Racism, White Privilege, and Diversity in Mental Health

An anti-Muslim and racist rant by a Portland, Oregon man toward two young women ended the lives of two White male bystanders, leaving another seriously injured and recovering in the hospital. Perhaps you don’t remember their names, but 53-year-old Ricky John Best and 23-year-old Taliesin Myrddin Namkai-Meche lost their lives when they stood up to Jeremy Joseph Christian on a Portland commuter train the Friday before Memorial Day. Mr. Christian, later described as a White supremacist, was ranting anti-Muslim and racial slurs at two young women on the train. A third bystander, 21-year-old Micah David-Cole Fletcher, was seriously injured trying to help (Victor, 2017).

At least one of the young women was a woman of color, the other wore a hijab, and they were not physically injured in the attack. A third bystander, 21-year-old Micah David-Cole Fletcher, was seriously injured trying to help (Victor, 2017).

White privilege is the most talked about type of privilege, but the struggle of the underserved is to be considered people of value, worth whatever efforts that take place on our/their behalf. PMHNs and other health care providers have privilege—for a reason—which is to help those who are disadvantaged, disenfranchised, and underrepresented to gain greater equality. Protected classes of people who are considered disadvantaged need help to level the playing field (across the board), especially in health care, and more specifically, mental health care.

More than 70% of all health care providers in the United States are White (U.S. Census Bureau, 2017), and many, if not most, have unconscious (or conscious) biases (Institute of Medicine, 2003). We agree, in general, with social worker, Dr. Gail Golden (n.d.), who states:

I do not think that white mental health professionals generally have a good understanding of people with different experiences and realities. We fail to honor other cultures, and we often do not see their strengths. We do not try to learn from them, and we do not question ourselves. A therapist working with a person of color in the U.S. should think deeply about racism and learn about it from people of color, because a person of color may have many emotional issues that are related to living with racism all the time. We have no right to ignore such powerful forces. (p. 2)

Racism exists and it has long-term negative effects on the mental health of persons of color (Assari, Moazen-Zadeh, Caldwell, & Zimmerman, 2017; Wallace, Nazroo, & Bécares, 2016). We do not believe that we are in a “post-racial” society, or world. Most of our interactions with those unlike us depend, at least in part, on the biases or stereotypes that we have heard or learned through others. We must work hard to value the person in each new interaction as someone with a right to health care, promotions, a job, or any luxury that the masses are able to acquire.

So how do PMHNs and other health care professionals, such as ourselves, use our privilege with persons of color who seek mental health care? We:

- Recognize and accept that we do not know it all and are willing to ask questions of patients to help us know who they are and how they got to a point where they need to improve their mental health.
• Speak up on the patient’s behalf if we hear or see acts of racism or discrimination.
• Encourage those who have mental health problems that things can, and most likely, will improve, but it will take some work, and possibly therapy, medications, or both, to feel better (and a true post-racial society would help).
• Dissuade the idea that someone seeking help for mental health issues is weak, and instead focus on this presentation as an act of strength. In the Black community, in particular, this is a theory that needs to be dismantled (Mantovani, Pizzolati, & Edge, 2016).

We challenge you to use who you are, and the privileges that you enjoy, to help those in need. Helping someone else by using your privilege usually takes nothing away from you. It may be as simple as a kind word or gesture, but it could be something more substantive that is needed, such as the efforts of Best, Namkai-Mche, and Fletcher on the commuter train in Portland in May. In fact, helping those in need makes you more humane, more human, and adds to the social justice that this country so desperately needs.

REFERENCES

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