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# Historical Injustice & Inequities in Mental Health & Recovery Services

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**CENTER OF EXCELLENCE** for Integrated Health Solutions

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# Learning Objectives

At the end of this training, participants will be able to:

1. Describe terminology associated with injustice and inequities in health
2. Discuss the history of racial oppression/intersectionality in the United States
3. Explain the history of health disparities/inequality in the United States
4. Recognize the racial disparities/inequality in Diagnosis Historical Psychiatric pseudoscience



“Of all the forms of inequality,  
injustice in health care is the  
most shocking and inhumane.”

—Martin Luther King, 1966

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# Health Equity, Health Disparities, and Health Literacy



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# Definitions

Health Equity

Health Literacy

Unequal Treatment

Health Disparities

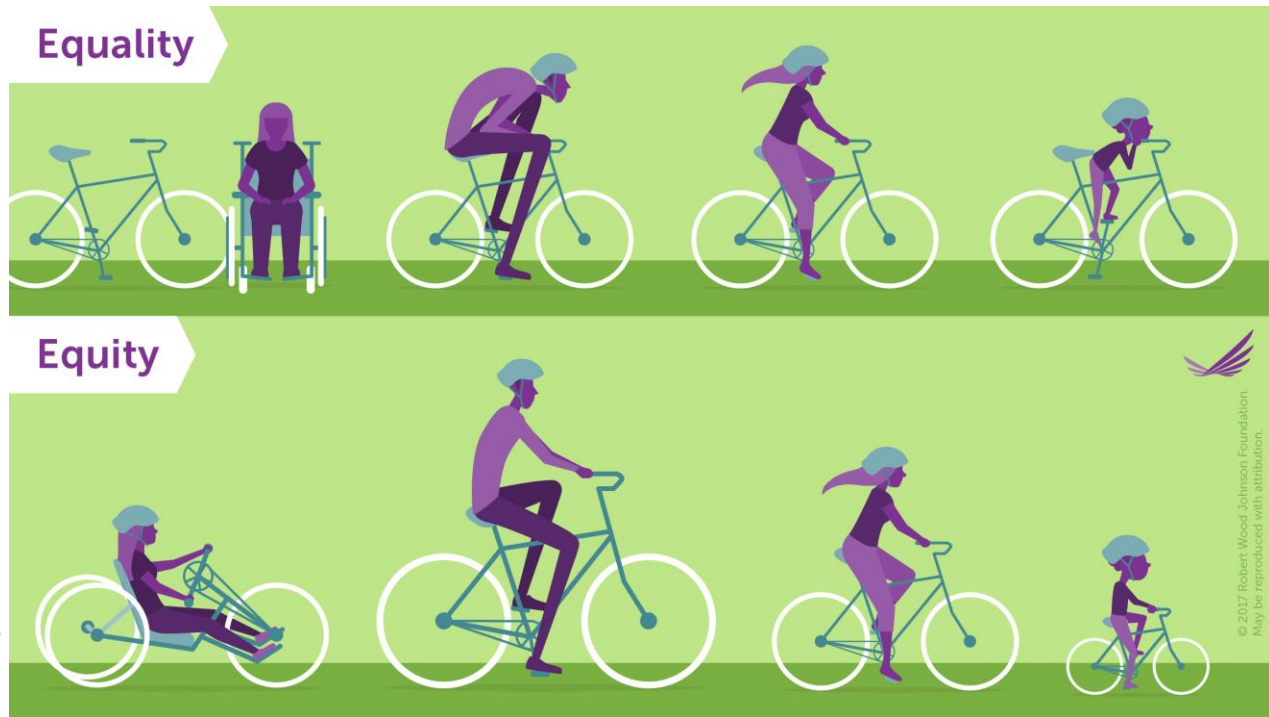
Health Inequalities

Disparities in Health

Disparities in Health Care

Social Justice

Racism



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# ... But what causes health disparities?

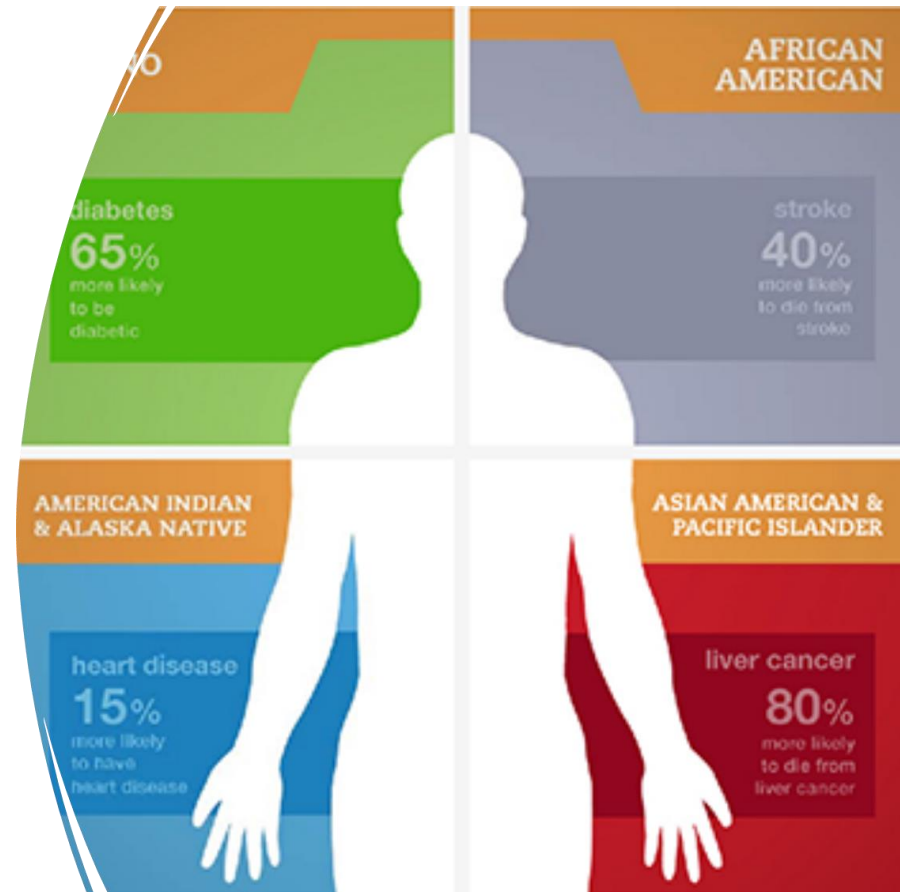
- Inequities in the social determinants of health?
- Environmental risk factors?
- Institutional factors?
- Provider factors?
- Patient factors?

Sources: (1) Smedly BD et al. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Institute of Medicine, 2002. (2) AMA. *Health Disparities*. Presentation, 2007.  
[http://www.ama-assn.org/resources/doc/mss/ph\\_disparities\\_pres.pdf](http://www.ama-assn.org/resources/doc/mss/ph_disparities_pres.pdf)



# Examples of BH Disparities

- Lack of insurance
- Geographic and provider-level differences
- Poor access
- Low quality of care
- Health provider assumptions, discrimination
- Language barriers
- Mental health workforce disparities



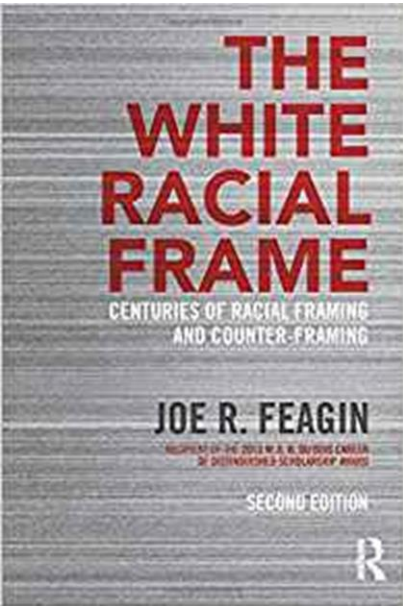
# History of Racial Oppression/Intersectionality in the U.S.

# History of Racial & Intersectional Oppression in the U.S.

History, despite its  
wrenching pain,  
cannot be lived,  
however, if faced with  
courage, need not be  
lived again.—*Maya  
Angelou*



# History of Racial & Intersectional Oppression in the U.S.



Since 1619, at the arrival of the first ship of enslaved African persons (a Dutch-flagged ship in Jamestown) U.S. elite White forefathers constructed a frame to maintain the ability of White persons to advance dominance and authority over the marginalized.

It comprises the justification that not only influenced the principles rooted within U.S. slavery and colonial expansion, but the succeeding affects experienced by people of color.

Individuals consciously and subconsciously take on shared racialized perceptions of Black persons that create false realities...passed down inter-generationally.

# History of Racial & Intersectional Oppression in the U.S.

- Those marginalized are seen as subhuman...obstructed or utterly barred from the gaining the same access to privileges and resources White persons self-allocated themselves.
- Set of systematized “racialized” ideas and classifications (i.e., racial stereotypes) that have the ability to create strong emotions within non-Black persons.

# History of Racial & Intersectional Oppression in the U.S.

- Overall...these core generated sentiments have the ability to compel engagement in both:
  - Overt Forms of Racial Discrimination
    - *Physical acts of extremism and terrorism*
    - *Emotional acts of extremism and terrorism*
- &
- Covert Form of Racial Discrimination
  - *Policies*
  - *Procedures*
  - *Legislation*

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# History of Racial & Intersectional Oppression in the U.S.

Its an ideological, materialistic, and socialized existence for White persons where they have **rationalized** and **legitimized** countless forms of overt and covert oppressive measures that hamper the physical, social, sexual, economic, psychological, political, and academic well-being of people of color—**The Other.**

# History of Racial & Intersectional Oppression in the U.S.

- A country whose self-delegated founders crafted and implemented a racialized system of belief originally targeting Black persons and Native Americans for the purpose of legitimating oppressive exploitation (economically based) of said populations.
- A system in which people participate by sharing a social construct centered on imaginary immorality, depravity, and other negative White controlled imagery.



# Racialized & Structural Affects of Oppressions

- Historians and racial scholars have argued that the racism, bias, and racialized inequities, in part, witnessed today in medicine is a problem with roots in existence for over 2,500 years.
- The problem is a historical continuum that continuously affects health of people of color and the manner in which they receive healthcare.



# Racialized & Structural Affects of Oppressions

Historically, those who were forcibly removed from abroad before being placed in the U.S. as well as those who immigrated to the county have always had:

- ***Worst health care***
- ***Worst health status***
- ***Worst health outcomes.***

In relations to people of color, Black persons disproportionately have had the worst health care, status, and outcomes.

# Racialized & Structural Affects of Oppressions

- Ancient founders of science's precursors began the hierarchical and discriminatory cycle.
- They suggested and attempted to prove through junk science that race might be a means of classifying mankind.
- Some would argue that the racialized theories constructed by the likes of Marion Sims, William Shockley (eugenics proponent & noble prize winner), Kary Mullis, and a host of others were routinely taught in U.S. medical schools in the 18<sup>th</sup>, 19<sup>th</sup>, and first half of the 20<sup>th</sup> centuries.

# Racialized & Structural Affects of Oppressions

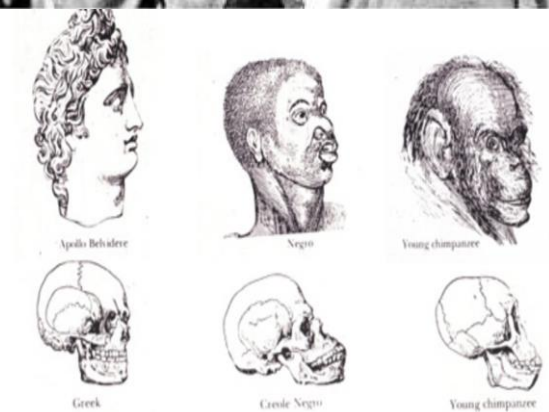
- Angela Saini convincingly argues in her new book, *Superior: The Return of Race Science*, published May 21 by Beacon Press, the “problem of the color line” still survives today in 21st-century science.
- Angela Saini convincingly argues in her new book, ***Superior: The Return of Race Science*** (2019) that “problem of the color line” still survives today in 21st-century science.”

- In 1851, Dr. Samuel Cartwright pathologized runaway enslaved Black persons had inherently **smaller brains** and **blood vessels** that accounted for **“indolence”** and **“barbarism.”**
- What was his prescribed cure and prophylactic treatment for the faux condition?—**“Whipping the devil out of them.”**
- Even though in 2003, the “Human Genome Project revealed race has no genetic basis, human beings are 99.9% identical genetically,” people such as:
  - *Richard Lynn*
  - *Charles Murray*
  - *Steven Pinker*
  - *Jordan Peterson*
  - *Cyril Burt*

- Believe, teach, and publish there are evolutionary bases for disparities in social outcomes (life expectancy, educational attainment, wealth, and incarceration rates).



- Many of them in 2022 argue that black people fare worse than white people because they tend to be less naturally intelligent.



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# Post Traumatic Slave Syndrome

## Dr. Joy DeGruy (2005)

- A theory that attempts to explain the array of adaptive survival behaviors exhibited by many Black Americans.
- It is described as a “condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery.”

# The Theory Argues that...

- The effects of slavery have caused multigenerational trauma.
- With the continuance of systemic and racialized oppression (absence of equality, opportunities, resources, overt and covert forms of racism--police brutality, policies and etc.).
- The inability to access opportunities to heal leads to post traumatic slave syndrome.
- As the white racial frame and systemic racism continue to thrive within the 21st century, perpetual injury continues.



# Symptoms

## Vacant Esteem

- Insufficient development of primary esteem
- Possible feelings of associated with depression, hopelessness
- Self destructive position in life

## Anger/Violence

- Proclivity toward anger and subsequent violence

## Racist Socialization and (internalized racism)

—Learned Helplessness, literacy deprivation, distorted self-concept, antipathy or aversion for the following:

- ▲ The members of ones own identified cultural/ethnic cultural/ethnic group.
- ▲ The behaviors and rituals identified within Black cultural heritage.
- ▲ The physical characteristics of ones own identified cultural/ethnic group.

# Racialized & Structural Affects of Oppressions

Centers for Disease Control (CDC). Has stated that:

- \* Asian Americans
- \* Black or African Americans
- \* Hispanics or Latinos
- \* Native Hawaiians and other Pacific Islanders
- \* Native Americans
- \* Alaska Natives

***Suffer from the effects of implicit bias in healthcare.***

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# Important Definition & How Does Culture, Race, and Mental Health Intersect

## Intersectionality:

- Coined by **Kimberlé Crenshaw**, 1989
- Most common misunderstandings...“It is about counting how many identities someone has.”
- For Crenshaw, intersectionality is about how identities relate to wider interlocking systems of power.
  - **Example:** *So by understanding how Black women face gendered racism or racialized sexism, we are able to identify the fundamental failures of antidiscrimination law.*
- For Crenshaw, structural intersectionality entails the ways in which **classism, sexism, and racism interlock and oppress** women of color while molding their experiences in different arenas.

# "Mental Health is Intersectional"

## What Does that Mean?

- Simply, our state of mental health can not be divorced from our identity markers (*race, class, sexual orientation, disability, gender*).
- For example, organizations, institutions, and stakeholders in the First People/Native American systems of health care, **must be responsive and at the same time acknowledge that First People mental health is impacted by their identities of gender, sexuality, caste, class, age, religion, disability, and the unique life experiences and stressors that accompany them.**

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- Further, although a teen who identifies as LGBTQ/and or Two Spirit, **shares identities** with a peer heterosexual Native American teen (cast, class, age, “otherized”, history of oppression), **the two spirit teen will experience specific social disadvantages** that their peer would not experience.
- In addition, their unique life experiences and stressors that accompany said identity will be different.
  - **“Two different narratives/chapters, in the same book.”**
- Therefore, before having conversations with teens regarding tMHFA, we must first be aware, and second, be able to communicate the importance of including differential narratives of inequality, discrimination, erasure, and violence that people with marginalized identity markers may experience.
- These unique and specific stressors impact their emotional and physical health in different ways too."

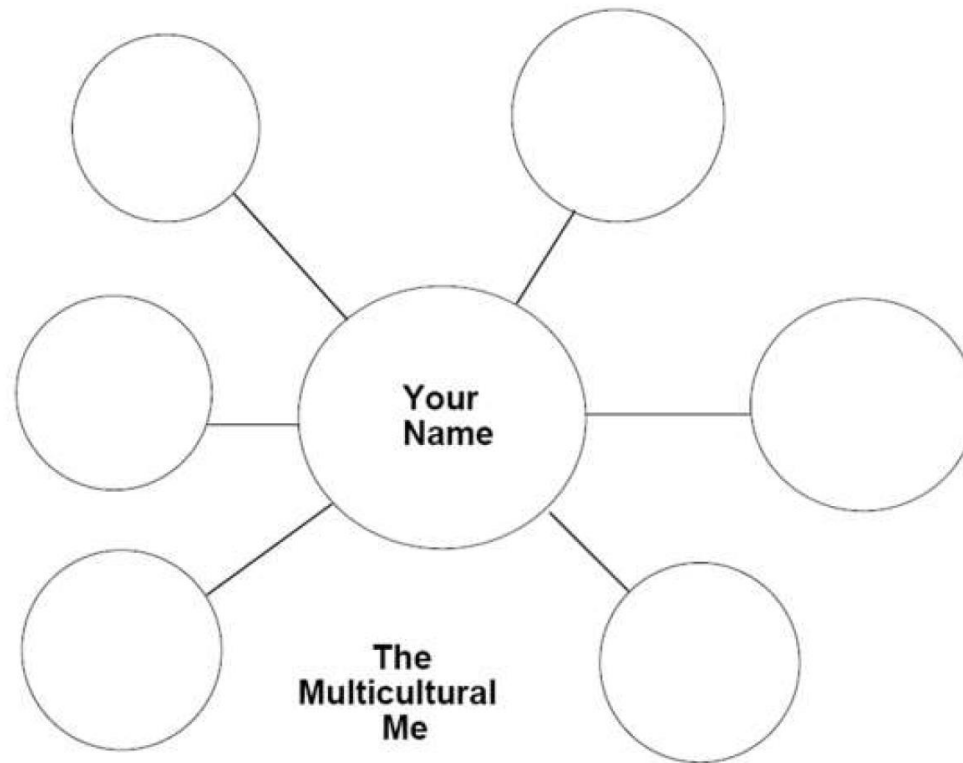
# Ways Culture, Race & Mental Health Impact: Setting the Stage

- Facilitators and teens must be aware of this important **fact...Our identities are NOT a problem.**
- Our race, age, gender identity, etc. are never the problem; despite what we see or hear from people who use our marginalized identities for political and social purposes.
- We as people are **ON NO OCCASION** the problem.
- Therefore, our existence deserves celebration. **Our bright and dark experiences must be acknowledged.**



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# ACTIVITY – Multicultural Me



# A History of Health Disparities in America





# A History of Health Disparities in America

- Division along racial and ethnic lines
- Healthcare systems loosely organized
- Emancipation
- Segregated facilities
- Native Americans

# A History of Health Disparities in America

- Approaching the 20<sup>th</sup> Century major social transformations
  - Development of surgical and medical advances
  - Passage of Jim Crow laws
- Hospitals
- Marginalized groups
- Payment issues

# A History of Health Disparities in America

- Civil rights legislation and Medicare/Medicaid legislation
  - Mandated integration
  - Closing of hospitals
- Managed Care
- ACA

# Racial Disparities in Diagnosis Historical Psychiatric Pseudoscience

# Historical Psychiatric Pseudoscience

- The historic and engrained belief that there is a hierarchy among human groups was upheld historically by the psychiatric community.
- Supporting evidence can be found within their research and publications.
- Said publications and research with racist content and ideologies written during historical and political contexts of colonialism, slavery, or Nazism can still be found.

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# Historical Psychiatric Pseudoscience

- People such as Dr. Samuel Cartwright, a founder in field of race based psychiatry made inlays 60 years after the ratification of the U.S. Constitution.
- . Mental health diagnoses such as:
  - **Drapetomania**— illness of stolen Africans desiring to wanting to run away and escape captivity
  - **Dysaesthesia aethiopica**—a disease of “rascality” or laziness of stolen Africans.

# Historical Psychiatric Pseudoscience

- Therefore, history reveals the beginning justifications of ***pathologizing normal behavioral responses*** to trauma and oppression.
- These so called “diseases” cleared the path for the psychiatric community to further long-standing rationalization of harsh, inhumane treatment of mental illnesses in communities of color.
- The historical origins of racism in psychiatry set the stage for instances of structural racism that impact, to this day, the diagnosis, management, and treatment of mental illnesses and substance.

# Ramifications

- **The Drug War in the U.S.**

- Use of crack cocaine was seen as a threat to societal values and interests
- Players-Media, politicians, law enforcement, judicial, executive, and legislative branches.
- Crack cocaine use disorder was viewed primarily through a criminal justice prism....not a public health problem.

***Note: Other ramifications of racism is illustrated in mental health access and etc.***

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# Historical Psychiatric Pseudoscience

- The effects of these materials bring unquantifiable ramifications.
- For example, first published by the World Health Organization in 1953 (again in the 1970s), *The African Mind*, by John C. Dixon Carothers, provided training for African psychiatrists about their presumed inferiority as Africans.
- It is important to note that racialized psychiatric pseudoscience also was used for **“political abuse.”**
- **Donald Ewen Cameron**, in the 1950s, was complicit with in supporting the tragic experiences of thousands of the **“Duplessis Orphan,”** children who were falsely certified as mentally ill by the government of Quebec during the 1950s

# Historical Psychiatric Pseudoscience

- ***Hans Asperger (1906 to 1980)***, who gave his name to the famous autistic syndrome—Complicit with the Nazi ideology of racial purification.
- The German psychiatrist, ***Emil Kraepelin (1856 to 1926)***—Proposed a racial developmental hierarchy.
- ***Cesare Lombroso (1835 to 1909)***, considered the leader of the scientific school of criminology—Developed a theory of “innate criminality,” stating that criminality is recognizable by craniological and physical characteristics.

# Historical Psychiatric Pseudoscience

- Some within the community argue “that intersections of scientific racism, colonialism, and political abuse of psychiatry are historical roots of current persisting systemic oppression in psychiatry and structural racism in our societies.”
- This is illustrated in the fact that many psychiatrists and other mental health professionals still believe in the concept of biological determinism (**idea that most human characteristics, physical and mental, are determined at conception by hereditary factors passed from parent to offspring**).
- In addition, today, racism has been neglected as an ethical issue within the psychiatric community.

# Racial Disparities/Inequality in Mental Health Diagnosis

Due to the stated history, it is not unfathomable to determine that psychiatric pseudoscience has played a major part in the racial disparities/inequalities in mental health...

- Before moving forward, it is important to recognize the difference between *Health Disparities*” and “*Health Inequities*”.
- **Health Disparities**— Differences in health status among distinct segments of the population.
- **Health Inequities**— Disparities in health that are a result of systemic, avoidable, and unjust policies and practices that create barriers to opportunity.

# Racial Disparities/Inequality in Mental Health Diagnosis

- The U.S. population is moving rapidly in becoming more diverse.
- By 2044, more than half of all Americans are predicted to belong to a historically marginalized group (anBlacks with schizophrenia are overrepresented in state psychiatric hospitalsy group other than non-Hispanic White alone).

## **But Disparities Continue...**

- People from marginalized groups are less likely to receive mental health care.
- Blacks are estimated to having a higher levels of schizophrenia, a low prevalence but very serious condition, than Whites.
- Blacks with schizophrenia are overrepresented in state psychiatric hospitals

- Marginalized people of color are less likely to receive needed care.
- More likely to receive poor quality care when treated.
- Also, they are less likely than White people to receive the best available treatments for depression and anxiety.
- Mental health care spending dedicated for Black people and Latino/Latinx people in outpatient care is less than that which is dedicated to their White counterparts.
- Black people were only 50 percent as likely to receive psychiatric treatment as white people for diseases of similar severity.
- Provider discrimination, including bias and stereotyping on the part of providers is another source of disparities.
- *Note: No research that we know of to date makes the empirical link between the stereotypic belief or bias and actual clinical discrimination. One recent study comes close by using innovative methods to measure stereotypes and links this to physician recommendations based on case vignettes randomized by race, but the link to actual practice remains speculative.*

# Resources

[Project ECHO](#)

## Racial Equity Tools

<https://www.racialequitytools.org/>

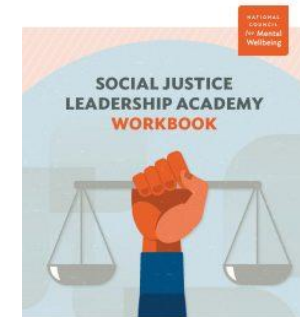
## National Council Equity Climate Assessment

[https://www.thenationalcouncil.org/wp-content/uploads/2020/11/TI-ROC-Equity-Climate-Assessment\\_FINAL.pdf?daf=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2020/11/TI-ROC-Equity-Climate-Assessment_FINAL.pdf?daf=375ateTbd56)

[Furthering the Wellbeing of Black, Indigenous & People of Color through Integrated Care](#) (Blog Post)



[Access for Everyone: A Toolkit for Addressing Health Equity & Racial Justice within Integrated Care Settings](#)



[National Council Social Justice Leadership Academy \(SJLA\) Workbook](#)

## [Health Equity and Racial Justice Webpage](#)

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*For more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice*

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# Upcoming CoE Events:

Comprehensive Health Integration Part 2: Domains & Constructs

[Register for the webinar](#) on May 25, 1-2pm ET

Office Hour: Health Equity in Perinatal Health

[Register for the office hour](#) on May 26, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

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# Thank You

## Questions?

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