Implicit Bias in Psychiatry: It's Time for More Than Uncomfortable Conversations Among Physicians

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"Of all the forms of inequality, injustice in health is the most shocking and inhuman because it often results in physical death."

– Rev. Martin Luther King, Jr.[1]

2020 was a year unlike any other with upheavals to our core social structures. A painful yet potentially revolutionizing disruption was the mass outcry against systemic racism. While these particular protests were sparked by yet another senseless killing of a Black man by police, the ramifications and opportunities for change go far beyond police reform. This is not to say that police reform is off limits for psychiatrists fighting for change. In June 2020, the American Medical Association recognized racism in all forms as a direct public health threat and barrier to the medical care we as physicians are dedicated to providing; they also publicly denounced police brutality and all forms of racially-motivated violence.[2] This is an important step for physician advocates and will hopefully lead to a productive change for the better in America. If we seek to fully achieve mental wellness in our country, establishing truly safe communities will be a part of the larger task.[3]

Physicians additionally have plenty of work to do within our own systems and institutions. The medical literature provides abundant evidence of how race-based bias permeates our health systems. The evidence that African Americans have higher rates of death, disease and disability than White people is well documented over the past 150 years.[4] There are also compelling findings that Black people in America have higher levels of psychological distress and lower levels of subjective well-being.[4] Unfortunately, the data suggests that outcomes are getting worse, not better. The common theme throughout the data is that marginalized populations are not being heard. Previously, this was believed to be a result of inadequate access to care, lack of insurance, stigma around mental health and/or language barriers. However, recent data reveals college educated African American women are more likely to suffer adverse medical outcomes compared to White high school educated counterparts. The same is seen for African American women who are fully insured with sufficient encounters with healthcare providers. This suggests subpar treatment received by minority groups goes beyond education or access to care.[5]

Health disparities start early for children in America, even while in utero. One recent study investigating stress on pregnant women found that chronically elevated stress levels contribute to decreased choline, an essential nutrient needed for fetal brain development. When the authors compared choline levels between African American women versus African women living in Uganda, choline levels were significantly lower in American subjects.[6] This increases risk of developing ADHD and other childhood mental illnesses and furthers speculation that systemic racism may impact kids before they are even born.

Psychiatry of course, has its own history of biases and inequities. The evidence is ample that historically, psychiatrists have done a poor job of providing truly equitable care. For example, despite the rates of depression being lower among Black people (24.6%) and Hispanics (19.6%) versus their White counterparts (34.7%), depression tends to be more persistent among them. Implicit bias is perhaps more likely to affect psychiatric diagnosis more than other fields in medicine leading to diagnostic disparities. For example, a comprehensive review published in 2014 showed that Latin/Hispanic and African American populations on average have been disproportionately diagnosed with psychotic disorders

compared to their White counterparts.[7] Disparity and implicit biases can be even more glaring when we look beyond published articles. Personal accounts from our own clinical practice are many: a young African American female making persecutory comments such as, "I have been harassed by many of you, for many years, and there will be nothing different about you too. Stop treating me like a guinea pig." Her pan-distrust of the healthcare system may be simplified to a defect in her perception, but one can't overlook nor deny the underlying harsh truth in her statements.

Shifting focus to child psychiatry, evidence suggests that children as young as 6 years old can identify and display consequences of racial discrimination.[8] African American adolescents who experience discrimination in early childhood tend to have more depressive symptoms and engage in risky behaviors. Similarly, adolescents of Latin and Asian descent who report high levels of discrimination were found to have higher levels of depressive and anxious symptoms negatively impacting education, where lack of motivation for learning and lower levels of engagement were observed.[8] These results demonstrate how young children are adversely affected by racial discrimination leading to psychological distress and worse school functioning. Thankfully, simple adjustments in social interactions that can provide a child with an ethnic-racial identity led to lower rates of internalizing and externalizing behavioral symptoms and less feelings of hopelessness. A child with a strong ethnic-racial identity has a sense of connection to and understanding of their racial-ethnic group which was shown to act as a buffer to the psychological effects of discrimination.[8] Here lies an opportunity for child psychiatrists to support a positive and protective strategy for change.

Another potential avenue to combat the impact of systemic racism on kids is through behavioral health integration strategies to improve access to care. Pediatricians and emergency physicians have greater contact with children than child psychiatrists thus, embedding mental health services into the primary care setting allows for earlier intervention. One public health initiative that implemented this across various states has seen an improvement in primary care screenings, parent/provider/patient satisfaction and social-emotional functioning in children.[9] What is evident here, is we have an opportunity to be sure the kids we treat get to experience a different and more egalitarian health care system.

Interested readers are encouraged to visit the Project Implicit site (**https://implicit.harvard.edu/implicit/index.jsp**) to discover your own implicit associations.[10] This may serve as a starting point for discussions with colleagues, friends, and co-workers. These conversations can be hard and at times more awkward and personal than any of us may like. However, if we are to be a part of the change that is needed, we must be willing to engage in more than just uncomfortable conversations. For those with influence on training programs, another way to implement lasting change can involve creating or supporting pipeline programs that encourage minority college students to consider the field of medicine. This would help to improve the much-needed diversity within the medical workforce. Also, adjusting medical school curriculum to incorporate disease presentation within various races and improved cultural competency training could be immensely helpful.[11] Similar changes would be productive in clinical trial design to ensure we have data for all our patients, not just the ones representing the majority. In 2020, we saw major changes in the norms of medicine in response to the pandemic. For example, telehealth platforms were rapidly adapted and utilized. Now is the time to step forward and make the necessary changes in ways that may have seemed impossible previously. Some would even argue that it is part of our obligation to the families and children we serve, inherent in our duty as healers.

We can all be proud that the American Academy of Child & Adolescent Psychiatry has been very active in facilitating change. They have developed an excellent Racism Resource Library with numerous resources for clinicians, adults, and children to foster open discussions about race within families or with your patients: **https://www.aacap.org/AACAP/Families_and_Youth/Resource_Libraries/Racism_Resource_Library.aspx**. You can also find tools you can use to combat racial bias within institutions. AACAP has been

very active in taking a leadership role in these troubled times and it is motivating to see a professional organization standing up to acknowledge the problems with race in America and working to find solutions. Let's all join them.

Take Home Summary

For many years, minority patients have received subpar treatment within the healthcare system. This has been evident through lack of access to care, higher death rates and misdiagnoses. We have found many elements that contribute to this, but even with this knowledge, the disparity remains. It is now our turn as providers to recognize the role we play in this disparity and start to enact change. This ranges from identifying our own bias, diversity in medical school admissions, incorporating various races in the training curriculum which can all influence our day to day practice positively.

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