

Implicit Organizational Bias: Addressing Hidden Institutional Sources of Mental Health and Social Inequity

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Introduction Breakout Rooms

- Where are you coming from?
- What was your interest in joining today's session?
- What is one thing you are grateful for in your life right now?

Who am I?

- What I am does not exhaust all that I am (same goes for you!)
- Born in Ohio, lived in NYC, England, New England, India, and elsewhere
- Family member, friend, psychologist, writer, dancer, Zen student

New Organs of Perception

- Goethe: Science as developing new organs of perception
- If racism, bias, and inequity are embedded in much of everyday life (systems, institutions, practices, cultures, discourses), then culturally responsive practice often requires novel ways of seeing, thinking, and doing
- Today's Goal: To develop ways of seeing how behavioral health systems may be placing systematic barriers for people of color and others; and to brainstorm strategies for addressing this

Mindfulness

- Brief exercises on mindful breathing and mindful breathing
- As taught by the Buddhist teacher Thich Nhat Hanh
- A tireless teacher and advocate of global peace and mindfulness, and also of mental health

Take a Mindful Moment



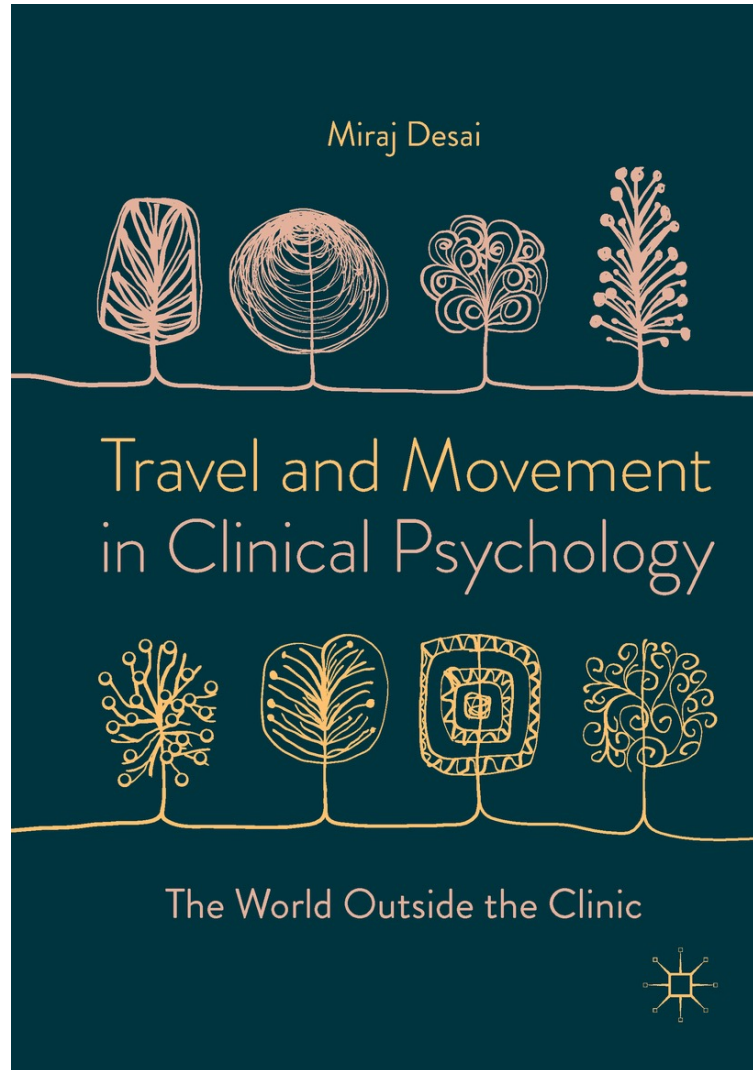
Discussion Group 1

- What was it like to slow down in this way?
- How may this experience differ from your day-to-day at work and what you are asked to do at work?

Chatter Fall

- In a few words, write down how your organization or colleagues would characterize a client who does not believe they have an illness or problem.
- In a few words, write down how your organization or colleagues would characterize a client who does not accept treatment recommendations.
- In a few words, write down how your organization would characterize a client who does not speak much or at all.

The World Outside the Clinic



Implicit Organizational Bias

Cultures of Mental Health

- The Era of Cultural Competency
- Challenges Remain
- Pervasive Social and Health Inequities



Our Study

- How are various practices in community mental health care, such as person-centered or recovery-oriented care, experienced by members of communities of color?
- Initial focus on Asian & Latinx; expanded to include African American & American Indian clients



- 37 participants—25 clients and 12 providers
- Provider data: Reflect on your recent work with a client of Latinx and Asian background
- Key question: Aspects of the intervention they had to modify

From Desai et al. (2021)

Findings

- Mental health clinic culture
- With hidden requirements for receiving care
- **Take Home:** In this study of cultural diversity, it may be the culture and structure of the mental health system that posed the greatest barrier to a more robust engagement with client diversity

Ideal and Non-Ideal Clients

- Ideal: Allow system to operate efficiently, with little tension.



- Non-Ideal: Do not fit current system and require more energy and resources to accommodate.



Ideal Client Construct



- “Easy in terms of there are clients of low maintenance. They come in[,] communicate[,] are open[,] are willing to change. They’re at a stage of change where they’re really working on their recovery, mental and substance-wise. You just have no issues with them. And they’re very motivated.”

Ideal Clients

- “the Native American population, we had a lot of differences. How they view mental health treatment like, actually medicine and stuff like that. You know, that traditional therapies are not the first course of action, there’s a lot of push-back in that... in terms of Person-centered [care] with those folks, I don’t know that I did as good of a job. I’m just thinking of two particular people, [who were] **not really wanting to talk about their feelings all that much.** So, it’s difficult **to dig in...** which can then be frustrating and then you’re not really acting in a Person-centered way, it’s more methodical...”

Incongruence with Mental Health Culture Norms

- *Not speaking much or speaking “simply”*
- “Like I’ll ask her questions and she...won’t answer them, so, we’ll just wait until you answer. [Other providers] would be like..‘Can you please just answer the question?’ Like get irritable at her..”
- “[In group, he] got something out of listening to others... But you also want them to be able to share some of their own experiences and insight... He was limited in that way...And I just think that’s who he is. And he’s a decent person, contributing to society. His ideas are just simple...he’s pretty simple minded.”

- Not accepting, admitting, or understanding problem or illness
- “I see a lot of ethnic minority people not want to not just relate but **admit to the fact that mental health is a reality**. Not just admitting that it is a reality but also realizing that just you have a mental health problem it means you need help. You need medication; you need therapy, whatever the case is.”

- Not doing anything, holding goals, or following recommendations
- “I think that the first meetings were pretty difficult because **he did not want to be there, didn't understand why he was there**, he wasn't that compliant and wasn't stabilized on his medication. So it was really difficult to do anything with him. It was just I want to go back to school. I don't understand why I can't go back to school...”

- *Non-individual: Systemic oppression, family involvement, and beyond*
- “I always kind of ask them what [the client’s] role is in [structural racism or discrimination]. Because the reality is, no matter how I would feel about it, I can’t change it. That client can’t change the judge or the way that the system works, at least not in their kind of situation”

Implicit Organizational Bias

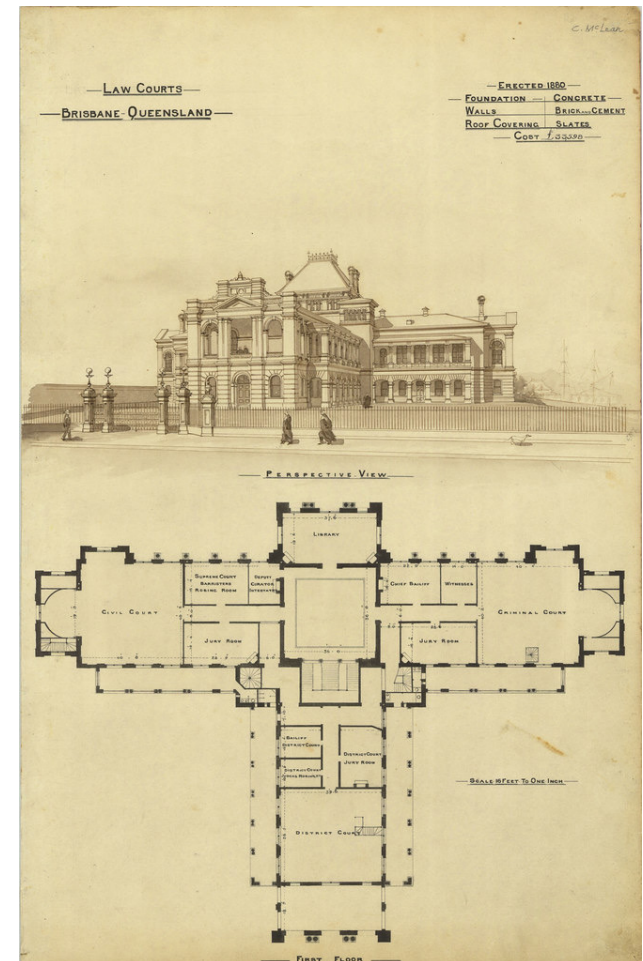
- **IOB: The unspoken structure, norms, beliefs, and expectations about the way clients should ideally behave and/or interact with the mental health system in order to gain optimal benefit**
- Ideal Client Construct
- Verbal and proactive, openly admits a problem, accepts services, and was individually-oriented

Bias as a Bureaucratic Requirement

- Inscribed within standard operating procedures
- Part of the meaning of “institutional”

Invisible Architecture

- A hidden wall
- What the system is currently designed to do.



Discussion Group 2

- From your organization's perspective, what would characterize an ideal, easy, or efficient client?
- From your organization's perspective, what would characterize a non-ideal, difficult, inefficient client?

Cultures Inside/Outside the Clinic

- Silence
- Body-Based
- Indigenous Practices
- Religious Practices
- Social Action or Community Interventions

Training, Policy, and Practice Implications

- “Cultural Competence” as Structural Competence



Training, Policy, and Practice Implications

- Diversifying the workforce, yes.
- Diversifying the deep organizational culture and structure, also.

BOTH//AND

Training, Policy, and Practice Implications

- Community engagement at all levels
- System/Institution
- Policy
- Service Delivery
- Hidden and Visible Architecture (including entry and waiting room procedures)

Organizational Assessment Tools

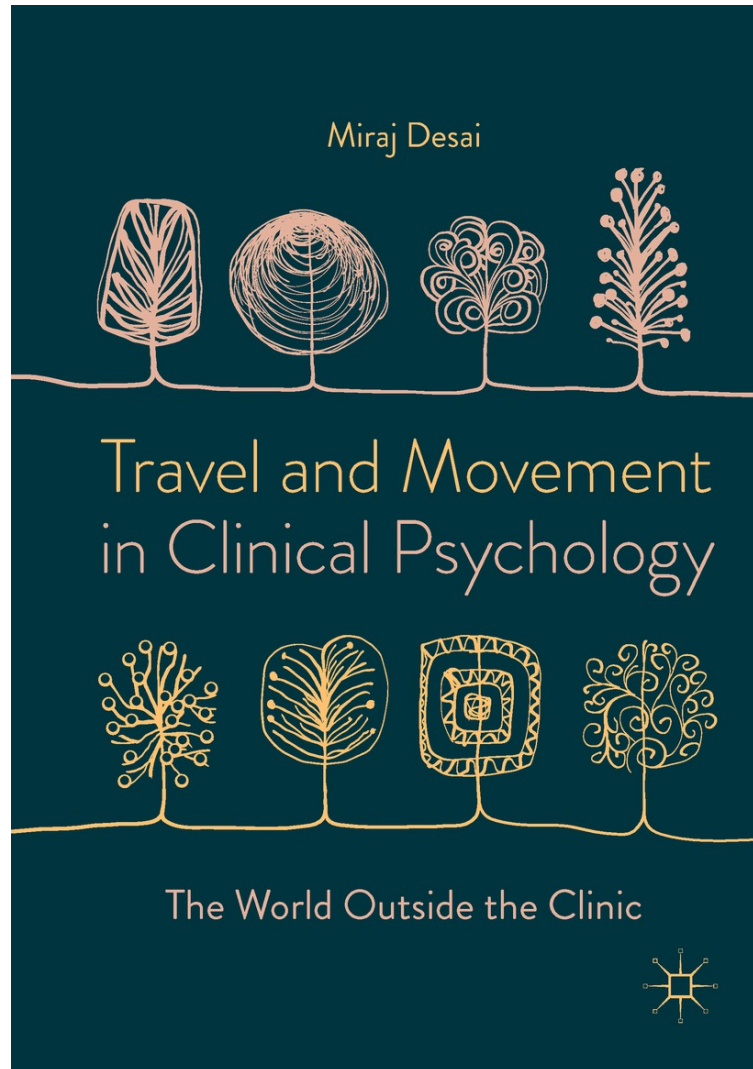
At the New England MHTTC, we believe that agencies and organizations can benefit from applying a racial equity lens to their structure and activities.

The Technology Transfer Center Network conducted a review of approximately 50 organizational and community assessment tools and resources. We synthesized questions from these materials, as well as direct resources from the New England MHTTC, to determine questions most applicable for our work. Review and use [our tool](#) to customize a list of questions for your work.

Discussion Group 3

- What are some ways your organization could begin to address its implicit organizational biases?

The World Outside the Clinic



Practical Exercise 1

- Question Everything.
- Global: Question all that we take for granted as real and true in the field, and reflect on whether what is considered as real and true is actually impacted by cultural presuppositions
- Specific: Think of one area of your work or practice that is assumed to be universally relevant, applicable, or helpful for clients....
-but implicitly biases against minoritized or other clients and cultures

Practical Exercise 2

- What kind of client does your organization implicitly prefer in the entire chain of client engagement...
- waiting room,
- intake,
- regular appointments/services,
- paperwork, record-keeping, insurance, and other administrative requirements
-and how might this implicit preference lead to exclusion for those who do not fit the preference?

Thank you!

Questions?
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Diversity Talk

- Racialized, reflective of majority racial group preferences, norms, and values.
- Ray (2019) says inequity and disparity can result when racialized schema and rules combine with concrete organizational resources and confers advantage and protection to them in hidden ways.
- An example here would be ways in which ideal clients are constituted partly model patterns of western or Euro-American worldview and culture.