



RACISM AND MENTAL HEALTH

People of color and all those whose lives have been marginalized by those in power experience life differently from those whose lives have not been devalued. They experience overt racism and bigotry far too often, which leads to a mental health burden that is deeper than what others may face.

Racism is a mental health issue because racism causes trauma. And trauma paints a direct line to mental illnesses, which need to be taken seriously.

Past trauma is prominently mentioned as the reason that people experience serious mental health conditions today.¹ But obvious forms of racism and bigotry are just the tip of the iceberg when it comes to racial trauma.

Every day, people of color experience far more subtle traumas:

- People who avoid them and their neighborhoods out of ignorance and fear;
- Banks and credit companies who won't lend them money or do so only at higher interest rates;
- Mass incarceration of their peers;
- School curricula that ignore or minimize their contributions to our shared history; and
- Racial profiling.

KEY TERMS²

Racism is a broad term describing the combination of race-based prejudice and power. Without the power differential (one person/group/institution has more power than another), "racism" is just prejudice and carries less weight and fewer consequences.

Oppression is the use of power (by a system/institution/group/individual) to dominate over another OR the refusal of a system/institution/group/individual who possesses this power to challenge that domination.

Systemic/Structural racism has three components: history, culture, and institutions/policy. Historical racism provides the framework for current racism. Any structure built on a foundation (history) of racism will be a racist structure. Culture, which is ever present in our day to day lives is what allows racism to be accepted, normalized, and perpetuated. Institutions and policies make up the fundamental relationships and rules across society, which reinforces racism and give it societal legitimacy (which makes it so hard to dismantle).

Institutional racism occurs within and between institutions. Institutional racism is discriminatory treatment, unfair policies and inequitable opportunities and impacts, based on race, produced and perpetuated by institutions (schools, mass media, etc.). Individuals within institutions take on the power of the institution when they act in ways that advantage and disadvantage people, based on race.

Internalized racism is when racism and white supremacy affect the minds of Black, Indigenous and People of Color (BIPOC) to the point where they begin to believe that they are inferior because of their own race. This can sometimes lead to "inter-racial hostility" in which BIPOC treat other BIPOC in a way that mirrors how white racists might treat them. Another way internalized racism can manifest is by BIPOC accepting and internalizing Eurocentric ideals and values.

Interpersonal racism is racism that happens between people when someone's individual beliefs or prejudices become actions toward others.

"Reverse Racism" (this term is in quotes to emphasize that it's a made-up term that shouldn't carry any actual value) is a term created by and for white people who want to perpetuate racism by denying their privilege in all its forms and by claiming that fighting to improve the lives of BIPOC is somehow "racist" against white people. MHA considers this term invalid because racism in any form depends on the presence of a power differential. White people have historically always fallen on the powerful side rather than the powerless side. Reverse racism is therefore impossible, as long as we live in a society that perpetuates white supremacy.

Racial trauma is the traumatization that results from experiencing racism in any of its many forms. Importantly, this doesn't have to be one major isolated event, but rather it can result from an accumulation of experiences like daily subtle acts of discrimination or microaggressions.

RACISM IN MENTAL HEALTH SERVICES

Misdiagnosis of schizophrenia: When treating Black/African American clients, clinicians tend to overemphasize the relevance of psychotic symptoms and overlook symptoms of major depression compared to when they are treating clients with other racial or ethnic backgrounds.³ For this reason, Black men in particular are greatly over-diagnosed with schizophrenia—they are four times more likely to be diagnosed with schizophrenia than their white male counterparts.⁴ Furthermore, Black people in general are significantly more likely to be diagnosed with schizophrenia alone when a mood disorder is also present than white people. Schizophrenia is a disorder that (by definition) must be diagnosed by exclusion, meaning that the symptoms of it can't be explained by another psychiatric disorder (like a mood disorder). Therefore, the fact that Black people end up with schizophrenia diagnoses without a mood disorder diagnosis despite the clinical presence of a mood disorder means that these symptoms are being ignored, and explains in large part why the diagnosis rate of schizophrenia is so much higher in Black populations than white.³

BIPOC Youth: BIPOC youth with behavioral and mental health conditions are more likely to be directed to the juvenile justice system than to specialty care institutions compared to non-Latinx white youth. This is likely because BIPOC youth are much more likely to end up in the juvenile justice system as a result of higher rates of harsh disciplinary suspension and expulsion practices against BIPOC youth in schools compared to white youth.⁵

RACISM AND INDIVIDUAL MENTAL HEALTH

Depression is the most commonly reported condition across BIPOC.⁶ Additionally, racial trauma can increase the risk of BIPOC meeting the criteria for PTSD. Importantly, stress plays a crucial role in how racism affects both physical and mental health. Stress hormones are released during stressful situations and research has shown that both the experience of and the observation of racial discrimination is stressful for children and adults who identify as BIPOC. Frequent presence of these stress hormones can lead to physical conditions like high blood pressure and heart disease, as well as mental health conditions like depression, anxiety and overall poor health outcomes. Discrimination is typically something that occurs frequently and as a result, creates a sustained level of stress and stress hormones in those who are the most likely to experience this discrimination (BIPOC).⁷

SOURCES

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QUICK FACTS

- Although rates of mental illness in some BIPOC populations are sometimes comparable or slightly lower than the rates in the white population, BIPOC often experience a disproportionately high burden of disability from mental disorders.⁵
- Black adults are 20 percent more likely to report serious psychological distress than adult Whites.⁸
- Although rates of depression are lower in Black people (24.6 percent) and Hispanic people (19.6 percent) than in White people (34.7 percent), depression in Blacks and Hispanics is likely to be more persistent.⁵
- People who identify as being two or more races (24.9 percent) are most likely to report any mental illness within the past year than any other race/ethnic group.⁵
- Native and Indigenous Americans report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethnic/racial group.⁵
- Mental and behavioral health conditions are common among people in the criminal justice system, in which BIPOC are disproportionately overrepresented. Approximately 50 percent to 75 percent of youth in the juvenile justice system meet the diagnostic criteria for a mental illness.⁵
- Cultural incompetence of health care providers likely contributes to underdiagnosis and/or misdiagnosis of mental illness in BIPOC. Language differences between patient and provider, stigma of mental illness among BIPOC, and cultural presentation of symptoms are some of the many barriers to care that explain these errors in the diagnostic process.⁴
- One study found that physicians were 23 percent more verbally dominant and engaged in 33 percent less patient-centered communication with Black patients than with White patients.⁵
- Compared with White people with the same symptoms, Black people are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders.⁶
- Native and Indigenous American adults have the highest reported rate of mental illnesses of any single race identifying group.⁵

