

## *Op-Ed on the theme of institutional racism in mental health services*

### **'Race' matters in mental health**

#### **A view from the inside of mental health practice**

**by Suman Fernando**

**Author of book:**

*Institutional Racism in Psychiatry and Clinical Psychology*

**Palgrave Macmillan, 2017**

Suman Fernando, a psychiatrist with 22 years of practice in multicultural areas in greater London (UK) and now honorary professor in the faculty of social sciences and humanities at the London Metropolitan University, has written several books between 1988 and 2014 on issues of 'race' and culture in psychiatry and on mental health development worldwide. In this new book, he presents a socio-historical analysis of 'race' and racism in psychiatry and clinical psychology (the 'psy' disciplines) in the field of mental health to ask the question:

### **How can we tackle racism in the mental health services?**

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Both 'mental illness' and 'race' are problematic concepts seriously challenged by sociological and historical study across cultures and continents. Services provided under the umbrella of 'mental health care' is really about lives of real people in real personal and social trouble partly, if not entirely, because of stigma, discrimination and oppressions. Ethnic minorities in Western societies, especially black people, are notoriously over-represented among people referred to mental health services but are the problems they face best seen as *medical* or even *psychological* problems? And why are *racial* minorities so seriously disadvantaged when they get caught up in the mental health system?

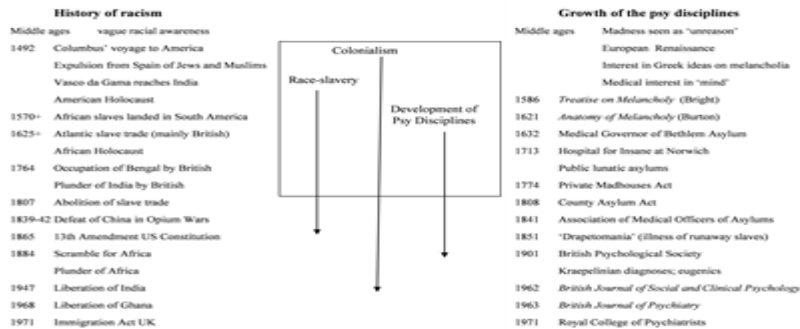
The book shows how:

- the origins of *race-thinking* and *racism* go back in European history to before the middle-ages;
- the power of racism was stabilised during race-slavery (the Atlantic slave trade) and colonialism; and
- the ideologies underpinning racism were strengthened during the (European) 'Enlightenment'.
- After the end of the second world war and the fall of European empires, there was a partial re-think about 'race', but no real *reckoning* of the damage done over the previous 400 years;
- from the 1960s onwards, there were partially successful attempts to control racism based on conventions of the United Nations and introduction of anti-discrimination legislation; and
- since the 1960s, new and less overt forms of racism have emerged and from about the year 2000 the rise of racism (including Islamophobia and anti-Semitism) has become evident in the UK and USA.

## *Op-Ed on the theme of institutional racism in mental health services*

Racism in the main professional disciplines that underpin mental health services, namely psychiatry and clinical psychology, has been evident in the UK and USA even since the two disciplines came into being in the late eighteenth century, but (as in society at large) it has become less overt and so more difficult to detect since about the 1960s.

### **Historic context of psy disciplines**



Racism in mental health services is now seen mostly in institutional processes that promote:

- racist stereotypes (for example 'big black and dangerous') in diagnostic practices;
- racist interpretations of cultural differences and racist structuring of research
- distort findings and formulate racist conclusions on action; and
- ways of setting up systems of care and treatment that are based on racist assumptions of what patients / clients may require

Successive attempts to alleviate 'racial inequalities' in the mental health system have made little difference—possibly because they failed to challenge vested interests in the psy disciplines that perpetuate institutional racism in psychiatry and clinical psychology. What is now required are fundamental changes in the *culture* of the psy disciplines including the dependence of psychology and psychiatry on knowledge derived from *only* Western (rather than universal) cultural sources (usually called 'white knowledge' or 'settler knowledge'); and practices that perpetuate institutional racism.

**If racial inequalities in mental health systems are to be addressed successfully a *change of culture* (perhaps amounting to a paradigm shift) in psychiatry and clinical psychology is required—fundamental changes in their ways of working and gathering knowledge, together with regulation of 'treatments' and attention to social determinants of wellbeing. However, in the short term, the damage done by institutional racism can be lessened (controlled to some extent) by *institutional processes*—essentially regulation of the psy disciplines through *legal and administrative action*, such as *antidiscrimination laws* incorporated into mental health legislation, and *legally enforceable obligations on professional practitioners*.**

**A STUDY GROUP TO CONSIDER STRATEGIES FOR CHANGE?**