Defining racisms, impacts in mental health and ways forward

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Rate the extent of your agreement

0 = Strongly disagree 6 = Strongly agree

A newly qualified nurse is being given a tour of a mental health unit in an English city. When taken to a ward on the PICU he asked how come most of the patients were black and what does the Trust do about this.

The band 8 nurse responded:
"This isn't about what mental health services can do. We just treat the people who are ill"

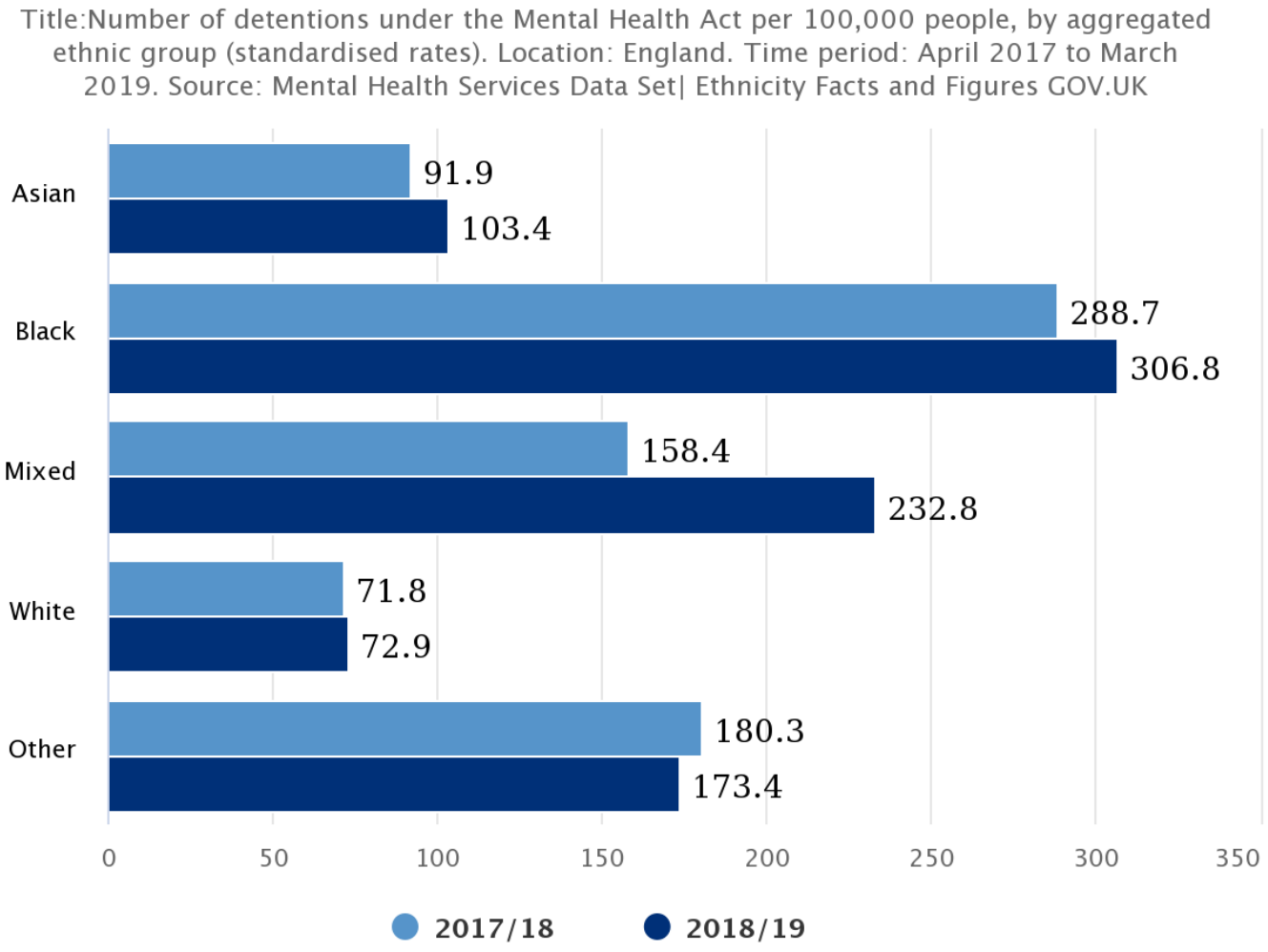
Annual data shows over-representation of BAME people again

What Do You Expect?

"*The outcomes you get from any system are precisely the outcomes the system is designed to give you*"

Don Berwick, Former President and Chief Executive Officer of the Institute for Healthcare Improvement at the launch of the NHS plan July 2001

Data

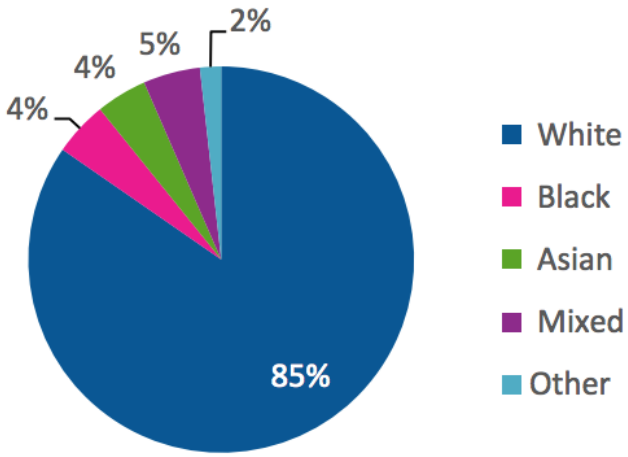

Title:Number of detentions under the Mental Health Act per 100,000 people, by aggregated ethnic group (standardised rates). Location: England. Time period: April 2017 to March 2019. Source: Mental Health Services Data Set| Ethnicity Facts and Figures GOV.UK
Asian
91.9
103.4
Black
288.7
306.8
Mixed
158.4
232.8
White
71.8
72.9
Other
180.3
173.4
0
50
100
150
200
250
300
350
2017/18
2018/19

Some specific data

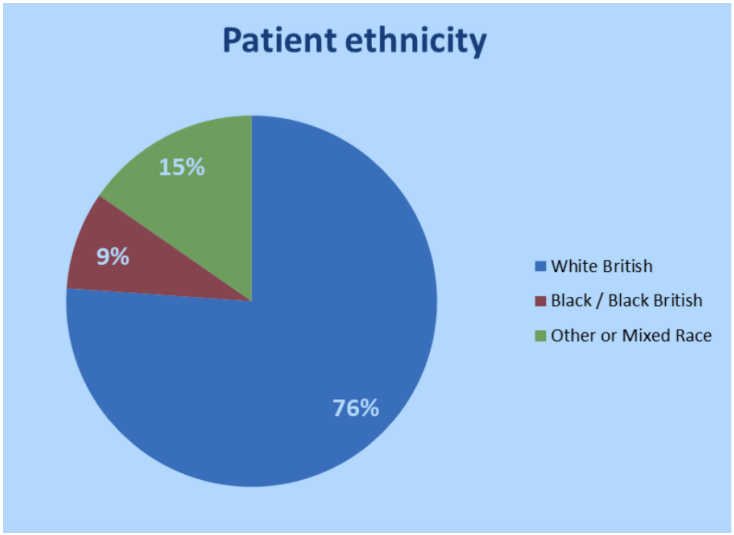
- *Detention*: African people are three times more likely than white people to be compulsorily detained under the Mental Health Act; black Caribbean people are four times more likely.
- *Forensic services*: Black people's admissions to low and medium secure hospitals is five times their proportion in the general population..
- *Community treatment orders*: Black communities are 8 times more likely to be placed on CTOs than white communities.
- *Diagnosis for psychosis*: Data show diagnosis rates at 3.2% for black men compared with 0.3% for white men and 1.3% for Asian men (McManus et al. 2016).
- Sizmur and McCulloch (2016) stated, 'For nearly all minority groups, the proportion receiving psychological treatment was lower than for the majority group' (p.79).
- *No reliable change* from use of talking therapy services in 2017/2018: 26.2% for white people; 27.3% for black people; and for Asian or Asian British it was 28.4% (NHS Digital 2019).
- *Lengths of stay* on acute inpatient wards are longer for black and Asian people, even when data are adjusted for differences in diagnoses (Newman et al. 2018)

(**Source**: Working in Mental Health with People from Black, Asian and Minority Ethnic Groups, HS Consultancy 2018)

Data disparities in admissions



CAMHS Children's Commissioner 2016



NHSBN & ADASS 2018

Five Domains of Inequality

Domain one: Disproportionate experience of factors that are linked to poor mental health

Domain two: Higher rates than average for utilisation of services or for particular diagnoses

Domain three: Lower rates than average for utilisation of services

Domain four: Poorer outcomes derived from the treatments and interventions in mental health services

Domain five: Poorer experience of relationships with mental health services and professionals

(Source: Sewell 2012)

Morphing the Problem

"The BME 'disproportionality' in detention rates seems to be due to higher rates of mental illness, greater risk and poorer levels of social support rather than ethnicity per se"

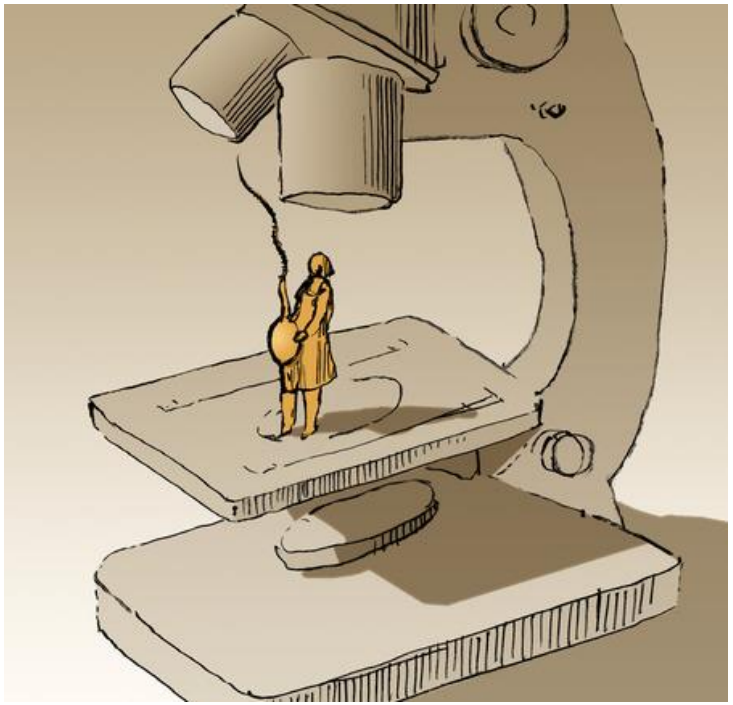
Gajwani et al 2016

Race

- Legal definition – Equality Act 2010

  "Race includes colour, nationality and ethnic or national origins. Where people have or share the same colour, nationality or ethic or national group they are considered to be part of a specific racial group. Two or more groups can make up a racial group; for example British Asians.''

Race – Common Understandings



- Biological
- Permanent
- No complete set of genetic characteristics that defines a race
- Main benefits are social
- Signifier for class

Banton 1983, Senior and Bhopal 1994, Williams 1987

Biological - Flawed

- 25,000 to 30,000 genes – the largest difference between people is less than 1%

  (Rutherford 2020)

- Consensus in modern genetics – no discrete groups of people (i.e. races)

  (Garner 2010)

- Genotype / phenotype confusion (Sewell & Vige 2012)

- Robust geographical arguments and flaws (Garner 2010; Syed 2010)

Race

Social sciences (sociology and anthropology) – Consider Garner's analysis:-

- Race is supposedly description of phenotypes – how many characteristics constitute race? (Include skin colour, nose shape, hair texture, lips, shape of skull, eye colour, shape of eyes? –
- How many races are there?

Race Thinking & Race

- Middle Ages the Spanish word emerged as raza, referring to different breeds of dogs, horses….and humans

- 1492 with Columbus's exploits racial difference marked a key point on explicit racialisation

- 1758-9 Linnaeus established a classification system (pseudo-scientific racism) (see Fernando 2017)

It wasn't always like this

"The earliest images of black Africans are significant in the genealogy of European images we encounter in ancient Egypt. The oldest representations of black Africans, dating from 2500 BC, show them well integrated into society and intermarrying".

Pieterse 1995

Race from a Geneticist

"Of all the attempts over the centuries to place humans in distinct races, none succeeds. Genetics refuses to comply with these artificial and superficial categories. Skin colour, while being the most obvious difference between people, is a very bad proxy for the total amount of similarity or difference between individuals and between populations. Racial differences are skin deep."

Rutherford 2020.

How Many Races?

- ‘Caucasian’ was not used as a term before the 1940s

- ‘Hispanic’ in the United States has only been in use since the 1970 census
  (Garner 2010)

- People see races differently according to where in the world they live (we don’t talk about SAs here)

- Categorisations change over time
  (Banton 1983)

Racism

- An ideology regarding the categorisation of the world population
- Detected in behaviours of individuals and organisations (as opposed to prejudice)
- Hierarchy and assumed superiority, through power

(Cashmore & Troyna 1990;Fernando 2010; Garner 2010)

Racialisation

It is worthy of attention not least because the process of racialisation is not neutral (Garner, 2010). Racialisation serves to promote a sense of people being different (i.e. the 'other') and usually it involves creating associations that are considered to be characteristics of the racialised group. Racialised groups can come to accept, and even internalise, that identity.

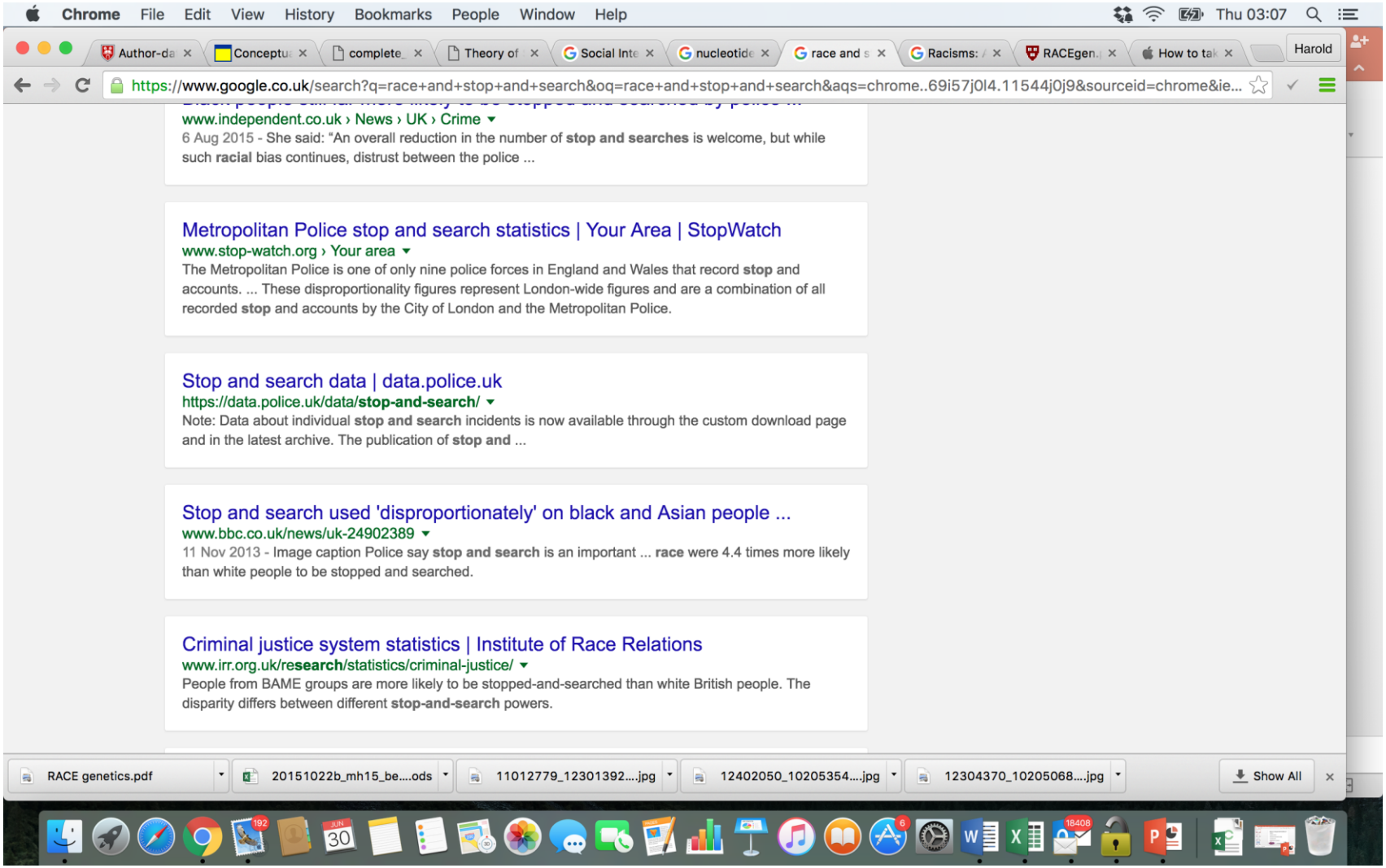
Sewell, 2017

Valence

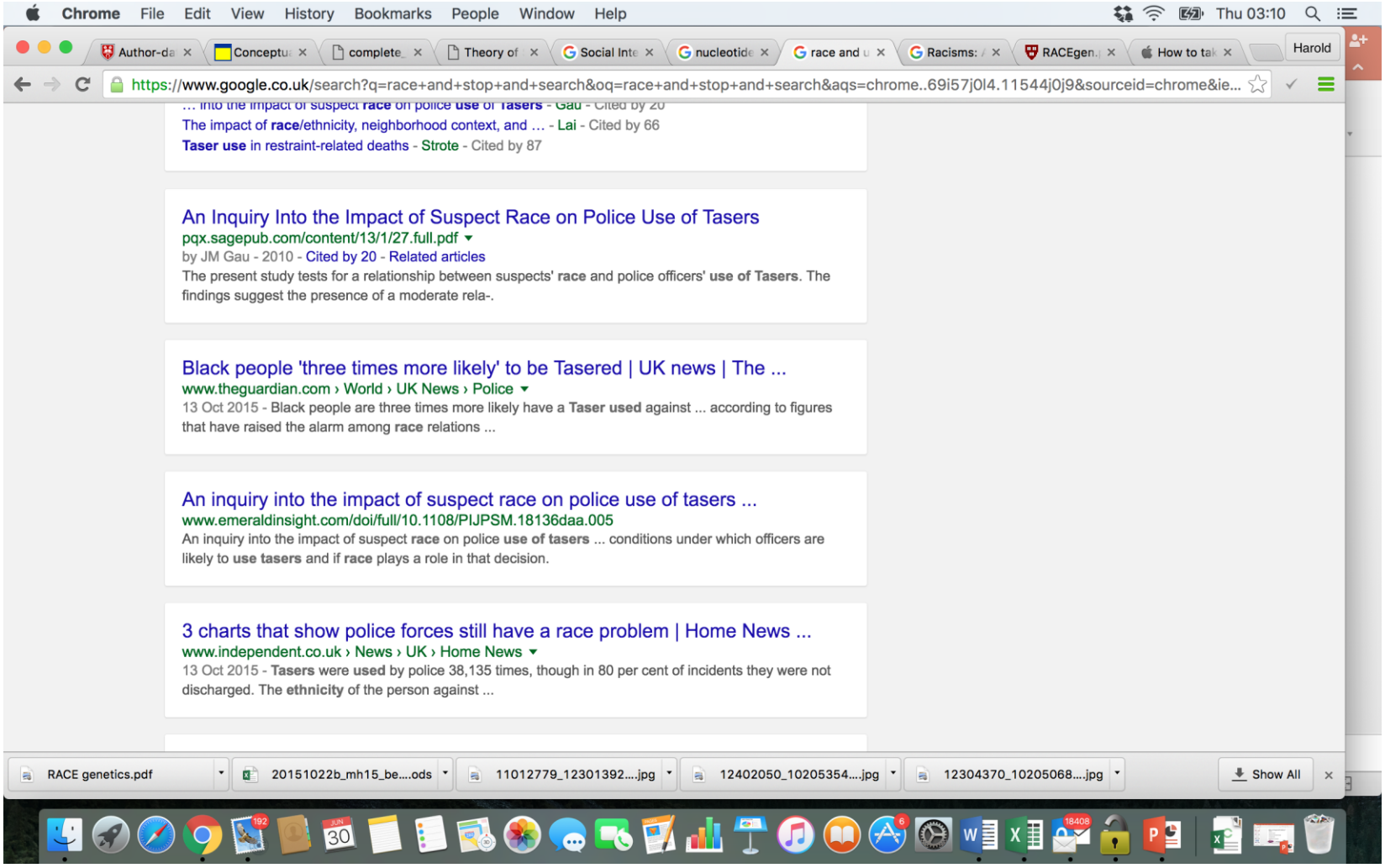
"When two categories can be linked to each other via shared goodness or badness, the shared property is what psychologists call valence or emotional value. Positive valence attracts, negative valence repels "

Banaji & Greenwald 2016, pg 39

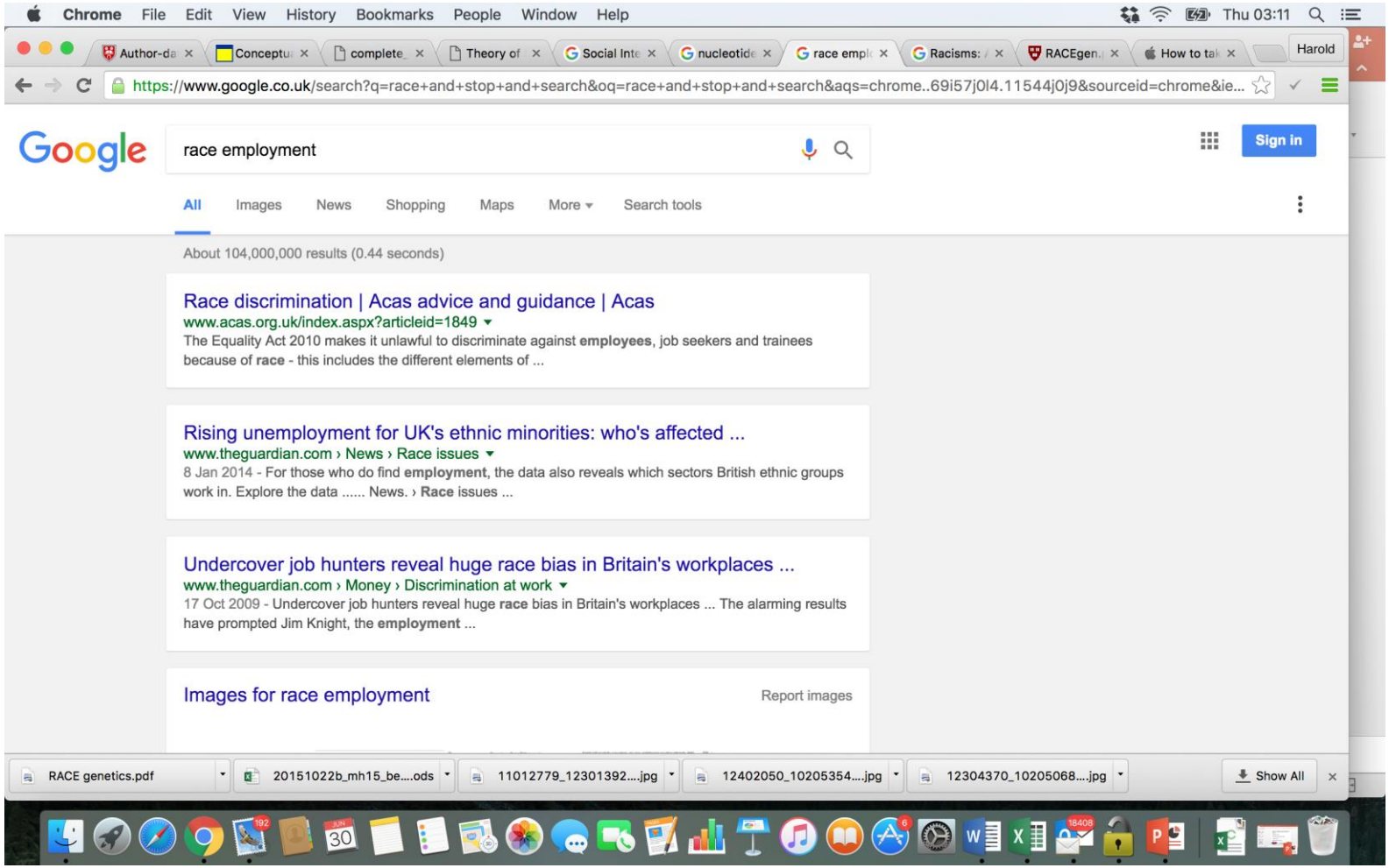
Race in society - Stop and Search



Race in society - Tasers



Race in society - Employment



Antiracism

“One endorses either the idea of a racial hierarchy as a racist, or racial equality as an anti-racist. One either believes problems are rooted in groups of people, as a racist, or locates the roots of problems in power and policies, as an anti-racist. One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an anti-racist.”

Kendi 2019

Racisms

- Overt, ideologically based
- Covert, ideologically based
- Intersecting, e.g. environmental racism and capitalism
- Institutional

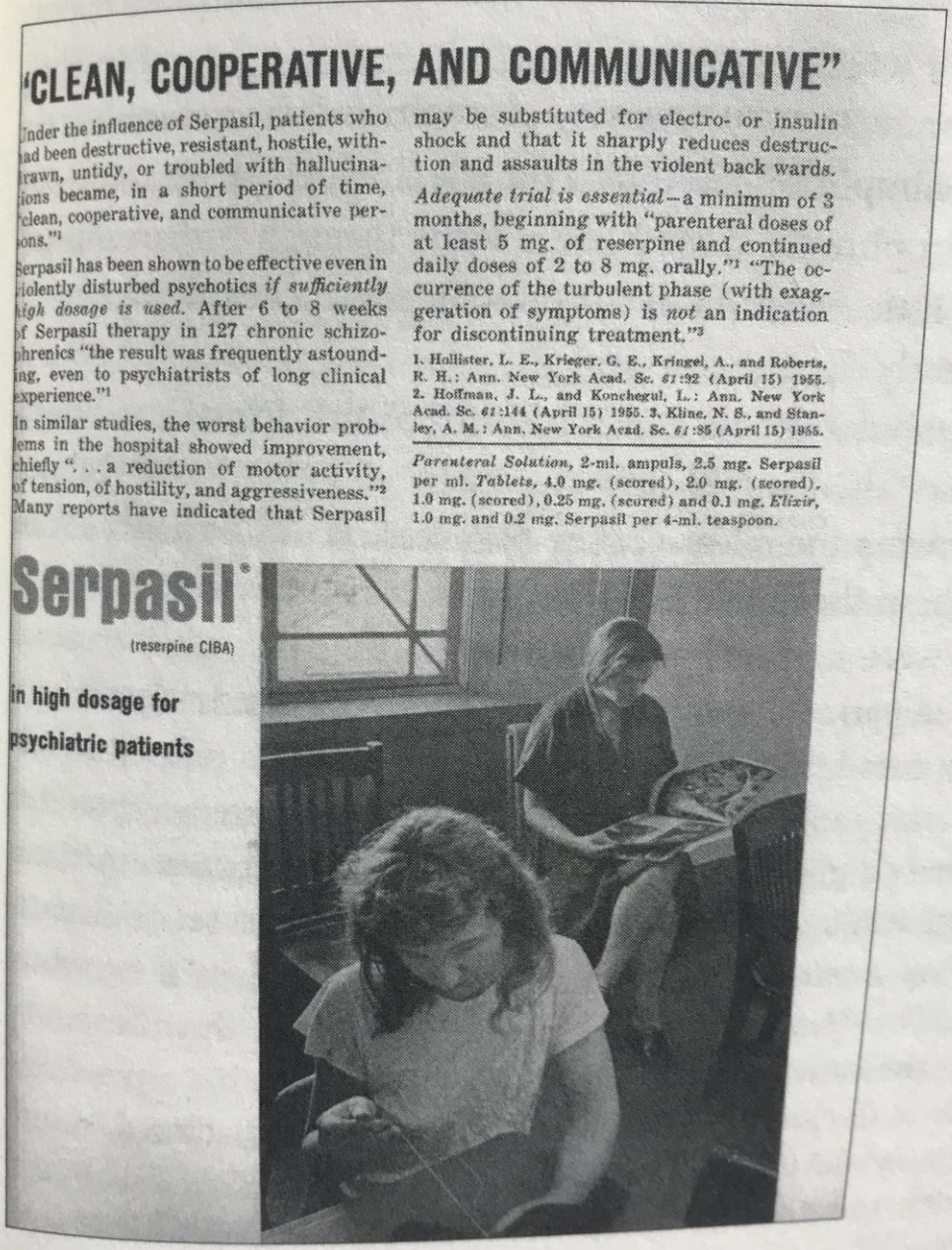
Racisms

- Non-racist, colour blind, bystander
- Acquiescent racism
- Non-validation (Toxic Interaction Theory)
- Unconscious bias

Racism in Mental Health

At some level, psychiatry (the discipline not just the profession), politicians and policy-makers believe that there is something biologically and culturally determined behind the gross variations in the uptake of the most coercive and socially controlling aspects of mental health provision by Black and Brown people.

This sits within a set of behaviours that seem to indicate beliefs about populations groups who are more or less deserving.



"CLEAN, COOPERATIVE, AND COMMUNICATIVE"

Under the influence of Serpasil, patients who had been destructive, resistant, hostile, withdrawn, untidy, or troubled with hallucinations became, in a short period of time, "clean, cooperative, and communicative persons."[1]

Serpasil has been shown to be effective even in violently disturbed psychotics *if sufficiently high dosage is used.* After 6 to 8 weeks of Serpasil therapy in 127 chronic schizophrenics "the result was frequently astounding, even to psychiatrists of long clinical experience."[1]

In similar studies, the worst behavior problems in the hospital showed improvement, chiefly ". . . a reduction of motor activity, of tension, of hostility, and aggressiveness."[2] Many reports have indicated that Serpasil may be substituted for electro- or insulin shock and that it sharply reduces destruction and assaults in the violent back wards.

Adequate trial is essential—a minimum of 3 months, beginning with "parenteral doses of at least 5 mg. of reserpine and continued daily doses of 2 to 8 mg. orally."[1] "The occurrence of the turbulent phase (with exaggeration of symptoms) is *not* an indication for discontinuing treatment."[3]

1. Hollister, L. E., Krieger, G. E., Kringel, A., and Roberts, R. H.: Ann. New York Acad. Sc. *61*:92 (April 15) 1955. 2. Hoffman, J. L., and Konchegul, L.: Ann. New York Acad. Sc. *61*:144 (April 15) 1955. 3. Kline, N. S., and Stanley, A. M.: Ann. New York Acad. Sc. *61*:35 (April 15) 1955.

Parenteral Solution, 2-ml. ampuls, 2.5 mg. Serpasil per ml. *Tablets*, 4.0 mg. (scored), 2.0 mg. (scored), 1.0 mg. (scored), 0.25 mg. (scored) and 0.1 mg. *Elixir*, 1.0 mg. and 0.2 mg. Serpasil per 4-ml. teaspoon.

Serpasil®

(reserpine CIBA)

in high dosage for psychiatric patients

FIG. 4

This an advertis psychotr Serpasil calmly su psychotic the help o (Source: A of Psychiat xxxiii)

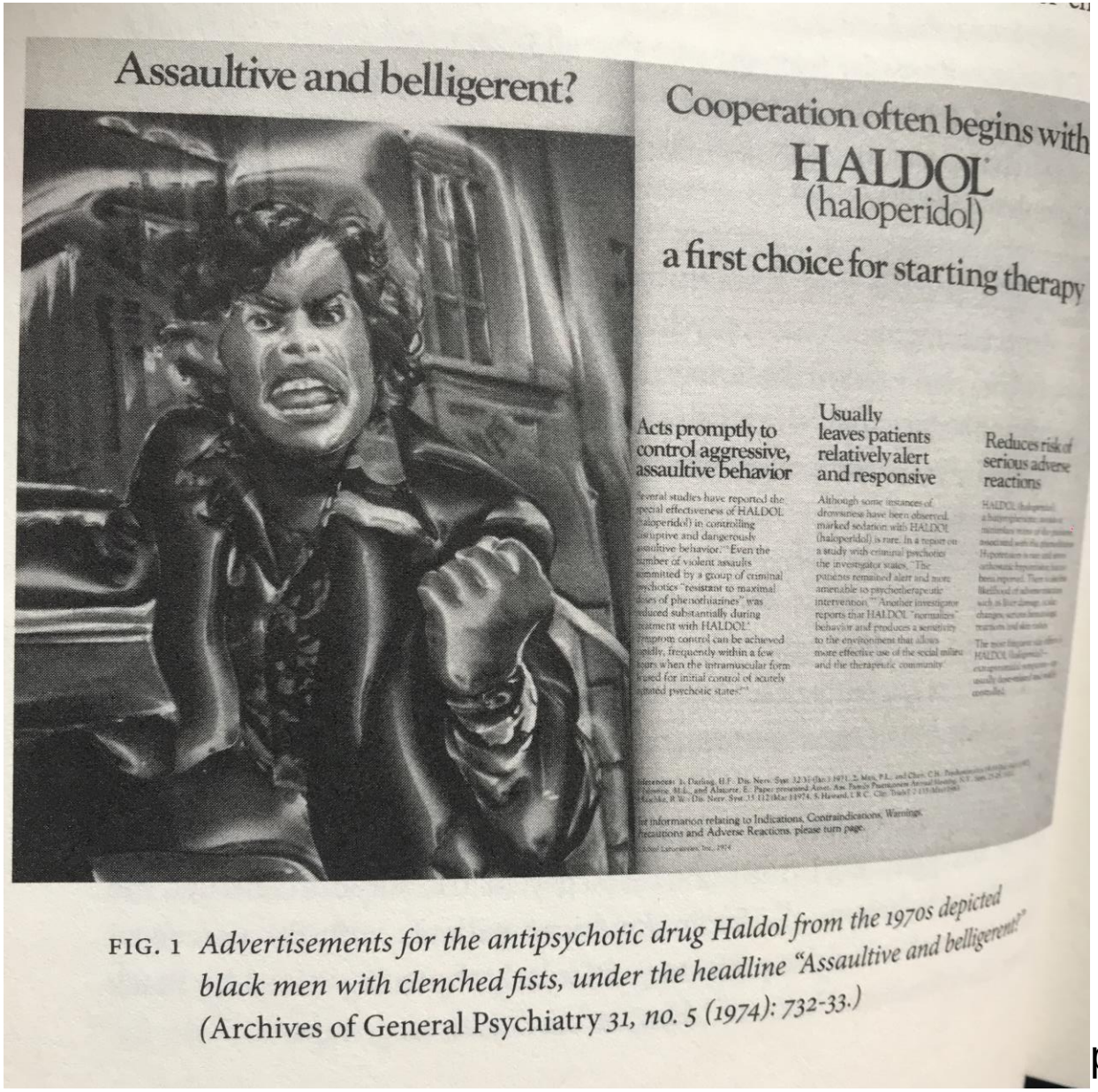


FIG. 1 *Advertisements for the antipsychotic drug Haldol from the 1970s depicted black men with clenched fists, under the headline "Assaultive and belligerent?" (*Archives of General Psychiatry *31, no. 5 (1974): 732-33.)*

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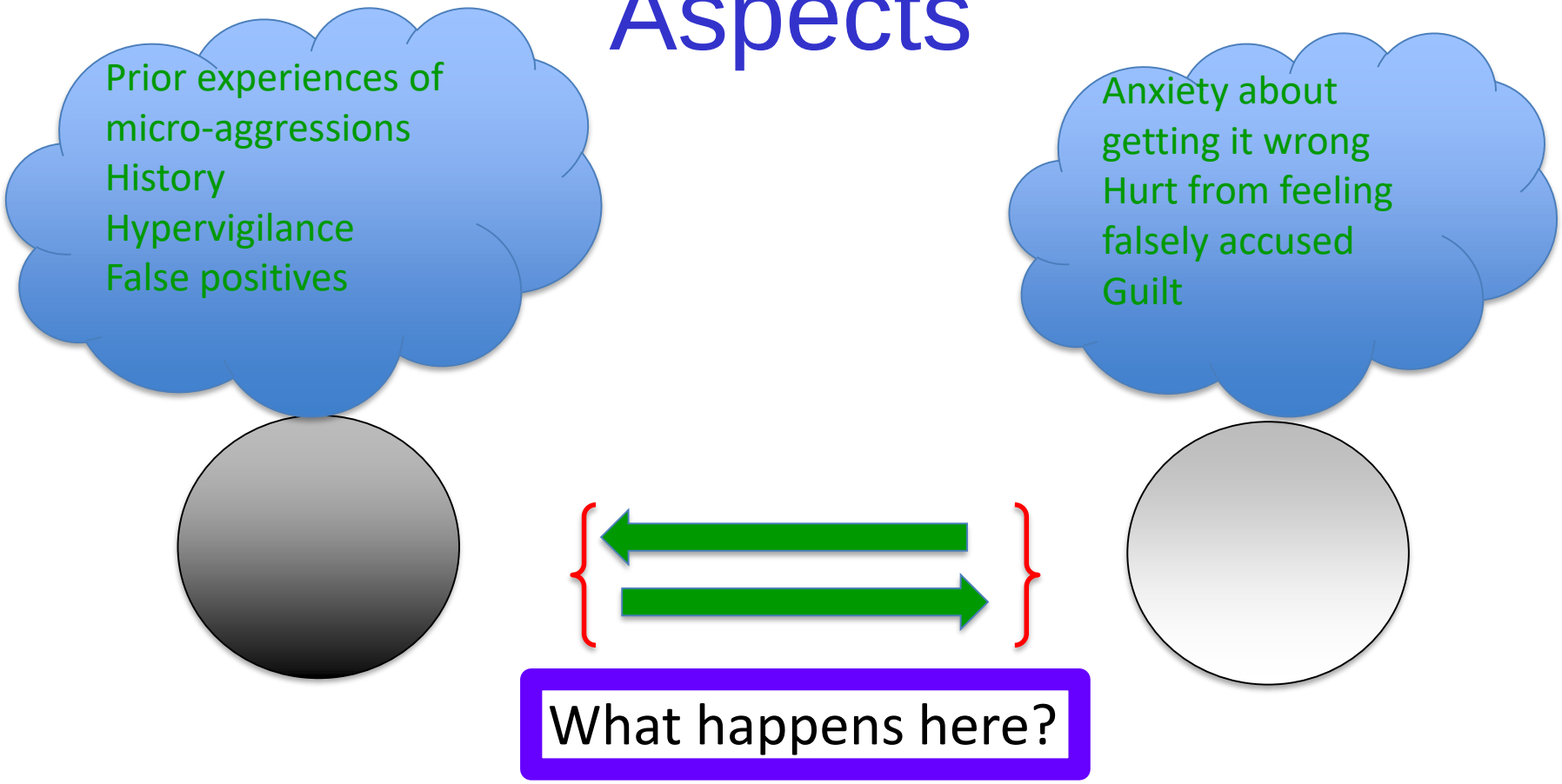
Relationships

'It seems to me that we must take seriously the possibility that the caring professions from which we take our recruits are moving towards a state of mind which is to all intents and purposes scared of relationships, of feelings, of being too closely linked to their clients. It is a state of mind that attributes therapeutic benefit to outcome, and not to the relationship which provides the container for it. It is precisely the link between the two that is fractured'(Loussada 2000, p.477).

Focus on Relational Aspects



Non-Validation Unconscious Bias

"The acknowledgement of service users' personal histories of racism by mental health workers is important in changing the dynamic of the relationship. This is relevant, regardless of the ethnicity of the worker because it demonstrates that negative (and toxic) influences on African Caribbean peoples' lives are being taken account of in treatment and care.

Workers need to demonstrate that they are aware of the intertwining of the histories of psychiatry and racism set out clearly by Fernando (2003; 2010)."

Sewell, 2012

Confirming and disconfirming

List examples of things psychiatry does that reinforces racial hierarchy both as a concept and in actuality

List examples of things psychiatry does that resists the dominant narrative of racial hierarchy both as a concept and in actuality

Unconscious Bias

"……..[people] do not always have conscious, intentional control over the processes of social perception, impression formation, and judgment that motivate their actions."

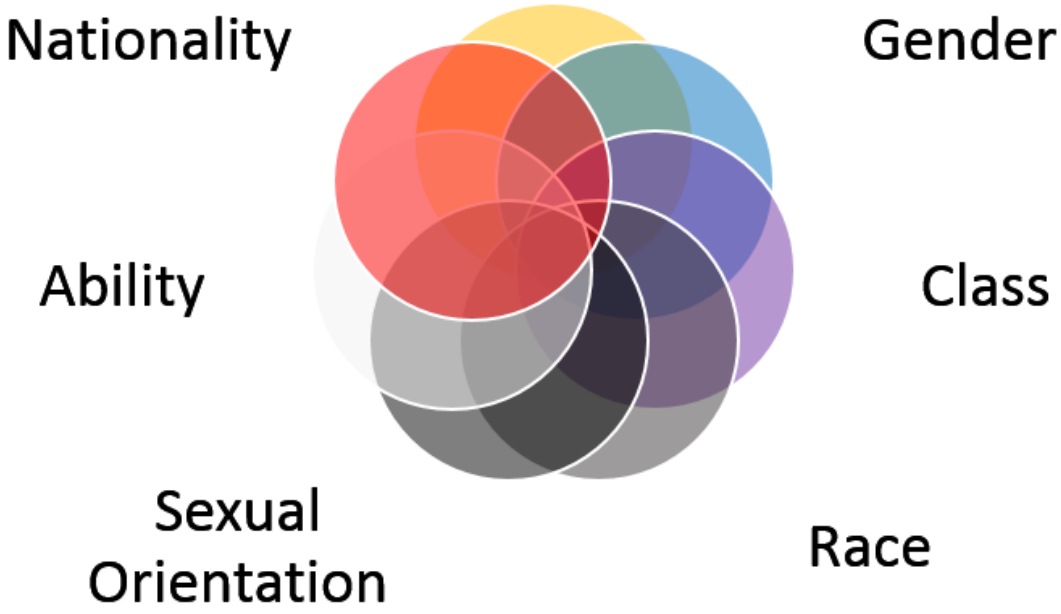
Greenwald & Krieger 2006, pg 945

Institutional Racism - History

- Kwame Ture (prev. Stokely Carmichael) & Charles Hamilton in Black Power, originally 1967

- MacPherson – Stephen Lawrence inquiry 1999

Intersecting Oppressions

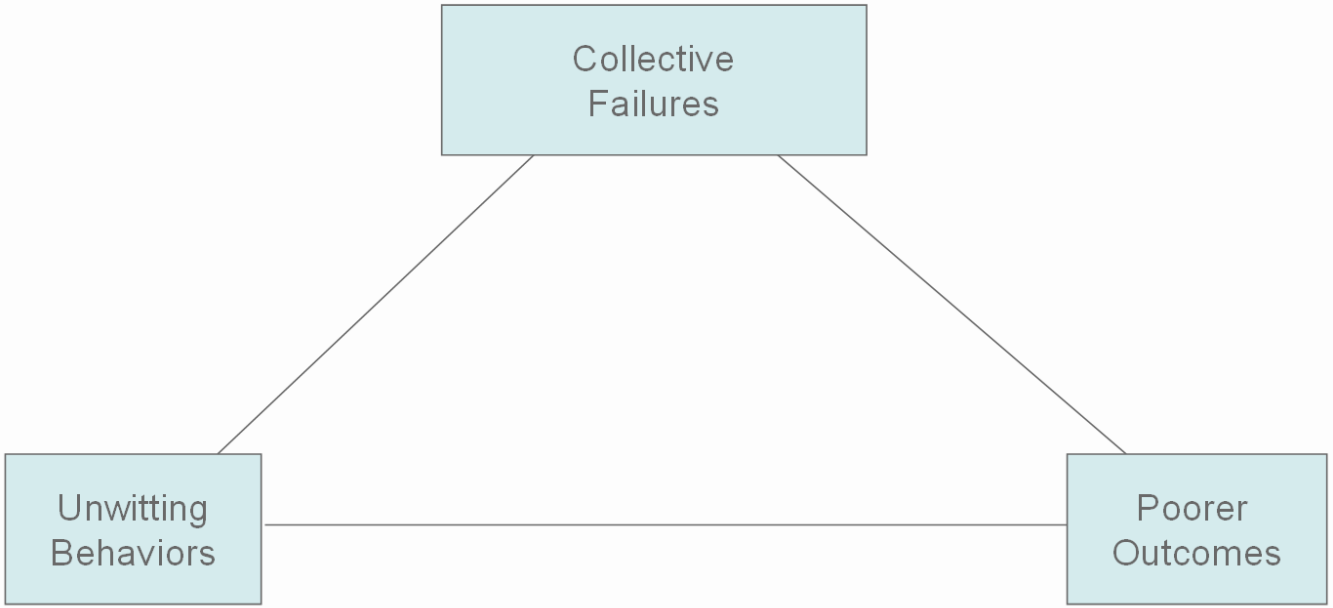


MacPherson

- *'Institutional Racism consists of the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people'*

(MacPherson 1999, p.28)

Institutional Racism



Identity - Intersectionality

- Coined by Kimberlie Crenshaw
- Multiple identities
- Multiple discriminations
- Cumulative and compound inequalities
- Understanding interactions between masculinity, gender and racialised identities and mental health

Racism Checklist

Does education in psychiatry point out the racism built into the history (past and recent) of the discipline?

Does policy centralise the impacts of racism as a causal factor?

Do practitioners centralise the impacts of racism in their treatment and approach?

What next - practice?

All Mental Health Practitioners could benefit from routinely asking '*what effect does my knowledge or perception of this person's identity or identities have on my assumptions about them*?'

There also needs to be a professional self-check on whether sufficient account is being taken of the person's different experiences of the world, as a result of being racialised.

What next - policy

Assumptions about '*what is normal*' are informed by unconscious and explicit racialised beliefs. Scrutinise the impact of shared that are built into systems.

Policies must be explicit that 'not be biased' is not good enough. The impact of racism needs to be actively tackled.

There needs to be a recognition that the imprint of racism is the present

“Insanity is doing the same thing over and over and expecting different results”

Source Unknown

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www.hsconsultancy.org.uk

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Hari Sewell (HS Consultancy & Black Satin Promotions)

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Top flight associates in mental health and social care delivering service improvement