

The Dark History of American Psychiatry: Racism and Ethical Provider Responsibility

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Abstract : Despite racial and ethnic disparities in American psychiatry being well-documented, there remains an apathetic attitude among nurses and providers within the field to engage in active antiracism and provide equitable, recovery-oriented care. It is insufficient to be a “colorblind” nurse or provider and state that care provided is identical for every patient. Maintaining an attitude of “colorblindness” perpetuates the racism prevalent throughout healthcare and leads to negative patient outcomes. The purpose of this literature review is to highlight the how the historical beginnings of psychiatry have evolved into the disparities seen in today’s practice, as well as to provide some insight on methods that providers and nurses can employ to actively participate in challenging these racial disparities. Background The application of psychiatric medicine to White people versus Black, Indigenous, and other People of Color has been distinctly different as a direct result of chattel slavery and the development of pseudoscience “diagnoses” in the 19th century. This weaponization of the mental health of Black people continues to this day. Population The populations discussed are Black, Indigenous, and other People of Color, with a primary focus on Black people’s experiences with their mental health and the field of psychiatry. Methods A literature review was conducted using CINAHL, EBSCO, MEDLINE, and PubMed databases with the following terms: psychiatry, mental health, racism, substance use, suicide, trauma-informed care, disparities and recovery-oriented care. Articles were further filtered based on meeting the criteria of peer-reviewed, full-text availability, written in English, and published between 2018 and 2023. Findings Black patients are more likely to be diagnosed with psychotic disorders and prescribed antipsychotic medications compared to White patients who were more often diagnosed with mood disorders and prescribed antidepressants. This same disparity is also seen in children and adolescents, where Black children are more likely to be diagnosed with behavior problems such as Oppositional Defiant Disorder (ODD) and White children with the same presentation are more likely to be diagnosed with Attention Hyperactivity Disorder. Medications advertisements for antipsychotics like Haldol as recent as 1974 portrayed a Black man, labeled as “agitated” and “aggressive”, a trope we still see today in police violence cases. The majority of nursing and medical school programs do not provide education on racism and how to actively combat it in practice, leaving many healthcare professionals acutely uneducated and unaware of their own biases and racism, as well as structural and institutional racism. Conclusions Racism will continue to grow wherever it is given time, space, and energy. Providers and nurses have an ethical obligation to educate themselves, actively deconstruct their personal racism and bias, and continuously engage in active antiracism by dismantling racism wherever it is encountered, be it structural, institutional, or scientific racism. Agents of change at the patient care level not only improve the outcomes of Black patients, but it will also lead the way in ensuring Black, Indigenous, and other People of Color are included in research of methods and medications in psychiatry in the future.

Keywords : disparities, psychiatry, racism, recovery-oriented care, trauma-informed care

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