

VIEWPOINT

Now Is the Time to Support Black Individuals in the US Living With Serious Mental Illness—A Call to Action

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Not everything that is faced can be changed, but nothing can be changed until it is faced.

James Baldwin, 1962¹

The worldwide protests against police brutality and racism following the unjust deaths of George Floyd and Breonna Taylor have led many in the scientific community to acknowledge and scrutinize the effect that racism has in our fields. From pathologizing the behaviors of enslaved Africans fleeing their oppressors to the inhumane treatment of African American sharecroppers in the Tuskegee syphilis study, the history of behavioral medicine is inextricably linked with the oppression of Black individuals in the US. It has been argued that the diagnosis of schizophrenia itself is racially biased against Black people.² Indeed, Black individuals in the US are twice as likely to be diagnosed with a serious mental illness (SMI) than their White counterparts.³ Black individuals and those living with SMI are overrepresented at every stage in the criminal justice system in the US.⁴ Although currently there is no national database on the use of police force, it is likely that police brutality disproportionately affects the Black SMI community. According to the Treatment Advocacy Center, 1 in 4 deaths by police involve someone living with SMI.⁵

It is our responsibility as mental health researchers and clinicians to understand and address the racism that affects our patients and participants. For decades, researchers have studied these processes, from examining the overdiagnosis of SMI in Black communities to the racial disparities in access to mental health treatment.⁶ Discrimination is a significant form of stress that has been shown time and again to have adverse consequences on one's mental and physical health.⁷ Organizations such as the Association of Black Psychologists, Black Psychiatrists of America, and Academics for Black Survival and Wellness are dedicated to addressing the underrepresentation and discrimination of Black professionals across medical and academic disciplines. It is beyond the scope of this Viewpoint to review the many studies and resources that have contributed to understanding the racialized experiences of people living with SMI and addressing the racial disparities in those who conduct such research. However, we can do more to address the unique challenges of the Black SMI community.

We represent a multiracial research group at Boston University spanning clinical psychology, occupational therapy, rehabilitation sciences, neuroscience, and counseling. We study the phenomenology and treatment of negative symptoms (eg, motivation and social impairment) in people with SMI. However, we have thus far ignored the effect that racism has on our research

questions. We have assumed that we are not race researchers and thus have not adequately assessed the contribution that racialized experiences have on basic motivational processes in people with SMI. We believe the differentiation between race vs nonrace researchers has held many in our field back from confronting the unique challenges of the Black SMI community. When we do not study the effects of racialized experiences on our research questions, we unintentionally suggest that social constructs like race are not worthy of such scrutiny. Further, we may perpetuate the notion that has long plagued human behavioral research that White participants from Western cultures are representative of all human experiences, despite the fact that cultural differences in even basic processes (eg, visual perception) exist.⁸ Funding bodies such as the National Institutes of Health disproportionately provide poorer scores on grant topics proposed more frequently by Black scientists, including research at the community and population level, than White scientists, suggesting a research hierarchy that studying basic processes is more worthy of funding than studies that more often directly address topics such as racial disparities.⁹ Our research inadvertently perpetuates the ongoing oppression of Black individuals in the US when we do not consider how one's racialized experiences intersect with the experience of SMI.

If you, like us, are part of a research team that focuses on understanding the experiences of people with SMI and do not assess how racial trauma or discrimination influences your research questions, we hope that our discussion of our own blind spots and overdue attempts to start to remedy our prior shortcomings can serve as one model of how to move forward. In beginning to create sustainable change in how we address the experiences of Black individuals with SMI in the US, we have recently focused on (1) reading research on the effect of racialized experiences in SMI, (2) developing informed research questions that consider the role of racial trauma and discrimination, and (3) examining these factors when testing research hypotheses.

As one small step that many others have taken recently, we are dedicating our summer journal club to reading research on the influence of racialized experiences and discrimination on areas related to social and motivational processes in SMI. We are also adjusting our fall course syllabi to incorporate research by and about Black, Indigenous, and people of other racial/ethnic minority groups as a means of decolonizing the required reading that is often dominated by White voices.

Our continued education on the racialized experiences of those living with SMI will help us develop informed research questions that consider these processes. There are legitimate concerns regarding how racial

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discrimination influences both basic (the mesolimbic dopaminergic system) and secondary (social withdrawal) processes related to negative symptoms in SMI.¹⁰ We plan to develop research questions that consider racialized experiences across neuroimaging, mobile assessment, and behavioral methods.

The question remains how to adequately examine racialized experiences when testing our research hypotheses. First, sociocultural factors must be considered when assessing psychiatric symptoms. Questions assessing paranoia or bizarre behaviors that attract police attention warrant scrutiny as they may pathologize normative reactions to discrimination. Specific to social processes, a Black participant with SMI who is not interested in engaging with other community members owing to prior discrimination should not necessarily be characterized as exhibiting social withdrawal. We plan to add assessments of cultural factors (eg, country of family origin, immigration status), discrimination, and community belonging in our studies to understand their role in social processes. By incorporating these questions, we can only improve the specificity and implications of our research to all people living with SMI. Rather than statistically controlling for race in our analyses or ignoring it altogether, we are rethinking

how to examine the effect of racialized experiences on various outcomes. We are analyzing recorded psychiatric symptom interviews as part of a qualitative examination of expressions of paranoia that may differ between Black and White participants with schizophrenia as part of a project to support the creation of more culturally sensitive symptom assessments. We are also exploring idiographic statistical methods in analyzing intensive longitudinal data (eg, experience sampling) that can better capture individualized contexts and their influence on outcomes. Reaching out to collaborators with more expertise will be critical, including researchers from fields such as epidemiology, public health, social welfare, sociology, and cultural and biological anthropology.

The lives of Black participants, patients, colleagues, students, and friends are in danger every single day. Racism is systemic, and as contributing members of various systems, we have the power to address it. We believe it is harmful to adopt the stance that if one does not consider oneself a race researcher, one cannot meaningfully contribute to understanding the racialized experiences of Black individuals living with SMI in the US. We must ask ourselves, if we do not take steps toward understanding and addressing racism in our research now, then when?

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