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How to provide anti-racist mental health care

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The recent turmoil in response to police brutality against Black communities in the USA and western countries has led the American Psychological Association to define racism as a pandemic.[1] It has also prompted some associations of mental health professionals (eg, the Royal College of Psychiatrists, American Psychiatric Association, American Psychological Association, and Canadian Psychological Association) to take a stand against racism and to urge governments to respond to the impact of such events on the mental health of Black communities. Although the consequences of racial discrimination, profiling, racist microaggressions, and racism on the physical and mental health of victims have long been known, more research is needed to improve our understanding of these issues and to develop services that will not perpetuate them. In fact, a call for action in 2019 noted gaps in research and called for efforts to fill them.[2] In a recent Insight article in *The Lancet Psychiatry*, Stossel succinctly described the ravages of individual, institutional, and systemic racism on the health and lives of individuals and their families.[3] Among the consequences of racial discrimination, racial profiling, microaggressions, racial biases, and racism on physical and mental health, studies have documented psychological and emotional distress, post-traumatic stress disorder, depression, anxiety, obsessive-compulsive symptoms, low self-esteem, chronic stress, alcohol and substance misuse, increased school dropout rates, somatisation, high blood pressure, diabetes, heart disease, increased body-mass index, and poorer physical health.[4,5] Specifically with regard to police brutality, a study showed that the killing of each unarmed Black person in the USA increased the number of days of poor mental health among individuals from Black communities.[6] Moreover, a systematic review by Barnet and colleagues showed that Black people were 2·3 to 2·5 times more likely than White people to be compulsorily admitted to mental health institutions.[7] Research has also shown that the main reasons for lack of access to care are not financial,[8] but instead associated with negative perceptions of mental health services and professionals, self-stigmatisation, and poor experiences with care services, including attitudes described as discriminatory and racist by young people and adults.[8,9] The reality is that racial discrimination, racial profiling, microaggressions, and racism exist within physical and mental health-care institutions and services in western countries. These widespread and chronic factors are associated with lack of training of mental health professionals on racial issues and disparities. This is a complex situation that requires not only political and institutional will and resources, but also clear guidelines and new approaches.[10]

Although various associations of psychiatrists and psychologists (eg, the Canadian Psychiatric Association, Canadian Psychological Association, Royal College of Psychiatrists, American Psychiatric Association, and American Psychological Association) have developed guidelines to address issues of racism, they have offered few directly applicable solutions. Yet, in the face of individual, institutional, and systemic racism, as Angela Davis has written, "it is not enough to be non-racist, we must be anti-racist". Similarly, the care that psychiatrists, psychologists, and other mental health professionals provide to people in Black communities cannot be non-racist, it must be anti-racist. Anti-racist mental health care recognises issues related to racial discrimination and racism and addresses their potential consequences, and the racialised experiences of Black individuals. The case study by Stossel[3] is a telling example of how mental health professionals can address issues of individual, institutional, and systemic racism. To do so, psychiatrists, psychologists, and other mental health professionals must first be open-minded and then be trained. Anti-racist care goes beyond transcultural care; it integrates both cultural aspects and elements that allow for some form of reparation for the harm caused by racial discrimination, racial profiling, microaggressions, and racism.

Panel: Guidelines to provide anti-racist mental health care

An awareness of racial issues

- Self-examination (give clinicians an awareness of their own cultural backgrounds and also inform them about their beliefs, ideas, attitudes, and privileges)
- Be aware of issues related to discrimination, microaggressions, racial profiling, and racism and their potential impacts on mental health
- Do not be blind to the client's skin colour: recognising difference means recognising both uniqueness and diversity
- Stop believing that tests and intervention approaches are universal
- Be aware of and know the impacts of discrimination, microaggressions, racial profiling, and racism on physical and mental health
- Be aware of racial and ethnic disparities in psychopharmacological treatment and acquire cultural competence in psychopharmacology
- Educate yourself on social, cultural, and racial determinants of health
- Educate yourself on cultural competence, culturally adapted care, and psychotherapies

An assessment adapted to the real needs of Black individuals

- Conduct a culturally appropriate assessment
- Do not forget that Black communities are not culturally homogenous: take the time to learn more about the cultural backgrounds of your patient (ethnic identity, religious beliefs, spirituality, cultural values, and gender aspects)
- Address the potential contribution of microaggressions and racism in the client's complaints
- Use the Cultural Formulation Interview but adapt it to race and culture in an explicit and specific way and continue to ask for feedback throughout the treatment
- Assess factors related to microaggressions, discrimination, racial profiling, microaggressions, and racism as structuring, triggering, precipitating or sustaining factors in mental health problems
  - Consider use of the Trauma Symptoms of Discrimination Scale, the Everyday Discrimination Scale, and the UConn Racial/Ethnic Stress & Trauma Survey
- Analyse hypervigilance, anxiety, or depressive symptoms related to discrimination and racism
- Assess complex, intergenerational, historical, collective, and individual trauma
- Address other aspects associated with racial issues in western societies: eg, low socioeconomic status, inadequate housing, segregation, mass incarceration, racial profiling, and police violence
- Assess individual and collective strengths and resources
  - Individual strengths and resources such as resilience, self-efficacy, spirituality, faith, and religious values
  - Collective strengths and resources such as social and religious support and community involvement

A humanistic approach to medication

- Prescribe only if there are no other alternatives
  - First, because there have been over-prescriptions of medication among Black people, which has caused a loss of confidence in medication and mental health services
  - Second, because prescribing is often a quick and easy solution, while people's needs are often elsewhere
- Take time to properly explain when you are prescribing medication
  - Explain the reasons why medication is needed
  - Explain the side-effects and address them in subsequent appointments by learning about those that the client is experiencing and seek appropriate solutions

A treatment approach that addresses the real needs and issues related to racism experienced by Black individuals

- Recognise and explain the effects of discrimination, microaggressions, and racism on exhibited symptoms (structuring, precipitating, triggering, and sustaining effects)
  - Address aspects related to internalised racism; because many Black people read and listen to racist remarks about themselves, as they are victimised by individual and institutional racism, they integrate and internalise thoughts, beliefs, attitudes, and behaviours that foster racism against their own interests
  - Do not forget that open conversations about race, ethnicity, religion, spirituality, and culture help build a strong therapeutic alliance
- Recognise the effects of institutional and systemic racism on exhibited symptoms and consider this in proposed treatment[3]
- Individualise care
- Provide culturally appropriate interventions
- Do not be afraid to tell your client that you do not understand all the experiences related to skin colour (but that you are committed to providing anti-racist care and that their help in understanding certain issues is welcome)
- Address aspects related to collective and individual trauma
- Work on emotional regulation and energy devoted to hypervigilance and racism-related anxiety
- Use psychotherapies that have been shown to be effective in Black communities: culturally adapted cognitive behavioural therapy, culturally adapted cognitive processing therapy, and culturally informed prolonged exposure (integrating racism-related stressors and traumas)

The guidelines of an anti-racist care and treatment plan are summarised in the panel. These guidelines address the needs of professionals (eg, psychiatrists and psychologists) and students in terms of training to provide anti-racist mental health care. They integrate the results of research from the past 30 years on the racist experiences of Black communities, and the effectiveness of treatment and care approaches for different psychiatric disorders. These guidelines address ways of caring for Black communities in western countries by taking into account issues of individual, institutional, and systemic racism. They include four main axes: an awareness of racial issues, an assessment adapted to the real needs of Black individuals, a humanistic approach to medication, and a treatment approach that addresses the real needs and issues related to the racism experienced by Black individuals. These guidelines also specify what needs to be addressed at each stage to provide anti-racist care. They are cross-cultural and reflect the complexity of racial issues and the variations that might exist within Black communities in western countries, although the problems are experienced in similar ways.

These guidelines provide the necessary foundation for providing anti-racist mental health care to patients from Black communities. First, they can help improve human interactions between health-care systems, mental health professionals, and Black patients. Second, they can help eliminate mistrust and fear of professionals, health-care systems, and of care itself, because even if provided with good intentions, care can be culturally inappropriate and, at worst, racist. Finally, these guidelines can help establish equity in care by reducing disparities, building confidence in care systems, humanising care, and restoring hope to people from Black communities. Psychiatrists, psychologists, social workers, and nurses working in mental health must recognise that it will never be enough to be non-racist; they must commit themselves to be anti-racist towards care that facilitates social justice, rather than endorsing a racist and dehumanised system.

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