

# Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health

## POSITION STATEMENT

Approved by the Board of Trustees, July 2006  
Approved by the Assembly, \_\_\_\_\_

"Policy documents are approved by the APA Assembly and Board of Trustees...These are ... position statements that define APA official policy on specific subjects..." -- *APA Operations Manual*.

*This statement was prepared by the Committee of Black Psychiatrists of the Council of Minority Mental Health and Health Disparities.\**

The American Psychiatric Association recognizes that racism and racial discrimination adversely affect mental health by diminishing the victim's self-image, confidence and optimal mental functioning. Racism also renders the perpetrator unprepared for the 21st century society that is becoming increasingly multicultural and global. Racism and racial discrimination are two of the factors leading to mental health care disparities. Further, the APA strongly opposes all forms of racism and racial discrimination that adversely affect mental health. Therefore, the APA believes that attempts should be made to eliminate racism and racial discrimination by fostering a respectful appreciation of multiculturalism and diversity. The APA and its members should be mindful of the existence and impact of racism and racial discrimination in the lives of patients and their families, in clinical encounters, and in the development of mental health services. In addition, the APA supports enhanced member and public education about impacts of racism and racial discrimination, advocacy for equitable mental health services for all patients, and further research into the impacts of racism and racial discrimination as an important public mental health issue.

### Background to the Position Statement

Since the watershed events collectively known as the Civil Rights Movement, American society has made great strides towards achieving racial and ethnic harmony. In just two to three generations, the United States has moved from an overtly racist society towards a society with constitutional and legal foundations that denounce discrimination on the basis of race, ethnicity, gender and sexual orientation.<sup>1,2</sup> The American Psychiatric Association has historically adopted position statements opposing racism and other forms of discrimination.<sup>3,4</sup> While the American Psychiatric Association acknowledges progress towards the ideal America as "one Nation under God, with Justice and Liberty for all", the reality is that racism continues to exist. The American Psychiatric Association praises the democratic ideals that America espouses and simultaneously insists upon the elimination of racism from our nation's fabric. The APA opposes, in particular, racism and racial discrimination that adversely impact mental health.

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\*Members of the Committee include: Sandra Walker, MD (Chair); Lisa Green-Paden, MD; Napoleon Higgins, MD; James Lee, MD; Saundra Maass-Robinson, MD; Sherri Simpson, MD; Kalaya Okereke, MD; O.C. White, MD; Marketa Wills, MD; Rahn Bailey, MD (Corresponding Member, National Medical Association). Carl Bell, MD, and William Lawson, MD, contributed to the work of the Committee's Position Statement Task Force.

The American Psychiatric Association has long supported principles of fairness, including equity, parity and non-discrimination.<sup>5</sup> Professionals in other health and mental health disciplines, including psychology and social work, have taken that one step further by declaring strong positions against racism and racial discrimination.<sup>6,7,8,9</sup> Moving forward, America's ever-increasing multiculturalism requires that traditional definitions of racism be expanded to include not only discriminatory attitudes and actions that take place between systemically advantaged groups against their targets, but also interactions between and amongst victimized groups that buttress the perpetuation of racist ideology.

Racism can be defined as a set of beliefs and practices:

1. that assume the existence of inherent and significant differences between the genetics of various groups of human beings;
2. that assume these differences result in racial superiority, inferiority or purity; and
3. that result in the social, political and economic advantage of one group over another by way of the practice of racial discrimination, segregation, persecution and domination.

Traditionally, racism has been further categorized into two sub-types:

- **Individual racism** occurs when one person acts in such a way as to degrade or dismiss another person on the basis of race. Examples include racial slurs and epithets, a boss not hiring or promoting a qualified worker on the basis of race or cab drivers refusing to pick up fares based on the potential rider's race.
- **Micro-aggressions**—first characterized by psychiatrist Chester Pierce, MD, in the 1970's—are a specific, less known form of individual racism that merits special attention. *The American Psychiatric Glossary* (8th edition) defines micro-aggression as "Offensive mechanisms or actions by a person that are designed to keep other individuals in an inferior, dependent or helpless role. These actions are nonverbal and kinetic and they are well suited to control space, time, energy, and mobility of an individual (usually non-white or female) while producing feelings of degradation." These stunning, automatic acts of disregard stem from unconscious attitudes of racial superiority and may be unintentional.<sup>10</sup> Examples include assuming that a black physician is an orderly, automatically presenting your valet parking check to a black man in a suit and tie standing at the entrance to a restaurant, or automatically asking a patient with non-European features to present his welfare card when seeking treatment. Such examples, though seemingly subtle and innocuous, are perceived by the victim as racist and accumulate over time to burden the target of such acts.<sup>11,12,13,14</sup>
- **Structural (institutional) racism** refers to racist policies that occur at an organizational or group level. These policies are embedded in the operating contexts of particular organizations or institutions in such a way that racist assumptions may be difficult to recognize. One such example is society's tolerance for substandard educational systems for urban, largely minority children when compared to their suburban counterparts. Another such example includes how residential segregation can serve as a barrier to obtaining adequate mental health treatment.<sup>15</sup> Many have difficulty recognizing such phenomena as racist; however, *be it deliberate or inadvertent*, one group is adequately serviced while another is disproportionately marginalized. Often times, these structural oversights represent path-dependent legacies from previous eras, yet create powerfully invisible barriers that perpetuate group roles in our society.

*A Research Agenda for DSM V* notes that "racism most usually results from a multitude of biopsychosocial factors that interact with one another in complex ways" and that "clinical experience informs us that racism may be

a manifestation of a delusional process, a consequence of anxiety, or a feature of an individual's personality dynamics. However, racism may also be a learned behavior that has no relationship to individual psychopathology.<sup>16</sup> Research demonstrates that like many behaviors, racism is multi-determined by biological, sociological and psychological influences.<sup>17</sup> Some view racism as the pathological extreme of the natural human phenomenon of stereotyping.<sup>18,19,20</sup> More psychological interpretations of racism emphasize self-aggrandizement, entitlement and degradation as character defects needed to falsely bolster the perpetrator's poor concept of self at the expense of his or her victims. Some clinicians have hypothesized that racism and racist behavior and beliefs may in some cases constitute a mental disorder for which treatment is indicated.<sup>18</sup> Further research would be needed to explore this hypothesis.

However, a mounting body of scientific evidence demonstrates impairments of physical and mental functioning when an individual is subjected to racism.<sup>21,22,23</sup> Previous APA position statements have recognized this causal link between racism, racial discrimination and individual mental health.<sup>5</sup> Much of this research has been conducted in workplace or educational settings.<sup>24</sup> Decreased mental health functioning strongly correlates with having been discriminated against.<sup>25,26</sup>

Racist behaviors have broader sociological implications thereby negatively impacting not only victims of racism, but perpetrators of racism and society at large. For example, racism inhibits diversity and creativity, diminishing benefits to society thus fostered. Paradoxically, even populations that have been victims of racism may unconsciously take on the same beliefs as that of the perpetrator, i.e., the victimized population affects its own brand of inferior thinking and/or behavior on itself, making choices and behaving in self-destructive ways that conform to negative stereotypes.<sup>27,28,29</sup> Additionally, the social and psychological consequences of racially motivated violence and discrimination may reverberate across generations.<sup>30</sup>

Recent studies have implicated racism and racial discrimination, both individual and structural, as factors leading to disparities in health care and mental health care including diagnosis and treatment.<sup>31,32</sup> In controlled studies, socioeconomic status only partially accounts for disparities in healthcare access and outcomes. Racially biased attitudes may implicitly affect provider decision-making, leading to denial of services for some populations or to inappropriate diagnosis which in turn leads to ineffective treatment.<sup>33</sup>

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