

Systemic Racism, Ethnic Discrimination, and Children's Mental Health: Fostering Global Conversations

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ABSTRACT

Children and adolescents globally are particularly vulnerable to the unfortunate consequences of ethnic discrimination and systemic racism. These impacts not only synergize with other adverse early life experiences but also permeate all psychosocial domains, especially mental health, leading to detrimental shifts in their life trajectory. While terms like ethnic discrimination and systemic racism have been unconsciously used for centuries outside of North America, their interpretation has predominantly relied on a cultural lens, neglecting to acknowledge their profound impact on children's mental well-being. This paper aims to discuss the mental health implications of systemic racism within various social systems and raise awareness of its dire outcomes for children and adolescents. Additionally, it will focus on recommendations by early career psychiatrists (ECPs) who advocate for change in social systems within their own cultures. In 2020, the Global Mental Health Think Tank was established by a diverse, multidisciplinary, and online-based network of ECPs affiliated with the World Psychiatric Association's ECP section. These ECPs and co-authors are internationally practicing adult and child and adolescent psychiatrists, and physician-scientists. Discussions among authors highlighted three main areas of concern: a) trauma and related disorders within the context of ethnic discrimination, b) discrimination against minorities in education systems, and c) discrimination of minorities in maternal health. Another noteworthy observation was the scarcity of literature on this topic globally, highlighting the need for increased system-based qualitative studies and interventions that align with each region's respective culture.

Keywords: Children, Cultural Minorities, Early Career Psychiatrists (ECPs), Ethnic Discrimination.

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I. INTRODUCTION

It took more bloody episodes of police brutality against Black, Indigenous, and people of color in the USA and elsewhere during the spring of 2020, amidst a pandemic that was exposing social healthcare disparities, for medical professionals and society as a whole to initiate broader and ongoing conversations about systemic racism, ethnic discrimination, and their impact on public health (Weine *et al.*, 2020). Past research in Western countries, particularly the USA, has already demonstrated how systemic racism and discrimination are deeply rooted in societies and act as social determinants of physical and mental health (Williams, 2018). The current, unprecedented interconnectedness of people across the “global village” presents an opportune moment to increase awareness and foster discussions and research on this topic beyond the Western world. Children and adolescents, due to their developmental stage and susceptibility, are especially vulnerable to the profound and damaging impact of systemic racism and ethnic discrimination. These young individuals are compelled to navigate through environments replete with adverse experiences early in life, which significantly shape their health, well-being, social standing, and capacity to disrupt the intergenerational perpetuation of trauma and poverty (Trent *et al.*, 2019).

Addressing systemic racism, discrimination, and their consequences is one of the primary objectives of early career psychiatrists (ECPs) and other mental health professionals. It is essential to promote open discussions among mental health professionals globally, especially those working with pediatric populations, to raise awareness about the “racist pandemic” (Laurencin & Walker, 2020) and their own implicit biases, lead research on the topic worldwide, and strive to become better advocates and catalysts for personal and systemic change (Cénat, 2020). In this paper, we attempt to identify the complexities of how racial and ethnic discrimination can contribute to mental illness in youth. Furthermore, we explore diverse avenues for collaboration among ECPs to enhance comprehension and tackle regional and global mental health challenges associated with systemic racism. Our exploration builds upon our prior collaborative work in the field of global psychiatry and mental health (Pereira-Sanchez *et al.*, 2020). Through discussions among the authors, several key themes emerged, including the impact of systemic racism in clinical practice and social systems (e.g., education, employment, and healthcare), the need for research on this issue in different regions, the effect on cultural minorities, the impact on maternal health, perception in the workplace and among the general public, and recommendations for the professional community. Our conversations highlighted three main areas of concern: a) trauma and related disorders within the context of ethnic discrimination, b) discrimination against minorities in education systems, and c) discrimination of minorities in maternal health.

II. DISCUSSION

Younger individuals of all races, ethnicities, and backgrounds can experience trauma, and as many as one in four children experience trauma before entering adulthood (Cohen *et al.*, 2010). However, children and adolescents of color have a higher incidence of trauma when compared to their White counterparts. Stress associated with race, known as racial stress and trauma, is understood to be a significant contributor to this statistic (Saleem *et al.*, 2020).

Racial trauma often stems from the historical and social experience of racial and ethnic discrimination. It can result from overt racial discrimination, “microaggressions” or indirect racism, and even witnessing discrimination. Microaggressions and indirect discrimination, though not overt racism, can evoke many of the similar emotions as overt racism, such as stress, anxiety, and anger. They can also cause a slew of adverse effects, including social isolation and depression (Woody *et al.*, 2022).

Similar traumatic experiences can occur when individuals witness threats, shaming, or other forms of racial discrimination against others. Further, in the current era of social media, children and adolescents are more frequently exposed to media coverage through their devices and social media platforms. These mediums can expose children to racially stressful and traumatic situations. For instance, they may see visuals of police killing unarmed Black or Brown individuals (Saleem *et al.*, 2020).

In addition to racism, the high incidence of socioeconomic disadvantage amongst minority youth can negatively impact mental health. For example, poverty is associated with food insecurity. Minority children in impoverished neighborhoods may also be exposed to violence, social disorganization, and racism. These experiences are associated with severe mental health outcomes, including clinical depression, anxiety, and post-traumatic stress disorder (Alegria *et al.*, 2010).

Unfortunately, minorities often lack access to mental health services. For example, only 37 percent of Latino youth have health insurance coverage, which is nearly half that of White individuals. Language barriers, including poor English proficiency, further hinder care for those in linguistically isolate households and for minorities who immigrate to different countries. Increased efforts to expand mental healthcare access are essential to improving the incidence of stress and trauma amongst people of color (Alegria *et al.*, 2010).

Addressing racial trauma requires individualized approaches, but certain interventions may be beneficial beyond expanding mental health services. For example, preventative interventions for ethnic and racial minorities have demonstrated efficacy in minimizing problematic behavior, improving parenting methods, and bettering mental health (Alegria *et al.*, 2010). However, more comprehensive institutional and societal measures are necessary to eliminate racism and protect people of color from the physical, mental, and social consequences of discrimination. In the mental health field, providers may recognize racial trauma as a valid mental health condition and treat it as such with validated treatment methods (Boynnton, 2020). While these conversations should involve professionals at all levels, ECPs are a group worth involving early.

A. Role of ECPs

In the spring of 2020, a group of ECPs connected by the ECP section of the World Psychiatric Association established the Global Mental Health Think Tank, a collaborative, diverse, multidisciplinary, and online-based network of mental health clinicians and researchers (Pereira-Sanchez & Virani, 2020). Building on previous focus on COVID-19 and public mental health (Ransing *et al.*, 2020), 16 members of the Think Tank (seven women, nine men, representing diverse races and ethnicities, from 11 countries across five continents) volunteered to initiate an open discussion about racism, ethnic discrimination, and their impact on children's mental health based on their personal and clinical experiences. The group also conducted a review of their respective regional scientific literature. These professionals were familiar with concepts and could identify these issues in their countries regardless of racial and ethnic power balances. However, actual ethnic discrimination and xenophobia against children and adolescents within local communities, the scientific literature regarding this issue, its impact on mental health, and formal platforms for conversations about race and identity in healthcare environments were either scarce or nonexistent. Moreover, the concept of systemic racism was not common beyond the Western Anglosphere (primarily the USA).

Despite the existence of national and local legislation against all forms of discrimination in the countries we covered, the implementation of such legislation seemed insufficient. Further, many mental healthcare professionals worldwide appeared hesitant to discuss how racism and ethnic discrimination affect their daily practice, and they lacked formal training and cross-cultural language to advance rapidly in these international discussions.

B. How Can We Help?

ECPs can contribute to dismantling systemic racism in mental health by taking the following steps, while considering the cultural context in which they operate:

- 1) Educating themselves about the impact of systemic racism and ethnic discrimination on mental health and methods to address these issues. Encouraging discussions among colleagues and community health workers to raise awareness locally, with the long-term goal of national awareness.
- 2) Collaborating with community-based organizations and advocacy groups to address the root causes of racial and ethnic disparities in mental health. This includes promoting the inclusion of these topics in school systems.
- 3) Providing culturally humble care by understanding and respecting patients' cultural and ethnic backgrounds.
- 4) Advocating for increased diversity and cultural competence within their workplace and the broader mental health field.
- 5) Promoting equitable access to care for all patients, regardless of race or ethnicity.
- 6) Engaging in ongoing self-reflection and taking responsibility for their own implicit biases.
- 7) Supporting research and data collection efforts that focus on the impact of systemic racism on mental health, considering that the terminology may be perceived differently in various parts of the world.
- 8) Being vocal about the issue and using their platform to raise awareness and promote change.

To channel these advocacy efforts, local child and adult psychiatrists can organize teaching platforms within their communities. These platforms can serve as a means to raise awareness and educate others about the impact of racism and ethnic discrimination on children's mental health. In addition, ECPs should actively engage in anti-discriminatory organizations, actively addressing the effects of racism and discrimination on mental health. It is crucial for ECPs to actively seek opportunities to make a positive impact, working towards a more equitable future.

III. CONCLUSION

Our experience of initiating a global conversation among ECPs has made a valuable contribution to the ongoing diversity efforts in academic psychiatry and other healthcare and social environments. Furthermore, it highlights the imperative for mental health clinicians and researchers to actively participate in international discussions on racism, ethnic discrimination, culture, and identity, recognizing their profound influence on mental health, minority healthcare workers, and the broader population. Children and adolescents who are impacted by racism and ethnic discrimination embody the hope for a more equitable world and should be prioritized as a population for research and intervention.

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