Structural and Systemic Barriers to Mental Health Care for Communities of Colour

-Vashti Campbell-
• Presenter: Vashti Campbell

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• **Presenter:** Vashti Campbell

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LEARNING OBJECTIVES

1) Describe systemic barriers to mental health and wellbeing for racialized and new-comer communities in Canada

1) Identify challenges and opportunities in the operationalization of cultural competence frameworks for clinical practice

1) Develop awareness of the importance of critical self-reflection in transcultural mental health praxis
COMPARING PSYCHIATRIC CARE IN NEWFOUNDLAND & LABRADOR WITH EMERGING BEST PRACTICES TO ADDRESS STRUCTURAL AND SYSTEMIC BARRIERS TO MENTAL HEALTH FOR COMMUNITIES OF COLOUR
OUTLINE

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• Acknowledgements
• Learning Objectives
• Research Questions and Methods – In Brief
• Key Concepts
  » What is meant by “structural and systemic barriers”?
  » How do health care systems address “cultural difference”?
• Background
• Closing Remarks
ACKNOWLEDGEMENTS:
PEOPLE AND PLACE
METHODS

DATA ANALYSIS:
DEMOGRAPHICS AND DIAGNOSTICS

POLICY REVIEW:
HEALTH CARE ORGANIZATIONS

DISCOURSE ANALYSIS:
DIAGNOSTIC AND STATISTICAL MANUAL (DSM)

NARRATIVES & STORIES:
PATIENTS AND HEALTH CARE PROVIDERS
KEY CONCEPTS:
STRUCTURAL AND SYSTEMIC BARRIERS

• RACISM AND HEALTH CARE
• SYSTEMIC OPPRESSION
• MISDIAGNOSIS AND OVER-REPRESENTATION
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RACISM AND HEALTH CARE

Social Determinates of Health

“...the organization and distribution of economic and social resources among the population”

-Bryant, Raphael & Rioux, 2010

- Peace
- Shelter
- Education
- Food
- Employment & Income
- Working Conditions
- A Stable Ecosystem
- Sustainable Resources
- Social Status
- Social Capital & Supports
- Coping Skills
- Social Justice
- Gender & Sex
- Equity
Creating Culturally Safe Space

Racism as a Determinant of Health

Canadian Association of Nurses for HIV/AIDS Care

With

Centre for Aboriginal Health Research

By

Sambradd
KEY CONCEPTS:
STRUCTURAL AND SYSTEMIC BARRIERS

• RACISM AND HEALTH CARE
• SYSTEMIC OPPRESSION
• MISDIAGNOSIS AND OVER-REPRESENTATION
KEY CONCEPTS: SYSTEMIC OPPRESSION

- Human Being & Human Experience
- Individual Oppression
- Institutional Oppression
- Systemic Oppression
- Hegemonic Ideologies (Doxa)
Habitus
• Internalized structures that determine how we act and react: “second nature”

Doxa
• Sense of reality that is created by our habitus.
• “[the] process through which social and culturally constituted ways of perceiving, evaluating and behaving become accepted and unquestioned, self-evident and taken for granted – i.e. ‘natural’” (Bourdieu, 1977, p. 164)
KEY CONCEPTS:

STRUCTURAL AND SYSTEMIC BARRIERS

• RACISM AND HEALTH CARE
• SYSTEMIC OPPRESSION
• MISDIAGNOSIS AND OVER-REPRESENTATION
GLOBAL DATA:
MISDIAGNOSIS & OVER-REPRESENTATION

- EURO-AMERICAN-WHITE
- BLACK-AFRICAN-AMERICAN
- HISPANIC-LATINO-AMERICAN
- MOROCCAN/MIDDLE EASTERN

<table>
<thead>
<tr>
<th>Study</th>
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<tr>
<td>BRESNEHAN et al., 2007 US Cohort</td>
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<td>Schwartz et al., 2014 Global Meta-analysis</td>
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<td>Selten et al., 2001 Relative Risk in Netherlands</td>
<td>5.8</td>
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CANADA:
“MISDIAGNOSIS & OVER-REPRESENTATION” AT A CULTURAL CONSULTATION SERVICE (Adeponle et al., 2012)
CURRENT CANADIAN RESEARCH

First Peoples, Second Class Treatment
A new report on the role of racism in the health and well-being of Indigenous peoples in Canada.

#FPSCT

Mental Health Commission of Canada
Commission de la santé mentale du Canada

Colour Coded Health Care
The Impact of Race and Racism on Canadians' Health
Sheryl Heal Vick

January, 2012:
Wellesley Institute
Cultural competence does little to address relations of power in transcultural, institutionalized and structural interactions.

(Pon, 2009; Sakamoto, 2007)
Transcultural Frameworks

CULTURAL SENSITIVITY

- **Approach** in health care that respects that cultural differences exist, and can affect experiences, worldview, and behaviour

CULTURAL SAFETY

- **Outcome** based on respectful engagement; addresses power imbalances inherent in the health care system

CULTURAL HUMILITY

- **Process** of self-reflection; acknowledging oneself as a learner

CULTURAL FORMULATION INTERVIEW*

- **Tool** within the DSM-5; operationalizes a more thorough evaluation of the social and cultural context in which illness is experienced
Implications for Collaborative Care

• **CONTINUE TO BUILD ON EXISTING STRENGTHS**

• **FOSTER SELF-REFLEXIVITY**

• **DEVELOP CAPACITY AND KNOWLEDGE RELATED TO COLONIALISM**
ABOUT THIS PRESENTATION

Slide 17.


Slide 18.

ABOUT THIS PRESENTATION


THANK YOU

QUESTIONS & REFLECTIONS WELCOME