ADDRESSING DISCRIMINATION AND RACISM IN HEALTH CARE

CONFRONTING HEALTH INEQUITY CONFERENCE
JULY 18, 2018

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This is a difficult topic
- Stirs up many emotions – guilt, anger, resentment, defensiveness
- You may perceive me of accusing you of these behaviors (racism, homophobia, religious intolerance, etc.)
- You may feel I have a specific political agenda, or that I lack objectivity
- As mental health professionals, if we can’t acknowledge these difficult emotions, how can we expect others to?
CASE EXAMPLE

“Presentation highlighted the percentage of black suicides. However presentation failed to compare that percentage to suicides in white population which is 15 times higher than in black population (Am Foundation for Suicide Prevention). So much for white privilege. You want to talk about white privilege, then ask me. Growing up as fat, poor, non-English speaking, obviously Semitic FEATURED immigrant kid in Jewish ghetto in ground zero of U. S. Semitism did not enrobe me in "white privilege." My parents were blue collar workers (factory & sewing sweat shop). Presentations which attempt to de-center whiteness have no place in a medical conference. Such presentations are better given to the neo-Marxist whitey haters found in university deconstructionist courses heavily populated by angry women and dissent minorities.”
“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.”
People with serious mental illnesses die, on average, **up to 25 years earlier** than the general population.
Mental and substance use disorders as a share of total disease burden, 2000

Mental health and substance use disorders as a share of total disease burden. Disease burden is measured in DALYs (Disability-Adjusted Life Years). DALYs measure total burden of disease, both from years of life lost and years lived with a disability. One DALY equals one lost year of healthy life.

Source: IHME, Global Burden of Disease
Mental and substance use disorders as a share of total disease burden, 2016

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Source: IHME, Global Burden of Disease

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LIFE EXPECTANCY BY RACE AND GENDER IN THE UNITED STATES (1999-2013)

Data from the CDC/National Center for Health Statistics
PROPORTION OF ADULTS REPORTING SERIOUS PSYCHOLOGICAL DISTRESS IN THE PAST 30 DAYS


Data from the CDC/National Center for Health Statistics
Racial and ethnic minority groups:

- Have **less access** to and availability of care
- Receive generally **poorer quality** mental health services
- Experience a **greater disability** burden from unmet mental health needs
The problems with race-based clinical care

- Race is a social construct
- It is not clearly categorized
- Yet, we use race to confirm assumptions/prejudices/biases about our patients and clients
- Race is a rough proxy for culture, genetics, and socioeconomic status
HEALTH AND MENTAL HEALTH INEQUITIES

“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.”

The societal, environmental, and economic conditions that impact and affect health and 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 FUNDAMENTAL CAUSES OF DISEASE

If risk factors are the precursors of disease, then the environmental and contextual factors that precede or shape these risk factors are the causes of the causes.

THE FUNDAMENTAL CAUSE OF MENTAL HEALTH INEQUITIES:
STRUCTURAL RACISM AND DISCRIMINATION
“It is certain, in any case, that ignorance, allied with power, is the most ferocious enemy justice can have.”
DEFINING DISCRIMINATION AND RACISM

- **Discrimination** - the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex
  - Can be *de jure* – mandated by law
  - Or *de facto* – not sanctioned by law, but the standard practice

- **Racism** – a system of advantage based on race
  - Racism and prejudice are not interchangeable

LEVELS OF DISCRIMINATION

- Interpersonal (individual)
- Institutional (organizational)
- Structural (systemic)
- Legal
- Illegal
- Overt (blatant)
- Covert (subtle)
A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It 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/ethnic inequities would remain due to the persistence of structural racism.

TYPES OF DISCRIMINATION IN THE US

- Racial/Ethnic
- Anti-Immigrant
- Gender
- Anti-LGBTQ
- Religious
- Disability
- Age
- Social Class
EXAMPLES OF STRUCTURAL RACISM

- Social Security Act of 1935
- Residential Segregation
- The War on Drugs
- Health Care Quality and Access
- Immigration Policy


Meta-Analyses show racism and discrimination are associated with poorer mental health.
Examined the impact of legislative bans on same-sex marriage on prevalence of psychiatric disorders in LGB populations

Psychiatric disorders (mood disorders, anxiety disorders, alcohol use disorder) increased significantly among LGB respondents living in states that instituted discriminatory policies (not in states that did not institute policies)

248.2% increase in generalized anxiety disorder
Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study

Jacob Roe, Athanaraj S Verkataranami, David R Williams, Alexander C Tsai

Summary
Background Police kill more than 300 black Americans—at least a quarter of them unarmed—each year in the USA. These events might have spillover effects on the mental health of people not directly affected.

Methods In this population-based, quasi-experimental study, we combined novel data on police killings with individual-level data from the nationally representative 2013–15 US Behavioral Risk Factor Surveillance System (BRFSS) to estimate the causal impact of police killings of unarmed black Americans on self-reported mental health of other black American adults in the US general population. The primary exposure was the number of police killings of unarmed black Americans occurring in the 3 months prior to the BRFSS interview within the same state. The primary outcome was the number of days in the previous month in which the respondent’s mental health was reported as “not good”. We estimated difference-in-differences regression models—adjusting for state-month, month-year, and interview-day fixed effects, as well as age, sex, and educational attainment. We additionally assessed the timing of effects, the specificity of the effects to black Americans, and the robustness of our findings.

Findings 38,993 (weighted sample share 49%) of 103,710 black American respondents were exposed to one or more police killings of unarmed black Americans in their state of residence in the 3 months prior to the survey. Each additional police killing of an unarmed black American was associated with 0–14 additional poor mental health days (95% CI 0.07–0.22; p=0.00047) among black American respondents. The largest effects on mental health occurred in the 1–2 months after exposure, with no significant effects estimated for respondents interviewed before police killings ( falsification test). Mental health impacts were not observed among white respondents and resulted only from police killings of unarmed black Americans (not unarmed white Americans or armed black Americans).

Interpretation Police killings of unarmed black Americans have adverse effects on mental health among black American adults in the general population. Programs should be implemented to decrease the frequency of police killings of unarmed black Americans.

Published Online: June 21, 2018
http://doi.org/10.1136/nbm.1608-0247

Each additional police killing of an unarmed black American was associated with 0–14 additional poor mental health days among black American respondents.

Mental health impacts were not observed among white respondents, and were not observed for unarmed white Americans or armed black Americans.

At the population level, police killings of unarmed black Americans might cause 55 million excess poor mental health days per year among black American adults in the US.
Association Between Trump Tweets and Hate Crimes Against Muslims

Müller, Karsten and Schwarz, Carlo, Making America Hate Again? Twitter and Hate Crime Under Trump (March 30, 2018). Available at SSRN: https://ssrn.com/abstract=3149103
Average Number of Weekly Anti-Muslim Hate Crimes At Equal Time Periods in US Presidency since 1990

Müller, Karsten and Schwarz, Carlo, Making America Hate Again? Twitter and Hate Crime Under Trump (March 30, 2018). Available at SSRN: https://ssrn.com/abstract=3149103
Restrictive immigration policies are a form of social segregation and structural racism

US immigration policy has defined racial groups, reinforced to social hierarchy, and influenced the health of populations

Current trends include use of quotas, screening for undesirable traits, and exclusion of those likely to be public charges

Policies impact immigrants’ access to health and other social services

Anti-immigrant climates contribute to experiences with discrimination, stress, and illness

# Self-Reported Racism Associations


## Increased Negative Mental Health
- Depression
- Anxiety
- Psychological Distress
- Negative Affect
- PTSD

## Decreased Positive Mental Health
- Self-esteem
- Life Satisfaction
- Control
- Mastery
- Well-being

Increased negative mental health and decreased positive mental health are significantly associated with self-identified racism.
“We can join together to effect a future the world has not yet conceived, let alone seen.”

-Audre Lorde
Seeing White

A 14-part documentary series exploring whiteness in America—where it came from, what it means, and how it works.
Addressing the Social Determinants of Mental Health: If Not Now, When? If Not Us, Who?

Ruth S. Shim, M.D., M.P.H., and Michael T. Compton, M.D., M.P.H.

In public health, recognition of the importance of the social determinants of health has led to significant shifts in practice and research. Psychiatry is making great progress in developing evidence-based, high-fidelity treatments that improve outcomes for patients who have access to high-quality mental health care. But for the less fortunate, acting further upstream, long before these mental health problems occur, is just as important as advancing new treatments. "Treating" the social determinants of mental health involves focusing more on policies than on medication, therapy, and neurobiological innovation. It entails creating public policies that improve these issues and changing social norms to place greater value on giving everyone an equal chance at living a fulfilling and healthy life. Local, state, and federal governments set policies, and the psychiatric field has considerable power in influencing those policies and shaping the social norms that inform them. This new column offers a forum to discuss these issues.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.201800060)

In the past decade, references in the scientific literature to the social determinants of health have increased by almost 2,000%. Social determinants have become a significant focus of many organizations and initiatives, including Healthy People 2020. However, the primary emphasis has been on the socioeconomic environment in which people live. This article highlights how the social determinants of health also impact the mental health of children born to food-insecure mothers.
Progress is made through the passage of legislation, court rulings, and other formal mechanisms that aim to promote racial equality.

Retrenchment refers to ways in which this progress is very often challenged, neutralized, or undermined.
Discrimination and structural racism are powerful social determinants of mental health. The evidence that exists is stronger than most of the evidence that informs our evidence-based clinical practice.

This topic is not easy to address. Nevertheless, mental health professionals have a unique responsibility to confront and address discrimination and structural racism head on.

Solutions and roadmaps for how to address discrimination and structural racism exist. Do we have the will to implement them?
“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.”