

The background features a series of overlapping, wavy, paper-like layers in shades of blue and yellow. The blue layers are on the left, transitioning into yellow layers on the right. The layers have a slight 3D effect with shadows and highlights, creating a sense of depth and movement.

Equity and Racial Justice in Mental Health Service Provision

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There is no place
for discrimination,
racism and
inequality in
healthcare

#HealthForAll



75 HEALTH
FOR ALL

AGENDA

- Mental Health and Marginalized Communities.
- Health and Racial Equality
- Factors that Impact Access to Mental Health
- Intersectionality: How it relates to Equity and Racial Justice.
- Cultural Humility
- Types of Unconscious Biases
- Combatting the Return of Your Unconscious Bias
- Promoting Resilience in Mental Health
- Questions.....



Mental Health and Marginalized Communities

- Mental disorders are more common in this country and have increased over the last three years with the COVID-19 pandemic and the racial discrimination of marginalized communities.
- However, the disparities in mental health services and lack of access within marginalized communities have always been serious issues and concerns.
- The stigmas amongst marginalized groups regarding mental health have historically been a barrier to receiving the proper mental health care.
- Historically, individuals in marginalized communities have been negatively affected by prejudice and discrimination in the mental health system. Many individuals seeking services within these marginalized groups continue to have these negative experiences when they attempt to seek treatment.
- Providers who lack cultural competency and hold both conscious and unconscious biases tend to misdiagnosis and provide inadequate treatment. This ultimately leads to mistrust of mental health professionals and creates a barrier for many to engage in treatment.
- One population that continues to be affected by the lack of cultural competencies within mental health is Black/African American clients. It has been reported that Black/African American individuals are more likely to receive a misdiagnosis of schizophrenia when expressing symptoms related to mood disorders.
- Clinicians tend to overemphasize the relevance of psychotic symptoms and overlook symptoms of major depression compared to treating clients with other racial or ethnic backgrounds. For this reason, Black men are significantly over-diagnosed with schizophrenia.



Mental Health and Marginalized Communities (Cont.)

- Providers in the mental health field exhibit behaviors of discrimination when working with marginalized communities through microaggressions, stereotyping and cultural biases, which continues to increase the mistrust by individuals in the marginalized communities and leads to discontinuation, early termination of treatment, or discouragement from the marginalized communities to seek treatment services.
- Representation matters in mental health because it can interrupt that distrust when underserved communities have access to therapists that struggle and fight the same system through lived experiences.
- Providing representation allows individuals within the marginalized communities seeking treatment to feel validated and allows them to express their opinions comfortably.
- Adequate treatment looks at culturally specific services and broaches dimensions of race, ethnicity, gender identity, sexuality, and culture during the counseling process.
- A provider that represents the marginalized community of the client helps identify the intersectionality of the clients in addressing the barrier to receiving culturally competent care in hopes that the clients feel validated and affirmed.

Health and Racial Equity

- **Health Equity** is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health, and that no one is disadvantaged, excluded or dismissed from achieving this potential.
- The issues concerning **Health Equity** are through structural drivers of inequity; such as racism, sexism, and income inequality impact communities.
- **Racial justice** is a major concern in health equity work because racism, discrimination, and other forms of racial injustice have resulted in dramatic health and safety disparities for communities of color. Without closing racially unjust gaps in health outcomes.
- **Racism** is a public health threat, and racial inequities within the mental health care system are well documented.
- **Racism**, both interpersonal and structural negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation.
- **Social Determinates of Health** are key drivers of health inequities within communities of color, placing those within these populations at greater risk for poor health outcomes.
- A growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits; such as housing, education, wealth, and employment.



Health and Racial Equity: Factors that Impact Access to Mental Health

- **People of Color** are less likely to receive mental health services compared to those who are white.
- **Lack of health insurance** is a significant factor affecting access to mental health treatment, and many factors contribute to the fact that people of color are more likely to be uninsured.
- **In 2018**, Black people were 1.5 times more likely to be uninsured; Hispanic people were 2.5 times more likely to be uninsured; and Asian people were 2.9 times more likely to be uninsured compared to white people.
- **Stigma** is another factor that impacts access to mental health treatment, and stigma around mental illness is higher among communities of color.



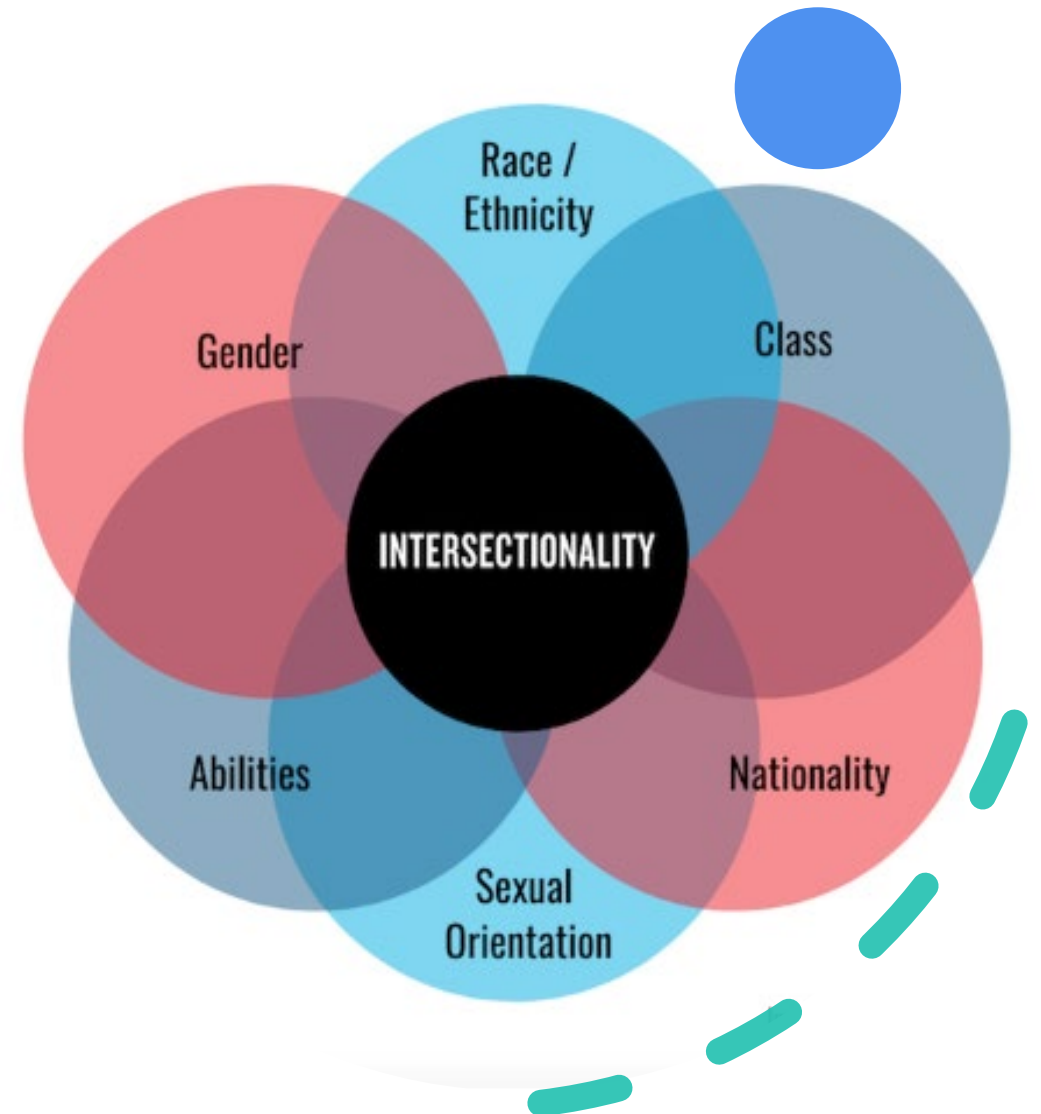
Health and Racial Equity: Factors that Impact Access to Mental Health (Cont.)

- When POC can access mental health care it is more likely to be poor quality care.
- There are a few factors that lead to poorer quality of care, including:
 - Lack of cultural competency among mental health providers.
 - Lack of diversity among mental health professionals:
 - In 2015, 86% of psychologists in the U.S. workforce were white, 5% were Asian, 5% were Hispanic, 4% were Black/African-American and 1% were multiracial or from other racial/ethnic groups, which is less diverse than the U.S. population.
 - **Provider Discrimination, including bias and stereotyping.**
 - It is critical that public policies and laws work to eliminate mental health inequities perpetuated by racism and racial discrimination. We can achieve this by increasing access to culturally- informed, evidence-based mental health care, creating a more racially and ethnically diverse mental health workforce, and eliminating stigma, discrimination, and unconscious bias.



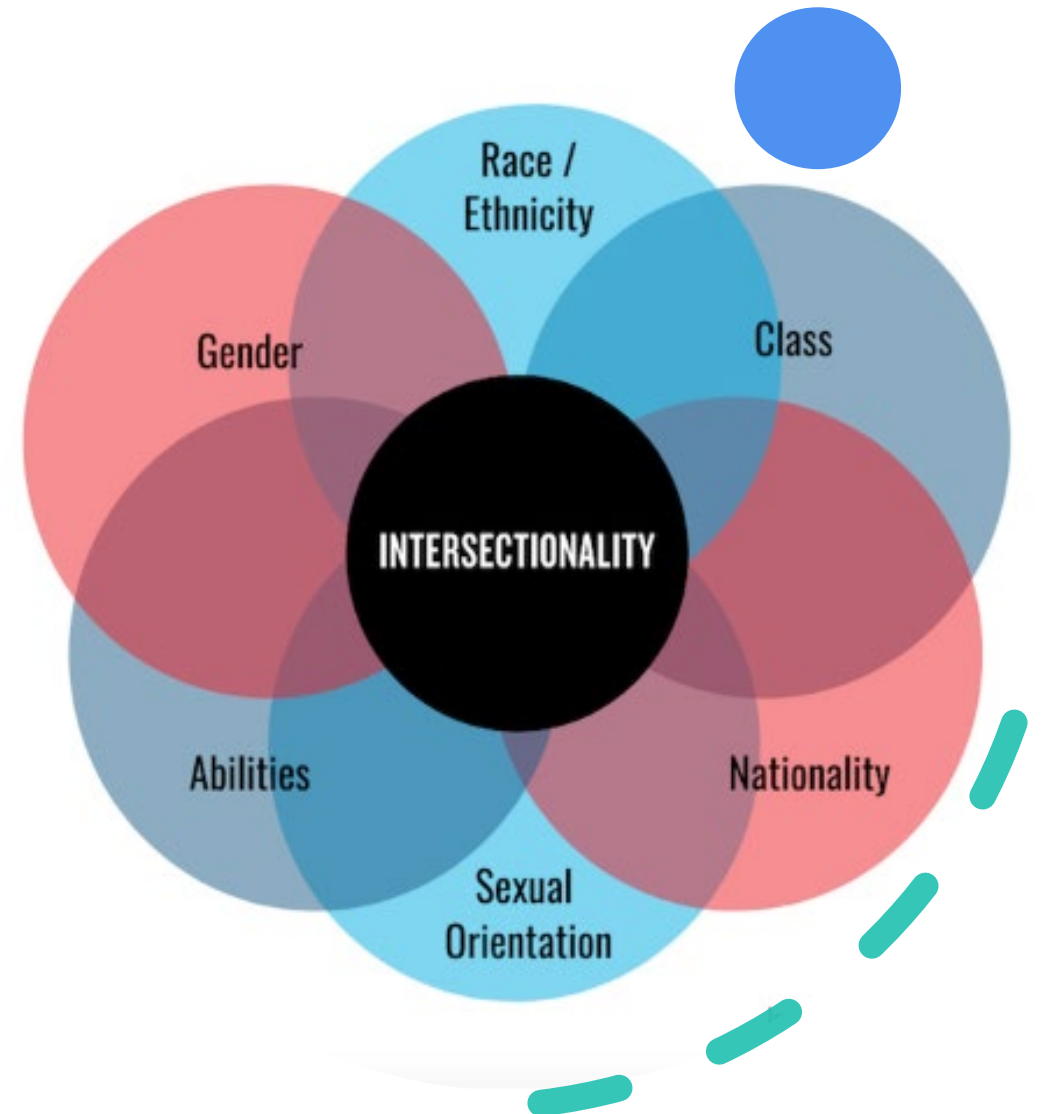
Intersectionality: How it relates to Equity and Racial Justice

- **Intersectionality is defined as**, the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and independent systems of discrimination or disadvantage.
- Intersectionality is the acknowledgment that everyone has their own unique experiences of discrimination and oppression, and we must consider everything and anything that can marginalize people – gender, race, class, sexual orientation, physical ability, etc.
- Intersectionality is important because it brings our understanding of systemic injustice and social inequality to the next level by attempting to untangle the lines that create the complex web of inequalities. It is also a practical tool that can be used to tackle intersectional discrimination through policies and laws.
- Intersectionality pertains to mental health because our mental health oftentimes does not exist separately from identity markers. Mental health can be impacted by gender, sexuality, age, religion, and more. There may be unique life stressors that accompany these identity markers.
 - An example of this is that a queer individual may have unique stressors related to their sexual identity that heterosexual people may not experience.



Intersectionality: How it relates to Equity and Racial Justice (Cont.)

- When having conversations about mental health, including a wide range of narratives on inequality, discrimination, erasure, and violence that marginalized individuals experience are important because they impact mental health outcomes.
- However, it is important to understand that our individual identities are not the issue, the problem lies within power systems that cause discrimination and oppression.
- These power systems can impact mental health outcomes.
- This stresses the importance of community efforts to fight power systems and advocate for more equitable systems.



Cultural Humility



- Cultural Humility is defined as; an attitude of humility and respect toward other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures and approach learning about other cultures as a lifelong goal and process.
- Cultural humility is a process of self-reflection and discovery to build honest and trustworthy relationships. At its essence, cultural humility is developed by letting go of assumptions about a person based on their culture and creating space for learning who they are as a person; in other words, experience their personal ethos.
- **Three things to know about cultural humility:**

1. We move between several different cultures; often without even thinking about it.

Though the term “culture” is often used when describing different ethnic or religious affiliations, most people experience and participate in different cultures just by moving through their daily lives. **For example, a person’s family or home culture will likely have distinctly different qualities and behavioral expectations than their work culture, school culture, or social group culture.** Because the overall purpose of practicing cultural humility is to be aware of one’s own values and beliefs, it is important to understand that those notions come from the combination of cultures that people experience in their everyday lives. A person cannot begin to understand the makeup and context of another person’s life without being aware and reflective

2. Cultural humility is distinct from cultural competency and cultural humility.

Cultural competence addresses the ability to effectively work with and across different groups of people with similar social practices. Being competent signifies that you have knowledge of cultural commonalities and use that knowledge when caring for patients and families. Rather than an endpoint, **cultural humility** is an ongoing process recognizing that the person in front of you is the expert, not the textbook.



Cultural Humility (Cont.)



3. Cultural humility requires historical awareness.

It is not enough to think about one's own values, beliefs, and social position within the context of the present moment. To practice true cultural humility, a person must also be aware of and sensitive to historic realities like legacies of violence and oppression against certain groups of people.

For example, the Public Health Service's Syphilis Experiment at Tuskegee serves as a tragic reminder of how African Americans have been historically deprived of adequate healthcare and have experienced abuse and disrespect in the name of clinical research. The history of mistrust between vulnerable populations and public health institutions has led to understandable skepticism about the purpose and outcomes of research.

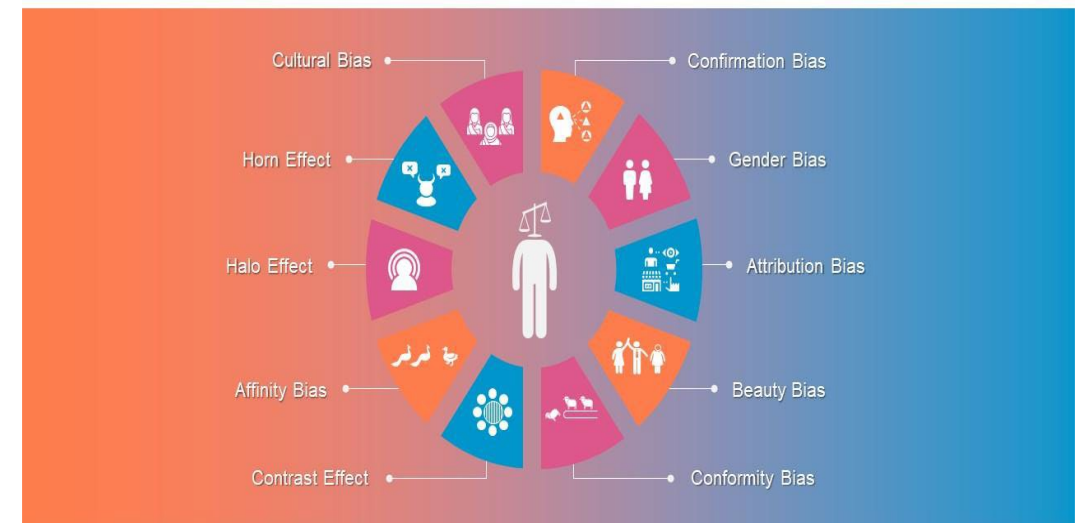
In order to build trust, the historic, systemic reasons for mistrust must be excavated and made visible. These reasons include the history of slavery, racism, segregation, and more recent lived experience of disrespect at the hands of healthcare providers. By recognizing the failures of the past, researchers, clinicians, providers, and advocates can all contribute to building a better future that is founded in practices of cultural humility.



Types of Unconscious Biases

- **Gender Bias:** Gender bias happens when you treat somebody differently because of their gender.
- **Performance Bias:** Performance bias happens when you make assumptions about someone's performance based on their race, gender, ethnicity, or other characteristics.
- **Diagnosis Bias:** Diagnosis bias occurs when you judge someone based on your first impression and refuse to change your opinion in the face of new evidence.
- **Value Attribution Bias:** Value attribution bias happens when you assign something a value and then allow that perception to color all subsequent interactions.
- **Confirmation Bias:** Confirmation bias occurs when you only pay attention to information that confirms your pre-existing opinions, discounting anything that would disprove them.
- **Commitment Confirmation Bias:** Commitment confirmation bias happens when you grow so attached to an idea that you make bad choices to appear consistent.
- **Stereotype Threat:** Stereotype threat happens when you unconsciously confirm negative stereotypes about a cultural, racial, ethnic, or gender group to which you belong.
- **Anchoring Bias:** Anchoring bias takes place when your decision is overly influenced by the first piece of information that you receive about something.
- **Attentional Bias:** Attentional bias happens when you base a decision on only one thing, to the exclusion of all other relevant evidence.
- **Primary Bias:** Primacy bias takes place when you focus only on what happened first, ignoring all other aspects of a situation.
- **Recency Bias:** Recency Bias happens when you judge something based only on what happened most recently, instead of considering the who situation.

The Most Common Types of Unconscious Bias at Workplace



Combating the Return of Your Unconscious Bias

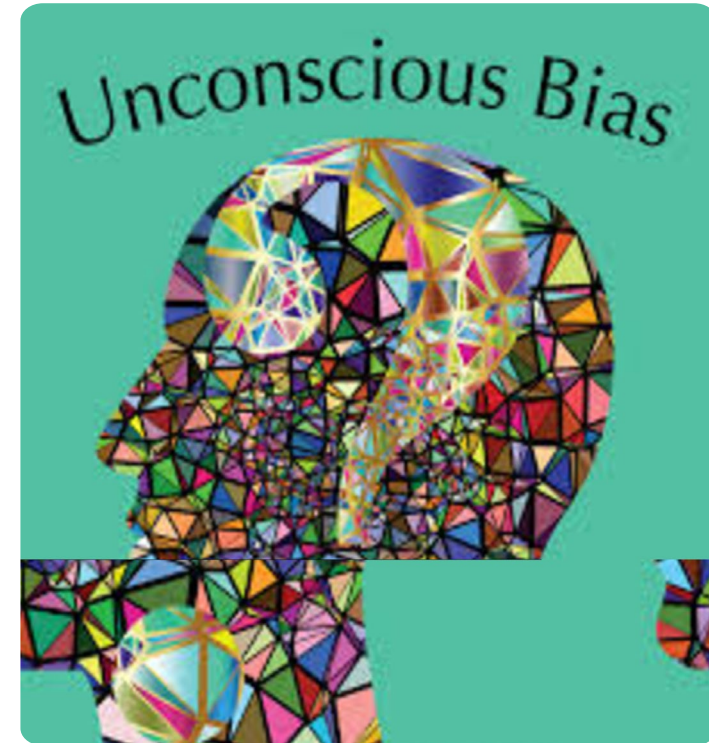
- If you find your bias resurfacing in an encounter with someone, you can take a few actions to combat the bias:

- **ACTION:**

- Remind yourself that this is just one encounter
- Ask yourself where your bias first came from
- Re-examine your encounter
- Consider whether your behavior caused the bad encounter become honest

- **GUIDELINES:**

- Catch your potentially biased thought and realize that this is just a single incident.
- Was the source misguided, or was it accurate? Did it have a basis in logic, or was it purely subjective?
- Consider whether you might have seen something that wasn't there because of an unconscious bias.
- Did you do something that caused the situation to unpleasant? Ask other people who were there and be with yourself about your own behavior.



Promoting Resilience in Mental Health

Everyone benefits when people from racial and ethnic minority groups can thrive. We all have a role to play in promoting health and mental health equality.

What can we do as individuals to promote health/mental health equality?

1. Learn about mental health.
2. Learn about healthy ways to cope with stress and respond to loss. Engage in these practices, when possible.
3. Share information on mental health, healthy coping skills, and resources with family, friends, neighbors, and others in your community.
4. Talk about mental health and use non-stigmatizing language.
5. Learn about implicit bias. Implicit biases are unintentional attitudes, behaviors, and actions that are in favor of or against one person or group.
6. Learn about microaggressions. Microaggressions are everyday verbal, nonverbal, and environmental slights, snubs, or insults. They communicate negative messages to people because of their membership in a marginalized group. Microaggressions can be intentional or unintentional.
7. Make ongoing efforts to avoid implicit bias, microaggressions, and other forms of discrimination.



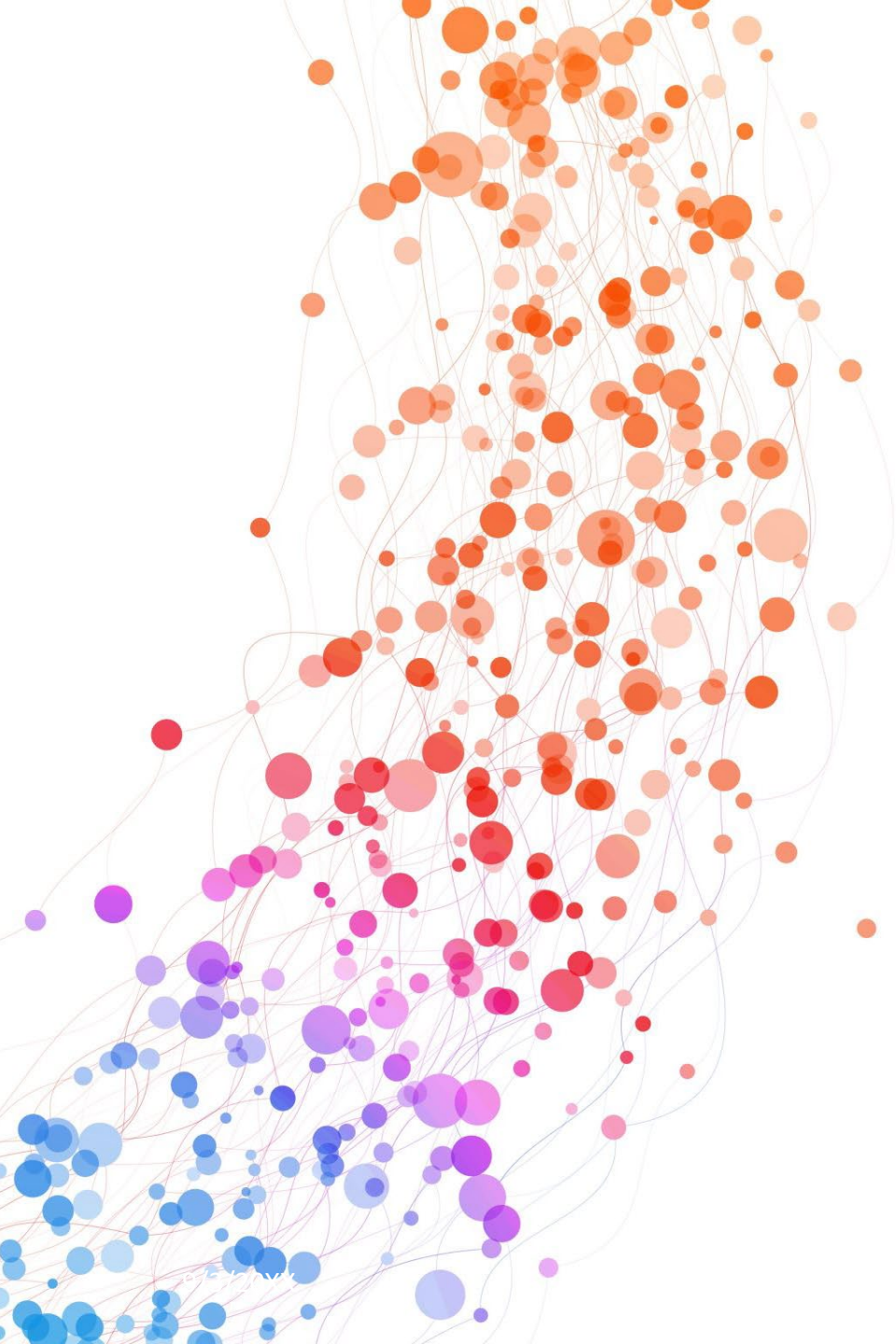
Promoting Resilience in Mental Health (Cont.)

Everyone benefits when people from racial and ethnic minority groups can thrive. We all have a role to play in promoting health and mental health equality.

Health educators and Healthcare Systems can:

1. Ensure mental health educational materials and communication activities are culturally and linguistically appropriate, inclusive, and respectful. Follow the health equity principles for communication, such as using plain language.
2. Take active steps to increase the reach of mental health information to racial and ethnic minority groups. This should include using culturally responsive communication outlets.
3. Verify and promote free and low-cost mental health resources through diverse channels.
4. Screen patients for depression and other mental health conditions and refer patients to accessible mental health care services.
5. Make mental health educational materials available to all patients during their appointments, via patient portals, and in waiting rooms.
6. Make efforts to recruit mental healthcare providers that reflect the race and ethnicity of the populations served.
7. Provide cultural humility training to mental healthcare providers.
8. Ensure mental healthcare services are culturally and linguistically appropriate.





Any Questions

