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ASK THE EXPERT

with Dr. Kim

FEATURED EXPERT

An Interview with Dr. Ruth Shim

Q. How do you define structural racism in the context of mental health, and what are some key examples of how it manifests in healthcare systems?

A: The Aspen Institute defines structural racism as "a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time." In mental health, this system has led to the misdiagnosis, overdiagnosis, and poor treatment and management of people of color with mental health and substance use disorders, and ultimately relates directly to the mental health inequities seen among populations.

Q: What does the current research say about the impact of structural racism on mental health outcomes, particularly in historically marginalized communities?

A: Unfortunately, because of the persistence of structural racism, mental health inequities continue to be a major issue for people from historically marginalized backgrounds. Until we can address the barriers associated with structural racism, we will most likely not see progress in the differential negative outcomes that these populations experience.

Q: What are some evidence-based strategies that mental health professionals can implement to actively dismantle structural racism in their practice?

A: Due to the complexity and multifactorial, interconnected nature of structural racism, it is challenging to identify research interventions that are successful in dismantling such deeply entrenched issues. As a result, there are no evidence-based strategies that exist, as studies have not been able to isolate dependent and independent variables in standard randomized controlled trials. However, interventions that can lead to positive change in this area include addressing public policies and social norms that drive the development of structural racism. Also, increasing education, awareness, and self-reflection can lead to people with power being able to use their personal power within systems to dismantle structural racism.

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Q: How can policymakers and healthcare institutions address systemic inequities to promote mental health equity on a larger scale?

A: Institutions and policymakers can make commitments to provide financial resources in an equity-focused model, in which resources are allocated to those populations that have the greatest need, rather than to those with the most political influence and power. Investments in populations that have traditionally been underfunded and underresourced are necessary to undo the effects of systemic inequities.

Q: What role does cultural competence and implicit bias training play in mitigating the effects of structural racism in mental healthcare settings?

A: Cultural competence and implicit bias training have limited impacts on structural racism. That is because they operate at the interpersonal level, while structural racism operates at the systemic level. However, it is essential for individuals, particularly those in positions of power, to have a deeper understanding of the interpersonal dynamics associated with cultural humility and structural competence in order to implement structural and systemic-level interventions that address these issues effectively.

Q: What challenges do you anticipate given the current political climate and its impact on public health research and treatment?

A: The current political climate presents a challenge for several reasons. However, the work continues. It is essential for those involved in public health research and treatment to continue advocating for its relevance in society and to strategize on ways to sustain the work despite strong political opposition.