Cultural Psychiatry: Spotlighting Mental Health of the Black Community

"Our History, Current Challenges, and the Way Forward" African American Training and Technical Assistance Program

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June 17, 2022



Disclosures

- No conflicts of interest to report
- No financial disclosures to report

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The College of New Jersey , 1993 Robert Wood Johnson Medical School, 2000 Temple University, 2004 Thomas Jefferson University, 2006





- Established in 2018 by ten communityoriented African American psychiatrists committed to addressing mental health needs of Black communities.
- Internationally recognized authors, speakers, and consultants providing *keynotes, custom training, curricula, and consultation.*



Please use the Q&A feature to send us questions.

Please complete the following items:

- Sign-in sheet
- Pre-survey

Objectives

By the end of the training, participants will be able to:

- Provide four examples of racial trauma that has negatively affected African American mental health.
- Identify three strategies for facilitating mental health help-seeking behaviors in African American youth and their families.
- Name two regions of the brain associated with trauma and psychological distress facilitated by racial discrimination.
- List four strategies to mitigate the long-term effects of racial discrimination on depression in black youth.
- State three examples of how implicit bias during education and training of health professionals could negatively effect the training experience, their subsequent careers, and ultimately the healthcare workforce.
- Explain how implicit bias leads to disparate health outcomes in African Americans.

Learning Topics

- Impact of History and Trauma (Past and Contemporary) on Health Inequalities Among African Americans
- Evidence for Expanding Resilience and Using Technology and Education to Address Health Inequalities in the African American Community
- Implicit Bias and Stigma, Co-conspirators in the Service of Health Inequalities and Negative Health Outcomes



Special Considerations for African Americans

Historical factors that affect health and healthcare are related to a legacy of mistreatment of African Americans:

- 1619 slavery comes to America
- Displacement of millions of Africans over a 400-year period
- Trans-Atlantic Slave Trade
- Abolition
- 13th thru 15th Constitutional Amendments

1619 Slavery Comes to America

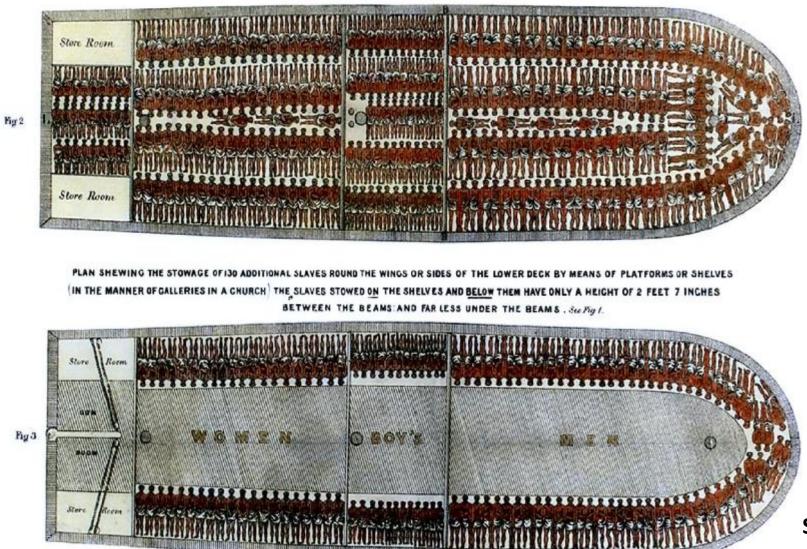


Getty Images

Trans-Atlantic Slave Trade

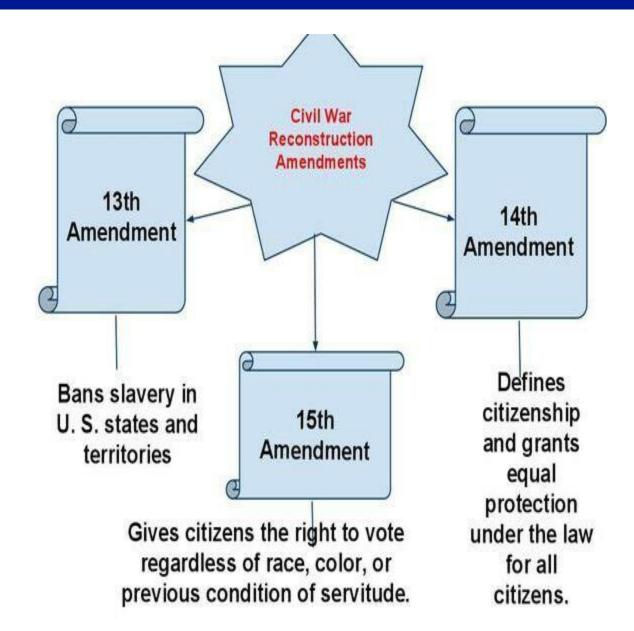
PLAN OF LOWER DECK WITH THE STOWAGE OF 292 SLAVES

130 OF THESE BEING STOWED UNDER THE SHELVES AS SHEWN IN FIGURE 5.



Smithsonianmag.com

13th thru 15th Constitutional Amendments



Special Considerations for African Americans

Jim Crow Laws

Murder of Emmett Till

Civil Rights Movements



Special Considerations for African Americans

1970s – Affirmative action and rise of government leaders

1980s – Rise of visibility of African Americans *e.g. television, movies*

1990s – LA Riots, Million Man March

2000s – Election of President Barack Obama



Special Considerations for African Americans

2010s – Increased media exposure of police brutality and killings of African Americans led to large community protests

2020s - Racial health inequalities during the era of COVID-19 <u>coincide</u> with *massive* media exposure of police brutality/killings of African Americans leading to proliferation of community protests





Trayvon Martin



Breonna Taylor



George Floyd



Eric Garner

Sandra Bland

Ahmaud Arbery

Black people killed by police or white vigilantes



https://youtu.be/glyp8AZV1vs





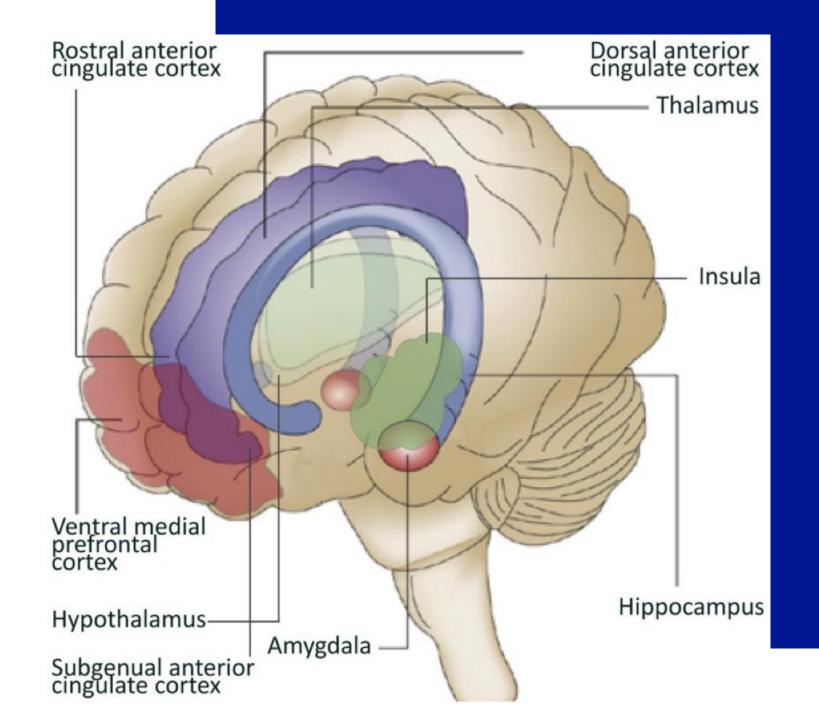
Racial Trauma

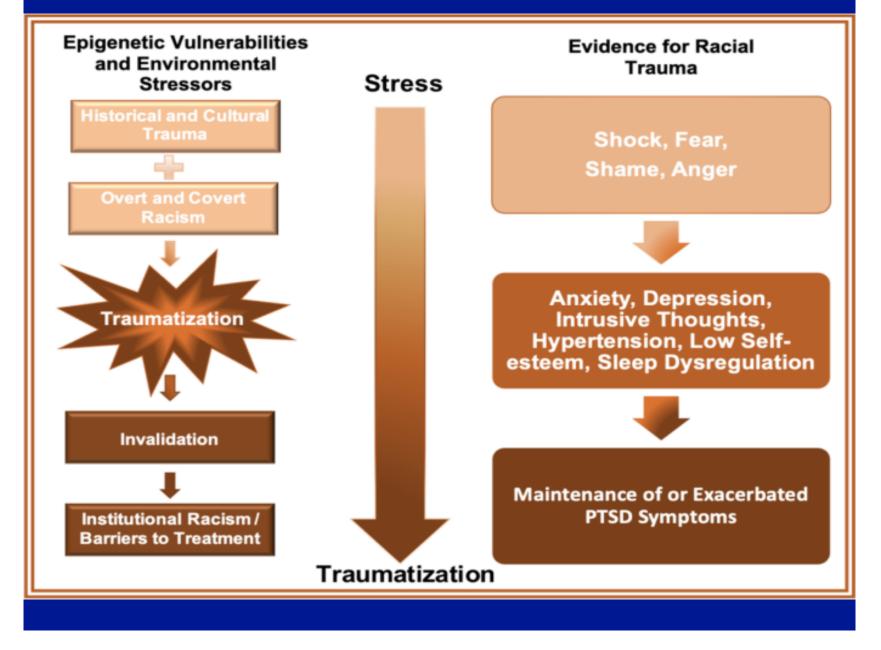
Brain Regions Affected by Racial Discrimination

(Webb et al 2021)

- Functional MRI studies shows that racial discrimination is associated with parts of the brain that govern vigilance and hyperarousal which are central features of PTSD
- Increased connectivity between the amygdala and thalamus associated with greater sensitivity to threats like racial discrimination which are persistent for blacks living in a whitecentered society
- Associated health outcomes include PTSD, GAD, Peripheral inflammation and emotional dysregulation



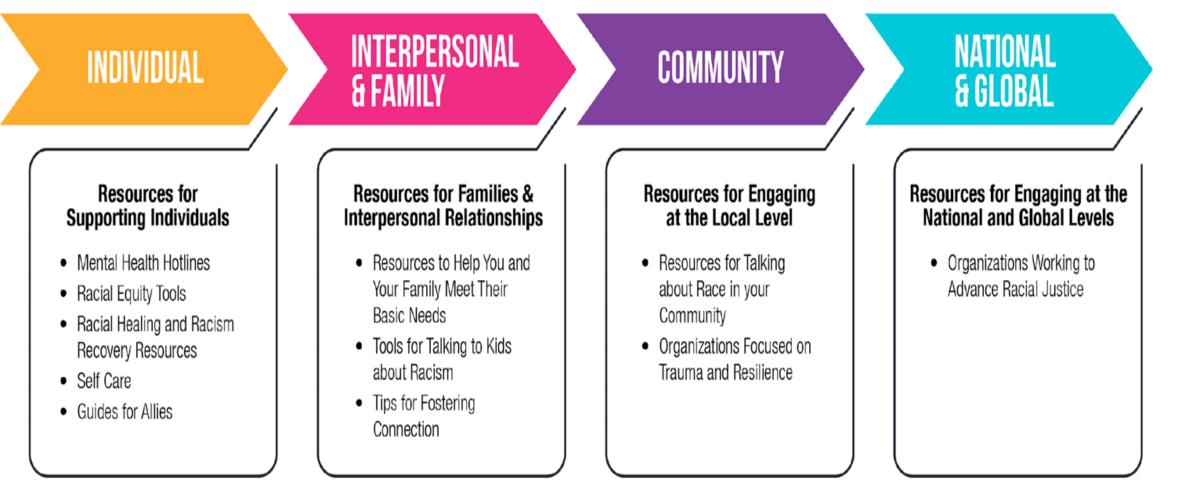




Williams, M.T., Khanna Roy, A., MacIntyre, MP. *et al.* The Traumatizing Impact of Racism in Canadians of Colour. *Curr Trauma Rep* **8**, 17–34 (2022). https://doi.org/10.1007/s40719-022-00225-5



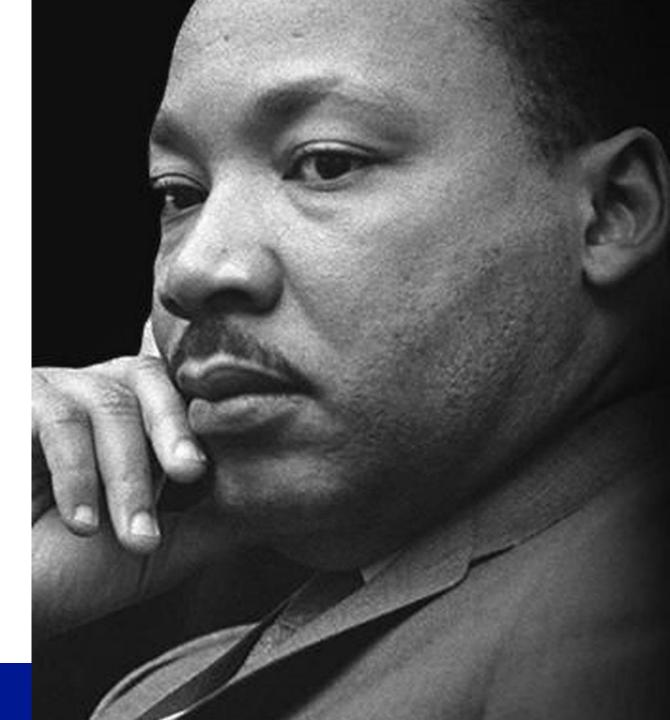
Continuum for Coping with Racism & Trauma



City of Alexandria, VA. (n.d.). *Race based trauma resources and support in times of civil strife*. City of Alexandria, VA. Retrieved June 16, 2022, from https://www.alexandriava.gov/dchs/race-based-trauma-resources-and-support-in-times-of-civil-strife#IndividualSupport

"Of all the forms of inequality, injustice in health is the most shocking and inhumane."

Dr. Martin Luther King, Jr.



Learning Topics

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Resilience

The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.

American Psychological Association Dictionary of Psychology



Hiltibran, N. (2020, December 28). Bounce back: Developing emotional resilience. Online CEUs – Aspira Continuing Education. Retrieved June 16, 2022, from https://aspirace.com/bounce-backdeveloping-emotional-resilience/

Barriers to Mental Health Services Among Black Youth

(Planey et al 2019)

Stigma

- **Religion and spirituality**
- Treatment affordability, availability, and accessibility
- Social network





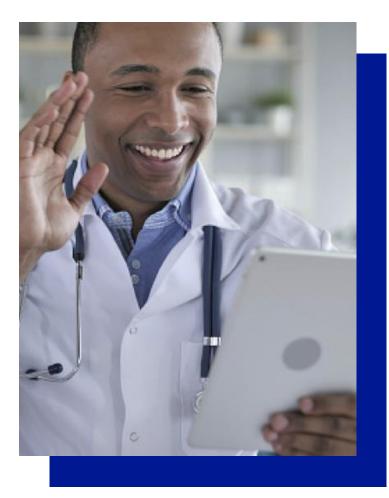
Poll #1: Barriers to mental health helpseeking behaviors among African American youth and their families include:

Facilitators to Mental Health Services Among Black Youth

(Planey et al 2019)

- Child mental health concerns
- Caregiver's experiences
- Supportive social network
- Geographic region
- Referrals and mandates (by parents and gatekeepers)





Opportunities for Telehealth in Clinical Practice

(Sullivan et al 2021)

Pandemic physical distancing accelerated Telehealth use in mental health treatment

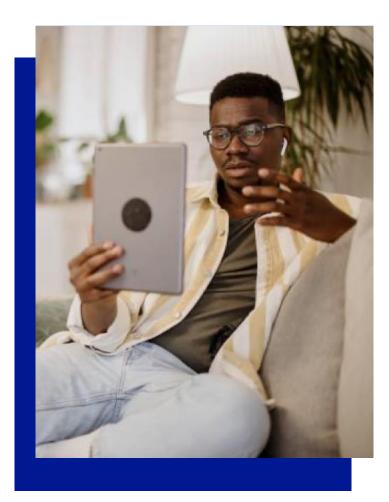
Mitigate risk of infection and negative outcomes in vulnerable populations

Behavior Parent Training (BOT) aka Parent Management Training

Challenges: transportation, childcare of siblings, less flexible work schedules disproportionately affect specific communities: rural and POC

Comparable satisfaction vs. in-person treatment

Increased engagement with underserved populations, treatment in natural setting



Opportunities for Telehealth in Clinical Practice

(Sullivan et al 2021) (Chen 2020)

Decreased no-show rates

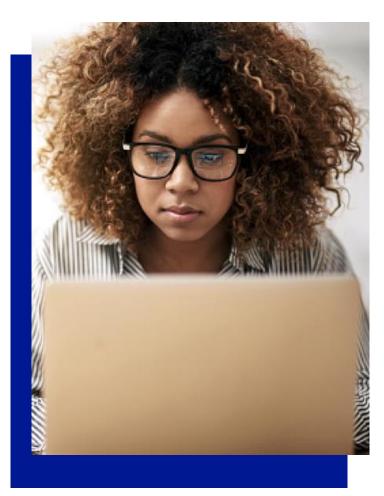
Reduced cost, lower overhead versus clinic-based care

Maintain clinical volume despite physical distancing requirements

Fewer logistical barriers for clients

Increased efficiency in the setting of fewer insurance and regulatory restrictions

Real-time treatment in the natural environment of the client and family



Challenges for Telehealth in Clinical Practice

(Sullivan et al 2021)

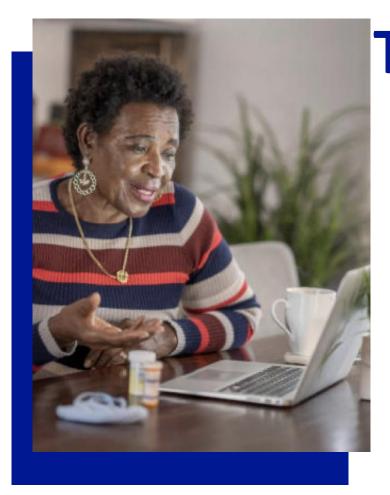
More unintended HIPAA violations

Families must have reliable internet and devices

Technical difficulties, *e.g., hacking, platform failure*

Disruptions to treatment in the home environment

Adaptability of policies and reimbursement



Future Direction for Telehealth in Clinical Practice

(Sullivan et al 2021)

Disparities in using technology based on:

Geography

Income

Age

Rethinking the Mental Health Workforce

- Health Professional Shortage Areas (HPSA) - 1/3 of US population lives in one of these areas
- Programs targeting earlier educational years have greatest impact
- Undergraduate and post-graduate pipeline programs to increase URMs in Psychiatry, Psychology, and Social Work (*e.g., APA's Black Men in Psychiatry Early Pipeline Program*)



Learning Topics

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Implicit Bias

Implicit bias exists in everyone. However, in healthcare, implicit bias can lead to unequal health outcomes.



Individual level

Systems level

Strategies to reduce the effects of implicit bias





Conceptual Framework

Implicit bias is often referred to as *unconscious bias*

 Concept that unconscious internalized beliefs or schema drive discriminatory behaviors without conscious intent

Conceptual Framework

Bias

The negative evaluation of one group and its members relative to another

Explicit (Direct) BiasAwareness of evaluation of the
group, believes evaluation is
correct, able to act on it in realImplicit (Indirect) BiastimeUnintentional, unconscious,
activated quickly based on cues
and influences perception,

memory and behavior

Blair, IV; Steiner, JF; Havranek, EP (2011) Unconscious (Implicit) Bias and Health Disparities: Where do we go from here? Perm J. Spring; 15(2): 71-79

Conceptual Framework



Explicit (Conscious) Bias

E.g., "I like Whites more than Latinos" or "What is your religion? I don't want a Muslim doctor because you probably beat your wife!"

Implicit (Unconscious) Bias

E.g., Sitting further away from a Latinx person than a White person or repeatedly referring to the admitting physician (who is AA) as "Mr." and the covering physician who is White as "Dr."



Poll #2: discrimination is associated with ____?

Implicit Bias and Racial Disparities

- Implicit bias may contribute to health care disparities directly, through clinical decisions, and indirectly through clinical interactions, communication, and patient perceptions
- Solid evidence that physician's pro-white bias tracks with black patients' perception of poor communication, lower quality care indirectly affects patient adherence, reduces patient trust, patient follow-up and contributes to disparities in care.

1. Thomas B, Booth-McCoy AN (2020) Blackface, Implicit Bias, and the Informal Curriculum: Shaping the Healthcare Workforce, and Improving Health J of the Nat'l Medical Association 112(5):533-540

2. Chapman EN, Kaatz A, Carnes M (2013) Physicians and Implicit Bias: How doctors may unwittingly perpetuate health care disparities J Gen Intern Med. 28(11) 1504-1510

Implicit Bias and Racial Disparities

BIPOC patients:

- Receive *less* pain medication for fractures
- Are referred *less frequently* for cardiac catheterization
- Receive *less* surgical treatment for lung cancer
- Receive *fewer* referrals for renal (kidney) transplantation
- Receive *fewer* referrals for CHF and pneumonia
- Receive *fewer* major procedures for MI

Smedley BD, Stith AY, Nelson AR (2002) Unequal Treatment: Confronting Racial and Ethnic Disparities Health Care National Academic Press

Implicit Bias Training

- Implicit Association Test (IAT) is a common assessment tool
- Allows for exploration of individual behaviors
- Promotes awareness of inequalities
- Facilitates understanding of advantages of group membership
- Can be prescriptive

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. The Lancet, 393(10171), 502-504.

Harvard Implicit Association Test

Project Implicit

Preliminary Information

On the next page you'll be asked to select an Implicit Association Test (IAT) from a list of possible topics . We will also ask you (optionally) to report your attitudes or beliefs about these topics and provide some information about yourself.

We ask these questions because the IAT can be more valuable if you also describe your own self-understanding of the attitude or stereotype that the IAT measures. We would also like to compare differences between people and groups.

Data Privacy: Data exchanged with this site are protected by SSL encryption. Project Implicit uses the same secure hypertext transfer protocol (HTTPS) that banks use to securely transfer credit card information. This provides strong security for data transfer to and from our website. IP addresses are routinely recorded, but are completely confidential. We make the anonymous data collected on the Project Implicit Demonstration website publicly available. You can find more information on our Data Privacy page.

Important disclaimer: In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine general information about the IAT before deciding whether or not to proceed.

If you have questions about the study, please contact Project Implicit at questions@projectimplicit.net. To obtain more information about the study, ask questions about the research procedures, express concerns about your participation, or report illness, injury or other problems, please contact:

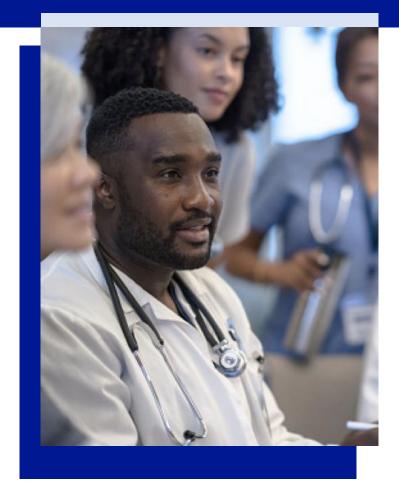
Tonya R. Moon, Ph.D. Chair, Institutional Review Board for the Social and Behavioral Sciences One Morton Dr Suite 500 University of Virginia, P.O. Box 800392 Charlottesville, VA 22908-0392 Telephone: (434) 924-5999 Email: irbsbshelp@virginia.edu Website: https://research.virginia.edu/irb-sbs Website for Research Participants: https://research.virginia.edu/research-participants

I am aware of the possibility of encountering interpretations of my IAT test performance with which I may not agree. Knowing this, I wish to proceed

Asian IAT	Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.		
Gender-Career IAT	<i>Gender - Career</i> . This IAT often reveals a relative link between family and females and between career and males.		
Arab-Muslim IAT	Arab-Muslim ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.		
Weight IAT	Weight ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.		
Race IAT	Race ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.		
Disability IAT	Disability ('Disabled - Abled' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals.		
Gender-Science IAT	<i>Gender - Science</i> . This IAT often reveals a relative link between liberal arts and females and between science and males.		
Transgender IAT	Transgender ('Transgender People – Cisgender People' IAT). This IAT requires the ability to distinguish photos of transgender celebrity faces from photos of cisgender celebrity faces.		
Presidents IAT	Presidents ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Joseph Biden and one or more previous presidents.		
Weapons IAT	Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.		
Skin-tone IAT	Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark- skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.		
Sexuality IAT	Sexuality ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.		
Religion IAT	Religion ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.		
Age IAT	Age ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.		

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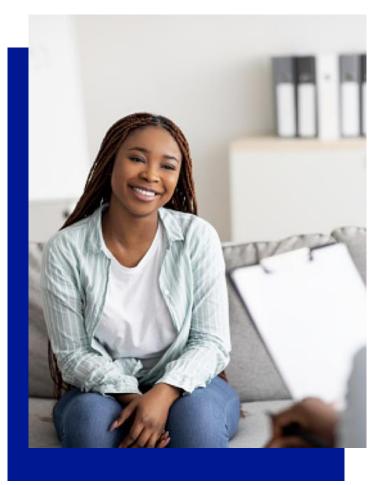
Implicit Bias Training



Implicit bias training is **mandatory** in many institutions

- Placing mandatory trainings in the context of institutional and organizational discrimination is important
- Changes in rules, regulations, policy, and culture are vital

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. The Lancet, 393(10171), 502-504.



Intersectionality

The whole is greater than the sum of its parts

- Race
- Gender
- Class
- Sexual orientation
- Age
- Country of origin
- Religion

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. The Lancet, 393(10171), 502-504.



https://youtu.be/w6dnj2lyYjE

Implicit Bias - Individual Level

- Implicit bias more likely to affect care delivered outside of established relationships, decisions made under time pressure, with limited information and without the benefit of clear guidelines
- For providers of AA patients, implicit bias consistently predicts ethnic/racial differences in patient's subjective experience with health care providers. These perceptions of discrimination could undermine trust and adherence with treatment recommendations as well as engagement with the healthcare system

Zestcott, CA, Blair IV, Stone, J (2016)Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review, Group Process Intergroup Relat.; 19 (4):528

Implicit Bias - Systems Level

For health care providers, implicit bias training can focus on inequalities among the workforce:

- Discriminatory hiring and promotion practices
- Wage gaps
- Work schedules

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. The Lancet, 393(10171), 502-504.

Implicit Bias - Systems Level

- Our biases typically affect a limited number of people, not the case in medicine
- Informal curriculum in medical education affects physician identity and character, and ultimately healthcare
- Enculturation and role modeling

Thomas B, Booth-McCoy AN (2020) Blackface, Implicit Bias, and the Informal Curriculum: Shaping the Healthcare Workforce, and Improving Health J of the Nat'l Medical Association 112(5):533-540

Case Study: Interviewed While Black

Inside a conference room with a long wooden table, a Black residency applicant sat next to 12 other applicants on Interview Day; none of their peers were Black. Across the table hung photos of faculty members, including the Program Director, Medical Director, and Department Chair; *none were Black*. In the corner of the room, administrators and coordinators were monitoring the agenda; *none were Black*. Rosters with descriptions and headshots of the faculty interviewers were distributed; *none were Black*. Later, residents spoke to applicants over lunch and nurses sat at their workstations during the tour; *none were Black*. During the course of Interview Day, the Black applicant was asked whether they were lost and twice was assumed to be anyone but an applicant. They were told that they had an unusual name and that they were articulate. Their hair was critiqued.

At the end of the interview, the Black applicant wondered, Do I fit in here?



Ellis J, Otugo O, Landry A, Landry A. Interviewed while Black. N Engl J Med. 2020 Dec 17;383(25):2401-2404. doi: 10.1056/NEJMp2023999. Epub 2020 Nov 11. PMID: 33176078.



Case Study: Interviewed While Black

- December 2000 Article in New England Journal of Medicine
- Discuss various aspects of the Medical School interview process at the student, resident, fellow, and faculty level

Ellis J, Otugo O, Landry A, Landry A. Interviewed while Black. N Engl J Med. 2020 Dec 17;383(25):2401-2404. doi: 10.1056/NEJMp2023999. Epub 2020 Nov 11. PMID: 33176078.

Other Definitions

- **Stereotype Threat:** Being at risk of confirming, as self-characteristic, a negative stereotype about one's group
- Tokenism: Cursory strides toward diversity and inclusion
- **Imposter Syndrome:** Internal experience of intellectual phoniness in people who believe that they are not intelligent, capable or creative despite evidence of high achievement
- **Homophily:** Tendency to associate with and gravitate toward others who have backgrounds and interests that are similar to their own

Ellis J, Otugo O, Landry A, Landry A. Interviewed while Black. N Engl J Med. 2020 Dec 17;383(25):2401-2404. doi: 10.1056/NEJMp2023999. Epub 2020 Nov 11. PMID: 33176078.

Concepts and Experiences of Black Applicants during Interviews.				
Concept	Verbal Example	Nonverbal Example	Implication	
Microaggression	A faculty member asks a Black ap- plicant, "Did you play any sports in college?" after seeing that the applicant attended an Ivy League university.	Despite the Black applicant repeatedly being the first applicant to raise their hand, other applicants are called on first to ask questions each time.	The applicant feels their academic potential has been invalidated and dismissed.	
Stereotype threat	When an interviewer mentions, "affirmative action facilitates re- cruitment of faculty from groups that are underrepresented in medicine," the Black applicant struggles to promote their own ac- complishments.	During a slideshow, photographs of Black faculty members are featured only on the diversity and inclusion page. The Black applicant now feels less comfortable discussing interests in technology.	The Black applicant recognizes stereotypes portrayed (reliance on affirmative action, interests in diversity and inclusion); this causes the applicant to perform less well during the interview day.	
Tokenism	During an interview, a faculty member states, "We are specifically looking for diversity. We don't want our team to be just a bunch of White males."	The Black applicant is given pamphlets about the diversity and inclusion of- fice in interview-day folders. Other applicants don't receive the same information.	The Black applicant is made to feel like a metric instead of a col- league.	
Imposter syndrome	The interviewer inadvertently men- tions the accomplishments of an- other applicant, who is in fact just as qualified as the Black applicant. The Black applicant immediately feels as if they don't belong.	A successful Black applicant grows ner- vous looking at the awards and cer- tificates hanging on an interviewer's office wall.	A competitive Black applicant doubts their qualifications for the interview and opportunity. Subsequently, the applicant comes off as nervous and inse- cure during the interview.	
Homophily	During an interview, the applicants comment and connect on similar hobbies and lived experiences that the Black applicant does not share.	During the interview lunch, the Black ap- plicant notices that the White faculty spend more time with the White applicants. The two Black applicants eat together.	The Black applicant anticipates a potential barrier to socializing with others in the program.	



Poll #3: Daily surveys of black adolescents indicate that they experience racial microaggression an average of _____ times per day

What Can We Do?? Address the problem Look at our patients and colleagues as individuals **Step into someone's shoes** Teach – "see one, do one, teach one"

Robins, Amber. 2018 Implicit Bias: It's in All of Us. Medscape Perspectives.

What Can We Do? (Individual Level)

- Increase awareness of implicit bias through self-reflection and feedback from an IAT (effective if it does not increase defensiveness or denial about bias influence on healthcare disparities)
- Reaffirm egalitarian goals and shared responsibility to eliminate disparities first
- Perspective-taking, stereotype-replacement thinking, and egalitarian goals (best care to all patients) are skills that should be actively used
- Increased opportunities for positive intergroup contact during training (provider-patient, student-faculty)

Zestcott, CA, Blair IV, Stone, J (2016)Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review, Group Process Intergroup Relat.; 19 (4):528

Workforce Development

BIPOC medical students are often rated on subjective, rater-dependent criteria: e.g., speed of adaptability, level of confidence, interaction with peers and team members, contributions to and level of engagement during clinical discussions

Disadvantages for BIPOC in medicine:

- Teacher (rater) bias can affect residency selection process
- Racial and gender bias can influence induction into medical honor societies like Alpha Omega Alpha and Gold Humanism Honor Society
- Racial bias can have a major influence on core clerkship grades 2

1 Hauer KE, Lucy CR (2019) Core clerkship grading: the illusion of objectivity Acad Med 94: 469-472 2 Wijesekera TP, Kim M, Moore, EZ et al (2019) All other things being equal: exploring racial and gender disparities in medical school honor society induction Acad Med 94: 562-569

What Can We Do? (Institutional Level)

- Cultural humility
- Implicit bias training
- Training in culturally and linguistically appropriate services
- Support STEM-based enrichment programs for increased workforce diversity
- Curriculum with vignettes re: effects of race, ethnicity, gender, sexual orientation on access and quality of care
- Experiential learning in underserved communities to address implicit bias, racism, and discrimination's impact on individual and population health

Thomas B, Booth-McCoy AN (2020) Blackface, Implicit Bias, and the Informal Curriculum: Shaping the Healthcare Workforce, and Improving Health J of the Nat'l Medical Association 112(5):533-540



Poll #4: Because human beings are consciously aware of their implicit biases they can be corrected using cognitive behavioral strategies, implicit bias

occurs____.



Poll #5: Implicit Bias Training should be offered to ____.

Stigma

Negative beliefs and actions including prejudice (e.g., stereotypes) and discrimination (e.g., behavioral manifestations of prejudice)

- Affects one's sense of self
- Affects one's beliefs about others
- Affects help-seeking behaviors
- Affects policies and practices
- Embedded in culture

Thomas B, Booth-McCoy AN (2020) Blackface, Implicit Bias, and the Informal Curriculum: Shaping the Healthcare Workforce, and Improving Health J of the Nat'l Medical Association 112(5):533-540

Stigma

Types of Stigma

- Public
- Structural
- Affiliative
- Self

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the united states: implications for interventions. American journal of community psychology, 68(3-4), 486-512.

Cultural Aspects of Stigma

- Service barriers including access and quality (structural stigma)
- Family experiences including concealment for family's sake, fear of being a burden, and stigma extending to family (affiliative stigma)
- Lack of knowledge about mental illness and specific cultural beliefs (public stigma)
- Negative emotional responses and coping (self-stigma)

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the united states: implications for interventions. American journal of community psychology, 68(3-4), 486-512.

Cultural Aspects of Stigma

Interventions

- Continue to address research gaps
- Integrate cultural factors into care to reduce service barriers
- Target stigma and challenge negative beliefs and behaviors

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the united states: implications for interventions. American journal of community psychology, 68(3-4), 486-512.



Poll #6: True or False

Stigma, reliance on self-will or religion/spirituality, and lack of confidence in mental health treatments continue to be common barriers to seeking mental health treatment for many Black women during the COVID-19 pandemic.



Poll #7: The following are true of African American churches EXCEPT

Important Reminders



Please use the Q&A feature to send us questions.

Please complete the following items:

- Sign-out sheet
- Post-survey
- CE Evaluation



Questions and Answers

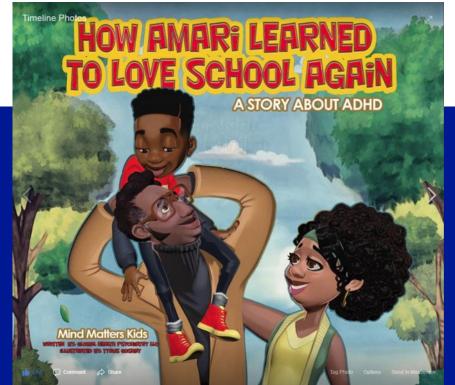


THANK YOU

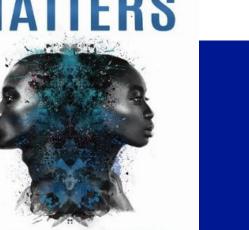




@GHPsychiatry www.GHPsychiatry.com info@GHPsychiatry.com







A Resource Guide to Psychiatry for Black Communities

Otis Anderson III, MD - Timothy G. Benson, MD - Melaika Berkeley, MD - Gelane Cesiano, M Ericka Goodwin, MD - Napoleon B. Higgins, Jr. MD - James Lee, Jr. MB - Michael Pratts, MI **GLOBAL HEALTH PSYCHIATRY LLC**

