UNDERSTANDING RACE IN GLOBAL MENTAL HEALTH

Dr. Rabeea'h Waseem Aslam

r.w.aslam@swansea.ac.uk

Objectives

1. to communicate understanding of race, racism, and racialization

2. share perspectives on the impact of racial and ethnicity-based discrimination on mental health and mental health inequities and inequalities

3. how does this affect the theory and practice of global mental health

4. what is being and can be done to address these inequities now and in building back better

Race, Racism, and Ethnicity

Race: Race is a socially constructed system of categorizing humans largely based on observable physical features (phenotypes), such as skin color, and on ancestry. There is no scientific basis for or discernible distinction between racial categories. 1

Ethnicity: A social construct that artificially divides people into smaller social groups based on characteristics such as shared sense of group membership, values, behavioral patterns, language, political and economic interests, history, and ancestral geographical base. 1

Racism: The concept of racism is widely thought of as simply personal prejudice, but in fact, it is a complex system of racial hierarchies and inequities. At the micro level of racism, or individual level, are internalized and interpersonal racism. At the macro level of racism, we look beyond the individuals to the broader dynamics, including institutional and structural racism.2

Racialistaion: The process of making or becoming racial in outlook or sympathies.3

Europe, North America, Australia

- Well-developed , and bound up with identity politics

- recognize that neither race nor ethnicity exist

- they are types of cultural categorisations

- race and ethnicity both operate as categories in the U.S/UK. as both everyday categories and census categories (hence state and legal), so for instance, you can be black and Hispanic or white and where Hispanic is understood as a cultural and linguistic marker, so 'ethnicity', while race is treated as if it is a biological marker

What happens when a certain kind of racialisation in a specific context is mapped onto another?

In the majority world

Rwandan Genocide4

◦ Belgian colonial occupation racialised the differences between Hutu, Twa and Tutsi

◦ indirect mode of rule by colonisers. natives are constructed as 'ethnic' beings, while non-indigenous subject populations, such as Asians in Uganda, Arabs of Zanzibar are constructed as races

◦ Where they had once been viewed as an indigenous social group, the Tutsi of Rwanda were, under subjugated as a non-indigenous 'race' rather than as an indigenous 'ethnicity.'

◦ The privilege this gave to Tutsis was, therefore, tangible, backed by law, and just☐ ed through a narrative of race

Peru5

Another good case study is how it happened in Peru: The Social Construction of ethnic groups and indigenous peoples in the southeastern Peruvian Amazonia
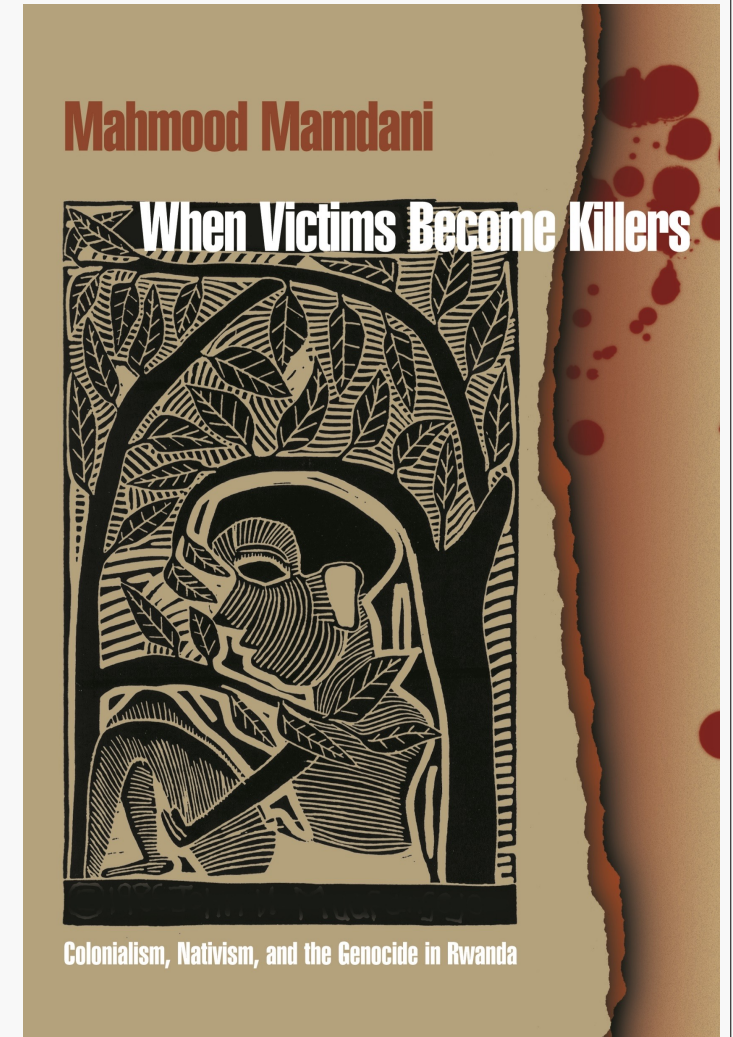
Psychiatry

Psychiatric 'scholarship' relied on social and environmental explanations

    a disease caused by maladaptation to 'civilisation' and modernity 6

**...with biological scientific racism**

Africans had *'idle'* frontal lobes which made them less susceptible to mental illness *7*

'the African is a happy savage' protected from psychic conflict due to an untamed environment and inexperience of modernity *8*

Colonial Psychiatry

France-Algeria9

◦ crude colonial interpretations of psychosomatic illnesses. Suggesting that colonised peoples were primitive because they experienced mental illness through their bodily symptoms

◦ "When you come down to it, the North African is a simulator, a liar, a malingerer, a sluggard, a thief."

◦ Describing what Fanon termed the "North African Syndrome," he stated:

◦ **"Threatened in his affectivity, threatened in his social activity, threatened in his membership in the community—the North African combines all the conditions that make a sick man. Without a family, without love, without human relations, without communion with the group, the first encounter with himself will occur in a neurotic mode, in a pathological mode; he will feel himself emptied, without life, in a bodily struggle with death, a death on this side of death, a death in life."**10
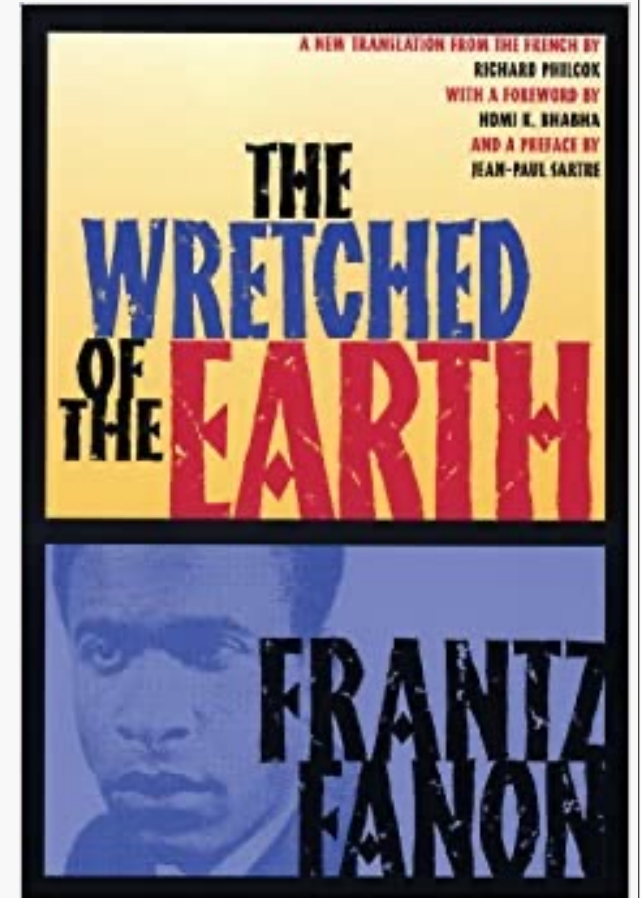
Historical Trauma

◦ Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.11

Nation

Political disempowerment, loss of collective identity, genocide

Community

Loss of whole generation of children
Negative labelling and stereotyping of community

Community disorganization, conflict, social problems

Family

Loss of children, grief, anger, helplessness

Family dysfunction, domestic violence, abuse

Individual

Forced separation from parents
Denigration of identity
Suppression of culture
Physical and sexual abuse

Low self-esteem
Mental health problems
Difficulty parenting

Low self-esteem
Mental health problems
Difficulty parenting

Low self-esteem
Mental health problems
Difficulty parenting

Epigenetic Regulation
of HPA Axis

Epigenetic Regulation
of HPA Axis

Epigenetic Regulation
of HPA Axis

Generation 1 **Generation 2** **Generation 3**

Racism and Psychiatry

Racism is twice as likely to affect mental health than physical health. Of those the researchers sampled, BIPOC who reported experiences of racism also experienced the following mental health issues:12

- depression
- stress
- emotional distress
- anxiety
- post-traumatic stress disorder (PTSD)
- suicidal thoughts

- Meta-analysis of studies into racism and mental health among Asian American people also revealed significant relationships between racial discrimination and depression and anxiety13

- Fear of racism itself is harmful, and that it can undermine good mental health characteristics, such as resilience, hope, and motivation. The paper also underlined how verbal and physical assault can cause PTSD14

1. Globalising mental health research

- specific field of research that aims to generate findings to develop and expand an effective evidence-base a global response is needed to address

progressed significantly from its colonial roots to a global partnership model researchers. BUT it is not immune from longstanding national and global histories of institutionalized racism

2. Global mental health is implementation

◦ imply the activities undertaken to promote the development of mental health infrastructure

◦ 'scaling-up' mental health services, which is defined as increasing the provision of evidence-based services

◦ shifting its focus from institutional forms of treatment to more community-based care, and more locally relevant

3. Improving the mental health landscape

- GMH policy recognises a changing world through interconnectedness and shared mental health concerns.

- advocate for policies that recognise social inclusion, protect human rights of vulnerable individuals and reduce the discrimination

4. Learning from and supporting low-and-middle-income countries

◦ to develop a globally representative evidence-base

◦ strengthen research capacity in LMICs so those countries achieving autonomy over setting their research agendas.

◦ reprising the dynamics of the colonial era by exporting Western concepts and interventions to culturally different contexts and the unidirectional knowledge flow occurring in global partnerships.

◦ increasing emphasis on the process of mutual learning,where both sides of the partnership cultivate an understanding.

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