

Systematic Racism: Racial Disparities in Mental Health during COVID-19

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ABSTRACT

Systemic racism exacerbates the adverse impacts of social determinants of health, causing health disparities for African Americans. The COVID-19 pandemic's effect on communities of color has provided more attention and respect to African Americans' need for mental health care. This conceptual article explores COVID-19 and systemic racism disproportionately affecting African Americans' mental health and psychological well-being. The article also provides recommendations for counselor educators and mental health professionals to combat the problem.

Keywords: racism, health disparities, African Americans, counseling

1 Introduction

Despite improvements in reducing the health disparity gap in the United States, African Americans still fare worse than their White peers across almost every health indicator, especially in mental health (Noonan, 2016). Mental illness affects millions of people in the United States but regrettably afflicts African Americans more drastically than others. Buser (2009) posited that African Americans struggle with mental illness and deal with more persistent mental health issues than Whites. With the impact of the COVID-19 pandemic on the African American community, mental health has been given more consideration. The pandemic has reinforced the fact that every individual's health is intertwined with other's health in their community. However, due to racial and ethnic disparities, African Americans are suffering a disproportionate impact and shouldering the burden of the COVID-19 pandemic (Gibbs et al, 2020). COVID-19 has impacted African American lives including their mental health at a higher rate compared to other racial/ethnic groups (Ivrahimi et al., 2020) The pandemic has exposed deep-seated inequalities in mental health care for African Americans and magnifies social and economic issues contributing to poor health outcomes, compounding longstanding racial disparities (Mixellem et al, 2020) The authors support that COVID-19 has impacted African Americans at a higher rate than their counterparts. To this end, the article will discuss recommendations for counselor educators and mental health professionals.

2 Methodology

2.1 COVID-19 and the African American Community

The COVID-19 pandemic has further exposed the distressful reality of racial disparity in the United States. African Americans are bearing a disproportionate burden of morbidity and mortality due to COVID-19. African Americans are the second-largest racial minority, comprising an estimated 13.4% of the population, but they make up 30 percent of COVID-19



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cases (Getachew, 2020). Individuals who work inessential jobs or reside in high-density housing are more likely to contract the virus because of unavoidable person-to-person interaction. Those who have less access to quality health care and certain chronic diseases have more severe outcomes. These conditions for greater exposure and worse outcomes have been concentrated in communities of color due to decades of deliberate policy choices and racist institutional practices like systemic housing discrimination against Black families. This has contributed to African Americans being infected and dying from COVID-19 at rates more than 1.5 times their share of the population (Getachew, 2020).

The COVID-19 pandemic has also created widespread mental health problems. Recent coronavirus survey data from the U.S. Census Bureau show that 41 percent of U.S. adults reported symptoms of anxiety and depressive disorders, compared to 11 percent in 2019. (U.S. Census Bureau, 2020) It was also reported that African Americans were more likely to report symptoms. The pandemic's health and economic consequences have a detrimental effect on mental health, particularly among African Americans (Ibrahimi *et al.*, 2020). Gould & Wilson (2020) revealed that compared with the rest of the population, African American adults are 20% more likely to experience mental health issues.

Systemic racism exacerbates the adverse impacts of social determinants of health, causing racial health disparities for African Americans. African Americans are more susceptible to contracting COVID-19 due to the systemic racism that historically carved out the type of work they are obliged to perform, including deliberate neighborhood and school segregation policies that currently explain their increased workplace and environmental exposure to COVID-19 infection. As a result, a more significant proportion of African Americans now suffer from the stress, anxiety, and depression engendered by COVID-19. The fear of getting infected by COVID-19 has caused mental distress for African-Americans. African Americans and their families are highly represented among essential workers and have suffered more family and community member deaths. Gibbs *et al.* (2020) suggested that African Americans are three times as likely to know someone who has died from COVID-19 than Whites. The loss of family and community members, compounded by social distancing measures, acts as a stressor by limiting access to support systems. These stresses and losses increase the risks of depression, anxiety, substance use, and suicide, as well as poor physical health.

3 Results

3.1 The Roots of Racial Disparity

The health disparities that exist for African Americans are not a phenomenon that randomly happened, but instead, they are byproducts of a system of events, circumstances, and variables consistently interacting. There are three significant barriers to health care that affect all Americans: lack of health insurance, lack of a usual source of care, and perception of need (Cheatham *et al.*, 2008). When these factors are missing or neglected, health is affected. Unfortunately, these factors are being neglected more in African American communities (Plowden, 2003). These factors and others are responsible for the racial disparity in mental health treatment and mental health-seeking. Often, the disparity in mental health seeking and treatment has been attributed to alternative coping strategies and African Americans' attitudes towards services (Buser, 2009). Alternative coping

mechanisms/resources used in African American communities can be why some are hesitant to seek mental health treatment. These personal and cultural coping resources may serve as substitutes for professional mental health assistance and affirm social norms regarding the irrelevance of such services. African Americans tend to rely heavily on family and friends' encouragement rather than directly asking for professional assistance. Another alternative resource African Americans use is religious leaders. Research has found that African Americans report seeking assistance with personal problems from religious leaders to a higher degree than they seek help from mental health professionals. Similar research found that African American churches provided more mental health services than Caucasian churches. This affects those individuals that seek mental health treatment because individuals who initially sought assistance from clergy for issues/concerns were less likely to seek mental health services (Buser, 2009).

3.2 The Impact of Stigmas

Cultural aspects must be considered when examining the attitudes of African Americans toward mental health services. Stigma is often connected with mental illness, but this is especially true in the African-American community. African Americans have been shown to hold more negative attitudes toward mental health and mental illness than White Americans (Cruz et al., 2008). In the African American community, stigma in the family and community plays a role in dissuading African Americans from seeking mental health care (Buser, 2009). Individuals are fearful of the consequences of being associated with mental health treatment or mental illness. Research has shown that employers are less likely to hire individuals with a known mental illness and landlords are less likely to lease to individuals for the same reason (Strauser et al., 2009). Buser (2009) confirmed that African Americans identified embarrassment, disgrace, and isolation as things associated with mental illness and seeking mental health treatment.

3.3 Cultural Mistrust

Cultural mistrust of the healthcare system serves as a barrier to African Americans seeking mental health treatment. From a historical perspective, several studies have found that there is a legacy of racism in medicine. The Tuskegee Syphilis Study, a clinical trial conducted with African American subjects who were denied appropriate treatment opportunities is a crucial factor underlying African Americans' distrust of medical and public health interventions, including vaccination (Gamble, 1997). Current research highlights cultural mistrust of the healthcare system. Scharff et al. (2015) conducted a qualitative study that explored barriers to healthcare participation among African Americans. The participants revealed that mistrust remains a critical barrier to healthcare and research. These studies are significant in understanding African Americans' hesitancy and distrust of the COVID-19 vaccine. The differentiation in mental health diagnosis and prescription patterns has also contributed to the mistrust African Americans have towards the mental health system.

There has been evidence that African-Americans are more likely to be diagnosed with schizophrenia and paranoid personality disorder than Whites. Buser (2009) postulated that White clinicians exhibited this pattern to a greater degree. Racial bias may be a part of these diagnosis differences, and clinicians may hold racial stereotypes about mental illness.

Provider bias in treating mental disorders has long been a deterrent for African Americans and their tendency to seek care (Diala *et al.*, 2001). The issue of biased care can be an explanation for the different prescription and diagnostic rates. Studies have shown that African American clients were less likely to be prescribed atypical antipsychotics. This is significant because atypical antipsychotics are believed to produce more beneficial effects (Buser, 2009). The continued mistrust of mental health diagnosis and prescription patterns combined with the COVID19 pandemic could prevent African Americans from seeking assistance to support their health and wellness.

3.4 What We Can Do?

The pandemic has exacerbated the mental health disparity that impacts African Americans. Counselors must partner with affiliations that promote mental health for the African American community. Research has found that African Americans are more likely to seek mental health assistance from religious leaders than from mental health professionals (Buser, 2009). With this knowledge, counselors and mental health professionals should advocate and work with community churches and religious leaders, explaining the importance of mental health and appropriate mental health treatment. Religious leaders and places of worship play a key role in providing support, information, and spiritual leadership among African American communities. They are trusted messengers and influencers who often have a history of addressing health and mental health promotion. Places of worship are increasingly leveraging technology through radio broadcasts, Zoom sermons, Facebook Live, and podcasts. It is in churches where messages about seeking and receiving mental health treatment can be shaped by significant interpersonal social interactions (Gibbs *et al.*, 2020).

Counselors and mental health care workers must assist in removing the stigma associated with mental health treatment. One approach that can help reduce mental health treatment and illness stigmatization is education. Education strategies should be used to dispel commonly held myths regarding mental illness and treatment. Counselors must emphasize mental health promotion rather than mental but also educate them about its importance. Discriminatory and exploitative behavior in medical research toward African Americans has led to understandable distrust among black communities. Finally, counselors must acknowledge African Americans' mistrust of mental health care and illness treatment to reduce the overall stigma of mental health disorders. This strategy's goal should be to educate clients and mental health clinicians and the community (Maiden *et al.*, 2020). Counselors can address the distrust about medical research and promote the benefits of mental health care. This includes providing facts and data about COVID-19 and vaccination. Active communication with African American clients can lead to less emotional distress, depression, anxiety, and exclusion experiences.

4 Conclusion

The COVID-19 pandemic has affected the lives of all Americans, but some have been more adversely impacted. The social disruption and losses (whether to receive the vaccination, death of loved ones, the Black Lives Matter Movement, the elections, etc.) have generally impacted African Americans more severely than Whites due to a host of social factors that generate inequity in the United States. The longstanding effects of racism and

racist policies (bank loans, medical attention, racial profiling, etc.) must be addressed to improve African Americans' mental health in general and those with mental illness. The pandemic has highlighted these challenges and, with sustained efforts to fight racism, may help lead our society to increased empathy and action to eradicate racial bias and disparity. Counselors and mental health workers must ensure that critical messages about science, health, safety, and resources are communicated through trusted community networks and sources. Additionally, counselors and mental health care workers can help spread vital information about health and vaccination.

5 Declarations

5.1 Competing Interests

The authors certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureau's membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

5.2 Publisher's Note

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