



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

New England Mental Health Technology Transfer Center (New England MHTTC)

SAMHSA #1H79SM081775-01

Yale Program for Recovery and Community Health
in partnership with
C4 Innovations, Harvard University Department of Psychiatry,
and the Center for Educational Improvement



**Racial Equity and
Advancing Cultural
Humility for
Organizational Change**

**Learning
Collaborative**

Housekeeping Information



Participant microphones will be muted at entry – you will be able to unmute during the discussion portion of our webinar.



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If you have questions during the webinar, please use the chat or use the “raise hand” feature during discussion to have your microphone unmuted.



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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At the time of this release, Dr Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred. This work is supported by grant #1H79SM081775 from the DHHS, SAMHSA.



**REACH Session:
The Impact of Implicit Bias on
BIPOC Populations**

January 26, 1:00 p.m. – 2:30 p.m.

- **Welcome and Speaker Introduction**
Maria E. Restrepo-Toro, Co-Director
New England MHTTC
- **Featured Presentation**
Jessica Isom, MD, MPH, Attending
Psychiatrist, Codman Square Health Center,
Clinical Instructor, Yale University
- **Breakout Session Discussions**
- **Q&A: Diversity Talk**
- **Session Wrap up**
Ingrid Padgett, Communications and Program
Strategist, New England

Welcome to Our REACH for Organizational Change Learning Community

Our Goal:

To provide practical guidance, hands on learning opportunities, and expert training and technical assistance supporting agencies and organizations on the journey toward equitable practices in behavioral health treatment, recovery, and care.



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The New England MHTTC is a culturally responsive organization committed to advancing health equity so that everyone has a fair and just opportunity to be as healthy as possible.



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The Impact of Implicit Bias on BIPOC Populations

Featured Speaker: Jessica Isom, MD, MPH



Chatter Fall

Name three sources of information you rely on for understanding a group of people (racial others, women, children, military, southerners, etc)

- 1.
- 2.
- 3.

Chatter Fall

How reliable do you feel the sources of information are for having a deeper understanding of social groups?

?

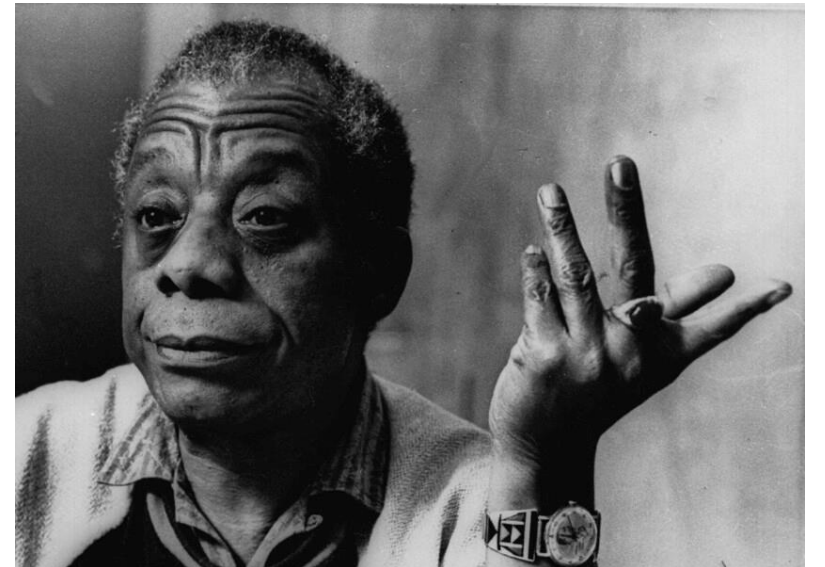
Chatter Fall

What concerns do you have about the sources of information that you shared?

?

James Baldwin

“The great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do.”



Stages and Forms of Socialization

The What

Socialization is a process that introduces people to social norms and customs.

The Why

Helps individuals function well in society, and, in turn, helps society run smoothly.

The Why

Family members, teachers, religious leaders, and peers all play roles in a person's socialization

1

Primary

Occurs from birth through adolescence

2

Secondary

Occurs throughout our lives as we encounter groups and situations that were not part of our primary socialization experience

3

Group

Occurs throughout all stages of life

4

Organizational

Occurs within an institution or organization to familiarize a person with its norms, values, and practices

5

Anticipatory

Largely self-directed and refers to the steps one takes to prepare for a new role, position, or occupation

A Critique of Socialization

- While socialization is a necessary part of society, it also has drawbacks.
- Since dominant cultural norms, values, assumptions, and beliefs guide the process, it is not a neutral endeavor.
- This means that socialization may reproduce the stereotypes, prejudices & bias that lead to forms of social injustice and inequality.



Stereotypes



Prejudice



Bias

Racial Stereotypes

- African Americans: hostile, angry, impulsive, dangerous, drug dealers, criminals, pimps, prostitutes, addicts, unintelligent, mentally retarded, low skills, lack abstract thinking, concrete, inhuman, animalistic, undesirable, smelly, unkempt, dirty, mentally ill, abnormal, insatiable sexual appetite
- Asian Americans: spies, sneaky, backstabbers, disloyal, slanted eyes, stingy, subhuman, model minority, bright, hardworking, obedient, studious, quiet, good in math and science, wealthy, passive, lack leadership skills, poor interpersonally, men are unmasculine/sexually unattractive, women are domestic, exotic, and sexually pleasing

Stereotypes



Prejudice



Bias

Racial Stereotypes

- Latinas/os: illegal aliens, foreigners, drug dealers, farm workers, poor, welfare recipients, tax avoiders, domestic servants, unskilled, criminals, dangerous, untrustworthy, greasy, sloppy, irresponsible, lazy, never on time, carefree, uninhibited, poor English, uneducated, stupid, religious
- Indigenous Peoples: alcoholics, drunkards, nonverbal, uneducable, retarded, savages, animalistic, uncivilized, blood thirsty, primitive, subhuman, superstitious, never on time, poor, passive, noncompetitive

Stereotypes



Prejudice



Bias

Racial Stereotypes Contribute to Racial Prejudice

- Prejudice is an unjustified or incorrect attitude (usually negative) towards an individual based solely on the individual's membership of a social group.
- A prejudice is not based on experience; instead, it is a prejudgment, originating outside actual experience.
- While explicit racial prejudice (anti-Black sentiments) have reduced in measures over time, implicit racial prejudice has persisted

Stereotypes



Prejudice



Bias

Racial Stereotypes and Racial Prejudice Produce Racial Bias

- Racial bias is formed at an early age
- Racial bias can be described as the negative thoughts, beliefs, and actions of one individual or group toward another individual or group of individuals based on the target's racial or ethnic background
- Attitudes, beliefs and behaviors on race are partly shaped by racial socialization

Stereotypes

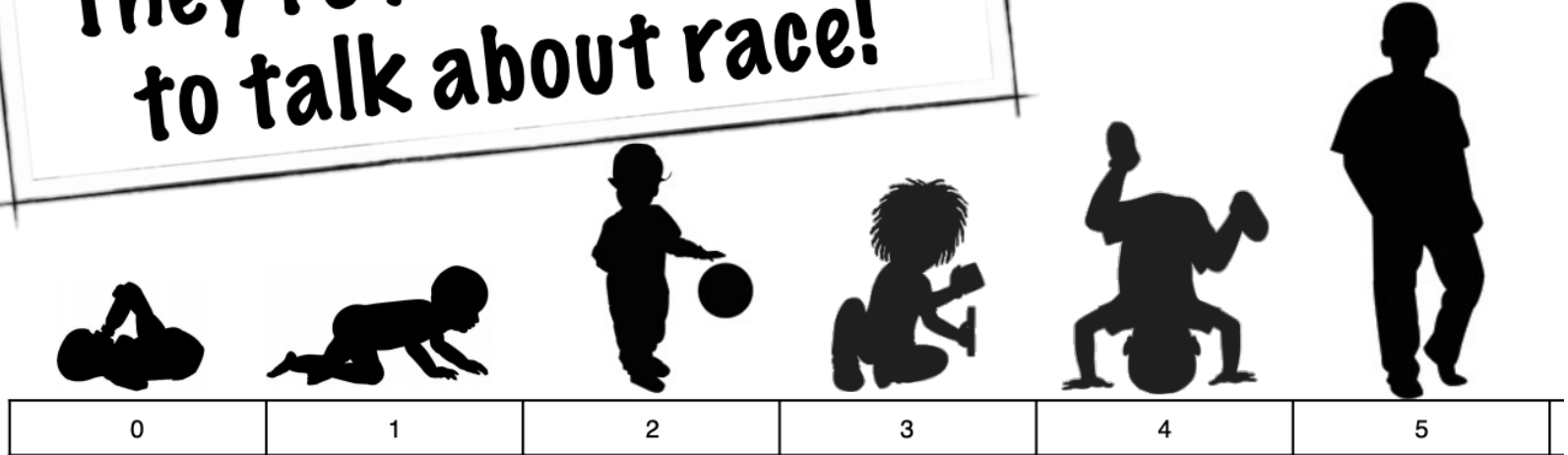


Prejudice



Bias

They're not too young to talk about race!



At birth, babies look equally at faces of all races. At 3 months, babies look more at faces that match the race of their caregivers. (Kelly et al. 2005)

Children as young as two years use race to reason about people's behaviors. (Hirschfeld, 2008)

By 30 months, most children use race to choose playmates. (Katz & Kofkin, 1997)

Expressions of racial prejudice often peak at ages 4 and 5. (Aboud, 2008)

By five, Black and Latinx children in research settings show no preference toward their own groups compared to Whites; White children at this age remain strongly biased in favor of whiteness. (Dunham et al, 2008)

By kindergarten, children show many of the same racial attitudes that adults in our culture hold—they have already learned to associate some groups with higher status than others. (Kinzler, 2016)

Young children notice and think about race. Adults often worry that talking about race will encourage racial bias in children, but the opposite is true. **Silence about race reinforces racism** by letting children draw their own conclusions based on what they see. Teachers and families can play a powerful role in helping children of all ages develop positive attitudes about race and diversity and skills to promote a more just future—but only if we talk about it!

- Do some learning of your own** to get ready for conversation. Here are some good places to seek *information* and *training*.
- Teaching Tolerance — tolerance.org
 - Raising Race Conscious Children — raceconscious.org
 - Embrace Race — embracerace.org
 - Teaching for Change — teachingforchange.org
 - AORTA Cooperative — aorta.coop
 - Fortify Community Health (CA) — fortifycommunityhealth.org
 - Delaware Valley Assoc. for the Education of Young Children (PA)



Racial Socialization Creates Explicit and Implicit Racial Bias

- Implicit and explicit biases diverged as the age of participants increased:
- At age 6 years, both implicit and explicit attitudes were roughly similar
- At age 10 years, the beginnings of a dissociation began where explicit bias began to decline and implicit bias remained unchanged
- At adulthood, explicit bias reduced significantly, though implicit bias remained unchanged.

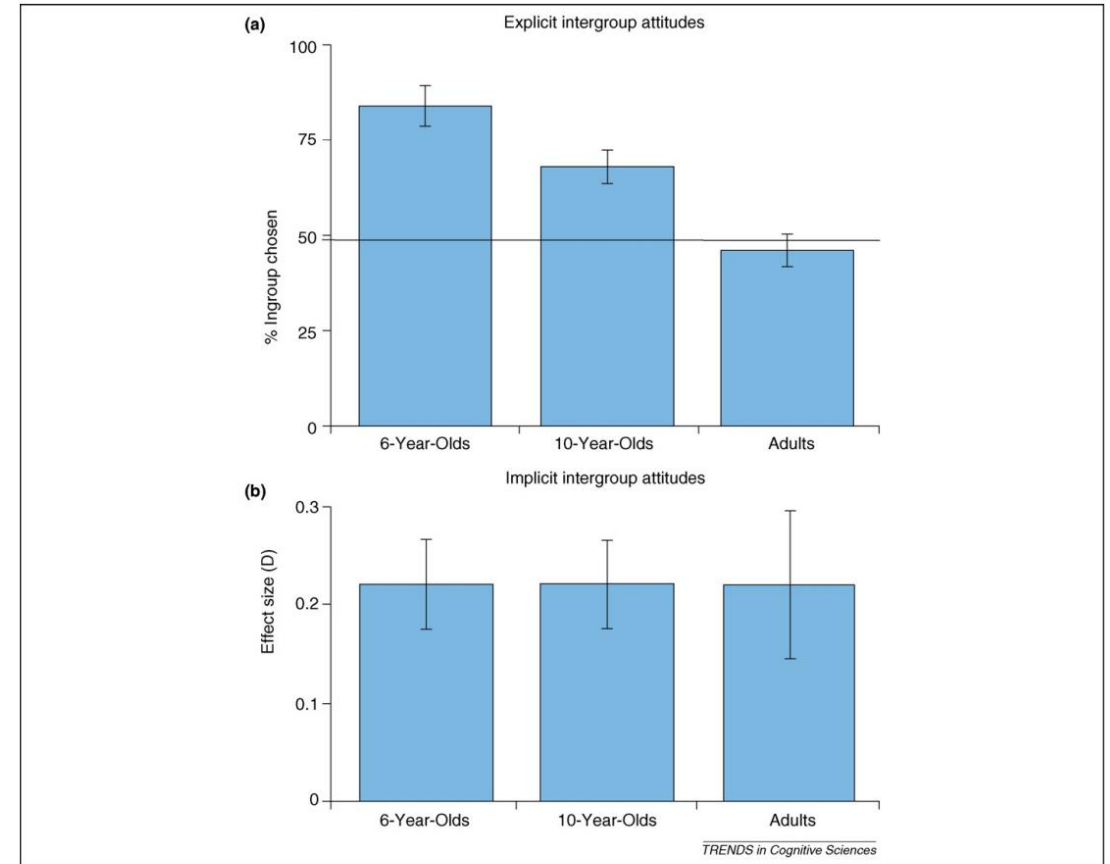
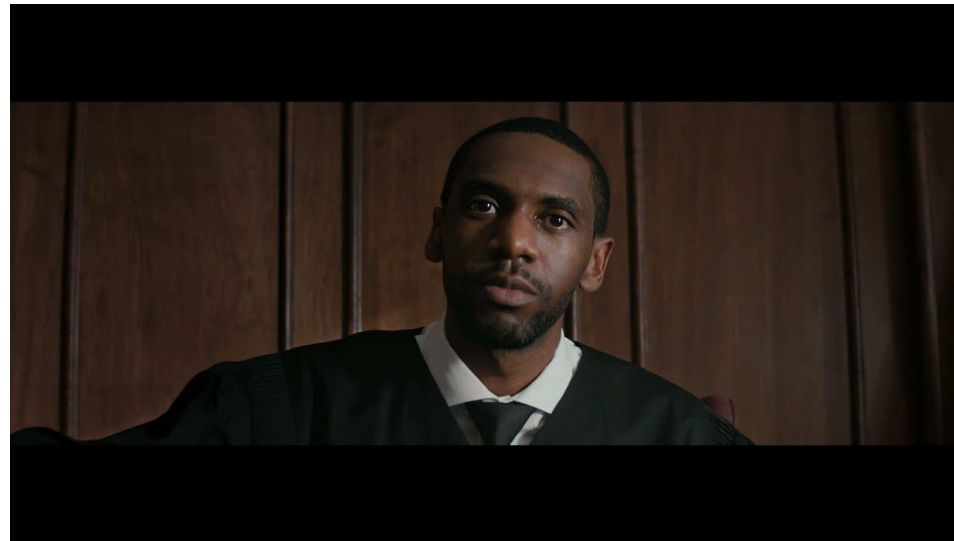


Figure 1. Implicit and explicit intergroup preferences in White Americans. Graph summarizing implicit (IAT) and explicit (self-report) intergroup preferences from White children in the USA, originally published in [25]. Higher bars indicate stronger preference for White over Black; error bars indicate standard error of the mean. Implicit preference is stable across ages (b) despite significant decline in explicit, self-reported preference for the ingroup (a); chance responding = 50%. Similar patterns have been observed in other studies of majority populations in the US, UK, and Japan [26,27].

Racial Discrimination

- Discrimination is considered actions, often negative, taken toward an individual based on their group membership and related stereotypes.



Stereotypes



Prejudice



Bias



Discrimination

Racial Discrimination in Mental Health Services

"These kinds of bias are a result of our upbringing, where we've grown up, the social structure that we have been a part of, what kind of people and social groups we have been exposed to, what kind of ideas have had an impact on us, and what we see in media around us."

(Agarwal, 2018)

Racial Stereotypes: all Black clients didn't grow up with both parents

Racial Bias: preferring not to work with Black patients as they are "difficult"

Racial Discrimination: calling Child Protective Services more readily for Black parents

Racial Discrimination in Mental Health Services

- There is evidence that when health care professionals consciously or unconsciously hold stereotypes, their attitudes can lead to discrimination in provision of care and in health outcomes for patients, contributing to health disparities

Zestcott, C. A., Blair, I. V., & Stone, J. (2016). Examining the presence, consequences, and reduction of implicit bias in health care: A narrative review. *Group Processes & Intergroup Relations*, 19(4), 528–542.

<https://doi.org/10.1177/1368430216642029>

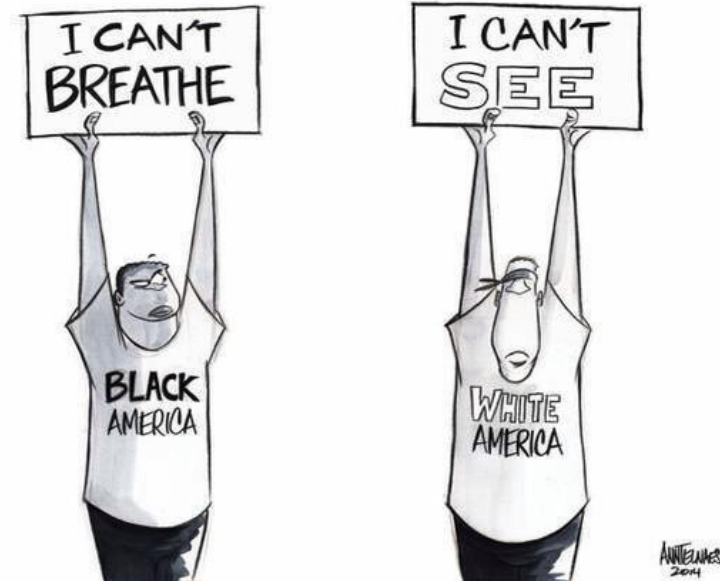
Racial Discrimination in Mental Health Services



Fig. 7.2 Aspects of the clinical encounter susceptible to clinician racial bias, including development of rapport, formation of a diagnostic impression based on findings, the treatment intervention proposed, and the follow-up plan for ongoing management of symptoms

Racial Discrimination in Mental Health Services

- Constantine (2007) examined the experiences of 40 African Americans in counseling with White therapists.
- Experience of racial microaggressions = less satisfied with counseling and weaker therapeutic relationships.
- Color-blind statements = the most common type of microaggressions used by the White counselors.



Constantine, Madonna. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology*. 54. 1-16. 10.1037/0022-0167.54.1.1.

Racial Discrimination in Mental Health Services

I've had both positive and negative experiences. I know the negative one was based on race. It was [with] a previous primary care physician when I discovered I had diabetes. He said, "I need to write this prescription for these pills, but you'll never take them and you'll come back and tell me you're still eating pig's feet and everything. . . . Then why do I still need to write this prescription." And I'm like, "I don't eat pig's feet." (African-American participant)

Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12875>.

Racial Discrimination in Mental Health Services

I felt that because of my race that I wasn't serviced as well as a Caucasian person was. The attitude that you would get. Information wasn't given to me as it would have [been given to] a Caucasian. The attitude made me feel like I was less important. I could come to the desk and they would be real nonchalant and someone of Caucasian color would come behind me and they'd be like, "Hi, how was your day?" (African-American participant)

Institute of Medicine. 2003. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12875>.

Racial Discrimination in Mental Health Services

If you speak English well, then an American doctor, they will treat you better. If you speak Chinese and your English is not that good, they would also kind of look down on you. They would [be] kind of prejudiced. (Chinese participant)

Institute of Medicine. 2003. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press.
<https://doi.org/10.17226/12875>.

Racial Discrimination in Mental Health Services

Being in a group practice seeing predominantly African-American patients, I have patients who have seen mainly white physicians in the past. When they come in to visit with us and speak with us, something as simple as [asking them to] sit up on a table and they got a question. “What are you going to do?” “I’m going to examine you.” “Oh, my other doctor never did that.”
(African-American physician)

Institute of Medicine. 2003. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12875>.

Racial Discrimination in Mental Health Services

- Less likely to have access to mental health services
- Less likely to seek out services
- Less likely to receive needed care
- More likely to receive poorer quality care
- More likely to end services prematurely

Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK44243/>

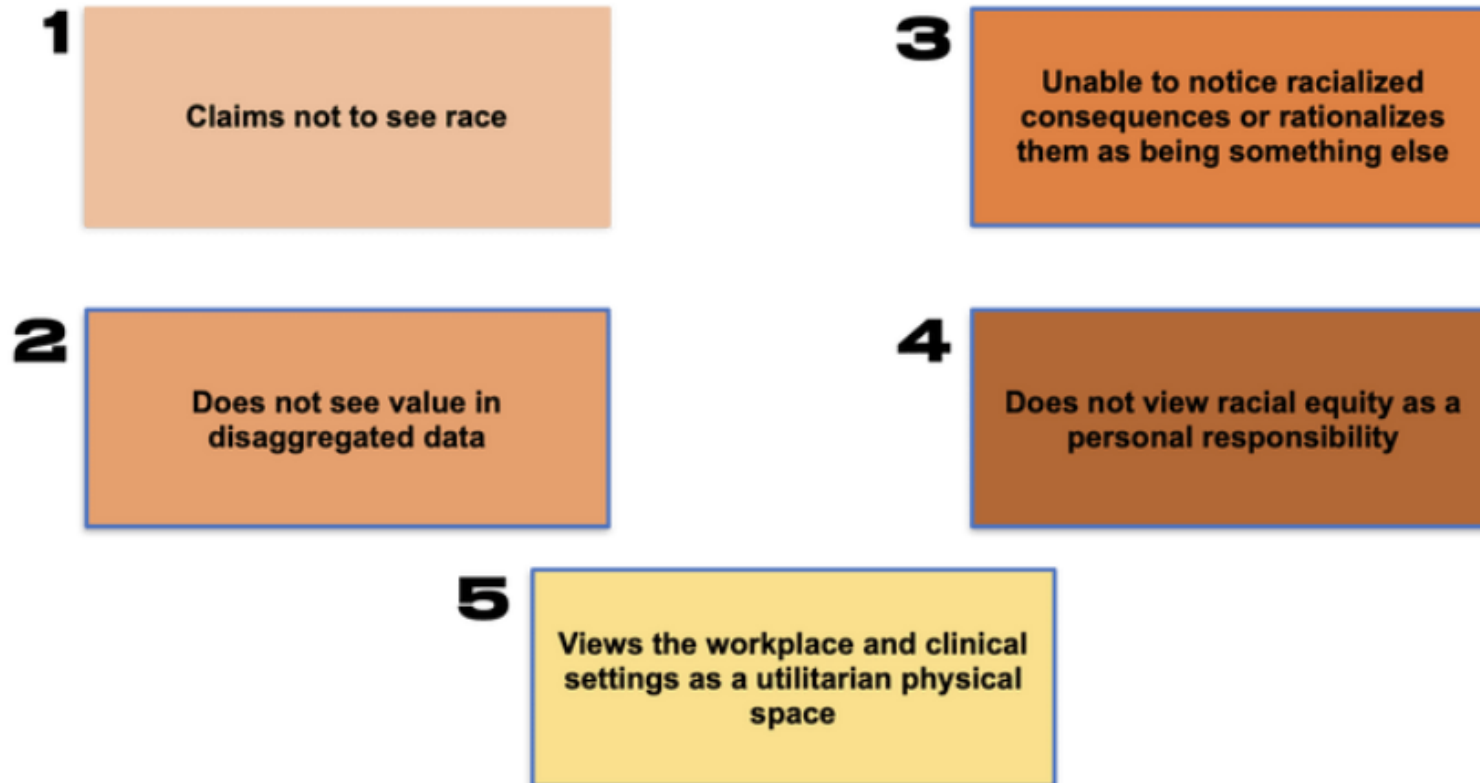
The Solution: Equity Mindedness



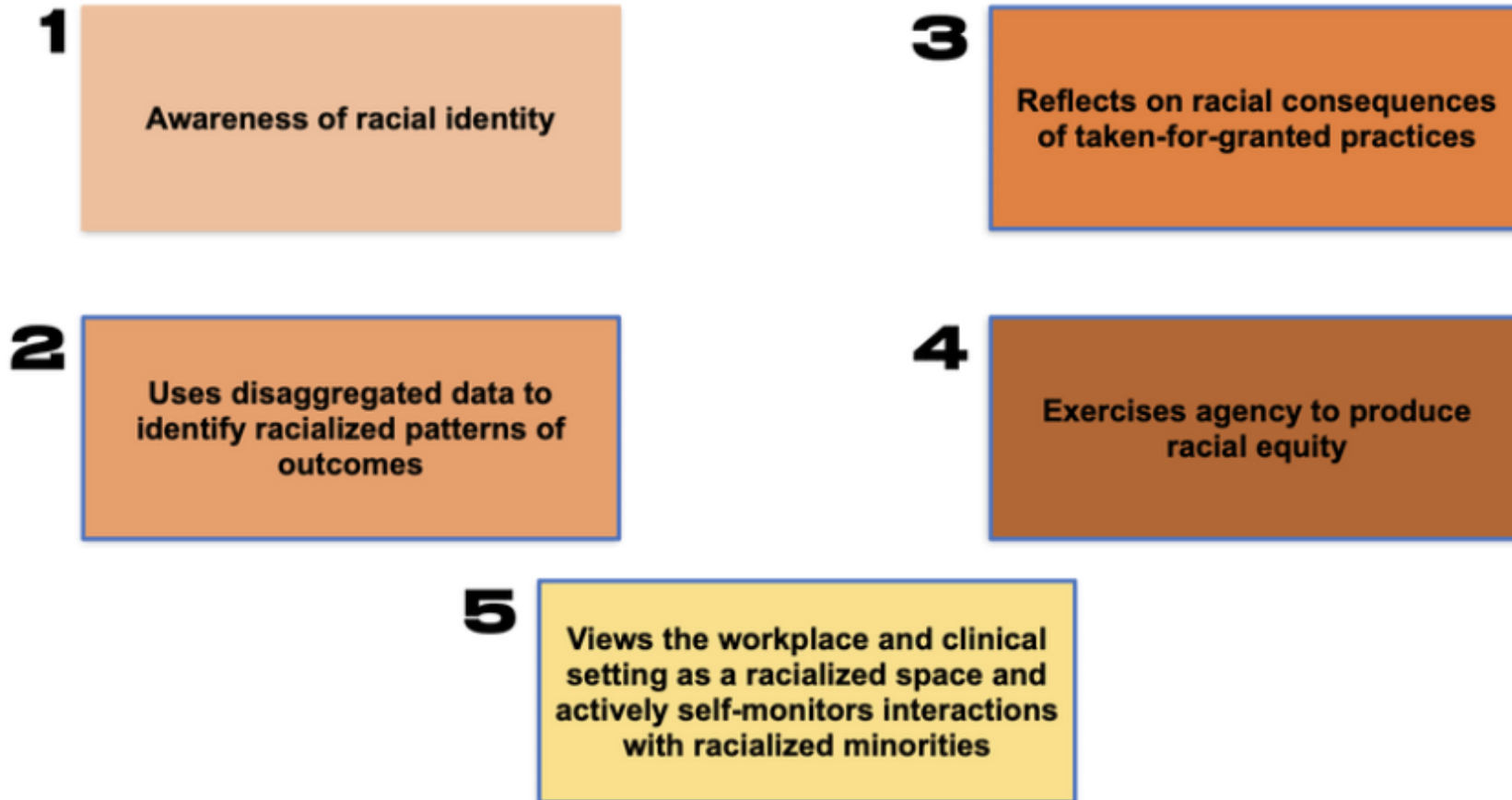
An equity-minded approach addresses each of these barriers by:

- Adopting racial consciousness
- Committing to an awareness of how understandings, language and behaviors negatively impact racially and ethnically marginalized colleagues, staff, and patients
- Willingness to be accountable to history and its consequences by taking responsibility for eliminating inequities
- Understanding of structural contributions to inequities in medicine

The Solution: Equity Mindedness



The Solution: Equity Mindedness



A Roadmap to Reduce Racial and Ethnic Disparities in Health Care



- 1) Link quality and equity
- 2) Create a culture of equity
- 3) **Diagnose the disparity**
- 4) Design the intervention
- 5) Secure buy-in
- 6) Implement and sustain change

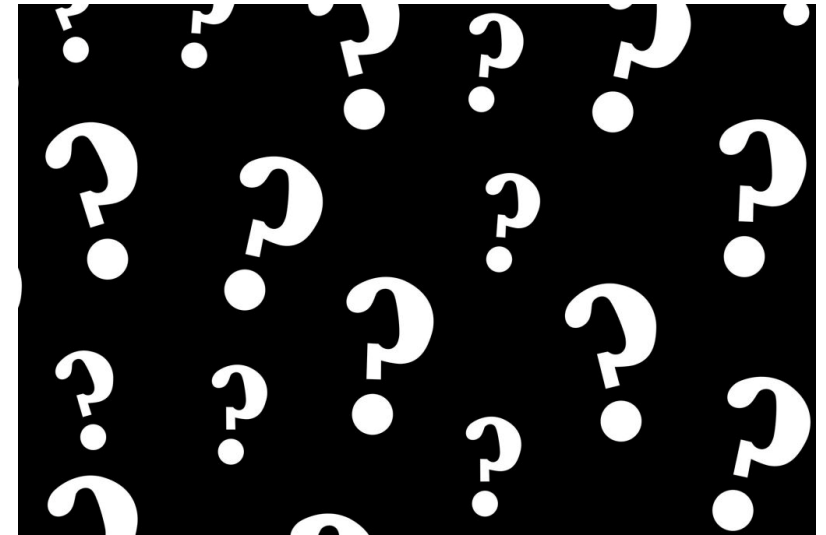


A Roadmap to Reduce Racial and Ethnic Disparities in Health Care was authored by Amanda R. Clarke, MPH; Olivia L. Vargas, BA; Anna P. Goddu, MSc; Kevin W. McCullough, MJ; Rachel DeMeester; Scott C. Cook, PhD; Mona El-Shamaa, MPH; and Marshall H. Chin, MD, MPH.

Diagnosing the Disparity



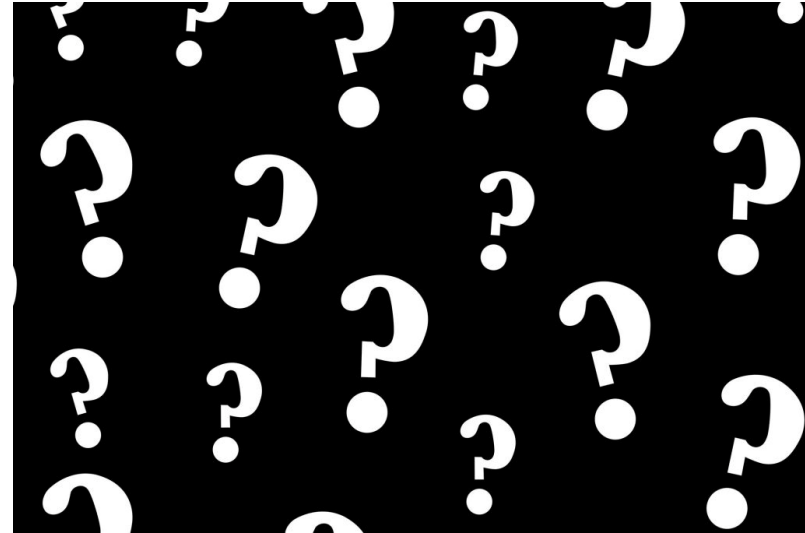
- What is the **patient's** comfort discussing personal/private health issues with a provider and/or peers?
- Does the **provider** have medical fluency in languages other than English?
- Are case managers or patient navigators part of the patient's **care team**?
- Does the **organization's** schedule accommodate evening or weekend hours?
- Is the **community** safe for outdoor recreation?
- What are the **policies** around reimbursement for certain services?



Diagnosing the Disparity



- Patient/Family:
- Medical Professional:
- Care Team:
- Organization:
- Community:





Ain't Gonna Let Nobody Turn Me 'Round
A Featuring A video featuring youth from the SCAN Harbor
Performing Arts Academy's Elite Ensemble.

This work is part of the agency's celebration of the 60th Anniversary of the Freedom Rides. SCAN-Harbor's Executive Director, Lew Zuchman, an original Freedom Rider, also appears in the video.

“Solving the Disparity”

*Part of me is Carolina Blue,
Full of flavor and excitement,
Like a wild rollercoaster,
On the loose.*

*But, at times,
I'm mean, dark, lonely,
Black, mad at the world,
Like a lost dog in the desert.*

*Yet, they are both true,
And they are both me.*

Why Are More Black Kids Suicidal? A Search for Answers.

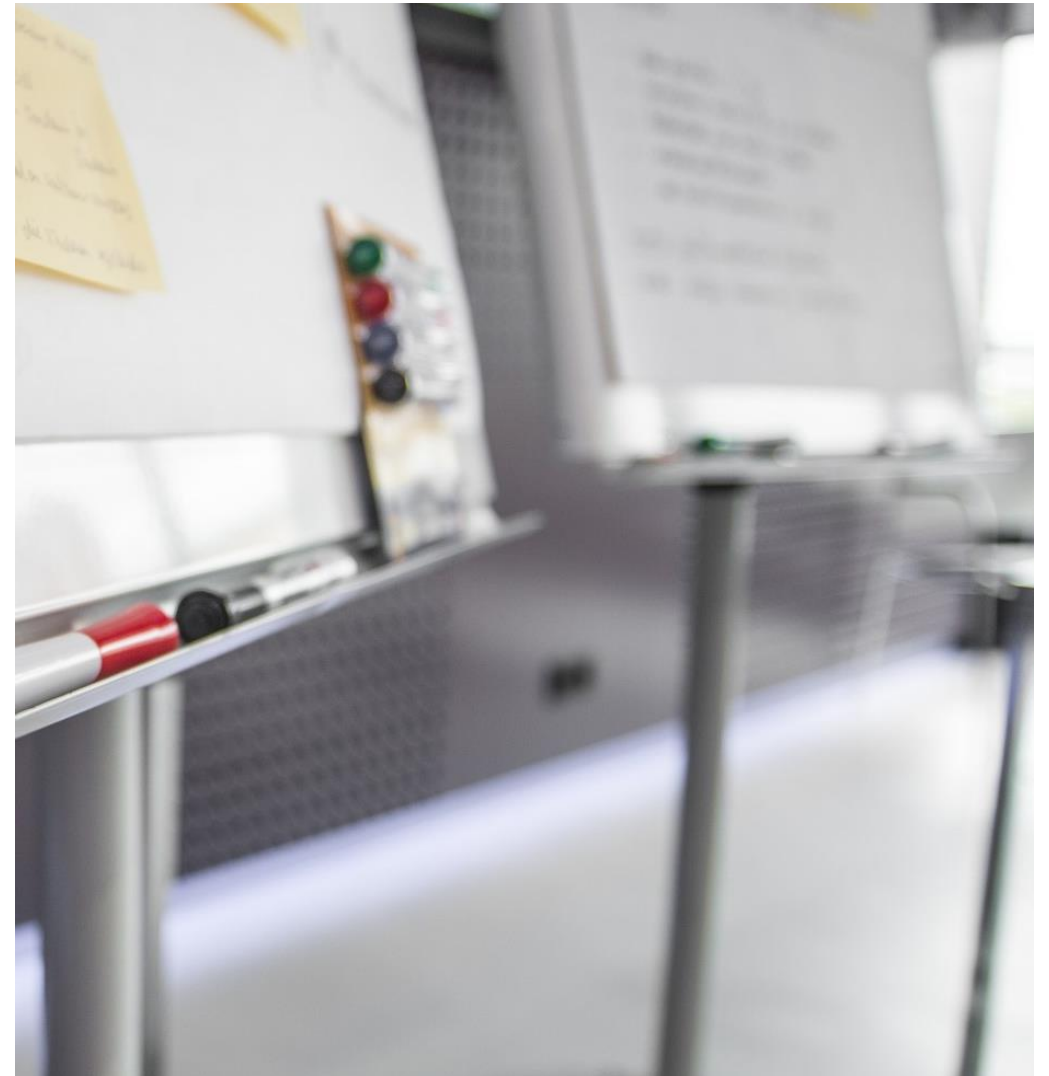
Mental health experts assumed that people of all races had the same risk factors for self-harm. Emerging evidence suggests that is not the case.

Source: <https://www.nytimes.com/2021/11/18/well/mind/suicide-black-kids.amp.html?referringSource=articleShare>

Breakout Room Discussion

You read a news article or hear in a news story that African American children are attempting suicide at a disproportionate rate. As an equity minded mental health professional, you want to help.

What would be the equity-minded approach in your clinical context where you and/or your colleagues work with children, adults and families?



Question & Answer Session

*When speaking, please
remember to use
strengths-based language
and to eliminate
background noise.*



Diversity Talk

An Opportunity to Extend Our Conversation

To support engagement, we invite attendees to make plans to join our upcoming Diversity Talks—value-added opportunities for small group conversations and team building efforts around ways to develop action plans for your agency/organization to ensure racial equity and advance cultural humility in your work.





Q1: Dec 2021 – February 2022

December 2021

The State of BIPOC Mental Health in New England

[**View Our Archive**](#)

January 26, 2022

The Impact of Implicit Bias on BIPOC Populations

February 22, 2022

Engaging in Crucial Equity Conversations



Q2: March 2022 – May 2022

March 23, 2022

Understanding Organizational Implicit Bias and its Impact on BIPOC Populations

April 20, 2022

The Role of Transformational Leadership in Creating a Culture of Change

May 25, 2022

Practical Guidance on Allyship



Q3: June 2022 – February 2022

June 22, 2022

Integrating Diversity, Equity, and Inclusion into Everyday Operations

July 27, 2022

The Importance of BIPOC Mental Health Professionals

August 17, 2022

Engaging Allies:
Nurturing Relationships for Lasting Change




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<https://ttc-gpra.org/P?s=621854>


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Our REACH sessions include interactive videos and tools designed to promote discussion around the importance of diversity, equity, and inclusion.

[REVIEW OUR PLAYLIST.](#)

*Thank
you*

Contact us at:

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ingrid.padgett@yale.edu



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