

# SOCIAL (IN)JUSTICE AND MENTAL HEALTH

Ruth S. Shim, MD, MPH

Luke & Grace Kim Professor in Cultural Psychiatry

Associate Dean, Diverse and Inclusive Education

University of California, Davis School of Medicine

# LEARNING OBJECTIVES

- 1 | Define key concepts associated with social justice in mental health
- 2 | Evaluate the evidence base of the impact of social injustice on behavioral health outcomes
- 3 | Identify solutions to dismantle social injustice in psychiatry

## DISCLOSURE/DISCLAIMER

- This is a difficult and uncomfortable topic
- Complex feelings often emerge, including guilt, anger, resentment, and defensiveness
- You may perceive me of accusing you of being racist/sexist/etc.
- You may feel I have a specific political agenda or that I lack objectivity

**“I’M NOT INTERESTED  
IN ANYBODY’S GUILT.**

**GUILT IS A LUXURY THAT WE  
CAN NO LONGER AFFORD.**

**I KNOW YOU DIDN’T DO IT, AND  
I DIDN’T DO IT EITHER, BUT I AM  
RESPONSIBLE FOR IT BECAUSE I AM A  
MAN AND A CITIZEN OF THIS COUNTRY  
AND YOU ARE RESPONSIBLE FOR  
IT, FOR THE VERY SAME REASON.”**



OPINION | COMMENTARY

# Take Two Aspirin and Call Me by My Pronouns

At 'woke' medical schools, curricula are increasingly focused on social justice rather than treating illness.

By Stanley Goldfarb  
Sept. 12, 2019 5:54 pm ET

The American College of Physicians says its mission is to promote the “quality and effectiveness of health care,” but it’s stepped out of its lane recently with sweeping statements on gun control. And that isn’t the only recent foray into politics by medical professionals. During my term as associate dean of curriculum at the University of Pennsylvania’s medical school, I was chastised by a faculty member for not including a program on climate change in the course of study. As the Journal reported last month, such programs are spreading across medical schools nationwide.

### RECOMMENDED VIDEO

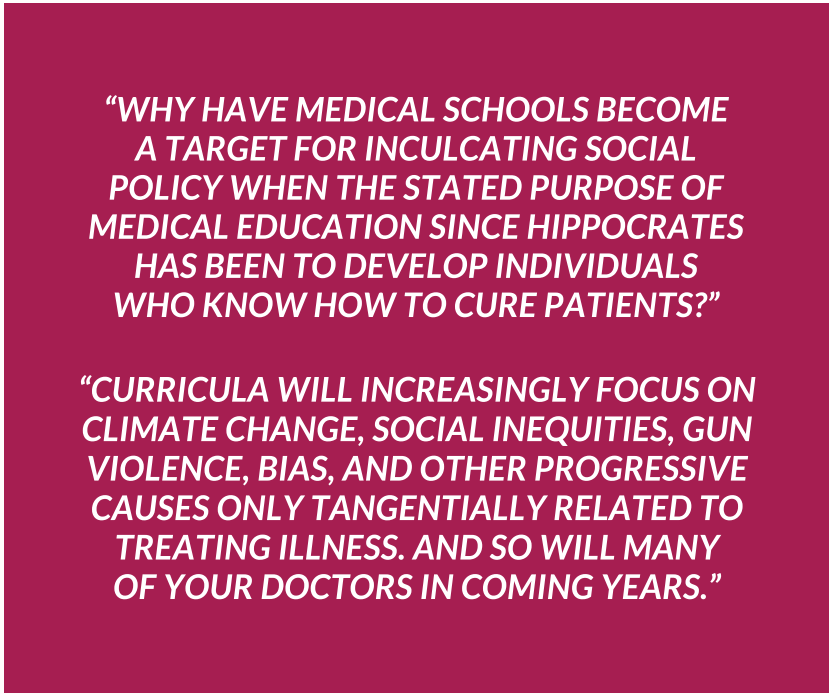
1. Saudi Arabia Suspends About 10% of Its Oil Output After Drone Attacks
2. Why Making Appointments at iPhones in America is So Hard
3. What the U.K.'s Political Drama Means for Brexit

“WHY HAVE MEDICAL SCHOOLS BECOME A TARGET FOR INCULCATING SOCIAL POLICY WHEN THE STATED PURPOSE OF MEDICAL EDUCATION SINCE HIPPOCRATES HAS BEEN TO DEVELOP INDIVIDUALS WHO KNOW HOW TO CURE PATIENTS?”

“CURRICULA WILL INCREASINGLY FOCUS ON CLIMATE CHANGE, SOCIAL INEQUITIES, GUN VIOLENCE, BIAS, AND OTHER PROGRESSIVE CAUSES ONLY TANGENTIALLY RELATED TO TREATING ILLNESS. AND SO WILL MANY OF YOUR DOCTORS IN COMING YEARS.”



“SOCIAL AND HEALTH POLICIES HAVE ALWAYS DETERMINED WHO GETS SICK AND WHO GETS CARE, AND WHERE, AND HOW. UNDERSTANDING THE SOCIAL DRIVERS OF HEALTH AND ILLNESS IS NOT PERIPHERAL OR TANGENTIAL TO HEALTH. IT IS THE KEY TO DIAGNOSING AND MEETING A PATIENT’S FUNDAMENTAL NEEDS.”



**THE DISTRIBUTION OF GOOD (ADVANTAGES) AND BAD (DISADVANTAGES) IN SOCIETY, AND MORE SPECIFICALLY HOW THESE THINGS SHOULD BE DISTRIBUTED IN SOCIETY. IT IS CONCERNED WITH THE WAYS THAT RESOURCES ARE ALLOCATED TO PEOPLE BY SOCIAL INSTITUTIONS.**

-David Miller

**ASSURING THE PROTECTION OF EQUAL ACCESS TO  
LIBERTIES, RIGHTS, AND OPPORTUNITIES, AS WELL  
AS TAKING CARE OF THE LEAST ADVANTAGED  
MEMBERS OF SOCIETY.**

-John Rawls

# TALKING ABOUT SOCIAL INJUSTICE IN MENTAL HEALTH

- We have been socialized to believe that it is not polite to talk about race, racism, and oppression

This begins early, as children in the US (and elsewhere)

- Health professionals have not been taught about the connection between oppression and health

Medical school has a long tradition of teaching biological determinism

- Are the times a-changin'?

Some feel that there is an overemphasis and over-correction happening now



# THE PROBLEM WITH RACE-BASED CLINICAL CARE

- Race is a **social and political construct**
- Race is a **rough and imprecise proxy** for culture, genetics, and socioeconomic status
- Race cannot be accurately biologically categorized
- Yet, we use race to confirm assumptions/prejudices/biases about our patients

**HOW DID WE GET HERE?**

THE  
AN AMERICAN  
DREAM



**“AFRICAN AMERICANS HAVE HIGHER INCARCERATION RATES, HIGHER UNEMPLOYMENT, LOWER INCOMES, LOWER HOME AND BUSINESS OWNERSHIP, LESS EDUCATION, LESS HEALTHCARE, MORE DISEASE, AND LOWER LIFE EXPECTANCY THAN WHITES.**

**IF YOU BELIEVE BLACKS ARE NATURALLY DUMB, SICK, CRIMINAL, YOU HAVE YOUR ANSWER FOR THESE DISCREPANCIES.**

**IF, HOWEVER, YOU RESIST USING STEREOTYPES TO MAKE SENSE OF YOUR WORLD, INSTITUTIONAL RACISM PROVIDES A VERY PRACTICAL (AND VERY TRACEABLE) EXPLANATION FOR THE INFERIOR SOCIETAL POSITION OF AFRICAN AMERICANS.”**

# HISTORICAL ORIGINS OF PSYCHIATRIC PSEUDOSCIENCE

## *Drapetomania*

“If any one or more of them, at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good requires that they should be punished until they fall into that submissive state which was intended for them to occupy. They have only to be kept in that state, and treated like children to prevent and cure them from running away.”

## *Dysaesthesia Aethiopica*

“The disease is the natural offspring of negro liberty - the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.” After the prescribed “course of treatment” the slave will “look grateful and thankful to the white man whose compulsory power...has restored his sensation and dispelled the mist that clouded his intellect.”

***HEALTH DISPARITIES:***

**DIFFERENCES IN HEALTH STATUS AMONG DISTINCT SEGMENTS OF THE POPULATION INCLUDING DIFFERENCES THAT OCCUR BY GENDER, RACE OR ETHNICITY, EDUCATION OR INCOME, DISABILITY, OR LIVING IN VARIOUS GEOGRAPHIC LOCALITIES**

**HEALTH INEQUITIES:**  
**DISPARITIES IN HEALTH THAT ARE A RESULT OF**  
**SYSTEMIC, AVOIDABLE, AND UNJUST SOCIAL**  
**AND ECONOMIC POLICIES AND PRACTICES**  
**THAT CREATE BARRIERS TO OPPORTUNITY**

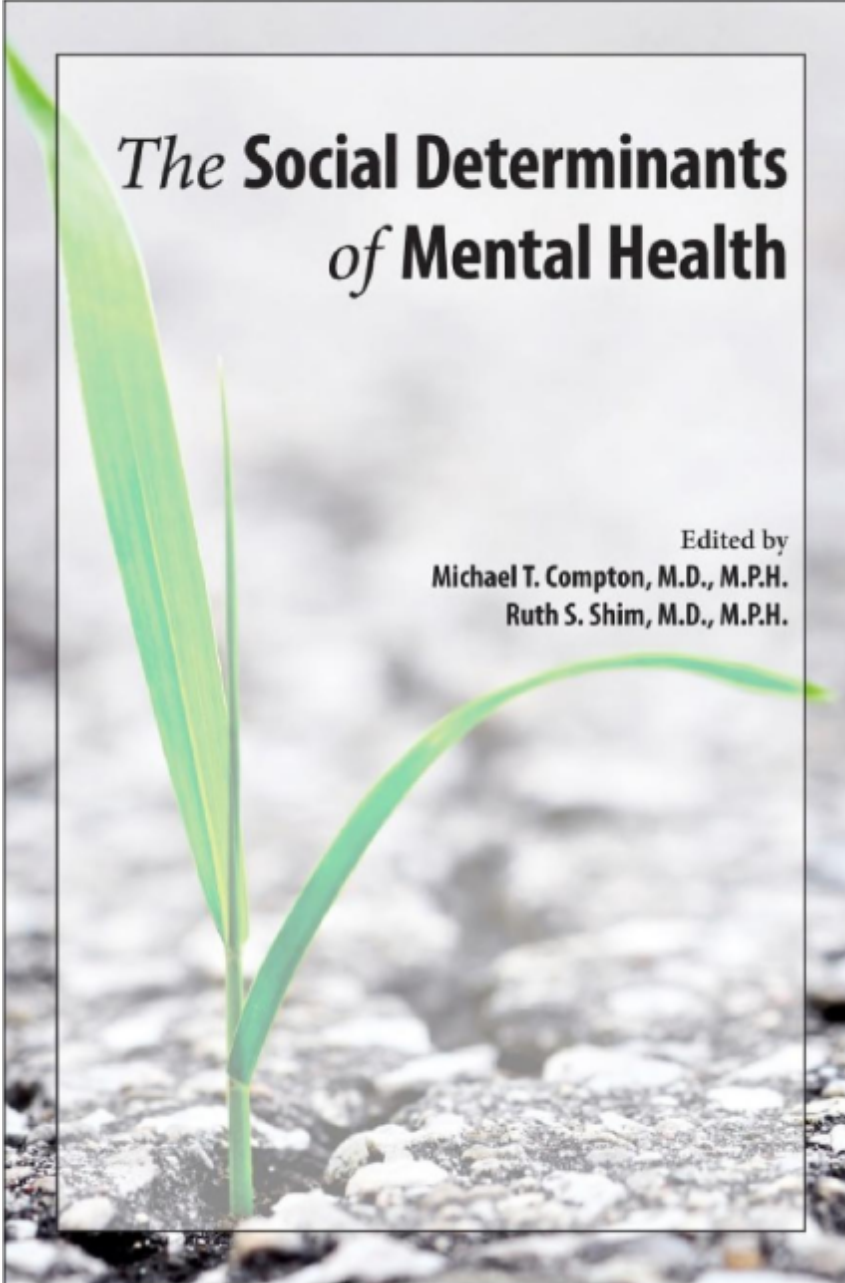
# THE SOCIAL DETERMINANTS OF MENTAL HEALTH

The **societal, environmental, and economic conditions** that impact and affect mental health outcomes across various populations

These conditions are **shaped by the distribution of money, power, and resources** at global, national, and local levels, which are themselves influenced by policy choices

The social determinants of health are **prominently responsible for health disparities and inequities** seen within and among populations



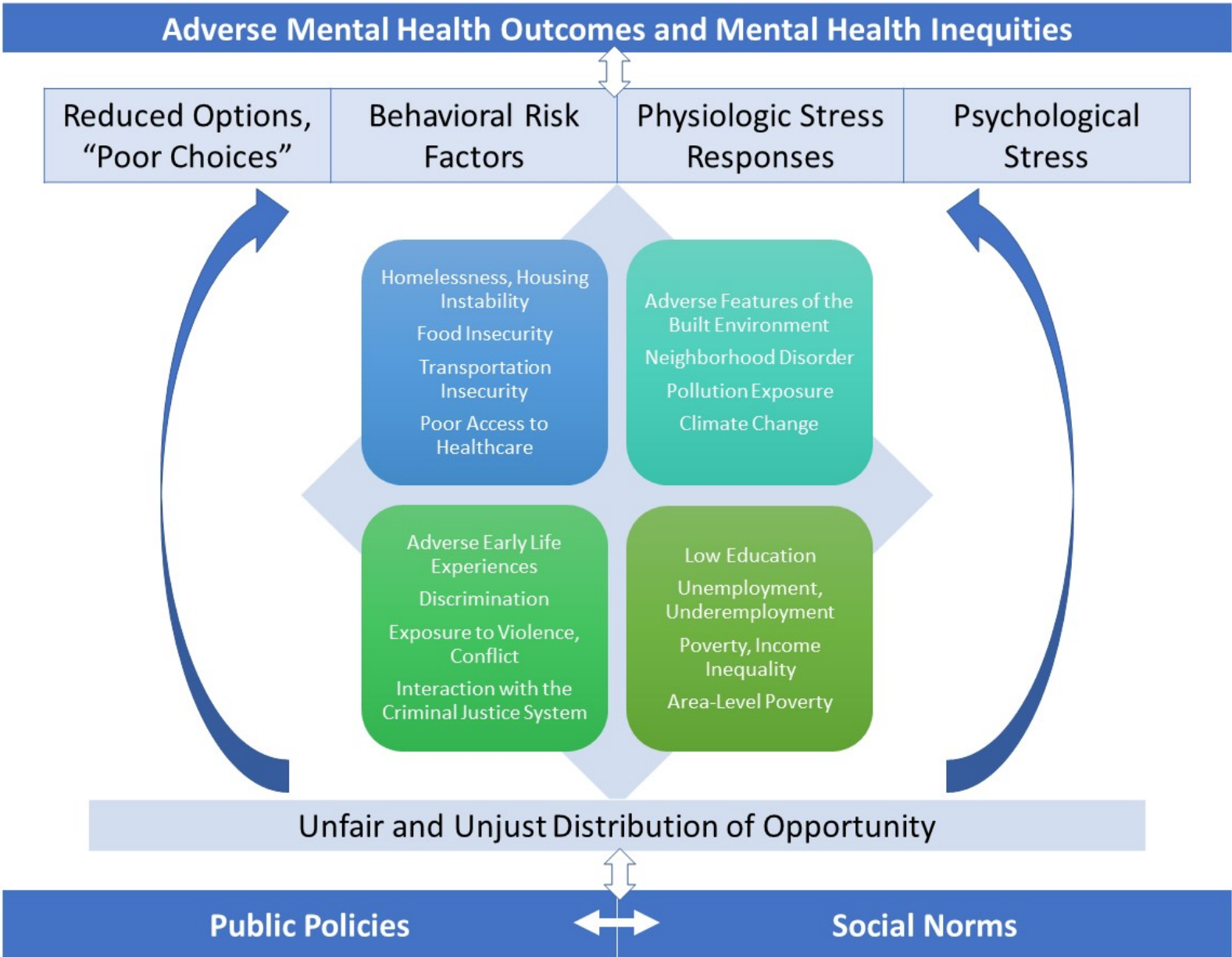


*The* **Social Determinants**  
*of* **Mental Health**

Edited by  
**Michael T. Compton, M.D., M.P.H.**  
**Ruth S. Shim, M.D., M.P.H.**

**SOCIAL (IN)JUSTICE**  
**AND**  
**MENTAL HEALTH**

Edited by  
**Ruth S. Shim, M.D., M.P.H.**  
**Sarah Y. Vinson, M.D.**



Shim RS, Compton MT. The social determinants of mental health: psychiatrists' roles in addressing discrimination and food insecurity. Focus. 2020 Jan;18(1):25-30.



**“THE FUNDAMENTAL CLINICAL ACCOUNTABILITY OF DRUG TREATMENT PROFESSIONALS TO INDIVIDUAL PATIENTS HAS BEEN SUBORDINATED TO THE GOALS OF THE CRIMINAL JUSTICE SYSTEM.”**

**ERNEST DRUCKER, A PLAGUE OF PRISONS**



The Washington Post

# Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

**L**AST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother] demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

## Children of the Opioid Epidemic

In the midst of a national opioid crisis, mothers addicted to drugs struggle to get off them — for their babies' sake, and their own.

By JENNIFER EGAN MAY 9, 2018



# KEY CONCEPTS

# TYPES OF DISCRIMINATION



Legal



Illegal



Overt



Covert



Interpersonal

(Individual)



Institutional

(Organizational)



Structural

(Systemic)

# PRINCIPLES OF SOCIAL INJUSTICE

- **Essentialism**

The belief that there are distinct, unchanging, and natural characteristics that define social groups and facilitate their categorization

- **Erasure of Context**

Failure to consider sociohistorical context when seeking to understand the etiology of inequities

- **Biological Determinism**

The false belief that racial groups are biologically and genetically different

- **Cultural Determinism**

The false belief that differences in racial groups are the result of cultural factors (e.g., ethnocentrism)

# TYPES OF OPPRESSION

## Exploitation

The unequal exchange of one group's labor and energies for another group's advantage and advancement

## Cultural Imperialism

Establishing the ruling class culture as the norm; othering of groups that are not part of the dominant culture

## Powerlessness

Oppressed groups lack power and are blocked from routes to gaining power

## Marginalization

Expelling specific groups from meaningful participation in society

## Violence

Threats and experiences of physical and structural violence

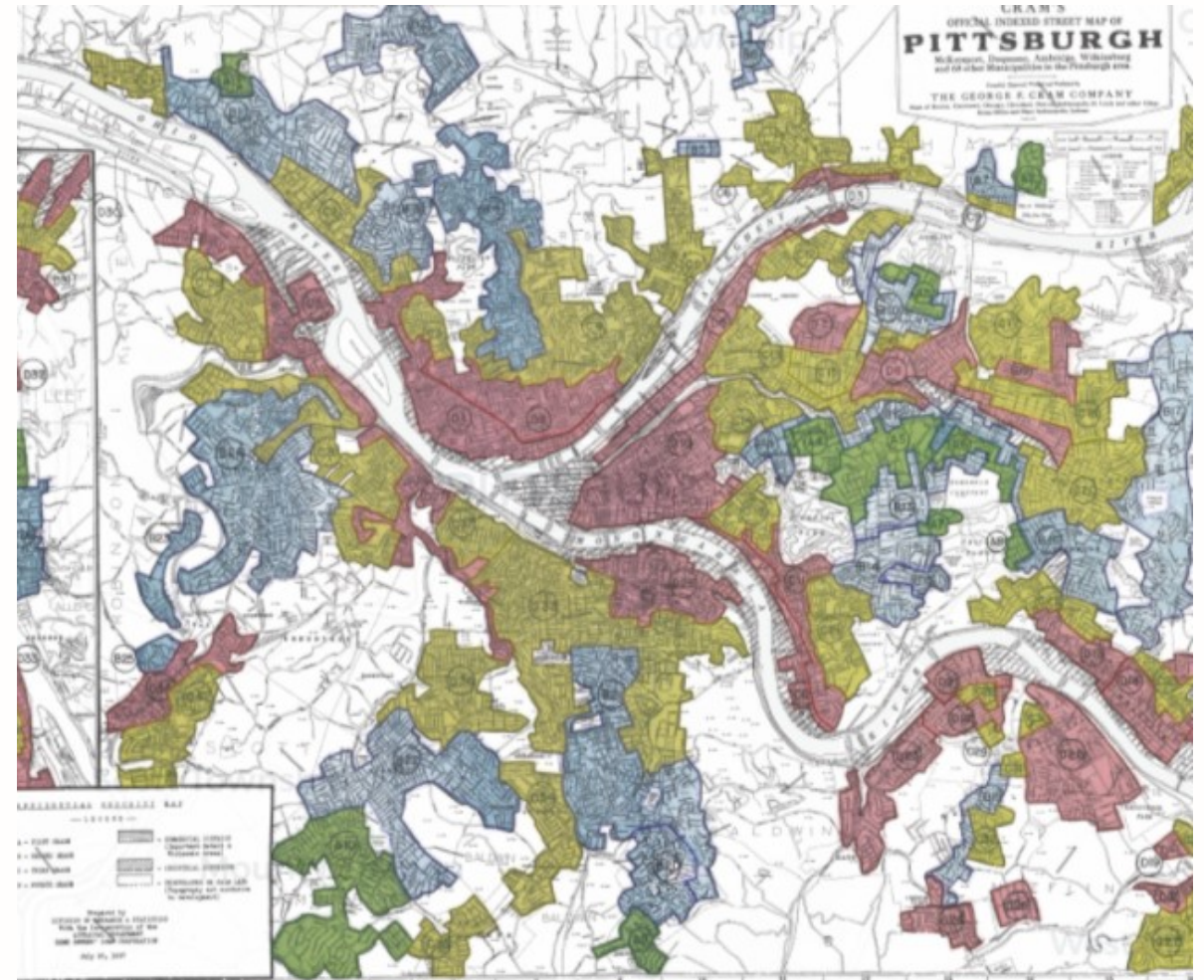


# STRUCTURAL RACISM

A SYSTEM IN WHICH PUBLIC POLICIES, INSTITUTIONAL PRACTICES, CULTURAL REPRESENTATIONS, AND OTHER NORMS WORK IN VARIOUS, OFTEN REINFORCING WAYS TO PERPETUATE RACIAL GROUP INEQUITY.



THIS SYSTEM IDENTIFIES DIMENSIONS  
OF OUR HISTORY AND CULTURE  
THAT HAVE ALLOWED **PRIVILEGES**  
**ASSOCIATED WITH WHITENESS AND**  
**DISADVANTAGES ASSOCIATED**  
**WITH COLOR** TO ENDURE  
AND ADAPT OVER TIME



STRUCTURAL RACISM IS **NOT**  
**SOMETHING THAT A FEW PEOPLE OR**  
**INSTITUTIONS CHOOSE TO PRACTICE.**  
INSTEAD, IT HAS BEEN A FEATURE OF  
THE SOCIAL, ECONOMIC, AND POLITICAL  
SYSTEMS IN WHICH WE ALL EXIST

STRUCTURAL MECHANISMS **DO**  
**NOT REQUIRE THE ACTIONS**  
**OR INTENTIONS OF OTHERS**



**EVEN IF INTERPERSONAL DISCRIMINATION  
WAS ELIMINATED TODAY,  
RACIAL AND ETHNIC INEQUITIES WOULD REMAIN  
DUE TO PERSISTENCE OF STRUCTURAL RACISM**

# **SOCIAL INJUSTICE IN PSYCHIATRY**

# HOW STRUCTURAL RACISM IMPACTS HEALTH



“The War on Drugs”



Residential Segregation



Immigration Policy



Social Security Act of 1935



Mental Healthcare

IN 2018:

69%



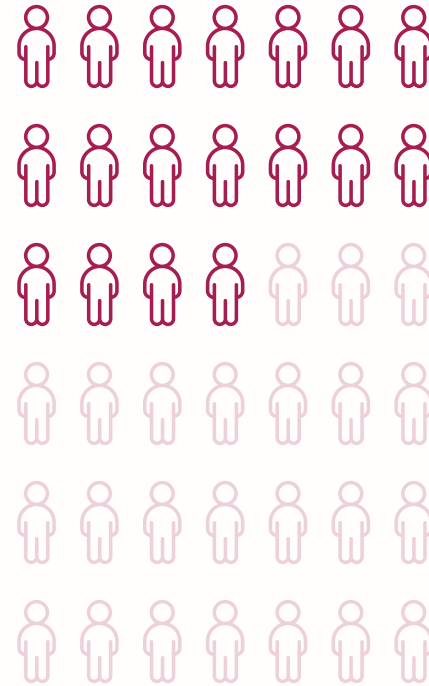
of Black adults with **any** mental illness received **no** treatment

67%



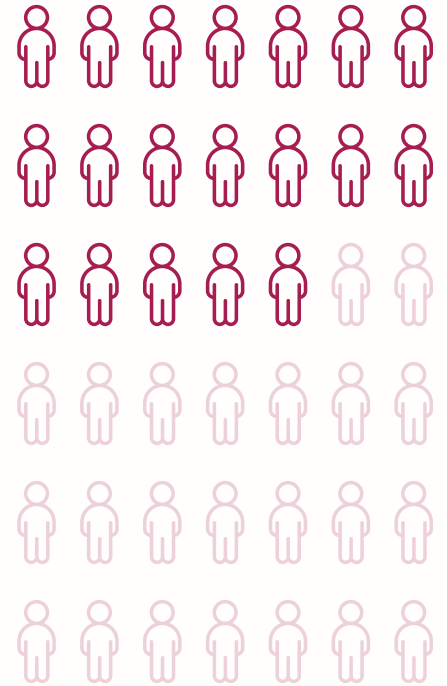
of Latinx adults with **any** mental illness received **no** treatment

42%



of Black adults with **serious** mental illness received **no** treatment

44%



of Latinx adults with **serious** mental illness received **no** treatment

**89%**  of Latinx adults with substance use disorders reported receiving no treatment

**88%**  of Black adults with substance use disorders reported receiving no treatment



**COST IS THE MOST COMMONLY CITED  
REASON FOR NOT SEEKING CARE  
TWICE AS OFTEN AS MINIMIZATION OF SYMPTOMS  
AND NEARLY FIVE TIMES AS OFTEN AS STIGMA**

**WHERE DO WE NEED TO GO?**

# Inequality

Unequal access to opportunities



Source: @hunchbreath in the 2019 Design in Tech Report

# Equality?

Evenly distributed tools and assistance



Source: @hunchbreath in the 2019 Design in Tech Report

# Equity

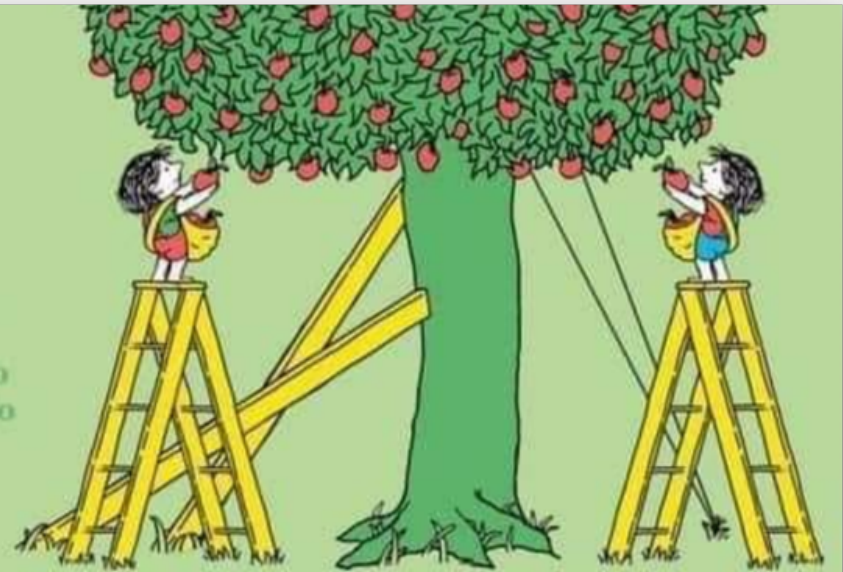
Custom tools that identify and address inequality



Source: @hunchbreath in the 2019 Design in Tech Report

# Justice

Fixing the system to offer equal access to both tools and opportunities



Source: @hunchbreath in the 2019 Design in Tech Report

# ELIMINATING SOCIAL INJUSTICE IN MENTAL HEALTH

1 Education and Self-Reflection

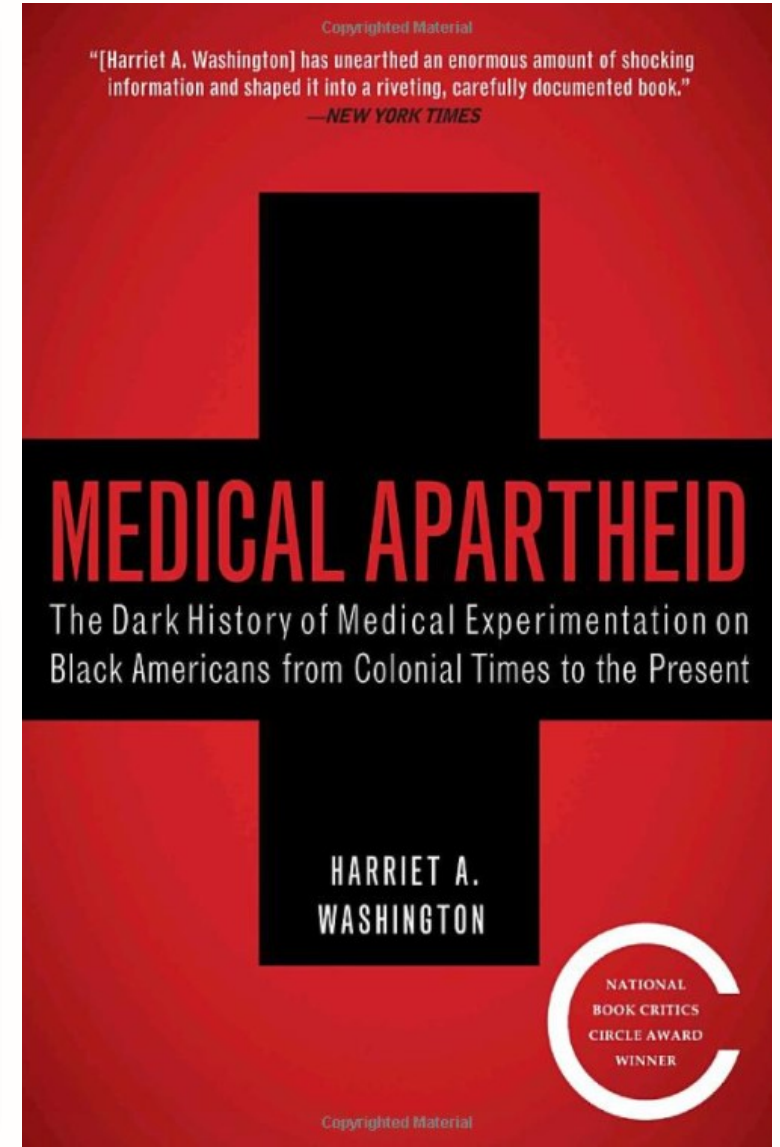
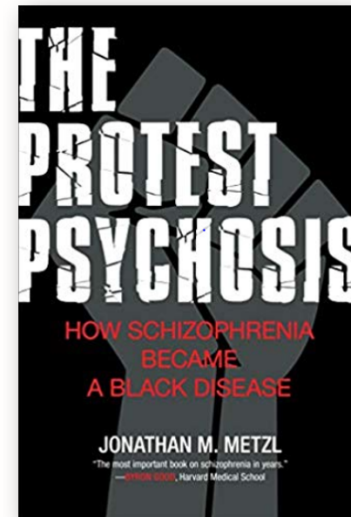
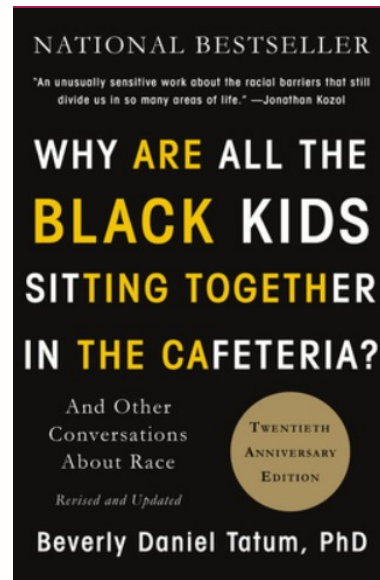
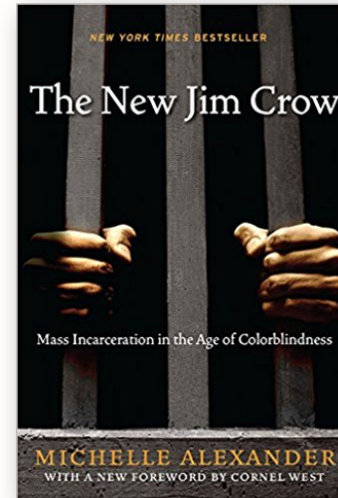
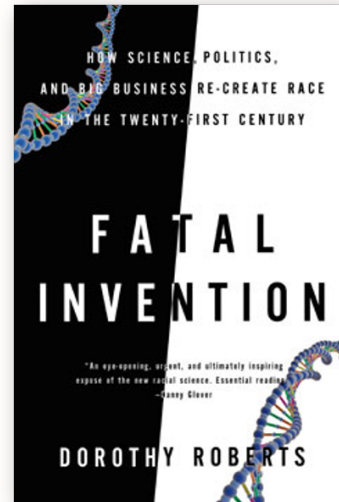
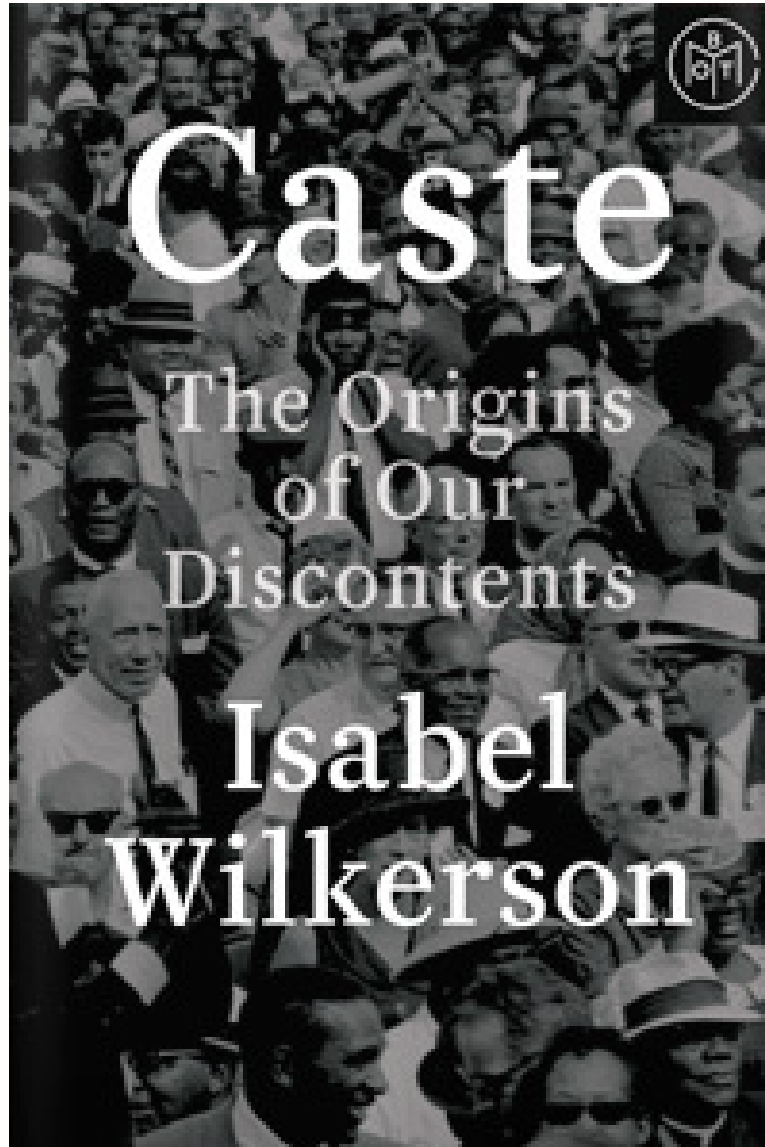
2 Promote Social Norms of Inclusion, Equity, and Respect

3 Advocate for Equitable Public Policies

4 **Speak Up** and **Take a Stand**

# EDUCATION AND SELF-REFLECTION





WALLACE HOUSE PRESENTS

# 1619

## THE 1619 PROJECT

Examining the Legacy of Slavery and the Building of a Nation

SCENE ON RADIO

### Seeing White


A 14-part documentary series exploring whiteness in America—where it came from, what it means, and how it works.

NEW YORK TIMES BESTSELLER

# HOW TO BE AN ANTIRACIST

IBRAM X. KENDI

NATIONAL BOOK AWARD-WINNING AUTHOR OF STAMPED FROM THE BEGINNING



# I AM NOT YOUR NEGRO

A MAJOR MOTION PICTURE  
DIRECTED BY RAUL PECK  
FROM TEXTS BY JAMES BALDWIN

n p r

# CODE SWITCH

# WHITE FRAGILITY

WHY IT'S SO HARD FOR WHITE PEOPLE TO TALK ABOUT RACISM

## ROBIN DIANGELO

FOREWORD BY MICHAEL ERIC DYSON

Ijeoma Oluo

#1 NEW YORK TIMES—BESTSELLING AUTHOR OF SO YOU WANT TO TALK ABOUT RACE

# MEDIOCRE

The Dangerous Legacy of White Male America

# Reveal

# PRACTICING CULTURAL HUMILITY



- Commit to a **lifelong process** of **self-evaluation** and **self-critique**
- Desire to **fix power imbalances** between providers and clients
- **Develop community partnerships** to advocate within the larger organizations in which we participate



## STRUCTURAL COMPETENCE

“The trained ability to discern how a host of **issues defined clinically as symptoms, attitudes, or diseases** (e.g., depression, hypertension, obesity, smoking, medication “non-compliance,” trauma, psychosis) **also represent the downstream implications of a number of upstream decisions** about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health.”



**PROMOTE SOCIAL  
NORMS OF INCLUSION,  
EQUITY, AND RESPECT**



**“WE CAN DISAGREE AND STILL LOVE EACH OTHER, UNLESS YOUR DISAGREEMENT IS ROOTED IN MY OPPRESSION AND DENIAL OF MY HUMANITY AND RIGHT TO EXIST.”**

-James Baldwin

# PROMOTING SOCIAL NORMS OF INCLUSION, EQUITY, AND RESPECT

- 1 Enforce social norms of inclusion and equity
- 2 Educate or legislate to change social norms
- 3 Observe and challenge your implicit biases
- 4 Evaluate and break down unnecessary hierarchies

# ADVOCATE FOR EQUITABLE PUBLIC POLICIES



“Medicine is a social science, and politics is nothing else but medicine on a large scale.”  
-Rudolph Virchow

# “ALL POLICIES ARE HEALTH POLICIES”

- 1 Take action beyond the walls of clinics, hospitals, and treatment centers
- 2 Advocate for policies that address social determinants of mental health
- 3 Communicate with elected officials and promote equitable representation
- 4 Form cross-sector collaborations and community coalitions

**POLITICAL STANCES AND POLICY INTERVENTIONS ARE REQUIRED.**

**TO REMAIN APOLITICAL, OR NEUTRAL, IS A POLITICAL STANCE.**

**IT IS A TACIT ACCEPTANCE OF THE STATUS QUO.**



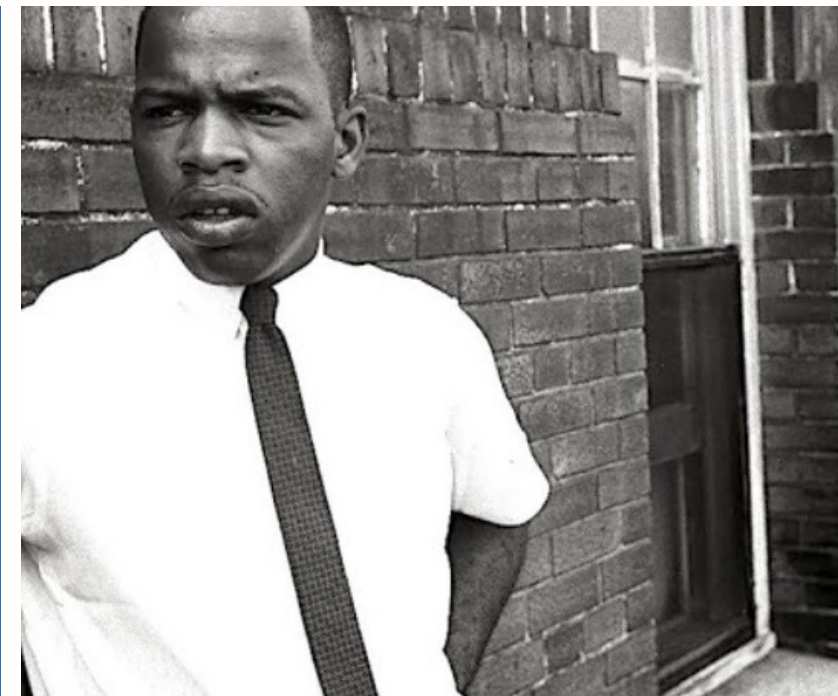
# PROGRESS

Made through the passage of legislation, court rulings and other formal mechanisms that aim to promote racial equality

# RETRENCHMENT

Refers to the ways in which progress is very often challenged, neutralized or undermined in key policy arenas

**“IF YOU SEE SOMETHING THAT IS NOT RIGHT,  
NOT FAIR, NOT JUST, YOU HAVE A MORAL  
OBLIGATION TO DO SOMETHING ABOUT IT.”**



**“WHEN WE SPEAK, WE ARE AFRAID OUR WORDS  
WILL NOT BE HEARD NOR WELCOMED.  
BUT WHEN WE ARE SILENT, WE ARE STILL  
AFRAID. SO IT IS BETTER TO SPEAK.”**

