2020 has been defined by the fight against two deadly and synergistic global disasters, one new and one centuries old—COVID-19 and racism. The pre-pandemic reality of racism has facilitated the coronavirus having a disproportionate effect on black and brown communities leading the American Psychological Association to define it as a pandemic of its own (Peterson, 2020; Cénat, 2020). Racism in Australia has meant that at various times COVID-19 has been blamed on Chinese international students, black lives matter protesters, Muslim families celebrating Eid and two black teenage girls returning home (Birtles 2020; Boseley, 2020; Meade, 2020; Yussuf, 2020). It has meant that the majority of Australians have been allowed to socially distance at home while multicultural communities in Melbourne’s commission flat towers were imprisoned in their flats with no notice for five days with police officers patrolling every floor (Henriques-Gomes, 2020). The legacy of structural discrimination which creates inequality pre-disaster means that during a disaster those less fortunate are the hardest hit. This essay will argue that the psychiatrist’s role in responding to this global disaster is to finally decentralise the white mindset from contemporary psychiatric practice and untie our profession from the police system so that we no longer contribute to this structural discrimination. It will do so by demonstrating Western psychiatry’s centralising of the white experience, outlining the racist biases that pervade modern psychiatry and how these flaws in our practice are made dangerous by our connection with the police system.

In the Meaning of Relativity, Albert Einstein wrote, “The object of all sciences whether natural sciences or psychology is to co-ordinate our experiences and to bring them into a logical system. - the only justification for our concepts and systems of concepts is that they serve to represent the complex of our experiences; beyond this they have no legitimacy.”

Psychiatry, though concerned with co-ordinating our experiences to form a logical system, like most sciences - centres the experiences of white people. Frances Welsing (2005), an Afrocentric psychiatrist, demonstrated this in her book The ISIS Papers by examining the DSM criteria for narcissistic personality disorder. She highlighted that the criteria outlined were recognisable to all non-white people as describing the dynamic between white people and themselves. More broadly, the grandiose sense of self, preoccupation with unlimited success, exhibitionism, indifference to criticism, entitlement, exploitiveness and inability to recognise how other feel describes white supremacy and fragility. While this everyday level of superiority goes unrecognised as pathological so do the more deadly and delusional forms of racism which result in Lynchings, massacres and genocides.

During the civil rights movement, several black psychiatrists petitioned the case that extreme racism should be considered a mental illness citing the often frenzied and homicidal violence against civil rights activists at the time (Poussaint, 2002). The American Psychiatric Association rejected this recommendation, arguing that because racism is so ingrained in American culture it is normative rather than psychopathic. Racism has not become any less ingrained in Western society and racially motivated mass shootings and acts of terrorism continue to occur with alarming frequency by men like Dylann Roof and Patrick Crusius who openly identify as white supremacists and are often valorised as such on the internet (Stovall, 2019). But despite racism not being recognised as a mental illness, several high-profile
figures have publicly declared they will be seeking professional counselling after committing racist gaffes (Thomas, 2014). Michael Richards, best known for his role of Kramer on Seinfeld, celebrity chef Paula Deen and Mel Gibson have all pledged publicly to seek treatment after receiving criticism for their racist tirades. This loophole is a classic hallmark of the privilege that systemic racism anoints white people with. Their hatred can simultaneously be considered sane and insane when it suits their ends. The same privilege is not afforded to non-white people as exemplified by the case of Nicolas Carter (Carter, 2020).

Carter, a young black comedian who writes content for *Cards Against Humanity*, was admitted involuntarily to an acute psychiatric ward after his employers asked him to endorse a card for publication that contained only one word - the n-word. When he understandably took issue with their suggestion and tried to communicate this to the team, they felt his behaviour had changed so dramatically that he must be having a manic episode. They referred him to Illinois Masonic Hospital where he was committed. Hospital notes show that a discussion on racism at his first consultant review was documented as “spontaneous delusions” on “racial topics” in his mental state exam. He never showed any symptoms of mania on the ward but was kept there and commenced on daily Abilify based on collateral from his employer. The significance of Carter’s experience was completely ignored by his treating team who took their advice from his white employers who clearly also misinterpreted his distress. This is just one example of how the white lens through which psychiatry is taught and understood leaves psychiatrists unable to have nuanced discussions on race with consumers and properly appreciate the effect that racism has on mental health.

Unfortunately, psychiatry doesn’t just fail at understanding the consequences of racial inequality, it directly contributes to this inequality through its connection with the police system (Love, 2020). Racial discrimination, profiling and microaggressions all exist within mental-health institutions and services (Cenat 2020). A Lancet systematic review on ethnic variations in compulsory detention under the Mental Health Act found that black, Asian and minority ethnic populations were subject to an increased risk of involuntary psychiatric detention (Barnett et al, 2019). Black people in particular were approximately 2.5 times more likely than white people to be involuntary admitted, and one of the most common explanations for this increased risk was increased police contact (Barnett et al, 2019).

Mental illnesses are the only illnesses which involve a criminal justice response. Systemic racism within the police force is well documented and it was the commonplace deaths of black men choked under the knees of white police officers in New York and Sydney which ignited the global conversation about systemic racism this year (Martin, 2020). Given that police officers are quite inept at managing the lives and health of mentally well citizens, it is inconceivable that they should be first responders to mental health crises. In the US, police officers receive an average of eight hours of training on mental health in their careers but 60 hours learning how to use guns as new recruits (Love, 2020). A 2015 Washington Post investigation found that 1 in 4 people killed by police in 2015 in the US had a serious mental illness (Lowery, 2015). When this existing incompetence around deescalating people suffering from a mental health crisis combines with racial prejudice, the result is deadly. Aboriginal and Torres Strait Islander people are over-policed and under accessed by mental health care services. Not coincidentally, they are the most incarcerated people on earth and have suffered 434 deaths in custody since 1991 (Maddison, 2019).

Ultimately, psychiatry suffers and causes suffering because of its ingrained racism. As a diagnostic system it represents the experiences of non-white so poorly that its legitimacy for application to this group comes into question. But while many fields in medicine are poorly equipped to treat diverse populations, this flaw is especially dangerous in psychiatry because of the connection between mental health services and the police system. As long as the systemic racism inherent in psychiatry is not addressed it will continue to contribute to the oppression of non-white people. It is the duty of the psychiatrist to dismantle inequality of all forms so that no one can be deprived of their own right to breathe.
References


