Mental health groups unite on addressing social injustice, civil unrest

As nationwide protests continue to be underway over racial inequality following the death last month of 46-year-old George Floyd while in police custody in Minneapolis, mental health organizations are releasing statements and policies condemning police brutality and racism. Many are calling attention to the collective trauma blacks have endured due to racial discrimination and bias.

American Psychological Association (APA) President Sandra L. Shullman, in a statement, calls the recent violent events another pandemic. “We are living in a racism pandemic, which is taking a heavy psychological toll on our African American citizens,” she said. “The health consequences are dire.”

Racism is associated with a host of psychological consequences, including depression, anxiety and other severe, sometimes debilitating conditions, including post-traumatic stress disorder and substance use disorders, the APA stated. Moreover, the stress caused by racism can contribute to the development of cardiovascular and other physical diseases.

The American Psychiatric Association board of trustees in 2018

More substance use–focused agencies could eye mental health expansion

During last month’s webinar on behavioral health delivery post-COVID-19 crisis, co-sponsored by the National Council for Behavioral Health (see MHW, June 1), panelists discussed the question of whether increased demand for mental health care would attract new players to the industry. The substance use treatment community would appear to be a likely place to look for such activity to grow in the coming months.

Recovery Centers of America (RCA), an addiction treatment–focused organization with inpatient and outpatient operations in four Mid-Atlantic and Northeast states, has introduced at its Devon, Pennsylvania, location outpatient mental health and eating disorders treatment for individuals without a diagnosis of a substance use disorder. These services were launched in 2019, but RCA last month issued a news release outlining the service expansion and describing the greater need for mental health outreach resulting from the effects of the COVID-19 pandemic.

“COVID has intensified the
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passed a policy condemning acts of police brutality on black males. The American Psychiatric Association “condemns the brutal treatment of black males, the use of excessive force against black males, and the use of unwarranted and unnecessary deadly force against black males by law enforcement agencies and police departments,” according to the policy.

Floyd, who was unarmed, died May 25. An independent autopsy revealed that he died from “asphyxiation from sustained pressure,” CNN reported.

“The [American Psychiatric Association] condemns all acts of police brutality,” American Psychiatric Association President Jeffrey Geller, M.D., M.P.H., said in a May 29 news release. “These acts have a harmful impact on the mental well-being of all Americans, especially the Black community, exacerbating stress, anxiety, and other mental health disorders.”

Geller added, “We call upon authorities in Minneapolis and throughout the United States, especially during this time of increased tension in our country due to the COVID-19 pandemic, to work harmoniously with community leaders to stop tragedies like this one from happening again and to calm the civil unrest that is raging in pockets of the U.S. and could erupt anywhere.”

The Bazelon Center said it stands in solidarity and issued a call for justice in the wake of the murders of Floyd, Breonna Taylor (a 26-year-old African American woman, who was fatally shot in March by Louisville Metro Police Department officers in her sleep) and so many other black Americans. “We will continue to fight to end systemic racism. We all must do better,” Bazelon stated.

Mental health impact

“The impact of racism on mental health and physical health has been well documented,” Wizdom Powell, Ph.D., director of the UConn Health Disparities Institute and associate professor of psychiatry at UConn Health, said in an interview with MHW last week. Research findings reveal it could result in more cardiovascular activity and impacts how the body ages over time, she said.

The COVID-19 pandemic is potentially trauma inducing by itself, she said. “But physical distancing can induce feelings of social isolation and the threat of an impending death from a virus we can’t control,” said Powell. Racial trauma is emerging on top of that compounding risks for the black populations who already are disproportionately impacted by COVID-19, she said.

Powell added, “While we’re seeing and observing these dynamics unfolding, we’re recognizing that many emotional wounds associated with the pandemic and persistent racism are invisible.”

“If you’re accosted by the police during a protest and live to tell about it, you may be physically battered and bruised,” she said. “But the psychological bruises, the potential trauma, depression and other anxieties that could erupt — these are veritably invisible.”

“Black people have emerged from traumatic events in the past and have gotten up every day to go to work, continued to be civically engaged, pay their taxes, and serve in our nation’s military. Black people are not flattened by this. We have assets and strengths that have helped us to rise up and meet these challenges.”

Trauma-informed perspectives and approaches offer a way to name and claim the wounds that people might be experiencing in the aftermath of racialized violence, said Powell. “That’s the first step in mounting an intervention,” she said.

“But what I would like to see is a movement toward a healing-centered approach,” she said. Such an approach is one that focuses on the
whole person, the collective approaches needed to help them thrive and reminds them that they are so much more than the sum total of the trauma they’re experiencing, she noted.

Powell added, “If we’re ready to address racism as the root causes of civil unrest and be brave enough to take the necessary steps to eradicate it, then we all might be able to breathe a bit better when the smoke clears.”

Addressing biases
People should show more empathy and look at the world from the perspective of others, said Patricia Devine, Ph.D., professor of psychology at the University of Wisconsin-Madison. “Slow down and come to care about the experience of that person,” Devine told MHW.

Devine pointed to an editorial written by actor George Clooney on The Daily Beast. Clooney referred to the past week’s tragic events as “our pandemic. It infects all of us and in 400 years we’ve yet to find a vaccine.”

“We’re left wondering, what can I do?” said Devine. “People have to recognize they can be empowered and make a difference.” People will have to stand up, open their hearts and minds and vote to address these kinds of issues, she said. “It’s not easy and it’s not going to happen overnight,” Devine said.

Devine’s work includes the use of evidence-based interventions to empower adults to regulate their use of stereotypes and bias. Devine works with students, academic departments, police departments, lawyers and other professionals.

Individuals might make a comment to someone that may come across as a slight and with some ambiguity, she noted. “Was that really a compliment?” she said. “Attributions ambiguity creates complications,” she said.

Devine added that attributions ambiguity occurs when one experiences a negative outcome that could reflect group-based biases but there is uncertainty whether it actually does (e.g., getting poor service in a restaurant could reflect racial bias or it could be simply a poor service person), she explained. “It’s the ‘is it or isn’t it bias?’ that creates uncertainty and distress,” said Devine. “In some ways when bias is overt is easier to deal with — it’s not good, of course, but it is clear.”

“We can start to help people recognize when they may be biased and put the breaks on to ensure treatment equally,” said Devine. “I’d like for them to discover for themselves the way they show bias and challenge them to change.” The work is nonthreatening, she said. However, they have a lot more work to do, she added. •

International commentary addresses reducing suicide risk

Although there are suggestions that suicide rates will rise as a result of the COVID-19 pandemic, it is not inevitable. However, universal interventions are needed to mitigate the risk, suggests an international group of suicide prevention researchers. Their commentary is published in the June issue of Lancet Psychiatry.

In the international commentary, “Suicide Risk and Prevention During the COVID-19 Pandemic,” the researchers suggest preventing suicide needs urgent consideration. The response must capitalize on, but extend beyond, general mental health policies and practices, they stated. Participating countries included Scotland, Pakistan, the United States, Canada and Australia.

“The idea of the international commentary is to lay out things we can do globally to maintain healthier and positive outcomes from this pandemic,” Jill Harkavy-Friedman, Ph.D., vice president of research at the American Foundation for Suicide Prevention, told MHW. She and her colleague, Christine Moutier, M.D., AFSP chief medical officer, contributed to the commentary.

The international commentary is the starting point of an ongoing effort to share findings from various countries to address mental health and suicide risk that may be associated with COVID-19, she said.

“Increases in suicide as a result of the pandemic is not a foregone conclusion,” Harkavy-Friedman said.

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