

Mental Health and Racial Justice in the Time of COVID-19

Celia B. Fisher, Xiangyu Tao, Tiffany Yip

Presented by Celia B. Fisher

Marie Ward Doty University Chair in Ethics

Director Center for Ethics Education

Director HIV/Drug Abuse Prevention Research Ethics Institute

Professor Psychology

Fisher@Fordham.edu

American Society for Bioethics + Humanities
October 16, 2020

Impact of COVID-19 on Physical Health Disparities

Disproportionate contagion and fatality in Black, Indigenous and Latinx and poor communities

- Role as essential workers
- Pre-existing health disparities
- Lack of access to healthcare





Impact of COVID-19 on the Mental Health of People of Color (POC)

Traditional explanations for mental health disparities:

- Pre-pandemic impact of systemic racism on mental health
- Long standing inequities in access to mental healthcare
- POC distrust in healthcare providers

Unique Impact of Covid 19

- What are the lived experience of POC jeopardizing mental health
- How must mental health treatment adapt in response to these realities?





National Online Survey: April 2020 305 Black, Indigenous & Latinx

Age

• 18 – 25 years

Gender

- 55% cisgender female
- 23% cisgender male
- 22% gender minority

Education

53% some college

Employment

- 36% essential workers
- 24% other employed
- 40% unemployed

Region

- 29% urban
- 39% suburban
- 32% rural





POC Basic Needs in Time of COVID

Financial Insecurity

- 46% < \$31,000
- 30% "Can't make ends meet"

Food insecurity

- 19% "Had to skip a meal...not enough money"
- 23% "Worried I would run out of food...lack of money"

Employed reported greater financial and food insecurity





POC Health Disparities

Pre-existing CDC COVID health risk:

- 40% had at least 1
- Asthma, obesity, heart condition most common

Prescription Insecurity

• 36% "Unable to fill prescription": costs, lack of insurance, unable to reach physician or pharmacy

Covid-Related Mistreatment

19% "Mistreated by healthcare worker...thought I had Coronavirus"

Employed were more likely to report prescription insecurity and mistreatment





POC Mental Health Disparities

Depression (PHQ-D)

- 13% moderate depression
- 22% moderately severe depression
- 56% severe depression

Anxiety GAD-7

- 18% moderate anxiety
- 67% severe anxiety

Predictors of Depression & Anxiety

- Employment
- COVID health risks
- Financial insecurity
- Prescription insecurity





Coronavirus Victimization Distress

BECAUSE PEOPLE BELIEVED I HAD THE CORONAVIRUS, I WAS	Total
Teased or bullied	31%
Physically threatened, hit or beaten up	27%
Treated rudely or unfairly	34%
Verbally taunted or called bad names in public	29%
Cyberbullied	32%
At least 1 instance of Coronavirus Victimization	43%





Coronavirus Racial Bias (CRB)

BECAUSE OF THE CORONAVIRUS	Total
The country has become more dangerous for people in my racial/ethnic group	50%
People of my race/ethnicity are more likely to lose their job	57%
People of my race/ethnicity will not receive Coronavirus <u>healthcare</u> as good the care received by other groups	47%
People of my race/ethnicity are more likely to get the Coronavirus	40%
I worry about <u>people thinking I have</u> the Coronavirus simply because of my race/ethnicity	38%
Most social and <u>mass media</u> reports about the Coronavirus create bias against people of my racial/ethnic group	36%
I have seen a lot more <u>cyberbullying</u> of people of my race/ethnicity	36%
Negative <u>social media</u> posts against people of my race/ethnicity have increased	39%





COVID-19 Mental Health Risk Factors

 Coronavirus Victimization and Coronavirus Racial Bias beliefs increased levels of Depression and Anxiety





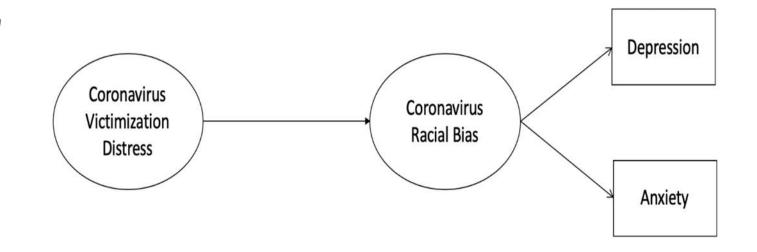
Coronavirus Victimization, Racial Bias, and Mental Health

COVID Health Risks

Employment

Financial Insecurity

Prescription Insecurity







POC Mental Health Disparities in the Time of COVID-19

- Public fear and stigma has led to Coronavirus specific victimization and increased concern over racial bias among POC
- Employed POC are especially vulnerable to Coronavirus victimization and fears of increased racial bias.
- Beyond health, financial and employment factors,
 Coronavirus Victimization and Coronavirus Racial Bias beliefs increase racial disparities in mental health





Racial Justice & Mental Health Services in the Time of COVID

- It is not enough to talk about the twin pandemics of COVID-19 and Racism as if they are independent or simply a manifestation of a historical systemic racism
- Rather we need to see Coronavirus specific acts of racial victimization and and fears of Coronavirus influenced increases in racial bias as a syndemic in which these 2 epidemics interact synergistically in their effect on mental health.





Implications for Mental Health Justice

- Failure to acknowledge the intersecting influences of race and Coronavirus public fears in treatment, can jeopardize treatment through invalidating the lived experience of POC
- When treating POC patients, cultural competence requires mental health practitioners to quickly obtain the skills to help patients practically address COVID public reactions deleterious to their mental health.





- Mental health justice
- Employment has reversed its effect on mental health
- Treat the individual for consequences- reality



