

Structural Racism and Psychiatric Practice: A Call for Sustained Change

Rachel Talley, M.D.
Assistant Professor of Clinical Psychiatry
Perelman School of Medicine
University of Pennsylvania

PA Care Partnership 2023 Virtual Speaker Series

February 10th, 2023

Department of Psychiatry



Disclosures/Acknowledgements

Disclosures

Senior Medical Advisor, Vanna Health

Acknowledgement

Group for Advancement of Psychiatry (GAP)



My Journey in this Work: 2020 - Present



Racial identity & racism in our own backyard

- A clinical team is working with a White patient who has voiced wariness of working with Black clinicians. Team members suggest that a Black psychiatrist work with this patient to provide the patient with a “corrective emotional experience.”
- A White patient with refractory psychosis and chronic persecutory delusions is in urgent need of dental care. She refuses multiple dental care options, stating that all options have “Black dental assistants,” who she will not see.
- In supervision, an Asian-American psychiatry resident describes multiple microaggressions that he has experienced from patients related to the origin of COVID-19. The resident and his White supervisor reflect on the complexity of responding to and experiencing these events.
- A Black patient asks his Black psychiatrist about her political leanings. Before the psychiatrist can respond, the patient says, “I know you are not going to like this, Doc, but I'm thinking about voting for Trump.”



What can help us (psychiatrists) to work through this?

- Our experienced interpersonal work with individuals in psychological distress
- Attention to our self-identities and the measured use of self-disclosure
- Awareness of transference in our patients triggered by having asymmetrical identities
- The ability to reflect on our countertransference reactions in the face of microaggressions
- The need to foster therapeutic alliance building and relate to individuals through perspective-taking.



Are these tools sufficient?



Racial inequity in mental health outcomes

- Access to mental health care
- Less likely to receive life-saving evidence-based treatments
- Diagnostic disparities
- Disproportionate use of restrictive means of treatments
- Disparities in prescribing practices



What Next? Do resources exist?



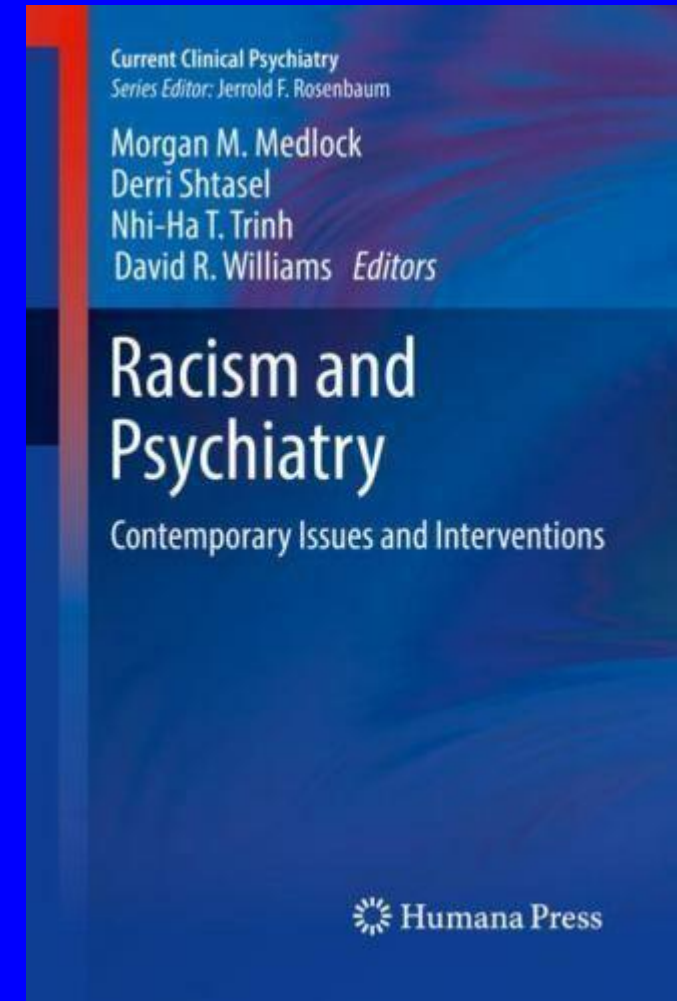
Educating Ourselves: Resources

Medlock M., Shtasel D., Trinh N.-H.T., Williams D.R. (Eds.) *Racism and Psychiatry: Contemporary Issues and Interventions*. Springer, 2018

Metzl J. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press; 2009.

Williams M.T., Rosen D.C., Kanter J.W. (Eds.) *Eliminating Race-Based Mental Health Disparities: Promoting Equity and Culturally Responsive Care Across Settings*. Oakland, CA: New Harbinger Publications, 2019.

Fernando S. *Institutional Racism in Psychiatry and Clinical Psychology: Race Matters in Mental Health*. Springer International Publishing, 2017.



Identifying Our Own Biases and Privilege

Privilege and Responsibility Curricular Exercise (PRCE)

- Henry Ford Health System, 2009
- 22 statements reflecting privilege from the perspective of multiple, at times overlapping identities
- Participants select statements that apply to them, then debrief in small groups



Identifying Our Own Biases and Privilege

Table 1

Statements Constituting Henry Ford Health System's Privilege and Responsibility Curricular Exercise, Along With the Social Categories Which They May Reflect

Statement ^a	Possible related social categories ^b
If I should need to move, I can be pretty sure of renting or purchasing a home in an area in which I can afford and in which I would want to live.*	Race, ethnicity, religion, SES, sexual orientation
If I ask to talk to the person in charge, I will be facing a person similar to me.*	Race, ethnicity, gender, sexual orientation
If I walk towards a security checkpoint in the airport, I can feel that I will not be looked upon as suspect.	Ethnicity
If I walk into an emergency room I can expect to be treated with dignity and respect.	Race, ethnicity, physical/mental ability, SES, sexual orientation, body type
If I walk through a parking garage at night I don't have to feel vulnerable.	Gender, age, body type
I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people who look like me.*	Race, ethnicity, body type
I can easily trust that anyone I'm speaking to will understand the meaning of my words.	Education, language



TABLE 1**Before the Encounter: Reflecting for Action**

Principle	Suggested Language
1. Set the stage	“Sometimes we are the recipients of language or behavior from patients that feels demeaning or discriminatory. I would like to take some time as a team to discuss how we are going to respond.”
2. Invite resident input	“Sometimes it feels safer if I, as the attending, am the one to address this behavior, However, I want to empower you to act if you prefer. What are your preferences?”
3. Make the plan explicit	“It sounds like the team would like me to step in and address discriminatory behavior and statements. If this occurs, you will notice me saying the following phrase: <i>‘I’m surprised to hear you say that.’</i> ” “It sounds like you all feel comfortable addressing this behavior as it comes up. That is fine, and we can work out the ways to do this. In those situations, I will remain quiet until/ unless the patient escalates or the learner signals for help.”
4. Obtain an all-in pledge	“I would like us all to commit to protect each other and our environment from the harm of discrimination as much as possible. Can we all agree to that?”



TABLE 2

During the Encounter: Reflecting in Action

Principle	Suggested Language
1. Ensure the patient is clinically stable	
2. Address the comment: name the behavior as inappropriate	“I’m surprised you thought that would be an appropriate comment/joke.” “Let’s keep it professional.” “I think you are trying to compliment me, but I am here to focus on your health.”
3. Inform the patient you are there to improve his or her health	“I am/we are here to focus on your health.”
4. Share your perspective	“When you said XX, I felt YY.”
5. (Re)educate the patient about the roles of team members	“Your care team is made up of many different people who are all working to improve your health. I respect every member of your team and ask you to do the same.” “Dr. Jones is the physician in charge of your day-to-day care.” “Maria is a highly trained nurse who is working hard to provide your daily care.”
6. Temporarily remove learners from the setting if behavior continues	“We are going to come back in 30 minutes and hope you will be ready to focus on your health.”



TABLE 3
 After the Encounter: Reflecting on Action

Principle	Suggested Language
1. Attend to safety and emotions of group	“I would like to take some time to acknowledge and reflect on how that experience felt for everyone.”
2. Acknowledge what went well	“I’m hoping you will share a bit about what went well during that encounter.”
3. Discuss what could have gone better	“How could we have addressed that situation differently to get a better outcome?”
4. Plan for the future	“I am recommitting myself to keeping the learning environment as safe and positive as possible. Next time something like this happens, I will . . .”



Our Group's Recommendations

1. Broad Institutional Change in Training and Practice
2. Implementation Research
3. Sustained Resources
4. Professional Commitment
5. Personal Responsibility



References

- Talley RM, Edwards ML, Berlant J, Wagner ES, Adler DA, Erlich MD, Goldman B, Dixon LB, First MB, Oslin DW, Siris SG. Structural Racism and Psychiatric Practice: A Call for Sustained Change. *J Nerv Ment Dis.* 2022 Jan 1;210(1):2-5. doi: 10.1097/NMD.0000000000001442. PMID: 34731092.
- Harrell SP. A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry.* 2000;70(1):42-57
- Holm, A. L., Gorosh, M. R., Brady, M., White-Perkins, D. (2017). Recognizing Privilege and Bias: An Interactive Exercise to Expand Health Care Providers' Personal Awareness. *Academic Medicine.* 92(3): 360-4
- Medlock, M., Shtasel, D., Trinh, N.-H.T., Williams, D.R. (Eds.) *Racism and Psychiatry: Contemporary Issues and Interventions.* Springer, 2018.
- Metzl J. *The Protest Psychosis: How Schizophrenia Became a Black Disease.* Boston, MA: Beacon Press, 2009
- Williams M.T., Rosen D.C., Kanter J.W. (Eds.) *Eliminating Race-Based Mental Health Disparities: Promoting Equity and Culturally Responsive Care Across Settings.* Oakland, CA: New Harbinger Publications, 2019.
- Fernando S. *Institutional Racism in Psychiatry and Clinical Psychology: Race Matters in Mental Health.* Springer International Publishing, 2017.
- Holm AL, Rowe Gorosh M, Brady M, White-Perkins D. Recognizing Privilege and Bias: An Interactive Exercise to Expand Health Care Providers' Personal Awareness. *Acad Med.* 2017 Mar;92(3):360-364. doi: 10.1097/ACM.0000000000001290. PMID: 27355785.
- Shankar, M., Albert, T., Yee, N., Overland, M. (2019). Approaches for Residents to Address Problematic Patient Behavior: Before, During, and After the Clinical Encounter. *Journal of Graduate Medical Education.* DOI: <http://dx.doi.org/10.4300/JGME-D-19-00075.1>
- Harrell SP. A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry.* 2000;70(1):42-57



Questions/Comments?

