)



Structural

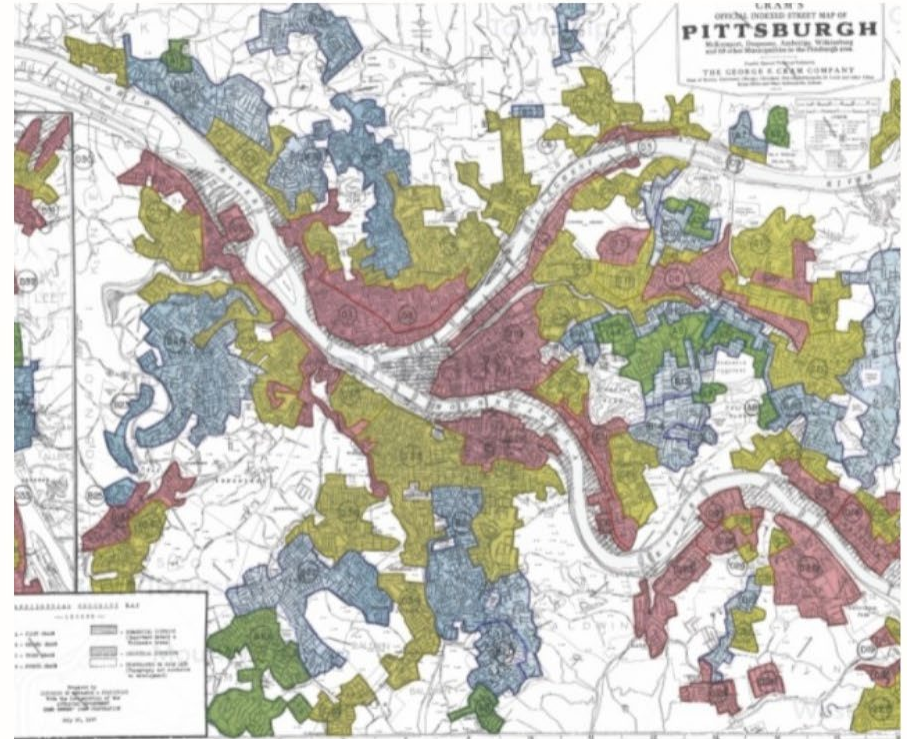
(Systemic)

STRUCTURAL RACISM

A SYSTEM IN WHICH PUBLIC POLICIES, INSTITUTIONAL PRACTICES, CULTURAL REPRESENTATIONS, AND OTHER NORMS WORK IN VARIOUS, OFTEN REINFORCING WAYS TO PERPETUATE RACIAL GROUP INEQUITY.



THIS SYSTEM IDENTIFIES DIMENSIONS
OF OUR HISTORY AND CULTURE
THAT HAVE ALLOWED **PRIVILEGES**
ASSOCIATED WITH WHITENESS AND
DISADVANTAGES ASSOCIATED
WITH COLOR TO ENDURE
AND ADAPT OVER TIME



STRUCTURAL RACISM IS **NOT**
SOMETHING THAT A FEW PEOPLE OR
INSTITUTIONS CHOOSE TO PRACTICE.
INSTEAD, IT HAS BEEN A FEATURE OF
THE SOCIAL, ECONOMIC, AND POLITICAL
SYSTEMS IN WHICH WE ALL EXIST

STRUCTURAL MECHANISMS **DO**
NOT REQUIRE THE ACTIONS
OR INTENTIONS OF OTHERS



**EVEN IF INTERPERSONAL DISCRIMINATION
WAS ELIMINATED TODAY,
RACIAL AND ETHNIC INEQUITIES WOULD REMAIN
DUE TO PERSISTENCE OF STRUCTURAL RACISM**

SOCIAL INJUSTICE IN PSYCHIATRY

HOW STRUCTURAL RACISM IMPACTS HEALTH



“The War on Drugs”



Residential Segregation



Immigration Policy



Social Security Act of 1935



Mental Healthcare

IN 2018:

69%



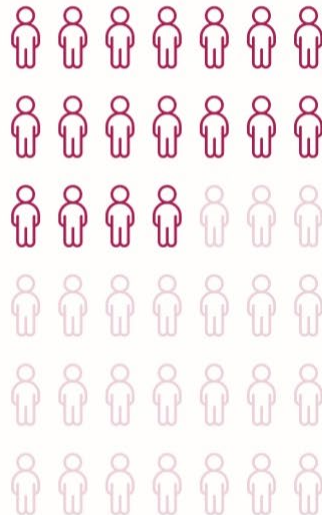
of Black adults with **any** mental illness received **no** treatment

67%



of Latinx adults with **any** mental illness received **no** treatment

42%



of Black adults with **serious** mental illness received **no** treatment

44%



of Latinx adults with **serious** mental illness received **no** treatment

89%  of Latinx adults with substance use disorders reported receiving no treatment

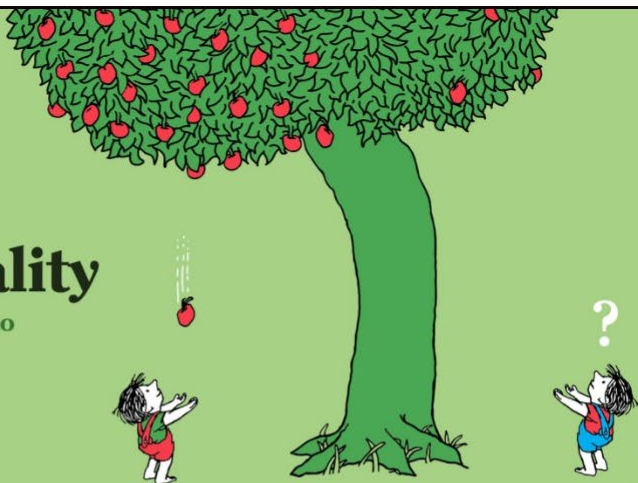
88%  of Black adults with substance use disorders reported receiving no treatment

**COST IS THE MOST COMMONLY CITED
REASON FOR NOT SEEKING CARE
TWICE AS OFTEN AS MINIMIZATION OF SYMPTOMS
AND NEARLY FIVE TIMES AS OFTEN AS STIGMA**

WHERE DO WE NEED TO GO?

Inequality

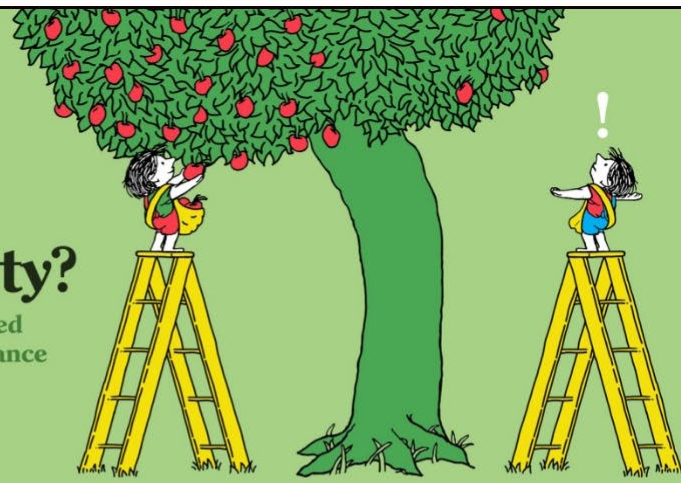
Unequal access to opportunities



By @lunchbreath
Based on Shai Shalev's Giving Tree
for John Hesketh's 2019 Challenge in Tech Report

Equality?

Evenly distributed tools and assistance



By @lunchbreath
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Equity

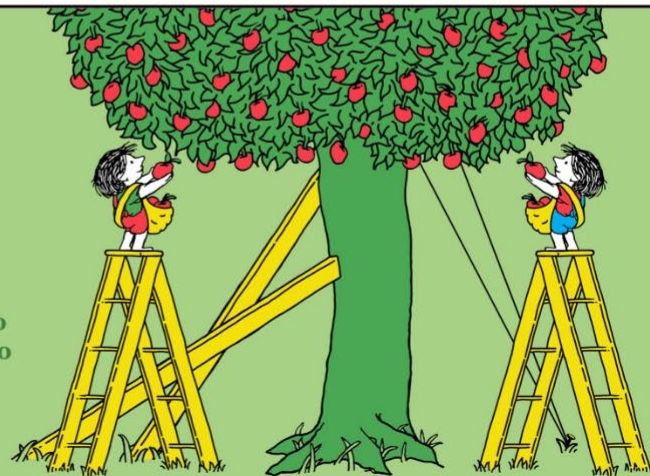
Custom tools that identify and address inequality



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Justice

Fixing the system to offer equal access to both tools and opportunities



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ELIMINATING SOCIAL INJUSTICE IN MENTAL HEALTH

1 Education and Self-Reflection

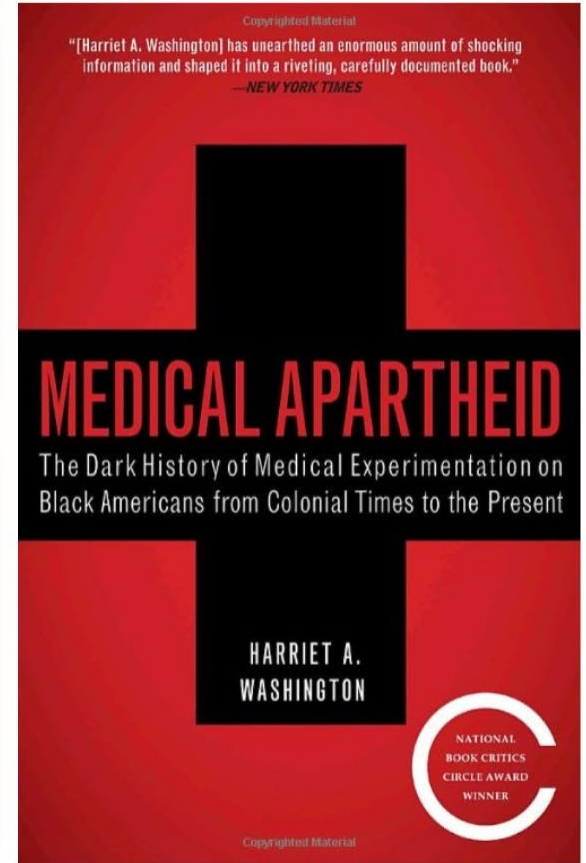
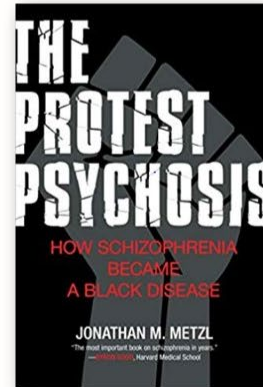
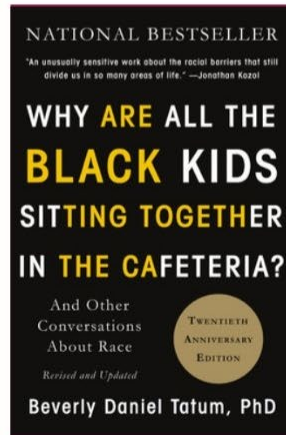
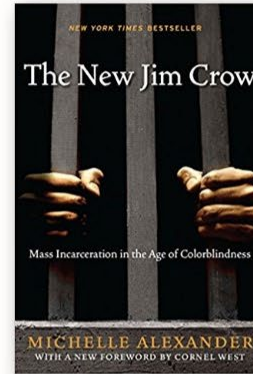
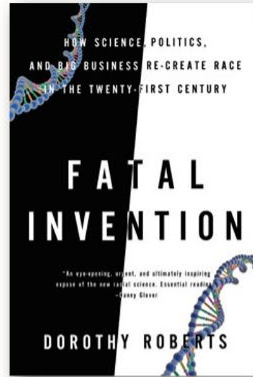
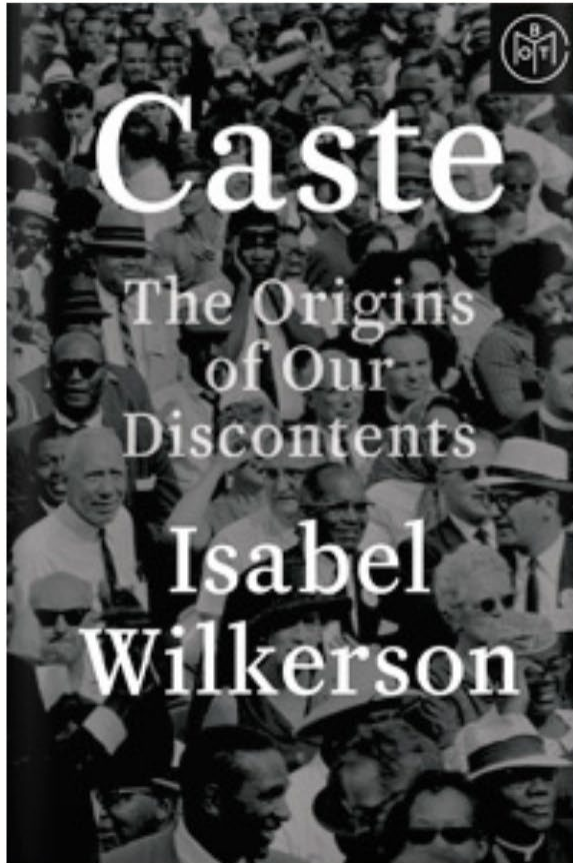
2 Promote Social Norms of Inclusion, Equity, and Respect

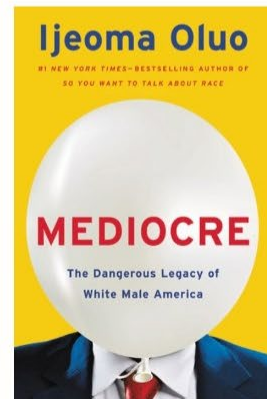
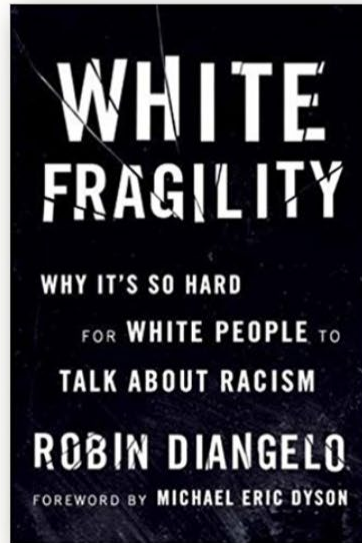
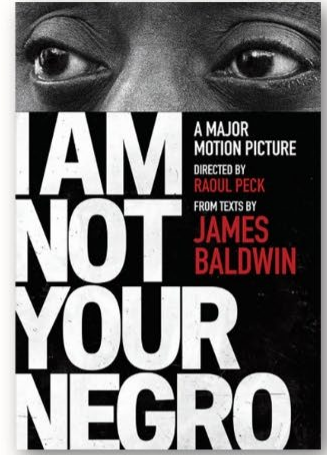
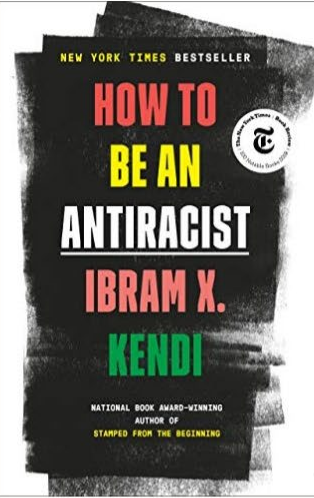
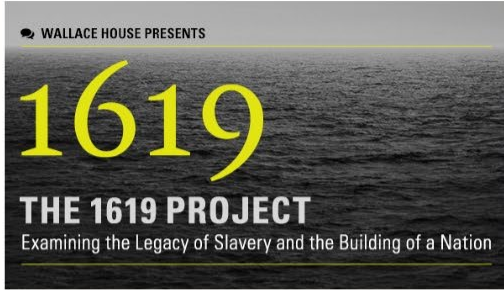
3 Advocate for Equitable Public Policies

4 **Speak Up** and **Take a Stand**

EDUCATION AND SELF-REFLECTION







PRACTICING CULTURAL HUMILITY



- Commit to a **lifelong process** of **self-evaluation** and **self-critique**
- Desire to **fix power imbalances** between providers and clients
- **Develop community partnerships** to advocate within the larger organizations in which we participate

THE TRAINED ABILITY TO DISCERN HOW A HOST OF ISSUES DEFINED AS SYMPTOMS, CLINICAL PROBLEMS, ATTITUDES, OR DISEASES (E.G., DEPRESSION, HYPERTENSION, OBESITY, SMOKING, MEDICATION “NON-COMPLIANCE,” TRAUMA, PSYCHOSIS) ARE INFLUENCED BY UPSTREAM SOCIAL DETERMINANTS OF HEALTH.



**PROMOTE SOCIAL
NORMS OF INCLUSION,
EQUITY, AND RESPECT**



“WE CAN DISAGREE AND STILL LOVE EACH OTHER, UNLESS YOUR DISAGREEMENT IS ROOTED IN MY OPPRESSION AND DENIAL OF MY HUMANITY AND RIGHT TO EXIST.”

-James Baldwin

PROMOTING SOCIAL NORMS OF INCLUSION, EQUITY, AND RESPECT

- 1 Enforce social norms of inclusion and equity
- 2 Educate or legislate to change social norms
- 3 Observe and challenge your implicit biases
- 4 Evaluate and break down unnecessary hierarchies

ADVOCATE FOR EQUITABLE PUBLIC POLICIES



“Medicine is a social science, and politics is nothing else but medicine on a large scale.”

-Rudolph Virchow

“ALL POLICIES ARE HEALTH POLICIES”

- 1 Take action beyond the walls of clinics, hospitals, and treatment centers
- 2 Advocate for policies that address social determinants of mental health
- 3 Communicate with elected officials and promote equitable representation
- 4 Form cross-sector collaborations and community coalitions

**POLITICAL STANCES AND POLICY INTERVENTIONS ARE REQUIRED.
TO REMAIN APOLITICAL, OR NEUTRAL, IS A POLITICAL STANCE.
IT IS A TACIT ACCEPTANCE OF THE STATUS QUO.**



**“WHEN WE SPEAK,
WE ARE AFRAID OUR
WORDS WILL NOT BE
HEARD NOR WELCOMED.
BUT WHEN WE ARE
SILENT, WE ARE STILL
AFRAID. SO IT IS
BETTER TO SPEAK.**

PROGRESS

Made through the passage of legislation, court rulings, and other formal mechanisms that aim to promote racial equality

RETRENCHMENT

Refers to the ways in which progress is very often challenged, neutralized, or undermined in key policy arenas

***“DO NOT GET LOST IN A SEA OF
DESPAIR. BE HOPEFUL, BE OPTIMISTIC.***

***OUR STRUGGLE IS NOT THE
STRUGGLE OF A DAY, A WEEK,
A MONTH, OR A YEAR, IT IS THE
STRUGGLE OF A LIFETIME.***

***NEVER, EVER BE AFRAID TO MAKE
SOME NOISE AND GET IN GOOD
TROUBLE, NECESSARY TROUBLE.”***

