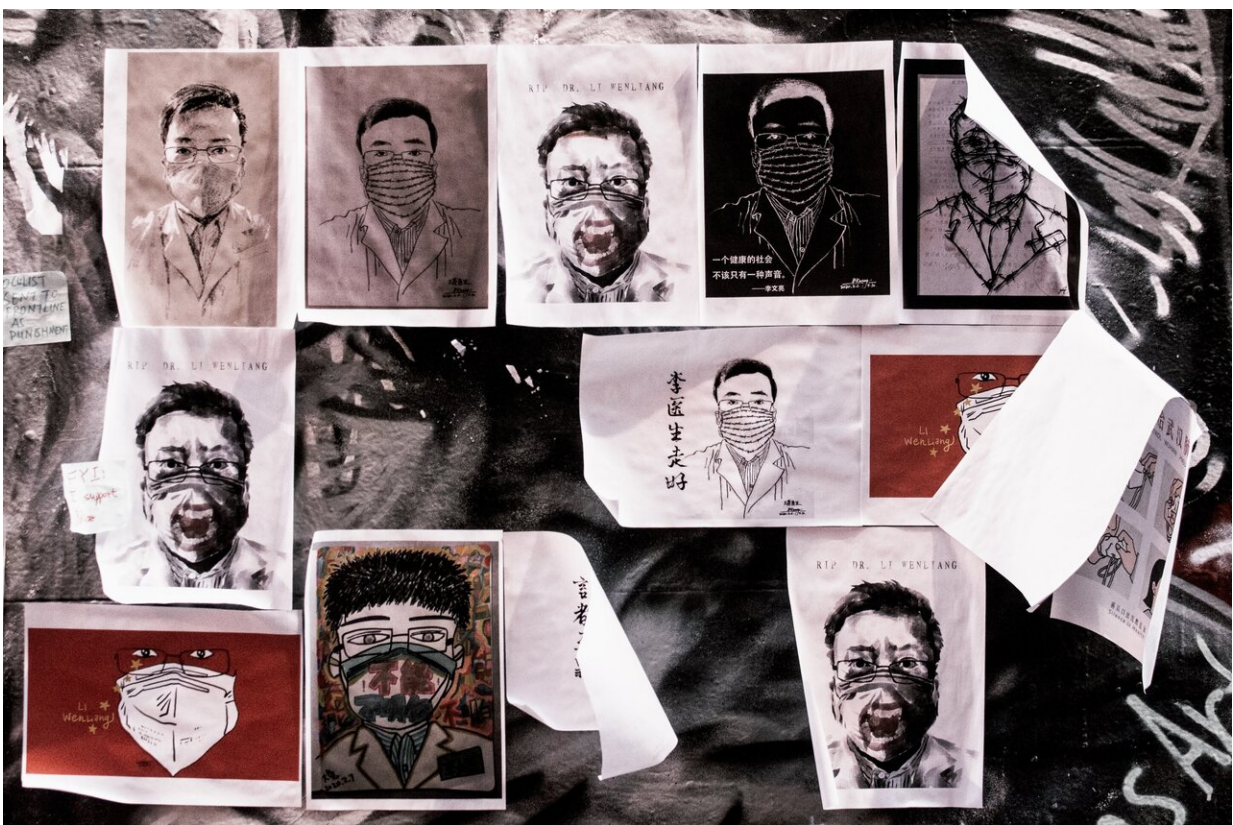


Black mental health patients hit hard by COVID-19, social injustice: 'We were already at a breaking point'

July 14 2020, by Darcel Rockett, Chicago Tribune



Credit: Unsplash/CC0 Public Domain

Dr. Brandi Jackson, a psychiatrist at Rush University Medical Center in Chicago, said the COVID-19 pandemic has been her most difficult

period as a psychiatrist. With an uptick in anxiety and depression in her primarily Black clientele, she's seeing patients who have been clean for years relapsing on drugs—and citing the coronavirus as pushing them over the line.

Health disparities were prevalent in the Black community before COVID-19. Life expectancy for residents on the North Shore was 30 years longer, on average, than that for residents of Englewood.

Suicide attempts that were self-reported by Black teens have spiked since 1991, even as their peers in other groups have experienced a downward trend or remained unchanged, according to a study by the American Academy of Pediatrics. Another study found that Black teens experience several forms of racial discrimination each day, which can lead to short-term depression. All this research was conducted before the pandemic.

Now with COVID-19 hitting Black communities extra hard and the added stressor of social injustice (George Floyd, police brutality, et al.), Jackson believes we're only seeing a small fraction of what the real mental [health](#) fallout will be, especially in the Black community.

"I know there's resilience in the Black community, but this is something new for us," she said. "We were already at a breaking point, but the recent police violence is just an extra reminder of what we always knew to be present and has never gone away. That's hit me really hard."

Jackson, an assistant professor of psychiatry at Rush who teaches [health equity](#) and social justice, and is director of Rush's community psychiatry fellowship, spends half of her week at the hospital and the other half at Heartland Alliance Health in Englewood. Before COVID-19, she said, when she was seeing patients in person, the no-show rate was about 40% to 50%, but now clients rarely, if ever, miss appointments.

Dr. Olusola Ajilore, an associate professor in the Department of Psychiatry at the University of Illinois at Chicago and a researcher with UIC's Center on Depression and Resilience, and licensed clinical professional counselor TeraKasha Hammond, say they, too, have seen an increase in clients calling, and even friends calling for resources. Hammond, a Chatham-based mental health professional (Ascend Counseling & Wellness, Inc.), said more Black men are seeking her help in finding a Black therapist. For clients wanting a practitioner who looks like them, Ajilore recommends going to National Alliance on Mental Illness (NAMI)'s website. It has a section dedicated to resources for the Black community. With such a small number of Black mental health professionals, he said, looking on a national scale may yield better results than having to stay local.

"I think, in Chicago, we've always been under-resourced for mental health access," Hammond said. "I think the disadvantage for Black people is that our mental health had already been compromised. You think about systemic racism and unemployment before COVID-19 happened, and now we're compounded by the pandemic."

The workload has led Jackson to take up cooking as a hobby, to maintain her own mental health. She said she's cried more than ever before, seeing her people decimated by the pandemic and what she considers a lack of the proper response from the larger medical community.

Jackson said the Trump administration was pressuring states to reopen after statistics showed that minorities were disproportionately affected by the coronavirus.

"The feeling is: 'They know that it's us who are dying, and they're going to start reopening.'" she said. "I don't have a counterargument for that ... treating some lives as disposable and treating the economy as more important."

According to Jackson, now is the time for mental health to become more mainstream—a change in policies with real money backing those policies could bring real change in mental health strategy that encompasses the most vulnerable.

"The fact is racism was baked into systems and policies, so I think that which has been done intentionally must be undone intentionally at the right level of policy," Jackson said. "This is basic 101 critical race theory: how to dismantle health inequities."

Jackson and her twin sister, Dr. Brittani James, a family medicine practitioner on the city's South Side, are being vocal about systemic racism found in the medical field with their new site, The Institute for Antiracism in Medicine, a space where they write essays about their views of racism. Years ago, the pair created Medlikeme.com, a free online community that supports and inspires those who are traditionally underrepresented in the field of health care.

"There's a rich literature showing that Black patients who come for mental health services cannot receive the same level of care as nonminority groups," Jackson said. "In a nutshell, African Americans who come in complaining of textbook symptoms of mood disorders are less likely to get that diagnosis when they walk out. If they're lucky to get any diagnosis, they get some kind of minor treatment. If not, they get sent home and told to go to church.

"There's also a higher incidence of Black people getting diagnosed with things like schizophrenia and bipolar disorders, and they'll get these diagnoses that almost have a violent undertone to them. If you take that as the state of affairs before COVID-19 and you put them in a system that doesn't even see them and diagnose them properly, it's a recipe of injustice and a recipe for disaster. To me, it all ties together—the police brutality, all this stuff—because the nut of it is you have all these people

that are treated as less than human, and that changes the way you diagnose them; it changes the medicines that you choose for them."

Ajilore said one way to prioritize mental health and improve accessibility is through telemedicine. He's been a proponent, even before the pandemic hit. And now that some boundaries have been relaxed, he's advising patients to use it. (At least one local endeavor has been put in place with Call 4 Calm, a free emotional support text line that lets you speak to a mental health professional during these uncertain times. There's also a Black Mental Health Directory for those in the Chicago area.)

"Telepsychiatry is an approach to bridging that gap," he said. "I know of a company based in California, Ayana Therapy, and it's designed to provide online mental health therapy for minority populations with therapists from the same background as the clients that they serve. I think you'll see more and more of those as the ability to treat people across state lines becomes more available through teletherapy."

Hammond believes telehealth has broadened mental health opportunities for those who might not easily access therapy.

"People will go to the doctor, take medication for diabetes or high blood pressure or cholesterol, but as soon as you start talking about mental health, you're crazy," she said. "But we should not be separating our [mental health](#) from our physical health. It's all a part of our health."

©2020 Chicago Tribune

Distributed by Tribune Content Agency, LLC.

Citation: Black mental health patients hit hard by COVID-19, social injustice: 'We were already at a breaking point' (2020, July 14) retrieved 26 April 2024 from <https://phys.org/news/2020-07-black-mental-health-patients-hard.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.