A Growing Push to Treat Racism’s Impact on Mental Health

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There's an accelerating push by psychologists and psychiatrists to identify stress and trauma caused by racism—and develop interventions to address it.

The move comes out of a growing recognition that the impact of racism on the mental health of Black people has often been ignored. This has led many patients to be undiagnosed, misdiagnosed or not adequately treated for their distress, doctors
and therapists say. The most recent efforts are being led by a new generation of Black psychologists, psychiatrists and mental health advocates.

Research has found a link between racism and psychological distress, anxiety, post-traumatic stress disorder and depression among Black people. “If you are not thinking about societal, structural racism when it comes to Black mental health, you are missing a big part of it,” says Sarah Y. Vinson, an associate professor of psychiatry at Morehouse School of Medicine in Atlanta.

The push to measure and address the impact of racism on mental health has gained more urgency in recent months since the killing of George Floyd. “In the current moment, given what happened to George Floyd, it has induced a collective trauma, particularly among Black Americans,” says Annelle Primm, a psychiatrist and senior medical director of the Steve Fund, an organization that supports the mental health of young people of color.

Symptoms of anxiety and depression in non-Hispanic Black adults rose to 40.5% May 28 to June 2 from 35.6% May 21 to 26 and remain elevated, according to data from the Centers for Disease Control and Prevention.

The moves to address racism’s impact on mental health have met with some resistance within psychiatry. Some psychiatrists don’t believe it’s appropriate to incorporate the effects of racism into diagnosis and treatment, says Dr. Vinson. “These issues of social justice and racism—some people say this is not our lane,” she says.

Researchers have created new metrics to identify what they term race-based stress and trauma. They have also developed new interventions that focus on validating patients’ experiences of discrimination, bolstering positive racial identity and helping build resilience.

Robert T. Carter, professor emeritus of psychology and education at Teachers College, Columbia University, defined race-based traumatic stress in an influential 2007 paper in the journal The Counseling Psychologist. He says that race-based stress and trauma exist on a continuum, from mild to severe. While symptoms of
race-based trauma overlap with those of PTSD, such as reexperiencing the traumatic event in flashbacks and nightmares and avoiding places that remind the person of the event, the experience is different, psychologists say. That is because racism is ongoing. Also, race-based trauma doesn’t have to result from a physical incident. A PTSD diagnosis must stem from a physical traumatic event that someone experienced or was exposed to, like a natural disaster or a violent assault, according to the Diagnostic and Statistical Manual of Mental Disorders, the mental-health profession’s primary handbook.

“If I’m followed around a store and I’m presumed to be a thief and all I’m doing is shopping, that can be particularly troublesome and painful,” says Dr. Carter, who developed a Race-Based Traumatic Stress Symptom Scale. He describes race-based stress and trauma as an “injury,” not a disorder. “The distinction is something was done to you versus something is wrong with you,” Dr. Carter says. “It’s easier to treat an injury that’s acknowledged as such, whether it is physical, psychological or emotional.”

Monnica T. Williams, a clinical psychologist, created the UConn Racial/Ethnic Stress & Trauma Survey in 2017 because therapists “are not asking about the experiences of racism; people are usually not volunteering it. It ends up getting missed,” says Dr. Williams, who is now an associate professor of psychology at the University of Ottawa. She says this can lead to inadequate treatment.

“You have to understand how the person is traumatized to help them. People of color may go to one or two therapy sessions, will feel like the therapist doesn’t understand them, they won’t come back and end up not getting treated. Or they’ll keep going but won’t talk about what is really important to them.” Dr. Williams’ survey includes questions like, “Have you tried to avoid activities, places, things, or situations that remind you of the racism-related experiences you have had?”
Dr. Williams and colleagues have created an intervention for race-based stress and trauma for veterans of color. In the group program, members share their early experiences of racism and learn strategies to build resilience such as cognitive restructuring to “recognize that acts of racism are not caused by the victim, but rather the perpetrator is responsible,” she says. “I think the focus on the experience of race and racism is the important thing,” says Dr. Williams. “One of the biggest problems is people have been invalidated so much, people feel a lot of self-loathing.” The support from other people who have had similar experiences is also key, she notes.

Since it began in 2015, the program has expanded to veterans affairs medical facilities around the country. Later this month, the child outpatient clinic at Montefiore Medical Center in New York is launching an intervention with some similar elements for teens of color, says Ryan C.T. DeLapp, attending psychologist and assistant professor at Montefiore Health System, who is creating the new program, dubbed REACH for Racial, Ethnic and Cultural Healing Group. The group aims to validate teens’ emotions. It also incorporates elements of Acceptance and Commitment Therapy, an evidence-based treatment for depression and anxiety.
Itzbeth Menjívar has attended Emotional Emancipation Circles where Black people come together to share personal stories.

PHOTO: ALBERT TING

The Community Healing Network and the Association of Black Psychologists have held “Emotional Emancipation Circles“ for years, where Black people come together to share personal stories, explore the myth of white superiority and Black inferiority, and help each other heal. (The circles have gone virtual due to Covid-19.) Demand from participants has surged in the last several months and the wait lists
for some circles have grown, says Enola Aird, Community Healing Network’s president and founder.

Itzbeth Menjívar, 45, started attending one of the circles last summer. She had experienced some racist incidents during her career, including instances in which colleagues wrote her off as an “angry Black woman” that they were “too afraid to talk to” and excluded her from essential workplace conversations, she says.

She sought solace in the circle. “That community aspect was incredibly healing and made me feel less alone,” said Ms. Menjívar, a racial equity consultant and culture strategist in Washington, D.C.

In order to appropriately treat people of color, mental health professionals, particularly those who are white, need to examine their own views and feelings about race, says Lillian Comas-Díaz, a clinical psychologist in Washington, D.C., who has developed a therapeutic approach to help people cope while healing from racial trauma.
Janel Moore says she has relied on support from friends to recover from painful experiences.

PHOTO: JANIEL MOORE

Janel Moore, a 20-year-old college student, says she has relied on support from her friends to recover from painful experiences like hearing that someone had accused her of trying to start a “race war” when she was doing antiracism activist work on campus. Ms. Moore, who is a student at the University of South Carolina in Columbia, says she’s now gotten to a place where she doesn’t care what other people think of her and has “confidence in what I want to do in life,” she says.

Having a strong positive racial identity is “protective,” says Morehouse’s Dr. Vinson. She often assigns her patients books by the writers James Baldwin and Toni Morrison.
She also encourages clients to get involved in advocacy by, for example, volunteering with their local branch of the National Association for the Advancement of Colored People or “taking your niece and nephew under your wing and teaching them about Black history,” she says. “One of the worst things that trauma does is it makes you feel as if you have no control. So finding some ways to combat injustice or be part of the solutions or find your voice, that has power,” she says.

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Write to Andrea Petersen at andrea.petersen@wsj.com or Cordilia James at cordilia.james@wsj.com